

Project Description

Title: Click, Coach, Connect: Supporting Quality Infant-Toddler Early Learning Pilot Project

One sentence description/purpose:

The purpose of the “Click, Coach, Connect: Supporting Quality Infant-Toddler Early Learning” project is to develop a sustainable and scalable approach to professional development to increase the quality of care and educational practices of infant and toddler caregivers and teachers.

Context, Challenge and Opportunity

High quality early learning experiences are critical for building a successful foundation for school and life. Those who care for and teach infants and toddlers are especially critical to the positive caregiver-child interactions that facilitate infant and toddler development (Dean, LeMoine, and Mayoral 2016). Interactions with caring and skilled adults help build the brain architecture needed for healthy infant development. Increased support is needed for infant-toddler caregivers and teachers (IOM and NRC 2015) as this segment of the early care and education (ECE) workforce has the least education, the lowest pay and the highest turnover rate in the field of ECE (Chu 2016; Moreno et al. 2015). The NSCE (2013) indicates that caregivers of 3-5-year-olds earned 28% higher wages than those caring for infants and toddlers. These low wages exacerbate turnover and affect the critical infant/toddler period of attachment while also making professional development efforts challenging. The Institute of Medicine (IOM) and National Research Council (NRC) (2015) report *Transforming the Workforce* highlights the need for increased support for the infant/toddler workforce, support for specialized skills and competencies needed to care for infants and toddlers. NSCE (2013) indicates that only 28% of infant/toddler caregivers have a high school degree or less and there are generally not pre-service requirements in place for infant/toddler caregivers. Infant/toddler teachers and caregivers also have less opportunities and/or access to professional development that is sustained and systematic (Snyder et al. 2012; Ochshorn 2011). All of these factors create learning environments that do not support high quality learning, and ultimately do not support school readiness and later academic and social-emotional competence.

In Pennsylvania, the Keystone STARS initiative is designed to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. In Philadelphia, there are 1,773 licensed childcare programs (OCDEL September 2016) including center, family, and group programs. Approximately 850 of these programs enroll infant and toddlers (PA Compass HHS). Many of these infants and toddlers are in childcare programs that are either low quality or unknown quality, as sixty-one percent of the programs have no STAR rating. Thirty percent have achieved a STAR 1 or STAR 2 level and only nine percent are rated as STAR 3 or 4.

With the development and expansion of pre-k programs such as Pre-K Counts, Head Start and City Pre-K, there has been a concentration of center resources in these classrooms. Programs participating in these initiatives are primarily Star 3 and 4. This is particularly true of staffing resources. Star 3 and 4 programs require percentages of BA qualified staff but Head Start and PKC require those staff to be in the preschool classrooms. As such, many infant and toddler

classes have lower qualified staff. Furthermore, longitudinal ITERS data demonstrates declining scores in infant and toddler classes in Star 3 and 4 sites. While there are other factors that impact classroom quality we recognize that low public policy attention and directing of limited center resources to preschool has resulted in concerns with classroom quality in these programs.

Groundwork laid for implementation of this work

Better Kid Care (BKC) staff, Public Health Management Corporation staff and WPF staff have had several planning calls to identify the scope of this potential project. BKC will utilize existing PHMC trained staff as Environmental Rating Scale assessors and Infant/Toddler coaches.

BKC has enrolled 175,000 learners from all 50 states. In Philadelphia, there are more than 10,000 ECE professionals who have completed online courses with BKC. BKC is a trusted, non-regulatory source of information for the ECE community in Pennsylvania and nationally.

BKC developed an online module on coaching/mentoring staff for center directors as the project will seek their participation in the coaching sustainability model to support strong child outcomes. The coaching module provides basic information on why coaching is important and on coaching strategies. Additionally, existing BKC professional development for infant/toddler teachers are available for the project. Each module is video-rich and includes many resource handouts, reflection activities and links to deeper learning.

- Let's Move Child Care – Support Infant Feeding
- Creating Special Moments with Infants/Toddlers
- Early Intervention: Support Infants/Toddlers
- Family Child Care: Support Infants/Toddlers
- Giving Your Best: Making Secure Attachments
- Responding to Biting and Teaching Sharing
- Infant-Toddler: Daily Routines
- Infant-Toddler: Emotional/Social Development
- Infant-Toddler: Guiding Behavior
- Infant-Toddler: Healthy Spaces
- Infant-Toddler: Language/Literacy
- Infant-Toddler: Learning through Play
- Infant-Toddler: Partnerships with Families
- Infant-Toddler: Physical/Cognitive Development
- Infant-Toddler: Quality Supervision
- Infant-Toddler : Safety
- Infant-Toddler: Sensitive, Nurturing Professionals Needed
- Staff Orientation – Working with Infants and Toddlers
- Rock Solid: Building Positive Relationships, Birth – 3 years, Part 1
- Rock Solid: Building Positive Relationships, Birth – 3 years, Part 2
- Rock Solid: Enhancing Emotional Literacy: Birth – Age Three
- Safe Sleep Practices for Caregivers: Reduce the Risk of SUID
- Understanding Toddlers

Describe the proposed work. This section should describe the entire scope of work.

There is a lack of rigorous studies that document effective professional development strategies for infant and toddler caregivers and teachers (Weinstock et al. 2012). However, there is growing evidence that pairing “one-time” or universal training with additional ongoing or targeted technical assistance can have an impact on caregiver interactions, support increases in caregiver knowledge, and improve practices (Moreno et al. 2015; Cain et al. 2007).

We propose to select a small number of STAR 3 or 4 childcare programs in Philadelphia that serve infants and toddlers. We selected STAR 3 and 4 centers because ITERS-R data from the last 4 years shows that even in high quality centers, those with Star 3 and 4 ratings, the ITERS score is decreasing and in STAR 3 centers, the overall mean ITERS score is almost one point lower than the ECERS score. (see attached ITERS and ECERS data). Setodji (2013) categorized classrooms with scores below 3.0 as inadequate, classrooms between 3.0 and 4.99 as adequate and scores above 5.00 as good. Using this categorization, the ITERS-R overall mean scores are only adequate even in higher quality programs (STAR 3) while the preschool (ECERS) scores are considered good. In STAR 3 IT centers, the mean ITERS-R scores are considered only adequate and decreasing in STAR 4 centers.

The specific aims of this project (indicator) are to:

1. Increase the quality of care and education for infants and toddler at targeted ECE programs. (ITERS-3)
2. Identify sustainable professional development that could be scaled to a larger population of infant/toddler caregivers. (professional development resources developed)
3. Identify the benefits, if any, of targeted coaching in an integrated professional development program compared to universal professional development. (ITERS-3)

An interconnected approach that includes core professional development, targeted coaching, and access to professional development resources will be used. Recruitment strategies will include an informational email invitation and follow-up phone call. A final sample size will be determined based on resource capacity of the project. Our preliminary budget is based on 30-40 classrooms (15-20 online only/15-20 online + TA).

Following recruitment, centers will be randomized into one of two groups: 1) BKC online modules only (comparison), or 2) BKC online modules and coaching (intervention). ITERS-3 will be completed for all centers in the program.

BKC will use the ITERS-3 scores to identify core professional development modules that all teachers and caregivers will complete through BKC On Demand. All infant/toddler staff in participating programs will complete this foundational training regardless of treatment group.

The second tier of the professional development plan will be customized to each program. Using the individual programs' ITERS-3 environmental rating assessments, a coaching plan will be developed for each center. The coaching plan will include at least three coaching sessions per month with a TA consultant who will use practice-based and reflective coaching strategies to support staff in applying educational practices in their daily care of the children. Two of the

coaching sessions will be conducted in person and at least one virtual coaching session/month will occur. The targeted PD plan will also include discussion and reflection of content introduced in the online learning modules. During the in-person visit, the coach will meet with the program director to review observations and support quality improvement efforts. This approach assists with directly linking the professional development to the intervention practice.

A *coaching resource toolkit* will include reflective discussion starters, case examples, video vodcasts to model best practices, family engagement resources, tip or summary resource handouts, etc., and will be available following the grant. Many of these resources are developed and part of BKC's professional development modules.

Please describe how your proposed project is aligned with the Foundation's strategic priorities

This proposal aligns with the *Great Learning* initiative of the William Penn Foundation and its mission to increase access to high quality education. High quality education begins at birth to increase the likelihood of school-readiness and academic success. Within the *Great Learning* initiative, this project supports *Teacher Preparation* by training infant/toddler caregivers and providing information to the teachers and caregivers on positive interactions with infants and toddlers (*Instructional Interventions*). *Teacher Preparation* also includes support for caregivers and teachers to start on a career pathway that begins with professional development and has the potential for a credential that can articulate into a higher education degree. Successful infant/toddler programs have the potential to become model programs that could be highlighted by the Foundation serving as a "proof point" in the *Model Schools and Centers* priority.

Published research and/or evaluated program models or strategies to inform the specific elements of your initiative, please synthesize and summarize this research with full citations and/or links to the articles online (may include citations as an attachment)

The National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development (2005) found that the quality of child care during a child's first three years was related to their school readiness, expressive language, and receptive language at age three. A need exists to improve the quality of care for infants and toddlers yet, there is a lack of rigorous studies that document effective professional development strategies for infant and toddler caregivers and teachers (Weinstock et al. 2012) <http://ncee.ed.gov>. However, there is growing evidence that pairing "one-time" or universal training with additional ongoing or targeted technical assistance can have an impact on caregiver interactions, support increases in caregiver knowledge, and improve practices (Moreno et al. 2015; Cain et al. 2007) <http://dx.doi.org/10.1080/10409289.2014.941260>; <http://dx.doi.org/10.1080/03004430500375927>. This proposed project will use the *Practice-Based Coaching (PBC) Model* supported by the Office of Head Start National Center on Quality Teaching and Learning (NCQTL 2016) <<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/pbc-handout.pdf>>. This strategy focuses on helping caregivers and teachers use effective teaching strategies, skills, or models in their everyday practice. The PBC model supports a collaborative relationship between the coach and the practitioner. They note that the coach can be an expert, peer, or self. We propose using the expert model for coaching.

The model begins with setting shared goals for improved practice and focused observation, and allowing time for feedback and reflection. Coaching strategies used in the PBC will be used in this project including modeling, problem-solving discussions, in-class support, and role-playing. NCQTL conducted a review of ECE professional development literature and concluded that the PBC model provides the needed bridge between learning and practice. The NCQTL summary of literatures notes that components of practice-based coaching were associated with positive child outcomes. Responsive caregiving has been linked to positive outcomes for children. Adult-child interactions in an infant/toddler setting help the child learn that he/she can influence how the caregiver responds supporting additional interactions. Supporting teacher interaction (Clarke-Stewart et al. 2002) and helping caregivers learn to teach infants about their environment are linked to positive children's development (Burchinal et al. 2000). Talking, singing and exposure to language also are important skills for the development of language and executive function. Support for increasing responsive caregiving will be incorporated into the coaching and technical assistance sessions.

Please describe the extent to which the target population or setting is different from those cited above

Much of the research on professional development is limited to caregivers at the preschool level and does not include IT caregivers. Zaslow, Tout, Halle, Whittaker, and Levelle (2010) highlighted that future research needs to examine effective strategies for professional development among infant/toddler caregivers.

Much of the research on coaching and mentoring has been conducted with preschool classrooms as is the focus of the PBC model used by Head Start. Using this model with the ITERS-3 score as a guide for developing a coaching plan in programs that have already achieved a higher STAR rating is novel.

Additionally, the dosage of online coursework and hours of technical assistance provided will need to be balanced with resources and willingness of the infant/toddler caregivers to participate. In the Moreno study, the combined number of hours was 63 (48 of coursework and 15 hrs. of coaching). Many of the studies conducted on coaching used a specific curriculum or intervention. Our study will not use a specific intervention or curricula but will follow developmentally appropriate practices for caring for infants and toddlers. The NCQTL PBC model and review of existing studies on coaching included practitioners who worked with children ages 3-5 and not infant/toddler caregivers.

Who or what will benefit directly from your work?

There is a growing public awareness that the period of time from birth to age 3 is critical for optimal brain development that leads to academic and social-emotional and health benefits. Support for the caregivers and teachers of infants and toddlers that results in high quality care benefits the infants, their caregivers, parents, and families, and society in general. Children living in vulnerable environments appear to have the most to gain from high quality child care settings. Strengthening the abilities of adults who interact with vulnerable children may help to place vulnerable children on a positive trajectory. ECE program participation in this project will help programs increase their ITERS-3 scores. Society also benefits from high quality child care.

Heckman (2012) estimates that investing in early childhood education is a cost-effective way to promote economic growth with a 7-13% return in reductions in remedial education, health, and juvenile justice costs.

Communications strategies associated with this work. Descriptions of your target audience, your goals, materials to be produced and specific activities.

The target audience for this project is teachers and caregivers in STAR 3 and 4 child care centers in Philadelphia who agree to participate. Recruitment materials will be developed to explain the project, benefits of participation, and the process of randomization into one of two categories 1) online professional development from Better Kid Care only and 2) online professional development from Better Kid Care with coaching. PSU IRB approval will be obtained and informed consent documented.

A meeting (potentially virtual) will be held with center directors to provide more detail on the project, timelines, expectations, incentives, evaluation measures, etc.

Project resources will be developed for the teachers to explain the project, how to access the online training, timelines, and what to expect during a coaching session.

Coaching resources will be developed for the coaches and for use by program directors (e.g., action plans for teacher practice and coaching; observation forms, feedback and reflection questions, video exemplars if appropriate, tip pages, etc.)

Final project outcomes will be shared via a final report and development of a manuscript to submit to a peer-reviewed publication.

Single end result:

Infant/toddler caregivers and teachers in all 40 classrooms in the *Click, Coach, Connect* project will increase their knowledge of developmentally appropriate practices for caring for infant and toddlers as a result of the online professional development. The infant/toddler classrooms that receive the coaching intervention will have a significant increase their ITERS-3 overall mean score.

Post-Grant Result:

The coaching resources that are developed as a result of this project will be shared via the BKC website so that TA consultants, center directors or expert coaches who did not participate in the pilot will have access to the resources developed.

Milestone

Milestone 1: Develop project implementation plan with project partners. (August 2017, + or - depending on funding notification)

1. Meeting of project partners (BKC, PMHC and WPF staff) to discuss IRB consent, recruitment plan, project timeline, and project evaluation

2. Develop recruitment and consent materials
3. Obtain IRB approval
4. Identify and meet with evaluation partner to develop logic model, evaluation plan and timelines (August 2017)

Milestone 2: Develop coaching resources (August 2017 – December 2017)

1. Develop coaching resources for use with each of the ITERS-3 subscales
2. Review and revisions by project staff
3. Develop coaching plan and log framework

Milestone 3: Recruit classrooms to participate in project (September – December 2017)

1. Send project information to center directors in targeted areas
2. Follow-up phone calls with interested centers
3. Center directors agree to participate
4. Infant/Toddler classrooms are randomized

Milestone 4: Develop coaching plan with intervention classrooms (rolling following randomization)

1. Assignment of 10 classrooms to each coach
2. Develop coaching schedule (2 in-person and 2 virtual/month) for each center
3. With center directors, identify highest areas of need for PD and coaching
4. ITERS-3 is administered as pre-test in all centers (November 2017)

Milestone 5: Complete online professional development (January –February 2018)

1. Teachers and caregivers in infant/toddler classrooms in both groups complete identified professional development based on needs identified by center director.
2. All teachers and caregivers complete at least 10 hours of professional development (5 BKC modules).

Milestone 6: Coaching sessions implemented in intervention centers (March 2018 – March 2019)

1. Each coach (n=2) uses PBC model in 10 centers (20 total) as outlined in coaching plan. Total hours of coaching for each classroom = 48. Total hours of PD/coaching = at least 58 hours.
2. Using the NCTEL PBC model it is recommended that a coach session consists of 1 hr. of observation, 30-45 minutes for the coach to debrief, follow-up, and prepare for coaching interactions, 30-60 minutes on preparation and travel time. A total of 2-3 hrs./week per classroom. One coach can reasonably coach 8-10 caregivers.

Milestone 7: Collect, analyze and disseminate data from ITERS-3 and pre-post knowledge/self-efficacy evaluation as outlined in evaluation plan

1. Collect ERS data prior to start of project (November 2017)
2. Collect ERS data at the end of one year of coaching (March 2019)
3. Collect and analyze ERS data at 15 months (July 2019)
4. Prepare final report and summary of findings (July-August 2019)

Timeline summary:

August-December 2017: Development of coaching resources, recruitment of centers, professional development plan (identification of online modules) identified for each center.
January-February 2018: IT caregivers complete online professional development modules
March 2018-March 2019: Coaching and TA for intervention centers
March 2019: 12 month post-ITERS-3 assessments
June 2019: 15 month post-ITERS-3 assessment
July-August: Data analysis and reporting

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What data and information will you use to verify that the result has been achieved? Describe your organization's plan for gathering and using data for program improvement and measuring your impact.

In a review of the literature, Tout, Zaslow, and Berry (2005) concluded that there was enough evidence to establish links between higher levels of early childhood education and both classroom quality and children's cognitive development. Our study assumes that global quality is reflected and measured through tools like the ITERS-R. The ITERS-R, a rigorous, nationally recognized tool, is comprised of the following subscales: space and furnishings; personal care routines for infants and toddlers; listening and talking; age-appropriate activities; adult-child interaction; program structure including adult/child ratios; and parent and staff communication. ITERS-3 will be released in July 2017 and will have a greater emphasis on interactions with infants and toddlers, thus strengthening the link to quality care. It is expected that the revised tool will have similar overall internal consistency as ITERS-R (.93 Cronbach's alpha).

We will recruit 40 infant/toddler classrooms from the pool of 34 centers. Many centers have more than one infant/toddler classroom and if a center director agrees to participate, all classrooms in the center will be enrolled. It is anticipated that the caregivers and teachers in the programs in this project will improve the quality of care for infants and toddlers in their programs as measured by increased overall ITERS-3 scores, thus the unit of measurement is the infant/toddler classroom.

For the efficacy trial and to document sustained practice, ITERS-3 will be assessed prior to the start of the project, at the completion of the coaching intervention (12 months) and again at 15 months. ERS (ITERS-3) data will be collected by experienced trained ERS assessors through the Southeast Regional Key.

An evaluation consultant (TBN) will compare the statistical significance of documented changes on ITERS-3 scores. This pre-post/post experimental design will use 40 classrooms with variables professional development received, education level of caregiver, years of experience in IT classroom, demographics and pre and post and post-post-ITERS-3 scores. Repeated measure t-tests will be used to assess if ITERS-R scores changed significantly from baseline to T1 to T2.

Formative evaluation data will be collected via monthly meetings with the TA consultants/coaches to identify coaching challenges, problem-solve, identify additional resources that will help support coaches during their coaching visits, etc.

What will you do to sustain the benefits of the proposed work over time?

Sustainability efforts will include availability of project coaching resources developed to assist with coaching and technical assistance following universally available training. The coaching resources could be utilized by other TA consultants, center directors, curriculum coordinators, etc., to assist with improving practice in their programs. Practice-based coaching helps teachers to use new skills, practices and strategies on the job and helps teachers link those skills to positive child outcomes (NCQTL 2015). Resources developed will be available through the BKC website in a newly designed section for coaches, mentors, and technical assistance program staff thus extending the potential impact of the On Demand modules that already have a large reach into the ECE community. Infant/toddler caregivers and teachers who had not previously completed online modules may learn about these resources and complete additional online professional development to fulfill clock hour training requirements beyond the grant period. Connections to a community of learners is important for all distance learners and the development of learning communities with project participants will be encouraged as a result of the project. Better Kid Care staff will be available after the project ends for mentoring (toll-free mentoring line), promotion of resources to center directors and TA consultants and support for coaching implementation in programs.

How does this work contribute to your organization's mission and goals?

This project will provide important information for Better Kid Care and future development of early care and education professional development. If we learn that coaching does support practice change for infant/toddler caregivers, we can make the coaching resources available and provide additional training and support for coaching. The Office of Child Development and Early Learning is moving towards "a coach in every center" approach, thus this model will provide needed support for that framework. Better Kid Care is committed to supporting high quality care for all children and because of our large national footprint, findings from this study will have impact beyond Pennsylvania.

Who at your organization will play a key role in this work? Please specify the role to be filled by each key staff member. What are his/her/their qualifications? (This should be a summary of qualifications. You will be asked to include a more complete list of team members and qualifications as an attachment.)

Claudia Mincemoyer, Ph.D, is a professor and Cooperative Extension specialist who provides leadership for the Better Kid Care program. Mincemoyer will oversee all new educational resource development, recruitment, all aspects of documentation, evaluation and reporting and budget management.

Rebecca Escott is a Better Kid Care program development specialist with expertise in infant and toddler development. She will serve as project coordinator. The project coordinator will assist with recruiting infant/toddler centers, develop professional development plans using ITERS-3 and interviews with program directors, develop coaching resources for coach/TA consultants, provide training for coach/TA consultants, assist the videographer in developing video clips, develop video scripts as needed, review and suggest video edits as needed, communicate with project staff. Prior to joining the BKC team, Ms. Escott was an instructor at Northampton

Community College where she taught an infant/toddler development class. In her tenure with Better Kid Care, she has proven invaluable in her ability to translate research-based information into relevant professional development for ECE and youth development professionals.

Christine Anthony, Ph.D., does not have time allocated to the project but in her role as assistant director at Better Kid Care, she will be informed of project activities and provide oversight and management if needed. Dr. Anthony has her Masters and Ph.D. in early childhood education and was on the faculty at Millersville University prior to coming to Penn State.

Please briefly describe current or past projects and other relevant experience that exemplify your organization's ability to carry out the proposed project. What has been the impact? Please include any data or other supportive information that illustrate relevant experience, and describe how you have evaluated success. If you wish to attach a research document or other summary to provide evidence of your previous success, please do so in the Attachments tab.

Penn State Better Kid Care (BKC) provides evidence-informed professional development to early care and education professionals to improve the quality of their care and educational practices. BKC has more than 175,000 learners from all 50 states and more than 56 countries who have completed almost 700,000 modules since 2011. Currently, BKC online professional development has been vetted and approved in 42 states through state licensing agencies and/or state QRIS systems. Additionally, BKC is a recommended professional development provider by ACF Offices of Child Care and Head Start and U.S. Department of Health and Human Services in the new web portal, Early Educator Central: Pathways to Credentials and Degrees for Infant-Toddler Development. < <https://earlyeducatorcentral.acf.hhs.gov>> BKC is also recommended as a professional development organization by ACF to meet mandated health and safety training. <<https://childcareta.acf.hhs.gov/health-and-safety/training-and-technical-assistance-providers#available-training>>. BKC is contracted by the Department of Defense to provide online professional development in all on-installation military child care facilities and to public child care programs in 21 states. Better Kid Care also has an online CDA course approved by the National Council for Professional Recognition and the 120 hours can articulate to PSU undergraduate credit. BKC partners with experts and agencies for resources and funding such as DoD, CDC, Nemours, OCDEL, USDA, NIH/NICHD, Healthy Weight Commitment Foundation, Pottstown Area Health and Wellness Foundation, Frank Porter Graham CDC.

Public Health Management Corporation (PHMC) is a nonprofit public health institute with a mission to create and sustain healthier communities. PHMC has served the Greater Philadelphia region since 1972. PHMC's Early Childhood Education Group is committed to ensuring that all children, and particularly those at risk, have access to high quality early learning experiences. With an annual budget of over \$35 million, 130 professional staff, and diverse funding sources, this goal is achieved via quality improvement, quality expansion and quality demonstrate.

Challenges/Gaps. Are there gaps in resources and skills that are required for successful completion of the proposed work? If so, please explain. How do you propose to fill these gaps?

One of the strengths of Better Kid Care is the ability to provide universal training to a broad audience in an online environment. BKC would allocate time to learn about the families, the culture and the environment in which the project would be implemented. We would need support from Foundation staff, PMHC, DVAEYC, Cooperative Extension staff in Philadelphia, and others to help us understand the cultural and environmental issues that will support a successful intervention. Communities of learners as well as respectful coach-caregiver relationships are important for changing practices, thus BKC would explore strategies to engage with program staff and families whenever possible.

Engaging, skilled coach/TA consultant(s) are critical to the success of this project. Utilizing the expertise of PHMC infant/toddler consultants will fill the gap that exists among our current BKC staff. We anticipate approximately two full-time TA consultants to provide the practice-based coaching in 20 classrooms. Virtual and online coaching will supplement the in-person coaching. PMHC's expertise in early care and education in Philadelphia is extensive and we would rely on their input and feedback throughout the project. PHMC's Early Childhood Education (ECE) Group is committed to ensuring that all children, and particularly those at risk, have access to high quality early learning experiences. With an annual budget of over \$35 million, 130 professional staff and diverse funding sources, this goal is achieved via quality improvement, quality expansion and quality demonstrate. Below is a list of projects that are relevant to this initiative in Philadelphia:

- Southeast Regional Key
- PHLpreK
- Philadelphia Head Start Partnership
- Fund for Quality
- Philadelphia Facility Fund
- Early Childhood Action Collective

A universal challenge that we will need to overcome is the time and commitment of individual caregivers and their receptiveness to professional development and coaching. Infant/toddler care can be very intense and often stressful, combined with low wages. Caregivers need to see the benefit of participation. Coaching will need to be introduced as a non-threatening addition to training that can support caregiver practice.

If you have already selected your partner organization(s) or consultant(s), please list who you will be working with, their capabilities and credentials, and how they were selected. (This should only be a summary; you will be asked to provide additional detail as an attachment to this application, including the scope of work for the consultants with whom you have contracted to work.)

We will partner with the Public Health Management Corporation (PMHC) to provide the coaching/TA for the intervention sites. PMHC is a nonprofit public health institute with a mission to create and sustain healthier communities. PHMC has served the Greater Philadelphia region

since 1972. PHMC and its 10 affiliates have over 2,500 employees serving approximately 350,000 clients annually through hundreds of programs and subsidiary nonprofits known as affiliates. The combined annual impact of PHMC and its affiliates on the Philadelphia community's economic vitality is estimated to be in the range of \$400 million each year. PHMC was recommended by WPF staff as a partner with the experience and expertise to contribute to this project. PHMC's Early Childhood Education (ECE) Group is committed to ensuring that all children, and particularly those at risk, have access to high quality early learning experiences. With an annual budget of over \$35 million, 130 professional staff and diverse funding sources, this goal is achieved via quality improvement, quality expansion and quality demonstration. Below is a list of projects that are relevant to this initiative:

Southeast Regional Key (www.seregionalkey.org) administers the Keystone STARS program on behalf of the Commonwealth.

PHLpreK (www.phlprek.org) is the City of Philadelphia-funded prekindergarten initiative that PHMC supports as the fiscal and administrative intermediary in partnership with the Urban Affairs Coalition.

Philadelphia Head Start Partnership (www.philaheadstartpartnership.org) provides high quality early learning and comprehensive services to 631 preschool age children and their families in South, Southwest, and West Philadelphia.

Fund for Quality (www.fundforquality.org) provides planning and capital funding to high quality child care providers in Philadelphia to expand their capacity to serve low income children.

ChildWare (www.childware.org) is a Pennsylvania-specific information management system that enables child care directors to focus on instructional leadership by automating administrative and compliance activities.

Philadelphia Facility Fund (www.philafacilityfund.org) provides facility improvement grants to high quality residential and commercial child care programs to improve or sustain quality operations.

ECE Teacher Preparation Transformation Initiative is focused on improving the quality of and access to teacher preparation programs in the southeast region.

Early Childhood Action Collective (www.ecactioncollective.org)

ECE Quality Assessment conducts reliable program assessments to inform local quality improvement efforts, technical assistance plans and research initiatives.

Parent Child Home Program (<http://www.parent-child.org/>)

Chris Fagan Media Services, Videographer: Production of the video segments needed for coaching resources. Most video used will be from existing footage with expert interviews, research to practice segments and teacher practice in model programs. Video will need to be edited, voice over and b-roll selected and added for identified video clips.

Evaluation Consultant (RIKILLC - Dr Richard Fiene): The evaluation consultant scope of work includes:

1. develop an evaluation framework and logic model at the start of the project,
2. develop a pre-post knowledge test to be administered to all participants pre and post the online professional development.
3. analyze pre-post/post-post tests,
4. analyze the ITTERS-3 data pre, post and post-post,

5. draft methodology section for manuscript and final project reports

What are the potential barriers to completion and/or the risks that could threaten the success of this work?

Potential barriers to successful completion of this project include:

1. The inability to recruit enough centers to participate in the project.
2. Attrition of center infant/toddler caregivers.
3. Center directors who are interested in the project without the support or enthusiasm of the infant/toddler staff.
4. Lack of caregiver/teacher time for coaching is one of the biggest hurdles anticipated for this project. With little time available during the day when caregivers are with the children, there is little time for reflective discussions with a coach.

What measures will you take to overcome the barriers or mitigate the risks described above.

1. Recruitment efforts will need to emphasize the benefits of participating (access to free professional development that meets state-mandate PQAS hours, benefit to children in care who are receiving higher quality care, parental satisfaction, personal satisfaction, incentives for program (free curriculum resources))
2. Supported caregivers and teachers may have lower stress levels, children who are positively responding to their care, and may be less likely to leave the center. Attrition will have to be included and planned for in the evaluation plan. Because the universal training is online, as new caregivers replace a teacher, they can potentially join the project and receive coaching. Time of hire will be a factor to consider by the project team.
3. In recruitment discussion, discuss readiness of staff to participate.
4. Discussing how to incorporate coaching into the day will be important during recruitment. In Head Start classrooms, where the PBC coaching model is being implemented, there is time during the week when the Head Start teachers aren't caring for/teaching children. Time for individual coaching while still maintaining ratios needs to be addressed early in the project for creative solutions that will vary by center.