

NATIONAL INFANT & TODDLER CHILD CARE INITIATIVE (NITCCI)

Using Interdisciplinary Consultant Networks to Support Quality in Infant & Toddler Child Care

Moderator: Dianne Stetson
April 29, 2010
3:00 pm EST

Operator: Good day, everyone. Today's webinar has begun.

Kevin Booth: Good afternoon everybody and thank you for joining us for this afternoon's presentation.

Before we get started, we're going to cover a couple of quick housekeeping items. First and foremost, today's event will be recorded, and a link to that recording will be provided after the event concludes.

But also during today's event, if you have any questions for the presenters, we're going to do a fair amount of Q&A at the end of the presentation. Please take careful notice of the instructions in the text chat area in the bottom left-hand corner of your screen. You can click on the "Private" tab, and then double-click on "Leaders and Assistants" to submit your questions to us.

And at this point, I am now going to hand things over to Dianne Stetson. Dianne?

Dianne Stetson: Thank you, Kevin. At this time, I've got the pleasure of introducing to you Dawn Ramsburg.

Dawn is a child care program specialist with the Child Care Bureau, and she's our federal project officer for the National Infant and Toddler Child Care Initiative. Dawn?

Dawn Ramsburg: Good afternoon everyone. I'm very excited to be able to introduce the agenda for our call, or the rest of our call, here today. And on behalf of the Child Care Bureau, I just want to welcome all of you today, and thank you for taking the time to join us.

On this webinar today, we'll be highlighting a collaborative effort that has been taking place in our Region 1 States. And that's another role that I play here at the Child Care Bureau, is I'm a liaison for the Region 1 States, so I'm really excited to be able to highlight some of the work that they've been doing there.

And this effort is a priority of the Child Care Bureau, as far as looking across the early childhood system collectively, and looking at how to leverage various funding streams for crosscutting approaches to improving child care quality.

And so we are encouraged by the efforts that the Region 1 States have been taking, not only as far as integrating this crosscutting approach within each of their States, but also how they've been working across the region to not only learn from each other and share resources with each other, but then taking it out to the rest of our States and regions.

And so, with that, I'm going to just turn it over – back to Dianne, who's going to walk us through the rest of the agenda. And like I said, I'm really looking forward to this call, and hope that it's a learning experience for all of us. So, thank you.

Dianne Stetson: Thank you, Dawn.



I'm just going to give you a brief overview of the webinar agenda, so you know what to expect. I'm going to start by sharing today's objectives, and give you some definitions of the terms that we will be using. And then I'm going to give you some background on why interdisciplinary child care consultation networks that serve infants and toddlers are becoming important to States.

I will be followed by Shireen Riley, who's the Region 1 child care program manager for the federal Child Care Bureau. And she's going to share with you both a national and a regional context that has helped shaped the work Region 1 is doing to support interdisciplinary consultation, including the project that we have entitled, "Supporting Consultants Working with Early Care and Education Settings Serving Infants and Toddlers." A nice long title, but we like that in the federal work.

Shireen's going to be followed by Ellen Wheatley, who is the Child Care Administrator of the – of the Child Development Bureau in New Hampshire Division for Children, Youth and Families. And Ellen is going to speak to you about New Hampshire's participation in the Region 1 initiative, and their plans to coordinate and support interdisciplinary consultation in infant/toddler programs.

Following Dr. Wheatley's remarks, we're going to take a brief look at the infant/toddler modules for the consultants that were developed by the National Infant and Toddler Child Care Initiative in partnership with the Region 1 States. And we're going to look at some of the proposed plans and outcomes of the other Region 1 States that have participated in the project to-date.

So let's get started with our slides. Today's objectives are really about sharing information and discussing methods, new methods. And this is meant to be an interactive session, so we really want to encourage you to not only offer questions through your private chat room, but also to give us any information about what's going on in your states around consultant initiatives to infant/toddler programs. And also, to comment on what you're hearing, because we really do



want this to be interactive as much as possible.

So we're going to be sharing information on interdisciplinary consultation as a strategy to improve quality in infant and toddler child care settings. We know that the research is supporting single-discipline consultation as being effective in improving quality. And we – we're very interested in States that are really working to move to interdisciplinary consultation. So we're going to be looking specifically today at the Region 1 efforts, but we do know that there is efforts going on in other parts of the country, and we hope, at some point, to be able to profile those as well.

We're also going to be discussing methods that can foster collaborative consultation. And you're going to hear us talk a lot about collaboration in this process and how interdisciplinary training and standards, supports, and policy can really help begin to build collaborative networks.

I'm going to start by just giving you some basic definitions. And you know as any field grows, we need to start to develop a common language, and an understanding of terms. And this is our attempt to begin to do that. We know that there's probably other well-used definitions than what we're proposing, but this is what really what we're working with today.

So when we talk about child care consultation, we're talking about professional guidance or services delivered onsite at a child care program. And that could include a center, a family child care home, and, in some cases, there's consultation going on with family, friend and neighbor care.

But really, the goal of the consultation is to improve child care services, either at the program level, or perhaps to address the individual needs of a child and the family. And the consultation can target one or more disciplines, and we're talking about disciplines like health, special



education, mental health, early education and nutrition. And usually the services are organized to assist the center, the professional, and, perhaps, paraprofessional staff, and/or the children and families directly.

In multidisciplinary consultation models, professionals from several disciplines are working independently of each other. They may be all working with the same program, but they, perhaps, never meet. It's usually a loosely structured interactive framework. There may be some communication going on between those consultants, but it's not necessarily structured.

Unfortunately, sometimes, in this model, consultation can lead to information overload to infant/toddler caregivers, particularly if they're getting multiple message – messages, and sometimes this can really lead to fragmented services, unfortunately, for children, or confusing or conflicting reports to parents. The multidisciplinary model can also place the burden of coordination and information management on the – on the caregiver, and sometimes the family.

And I just want to reassure you that if you're trying to take notes about these definitions, that we're going to be sending you a handout that gives the definitions and a graphic that will help you. So don't worry about that.

(Kavita), if you want to show that to them, that would be great at this time.

(Kavita): Yes. It should be there on the screen.

Dianne Stetson: OK. When we are talking about interdisciplinary consultation – and you're going to hear me use the word – that particular term, through most of this presentation, because that really is the model that Region 1 is working towards – they're really characterized by more formal



channels of communication that encourage consultants to not only share information, but they also discuss individual outcomes across disciplines, and then maybe working with the same program on the same project.

Sometimes they separately consult with caregivers, but they usually do come together at some point to share information, and may even collectively inform or develop plans together. The transdisciplinary consultation model is really kind of the ultimate goal, but it's really tough to get there.

But it's really the most formalized approach, and it really attempts to overcome the confines of individual disciplines. And it really brings in the parent as a partner. And there's usually very formal procedures for communication; decisions are made together as a team, and they really do work together on a regular basis in a collaborative way.

We just have a little graphic for you on the next slide that just kind of shows you, when viewed on a continuum, what each of these models looks like. And really, what it does is these models are guiding the interaction process between consultants with increasing levels of structure and formality. Really, what distinguishes them from each other is not really the composition or the task, who's involved, or what they're doing, but, rather, the structure for the interaction among the consultants. It's really also a graphic that really depicts the level of collaboration among the consultants as they're – as they're working together.

So why are States interested in this topic and why are we working so diligently in Region 1 to build these interdisciplinary networks? Well, we know that improving quality in infant/toddler child care settings is challenging. And that the research is not always as informative as we would like it to be, but we do know that there is some promising research around using consultation as a



method to improve quality. So that's one of the reasons that States are investing in that.

And there is a – there is a large investment by States, communities and programs to provide consultation to child care programs. We looked at the NCCIC report for fiscal 2008 and 2009 of State and Territory plans, and they identified States that plan to use CCDF funds to support health consultants. They identified 20 States doing that.

They identified another nine States that were using CCDF funds to support mental health consultants. Another 21 reported supporting infant/toddler specialists, and another 12 reported supporting inclusion specialists. And in addition to that, 34 States plan to use CCDF funds to support technical assistance to infant/toddler child care programs and providers. So States are putting a lot on the line for consultations.

We also know that high quality, consistent consultant services really requires collaboration across agencies and systems. They really need to be talking to each other, and really working together on behalf of infants and toddlers, and their caregivers. So a child care consultation network is really a system that coordinates multiple discipline-specific consultants into a formal system. And the hope is that that will improve the efficiency of working directly with infant/toddler caregivers, and will help improve the quality of care.

So who's starting to talk about and to build these interdisciplinary networks? Well, what we're finding, and we take a little national snapshot, is that sometimes it's coming out of the consultant networks themselves. That, as they're doing this work, they understand that they need to be working with their colleagues across disciplines, and to really, to be effective, to meet the needs of babies and toddlers, their families, and their caregivers. So they pick up the phone, and they call their colleagues, and really reach out and start to try to work collaboratively.



Sometimes the efforts are coming out of States that are instituting quality rating improvement systems (QRIS). And they're taking a look at how they can use existing consultant services that they may be funding in separate networks, and bring them together to really work collaboratively to help programs move up in their – in their ladder, or their star system. Kentucky has done that, Maine has done that.

And then sometimes it's coming out of child care resource and referral agencies, because many of them are the homes for consultant networks. And they may have – be housing the health consultant, the infant/toddler specialist, sometimes the mental health consultant, and they're trying to build partnerships, and really teams, to offer services to the infant/toddler programs.

And we're also finding that funders and policymakers are really beginning to start the conversation as well, because they really want to ensure in these tight financial times that they're really getting the most effective and efficient use of the dollars that they're spending on consultation. So they're bringing together the contractors, and asking them to work more closely together. And often they start with – well, with communication.

That's where we all need to begin. We really need to talk more to our colleagues about working together collaboratively. And that's where most of these approaches begin with, is communication. And that often leads to co-training, where you may – the health consultants may invite their colleagues from mental health, they may invite their colleagues from Head Start, to come to a training together. Or there may be training that is specifically designed for the interdisciplinary approach.

The other possibility is to really start to look at infrastructure development. They – folks may start to talk about well, how do we continue our communication. And they may develop a website or a



portal where they can continue to communicate. They may talk about you know sharing common forms and processes. They may talk about developing periodic training opportunities where they can really build their skills as collaborative consultation members. It's really a continuum.

And then there often, or can be, a system initiative that really puts everything on a fast track. And usually that's something like QRIS, where people are coming together to really work collaboratively on a major system initiative. I think one of the things that has been so exciting about this work in Region 1 is to see how this is beginning to evolve into much more than just interdisciplinary training.

And I'm really happy, at this point, to turn this over to Shireen Riley. I'm going to introduce you to her, and give you a little bit of background. She's currently the regional child care program manager in Region 1, working with six States and seven tribes that receive CCDF money in New England. And prior to her work with the CCDF program, she coordinated and managed the Head Start TA network in Region 1, supporting Head Start and Early Head Start programs to deliver high quality services.

She's also worked on various research projects, including the evaluation of the statewide home visiting program for teenage parents, and she's also been in the classroom as a child care teacher. She earned her undergraduate degree from Harvard, her masters in elementary education from Columbia, and her Ph.D in applied child development from Tufts University.

She's going to share with you both the national and regional context that has helped shape the work Region 1 is doing to support interdisciplinary consultation. And she's also going to be talking to you more about – later on, about some of the action plans that have been derived from the work in Region 1.



Shireen, I'm going to turn this over to you, at this point.

Shireen Riley: Thanks, Dianne.

Dianne's been a wonderful partner to work with over these past couple years, so. I'll start by – before I get into what we've done here in Region 1, I will share a little bit about the national and regional context, and kind of why we got interested in this, here in the regional office, and why we've been supporting this work.

So at the national level, most of you know that the Child Care and Development Fund includes targeted funds that are intended, specifically, to improve the quality of care for infants and toddlers, and ensure high quality environments and interaction. So in federal fiscal year 2010, the current year, this amount is approximately \$100 million. And then most – in the past year, we had the American Recovery and Reinvestment Act (ARRA) passed in February 2009, which I'll refer to as ARRA, for short. That included \$255 million for quality as part of the Child Care and Development Fund stimulus, of which \$94 million was specific to supporting quality for infants and toddlers.

And just to give you some ideas of what States have been doing with that money, across the country, some of our States have been using this money towards their infant/toddler specialist networks. Many States have been using it for training and special development for infant/toddler providers. And we have lots of states who have also been using the money to provide quality grants for infant/toddler programs, so they can support resources, materials and equipment to support quality services. And there are, obviously, many other ways that states have been using those monies, so that's just a few of the common ways.



There have been other – there were other dollars in ARRA that were supporting high quality services for infants and toddlers. For example, \$1.1 billion was put in for expansion of Early Head Start, which ended up almost doubling the number of Early Head Start participants nationally. In Region 1, here in New England, that ended up being about 1400 new Early Head Start participants. So that was really exciting. There was also new money put into IDEA Part C for grants to States to help serve infants and toddlers with special needs.

So a lot of the ARRA funding was going into serving infants and toddlers, and really emphasized coordinating services for these – for these children and families, and thinking about coordination and partnerships to improve children’s learning experiences.

And then all of that seems to kind of go in line with Child Care Bureau’s theme, and our associate director, Shannon Rudisill’s vision, which she calls, “Pathways and Partnerships for Excellence.” And not surprising, with a title of “Pathway to Partnerships for Excellence,” she focuses on quality, and, in particular, quality for infants and toddlers, who often don’t necessarily have access to the highest quality care. So that’s been a big priority.

And Shannon also has a big priority on partnerships, not surprising with that title and specifically, partnering across disciplines, and particularly child care, Head Start, education and health. So that was sort of the national context of ((inaudible)).

At the – nationally there were 23 states who have infant/toddler specialist networks. Only one of those is in Region 1. And in this case, that’s the state of Maine. And network is a strong word, because we have one infant/toddler specialist in the state of Maine, who’s wonderful, but using the word network, I think, is a strong word for one person to cover the entire state. So our states really, in Region 1, do not have that network in existence, although they’re all working towards it.



In addition, the states here, while many states' licensing requirements require programs to work with consultants, the States do not provide funding for that. So that's something that programs are working on on their own. So even with that, though, in Region 1, all of our states, as all the states across the country, are working on building the quality of infant/toddler care through a variety of mechanisms, including building their professional development systems, developing core competencies, credentials, and state infant/toddler standards and guidelines.

And we were finding that the six States here, were working with consultants in a variety of fields. And that these consultants were regularly entering their infant/toddler programs. And so the States wanted to build and strengthen the expertise of these consultants who were working in their programs, so that consultation could support improved quality of care for infants and toddlers.

So about a year ago, Dianne, working with NITCCI, collected some information on the range of consultants who are working in this region, and interacting with our infant/toddler settings. And while this review focused on Region 1, it did summarize six different States. And so I think it does reflect some of the diversity that you'd see across the country.

And what Dianne found, not surprisingly, was a lot of variation in what state licensing required, what state standards require, what kinds of consultation initiatives are happening, what types of multidisciplinary or interdisciplinary approaches are being attempted, or created, or piloted across the region. And Dianne looked specifically at what kinds of consultants are entering into some of these infant/toddler programs, and found a whole range, obviously. Most common would be health consultants, but including, in one state, oral health and dieticians.

Obviously, there are also mental health consultants in one of our States; that also included



specialists who are called in to deal with – to prevent child care expulsion. As I mentioned, one of our States does have an infant/toddler specialist. We also have states dealing with specialists around – consultants around QRIS, around resource development, education consultants, early intervention, developmental screening and then all of our states have Head Start and Early Head Start consultants, both at the program level and at the – in the T&TA system.

So here we're talking about all these consultants coming in to programs on a regular basis, who have a variety of experience and backgrounds with infant and toddler programs, and infant and toddler background; some with, actually, no background at all in infant/toddler services.

So what did we do here in Region 1? Well, in 2007, the Region 1 states, through a partnership through the Healthy Child Care New England group, identified a need for professional development for the consultants, specific to infant and toddler child care issues. And they approached the regional office and asked for some technical assistance in this area. And this request was included in the regional office regional TA plan, and included NITCCI, and was supported over several years. And the project included all six States, and kind of has developed and grown over the last few years.

Excuse me. So the six States, in collaboration with the regional office, and NITCCI, worked to develop three infant/toddler modules for consultants from multiple disciplines working with child care settings serving infants and toddlers. That long title that Dianne was talking about earlier. And the purpose was really to provide information on infant/toddler development and best practices to consultants who – and to support their professional development as they work with providers.

And the three modules and Dianne mentioned these earlier, the first module focuses on



relationship, second module focuses on screening and assessment, and the third one focuses on curriculum and individualization. And once these modules were complete, this was a long process, we had a lot of input from all the States, the States wanted to roll these out in the States.

So we worked together with NITCCI, and with leaders in each of the States, to develop a training. And we delivered the training to multidisciplinary teams this past year. And we were able to work with the state administrators from each state to pull together a team of about six people from each state that were from multiple disciplines. That was an important component of this, so these teams included someone from the child care agency, and then members from a variety of disciplines, including Head Start, Early Head Start infant/toddler T&TA specialists, from health, from mental health, from professional development, from higher ed, from early intervention, from a range of disciplines.

And these teams came in for 3 separate days of training over a course of about 5 months. In between the days of training there were also ongoing conference calls, both at the regional level, and within individual States. States also held their own meetings in between. And following those 3 days of training, we've been working closely with the states to see how they're using the modules, and to provide ongoing follow-up so they can implement them in their own States.

And I wanted to just mention, one important role that I see for the regional office kind of as ongoing role has been to keep track of what's happening in all of our States, and to be able to share that information back with our States. So to collect that information, who's doing what, kind of keep track of what resources and materials are being developed, what practices are happening, and help states build on what's already being done.

Help share what's happening, and so that, rather than recreate the wheel each time, our States



can actually build on the work of other States. And as a whole, I think that helps our whole region move forward. And we're looking forward to help that – to share that information with other States as well, across the country.

So I just wanted to say a little bit about why we, in the regional office, and we had support from central office in Washington – why we want to support these efforts. As I mentioned, originally these requests came from the States, and from the Healthy Child Care New England collaborative effort. And I should say that I came into this position as the regional program manager after the modules were already starting to be developed, so I actually had nothing to do with the development.

But when I came into this position, I was so impressed with the excitement, and enthusiasm, and dedication, that was happening, that was demonstrated in this region by the state administrators, by the child care lead agencies, by Healthy Child Care New England, and by a range of partners who were integrally involved from the beginning.

And I think, in my first month on the job, someone contacted me about this initiative, and I just – I couldn't help but be excited about it, and be supportive of it. There were already so many partners involved, so invested in this, so much work had already been done, that it was just easy to jump right in – right on and support this effort.

And even though all the partners had their own individual goals, as a whole, we were all working towards a common purpose. And in this case, we were all really working towards promoting a system of high quality infant/toddler care for families. And we wanted to do this by strengthening state special development systems, including the education, training and support of consultants working with child care programs.



By the way, I just wanted to kind of put it in broader terms. Speaking longer term, what we're trying to do, overall, is promote special development of infant/toddler caregivers, promote effective consultation to infant/toddler programs. And in some cases, that's building these networks of consultants, building these networks of specialists who are working with our infant/toddler programs, and promoting QRIS systems, and other state systems, that are inclusive of, and responsive to, the needs of infant/toddler programs. So it's been a really exciting project that's happening here. And I'm excited to share it.

So thanks for the opportunity, Dianne.

Dianne Stetson: Thank you so much. Thank you so much, Shireen. Can everybody hear me?

Operator: Yes, we can hear you.

Dianne Stetson: OK. Great. I wasn't sure whether I had taken myself off mute. I have a problem with that, as my colleagues can testify. At this point, I'm going to remind you that you can submit questions and comments through the chat room, as you – as the presentations are going on, and we will have Q&A opportunity at the end of the presentation. So please remember to do that.

You're now going to hear from Dr. Ellen Wheatley about New Hampshire's participation in the Region 1 initiative, and their plans to coordinate and support interdisciplinary consultation to infant/toddler programs. Dr. Wheatley is the Child Development Bureau administrator at the New Hampshire Division for Children, Youth and Families. The Child Development Bureau provides child care subsidies and administers the initiatives to improve the quality of child care in New Hampshire.



Dr. Wheatley received her doctorate in child development from Texas Women's University, and she's worked with a variety of programs serving young children, including Head Start, child care for homeless families, child care for toddlers and preschoolers with severe behavioral issues, and child care for refugees. And she's also worked with early intervention under Part C of the IDEA. As I – as I think you can see, both our presenters could be a team of interdisciplinary consultants just unto themselves, coming from many parts of the early childhood field.

Her area of expertise is infant and early childhood mental health, and she co-founded and was the first president of the New Hampshire Association for Infant Mental Health. We're proud to say she's been a ZERO TO THREE mid-career fellow, and she worked with the New Hampshire Association for Infant Mental Health, and state program administrators, to develop statewide capacity to provide multidisciplinary consultation for infants and toddlers in child care in their local communities. So you understand why we've asked her to speak to you today.

Ellen?

Dr. Ellen Wheatley: Thank you very much, Dianne. Welcome, everyone. And I'm very excited to share with you everything that we've been doing in New Hampshire. The first thing – trying to change the – OK. Our first technical glitch folks. I am trying to go to the next slide. There we go. Alright.

To start, just talking about the module sessions that we had, each state had to bring together a team. And this is who we brought together. The child care training specialist, Jessica Sugrue, who is my right arm here at the Child Development Bureau; myself; our statewide Healthy Child Care New Hampshire administrator; Special Medical Services, and this is a program that works with children with chronic health care needs and other disabilities; Head Start; Early Head Start; Child Care Resource and Referral; and Child Care Licensing. So we had a wide spectrum of



people who were able to talk about the development of interdisciplinary teams.

Once again, trying to change. OK. Thank you. What we were already doing. We have been working with the idea of interdisciplinary consultation for infants and toddlers in New Hampshire for many years. Most recently, we've been concentrating on relationship building.

So Jessica and I have been working on visits to higher education programs so that we can sit down with each of the chairs of the early childhood education programs in our colleges and universities, and talk with them about what they're teaching our future workforce, to tell them what we believe the field really needs, where the issues of critical shortage of expertise might be. And to develop a relationship that will allow us, in the future, to be able to say, here are some things that we think are important to include, and for them to say, here are some things that would really support us to do that.

In addition, we have had, for at least 10 years, a contract with the Preschool Technical Assistance Network. This is a private for – not-for-profit agency that coordinates interdisciplinary consultation throughout the state. This is free to child care providers. Child care providers can call the 800 number, and sometimes I just refer that – to that as “1-800 Call Joan,” because she's the coordinator there, and they can tell her exactly what's going on, why they need consultation. It may be a behavior issue, it may be an issue regarding accommodating the special needs of a child, it may be a child care quality issue.

She has a cadre of interdisciplinary professionals; she talks with them about who might be the best person to go out to that particular child care program. And at the child care program, that consultant will provide onsite observation, will talk with the teacher, with the director, and with the parent. And will develop an action plan with that program. They also provide follow-up with the



program to see how those recommendations have been working.

Also, about 3 years ago, we responded to the ZERO TO THREE Partnerships for Prevention initiative, where we were included in the PCAN, which is Preventing Child Abuse and Neglect initiative. And we trained 44 professionals, and these are, again, an interdisciplinary team. And as teams, they have been providing education and consultation into child care programs.

The teams generally consist of a family expert, and this might be someone who is, for example, a family therapist, or a child protection social worker, and an early childhood education specialist, or specialist regarding young children with special needs. And they go out to child care programs to talk about ways in which child care providers can work with families to better – to better support them as they work with their infants and toddlers.

For several years, we had an Institute for Mind in the Making. This 6-day seminar was held on an annual basis, and brought together 30 child care providers of infant and toddler care, and their directors. And this – the Mind in the Making is from the Work and Family Institute, and it is an outstanding curriculum that really assists infant and toddler professionals to understand how relationships with other professionals will help them to work better with infants and toddlers. And it really works with them on how to understand the development of infants and toddlers.

In 1999, in my internship – in my fellowship with ZERO TO THREE, I worked with a wide variety of professionals on the development of infant mental health teams. These are regionally based within New Hampshire. There are 14 teams, and, considering how small New Hampshire is, that means that we have a really intense coverage in New Hampshire for any of the towns.

So infant mental health teams include an early childhood expert, someone with expertise in



working with children with special needs and their families; Head Start, sometimes the preschool special education coordinator in the area, so that infants and toddlers can have a smooth transition, if that's needed; children's, infant or early childhood mental health; and others, depending on the region. These infant mental health teams do provide consultation to child care programs.

We also have our Child Care Resource and Referral Network. And Child Care Resource and Referral provides in the consultation directly into child care programs, especially around improving quality. And they also access child care consultants in other disciplines.

And then we have worked for the past 2-1/2 years to develop an allied professional credential. Up to that point, for the previous 10 years, we had had only early childhood education credentials for professionals. Now, because we recognize that working with infants and toddlers is an interdisciplinary work, we have an allied professional credential.

So that someone with an expertise in social work or psychology, physical therapy, occupational therapy, speech pathology, any of these experts can apply for and receive a credential in – from the Child Development Bureau that allows them to show to child care programs that they are qualified consultants.

So we participated in these 3 days with Region 1. And here is why we really like these modules. We like them because they're interactive, and not canned. So to go through the module really requires interdisciplinary teams to talk with each other, to figure out where the expertise is, to figure out where the needs are, and to develop plans together. We like that it teaches consulting as a knowledge base and a set of skills.



So many consultants just started one day, without anyone sitting down with saying – with them and saying, here are things that you can do to be a truly wonderful consultant. Most of us just taught ourselves. But there are skills, and there is a knowledge base, that this provides. It emphasizes the interdisciplinary nature of infant and toddler care. Just a single discipline really can't know everything there is to know about working with infants and toddlers. It takes a group; it takes a team.

It has a breadth and depth of knowledge regarding working with infants and toddlers. It provides a way to bring new consultants into the field, which is very exciting. It's really unfortunate when you find out that someone who is advertising themselves as an infant/toddler consultant really doesn't have the expertise that's needed.

And it's an effective way to bring interdisciplinary, multi-system teams together. What we're doing together is working with a great variety of state teams, state programs. And we haven't had the opportunity to do this in such a coordinated and such as forward-thinking way before this.

OK, what the module days helped us to think about; helped us to think how to build crosswalks with the other quality initiatives. We know that we have multiple quality initiatives. We're working, in addition, with the infant/toddler modules, we're also working on *I am Moving, I am Learning*, as just an example. And the other programs in the State, Healthy Child Care New Hampshire, Special Medical Services, et cetera, they all have quality initiatives as well.

So it was really an opportunity for us to have a crosswalk, how does *I Am Moving, I Am Learning* work with what you're doing in Healthy Child Care. Well, in Healthy Child Care New Hampshire, of course, they're working on issues of obesity prevention. And they wanted to work on this in infant/toddlers, but they didn't really have a way to do that before. So getting some expertise in



that area has really helped them.

We wanted to think about how to build interdisciplinary professional development system. We know that we provide a number of training opportunities to child care programs every month in New Hampshire. We also provide tuition assistance for early education courses in college. Other systems, for example, the Part C under the IDEA, has its own professional development system. Well, we now have the opportunity to work together, so that we can continually enhance our ability to do interdisciplinary professional development.

We are thinking about how to build more interdisciplinary consultation into the further development of our QRIS. Our quality rating and improvement system is a little – is kind of in its infant stage, actually; maybe toddler stage now. We really have big plans for how to grow that system, and we're going to make sure that this is a part of that process.

And creating and improving statewide and regional consultation teams. We have the basis of this in several things I've already talked about, but those are fairly isolated unto themselves. We have an opportunity to help them to interact with each other.

We also have an opportunity to get them involved with another one of our contractors, which is the Early Education and Intervention Network. This is a professional organization that has a contract with us to have mentorship training. This can be individual, or it can be interdisciplinary. So we need to bring them into this process as well. So we'll continually build networks in our efforts to do this.

OK, so what are our plans? Well, that's quite the long list, but we feel very confident that we have the ability to move forward and to gain ground in all of these areas. What we're starting with is a



survey. And the survey is going out to child care programs throughout the state, these child care programs that have infant and toddler classrooms, to say do you use consulting? Why do you use consulting? Or if you don't, why do you not? We're going to build upon that to develop a resource fair to get consultants, to get programs together, to look at what programs can avail themselves of what already exists.

We're going to get involved in recruiting new consultants. So we're going to work on how to identify potential consultants. Who are these people? How would you know someone's ready to become a consultant in the area? And we're going to assist them in that process by developing a consultant development program.

Currently, we have a trainer development program that has been going for about 4 years, and has been very, very successful. We identify, and we allow people to self-identify, that they're ready to become trainers, and actually to get credentialed with us, so that they can advertise to child care programs that they are ready to be trainers.

And the way that we do this is we have one faculty person who develops the training. Then we advertise, asking for people to be mentors to those who want to become trainers. The mentors know that they're not going to get paid for this. But what they are going to do is they're going to have an opportunity to have a full day of training on how to be trainers. They're going to have the opportunity to be paired with someone who is ready to become a trainer, and they're going to receive a textbook and other materials that they can use in their trainings.

After the full day of training, then what they do is the mentor and mentee work together. The mentee observes the mentor provide two trainings. The mentor and mentee work together to develop, and then present, two trainings. And then, finally, the mentor observes the mentee as



the mentee does the development and presentation of two trainings.

After 6 months, all of them come back together for a second day of training. Where the first day was really about the fundamentals of training, and about adult learning, the second day of training is about special circumstances. What do you do if you've got someone in the audience who's kind of slowing you down, or halting your training? What to do if you sense that you don't have the audience's attention or you aren't meeting their needs?

So that's something that we already have in place. What we want to do now is to build on that by developing a parallel process which would be a consultant development program, where we would get very experienced consultants, and pair them with folks who are ready to be consultants, and to do the same type of process.

We're wanting to develop an interactive webinar series for consultants. Consultants are folks, just like child care providers, and trainers, who are very, very busy, and who are all over the place, and may not be able to put into their day the ability to travel to a centralized, or even regional, training.

But what we can do, is using webinar technology, we can get folks together from across the state without them having to travel, and provide them with additional ideas, or provide them with training. We can also do interactive meetings, so that we can gather people together for the opportunity to help us build the systems.

We want to put together a consultant e-newsletter, and this would be another incentive for people to be part of our consultant network. And finally, we want to teach providers how to use consultation, both through higher education courses, and through our Child Care Resource and



Referral Network. Just like consultants, up to this point, have really needed to say, I'm a consultant today because I said so, and they're having to teach themselves how to be consultants, the same is true of those who receive consultation.

We know of several programs who have said, well, yes, I tried that consultation thing once, but it's useless. And what we found in discussions with these providers is that, yes, they tried a consultant once, but when the recommendations were received, they had difficulty implementing them, or they implemented them just as given, but those recommendations weren't successful. And then they've called the whole process of consultation an unsuccessful effort on their part.

What child care providers need to understand is how to use consultation; how to be a good consumer of a consultant. So say, well, I now have tried this, I'm going to call the consultant and say what has worked, and what hasn't, and to continue that relationship so that their needs can be met, and they can have successful experiences. So that's going to be our next effort. And we've already laid the groundwork by developing those relationships with higher education, and with our Child Care Resource and Referral Network.

Sorry.

Dianne Stetson: OK.

Dr. Ellen Wheatley: That, I think, is about it. Thank you very much.

Dianne Stetson: Thank you, Ellen.

Well you've heard a lot of mention about these modules, so I'm going to spend a few minutes just



kind of talking to you a little bit about them. They will be posted on our National Infant and Toddler Child Care Initiative Web site, and you can download them, and that should be within the next couple of weeks. And we will let you know when those are available. But I did want to give you some idea of what they look like, and what they contain.

First of all, I want to start by acknowledging the inspiration and contributions of Dr. Grace Whitney. She's the director of the Connecticut Head Start Collaboration Office, and she really was the inspiration behind this project, and has been the principle cheerleader and motivator through 3 years of development and implementation. And we would not have done this without her.

We also were advised by a New England project team. There were representatives from each of the six New England States. And they stuck with us over the time, and reviewed draft after draft of the modules, and really did a lot of uncompensated work.

Also, the Region 1 Child Care Bureau office, and the central office, has been very supportive of this work. And last but not least, the New England Child Care and Development Fund administrators have really supported their folks being part of this process, and, when they could, participated directly as well. They were all very critical to the development and implementation of the modules.

The other thing I want you to know is that these aren't what we call standalone modules. These – you can't take these three modules and feel that you've learned everything there is to know about being a consultant. We really were inspired and guided by the National Training Institute modules for health care consultants, and they look very similar. And NTI provided us a great deal of support and review during this process, and we're very grateful to them as well.



Essentially, these modules are really focused on information about infant/toddler development and care for consultants from multiple disciplines who are actually working with child care settings serving infants and toddlers, but they really may not have had specific education or training in their professional backgrounds on infants and toddlers, but find themselves being asked to provide those services. So we were – we developed the three modules based on the recommendations of the New England group.

And they're really used to support professional development of consultants. We've been asked, well, are these things you know or can we directly give these to our infant/toddler workforce in the classroom. There are certainly activities and suggestions within the modules to work with directly with infant/toddler caregivers, but really they are for the professional development of consultants and trainers that are working in infant/toddler settings.

So, the three modules include Relationships, the Heart of Development and learning. And this module includes information how – on how early development is dependent upon positive relationships and interactions. It identifies the key relationships for infants and toddlers, and it explores relationship-based practices such as responsive caregiving, continuity of care, and defining primary caregivers. And this module also presents information on challenges that are related to relationship-based practices in the real world and also what – how you develop relationship-based organizations.

Module 2 has taken on the task of looking at supporting infant/toddler development, screening and assessment, a big topic. This module provides an overview of infant/toddler development, and how caregivers can support and encourage that development. And it shares information about objective observation, screening, ongoing assessment, in support of individualized curriculum.



And the module has several activities in it that allow the consultant to explore various developmental screenings, as well as how to support observation. And it also provides information on helping caregivers work, and recognize red flags, and how to provide referrals, with activities designed to really strengthening the consultant knowledge around communicating with parents as well and of course, working with their Part C partners.

Module 3 is focused on infant/toddler curriculum and individualization. And this module gives you an overview of what's considered infant/toddler curriculum, and how that differs from preschool curricula.

It explores the role of developmentally appropriate practice, and embedded within infant/toddler curriculum in it as well, it supports development and implementation of individualized curricula. It looks at, again, at the role of observation, reflection, planning, the incorporation of infant/toddler early learning guidelines and implementation. And really explores how to bring in key partners and resources to support individualized curricula.

As I said, the modules will be available through our website within the next few weeks. They are free. There is no charge to use those. They were developed with our CCDF TA funds, and we hope that you will avail yourself of them, and use them, as appropriate, in your States. And if you want additional information on the modules, or how to use them, we will have contact information at the end of this presentation so you can get in touch with us.

Again, I want to remind you about submitting questions if you have any, or comments. And Kevin, do you want to just briefly give those instructions again?

Kevin Booth: I'd be happy to. So, again, if you want to submit questions for the Q&A period of the call



that we're about to dive into, in the bottom left-hand corner of your screen, click on the "Private" tab next to the text chat where we've been putting in the instructions. And then double-click on "Leaders and Assistants," a new tab will open, you'll be able to send in your questions to us that way. Thank you.

And I'll hand things back to Dianne.

Dianne Stetson: Thanks, Kevin.

We're going to get to, I think, the last slide on action plans. There we are. OK. I'm going to go back to Shireen at this point, because we've heard from Ellen the wonderful plans New Hampshire has on using the modules, and supporting interdisciplinary consultation. But we know that all participating New England States developed action plans to roll out the modules. And there was also some other unanticipated outcomes as well, that were nice surprises.

And Shireen, can you share what some of the other Region 1 states are planning?

Shireen Riley: Sure, Dianne.

I'm going to piggyback on what Ellen was saying earlier in terms of New Hampshire, and really every state kind of started with where they were at, building on what they were already doing around infant/toddler initiative, and infant/toddler quality. So, obviously, nobody was starting from scratch in this area. And everyone was able to take advantage of partnerships that were already happening in their states as well as some new partnerships that we're developing through the collaborations that happened in the multi-disciplinary team over the course of the 5 months.



And we definitely had some partners who had never met before this initiative. So I think that was an exciting outcome in itself. But I think what's really exciting is that, as you were describing the modules, they really – there's so much potential for these modules and there's so much that can be done with the modules. And we really saw that in Region 1.

So we really are seeing the different States use this in so many different ways, and that's really exciting. And I think it lends itself to so many applications to states beyond Region 1. And what really happened was the modules served as the focal point for bringing these teams together to think about and really focus on infant/toddler systems and infant/toddler quality for a good period of time. You know for 5 months plus now they are in the implementation phase, so for a good sustained period of time.

And I think that's a really important piece to focus on that you know the modules themselves are a critical piece, obviously, and everyone can agree that the modules contain this critical information, the key information or key knowledge that consultants working with infant and toddler programs would need to know.

But that we were able to bring – to use the modules to bring people together to think kind of more broadly about infant/toddler quality. And that led, I think, to broader outcomes. But each state was able to think about how the modules could fit into their own systems, into their own infant/toddler system of special development and consultations.

So rather than having sort of this model that we can say now all six states are rolling out this cookie cutter training for consultants, we actually had a lot of different things happening across the region, which is really exciting.



So as a few examples, several of our States are trying to understand the landscape of what's happening with consultants in their States. So they are surveying consultants and trying to understand who are the consultants in their States, what are their backgrounds, what are their knowledge and experiences, how do they work with programs, and what kinds of supports and trainings do they need?

And that's a little bit different from what Ellen talked about. Her approach in New Hampshire was surveying the providers to ask how they use or don't use consultants, so another approach, again.

All of our States talked about or are working on incorporating the modules into their current systems, into their infant/toddler guidelines, into their core knowledge and content for educators and trainers. We've had several States actually request TA around (them designing) core knowledge and competencies for consultants.

And a lot of States are doing what Ellen talked a little bit about bringing these modules into some of the other trainings and efforts that are going on in terms of things like the PCAN, prevent child abuse and neglect trainings, or CSEFEL, the Center for the Study of Social and Emotional Foundations of Early Learning, other mental health screening, other (QRIS) training and efforts. So, really bringing this into the larger systems that are happening in the States, which I think is really exciting to think about.

And then in terms of disseminating the modules, all the States are thinking about different ways of doing this. There is – we have several States who are planning a multi-day training for consultants. (So much) of what we did, we're bringing consultants together for multiple days – but probably separately, separate days – with time in between for reflection you know to ongoing



learning in between to facilitate time (in the) change in practice.

We also have States who are incorporating this into their (threshold) development to their graduate degree program. One State's developing an advanced infant/toddler institute based on the module to support higher level training. One State is developing an online course based on these modules. I have heard I think three or four States talk about presenting workshops at their state conferences and then also at some national conferences.

And then Connecticut – I should just mention that Connecticut has actually been piloting these modules for several years. They were actually piloting the modules during the development and kind of getting feedback along the way. So they've actually been using these modules as part of their NTI training and adding these modules on as additional days of training.

So they've been doing that several years, presenting the training to interdisciplinary teams from including Head Start, Child Care, as well as others. And they're continuing to do that training. They are committed to it, so that's very exciting.

And then there've been a lot of other (share) ideas. I'm sure I'm going to forget some. States are talking about how to incorporate consultants into their registries. One state has talked about how to build a comprehensive prenatal infant/toddler (T&TA) network using the modules in that system.

So a lot of larger outcomes that we wouldn't necessarily have expected. And I think that's really exciting. It's – it really – the modules have been sort of an impetus for these much broader conversations. And I think just bringing these teams together for this intentional training and intentional planning over this period of time really brought teams together to think about systems,



about quality, and it's really leading to a lot of change in our states. And that's really exciting.

Dianne: Thank you, Shireen. Could you just briefly talk about the portal and the possibilities for supporting communication with our consultant teams through that?

Shireen Riley: Sure. As I mentioned earlier, I think part of our role here in the regional office is to facilitate that communication across our states. So now that the training's over, I still want to facilitate that communication across states and that sharing of information, development of resources, and all of this great practice that's going on.

And so we have worked with (NCCIC), the National Child Care Information and Technical Assistance Center – if that's the right acronym – to develop an online Web portal. And we've done that in partnership with our Healthy Child Care New England group.

And we are using that portal to have a lot of materials, resources, calendars, blogs – I don't even know all the right technical terms, honestly – but a way for our partners across our states to maintain communication and share this ongoing work as we move forward. And it allows us to share not just the modules but also you know when the state develops additional resources, we can share them there. When they are asking questions about what's happening with their infant/toddler standards in their states, they can share there and build on each other.

So we're hoping that that's a really useful tool. And I'm sure you can express that better than I can, Dianne.

Dianne Stetson: Oh, no. You did a much better job. I'm not a technology person myself. Thank you. One of the other things I'll mention is that there will be continuing to be a series of conference



calls for the teams from the New England States that participated and so we can keep each other informed and updated and move forward with our work.

So we're (really like) I think in some ways – without really formally calling it – but we're really forming a learning community around this work. And that's been very exciting. At this point I'm going to open it to questions and answers from our participants. And I'm not seeing any on my screen, so (Karen), do you have any?

(Karen): We are going to – I've been trying to push them on. I got kicked off for a while so I'm sorry.

Dianne Stetson: That's all right.

(Karen): I think some of the questions that have been coming through have really been about the availability of the modules and what – and how could people access them. And one of the – I answered someone individually and one of the things that I said to them is that we're in the process of getting them posted right now.

And we anticipate having them up within the next week or 2. And they're free downloads. So you'll be able to access them any time you want if you have access to a computer.

Dianne Stetson: Thank you. Anything else that's come in?

(Karen): No. The speakers must have been very, very specific and very concrete because people are understanding what they're saying.

Dianne Stetson: OK. Well, great. Well, I just want to take this time to remind folks about how to get



more information about this particular effort and to communicate with us around this. Here is a slide with our Web site screen and contact information.

This has been a project that we've worked on for several years at the National Infant Toddler Child Care Initiative, and it's truly been a team effort within our team as well as across the Region 1 states. And we love to talk about this project, so give us a call if you're interested in getting more information. And I want to thank my colleagues at ZERO TO THREE for all their support in getting this project to this point. And if you have any more questions, you can e-mail us.

(Karen): Actually some are coming in now.

Dianne Stetson: OK.

(Karen): OK. Is there any thought of developing any of these modules for caregivers?

Dianne Stetson: We hadn't really talked about that. I mean, there's been – well, let me just back up. We have talked about whether or not there should be modules that are really focused on the infant/toddler caregiver. But that is an effort that is going on in several other organizations where we've really seen some high quality training materials for the infant/toddler caregiver.

So what was missing was really professional support for the consultants. If you think of our infant/toddler workforce as a continuum, the people on the end, the consultants, the trainers, the mentors, really don't have access to as many supports and professional development opportunities as some of the other members of our infant/toddler workforce.

So we really did make that conscientious decision in this work to focus on their needs. And you



know there's always opportunity in the future. And states can use these modules to help inform training infant and toddler caregivers. There's flexibility built in so you can adapt them and meet your needs.

(Karen): Thank you. One of the other questions that had come through was about the transdisciplinary teams.

Dianne Stetson: Yes.

(Karen): Any familiarity with the transdisciplinary teams and any that you're aware of around the country?

Dianne Stetson: You know I don't. I think there's lots of people that are working towards becoming a transdisciplinary team. It's kind of like the you know the ultimate in your evolution. But I'm sure there's some out there that I'm not aware of.

So if our listeners know of some and can submit that either through the chat room or through e-mail later to us, we would love to hear it because this is a work in progress. We are collecting as much information about this topic as we can.

We'll be issuing a brief on coordinated collaboration to infant/toddler programs in the near future as well as the module. So we really want to help collect and disburse this information. And we know that there's states out there that can inform the work. And we'd love to hear from you.

Dr. Ellen Wheatley: Dianne, this is Ellen. Can I jump in?

Dianne Stetson: You sure can.



Female: Sure.

Dr. Ellen Wheatley: I think that one place to look in any state is to the part C program under IDEA where the early intervention programs often have transdisciplinary teams to serve infants and toddlers with delays and disabilities. That's where we're looking, and we're getting our part C program involved because we know that that's where transdisciplinary teams are very successful right now. So it's just an idea that you might look at in your own state.

Dianne Stetson: Thank you, Ellen. I neglected to say that our definitions of our (consultation) models really originated from the part C world and that many of our part C programs do attempt to do transdisciplinary consultations. So thank you for that.

(Karen): OK. Another question came in about how the three modules differ from the CSEFEL modules for infants and toddlers.

Dianne Stetson: Oh, I'm not sure I'm qualified to answer that. Does somebody want to take that on?
Ellen, would – you've done both.

Dr. Ellen Wheatley: Actually I have not done CSEFEL.

Dianne Stetson: OK.

Dr. Ellen Wheatley: I can talk about how they differ from the Mind in the Making, if that's helpful. And in terms of the Mind in the Making, the difference is less of an emphasis on observation of infant, around infant and toddler development in terms of the science. A lot of the concentration in Mind in the Making is on the science of development, and there's not as much in terms of relationships



with the other adults as there is in the current modules that have been developed for this.

Dianne Stetson: Thank you. We'll try to get to you a little more specific because – (Karen)?

(Karen): Yes. Well, actually, (Linda Gillespie) is here.

Dianne Stetson: OK, (Linda).

(Karen): And she could actually speak to that.

(Linda Gillespie): I think I can a little bit. So here's my understanding. The CSEFEL is really specifically targeted – as I think most of you know – at behavior and looking at behavior and – looking at behavior and thinking about how do you manage behavior?

So and it – and so in this particular module, this module is really helping consultants kind of understand the differences between working in a preschool classroom versus an infant/toddler setting and what that entails and what – and how the information is different. And we specifically chose three areas. We could have chosen 20, but we didn't have the time to do that. So, we chose you know a few areas to focus on that we thought were important which were relationships, screening and assessment, and curriculum and individuation.

So they're really very different I see them as.

Dianne Stetson: Thank you. That's helpful.

Shireen Riley: Dianne, this is Shireen. I would say – they're very different, but I would say that they are



certainly complementary, and it was certainly one of the first things that struck me when I first looked at the modules was that these are certainly complementary approaches. And I think a little bit of what we're hearing from Ellen also is that some of the other approaches that they are incorporating in New Hampshire as well.

But these modules will complement whatever's also already happening in this state. They're certainly not going to be in conflict with or contradicting what's happening. So I think that they would be a nice addition to and a nice way to help consultants understand some of these initiatives that are already happening in the states.

Dianne Stetson: Great. Thank you.

(Karen): There was also a question about are the modules aimed at any specific type of child care such as family child care or are they focused at center based?

Dianne Stetson: We tried to structure them to be useful in all infant/toddler child care settings. We know that most of our New England consultants work in both child care centers and family child care homes. There is you know a growing effort to reach out to family, friend, and neighbor care. They're not specifically addressed in the modules, but that there's obvious techniques and supports that would I think adapt well to family, friend, and neighbor care.

(Karen): Another question, Dianne. Do the modules themselves refer to the specific trainings, the quality trainings that you had referred to?

Dianne Stetson: I'm not sure what they're – the quality trainings, are you talking about CSEFEL and Mind in the Making and those kinds of things or?



(Karen): The question is do the modules refer to those high quality trainings that – for child care providers that you had mentioned and – it's the ones for child care providers.

Dianne Stetson: Oh. OK. No. They don't.

(Karen): I don't – I don't remember seeing anything in the modules...

Dianne Stetson: No.

(Karen): ...about specific trainings.

Dianne Stetson: No. We don't refer to specific trainings. We – well, I will say we have sections where you can go to for more information, suggestions of resources, curricula that's available for infants and toddlers. So there is references to certainly curricula that's out there for caregivers as well as for use with infants and toddlers.

So we do refer to that, but we don't spend a lot of time talking about particular quality initiatives. But we certainly urge the consultants to be aware of them and to understand them, what's going on in their state.

Female: Yes.

Dianne Stetson: That was one of the things that our advisory group really honed in on that many of our child care consultants are not pulled into quality initiatives that are going on in states.

Female: Yes.



Dianne Stetson: They may not be trained in CSEFEL or they may not be trained in Mind in the Making so they're going into child care programs and not able to point them to the resources and the initiatives that are going on and may not really have much knowledge of, say, infant/toddler early learning guidelines.

So there is an effort to help them find that information and point them in the right direction so that they are aware of quality initiatives and can get involved.

(Karen): Yes. Another question that just came across was were the modules developed with any input from the providers of infant/toddler care?

Dianne Stetson: Yes. They were. Each of our advisory committee members was really very responsible about bringing the input of providers into the process as well as consultants. As I said, our audience was primarily consultants. So we really wanted to get feedback and information about them.

And when they were piloted in Connecticut – they were piloted three times – and they were piloted to groups of people who are working in child care programs as well as providing consultation to child care programs. And they were very instrumental in forming revisions to the modules and very helpful.

(Karen): There's also another question about which state is developing the online course for consultants.

Female: Shireen, do we want to – do we think we could share that?

Shireen Riley: I'm not sure if I can share that. But once we have that material, we can certainly share – I



would say once the state is further along I could share that. And we are certainly planning to be able to share information and resources that are being developed like that. So we're expecting that that information would be something we could share afterwards, the actual training materials.

Dianne: Let me just say it's a New England state, and they have pledged when it's ready that they will share it with the world, so other – we'll hopefully be able to be more specific soon.

(Karen): Another question that had come in was that the – will there be training sessions recommended for the use of the modules?

Dianne Stetson: Well, I can't say that we're recommending a particular way of rolling out the modules because they are intended to be flexible and meet the needs of individual states. We can certainly share our experiences in New England and give you, you know, information about what worked there and what didn't work there. And we will continue to gather that information as states roll out the modules to consultants in the field.

But we'd love you know – we can have a conversation with folks at this point. If they give us a call and we'll let you know how things are going. Anything else?

(Karen): Nothing has come up on my screen.

Dianne Stetson: OK. Well good. Well, I just want to let you know that the PowerPoints from today and the audio will be available on our website for those of you who would like to listen to this and to get the handouts as well that we referenced. And if folks who could not join us, if you (weren't), we will let them know that the audio and PowerPoints are available, and they can listen to those at their convenience.



And if you have additional questions about the modules, please e-mail us or call us at the National Infant Toddler Child Care Initiative. And I want to thank my presenters and all our support staff for today. And I hope you found this worthwhile.

Back to you, Kevin.

Kevin Booth: Thank you. That'll conclude today's presentation. Upon exiting you will be prompted to fill out a brief survey and let us know how we've done today. Please take a moment and fill that out, and looking forward to seeing you again soon. Bye everyone.

END

