

Proposal for An
Early Childhood Training Institute
For the Capital Area Region

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Submitted by

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I. INTRODUCTION

At the request of the Capital Area Funders Group (CAFG), this document examines the needs, goals, structure, and initial steps for the development an early childhood training institute for the Tri-County Area. The study was commissioned based on the perceived need for a Training Institute that would promote the social-emotional, cognitive, linguistic and physical development of the child from birth to age three.

This report proposes the center’s goals, how it will coordinate with existing resources, a plan for its administrative structure and activities, and a first year budget. The report also suggests possible funding sources to support aspects of its operation.

The CAFG focus on young children is based on two premises: (1) significant changes in brain organization are affected by environmental support and stimulation to infants and young children, and (2) by improving training to all person who interact with young children, we impact not only the children but also improve impact for subsequent children.

II. GOALS OF THE STUDY

In order to develop a plan for a Early Childhood Training Institute, the following goals were identified in preparing this report:

- Examine alternative models and create benchmarks for performance. Review and visit other developing or established centers of this kind. Utilize their experience as consultants in considering both the central goals and benchmarks of a center as well as best practices in developing such a center (See Appendix A for list of visits and consultations) .
- Assess current resources and providers. Assess the current training resources in the Capital Area as well as the resources and interests of the current providers of training. A series of meetings with providers and professionals were held to explore current resources (See Appendix A for list of meetings).
- Assess needs and interests of consumers. As parents, child care staffs, and other related professionals would be the “target” for the training/support programs of the proposed Institute, we explored their perspectives on education and training. A central task of the planning study was to consider training not only of traditional audiences (parent, day care providers, early childhood educators), but also training with professionals that might build new bridges in service delivery (nurses, physician’s assistants, physicians, public health providers). (See Appendix A for list of meetings).

- Consider the effect of policy changes on future training needs and opportunities. Policy changes examined included (1) the growth of child care in the infant/toddler period, (2) the effects of welfare reform on family life, and (3) how changes in health care provide new avenues for providing education to families with infants and young children.
- Prepare final report with recommendations. The deliverable of this project is the current report with specific recommendations for the development of the Early Childhood Training Institute.

III. THE IMPORTANCE OF INFANT DEVELOPMENT: WHAT WE HAVE LEARNED FROM NEUROSCIENCE AND EARLY INTERVENTION RESEARCH

The Developing Brain. Recent advances in brain research have provided great insight into how the brain, the most immature of all organs at birth, continues to grow and develop during the first years of life. Although this growth was once thought to be determined primarily by genetics, scientists now believe that it is also highly dependent upon the child's experiences beginning in the prenatal period. Research shows that, like protein, fat, and vitamins, interactions with other people and objects are vital nutrients for the growing and developing brain and different experiences can literally cause the brain to develop in different ways. It is this "plasticity" of the brain, its ability to develop and change in response to the demands of the environment, that enable children to be resilient in the face of change. The baby's experience during the first years has a determining impact on the architecture of their brain and the child's readiness to learn and develop positive relationships with others.

How does this happen? It is believed that early experience affects how specific brain circuitry become "wired." Connections between neurons in the brain are the result of the production of synapses that connect the axon of one neuron to the dendrite of another. It is estimated that by age 2 a child has 1,000 trillions synapses; twice as many as adults. By late adolescence half of these synapses have been discarded. Thus, an important part of brain development is pruning away synapses and we now know that "use it or lose it" applies to this process. Those neurons that are repeatedly activated in development become exempt from elimination and over time become the habits of thinking and behaving. An critical part of this process is the development of the frontal lobe of the brain which it is the latest maturing part of the cortex and begins to develop between 8 months of age and early adolescence. This part of the brain is associated with ability to regulate and express emotions as well as to think and plan. During the infant and toddler period the ability of caregivers to help children regulate their emotions and develop healthy attachments is believed to directly influence frontal lobe development.

Although positive early experiences help the brain to develop well, poor early experiences can have devastating effects; new evidence exists that early child abuse and maltreatment can have dramatic effects on brain development and functioning leading to serious emotional difficulties. While neuroscience research indicates the importance of early experience to brain organization, research in early social development and early intervention indicate the critical nature of early experience for social and educational outcomes. Findings from high-quality early home-visiting and preschool intervention programs indicate that investments in supporting families and providing high quality educational/child care experience reap significant benefits to children and communities. Unfortunately, most

communities, including our own, have poor paid and often poorly trained infant and toddler child care staff and a lack of comprehensive programs to support families and infants.

Implications of Current Research. It is now clear that the quality of experience a child experiences with parents and other caregivers in the first few years of life largely determines how her brain will develop and how she will interact with the world throughout her life. There are a number of important implications of these findings.

- ♦ *Supporting Parents.* Parents play the most important role in providing the nurturing and stimulation that children require. It is clear they need up-to-date information and support to develop good parenting skills. Parents with different capabilities and resources will need different levels of assistance ranging from information to regular, intensive support. More than one-third of the children in our region live in families with significant poverty and other risk factors. It is critical that they we protect children from neglect and abuse; through home-visiting and family support programs children can receive early cognitive stimulation and improved emotional relationships that can improve their readiness for schooling.
- ♦ *Creating Quality Infant and Toddler Child Care.* Given the increasing numbers of infants and toddlers in child, it is critical that the care these children receive promotes their healthy growth and development. Too often, however, childcare providers are poorly trained and do not provide children with appropriate stimulation. A recent study showed that providing as little as 18 to 36 hours of high quality family day care training can increase the security of infant attachment and the quality of the childcare environment.
- ♦ *Developing Community Capacity to Support Infant and Toddler Development.* Just as in the Capital Area Region, across the country there have been community-wide initiatives focused on mobilizing communities' capacity to support infant and toddler development. This mobilization includes the needs described above as well as advocating for state and federal support for infant and family needs, building capacity to provide adequate mental health services for parents and infants, and creating more effective linkages between parents and professionals to improve local services. It is recognized that all adults in communities have a role to play in the development of young children.

IV. CURRENT STATUS: EARLY CHILDHOOD NEEDS OF THE CAPITAL AREA

Through a review of the assessments and reports conducted in the three counties of Dauphin, Cumberland, and Perry, and through meetings and focus groups with professionals and parents, the following needs have emerged. See Appendix B for a summary of selected regional statistics.

Community Risks Factors. Dauphin, Cumberland, and Perry Counties all contain pockets of poverty. The three counties suffer from poverty in highly populated urban areas and in very rural areas. Both rural and urban poverty brings its own set of issues. Rural

families that live in poverty are very isolated, frequently do not have reliable transportation, and have access to limited services. Urban poverty areas contain high rates of community violence, crime, and drug use.

As is typical throughout the country, both professionals and parents report a high incidence of family problems and conflict such as divorce and child or spouse abuse. These family issues are experienced by families in all three counties. Early cognitive development of young children is hampered by dysfunctional parenting, the absence of clear parental expectations, a lack of understanding of normal child development, and failure to monitor children and keep them safe. This dysfunctional parenting may be accompanied by parental drug and alcohol abuse, or mental illness.

Lack of Services for Families with Infants and Toddlers. Services for families with young children (ages birth to three years) are very limited. Perry County has a state funded Family Center that serves 75 families with young children. Dauphin County also has two state funded Family Center that serve 200 families with young children in the area around the Hall Manor Housing Development. Programs such as the Infant Development Program, United Cerebral Palsy, Tri County Society for Children and Adults, and the Early Intervention Program only serve young children diagnosed with a disability. There are a limited number of parenting programs that include parents with very young children such as Children's Playroom, Escape Center, and Parents Anonymous. However, these programs do not serve families with young children exclusively.

Lack of Quality Child Care. There are many childcare slots for young children in the tri-county area. However, childcare is not affordable or accessible for all families who need it. As reported by a recent state assessment (Iutovich, Fiene, Johnson, Kopel, and Langan, 1997), the quality of childcare for infants and toddlers in the area is generally of low quality. This is demonstrated by the fact that there are a limited number of NAEYC Accredited Centers as of August 1998 (Dauphin County-11 [13%], Cumberland County-7 [10%], Perry County-0)

Prenatal Services, Especially for Teen Parents. There are approximately 25 school districts in the three county area. We were only able to identify two (Harrisburg and Dauphin County Technical School) that have services for teenage parents. This is a problem because the teenage pregnancy rate in Dauphin County (11.4%) is higher than the state average of 9.57%.

In the area of infant mortality, Dauphin County (1.12%) is higher than the state average of .077%. Dauphin County's infant mortality rate is also surprisingly higher than Allegheny County (0.90%).

Fragmentation of Existing Services and Systems. Professionals in the area report that systems that serve families with young children are fragmented, many times they duplicate services, and do an inadequate job of outreach and community awareness. Use of different terminology by different professionals is also a problem that is reported. Parents report that the above problems make access to services difficult.

Preventative Services for the Mental Health Needs of Young Children. Child abuse prevention services, parenting/nurturing training, and in home services are reported as being

limited. There are few mental health professionals trained and experienced in working with very young children. Because of the absence of mental health services options for young children, children as young as four years of age have been referred to inpatient treatment.

Training Gaps. Training in the area of infant and toddler development is limited, professionals need more training working with families in the home and in the community. We also found that training is haphazard; that is, there is not an organized and sequenced system for care providers or professionals on the care and stimulation of infants and toddlers. There are few opportunities for education/information for new parents with infants and toddlers. Few professionals could be identified as known experts on infant and toddler development in the region.

V. STRENGTHS OF THE COMMUNITY

Although shortcomings are obvious in the needs of parents and professionals in the infant period, the Capital Area has enormous strengths on which to build such capacity. These strengths include community group interest in families, business/corporate interest in families, involvement of faith community involvement in providing services to families, a growing recognition in the public sector of the importance of early childhood development in prevention of school failure, media that are supportive of family issues. Further, strong professional groups such as Success X Six (United Way), Capital Area Association for the Education of Young Children (CAAAYC), Pennsylvania Association for Child Care Agencies (PACCA), Pennsylvania Partnerships for Children (PPC), Pennsylvania Head Start Association (PHSA) are all located in Harrisburg. In addition the new Harrisburg Center on Healthy Child Development has provided a locus for discussion and innovation in preventative services for young children. Connected to this Center are a number of new initiatives including planning for coordinated systems of care, and school and community-based violence prevention. Thus, growing public and private recognition and support of early parenting and child development provide a base of support on which to build a comprehensive program to support early child development in the region.

VI. BEST PRACTICES IN INFANT AND TODDLER EDUCATION

What we are learning from experts in the field of infant and toddler early childhood education is that training cannot be separated from research and advancing the field, from applied practice, or from community advocacy efforts. Examples of this include the Yale Child Study Center that has a three part mission; research, training and, clinical service. Zero to Three uses the acronym “ACT” to describe their mission; advancing the field, communication and, training and technical assistance. A training institute cannot effectively separate training from advocacy. Legislators also need education and training in the area of early childhood education. The Early Childhood Training Institute needs to develop a close partnership with Success By Six, Pennsylvania Association of Child Care Agencies, Pennsylvania Partnerships for Children, the Capital Area Association for the Education of Young Children and the Pennsylvania Head Start Association. Some of these advocacy groups work at the state level but are housed in Harrisburg.

The proposed early childhood training institute will be built upon the following best practice guidelines.

1. **Disseminate information on recent early brain development.** The importance of secure and nurturing infant and adult relationships for the cognitive development of young children should be stressed.
2. **Conceptualize young children and families holistically.** Reinforce the belief that professionals and parents must look at children comprehensively. This means that the cognitive development of young children cannot be separated from the child's physical and emotional development. The young child must also be looked at within the context of the child's family.
3. **Two-generational programming.** Support the development of programs that serve both the parents and the children, for example, health clinics or home visiting programs that provide services to both women and young children and that understand the health of the mother and the child are intertwined.
4. **The development of early childhood leadership.** Programs cannot improve their quality without strong leadership. Local programs require assistance in upgrading their professional development programs. This includes training for program directors in the areas of management, observation, practice with feedback, and reflective supervision.
5. **Create a sense of "community".** Quality services for families with young children must reflect the community and be located in the communities where families live. This includes addressing the topic of culturally competent services.

VII. FUNCTIONS AND FOCI OF A TRAINING INSTITUTE

In order to provide a structure for planning of the Institute, it is necessary that it have (a) a set of clearly articulated functions, (2) populations of consumers that mesh with these functions, (3) a structure for staffing and oversight, (4) a proposed budget, and (5) a plan for first priorities in staging its evolution.

A. FUNCTIONS OF A TRAINING INSTITUTE

There are five functions that are central to the mission of the Institute.

- Training. Providing timely state-of-the-art information on infant cognitive, neurological and social development.
- Clearinghouse. Serve as a central point for information and training on infant and toddler development for training, print, and video resources.
- Dissemination. Disseminate information to a variety of consumer groups on infant/toddler development via print (newsletter), email, and the web.

- Advocacy. This function focuses on “building the field “ by effectively framing the issues of the needs of infants and family. This function would focus on policy makers, the media, government leaders, foundations, etc.
- Meeting House. Provide forums and professional development series that would create a “meeting house” for creating new partnerships and collaboration in the Capital Area.

B. CONSUMER GROUPS IT WILL SERVE

- Parents
- Teens/Prospective Parents
- Para-professionals
- Professionals in Community (develop Prof. Organization and CE credits)
- Pre-service training (BA, MA, /Nursing Training)

C. THE MATRIX OF POSSIBILITIES

Appendix C provide an overall matrix that integrates the proposed functions of The Institute with the goals, objectives and activities that would be conducted with different consumer groups. Further, it suggests linkages for each activity to ongoing activities and organizations in the region. This matrix provides “the big picture” of the long-term plan for potential Institute activities.

D. FIRST PRIORITIES IN INSTITUTE DEVELOPMENT

This report recommends that of the numerous potential activities in the first years of the Institute, we recommend an in-depth focus on two groups: parents and child care staff. For that reason, these foci will be elaborated below. The matrix in the Appendix provides a brief schematic of these topics.

A. Parents

Presently, there is no coordinated effort among health professionals and local service providers to disseminate information to new and expectant parents about infant development (e.g. brain growth, cognitive, and social needs). Further, there is no coordinated model for parent education during the infancy/toddler period. Finally, the Capital Area has only isolated early home visiting programs for families at-risk (currently through the Family Centers and Extension); there are no Early Head Start, Healthy Start, or Healthy Families America programs operating in the region.

Beginning Steps. The parent education initiative will begin by contacting the administrators and staffs of local hospitals to determine the feasibility of using hospitals as sites for providing parents with infant development information perinatally (using expectant parent groups) as well as during the mother's stay at the hospital. Second, a plan will be developed for creating post-natal parent groups (in concert with hospitals, WIC and other providers). Third, the Institute will partner with local hospital and businesses to gain support

for distributing monthly infant development mailers that highlight different stages of development and needs of infants/toddlers in the first two years of life.

The use of parent groups will be extended postnatally with local hospitals and existing parent groups across the region coordinating their efforts to provide parents of infants and toddlers with developmental information, effective parenting skills, and group support. This training institute will form groups of providers to discuss models of delivery and training using experienced parents as group leaders. This is an effective strategy for perpetuating parents' knowledge and interest in child development, in general, and for recruiting other parents to become group leaders. To insure that we are reaching as many new families as possible, new parents will be targeted with the use of special geographic software that will allow us to locate areas of the tri-county where families with newborns reside.

This training institute will work with community agencies to seek state, federal, private and public support for home visitation programs for at-risk families. Currently, the tri-county area provides scattered services for at-risk families, many of whom have special issues and needs (e.g. extreme poverty and family conflict, and mental health problems). Developing improved staff training for existing programs and forming a group of regional program directors to discuss "best practices" for training in this area will address these issues. There also is a strong need to improve the quality and access to mental health services for families with infants and toddlers since there is an absence of referral sources of qualified mental health professionals.

Thus, the training institute will create a parent education initiative that will emphasize the following activities:

Dissemination

- Disseminate information on infant development through local hospitals and service providers

Training

- Develop a coordinated system of parent groups across the region and train experienced parents to become group leaders
- Improve staff training for existing home-visiting and parent support programs

Advocacy/Grant Writing

- Develop state and federal support for home visitation programs for at-risk families with young children
- Assist community agencies in writing effective grant to obtain parent-infant programming support
- Improve the quality and access to Mental Health Services for Families with Infants and Toddlers by providing community and referral sources a listing of current infant mental health specialists

B. Child Care

There is a tremendous need for a new model for training infant care specialists. One of the goals of this training institute is to develop a three county demonstration site for Pennsylvania that will develop a state-of-the-art model and system for infant toddler child care training over the next several years. This training model would not replace or compete with current or planned training opportunities, but instead help to integrate them and thus be value-added.

This training initiative will be different from other training programs developed in the past across the Commonwealth because of the nature of infant caregiving, which is dyadic (caregiver and child) and thus not as group oriented as preschool care. To make this training effort effective, a one-on-one, mentoring relationship will be developed with programs requiring assistance. This will be done through the efforts of infant toddler training specialists or by having staff from exemplary programs linked with programs in need. Second, generic infant toddler workshops will be offered on common topics identified in the ongoing one-on-one mentoring sessions. Third, beginning in Year 2 (July 2000) an annual summer training institute will be held similar to the institutes held at Syracuse University and Bank Street College of Education. It will bring caregivers and parents together along with national experts from around the country. Fourth, the institute will develop a seminar series for directors dealing with key management issues related to infant toddler programming and program administration.

The infant training initiative will help focus on the following Child Care Institute functions:

Training

- Mentoring, consultative training sessions in the local community.
- Generic infant toddler workshops.
- An annual summer training institute dealing with infancy.
- To conduct a series of infant toddler program director seminars.
- Explore the development of a satellite based infant toddler training series.

Dissemination

- The development of a Web based training site listing all infant and toddler training in the three county area.

Clearinghouse

- Development of a registry of infant toddler trainers.
- The institute will become a regional clearinghouse for infant toddler training; training opportunities will be published on the institute's web page as well as through print media
- The institute will advocate and secure high quality infant toddler training.

Advocacy

- Advocate for and help develop high quality infant toddler training opportunities throughout the region and the state.
- Coordinate with other training institutes (e.g., the Lehigh Valley) and early childhood initiatives (e.g., York County, Dauphin County Success by Six) in PA to create a unified voice to promote high quality infant/toddler care training.

VIII. INSTITUTE STRUCTURE

A. Sponsor

The Greater Harrisburg Foundation (GBF) will be the sponsor of the Capital Area Early Childhood Training Institute. In its convener role, GBF was a major catalyst in developing the project. GBF also functions in all three counties, is well-known and can therefore be an effective focus for funding for the Institute from both private and governmental entities.

B. Training Provider

The operations of the Institute will be carried out by The Pennsylvania State University through the Harrisburg Center on Healthy Child Development. This local center is part of the Prevention Research Center for the Promotion of Human Development in the College of Health and Human Development. The Center Director is Dr. Mark Greenberg and he will be responsible for the management of center activities.

The reasons for selecting Penn State are the following: 1) Name recognition--the university is well known both locally and nationally. According to our national consultants, the name recognition and credibility of being attached to a university is positively viewed by the general public. This is important because a common theme in our visits was the need to be viewed by the community as being credible to deliver high quality training.; 2) Penn State is committed to helping communities improve services to children and families. The University has provided support to Dr. Greenberg to create the Harrisburg Center and Dr. Greenberg is a national leader in child development research and one of the directors of Penn State's new Consortium on Children, Youth and Families which will further these efforts; 3) With a university base, the institute can provide both a career ladder for individuals as well as college credit for courses, workshops and other training opportunities.; 4) The university has the resources and can draw upon these resources for the requisite expertise in creating and implementing the institute; 5). A university setting provides the infrastructure for applying for and administering grants; there are numerous federal grant opportunities in this area that are limited to Universities; 6) Penn State already has the contract for the CASSP (Child and Adolescent Service System Program) Institute which is also located in Harrisburg; CASSP and the new training institute will attempt cost-sharing of space and resources. Harrisburg is in a unique position in having a major children, youth and families initiative being created in the Harrisburg area by Penn State University. Resources could be cross- fertilized with this training endeavor and the larger university initiative.

Two caveats might be added to placing the Institute at Penn State. First, for any funding that is derived from community (private or public) or state sources, no overhead costs (indirect costs) would be charged; overhead on federal grants is set by individual grant announcements. Second, in order to ensure that the Institute does not become "University-focused," a community advisory board will take an active role in setting the goals and monitoring the activities of the institute.

C. Advisory Board

The Institute will be supported by an ad hoc Advisory Board that will represent the major constituencies in the community that are interested in the Institute's goals. This Board will include representatives of those organizations that have developed the Institute as well as new members. The Board will include representatives of (1) GBF, (2) county Human Service and county government leaders, (2) local foundations, (3) local hospitals and managed care organizations, (4) providers of early services [family centers, early intervention services, Head Start, etc.], (5) parents, (6) community leaders from the Tri-County area, and (7) representatives from state government, (8) labor, (9) the business community, and (10) Penn State University. Representatives from Penn State will include Dr. Greenberg, and representatives from Penn State Harrisburg and the Penn State Hershey Medical School. The Board will be appointed by September 1999 and it will develop a structure of leadership and subcommittees. As one of the first activities of the Institute will be to hire a Director, the Advisory Board will take an active role in this hiring process and its deliberations will be advisory to Dr. Greenberg. Both Dr. Greenberg and the Director of the Institute will report to the Advisory Board.

D. Staffing

In order to initiate the Institute's operations a Director (1.0 FTE), an Administrative Staff (1.0 FTE), and a Training Coordinator (1.0 FTE) are recommended. Their responsibilities are detailed in the budget justification (see below).

E. Budget

It is planned that the Institute should begin operation by fall of 1999. As such the budget presented on the next pages provides the funding needs for the Institute from October 1999 until July 1, 2000. During the fall, Dr. Greenberg will hire the Director in coordination with the input of the Advisory Board. The director will hire the administrative assistant. As attracting a highly qualified person as Director is critical to the growth of the institute, it will be important to have on-line some assurance of multi-year funding for the core budget of the Institute.

The second budget page provides an estimated budget from July 1, 2000 until June 30, 2001 (Year 2 of the Institute).

F. Budget Justification

Adjustments for the Year 1 Budget. Please note that the salary levels and operations costs for the budget justification are based on a 12-month funding period. The salaries and operations budget for the period of October 1999 until June 30, 2000 has been adjusted for the shorter time period. Salaries are estimated to increase 4% per year. Other than adjustment for the 12 month time period, there is one other substantive difference between Year 1 and Year 2. In the Year 1 budget, there is no plan for holding an Annual Training Institute (see below for discussion); this training institute will begin in Year 2.

The **Director** would oversee the *Capital Area Early Childhood Training Institute* providing overall administrative and research guidance to the institute. The incumbent should be an expert in the infancy and early childhood area, experience in early childhood training, experience in grant writing and a successful track record in grant support, budget and personnel management experience. The incumbent will oversee all institute functions related to training, advocacy and research. The incumbent will be responsible for establishing a viable training, research and fund raising program for the institute in the first year of creation and maintaining this over the long term. The incumbent will work with local, state and federal officials in the implementation of activities for the institute. Although staff will be hired to do the majority of training activities, the director of the institute should be the point person on all infant and toddler programming, research, and advocacy issues in south central Pennsylvania. The incumbent will supervise all institute staff and be responsible for the budget of the institute. Duties for the director would be the following: overall coordination and management, program start up, coordination with community groups and education agencies, outreach to foundations and funding agencies, grant writing and grant planning, budgetary oversight, coordination of information dissemination, planning and coordinating the institute's Web site, staff supervision, and liaison to Institute Board. This person will have a doctoral or master's degree in developmental psychology, or early child development. Preference will be for a person with doctoral training.

A full time **infant toddler specialist/coordinator** is required because of the need to conduct intensive one on one mentoring training sessions with infant toddler staff. This expert will be conducting the majority of trainings--both mentoring and workshops. This person will be responsible for the training component of the institute. This person will have a doctoral or master's degree in early child development.

A full time **administrative assistant** is required given the comprehensive and intensive training and information dissemination that will occur with the Institute. The person in this position will support both the director and the coordinator of training. Duties will include secretary/clerical, meeting planning, public information, website support, budget support.

Space is estimated for a three-person suite with conference room/meeting room. The contracted rate is based on rates paid by the CASSP Training Institute in the Office suite they occupy. We plan to co-locate (the same building, different suite) with them in order to share costs related to the training efforts.

Communication is for all of the training opportunities as well as the web page maintenance on line. This is for the development and dissemination of the standard print materials as well as electronic dissemination. This will be funded through the DPW funds for all training announcements. The Greater Harrisburg Foundation (GHF) funding will be used for general communication regarding the Institute. This line item includes printing, phone, and postage for the above activities.

Supplies are for all training sessions (DPW funding) and for general institute business (GHF funding).

Travel is for local travel to programs to conduct mentoring sessions and for state travel to Pittsburgh, Lehigh and York for collaborative efforts related to general infant toddler institute advocacy.

Contracted space is for space to conduct the workshop trainings and the director seminar series.

Sub-Contractors/Consultants (budget detail):

<i>National Consultants/Mentor training/Travel</i>	\$30000
<i>Annual Training Institute</i>	\$45000
<i>Mentoring Sessions</i>	\$50000
<i>Workshops</i>	\$18000
<i>Web Page development & maintenance</i>	\$8000
<i>Evaluation</i>	\$10000
TOTAL	\$161000

All of these above costs are estimated from similar trainings conducted by either CASSP or KURC.

National consultants/Mentor training/Travel (\$30000). The national consultants are to address state-of-the-art issues for infant toddler caregivers and parents. Zero to Three--National Center for Infancy, Far West Lab's Program for Infant and Toddler Professional Development and the Erikson Institute for Infancy will be called in to assist in developing the overall sequence of courses and curriculum--this effort will be coordinated with the statewide DPW/KURC effort in developing a core body of knowledge for early childhood caregivers. There will be intensive training conducted by Far West Lab for a core group of infant toddler mentors who will attend their train the trainer sessions. Also, the selected mentors will have the opportunity to attend the Erikson Institute training sessions held throughout the year. Zero to Three conducts training sessions that will also be available to the mentors as well. A portion of these funds will be to cover expenses for national experts to present at the summer institute. Consultation on the development of satellite training will come out of this line item.

Annual Training Institute (\$45000) costs is associated with hotel, meals, and arrangements. This will be a specialized training session that will combine caregivers and parents together based upon parental needs assessments related to specific training areas. The plan is to have a summer institute for approximately 100 individuals, hopefully 50 caregivers and 50 parents would be invited to a 2-3 day summer institute in which experts from Far West Lab, Erikson Institute, and Zero to Three would work with this small group of individuals to develop a core body of knowledge for parenting education related to infant development and care. The expectation is to develop a parent education series to be used by expectant parents in learning more about how to interact with their infants. This series could also be used by caregivers in their respective child care programs. Cost will cover scholarships provided to parents in order to attend this summer institute (scholarships to cover hotel and meals). To encourage participation, no registration fee will be charged to parents or caregivers.

Mentoring sessions (\$50000) will be used in which exemplary programs (mentors) are linked with programs in need. Approximately 50% (n=25) of the programs will be conducted using this method. The infant toddler specialist/training coordinator will conduct the other 50% (n=25). The unit cost is based upon similar type of mentoring approaches undertaken in the KURC Child Care Training System. This will be an intensive one-on-one training/technical assistance program. The mentor or infant toddler specialist will spend time observing and assessing the particular program in need and will work with staff in improving the overall care provided at the site. Generally, these mentoring relationships are approximately 40-50 hours in length. Mentoring sessions are for center based and home based caregivers.

Workshops (\$18000) will be utilized only in those situations that have been identified as a result of the one-on-one mentoring training sessions where a common theme can be addressed. The director seminar series will also be funded out of this line item. Fifteen-3 hour workshops for center based staff (total of 45 hours); fifteen-3 hour workshops for home based staff (total of 45 hours); fifteen-3 hour workshops (total of 45 hours)(seminar series) for directors will be provided.

Web page development (\$8000) is for the services of an expert in the field to work with the infant toddler specialist in putting all infant toddler training, information about the institute, and available trainers up on the web. This will be to develop not only an interactive web page for caregivers but for parents as well. Instructional capabilities will also be explored by working with the World Campus at Penn State to see how classes can be offered at a distance over the web page.

Evaluation (\$10000) is to determine the effectiveness of the overall training approaches. Graduate students within the Harrisburg Center for Healthy Child Development will work with DPW and KURC evaluation teams in completing this evaluation. A pre-test, post-test design will be utilized to determine the effectiveness of the various training modalities. This will require on-site observations in order to determine how classroom or home practices have changed.

Staff training (\$5000) is for the training coordinator and director to attend training sessions with Far West Lab, Erikson Institute, and Zero to Three related to the administration of infant training programs.

Equipment (\$6000) is a one-time purchase of computer and telecommunication equipment needed for establishing the communication links via the Internet and Web page.

In-Kind Contributions from Penn State University

Penn State is very excited about taking a partnership role with the CAFG and The Greater Harrisburg Foundation in this important initiative to positively impact young children and their families in the Capital Area. As such, Dr. Greenberg's time (estimated at \$15,000/year) is contributed to this project. Further, during Year 1 of the project, Dr. Greenberg's Prevention Research Center will contribute the cost of Rebecca Cortes (half-time) as an intern to facilitate the Center's development and assist in its start-up. This amounts to a real-cost contribution of approximately \$13,000. In addition, following the wishes of the GHF, Penn State will not charge an indirect-cost of local funding accrued through the CAFG; however, it will receive indirect costs on federal grants as per its customary arrangement. Finally, Penn State faculty will serve as needed on the Advisory Board without fees for consultation.

Timeline

Realistically the Institute should begin operation by late fall to early winter. A threshold level of funding of approximately \$140,000 will be required by the Funders (in addition to DPW support) to get the Institute fully functioning for 12 months (until October 2000). This level of funding will enable Penn State to hire the Director and administrative support staff and provide support funds to advertise and get promotional materials in place. The director will need the first three months to get the institute started up and publicized and to hire an administrative assistant. The principal investigator will hire the director in coordination with the input of the Advisory Board. The director will hire the administrative assistant.

G. Potential Funding Sources

Core support for the Institute will need to be derived from local, constant sources. However, given this core support, there are numerous possibilities for state, federal, and private foundation funding. Without core support, we do not see how it would be possible for the Institute to create a stable, long-term presence necessary to reach its goals. It is possible that core support can be reduced by up to 50% in later years as aspects of each salaried position is at least partially covered on external grants. Permanent endowment support should be considered as one of the options for creating long-term funding for the Institute.

Regional

1. Regional Foundations
2. Regional Corporate Foundations
3. County Governments
4. Regional United Way Support
5. Private Funders

Potential funding sources outside of the Capital Area:

State of Pennsylvania

1. PA Department of Public Welfare: Early Childhood Initiatives
2. PA Department of Public Welfare: Children's Trust Fund
3. Governor's Project for Community Building
4. PA Department of Health
5. PA Governor's Partnership for Safe Children

Federal

1. ACYF: Early Head Start Funding
2. Other ACYF Training Opportunities
3. Housing and Urban Development: Community Development Funds
4. Federal Child Care Initiative Funds

National Foundations

1. Harris Foundation
2. Mailman Foundation
3. The WT Grant Foundation
4. Foundation for Child Development
5. Heinz Endowments
6. William Penn Foundation
7. Pew Memorial Trust
8. I am Your Child (Rob Reiner Foundation)
9. The Ounce of Prevention Fund

APPENDIX A

Expert Consultations

Phone Consultations

Abbey Griffen; Zero to Three: National Center for Infants, Toddlers, and Families
Alicia Lieberman; University of California, San Francisco
Robert Marvin; University of Virginia
Jude Cassidy; University of Maryland
Rogers Kobak; University of Delaware
Robert Harmon; University of Colorado School of Medicine
Kathryn Barnard; University of Washington

Outside Consultations Arranged as Visits to Capital Area

Abbey Griffen; Zero to Three, January 25-26
Anne Mitchell; Wheelock College, Center for Career Development for Early Care and Education, Feb. 10

Visits and Consultations

York Child Care Group; 2/19
Pat Levin, MaryAnn Taylor, Lorraine Weidman, Lehigh Valley Training Institute 4/6
Linda Gilkerson, Erikson Institute, Chicago 4/9
Bernice Weissbourd, Family Focus Inc., Chicago 4/9
Phyllis Glinck, Harris Foundation, Chicago 4/9

Local Group or Individual Meetings to Provide Information and Solicit Ideas

Tri County Alliance for Youth
PESSH (Partnership for Effective Seamless Services for the Homeless)
Poverty Forum
Statewide ECELS (Healthy Child Care PA)
Capital Area ICC (Interagency Coordinating Council)
Early Intervention Technical Assistance
Family Center Directors
Teen Parent Educators
Parents (working and not working)
Dauphin County MH/MR
Children's Playroom
Harrisburg Area Community College – Roberta Bilous
Capital Area Association for the Education of Young Children (CAAAYC), Board Of Directors
Pennsylvania Child Care Association (PACCA)
Keystone University Research Corporation
PSU Medical School (Pediatrics, Family Medicine, Child Psychiatry, Nursing)
Pinnacle Health and Penn State Geisinger Women's Healthcare Directors
Carlisle Hospital Family Birth Care Center, Monica Filburn RN
Department of Health, Maternal and Child Health, Sharon Smith
United Way of the Capital Region, Denise Calabrese
Child Care Network, Resource and Referral Coordinator, Leslie Shaw
Central Region Child Care Resource Developers, Patty Carol
Head Start Resource and Training Center, Early Head Start Specialist, Barbara Dollar-Breshears

APPENDIX B

Summary of Child Statistics for the Capital Area of Pennsylvania Capital Area Early Childhood Training Institute April, 1999

	Dauphin County	Cumberland County	Perry County
# of licensed Child Care Centers, 1998	85	67	8
# Registered Family Day Care Home child slots, 1998	4856	4124	482
# NAEYC Accredited Child Care Centers, 1998	3	3	0
# children < 18 receiving TANF, 1998	5011	566	255
Estimated 3 children 0-3 receiving TANF	835	94	42
# children below poverty <18, 1998	11,086	3649	1419
Estimated # children below poverty 0-3	1848	608	236
Identified children with special needs 0-3, 1997	459	184	46
% single parent households, 1997	11.3%	6.5%	47.6%
# emergency shelter placements, 1990	210	67	4
# children served in shelters, 1997	456		
# children served in shelters 0-3, 1997	76		
% teen parents, 1998	11.9%	6.31%	8.39%
# children served by C & Y Agency, 96-97	3762		

APPENDIX C – THE LONG-TERM GOALS AND OBJECTIVES OF THE INSTITUTE

Target Group	Level of Service	Current Status	Goal and Objectives	Action Plan (First Steps)	Examples of Key Links to Existing Programs
Parents	Information	No coordinated model for timely delivery of developmental information on infant development	<p>Goal Provide information to all parents on the brain growth, cognitive, and social needs of infants and toddlers</p> <p>Objectives A. Work with hospitals re parent information during hospital stay (D) B. Distribute Monthly information to parents in the first two years of life (D) (Mailer/video?)</p>	<ol style="list-style-type: none"> 1. Examine models for use in hospital settings (First Steps Video – New Horizons) 2. Examine models for home mailers 3. Begin discussion with hospital administrators and staffs 	<ol style="list-style-type: none"> 1. First Steps Video from New Horizons for Learning or Zero-To-Three 2. Univ of Wisconsin and PA Extension 3. Women’s Health Institute – Geisinger 4. Women’s Outpatient Healthcare-Pinnacle 5. Community Check Up Center 6. Family Birth Care Center, Carlisle Hospital
	Parent Groups	<p>A. No coordinated parents groups across the region for new parents</p> <p>B. Also need for training for group leaders</p>	<p>Goal Provide groups for new parents on a regular basis (bi-weekly to monthly) to provide information on parenting and support</p> <p>Objectives A. Develop a plan in concert with hospitals and other deliverers of pre-natal classes (T) B. Develop training program for experienced mothers to deliver such classes (T)</p>	<ol style="list-style-type: none"> 1. Form groups of providers to discuss models of delivery 2. Investigate the use of GIS Coding in order to spatially locate areas of the tri-county where families with newborns reside 3. Examine models for training experienced parents as group leaders 	<ol style="list-style-type: none"> 1. Children’s Playroom, Inc. 2. United Way of Capital Region (UWCR) 3. Capital Area Head Start 4. Women’s Healthcare East/West- Pinnacle 5. Hospital Childbirth Classes 6. PA Extension 7. Parents Helping Parents 8. WIC 9. Family Centers
	Ongoing Support/Home Visitation	Scattered services – mostly delivered through Family Centers or Early Intervention	<p>Goals A. Develop state and federal support for home visitation programs for at-risk families for young children (Early Head</p>	<ol style="list-style-type: none"> 1. Develop a system for gaining timely information on potential grants (federal/state/private) 2. Meet with local agencies to understand better which agencies 	<ol style="list-style-type: none"> 1. Work with Penn State Research Offices 2. Develop an agenda to discuss with DPW and Center for Schools and Communities

Target Group	Level of Service	Current Status	Goal and Objectives	Action Plan (First Steps)	Examples of Key Links to Existing Programs
		Programs	<p>Start, Nurse Home Visitation, etc.)</p> <p>B. Develop improved staff training for current staff providing Home Visiting</p> <p>Objectives</p> <p>A. Work with local agencies and governments to submit appropriate grants for home visitation services (G/A)</p> <p>B. Advocate for public support for such services</p> <p>C. Work with regional programs to help develop improved models of training for staff (A)</p>	<p>have the capacity and interest in different grant possibilities.</p> <p>3. Form a group of regional program directors to discuss current gaps in training and elicit their ideas about “best practices” for training</p>	<p>3. Pittsburgh, York, Lehigh Valley Early Childhood Initiatives</p> <p>4. PA Child Care Association</p> <p>5. Capital Area AEYC</p> <p>6. Pennsylvania Partnerships for Children</p> <p>7. Capital Area Interagency Coord. Council</p> <p>8. Healthy Child Care PA (ECELS)</p>
	Referral for Mental Health Services	Absence of referral sources of qualified mental health professionals	<p>Goal</p> <p>Improve the quality and access to Mental Health Services for Families with Infants and Toddlers</p> <p>Objectives</p> <p>A. Make available to community and referral sources a listing of current infant mental health specialists (D/C)</p> <p>B. Develop a plan with local providers to attract professionals to this region who are qualified and specialized in these services (T)</p>	<p>1. Develop a listing of current referral sources and make available to the community</p> <p>2. Meet with local providers to build support and advocate for better infant mental health services</p>	<p>1. Child and Adolescent Service System Program (CAASP) Institute</p> <p>2. Central PA Psychiatric Institute</p> <p>3. Early Intervention Technical Assistance (EITP)</p> <p>4. Mental Health/Mental Retardation</p> <p>5. Early Intervention Programs, Inc.</p>
Teens (prior to first pregnancy)	Education	Currently insufficient focus in regional high schools on issues of parenting and child development	<p>Goal</p> <p>Advocate for a greater focus on parenting and child development curriculum in regional high schools</p> <p>Objectives</p> <p>Develop a working group composed</p>	<p>1. Create this working group in coordination with the Capital Area Intermediate Unit Superintendents Association</p> <p>2. Investigate existing high school curriculum models and their</p>	<p>1. Tri County Alliance for Youth</p> <p>2. Teen Parent Educators – Harrisburg School District, Dauphin Co. Technical School</p>

Target Group	Level of Service	Current Status	Goal and Objectives	Action Plan (First Steps)	Examples of Key Links to Existing Programs
			of Local Superintendents and Health/Parent Educators to assess needs and directions for action (A/P)	research efficacy	3. Community Action Program – Pregnant and Parenting Youth Program
Child Care Staff/ Paraprofessionals	Information	No current centralized informational source for meetings, activities	<p>Goal Create a centralized information source for announcing meetings, training, activities</p> <p>Objectives A. Develop a Webpage for Child Care Professionals (I) B. Become a clearinghouse for regional training (C)</p>	<ol style="list-style-type: none"> 1. Develop an accurate mailing list of current child care providers 2. Examine other regional training webpages to develop an effective design 3. Publicize the distribution of information in order to gather comprehensive information 4. Develop and disseminate a promotional brochure on the training institute functions. 	<ol style="list-style-type: none"> 1. KURC Child Care Training Program 2. Capital Area AEYC 3. PA Head Start Association 4. UWCR 5. Childcare Network
	Training	Training in infant and toddler child care issues is recognized state-wide as being in need of significant improvement. This is also reflected in the Capitol Area	<p>Goal Create a coordinated sequence of training for child care staff working with infants and toddler</p> <p>Objectives A. Design a coordinated sequence of training for child care staff (with support from Zero-To-three) (P/G) B. Apply for state funding to conduct regional training (G) C. Develop a registry of qualified trainers in PA. (C) D. Advocate for improved training (A) E. Hold an annual summer training institute. (T) F. Conduct a seminar series for directors. (T) G. Explore the development of infant toddler satellite training</p>	<ol style="list-style-type: none"> 1. Make application to KURC for state child care training funds (completed 4/99). 2. Sub contract with Zero to Three on developing coordinated sequence of training. 3. Collaborate with the KURC Early Childhood Professional development work group developing core body of knowledge in PA. Develop core competencies for infant and toddler caregivers. 4. Set up data base for trainers, cross check with KURC training data base. 5. Work with Zero to Three and Erickson Institute on developing plan for advocating for high quality training. 6. Begin organizing for summer institute--arranging national speakers, site selection, needs 	<ol style="list-style-type: none"> 1. PA Child Care Association 2. Harrisburg Area Community College 3. Penn State Univ. 4. Bank Street College 5. WestEd, Center for Child and Family Studies 6. Pittsburgh, York, Lehigh Valley initiatives 7. CAASP Institute 8. Child Care Resource Developer, Sub Region 3 9. Head Start Quality Improvement Center; Early Head Start, Region 3

Target Group	Level of Service	Current Status	Goal and Objectives	Action Plan (First Steps)	Examples of Key Links to Existing Programs
			series. (T)	<p>assessment for topics, etc.</p> <p>7. Inventory infant program directors on the development of seminar series.</p> <p>8. Begin discussions with Jim Van Horn related to developing an infant toddler satellite training series.</p> <p>9. Development and dissemination of child care training brochures for the three county area.</p>	
Professionals in the Community (B.A./M.A./M.D., etc)	Training	There is no coordinated set of trainings for professionals working with parents and young children	<p>Goal</p> <p>Develop ongoing training for professionals working with parents and infants in education, health, mental health, and social service</p>	<p>1. Conduct needs assessment of professionals in three county area regarding their training needs.</p> <p>2. Inventory training resources in the three county area.</p> <p>3. Contact professional organizations regarding what they have to offer and what their ongoing CEU requirements are. See what pertains to infant and toddler area.</p>	<p>1. UWCR</p> <p>2. CAAEYC</p> <p>3. Institute Advisory Board</p> <p>4. CAASP</p> <p>5. KURC Child Care Training</p> <p>6. Central PA Psychiatric Institute</p>

Institute Functions

(D) – Disseminate Information

(T) – Training

(A) – “Building the Field”/Advocacy

(P) – Planning

(G) – Grant Writing

(C) – Clearinghouse

(M) – Meeting House

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