



# Developing a Statewide Network of Infant/Toddler Specialists

Technical Assistance Guide  
for States and Territories

Revised 2017



 Office of Child Care



# Contents

Introduction	1
Section I. Context for the Development of Infant/Toddler Specialist Networks	3
Research on Infant/Toddler Development	3
Infants and Toddlers in Child Care: The Numbers	4
Quality of Infant and Toddler Care	4
The Infant/Toddler Workforce	4
State-Level Impetus for Infant/Toddler Specialist Networks	5
Importance of Links to Related Systems	5
Section II. Creating an Infant/Toddler Specialist Network	7
Step 1. Assess Needs, Existing Resources, and Readiness	8
Step 2. Develop a Vision of the Network: The Scope and Focus of the Work	10
Step 3. Find and Secure Funding	12
Step 4. Select an Organization to Administer the ITSN	13
Step 5. Build an Administrative Structure	14
Step 6. Design an Evaluation	18
Step 7. Support the Network	20
Section III. Conclusion	22
Additional Resources	23
Sample ITSN Action Plan	24
References	28



## Introduction

Since the mid-1990s, there have been four significant national and state-level<sup>1</sup> efforts to improve the quality and supply of infant and toddler care and education:

1. The 1994 reauthorization of the Head Start Act established the Early Head Start program for infants and toddlers in low-income families.
2. The 1995 establishment of Early Head Start was designed to serve children from birth to 3 years of age, in recognition of mounting evidence that the earliest years matter a great deal to children's growth and development.
3. The 2014 Early Learning Initiative, under the Administration for Children and Families (ACF), set aside \$635 million for new and existing Early Head Start–Child Care Partnerships (EHS-CCP) and Early Head Start Expansion grants between 2014 and 2016.
4. The signing of the Child Care and Development Block Grant Act of 2014 into law—the Act's first reauthorization since 1996—created a Child Care and Development Fund (CCDF) mandate that all licensed child care programs meet minimal health and safety requirements, outlined family-friendly eligibility policies, and ensured that parents have consumer-friendly and transparent information about availability of child care choices.

The latest CCDF law sets aside funds for States to commit to the following types of infant/toddler child care quality initiatives:

- ◆ Comprehensive services to more infants and toddlers from low-income families
- ◆ Technical assistance and consultation
- ◆ Professional development of the infant/toddler workforce<sup>2</sup>
- ◆ Improvements in infant/toddler early care and education settings
- ◆ Infant/toddler early learning guidelines
- ◆ Enhanced subsidy rates for relationship-based caregiving
- ◆ Infant/toddler credentials
- ◆ Infant/toddler specialist networks

This revised publication focuses on the last item in this list: developing statewide networks of infant/toddler specialists (I/T specialists). These professionals can work directly with the infant/toddler workforce to increase their skills, knowledge, and practice-based competencies in providing evidence-based early care and learning for infants and toddlers across early childhood settings and sectors.

I/T specialists can be a key support for state-based professional development systems by collaborating with Early Head Start and other professional development entities that provide extensive training and technical assistance and resources to the infant/toddler workforce. These entities include child care resource and referral (CCR&R) agencies; institutions of higher education; and other groups with education and training, technical assistance, mentoring, and coaching initiatives. In addition, I/T specialists can link the workforce to other quality support programs and initiatives, such as quality rating and improvement systems (QRISs), child care licensing departments, early intervention services, and other consultant and technical assistance networks.

---

<sup>1</sup> In this guide, "States" refers to States and Territories.

<sup>2</sup> For the purposes of this guide, the infant/toddler workforce is defined as individuals providing direct or indirect services to infants and toddlers and their families in early care and education settings, including family child care.



An infant/toddler specialist network (ITSN) is a state-based (sometimes regionally managed) system that coordinates the work of I/T specialists and is primarily funded through CCDF quality funding. The overall goal of the ITSN is to improve caregiver practices and increase the quality of each infant or toddler's developmental experience.

This publication

- ◆ explores the issues that have contributed to the interest in ITSNs;
- ◆ provides a framework for a step-by-step approach to creating a network; and
- ◆ emphasizes the importance of linking the network to other programs, quality initiatives, and consultant networks.

Two companion resources provide additional examples and resources for States that are developing, implementing, and evaluating ITSNs:

- ◆ The *ITSN 2017 Fact Sheet*, based on the 44 ITSNs reported in 2016–2018 CCDF Plans, provides funding information, ITSN administrative oversight and operation information, and I/T specialist education requirements.
- ◆ The *ITSN State Promising Practices* document, developed in collaboration with participating States during the Infant/Toddler Peer Learning Forum in 2017, provides current state examples and additional information relevant to developing and maintaining an ITSN.

Information for the original version of this document was gathered from States that are developing and implementing ITSNs, including States that participated in the National Infant & Toddler Child Care Initiative (NITCCI)'s ITSN 2006–2007 learning community. Information for this revised version comes from 2016–2018 CCDF Plans and I/T specialists from across the country who shared their knowledge and experience; we are grateful for their contributions.

## Section I. Context for the Development of Infant/Toddler Specialist Networks

Over the last 30 years, important developments have contributed to the focus on infants and toddlers in out-of-home child care:

- ◆ Continued research on infant and toddler development
- ◆ Families' increased need for out-of-home child care for children younger than 3 years of age
- ◆ Growing concerns with the quality of infant and toddler care settings
- ◆ Increasing need for a qualified, well-compensated infant and toddler workforce

### Research on Infant/Toddler Development

For the past three decades, research on brain development and the importance of the early years for later development has emphasized the importance of quality care for infants and toddlers. The first 3 years of life are now recognized in scientific and education communities as critically formative years, with a healthy body of supporting research. Parents have the most important role in their children's development; however, research unequivocally supports the simultaneous significance of the quality of care that children receive outside the home. 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.

The authors of [Including Relationship-Based Care Practices in Infant-Toddler Care: Implications for Practice and Policy](#) compiled research to support infant/toddler development and relationships; findings included the following:

- ◆ Relationships are essential to positive, healthy infant development and lay the foundation for future learning (Shonkoff & Phillips, 2000).
- ◆ Through establishing a relationship with a nurturing, responsive caregiver, an infant learns whom to trust and go to for support (Howes & Spieker, 2008).
- ◆ Secure relationships provide a base from which the infant can explore and learn. Furthermore, when infants have sensitive and responsive caregivers, the likelihood of greater language development and peer play is increased (NICHD, 2005).

When relationships with families and caregivers are responsive, nurturing, and consistent, children will be better prepared for school and more resilient in times of adversity. These relationships can even have a mitigating effect on adverse health and environmental conditions. One of the largest research studies of its kind, the CDC [Centers for Disease Control and Prevention]–Kaiser Permanente Adverse Childhood Experiences (ACE) Study (Felitti et al., 1998) revealed a correlation between cumulative stress from abuse, neglect, and family household challenges (domestic violence, substance abuse, mental illness, or divorce) and negative health and social consequences later in life (see CDC. (n.d.). *Violence prevention: About Adverse Childhood Experiences*. Retrieved from the CDC website: [https://www.cdc.gov/violenceprevention/acestudy/about\\_ace.html](https://www.cdc.gov/violenceprevention/acestudy/about_ace.html)). The CDC also identifies protective factors that buffer children from being abused or neglected, including trusted adults outside the family who can provide support and guidance, as well as community supports for parents and systems in place to prevent abuse.



## 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):
  - almost 44 percent of infants from birth to 12 months,
  - 52 percent of infants from 12 to 24 months, and
  - 56 percent of toddlers from 24 to 36 months.
- ◆ The number of U.S. infants and toddlers cared for in center-based care includes the following (National Survey of Early Care and Education Project Team, 2015):
  - almost 9 percent of infants from birth to 12 months,
  - 13 percent of infants from 12 to 24 months, and
  - 20 percent of toddlers 24 to 36 months.

## Quality of Infant and Toddler Care

Research has shown that high-quality early childhood development programs help children from low-income families achieve better outcomes, both in school and in their communities (Halle, Hair, Burchinal, Anderson, & Zaslow, 2012). Longitudinal data show that these programs lead to more participants staying in school and going to college and participants needing less remediation, being arrested less often, and committing fewer violent crimes than their peers who do not participate in high-quality programs.

Findings on the quality of infant/toddler care have remained constant over the last two 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; NICHD ECCRN, 2004; Raikes et al., 2013).

Optimal ratios and group sizes should follow the nationally recognized high-quality standards in [Caring for our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 3rd Edition](#), the seminal report of the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education (2011). The report recommends that infants in center-based programs be cared for in groups of no more than six children, with child-to-adult ratios of no more than 3:1. It recommends that toddlers in center-based programs be cared for in groups of no more than eight children, with ratios of no more than 4:1. It also recommends that, in family child care homes, group size (including children related to the provider) should not exceed six children and that a family child care provider should not care for more than two children younger than age 2 at one time. Additional research shows most States fail to meet these standards for ratios and group size. In some States, infants can be in large groups of up to 20 infants with a teacher-to-child ratio of 1:7 (Schmit & Matthews, 2013).

## The Infant/Toddler Workforce

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.

According to the National Survey of Early Care and Education (2016), as of 2012, there were approximately 318,000 center-based child care providers serving children from birth through age 3 (Office of Planning, Research and Evaluation, 2013). The home-based child care workforce receiving payment to work with children from birth through age 5 included 118,000 providers listed in state or national databases and approximately 919,000



providers who were unlisted. It is unknown how many paid assistants are caring for infants and toddlers in home-based programs (Office of Planning, Research and Evaluation, 2013). Educational requirements vary by State, with some States allowing individuals with less than a high school diploma to work as providers.

A quarter of center-based teachers and caregivers serving infants and toddlers earn, on average, only slightly more than the current federal minimum wage of \$7.25 an hour, which is considered to be inadequate to support a single adult without children (Whitebook, Austin, & Amanta, 2015).

## State-Level Impetus for Infant/Toddler Specialist Networks

Research on infant/toddler development, infants and toddlers in child care, the quality of infant/toddler care settings, and the infant/toddler workforce all provide impetus to States to develop initiatives to improve the quality of infant/toddler care. States' ability to invest in these initiatives is greatly influenced by CCDF infant/toddler-targeted funds. In particular, the interest in I/T specialists and networks to improve quality of care has been influenced by several factors:

- ◆ Concern with the quality of infant/toddler settings despite progress in improving preschool settings
- ◆ Lack of qualified infant/toddler professionals to teach, mentor, and coach the infant/toddler workforce
- ◆ Continued and growing interest in relationship-based professional development<sup>3</sup>

States have shared several factors that have influenced the development of their ITSNs:

- ◆ The development of North Carolina's ITSN was influenced by concerns raised in a review of the Infant/Toddler Environment Rating Scale—Revised and the Family Day Care Rating Scale assessment scores.
- ◆ Virginia began the process with the belief that achieving positive outcomes for children begins with providing quality experiences in the earliest years of life.
- ◆ New Jersey sought to improve the quality of early care and education by starting with the youngest residents of the State.
- ◆ Tennessee's concerns about low health and safety scores on environment rating scales, as well as a lack of appropriate, affordable, quality environments for infants and toddlers, supported the need for an ITSN.
- ◆ Illinois was able to implement an ITSN in its CCR&R system with American Recovery and Reinvestment Act of 2009 funds, building on several years of investing CCDF and state funds to improve infant/toddler care.
- ◆ Ohio began its ITSN through a partnership with the Ohio Child Care Resource and Referral Association to promote the school readiness of infants and toddlers by strengthening the knowledge and practices of caregivers.

## Importance of Links to Related Systems

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 QRISs and early childhood professional development systems. Given the diversity of agencies and systems involved,

---

<sup>3</sup> "Relationship-based professional development (RBPD) is defined as using professional relationships as a primary method to support the professional growth and development of adult learners. This approach implements a reflective cycle of inquiry and uses an evidence-based adult-learning process of goal setting, observation, assessment, action planning, reflection, and feedback (Abrams & Chu, 2016, p. 3). Retrieved from [https://del.wa.gov/sites/default/files/public/ProfessionalDevelopment/RBPD\\_Compencies.pdf](https://del.wa.gov/sites/default/files/public/ProfessionalDevelopment/RBPD_Compencies.pdf)



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 can also 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 have also begun to build collaborative multidisciplinary systems that coordinate specialists from several disciplines and programs to improve the quality of services for infants and toddlers.<sup>4</sup> The following box shows a few possible questions to consider about the many potential system links.

How will the ITSN relate to 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
- Early mental health
- Health
- Resource and referral
- Others

How will the ITSN relate to child care licensing?

How will the ITSN relate to QRISs?

How will the ITSN relate to professional development systems and higher education?

---

<sup>4</sup> For more information on multidisciplinary consultant networks, see Child Care Bureau, U.S. Department of Health and Human Services, & National Infant & Toddler Child Care Initiative. (2010). Coordinating child care consultants: Combining multiple disciplines and improving quality in infant/toddler care settings. Retrieved from [https://childcareta.acf.hhs.gov/sites/default/files/public/coordinating\\_child\\_care\\_consultants\\_0.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/coordinating_child_care_consultants_0.pdf)



## Section II. Creating an Infant/Toddler Specialist Network

States that have invested in an ITSN strongly suggest that the network be developed in a thoughtful and systematic manner. This section offers a step-by-step process. Key to each step is focusing on what the ITSN will be designed to accomplish (outcomes) and how progress will be measured (indicators). Keep in mind that the steps outlined here may occur in a different order, or some of the steps may be completed at the same time. Regardless of order, each step is important. The steps covered in this section are outlined in the following box.

### **Step 1. Assess Needs, Existing Resources, and Readiness**

- a. Collect and review information
- b. Analyze system readiness
- c. Define the issues and determine whether an ITSN is the appropriate strategy

### **Step 2. Develop a Vision of the Network: The Scope and Focus of the Work**

- a. Identify and involve key stakeholders and partners
- b. Develop a vision, mission, and goals
- c. Develop a logic model
- d. Determine strategies that will produce desired outcomes
- e. Develop an action plan
- f. Determine the resources needed to accomplish the outcomes

### **Step 3. Find and Secure Funding**

- a. Develop a budget
- b. Explore funding sources and secure commitments

### **Step 4. Select an Organization to Administer the ITSN**

- a. Determine selection criteria and review system possibilities
- b. Select the organization and develop the contract and agreement

### **Step 5. Build an Administrative Structure**

- a. Design the network structure
- b. Determine roles and responsibilities
  1. The network manager
  2. The I/T specialist: an emerging role
- c. Determine data needs and develop an information system

### **Step 6. Design an Evaluation**

- a. Determine the criteria for the evaluation design
- b. Secure funding for the evaluation
- c. Draft the evaluation request for proposal and select the evaluator

### **Step 7. Support the Network**

- a. Support the infant/toddler specialists
- b. Strengthen the network
- c. Build partnerships



## Step 1. Assess Needs, Existing Resources, and Readiness

The first step to consider is an assessment of the need for an ITSN and the readiness of the existing early care and education system to support it. The initial work should include three kinds of activities.

### 1a. Collect and Review Information

States 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 QRISs. Review this information to answer the following key questions.

#### Key Questions

- How many children from birth to 3 years old live in the State? 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 family child care homes? How many are in family, friend, and neighbor care?
- What is the quality of these settings, and what are the knowledge and skills of the infant/toddler workforce?
- Do licensing regulations address the needs of infants and toddlers?
- What collaborations, partnerships, and alignments already exist?
- What training is made available to programs through Head Start or the home visiting training and technical assistance system?

### 1b. Analyze System Readiness

The next phase of step 1 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, but an assessment of these factors can provide valuable information. States can assess the strengths and challenges of the entire system or select key elements, as outlined in table 1.



**Table 1. Key Elements of System Readiness**

System	Key Questions
Licensing	<p>How is quality care for infants and toddlers supported through current licensing regulations?</p> <ul style="list-style-type: none"> <li>◆ Ratios</li> <li>◆ Group size</li> <li>◆ Health and safety</li> <li>◆ Training and education requirements</li> </ul> <p>Are care settings for infants and toddlers meeting licensing requirements?</p>
Child care resource and referral	<p>How do CCR&amp;R services support quality in infant/toddler settings?</p> <ul style="list-style-type: none"> <li>◆ Training</li> <li>◆ Technical assistance</li> <li>◆ Other</li> </ul>
Professional development	<p>What professional development opportunities exist for the infant/toddler workforce?</p> <p>Are these professional development opportunities accessible to those working in the field? Are evening or weekend opportunities available?</p> <p>Have recommended core knowledge and competencies been established for the infant/toddler workforce?</p> <p>Who does training and education on infant/toddler development and care? What are their qualifications?</p> <p>Is there a qualified workforce that could become infant/toddler specialists? If not, what do they need?</p> <p>Do Early Head Start and home visiting programs make their professional development opportunities available to programs in their communities?</p>
Infant/toddler early learning and development guidelines (ELDGs)	<p>Does the State have I/T ELDGs?</p> <p>What is the quality of the I/T ELDGs?</p> <p>Does the infant/toddler workforce use the I/T ELDGs?</p> <p>Are there opportunities for the infant/toddler workforce to learn about and engage with I/T ELDGs?</p>
Program standards	<p>Is there a QRIS?</p> <p>How are infant/toddler settings rated?</p> <p>What support do rated programs receive to improve quality?</p> <p>Are Early Head Start programs meeting their program standards?</p>
Financing	<p>Is there funding to support an ITSN?</p> <p>Does the State provide funding to child care programs to meet Head Start Program Performance Standards or QRIS standards?</p>

### 1c. 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 infant and toddler care programs
- ◆ Inadequate licensing standards
- ◆ Serious licensing violations in infant/toddler settings
- ◆ Infrequent licensing visits in infant/toddler settings
- ◆ Low scores on quality assessment of infant/toddler settings
- ◆ Low qualifications and high turnover rates of the infant/toddler workforce
- ◆ Lack of high-quality, accessible professional development opportunities focusing on infant/toddler care

This step will require 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 infant/toddler care knowledge and competencies?
- ◆ Does it require relationship-based approaches (coaching, mentoring, consulting, technical assistance)?

## Step 2. Develop a Vision of the Network: The Scope and Focus of the Work

Developing a common understanding among stakeholders of why an ITSN is being created, what outcomes are expected, and what strategies will be used to achieve the outcomes is important to the success of the network.

### 2a. 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 box.

<b>Key Stakeholders and Partners</b>	
Infant/toddler child care programs	Head Start and Early Head Start
Family child care providers	Early Head Start–Child Care Partnership stakeholders
Early intervention specialists (Individuals with Disabilities Education Act Part C)	State Head Start Collaboration Office and State Advisory Councils
Child care resource and referral agencies	Licensing staff
Professional development providers	Quality rating improvement system staff
Health and mental health consultants	Child Care Development Fund Administrators
Institutions of higher education	Parents and families
Home visiting programs	



## 2b. 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 step 1. Virginia's ITSN's goals are shown as an example.

Virginia's ITSN has the following goals:

1. Improve the quality of care and education that infants and toddlers receive while away from their parents.
2. Increase the educational level and competencies of infant/toddler caregivers, teachers, and directors.
3. Promote community connections to increase awareness and use of available resources and services that support healthy, safe, and nurturing care for infants and toddlers.
4. Implement an effective, efficient, and accountable infant/toddler specialist system.

Source: Virginia Infant and Toddler Specialist Network (2017). Retrieved from <http://va.gapitc.org/goals-and-key-features/>

## 2c. Develop a Logic Model

A logic model can be helpful during the ITSN planning process, and can also serve as the foundation of an evaluation design. For more information on developing a logic model, please see the Additional Resources section of this document. 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.

## 2d. Determine Strategies That Will Produce Desired Outcomes

Strategies should be evidence based and directly related to the identified issues, goals, and outcomes. The strategies will be the scope of the ITSN work. Strategies may differ according to what the network is intended to accomplish; ITSNs can be established for many purposes:

- ◆ Increase the number of caregivers serving infants and toddlers
- ◆ Improve the skills and knowledge of the existing workforce
- ◆ Work only with programs serving children receiving child care subsidies
- ◆ Work with all infant/toddler programs
- ◆ Help providers meet the criteria of a QRIS
- ◆ Implement the [Program for Infant/Toddler Care \(PITC\) six essential program practices](#) in every setting
- ◆ Provide specific infant/toddler training to the workforce
- ◆ Offer individualized coaching and consultation
- ◆ Assist in partnerships between programs, such as Early Head Start and family child care



## 2e. Develop an Action Plan

Once you have chosen your strategies, you can develop an action plan (see sample action plan at the end of this document) that will guide your State 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.

## 2f. Determine the Resources Needed to Accomplish the Outcomes

The scope and focus of the work detailed in the logic model and action plan will help determine how many specialists are needed in any one area, the nature of their work, and required skills. The resource analysis is also supported by the needs assessment completed in step 1. Now is a good time to consider the support that will be needed to plan and implement the ITSN (stakeholders, support staff, technical assistance providers, and so forth). Determining the needed resources will help in developing a budget and securing funding.

## Step 3. Find and Secure Funding

Funding an ITSN requires significant investment. The work that has been done so far (compiling and reviewing information; identifying issues and strategies; and developing the vision, mission, goals, and logic model) provides information to potential funders about the focus and intent of the ITSN. This information also directly helps with the development of a budget.

### 3a. Develop a Budget

The budget for the network must be realistic in terms of the scope of work, the experience and education of the specialists to be hired, and support of the chosen strategies. Beyond the obvious expenses of salaries and operating costs, a budget may include incentives for the infant/toddler workforce to participate in and complete training. It may be helpful to contact existing early childhood consultant networks in your State, 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 can also be a source of information.

### 3b. Explore Funding Sources and Secure Commitments

ITSNs are supported by an array of funding sources, but States have historically allocated CCDF infant/toddler-targeted funds to finance networks. In addition, a few States have allocated American Recovery and Reinvestment Act funds or additional local and private funds to support the work of their ITSNs.

Some funders may be interested in supporting particular network initiatives, such as evaluation or training. For example, Kansas previously received funding from a private foundation for an evaluation, and Tennessee receives private funding to provide training in sudden infant death syndrome (SIDS) and safe sleep.

The Child Care and Development Block Grant Act of 2014 included new provisions related to health and safety training for all participating providers. New minimum standards based on *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education* require all child care staff to participate in various health and safety trainings within their first 3 months of employment and before caring for children unsupervised (Administration for Children and Families, 2015). Required training topics include pediatric first aid and CPR; safe sleep practices, including reducing the risk of SIDS and sudden unexplained infant death; standard precautions for the prevention of communicable disease; poisoning prevention; and shaken baby syndrome and abusive head trauma (National Center on Early Childhood Quality Assurance, 2016).



States can consider the following funding sources for ITSNs:

- ◆ CCDF
- ◆ Temporary Assistance for Needy Families (TANF)
- ◆ 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.

## Step 4. 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.

### 4a. Determine Selection Criteria and Review System Possibilities

A network home should provide the structure for service delivery and sustainability to achieve the outcomes identified in step 2. 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 infant/toddler initiatives and infrastructure
- ◆ Evaluation of activities and measurement of outcomes

**Key Questions: Considering a Network Home**

- Is there an existing organization that provides services throughout the State?
- Can the organization work collaboratively with all child care settings, the infant/toddler workforce, and the early care and education community?
- Does the organization have expertise in infant/toddler 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?

**4b. Select the Organization and Develop the Contract and Agreement**

Some States require the issuance of a request for proposals (RFP) for the ITSN, but 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 an 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 an RFP?
- ◆ Is the organization being considered strongly committed to the ITSN initiative?
- ◆ Will the organization work closely with the State?

**Step 5. Build an 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.

**5a. 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.

**5b. Determine Roles and Responsibilities**

Regardless of the structure and organizational home of the network, some elements are consistent. The network's staff usually includes a network manager and I/T specialists who provide training and support 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 the 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 network manager will need a solid foundation in infant/toddler development and group care; experience in adult learning, personnel management, leadership, program development, and evaluation; and knowledge of the State's professional development system.

### Responsibilities of the Infant/Toddler Specialist Network Manager

- Coordinate and monitor the program
- Coordinate the evaluation process
- Support specialists
- Facilitate regular ITSN meetings
  - Schedule and arrange regular meetings and professional development for I/T specialists
  - Elicit 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 sensitive issues from the field
- Maintain statewide data through reporting systems
- Ensure statewide consistency 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
- Identify and disseminate information, resources, and research on effective practices
- Engage in educational and public awareness campaigns statewide

## The I/T Specialist: An Emerging Role

The role of I/T specialist is relatively new and still emerging. 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 in infant and toddler development and learning.

In a statewide ITSN, the primary role of the I/T specialist is to work directly with members of the infant/toddler workforce to improve their knowledge, skills, and responsiveness in order 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.



### The Emergence of a New Role

Materials from the National Training Institute for Child Care Health Consultants, a National Healthy Child Care America Cooperative Agreement Program funded by the U.S. Maternal and Child Health Bureau between 1997 and 2013, include train-the-trainer modules and tool kits that address the needs of child care health consultants. These materials represent the combination of two modules on consultation skills: Building Consultation Skills Part A and Building Consultation Skills Part B. The modules and tool kits can be accessed at <http://ncemch.org/distance-learning.php>.

## I/T 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 in 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 infant and toddler 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 families 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 infant/toddler programs
- ◆ Knowledge of how to best support the infant/toddler workforce in all settings
- ◆ Effective techniques of adult learning

### 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 infant/toddler 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 infant/toddler 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 (for example, offer nontraditional days and hours)
- Demonstrate effective outreach methods to meet the needs of infant/toddler programs and providers
- Promote public awareness of services through the media and other routes
- Assist with a resource library of infant/toddler 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 Program for Infant/Toddler Care (PITC) certification provides even greater personal resources to bring to the job of teaching and mentoring infant/toddler caregivers.

Because the I/T specialist is an emerging role, some States have developed intensive in-service training opportunities specific to infant/toddler early education and care. These opportunities often lead to certification in specific training curricula and skill areas, such as the PITC and Infant/Toddler Environment Rating Scale–Revised (ITERS–R), and help ensure consistent service delivery throughout the State.

### The Work of the Infant/Toddler Specialist

Though 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 technical assistance and consultation
- ◆ Coordinating resources
- ◆ Providing community education and support

#### A Survey of State ITSNs (2008)

A 2008 ZERO TO THREE survey 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 infant and toddler child care (72 percent)
- Best practice information for CCR&R staff (72 percent)
- Best practice information for other professionals who work with infants and toddlers (72 percent)
- Best practice 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 providing assistance in overall quality improvement, lending library selection and distribution, recruitment of infant and toddler caregivers, and serving as team leader for infant and toddler initiatives.

Source: Efinger, E. (2008). State ITSN Survey. Unpublished. ZERO TO THREE fellowship project.

I/T specialists deliver services in diverse settings, including child care centers; family child care homes; Early Head Start programs; and family, friend, and neighbor care settings. Increasingly, I/T specialists are working closely with their States' QRISs to help infant/toddler 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 (FCCERS–R) to help caregivers see the strengths and needs of their programs. They may also use other observational tools and respond to questions and concerns raised by the caregiver or director. Together, the program staff or family child care provider and the I/T specialist may develop an improvement plan and agree on goals and strategies.

## Supporting Babies through QRIS with the Inclusion of Infant and Toddler Quality Standards

The ZERO TO THREE resource *Supporting Babies through QRIS: Implementation Status and Tools in US States and Jurisdictions* presents a national review of QRISs that have been implemented statewide, focusing on how these systems can include standards that explicitly address the needs of infants and toddlers (Mayoral, 2014).

### 5c. Determine Data Needs and Develop an Information System

The work of the ITSN will also 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 activity and measure progress. The data collected in step 1 (from the assessment of needs, existing resources, and readiness) may be a valuable start. With information that describes the infant/toddler population in care, the quality of care settings, and the workforce, it will be easier to establish baseline measurements. 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 is also 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 infant/toddler settings
- ◆ Explore adding new data elements to forms already completed by the infant/toddler 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 a point in time
- ◆ Identify data collected by other consultation agencies that measure quality indicators

## Step 6. 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.

### 6a. Determine the Criteria for the Evaluation Design

If a logic model was created during step 2, 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 participation of the workforce



- ◆ Impact on workforce practice
- ◆ 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 or FCCERS–R scores
- ◆ Number of infant/toddler 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 practice, or measurement tools may need to be developed. The State Capacity Building Center's Infant/Toddler Specialist Network is currently developing a scan of national infant/toddler policies and initiatives titled [Strengthening State and Territory Infant/Toddler Child Care System Policies and Practices: A Tool for Advancing Infant/Toddler Child Care Quality](#). This tool is currently in the pilot phase of development. 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.

## 6b. 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 ACF's [Office of Planning, Research and Evaluation](#). It also may be helpful to partner with your higher education system to secure resources.

## 6c. 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 with 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

## Step 7. Support the Network

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

### 7a. Support the Infant/Toddler Specialists

The manager, as the direct provider of daily support, is a personnel administrator, defining the requirements and work of the I/T specialist. The manager may design a consistent orientation and preservice training agenda for all new I/T specialists and, in a process parallel to that of the I/T specialist in the community, perform needs assessments of the staff to ensure that appropriate professional development opportunities are available to support their skills and knowledge.

When an I/T specialist is working with a program or individual that provides poor-quality care, the 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 infant/toddler 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 practice while sorting out the feelings it evokes. Regularly scheduled meetings (at least some of them in person) are useful for sharing information, planning, and ensuring consistency. Rebecca Parlakian describes reflective supervision as a way to encourage learning through thoughtful observation of ourselves and others. This includes looking inward as well as outward; listening to what is being said and learning from the situation or staff person to provide a thoughtful response, rather than reacting. Reflective supervision is a basis for developing and maintaining good relationships between supervisors and staff (Parlakian, 2002).

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.

### 7b. Strengthen the Network

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 may also 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 infant/toddler workforce.

As networks mature, they may be involved in quality initiatives, such as QRISs, 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 & 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.



## 7c. Build Partnerships

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, Early Head Start programs can become partners with local I/T specialists and child care programs.

The expansion of Early Head Start and the implementation of the EHS-CCP program provide communities with opportunities to work closely together to build the capacity of the infant/toddler workforce and improve the quality of infant/toddler care settings. Implementation planners and fiscal consultants are available through EHS-CCP to provide support to Early Head Start grantees and partners, to ensure that they are well prepared to provide high-quality services to infants, toddlers, and their families. As of April 2016, 275 Early Head Start grantees were partnering with 1,300 child care centers and 800 family child care homes serving an estimated 32,000 infants and toddlers (Administration for Children and Families, 2016). Participating programs receive support, training, and networking opportunities to help them better serve low-income families in their communities. These initiatives offer excellent avenues to build partnerships among ITSNs, Early Head Start consultants, and new Early Head Start programs. The State Head Start Collaboration Office can be a strong partner for coordinating with the Head Start system.

### Early Head Start–Child Care Partnerships

EHS-CC Partnerships bring together the best of two worlds—combining the strengths of child care and Early Head Start programs. The Partnerships layer funding to provide comprehensive services and high-quality early learning environments for low-income working families with infants and toddlers. Long-term outcomes for the program include:

- Sustained, mutually respectful and collaborative EHS-CC Partnerships
- A more highly-educated and fully-qualified workforce providing high-quality infant-toddler care and education, along with an increased supply of high-quality early learning environments and infant-toddler care and education
- Well-aligned early childhood policies, regulations and resources, with quality improvement support at national, state and local levels
- Improved family and child well-being and progress toward school readiness.

The program integrates EHS comprehensive services and resources into the array of traditional child care and family care settings.

- Child care centers and family child care providers respond to the needs of working families by offering flexible and convenient full-day and full-year services. Experienced child care providers offer care that is strongly grounded in the cultural, linguistic and social needs of families and communities. Many child care centers and family child care providers lack the resources to address the needs of the nation's most vulnerable children.

Source: This text is excerpted from the National Center on Early Head Start–Child Care Partnerships (Partnership Center). (2016). *Early Head Start–child care partnerships: Growing the supply of early learning opportunities for more infants and toddlers*. Retrieved from <https://www.nafcc.org/file/f3976b46-77b6-4a85-a2dd-49c4f607b6df>

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 infant/toddler settings. For example, ITSNs have collaborated with the following partners:

- ◆ 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 infant/toddler caregivers to improve quality of care.<sup>5</sup>

## Section III. Conclusion

The process described in this guide for developing and implementing an ITSN was informed by the States that have chosen ITSNs to improve access to and quality of child care for infants and toddlers. The process emphasizes thoughtful development of ITSNs, along with the participation of infant and toddler 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 infant/toddler workforce in its efforts to provide high-quality care to our youngest children.

---

<sup>5</sup> For more information on multidisciplinary consultant networks, see Child Care Bureau, U.S. Department of Health and Human Services, & National Infant & Toddler Child Care Initiative. (2010). Coordinating child care consultants: Combining multiple disciplines and improving quality in infant/toddler care settings. Retrieved from [https://childcareta.acf.hhs.gov/sites/default/files/public/coordinating\\_child\\_care\\_consultants\\_0.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/coordinating_child_care_consultants_0.pdf)



## Additional Resources

Below are some additional resources to use when developing your statewide network of infant/toddler specialists.

### Developing a Logic Model

The Child Welfare Information Gateway website has resources on logic models and logic model building, including a step-by-step guide on the process of developing a logic model, to help stakeholders plan ITSN evaluation activities. The logic model can be downloaded into Microsoft Word so that users can customize, reformat, or add new information to it. Access the logic model builder and other resources at <https://toolkit.childwelfare.gov>.

### First Steps: Ohio's Infant and Toddler Initiative

Ohio's infant and toddler initiative, First Steps, is the statewide infant/toddler specialist network that provides technical assistance and professional development to improve the quality of infant/toddler learning environments. The First Steps infant/toddler specialists are housed within child care resource and referral agencies, coordinated by the statewide director at the Ohio Child Care Resource and Referral Association. The logic model at [https://it.occrra.org/documents/IT\\_Logic\\_Model.pdf](https://it.occrra.org/documents/IT_Logic_Model.pdf) provides an overview of the First Steps structure, including the research-based development, professional development, and evaluation frameworks. For more information about this initiative, visit <https://jfs.ohio.gov/cdc/docs/FirstStepsReport3-2010.pdf>.

### 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 infant/toddler 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 infant/toddler best practices. Find more information about this project, visit <http://childcarerrnc.org/s.php?subpage=InfantToddlerQualityEnhancement>.

### First Steps New Jersey CCR&R Contract Agreement

The New Jersey infant/toddler initiative, First Steps, is funded by the Division of Family Development in the New Jersey Department of Human Services to improve the quality and availability of infant/toddler learning environments by providing technical assistance to infant/toddler educators. A sample contract agreement for this initiative is available at <http://www.state.nj.us/humanservices/dfd/info/contracts/fs/index.html>. For more information, visit [http://www.ccanj.org/documents/publicationsBrochures/First\\_Steps\\_Broch\\_12\\_09\\_FNL.pdf](http://www.ccanj.org/documents/publicationsBrochures/First_Steps_Broch_12_09_FNL.pdf).

## Sample ITSN Action Plan

This is a sample action plan based on the outlined steps in this guide. Feel free to use the template and adapt it to meet your State’s needs.

### Strategic Planning: Planned Activities

**Long-term outcome:** Improve the quality of infant/toddler learning environments and increase the knowledge of the infant/toddler workforce regarding the care of infants and toddlers.

**Intermediate outcome:** Improve scores for Quality of Caregiver–Child Interactions for Infants and Toddlers (Q-CCIIT), Infant Toddler Environment Rating Scale–Revised (ITERS–R), Family Child Care Environment Rating Scale–Revised (FCCERS–R), and Classroom Assessment Scoring System (CLASS)–Infant.

**Budget implications:** Cost of assessment training, technical assistance, and training models.

Activity or Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Provide onsite technical assistance, training, and consultation	<ul style="list-style-type: none"> <li>◆ Establish criteria for consultation and program readiness:                             <ul style="list-style-type: none"> <li>■ Determine what is in place to fill in when I/T specialist is not ready</li> <li>■ Establish interrater reliability</li> </ul> </li> </ul>			
	◆ Monitor caseload and establish intake priority for Q-CCIIT, ITERS–R, and CLASS–Infant assessments			
	◆ Determine training hours			
	◆ Define technical assistance and training		State Capacity Building Center (SCBC) ITSN	
Establish advisory group	◆ Plan for group meeting dates and other logistics			



Activity or Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Determine professional development needs for each specialist in each region	Consider the following: <ul style="list-style-type: none"> <li>◆ Program for Infant/Toddler Care (PITC)</li> <li>◆ ITERS–R</li> <li>◆ FCCERS–R</li> <li>◆ Q-CCIIT</li> <li>◆ CLASS–Infant scores</li> <li>◆ Sudden infant death syndrome (SIDS) and shaken baby prevention training: child care health consultation</li> <li>◆ Consultation model for infants and toddlers</li> <li>◆ State licensing regulations and registration</li> </ul>			
Coordinate with other consultation systems	Contact the following: <ul style="list-style-type: none"> <li>◆ Health consultation programs</li> <li>◆ Institutions of higher education</li> <li>◆ Local quality programs</li> <li>◆ Early intervention specialists (Individuals with Disabilities Education Act Part C)</li> <li>◆ Infant/toddler credentialing body</li> <li>◆ Office of Child Care's State Capacity Building System Infant/Toddler Specialist Network</li> </ul>			
Develop plan for assessment reliability and validity	<ul style="list-style-type: none"> <li>◆ Achieve appropriate infant/toddler child care quality measure reliability</li> </ul>			
Develop plan for I/T specialists and implementation of activities: regional and state levels	<ul style="list-style-type: none"> <li>◆ Determine whether regions have some activities that are not a part of state plan</li> </ul>			



Activity or Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Evaluation and research planning: establish baseline	<ul style="list-style-type: none"> <li>◆ Review lessons learned</li> <li>◆ Research cost and planning</li> <li>◆ Identify statewide quantitative reports in consistent use</li> <li>◆ Report on qualitative definitions</li> </ul>		Advisory group	
Lending library	<ul style="list-style-type: none"> <li>◆ Calculate replacement cost</li> <li>◆ Identify policy procedures for local child care resource and referral agencies</li> <li>◆ Develop process for approved list</li> </ul>			
Personnel consistency	<ul style="list-style-type: none"> <li>◆ Revisit at end of year</li> </ul>			
Prepare for funding and expansion (sustainability)	<ul style="list-style-type: none"> <li>◆ Maintain network</li> </ul>			
Prepare for expansion of slots	<ul style="list-style-type: none"> <li>◆ Present on transition of child care space at licensing regulations forum</li> </ul>			



### Additional Activities and Strategies

Activity or Strategy	Action Steps	Responsible Person(s)		Anticipated Completion Date
		Lead	Other Partners	
Revisit plan	◆ Review all activities of network			
	◆ Make recommendation for contract renewal ◆ Review evaluation			
Professional development for I/T specialist	◆ Complete infant/toddler credential train-the-trainer sessions on local model and environmental rating scale and other quality rating measure validity			

### Completed Steps

Activity or Strategy	Action Steps	Responsible Person(s)		Anticipated Dates
		Lead	Other Partners	
Infant/toddler curriculum resource fair				
Professional development for I/T specialist				

## References

- Abrams, A., & Chu, M. (2016). *Relationship-based professional development competencies*. Retrieved from the Washington State Department of Early Learning website:  
[https://del.wa.gov/sites/default/files/public/ProfessionalDevelopment/RBPD\\_Competencies.pdf](https://del.wa.gov/sites/default/files/public/ProfessionalDevelopment/RBPD_Competencies.pdf)
- Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. Retrieved from  
[https://www.acf.hhs.gov/sites/default/files/ece/caring\\_for\\_our\\_children\\_basics.pdf](https://www.acf.hhs.gov/sites/default/files/ece/caring_for_our_children_basics.pdf)
- Administration for Children and Families, U.S. Department of Health and Human Services. (2016). *Early Head Start-child care partnerships: Growing the supply of early learning opportunities for more infants and toddlers*. Retrieved from  
[https://www.acf.hhs.gov/sites/default/files/ece/ehs\\_ccp\\_report.pdf](https://www.acf.hhs.gov/sites/default/files/ece/ehs_ccp_report.pdf)
- American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards: Guidelines for early care and education programs*, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Retrieved from  
[http://cfoc.nrckids.org/webfiles/CFOC3\\_updated\\_final.pdf](http://cfoc.nrckids.org/webfiles/CFOC3_updated_final.pdf)
- Bureau of Labor Statistics, U.S. Department of Labor. (2009). *Occupational outlook handbook, 2010–11 edition: Child care workers*. Retrieved from  
<https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm>
- Cassidy, D., Hestenes, L., Hestenes, S., & Mimms, S. (2005). *The North Carolina rated license assessment project: Executive summary*. Greensboro: University of North Carolina. Retrieved from  
[https://ncrlap.org/Resources/Uploaded\\_Files/Uploaded\\_Resources/Executive\\_Summary\\_05%20%28iFileID\\_1%2012-2-2007%206-24-52%20PM%29.pdf](https://ncrlap.org/Resources/Uploaded_Files/Uploaded_Resources/Executive_Summary_05%20%28iFileID_1%2012-2-2007%206-24-52%20PM%29.pdf)
- Child Care State Capacity Building Center. (2017). *PITC Rationale: Culturally sensitive care*. Washington, DC: Office of Child Care. Retrieved from  
<https://childcareta.acf.hhs.gov/resource/program-infanttoddler-care-pitc-six-essential-program-practices-relationship-based-care>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245.
- Child Care Bureau, U.S. Department of Health and Human Services, & National Infant & Toddler Child Care Initiative. (2010). *Coordinating child care consultants: Combining multiple disciplines and improving quality in infant/toddler care settings*. Retrieved from  
<https://childcareta.acf.hhs.gov/resource/coordinating-child-care-consultants-combining-multiple-disciplines-and-improving-quality>
- The Commonwealth Institute and Voices for Virginia's Children. (2009). *Predicting poverty in the commonwealth*. Retrieved from  
[http://www.thecommonwealthinstitute.org/wp-content/uploads/2011/08/090200\\_predicting\\_poverty\\_REPORT.pdf](http://www.thecommonwealthinstitute.org/wp-content/uploads/2011/08/090200_predicting_poverty_REPORT.pdf)
- Commonwealth of Virginia, Department of Social Services, Division of Child Care and Development. (2008). *Infant/Toddler Specialist System: Request for proposal # CCD-08-069*. Retrieved from  
<http://nitcci.db.zerotothree.org/fileupload/149/837/VA%20RFP.CCD-08-069.pdf>
- Division of Child Care and Early Childhood Development, Virginia Department of Social Services. (2012). *Virginia Infant & Toddler Specialist Network*. Retrieved from  
[https://www.dss.virginia.gov/files/about/irb/results\\_approved\\_projects/fy2012/Final\\_Report\\_2nd\\_Renewal\\_7-1-11\\_-\\_6-30-12.pdf](https://www.dss.virginia.gov/files/about/irb/results_approved_projects/fy2012/Final_Report_2nd_Renewal_7-1-11_-_6-30-12.pdf)
- Efinger, E. (2008). *State infant toddler specialist network survey*. Unpublished. ZERO TO THREE fellowship project.
- Ekono, M., Yang, J., & Smith, S. (2016). *Young children in deep poverty*. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.
- First Steps New Jersey Infant/Toddler Specialist Initiative. (2008). Request for proposals issued by Department of Human Services, Division of Family Development, April 21.
- Forry, N., Daneri, P., & Howarth, G. (2013). *Child care subsidy literature review* (OPRE brief 2013-60). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from  
[https://www.acf.hhs.gov/sites/default/files/opre/subsidy\\_literature\\_review.pdf](https://www.acf.hhs.gov/sites/default/files/opre/subsidy_literature_review.pdf)



- Halle, T. G., Hair, E. C., Burchinal, M., Anderson, R., & Zaslow, M. (2012). *In the running for successful outcomes: Exploring the evidence for thresholds of school readiness*. Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/76566/rpt.pdf>
- Howes, C., & Spieker, S. (2008). Attachment relationships in the context of multiple caregivers. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical application* (2nd ed., pp. 317–332). New York: Guilford Press.
- Johnson, J. O. (2002). Who's minding the kids? Child care arrangements. *Household Economics Studies*, Winter 2002. Retrieved from <https://www.census.gov/prod/2005pubs/p70-101.pdf>
- Laughlin, L. (2013). *Who's minding the kids? Child care arrangements*. Household Economics Studies. Spring 2011. Retrieved from <https://www.census.gov/prod/2013pubs/p70-135.pdf>
- Layzer, J. I., & Goodson, B. D. (2006). The “quality” of early care and education settings: Definitional and measurement issues. *Evaluation Review*, 30(5), 556–576.
- Mayoral, M. (2014). *Supporting babies through QRIS: Implementation status and tools in US states & jurisdictions*. Washington, DC: ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/189-supporting-babies-through-qr-is-implementation-status-and-tools-in-us-states-jurisdictions>
- National Center on Early Childhood Quality Assurance. (2016). *CCDF health and safety requirements brief #9: Health and safety training*. Retrieved from [https://childcareta.acf.hhs.gov/sites/default/files/public/brief\\_9\\_healthsafety\\_training\\_final.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/brief_9_healthsafety_training_final.pdf)
- National Center on Early Head Start–Child Care Partnerships (Partnership Center). (2016). *Early Head Start–child care partnerships: Growing the supply of early learning opportunities for more infants and toddlers*. Retrieved from <https://www.nafcc.org/file/f3976b46-77b6-4a85-a2dd-49c4f607b6df>
- National Infant & Toddler Child Care Initiative, Office of Child Care, Administration for Children and Families, U.S. Department Health and Human Services. (2010). *Infant/toddler specialist network factsheet*. Retrieved from <https://childcareta.acf.hhs.gov/resource/infanttoddler-specialist-factsheet>
- National Infant & Toddler Child Care Initiative, Office of Child Care & Office of Head Start, Administration for Children and Families, U.S. Department Health and Human Services. (2011). *A guide to effective consultation with settings serving infants, toddlers, and their families: Core knowledge, competencies, and dispositions*. Retrieved from <https://www.acf.hhs.gov/occ/resource/effective-consultation>
- National Institute of Child Health and Human Development Early Child Care Research Network [NICHD ECCRN]. (2004). Are child developmental outcomes related to before- and after-school care arrangements? Results from the NICHD Study of Early Child Care. *Child Development*, 75(1), 280–295.
- National Institute of Child Health and Human Development Study of Early Child Care and Youth Development [NICHD ECCRN]. (2005). *Childcare and child development: Results from the NICHD study of early childcare and youth development*. New York: Guilford Press.
- National Survey of Early Care and Education Project Team (2015). Tables on households' ECE usage and cost to parents. Submitted to Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. NORC: Chicago, IL.
- National Survey of Early Care and Education Project Team. (2016). Households' geographic access to center-based early care and education: Estimates and methodology from the National Survey of Early Care and Education. OPRE Report # 2016-08, Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/hh\\_geoaccessto\\_cb\\_ece\\_toopre\\_042916\\_b508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/hh_geoaccessto_cb_ece_toopre_042916_b508.pdf)
- Parlakian, R. (2002). *Look, listen, and learn: Reflective supervision and relationship-based work*. Washington, DC: ZERO TO THREE.
- Pennsylvania Office of Child Development and Early Learning. (2016). *Pennsylvania's infant-toddler specialist network*. Retrieved from <https://www.pakeys.org/uploadedContent/Docs/Early%20Learning%20Programs/Infant%20Toddler/Infant-Toddler%20Specialist%20Network.pdf>
- Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., & Messner, L. (2013). Family child care in four midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy program participation. *Early Childhood Research Quarterly*, 28(4), 879–892.
- Schmit, S., & Matthews, H. (2013). *Better for babies: A study of state infant and toddler child care policies*. Washington, DC: Center for Law and Social Policy. Retrieved from <http://www.clasp.org/docs/betterforbabies2.pdf>
- Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). *From neurons to neighborhoods: The science of early development*. Washington, DC: National Academies Press.



- Sosinsky, L., Ruprecht, K., Horm, D., Kriener-Althen, K., Vogel, C., & Halle, T. (2016). Including relationship-based care practices in infant-toddler care: Implications for practice and policy. Brief prepared for the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/nitr\\_inquire\\_may\\_2016\\_070616\\_b508compliant.pdf](https://www.acf.hhs.gov/sites/default/files/opre/nitr_inquire_may_2016_070616_b508compliant.pdf)
- U.S. Census Bureau. (2013). How do we know? Child care an important part of American life [Infographic]. Retrieved from [https://www.census.gov/library/visualizations/2013/comm/child\\_care.html](https://www.census.gov/library/visualizations/2013/comm/child_care.html)
- U.S. Centers for Disease Control and Prevention. (2016). *About adverse childhood experiences*. Retrieved from [https://www.cdc.gov/violenceprevention/acestudy/about\\_ace.html](https://www.cdc.gov/violenceprevention/acestudy/about_ace.html)
- Virginia Infant and Toddler Specialist Network (2017). Retrieved from <http://va.gapitc.org/goals-and-key-features/>
- WestEd. (n.d.). PITC partners for quality [Web page]. Retrieved April 13, 2017, from <https://www.wested.org/project/pitc-partners-for-quality/>
- Whitebook, M., Austin, L. J. E., & Amanta, F. (2015). *Addressing infant-toddler teacher compensation*. Washington, DC: Office of Child Care and Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from [https://earlyeducatorcentral.acf.hhs.gov/sites/default/files/public/resources/Addressing%20Infant\\_Toddler%20Teacher%20Compensation.pdf](https://earlyeducatorcentral.acf.hhs.gov/sites/default/files/public/resources/Addressing%20Infant_Toddler%20Teacher%20Compensation.pdf)
- ZERO TO THREE. (2016). Virginia infant and toddler specialist network [Online article]. Retrieved April 13, 2017, from <https://www.zerotothree.org/resources/946-virginia-infant-and-toddler-specialist-network>



*This document was originally developed with funds from Contract #233-02-0103. It was modified with funds from Contract #HHSP2332015000711 for the U.S Department of Health and Human Services, Administration for Children and Families, Office of Child Care, by the Child Care State Capacity Building Center. This resource may be duplicated for noncommercial uses without permission.*

*This document was prepared to provide information to early care and education leaders who may be interested in supporting the quality of their infant/toddler care through the establishment of an infant/toddler specialist network. It was revised in 2016 by the State Capacity Building Center Infant/Toddler Specialist Network to provide updates and additional guidance for States and Territories. The original document, published in 2011, was the result of a joint effort between the National Infant & Toddler Child Care Initiative and the Early Head Start National Resource Center at ZERO TO THREE.*

*The State Capacity Building Center (SCBC) works with state and territory leaders and their partners to create innovative early childhood systems and programs that improve results for children and families. The SCBC is funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care.*

**State Capacity Building Center,  
A Service of the Office of Child Care**

9300 Lee Highway  
Fairfax, VA 22031

Phone: 877-296-2401

Email: [CapacityBuildingCenter@ecetta.info](mailto:CapacityBuildingCenter@ecetta.info)

**Subscribe to Updates**

[http://www.occ-cmc.org/occannouncements\\_sign-up/](http://www.occ-cmc.org/occannouncements_sign-up/)



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**