



## Promising Practices Shared by the 2017 Infant/Toddler Specialist Network Community of Practice

In early 2017, Colorado, Michigan, Minnesota, South Carolina, Virginia, and West Virginia participated in a series of peer-to-peer calls to share experiences about the design and implementation of their infant/toddler specialist networks. Dedicated to sharing promising practices in infant/toddler networks and to continue their peer-to-peer learning, the activity has now evolved into a community of practice. The promising state practices listed in this resource are based on the information shared by state infant/toddler leads participating in the Infant/Toddler Specialist Network Community of Practice and have been reviewed and approved by CCDF Administrators. If you would like to have your State or Territory's promising practices shared, please contact your State Capacity Building Center (SCBC), State Systems Specialist or Infant/Toddler Specialist.

This document includes excerpts provided by States and Territories. Minor revisions have been incorporated to enhance readability.

### Table 1. Thematic Overview of Promising Practices across Six Community of Practice States

The following table provides a broad thematic overview of the six States' promising practices. With each practice listed we have included a brief description and a list of the States within the Infant/Toddler Specialist Network's Community of Practice that have incorporated the practice.

Promising Practices	Brief Description	State Examples
Infant/Toddler Specialist Network Model that Includes Coaching	The model that is used in the infant/toddler specialist network utilizes a training and coaching and technical assistance component. The coaching and technical assistance is delivered on-site and is considered a follow-up to the training.	CO, MI, SC, VA, WV



Promising Practices	Brief Description	State Examples
Infant/Toddler Training Embedded into Licensing Requirements	High quality child care requires professional development that improves the skills and knowledge of providers. Embedding infant/toddler training within licensing requirements reflects a commitment to enhancing the quality of care provided for infants and toddlers.	CO, WV
Reflective Supervision	One strategy that can help advance a relationship--based organization is reflective supervision. (Zero to Three, 2016). Reflective supervision used in the coaching model provides an opportunity to promote relationship-based practices within the infant/toddler specialist networks.	CO, SC, WV
Relationship-based Practices	Relationship-based care practices are a priority area for practice and policy initiatives designed to strengthen quality standards in infant and toddler early care and education settings (Schmit & Matthews, 2013). Several States have adopted a relationship--based framework for all or individual components of their state system of care for infants and toddlers.	CO, MI, MN, SC, VA, WV
Coordinated Professional Development for Infant/Toddler Providers	Professional development opportunities and support, including onsite coaching, can help teachers implement continuity of care practices by focusing on the importance of effective interaction and communication skills with infants and toddlers. Coaching can also support the development of observational skills, and increase understanding of the developmental abilities of different ages of very young children (Ackerman, 2008; Norris & Horm, 2015). Coordinating professional development to make a smooth transition into higher education provides infant/toddler providers an opportunity to move seamlessly into credit bearing training.	CO, MI, MN, SC, VA, WV
Evaluation	Embedding evaluation into the work of the infant/toddler specialist networks fosters new learning and adaptations to the system as needed. Evaluations can serve to help measure fidelity of coaching models, share experiences of the programs and teachers as they work towards increased quality practices. Ongoing evaluation also supports a continuous quality improvement framework.	CO, MN, VA, WV
Learning Communities	State level support and implementation for the development of an Infant/Toddler Specialist Community of Practice (referred to as a "Learning Community"). Learning communities are replicated at the regional level for infant/toddler providers. The learning communities are established based on a needs assessment for prioritization and are provided professional development on relationship-based practices.	MI

**Table 2. Promising Practice Detail and Implementation Stage**

Each of the States in the Infant/Toddler Specialist Network Community of Practice have implemented promising practices to enhance the quality of care for infants and toddlers. Below, in more detail, is a table highlighting promising practices that have emerged. While this is not an exhaustive



inventory of the work being done related to the birth to three population, this table emphasizes the innovative and adaptive strategies of these States to meet the needs of their infant/toddler workforce.

The development of an infant/toddler specialist network is a step by step process that occurs in a systematic and thoughtful progression. The table also indicates the implementation stage of each of the Infant/Toddler Specialist Network Community of Practice states and defines each of these stages as it relates to building an infant/toddler specialist network.

## Stages of Implementation for Infant/Toddler Specialist Network<sup>1</sup>

**Emerging-** Your State is beginning to research and consider implementing an infant/toddler specialist network. This research may include compiling resources, conducting a needs assessment, surveying stakeholders, and talking with other States regarding best practice.

**Installation-** Your State is beginning to find the needed resources to implement the infant/toddler specialist network. This includes identifying the funding and securing funding, selecting where the infant/toddler specialist network will be housed, building an administrative structure, determining core knowledge and competencies for Infant/Toddler Specialists, and beginning any training needed for staffing.

**Initial Implementation** – Your State has begun implementation of the infant/toddler specialist network. This includes instituting delivery of training and technical assistance to infant/toddler providers to increase their skills, knowledge, and practice-based competencies.

**Full Implementation** – Your State has fully implemented an infant/toddler specialist network. This includes standard practices of delivering training and technical assistance, building partnerships, evaluating outcomes, and implementing quality improvement measures.

**Full Implementation and Revision** – As a result of continuous quality improvement and evaluation, a State may choose to revise or redesign their infant/toddler specialist network. This may be driven by new research, evaluation, or staffing dynamics.

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<sup>1</sup>These definitions are guided by the following resources:

National Implementation Research Network, FPG Child Development Institute (2017). Implementation stages. Retrieved from <http://nirn.fpg.unc.edu/learn-implementation/implementation-stages>

Metz, A., Naoom, S.F., Halle, T., & Bartley, L. (2015). An integrated stage-based framework for implementation of early childhood programs and systems (OPRE Research Brief OPRE 2015-48). Washington, DC: U.S. Department of Health and Human Services.



State and Implementation Stage	Promising Practices
<p>Colorado Full Implementation and Revision</p>	<ol style="list-style-type: none"> <li data-bbox="567 272 1906 673">1. A relationship-based curriculum for infant and toddler early care educators is written into child care licensing regulations. A unique curriculum was developed, although strongly based on Programs for Infant and Toddler Care (PITC), because there is a strong partnership with community colleges throughout the state and this ensured a match between Early Childhood Education (ECE) Infant/Toddler course competencies and the Expanding Quality in Infant and Toddler Care curriculum. Writing the course into licensing regulations in many places reflected a commitment to creating a curriculum consistent in every community across Colorado. "In Colorado, child care regulations are such that infant/toddler nursery supervisors (the equivalent of lead teachers), center directors of facilities serving this age range, and family child care providers seeking infant-specialized licenses must take an approved course on infant/toddler theory and practice. All of the community colleges in Colorado offer such a course, with uniform course numbering (ECE 111), course description, and requirements. This kind of consistency in the availability of higher education in early childhood, especially vis-a-vis stand-alone courses on infants and toddlers, is rare in the United States" (Norris, 2010, p. 5).</li> <li data-bbox="567 690 1906 836">2. A relationship-based coaching model has been designed, implemented, and evaluated in Colorado. Coaches are required to hold a voluntary Colorado coaching credential before providing coaching. Coaching is provided as a follow-up to participation in a semester-length course in infant and toddler development and child care practice. A research study found that the course and coaching together are most effective when between 8 and 15 coaching visits are provided in addition to fidelity implementation of the 48-hour course.</li> </ol>



State and Implementation Stage	Promising Practices
<p>Michigan Initial Implementation</p>	<ol style="list-style-type: none"> <li data-bbox="562 272 1906 669">1. Infant Toddler Specialist (I/T Specialist) Learning Community that is being replicated at the local level. Michigan has 12 I/T Specialists across the state who participate in a monthly learning community, which meet in both webinar and in-person formats. These specialists then facilitate a Learning Community at the local level for, at minimum, 10 infant/toddler providers. The direction of the Learning Community is driven by the needs and feedback from participants. However, the six program practices that are the foundation of the PITC framework, are embedded in trainings and the discussions that the 12 specialists facilitate. To better familiarize the I/T Specialists with the practices in PITC, Michigan worked with the SCBC Technical Assistance (TA) team to provide a six-hour Training for Trainers on the Six Essential Practices of Relationship-based Care. The I/T Specialist team then worked together to adapt the materials into a two-hour training that they presented at each of their local learning communities while modeling relationship-based practices. Preliminary feedback from participating providers is that they are developing strong peer relationships across care settings (i.e. home and center), strong efficacy when working with infants and toddlers, and increasing awareness in the community about infant and toddler care.</li> <li data-bbox="562 685 1906 928">2. Regional infant/toddler conferences – The Great Start to Quality Resource Centers take their learning communities to regional infant/toddler conferences. A component of the local learning communities was member attendance at an infant/toddler conference or conference track. Depending on already established local resources, the resource centers partnered, supported, or created regional infant/toddler conferences that they helped Learning Community members attend. Support for member attendance often included conference fees, transportation, or meal offerings. The combination of secure peer relationships and focused reflection in each group offered a natural environment to internalize the important infant/toddler information that had been shared and to foster the momentum needed to impact practices in participating programs.</li> <li data-bbox="562 945 1906 1156">3. License-exempt infant/toddler programs have also been a focus for Michigan. Across the state, Great Start to Quality Resource Centers have engaged this group through outreach efforts, trainings, and relationship-based practices. Thus, the license-exempt providers who have participated have demonstrated high levels of interest in engaging in learning opportunities and building relationships with fellow peers and the team from Great Start to Quality who are leading these groups. Though the size of the project has not reached a level that can foster a learning community group, Michigan hopes to continue expanding these efforts so that more peer-to-peer opportunities arise.</li> </ol>



State and Implementation Stage	Promising Practices
<p>Minnesota Initial Implementation</p>	<ol style="list-style-type: none"> <li>1. The infant/toddler specialist network coaching model offers various levels of support to providers based on the needs of the program. Programs can receive up to 30 hours of Relationship-based Professional Development (RBPDP) over a 6-month period. RBPDP includes onsite coaching, modeling, reflection, and goal-setting. All I/T Specialists must be endorsed through the MN Center for Professional Development prior to working with programs.</li> <li>2. Ongoing professional development and support for the I/T Specialists is built into the infant/toddler specialist network. This includes completion of a course on Relationship-based Continuous Quality Improvement (RBPDP Coaching and Mentoring), quarterly communities of practice, and support to complete the Infant Mental Health Endorsement (IMH-E®-Level II), which includes monthly reflective supervision. By providing the specialists with the tools and support they need, they are better equipped to support the providers and programs they serve.</li> </ol>
<p>South Carolina Full Implementation and Revision</p>	<ol style="list-style-type: none"> <li>1. Alignment of all components with the SC early care and education system with relationship-based caregiving principles.</li> <li>2. Relationship-based observation tool used to assess program quality: Infant/Toddler Intentional Teaching Tool.</li> <li>3. Infant/toddler specialist network is housed at Medical University of South Carolina which has greatly increased ability to leverage medical and academic partners.</li> <li>4. Infant/toddler specialist network has embedded an Infant/Toddler Mentor Teacher Network to build leadership in child care programs and strengthen opportunities for peer learning. <a href="http://scpitc.org/mentor-teacher-network">http://scpitc.org/mentor-teacher-network</a></li> </ol>



State and Implementation Stage	Promising Practices
<p>Virginia Full Implementation and Revision</p>	<ol style="list-style-type: none"> <li>1. Level 1 on-site consultation services includes three components (i) observation and assessment using either the ITERS-R or FCCERS-R (this pre measure of program quality and a post measure are used to help identify goals to be included in the program’s quality improvement plan), (ii) development of a quality improvement plan with program directors and staff (plans are monitored over time and revised as needed), and (iii) individualized services such as training and technical assistance based on program strengths and needs (includes feedback to support application of new knowledge and practice of new skills, modeling, reflective practice, and resources). Family child care homes receive at least 32 hours of services, centers with one to three classrooms receive at least 40 hours of services, centers with four to six classrooms receive at least 80 hours of services, and centers with seven or more classrooms receive at least 120 hours of services. Services are provided over at least 5 months for centers and at least 4 months for homes.</li> <li>2. Level 2 training and technical assistance to groups of caregivers, teachers, and directors includes: practical staff training and resources offered at no cost to infant/toddler programs and providers. State approved training hours are offered after completion of training.</li> <li>3. Level 3 resources and linkages available for programs are the following. There are two levels of collaboration and partnership (i) at the state level, the VA Infant/Toddler Specialist Network Leadership Council, comprised of key stakeholders, guides the work of the network and helps to maintain a statewide, comprehensive network, and (ii) on the local level, builds on the successes of existing community initiatives. A collaborative approach strengthens the capacity of early care and education programs and links them with existing community resources that support healthy, safe, and nurturing care for children from birth to age 3.</li> <li>4. Virginia’s infant/toddler specialist network is following a logic model and while the network has always provided training and technical assistance on the social emotional development of infants and toddlers, the activities about challenging behaviors, social emotional development and screenings as a separate objective is new to the network. (The logic model was developed as part of the network request for application (RFA), which is posted on the eVA website (<a href="http://www.eva.virginia.gov">www.eva.virginia.gov</a>, click on “Solicitations Quick Quote &amp; Awards,” enter “OECD-17-052” to do a “Keyword Search,” then click on “details”).</li> <li>5. Professional Development for I/T Specialist includes reflective supervision modules, webinars</li> <li>6. The infant/toddler specialist network utilizes an evaluation. (The annual summary of network activity is titled Facts and Figures and is available on the network website - <a href="http://www.va-itsnetwork.org">www.va-itsnetwork.org</a>, click on “About Us”.)</li> </ol>



State and Implementation Stage	Promising Practices
<p>West Virginia Full Implementation and Revision</p>	<ol style="list-style-type: none"> <li>1. Infant/Toddler Quality Improvement Projects (ITQuIP) offer TA for one year or as needed to achieve goals. A pre ITERS-R is completed by the I/T Specialist. Then the I/T Specialist meets with caregiver or administrator to develop plan of action with specific goals, monthly TA visits to model, coach, provide resources, mid-year review of ITERS-R progress and adjusting of goals, followed by more TA visits, post ITERS-R and final meeting to evaluate success and areas still needing improvement. I/T Specialist, caregiver, and administrator create an additional future plan of action to be completed by the site. Specialists can be available if needed. Evidence provided by informal ITERS-R observation show a slight increase in scores during the long term projects.</li> <li>2. Traveling Resource and Information Library System (TRAILS) and Infant/Toddler Specialist Network Family Child Care Initiative is in its beginning stages. The TRAILS Specialists and associates will be attending Baby Boot Camp presented by the infant/toddler specialist network. Baby Boot Camp is a two day training event that will introduce the TRAILS teams to the PITC philosophies and best practice skills to use while working with infants and toddlers. The TRAILS teams work primarily with family child care providers who do not always have the opportunity to take advantage of our long term module trainings provided by the infant/toddler specialist network.</li> <li>3. Professional development opportunities for providers with the I/T Specialist: West Virginia Infant/Toddler Professional Development Program for Caregivers (WVIT) include, a 50 hour, 10 module series with 44 classroom hours, and 6 hours of TA onsite. The provider selects learning objectives from the curriculum and the I/T Specialist observes with goals in mind, then the caregiver and I/T Specialist meet to review the goals and think about how to move forward.  The WVIT II – Relationship Based Care: Relationship based care series encompasses 45 hours including 35 hours in the classroom and a 10-hour practicum. All of these are heavily embedded with the PITC philosophy.</li> <li>4. The infant/toddler specialist network facilitates an annual Great Beginnings Infant/Toddler Conference that is open to caregivers, administrators and others that work with the birth to 3 age range. National and international speakers present sessions on a variety of topics ranging from trauma-informed care to yoga for babies. A favorite feature of the conference is the model room displaying equipment and resources for implementing best practice. Everything from diaper changing tables to crayons are displayed with verbal and written explanations as to why it is used. At the end of the conference, all resources are awarded to the participants on an as needed basis. The specialists visit with people after the conference to answer any questions they may have concerning incorporating the new items into their space.</li> <li>5. The infant/toddler specialist network offers annual infant/toddler summits for administrators focusing on some aspect of primary care and best practice. Five or six summits are offered each year around the state with average attendance of 50 to 55. Some regions have developed communities of practice for the directors as an off shoot of the summits.</li> </ol>



## State and Implementation Stage

## Promising Practices

6. PITC certified members of the infant/toddler specialist network have begun the process of an infant mental health endorsement. Once completed the specialists will promote the WV I/T Mental Health Association, the endorsement process and mentor child care administrators and providers who are interested in completing the endorsement.
7. The infant/toddler specialist network is also making use of social media as a way to promote activities and spotlight best practice as seen in individual sites.
  - ◆ WV infant/toddler specialist network utilizes an evaluation.

## Summary

According to Wenger (2011), Communities of Practice are "...groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (p 1). What originally began as a peer-to-peer call about infant/toddler specialist networks with six states, Colorado, Michigan, Minnesota, South Carolina, Virginia, and West Virginia, has now developed into a group representing the three main characteristics of a community of practice: domain, community, and practice (Wenger, 2011).

- ◆ Domain: The group values the contributions of each member as they focus on their *shared interest* in infant/toddler specialist networks (Wenger, 2011).
- ◆ Community: While concentrating on learning more about infant/toddler specialist networks, the group engages in *discussions and shared activities* (Wenger, 2011).
- ◆ Practice: The group is developing resources by *sharing experiences*, challenges and successes over time (Wenger, 2011).

This first document sharing promising infant/toddler specialist networks practices, co-authored by the community of practice participants, is an example of the dedication and passion of the group to share, discuss and reflect on their work on infant/toddler specialist networks and implement these networks mindfully and intentionally within a relationship-based framework.

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