

## King County Infant/Toddler Regional Service Model (RSM)

### SECTION 1: Brief summary description of the I/T Child Care Consultation Regional Service Model

Please give a brief (< 150 words) description of your overall service model, including the following elements in your description:

- Your regional funding focus
- Your consultant pool
- The duration and quantity of consultation services and any key details about the content of planned consultation services (e.g., a specific approach or curriculum).

There will be opportunities to describe more details in later sections.

King County will coordinate and deliver interdisciplinary consultation services to up to fifteen licensed child care centers serving infants and/or toddlers in Bothell, Shoreline, Bellevue/Kirkland, Renton, Seatac, Kent and Auburn. Selected programs must accept state subsidies, and prioritization will be given to programs that serve homeless families. Intentional recruitment efforts will focus on identifying program leadership that is ready and willing to fully participate in consultation.

The Consultation model will be based on a Primary Consultant approach. Each center will be assigned a Primary Consultant who will provide the majority of consultation with a focus on Attachment and Social Emotional Development. As an added layer, each Center will receive specialized consultation in Health & Safety and Special Needs & Mental Health. Additional supplemental specializations may be available if the Primary Consultant recognizes a need (for example, environments, curriculum, etc.). All Primary Consultants and Specialists will meet the I-TCC Quality Consultant recommendations, with specialization in health, education and mental/behavioral health. All programs will use self-assessments to determine the areas of focus within the broader category of Attachment/Social Emotional which will then become the basis of the quality improvement plans.

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### SECTION 2: Service Delivery Strategy

#### PART A: Provider Funding Focus Strategies

Please briefly describe the providers that will be your focus.

Provider focus will include programs that meet the following required criteria:

- **Licensed Child Care Centers serving infants and/or toddlers**
- **Centers in geographical area:** Bothell, Shoreline, Bellevue/Kirkland, Renton, Seatac, Kent and Auburn
- **Centers that accept children/families receiving state subsidies**
- **Centers that care for children with special needs**

**Additional Prioritization strategies include:**

- **Centers that are “ready to benefit”**, defined as buy-in and willingness at the leadership level to make change, and adequate daily functioning to fully participate in consultation services
- **Centers that serve Homeless families** (identified by current acceptance of Homeless Child Care subsidy)
- **Centers with existing relationships with consultants** from Primary and Specialist Consultant Pool, including Child Care Resources & Referral, Seattle King County Public Health, Kinderling, and Navos Mental Health Solutions

1. **Funding Focus Component #1:** Please describe why you believe this focus will reach providers that serve a high percentage of vulnerable children (based on DEL’s definition outlined in the accompanying Overview document)?<sup>1</sup>

Although vulnerable children and families as defined by DEL are located throughout King County, King County currently has over 2000 licensed child care providers so efforts must be made to significantly narrow down and prioritize services. **The King County Regional Infant Toddler Final Report outlines the following priorities: Services will be focused on providers who serve the most low income and culturally diverse populations.** Additionally, the Infant/Toddler Consultation Project Steering Committee continues to voice a strong desire to provide services that are “deeper rather than broader” in order to maximize the impact and lasting effects of consultation services, which will result in more intensive work with fewer programs. Therefore, the Steering Committee has chosen to prioritize outreach to licensed child care providers based on the following rationale:

- **Child Care Centers only:** Infant/Toddler Consultation benefits children by focusing the intervention with the provider. By focusing on centers in years one and two (rather than family child care homes where the number of infants and toddlers served at any given time is lower and can fluctuate more frequently), the number of infants and toddlers who benefit from increased provider capacity through consultation will be greater. The Steering Committee acknowledges that there are vulnerable infants and toddlers in family child care settings and that these providers tend to be under-resourced—however, at this time the Steering Committee has chosen to launch Year 3 with the more refined model in child care centers only. The Steering Committee will reevaluate this decision mid-year at which time the Committee may decide to launch a Family Child Care pilot. In the meantime, King County will look for opportunities to share Infant/Toddler resources developed through this project with family child care providers through existing

<sup>1</sup> Please reference the DEL Funding Focus for Regional I-T Consultation Efforts Memo, specifically page 4, for a description your regional funding focus.

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venues, such as Child Care Resources Family Child Care Conferences.

- **Geography:** The King County Steering Committee decided to expand the geographical eligibility in an effort to reach more providers while continuing to concentrate services in select areas rather than working with programs across the county. By focusing services geographically, there are more opportunities to begin to create networks among participants through shared trainings and events while continuing to service providers with the greatest need. Additionally, targeting services in select areas allows consultants to build stronger relationships with local resources and systems building efforts to gain momentum. The CCR Early Achievers Outreach Team has identified North King County as an area in need. This expansion into North King County will allow for more holistic coverage of King County. The following considerations were used to identify seven cities in King County that meet the criteria of serving low income and culturally diverse populations: **Bothell, Shoreline, Bellevue, Renton, Seatac, Kent and Auburn.**
  - **Overall Considerations<sup>2</sup>:**
    - Because of the City of Seattle’s leadership and investment in early learning, significantly more funding is available to support child care settings in Seattle than in the rest of the county. Therefore, services will be focused on programs *outside of* the City of Seattle
    - 42.3% of the age 0-6 population in King County resides in South King County
    - The highest number of licensed child care programs in King County are located in South King County
    - Working with cities in three regions (North, South and East King County) creates opportunities for systems building work across a broader representation of King County
    - CCR Outreach Team identified North King County as an area in need of additional services and resources – of the 550 Providers enrolled in Early Achievers only 1% are located in Bothell or Shoreline.
  - **Culturally Diverse Populations<sup>3</sup>:**
    - The largest increase in residents in King County who are immigrants is in South and East King County
    - The Latino population is the fastest growing population in King County: South King County has the highest regional concentration of King County’s Latino population (9.7%)
    - Bellevue is an increasingly diverse city; more than 40% of residents are people of color, and diverse populations within Bellevue increased by nearly 62% from 2000 to 2010; Racial and ethnic diversity is much higher among Bellevue’s children than within its adult population--51.4% of Bellevue’s population under age 18 are children of color
    - One third of Bellevue residents speaks a language other than English at home; in some neighborhoods, the percentage is as high as 51%; 25% of Bellevue residents were born outside of the United States
    - 23% of Auburn residents speak a language other than English at home; 30% of residents are people of color
    - 33% of Kent residents speak a language other than English at home; 45% of residents are people of color

<sup>2</sup> United Way of King County, *Community Assessment*; National Association of Resource and Referral Agencies database, King County/CCR

<sup>3</sup> *Communities Count, 2008*; United Way of King County, *Community Assessment*; City of Bellevue/*Neighborhood Demographics Profiles*; US Census Data 2010 estimates; Office of Superintendent of Public Instruction: *Washington State Report Card; Unites States Census Bureau*

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- 18% of Bothell residents speak a language other than English at home; 26% of residents are people of color
- 24% of Shoreline residents speak a language other than English at home; 33% are people of color
- In the Auburn school district, 12% of elementary students are part of the Transitional Bilingual program; in individual elementary schools as many as 44% of students are participants
- In the Bellevue school district, 10% of elementary students are part of the Transitional Bilingual program; in individual elementary schools as many as 51% of students are participants
- In the Kent school district, 15% of elementary students are part of the Transitional Bilingual program; in individual elementary school as many as 48% of students are participants
- **Families who are low income<sup>4</sup>:**
  - In Kent, 52% of families with children under 5 and 41% of residents under 18 are below the federal poverty level; 46% of students in the Kent school district qualify for free or reduced lunch, and in some elementary schools the numbers are as high as 85% of students
  - In Auburn, 23% of families with children under 5 and 20% of children under 18 are below the federal poverty level; 48% of students in Auburn School District qualify for free or reduced lunch, and in some elementary schools, the number is as high as 83% of students
  - In Bellevue, while the overall levels of poverty are low according to US census data, there are pockets or neighborhoods of low income. 22% of children in the Bellevue School District qualify for free or reduced lunch; in some elementary schools, the number is as high as 70% of students
- **Homelessness<sup>5</sup>:**
  - One of the fastest growing segments of homelessness is families with children. Homeless children are more likely to suffer health and mental health issues such as anxiety and depression, experience hunger, and have undetected developmental delays. A large number of families utilizing the Child Care Resources Homeless Program look for care in Kent, Auburn and Bellevue due to the locations of shelters and transitional housing services. These families often report difficulty finding high quality care. Likewise, providers serving homeless families often report a lack of resources or information about how to meet the needs of families and children in crisis or transition. Because homeless families are constantly in transition and therefore may not be present at time of center recruitment, the selection process will consider information from the Child Care Homeless Program team to identify centers who historically accept families receiving the Child Care Homeless Program child care subsidy.
- **Subsidies:** Centers that currently accept families receiving Working Connections Child Care or other state subsidies will be eligible for participation. The Steering Committee is also considerably concerned about the care that children with special needs receive. As a result, the King County project will

<sup>4</sup> Office of Superintendent of Public Instruction: *Washington State Report Card*; US Census Data 2010 estimates

<sup>5</sup> National Coalition for the Homeless, July 2009; Child Care Resources Homeless program, Terrie Yaffe, manager

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expand eligibility to include Providers serving children with special needs. Acceptance of subsidy was established as a baseline indicator to ensure that participating centers are committed to serving vulnerable families and it will continue to be used as a method to identify eligible Centers however our recruitment efforts will also include Centers that can demonstrate they serve other vulnerable populations (.e.g., children with disabilities).

### 2. **Funding Focus Component #2:** Please describe how your service delivery model will allow you to achieve your expected outputs for the year within your funding focus. What strategies will help you deliver efficient and high quality consultation to providers that serve vulnerable children?

An additional strategy to maximize the impact of consultation services is to ensure that participating programs and staff are able and willing to fully engage and participate in quality improvement. Members of the Steering Committee who currently work with child care centers, including Public Health, Child Care Resources, Kindering and Department of Early Learning licensors, will give feedback on potential programs during the recruitment phase to better determine program readiness. A director self-assessment survey may also be included as part of the enrollment process to encourage providers to assess their readiness to participate. While there is no exact formula to predetermine a program's success, additional information during the recruitment phase can be useful for program selection, i.e. a program was a prior participant in a quality improvement project and consistently failed to meet requirements. The following characteristics were outlined by Steering Committee members based on prior work with child care consultation:

- **Centers are “ready to benefit”:** Before the launch of the program, the Steering Committee had a rich discussion about balancing the desire to engage struggling programs, who often serve many vulnerable children, with the reality of the ability for programs that are in “crisis mode” to fully participate in consultation services. When programs are experiencing multiple stressors, such as financial difficulties and staffing challenges, their capacity to engage in higher level goal setting with a consultant is often impaired; in these scenarios, limited consultant resources may be exhausted on attempts to reschedule multiple cancelled appointments and to frequently “start from scratch” with new staff, which results in a lack of quality improvement “traction”. Likewise, if a program is struggling to meet basic licensing requirements and has multiple complaints or compliance agreements, all efforts should be focused first on maintaining those basic needs as a foundation for future consultation services. A basic adequate level of daily functioning must be present to participate in Infant/Toddler consultation services.
- **“Buy-in” at the Leadership level:** If center leadership, which can include directors, owners and corporate management, is not fully invested in the quality improvement process, consultation efforts with individual classroom staff will have less lasting and meaningful impact on center-wide practice. When there are multiple levels of leadership, all must agree to center participation—I/T Consultation application/enrollment forms will indicate this requirement.
- **Identification of existing relationships:** Using the funding focus criteria Child Care Resources compiled lists of potential eligible child care centers from existing project consultants and partners including:
  - CCR technical assistance, coaching and outreach staff
  - CCR Homeless Team
  - Local King County DEL Licensing Offices/Licensors

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- Public Health Seattle & King County
- Kindering
- Feedback and recommendations from members of the Steering Committee

### PART B: Recruitment

Please describe how your regions will recruit new family child care providers and child care centers and teachers into your consultation program.	
i. Who will primarily be involved in outreach and recruitment efforts (e.g. leads, steering committee members, community agencies)?	Marketing, outreach and recruitment will be led by the Project Lead with input from the Steering Committee and other project partners (i.e., Consultants). Project Lead will coordinate with the efforts of CCR’s Outreach team, which focuses on reaching out to all child care facilities in King County. In the past twelve months, CCR has reached out to child care providers all across King County and has deepened its relationships with a much broader audience of providers than ever before. As a result, CCR has more awareness and more connections with providers placing us in a much better position to be aware of and in connection with facilities who meet the eligibility for the Infant/Toddler Project.
ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?	<p>Primary strategies and activities include:</p> <ul style="list-style-type: none"> <li>• Project article/highlight in the CCR Provider Newsletter</li> <li>• Coordination with Outreach team to identify facilities eligible for this project</li> <li>• Coordination with Early Achiever Technical Assistance Specialist who have established relationship with potential Centers (participation in Early Achievers is not a requirement but when a Center is enrolled in EA collaboration with their Early Achievers Technical Assistance Specialist will be helpful in the recruitment process)</li> <li>• Attend staff meetings of potential Centers to share project goals and objectives with entire staff</li> <li>• Meet one on one with Directors to discuss fit and readiness to participate in this project</li> <li>• Flyers to be sent via hard copy and electronic mail</li> </ul>

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iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?

CCR had engaged in very little Birth-3 work outside of Seattle prior to the launch of the Infant/Toddler Project. This project brought crucial services to areas of King County that have been historically underserved. The challenge in this was gaining momentum with Providers in King County who had little exposure to our services. In addition, as a pilot project it was difficult to articulate the benefits of the project which resulted in slow recruitment. Now that the project is established and has clear benefits to teachers, directors, and children we are hopeful that marketing and recruitment will be less of a challenge going forward.

In addition, the launch of Early Achievers to a much broader audience caused some confusion for facilities who were unsure how the two projects aligned thus causing some reluctance to engage. As a result of DEL technical assistance and increased internal program alignment, we have improved communication strategies and a greater understanding of how these projects work together. We are confident we can talk to Directors about the benefits of both Infant/Toddler and Early Achievers or other early initiatives.

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#### PARTS C: Relationship Building and Goal Setting

	Description	Anticipated Outputs
<p>i. Please describe your strategy for building successful relationships with center directors and teachers prior to the start of consultation.</p>	<p>Prior to enrollment the Project Lead will meet with Director and Teachers to explain project goals and objectives. This Project Orientation will include the Primary Consultant as a means of introduction; this will help to define roles and create a mutual understanding among all participants. The Early Achievers Specialist will also be included in this orientation when applicable in an effort to build relationships and create alignment between initiatives.</p> <p>Following enrollment the Consultant will spend the first months learning about the Center, participating classrooms and staff prior to beginning the observation/assessment process. This time will allow Consultant and Staff to learn about each other and establish a relationship prior to formal observation, assessment, and goal setting.</p>	<p>How many hours do you estimate your consultants and leads will dedicate towards provider assessment and goal setting activities:24</p> <p>Average per teacher receiving consultation: 24-92</p> <p>Total for SFY 2014: 428-1,515 (total consultation hours across all participating sites, includes Primary and Specialized Consultation)</p>
<p>ii. What process is in place to establish consultation goals with the consultation recipients (please include name of assessment to establish goals)?</p> <p><b>List your expected hourly outputs on this task in the right hand column.</b></p>	<p>Consultants will use the first three (3) months of Consultation to build rapport and observe teachers and children. These observations will be recorded on a standard observation report created by CCR, modeled after the Promoting First Relationships tool, with the intention of building a foundational understanding of the importance of attachment in the healthy development of young children.</p> <p>After observation is complete Consultant/ Teacher(s)/Director will work together to develop the Quality Improvement Plan with a particular focus on attachment strategies and healthy social/emotional development.</p> <p>*King County is hoping to be one of the assessment pilot sites through ORS and would like to pilot CLASS or PFR assessments with some or all of the participating sites.</p>	<p>Total for SFY 2015: 428-1,515 (total consultation hours across all participating sites, includes Primary and Specialized Consultation)</p>
<p>iii. How will your region track consultation goals and progress towards those goals?</p>	<p>Consultant, Teacher and Director will work collaboratively to create a Quality Improvement Plan (QIP) which will act as a guide to their work. The QIP will clearly articulate classroom/teacher goals as well as a roadmap towards goal achievement. The work of teacher and consultant will focus on teacher/child interactions in an effort to support healthy attachment and social/emotional development.</p> <p>Consultants will submit QIPs to Project Lead every quarter in alignment with ORS data</p>	

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	<p>collection and evaluation. This quarterly data will report progress towards goal completion.</p> <p>CCR currently uses web-based software Efforts to Outcomes (ETO). It has been CCR's vision to implement a data-tracking system within ETO in order to better track and evaluate the work of Infant/Toddler Project. ETO will allow the Project Lead to look at Center specific information (i.e., participating teachers, number of children in participating classrooms) Center goals, progress made, etc. Additionally, the implementation of this data-tracking system will allow CCR to do basic evaluation of the project in order to make programmatic adjustments if/when necessary. Finally, the use of ETO as our database will enable alignment across programs at CCR and an ability to better understand and assess the broad array of services providers are receiving.</p>	
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### PART D: Service Delivery Strategy and Anticipated Outputs

<b>Strategies and Related Activities</b>	<b>Estimated Outputs</b>
<p>Please describe the service delivery strategies and related activities that will occur in your region. (e.g., initial meetings, classroom based consultation, provider assessments, classroom observations, modeling, culturally and linguistically relevant practices, parent meetings, proposed provider training, etc.) Please be sure that the description explains how your planned activities are related to your funding focus.</p> <p><i>[See the DEL IT Consultation Hours Policy (Section 1, Part D) outlined in the accompanying "RSM Overview – Phase 2" document and its footnote.]</i></p>	<p>(e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)</p>
<p><b>Strategy #1: Outreach, Recruitment &amp; Orientation</b></p> <ul style="list-style-type: none"> <li>King County will conduct outreach to child care centers to introduce the Infant/Toddler Consultation project in an effort to recruit an additional 5-7 sites to reach a total of 15 participating sites. During the recruitment and application stage, demographic information will be collected from programs to ensure that programs are currently serving vulnerable children and families, and to establish a baseline of program participants.</li> <li>Initial meetings with participating centers will include an onsite visit to complete enrollment paperwork and a project orientation at each Center which will be an opportunity for staff and Primary Consultant to meet each other and learn about the project requirements and benefits. Specialized Consultation available will also be introduced at this time. If the site is also participating</li> </ul>	<p><b>Overall Consultation Hours in SFY 2014</b> (total consultation hours available to providers based on number of participating classrooms and teachers, this assume 15 participating Centers):</p> <ul style="list-style-type: none"> <li>Primary Consultation Hours: 330-1,320</li> <li>Specialized Consultation Hours: 98-195</li> </ul> <p><b>Consultation Hours Per Teacher in SFY 2014:</b> 24-92</p> <p><b>Consultation Hours Per Director in SFY 2014:</b> 5-10</p>

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<p>in Early Achievers their EA Specialist will be included in the orientation to support alignment and continuity where applicable.</p> <p><b>Strategy # 2: Observation and Assessment</b></p> <ul style="list-style-type: none"> <li>• Consultants will utilize an observation tool created by CCR derived from the Promoting First Relationships tool with a focus on interaction and relationships in order to highlight the importance of healthy attachment and social/emotional development.</li> <li>• King County would like to be part of the ORS pilot project as a region systematically using an assessment tool. As part of the pilot project Consultants will utilize the CLASS tool or Promoting First Relationships (awaiting decision from ORS). If not chosen as one of the sites, King County will still move forward with an assessment tool as CCR is committed to using assessment in the project.</li> </ul> <p><b>Strategy # 4 - Primary Consultation</b></p> <ul style="list-style-type: none"> <li>• Primary consultation for all sites with an Attachment/Social Emotional (SE) focus</li> <li>• Assessment and Quality Improvement Plan focus on Attachment/SE</li> <li>• Maximum primary hours/site/month: 6-8</li> <li>• Centers will receive a small Quality Improvement Grant to assist with program and staff development in the areas of Attachment and Social/Emotional Development – Project Lead will oversee all purchasing</li> <li>• Gift cards to early learning bookstore or materials store will be given to Centers as an incentive to make one-on-one time with Teacher and Consultant</li> </ul> <p><b>Strategy # 4: Interdisciplinary Model/Specialized Consultation</b></p> <ul style="list-style-type: none"> <li>• In addition to Primary Consultation in Attachment and Social Emotional Development each classroom will receive the following consultation within the service year:             <ul style="list-style-type: none"> <li>○ Health &amp; Safety Assessment - up to 8 hours per Center over the course of the service year (this may be accomplished in two visits or through a series of visits)</li> <li>○ Special Needs observation/identification/referral support, including Mental Health consultation – up to 5 hours per Center over the course of the service year (this may be accomplished in two visits or through a series of visits). Parent Consent will be obtained prior to observation of individual children.</li> </ul> </li> </ul>	<p><b>Anticipated # of Infant and Toddlers Reached in SFY 2014: 300</b></p> <hr/> <p><b>Overall Consultation Hours in SFY 2015:</b> (consultation hours available to providers based on number of participating classrooms and teachers):</p> <ul style="list-style-type: none"> <li>• Primary Consultation Hours: 330–1,320</li> <li>• Specialized Consultation Hours: 98-195</li> </ul> <hr/> <p><b>Consultation Hours Per Teacher in SFY 2015: 24-92</b></p> <hr/> <p><b>Consultation Hours Per Director in SFY 2015: 5-10</b></p> <hr/> <p><b>Anticipated # of Infant and Toddlers Reached in SFY 2015: 300</b> (because the project is not tracking unique children served it is likely that some of the children served in SFY 2014 will also be served in SFY 2015; this number does not reflect unique children served over the two years)</p>
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#### Strategy #5: Training

- Consultants and contracted trainers will provide trainings, open to all sites (4-6 trainings total in 2014)
- Topics to include:
  - Attachment – Theoretical background and classroom strategies to support healthy attachment and social/emotional development,
  - Special Needs,
  - Using Assessment Tools and Data,
  - Curriculum,
  - Supporting Challenging Behaviors,
  - Diapering as a time for increasing positive interaction,
  - Mealtime with toddlers
  - Nutrition, etc.

#### How has your service delivery strategy evolved from SFY 2012 and SFY 2013? What informed those changes (feel free to look back at your previous RSMs)?

- With the evaluation data made available by ORS with regard to consultation hours and level of impact King County shifted from a high number of hours (up to 10 hours/month) to a more moderate number of hours (up to 8 hours a month). Although this is not a dramatic shift (King County remains committed to serving deeper not broader) it allows for Primary Consultation to be more concentrated on Attachment and Social Emotional Development, using Specialists to provide coaching and consultation in other areas.
- Through the Primary Consultant approach the 2014 service delivery strategy has established a much more defined and organized interdisciplinary component. Each participating site will receive consultation from their Primary Consultant in the areas of Attachment and Social Emotional Development. Sites will receive supplemental consultation in Health & Safety, Special Needs, and Mental Health from a Specialist. The previous interdisciplinary model proved to be very challenging in practice which was the catalyst for this change. King County was not utilizing the expertise of partners to the fullest and coordination of the consultant pool was not effective. This approach allows each site to develop a relationship with their Primary Consultant, ensure Attachment and Social Emotional Development is at the center of Consultation, while continuing to offer sites much needed coaching in the areas of Health & Safety, Special Needs, and Mental Health. In addition, King County will continue to expand its pool of consultants.
- In previous years King County has used Infant/Toddler Environmental Rating Scale (ITERS) as a form of assessment. Consultants and Steering Committee Members voiced that this assessment tool did not allow for adequate observation and assessment of interactions, attachment, and social emotional program components. King County will move away from the ITERS as the primary evaluation tool and utilize a more informal observation tool with the intent of implementing a standardized tool such as CLASS or Promoting First Relationships in 2015.

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**SECTION 3: Consultant Pool, Coordination and Data Collection**

**PART A: Consultant Pool**

Please describe the background and process for building your interdisciplinary consultant pool.

<b>Consultant Pool</b>	<b>DESCRIPTION</b> Please answer the questions from the first column.
i. Please describe your outreach and process for recruiting consultants?	CCR will follow all agency hiring protocols and I-TCC guidelines.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	<p>All Primary Consultants will fall under the <b>I-TCC Quality Consultant</b> umbrella, with basic competency in relationship-based professional development, experience in child care consultation, and working knowledge of Minimum Licensing Requirements. There will be a range of knowledge and experience with specific classroom assessment tools and QRIS, so intentional CCR coordination efforts will ensure that the collective knowledge of the Consultant Pool is shared, built and maintained. All consultants have Master’s degrees in the areas of human development, early childhood education, and/or social work, and have a minimum of 10 years working with young children and early childhood programs.</p> <p>Additionally, I-TCC Quality Consultants have knowledge and skills in the following areas as outlined in the I/T Interdisciplinary Consultation Guidelines:</p> <ul style="list-style-type: none"> <li>• <b>I-TCC Education: Child Care Resources* coaches:</b> Washington State (WA) Early Learning Guidelines; WA Core Competencies for Early Care and Education Professionals; WA Professional Development Consortium report and recommendations; Accreditation including NAEYC, NAC and NAFCC; QRIS; ERS; CLASS; DECA; curriculum; Promoting First Relationships; observation and assessment; cultural competence; Strengthening Families; PAS; child development</li> <li>• <b>I-TCC Social Emotional Development/Behavioral Health Field: Public Health-Seattle &amp; King County, Child Care Health Program; Kinderling*;</b> additional <b>Early Intervention and treatment services:</b> behavioral health best practices in early childhood care settings; integration of mental health activities and philosophies in group settings; infant/toddler socio-emotional development, family systems, cultural influences on parenting and mental health; early childhood mental health disorders; best practices in treatment for young children including behavioral interventions</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>I-TCC Health: Public Health-Seattle &amp; King County, Child Care Health Program, Public Health Nurses:</b> local, state and federal public health law, special needs laws and guidance (ADA, IDEA, Part C); National Health and Safety Standards in Caring For Our Children; developmentally appropriate practice including feeding, nutrition, and physical activity, environmental health and food safety; injury prevention guidelines, including safe sleep recommendations; safe medication administration practices; disaster planning resources; staff health; Developmental Screening tools including the Ages and Stages Questionnaire (ASQ) and the Devereux Early Childhood Assessment (DECA)</li> <li>• <b>I-TCC Mental Health: NAVOS:</b> behavioral health best practices in early childhood care settings; integration of mental health activities and philosophies in group settings; infant/toddler socio-emotional development, family systems, and mental health; early childhood mental health disorders</li> </ul> <p>*Primary Consultant</p>
<p>iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?</p>	<ul style="list-style-type: none"> <li>○ Understanding of Early Achievers and alignment of this and other early learning initiatives with the Infant/Toddler Project</li> <li>○ Foundational understanding of coaching as an approach and a philosophy</li> <li>○ Foundational understanding of and ability to implement classroom strategies that will support positive adult/child interactions that will lead to healthy attachment and social/emotional development</li> <li>○ Understanding of working with adults</li> <li>○ Training expertise</li> </ul>
<p>iv. What type of specialists will you use (e.g. mental health)? How will they be used?</p>	<p>The King County consultation model takes a Primary/Generalist approach. This means each Center will be assigned a Primary Consultant who will provide consultation and coaching with a focus on Attachment and Social Emotional Development. Specialist will be used to offer additional observation and consultation in the following areas:</p> <ol style="list-style-type: none"> <li>1. <b>Health and Safety:</b> a specialist will provide a Health and Safety Assessment of each participating Center. The specialist is given up to 8 hours to observe and offer consultation and support to the center with regard to health and safety practices and policies (this may be accomplished in two visits or through a series of visits).</li> <li>2. <b>Special Needs and Mental Health:</b> a specialist will provide a special needs and mental health observation in each participating Center. The specialist is given up to 5 hours to observe and offer next steps with regard to special needs and mental health concerns, including the referral process if necessary, taking into consideration</li> </ol>

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	how special needs and mental health issues impact attachment and social emotional development (this may be accomplished in two visits or through a series of visits). Parent Consent will be obtained prior to observation of individual children
Please list name, phone/e-mail and type (education/health/social emotional) of consultants you <i>already</i> know will be in your pool. (e.g. John Smith, Health)	Kristina Saunsaucie, <a href="mailto:saunsaucie@childcare.org">saunsaucie@childcare.org</a> ; 206.491.8929; Education and Social Emotional Cynthia Davis-Vanloo, <a href="mailto:cdavis.vanloo@gmail.com">cdavis.vanloo@gmail.com</a> ; 206.293.4957; Education and Social Emotional Cristina Wheately, 425.747.4004 x5414; <a href="mailto:cristina.wheately@kinder.org">cristina.wheately@kinder.org</a> ; Social Emotional and Special Needs Yvette Edwards, 206.263.8513; <a href="mailto:yvette.edwards@kingcounty.gov">yvette.edwards@kingcounty.gov</a> ; Health Navos Consultant, Social Emotional, Mental Health and Special Needs

### PART B: Coordination and Data Collection – Staff and Partners

Please articulate how you will coordinate your resources, e.g. consultant pool, point of entry with your service delivery strategies. (This section relates to Core Strategy #2 in the Infant and Toddler Child Care Consultation Logic Model and to Table 7 in the Infant-Toddler Child Care Consultation Guidelines.) Who will be responsible for this, and how will they coordinate the process? Please add rows and columns for additional activities that your region intends to implement.

Category of Coordination	Activities: How will you coordinate this?	Responsibility: Agency and staff person responsible
Engaging Providers - communication, coordination and cross-referral (e.g., linking providers to consultants)	<p>Child Care Resources (CCR) will be the responsible agency for recruitment, intake, and enrollment of child care programs, and act as the primary point of provider entry for Infant/Toddler Consultation services. Partners with existing relationships with providers will be a critical part of provider outreach, and CCR will work closely with partners to ensure that they are equipped with all necessary materials. CCR will create and distribute marketing materials, applications and intake forms, and be responsible for maintaining participant records. All general project information, such as orientation dates and project requirements, will be communicated by CCR.</p> <p>CCR will assign a Primary Consultant to each site. In addition, each site will receive a Health &amp; Safety Assessment and a Special Needs and Mental Health Observation. These specialized services will also be coordinated by CCR with input from the Consultants with regard to scheduling.</p>	CCR – Sarah Pelosi

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Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	CCR will be responsible for center enrollment, intake and monitoring of participation. CCR will keep copies of all observations and Quality Improvement Plans.	CCR – Sarah Pelosi
Training, supervision and support for consultants	CCR will coordinate regular meetings and reflective practice for the Consultants. CCR will be responsible for supervision of CCR staff and in managing the project will ensure Consultants are on task and working towards project objectives.	CCR – Sarah Pelosi
Data collection and reporting	CCR will be the responsible agency for data collection, data management and DEL reporting. CCR has internal database tools, including Efforts to Outcomes (ETO) software that can be utilized for tracking information including hours of onsite consultation and provider progress towards goals. All data collection and reporting will be in accordance with ORS timelines.	CCR – Sarah Pelosi
Other planned coordination activities (add table rows as necessary)	Director Discussion Groups (if interested dictates)	

### PART C: Curricula and Training

Please list any curricula and training you will support the delivery of high quality consultation services.

PART C: Resources	Description
i. What training, curricula and content experts will be available to support high quality interdisciplinary consultation?	<p>Consultants and other STARS approved trainers will be utilized to offer trainings to participating Providers in the following content areas:</p> <ul style="list-style-type: none"> <li>• Attachment – theoretical background and classroom strategies to support healthy attachment and social/emotional development,</li> <li>• Special Needs,</li> <li>• Using Assessment Tools and Data,</li> <li>• Curriculum,</li> <li>• Supporting Challenging Behaviors,</li> </ul>

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	<ul style="list-style-type: none"> <li>• Diapering as a time for increasing positive interaction,</li> <li>• Mealtime with toddlers</li> <li>• Nutrition</li> </ul>
<p>ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?</p>	<ul style="list-style-type: none"> <li>• Coaching</li> <li>• Site Specific Training</li> <li>• Reflective Practice</li> </ul>

## SECTION 4: System Building

### PART A: System Building Efforts Description

Please describe your systems building efforts and collaborative regional work to support the unique and diverse needs of infants and toddlers, their families, and the systems and services that support them.

**PART A:** Please give a brief (< 100 words) description of your system building efforts for infants and toddlers in your region.

The King County Steering Committee will be comprised of community members from the field of Early Learning, as well as from the broader cradle to launch continuum as well. The purpose of this group is to offer community oversight and input, project visioning, strategic direction, and systems advocacy. The Steering Committee will use data from the Early Learning community as well as the Project evaluators to guide decision making and project development. The desired outcome of the Steering Committee is to ensure system input, alignment with the Early Learning Coalition, create a place for Infants and toddlers at the state level and to support advocacy efforts on behalf of infants and toddlers in King County and Washington State.

The Steering Committee will meet quarterly to address project specific needs:

- Winter – preparation for ELC statewide meeting
- Spring – RSM design
- Summer – finalization of RSM
- Fall – data review and analysis; prepare for launch of new year

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### PART B: Steering Committee Roster and Roles

Please describe your Steering Committee membership and how they reflect your region's rich geographical, racial, and cultural diversity. List the names, contact information and any role, coordination responsibility and/or representation the individual will have on the committee. Add rows as necessary.

PART B: Steering Committee Member Name	Contact Information	Role, Structure and Representation (coordinating role, responsibility)
Ellen Flamiatos	206-263-8505; Ellen.Flamiatos@kingcounty.gov	Health
Enrica Hampton	425.747.4004. ext. 4281; enrica.hampton@kinderling.org	Early Intervention
Cecilia McGowan	cmcgowan@kcls.org	Literacy
Harla Tumbleson	(206) 461-3666; harla@childrenandyouth.org	County EL Coalition Lead Agency, Facilitator
Wendy Harris	206.263.9052; <a href="mailto:wendy.harris@kingcounty.gov">wendy.harris@kingcounty.gov</a>	Developmental Disabilities
Jane Dobrovolny	206.286.2322; <a href="mailto:jdobrovolny@nwcenter.org">jdobrovolny@nwcenter.org</a>	Provider
Roxanne Garzon	425-590-3099; <a href="mailto:roxanne.garzon@del.wa.gov">roxanne.garzon@del.wa.gov</a>	Licensing
Deeann Puffert	329.1011, ext 220; puffert@childcare.org	CCA of King County
Tilman Smith	206.329.1011. ext 222; <a href="mailto:smith@childcare.org">smith@childcare.org</a>	CCA of King County
Sarah Pelosi	206.329.1011 ext 286; <a href="mailto:pelosi@childcare.org">pelosi@childcare.org</a>	CCA of King County

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### PART C: Additional Partnerships

Additional Partnerships you will access for I/T consultation and/or systems building efforts (e.g., Early Learning Regional Coalition). *Add additional rows if necessary.*

PART C: Name of Partnership	Contribution to Work
King County Developmental Disabilities Division (DDD)	King County DDD will serve as the regional stakeholder representing Early Intervention countywide and will facilitate relationships between individual 0-3 providers and the King County Infant/Toddler Consultation Teams (through Child Care Resources).
Early Support for Infants and Toddlers (ESIT)/King County early intervention providers	The I/T Steering Committee currently has representation from two King County early intervention providers (Kinderling; Northwest Center) as well as King County DDD. A goal of the systems building work in year one will be to engage additional early intervention providers, including Dynamic Family Services/SKIP, which serves south King County.
SOAR, United Way of King County/King County Early Learning Coalition	SOAR will continue to be an active participant on the I/T Steering Committee and act as Facilitator. SOAR will also serve as a link to the broader early learning community in King County. As convener of the King County Early Learning Coalition, SOAR will update the members about I/T consultation implementation and can bring back relevant resources and statewide information to the I/T Steering Committee.
Department of Early Learning (DEL)	DEL Licensors will participate on the I/T Steering Committee and will provide updates on relevant licensing information. Licensors may be a general resource to I/T Consultants, i.e. explaining a regulation, providing a form or document, or speaking about statewide changes or trends. At this time, no formal role has been established between licensors and I/T Consultants in terms of work with individual child care programs—the I/T Consultation Model will align with any future DEL protocols that establish formal roles system wide, i.e. QRIS coaches and DEL licensors.
Puget Sound Educational Service District (PSESD)	As a member of the Steering Committee, PSESD, through their involvement with Early Head Start/Head Start, can share resources which may be relevant and appropriate for child care participants and I/T Consultants, and can also help facilitate relationships with Getting School Ready team in King County. King

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	County has not had a consistent Steering Committee member from PSESD; this is a partnership King County intends to cultivate this year.
Northwest Center	The director of Northwest Center, a King County child care program and early intervention service provider, has been involved on the I/T Steering Committee and will continue to add valuable provider perspective to planning efforts, and provide information about early intervention in natural environments/child care settings to the Consultant Pool. Northwest Center also uses the Primary Consultant/Team consultation approach in early intervention, and shared key elements of that model to inform the development of the I/T Consultation Model.
Open Arms Perinatal Services	Open Arms will continue to serve on the I/T Steering Committee and provide information and perspective on birth/infant/maternal/family needs, isolated communities, culturally relevant practices, and the influence of culture on parenting/caregiving. King County has not had a consistent Steering Committee member from Open Arms Perinatal Services; this is a partnership King County intends to cultivate this year.
Public Health Seattle & King County	Public Health will serve as a specialized partner in consultation service delivery and may support CCR in the recruitment of child care programs that currently utilize infant classroom Public Health nurse visits. In addition, Public Health has resources/knowledge and expertise that can be shared with the broader Consultant Pool.
Kindering	Kindering will serve as a primary partner in consultation service delivery, and may support CCR in the recruitment of child care programs in the case that they have current relationships with targeted centers. In addition, Kindering has resources/knowledge and expertise that can be shared with the broader Consultant Pool.
King County Library System	The King County Library System(KCLS) has a strong commitment to early learning and literacy, and provides resources for licensed child care providers including STARS trainings, theme kits, and book lists, and StoryTrain. KCLS was part of original I/T planning meetings; as part of the systems building work, the I/T Steering Committee will look for opportunities to incorporate KCLS resources and partners into consultation services.
Shoreline, Bothell, Renton, Kent, Auburn and Bellevue School Districts	As part of the I/T systems building work, the I/T Steering Committee will engage school districts to share information about the I/T consultation work and look for

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	opportunities to bring in school district participation.
Mental Health Resources	The current I/T consultation partners include mental health resources (Public Health, Kindering). As part of the I/T systems building work, the I/T Steering Committee will engage additional mental health service providers who work with infants/toddlers, including Navos Mental Health Services and Wellspring Family Services. Mental Health service agencies that focus on young children may be able to provide resources to I/T Consultants, and/or be available to provide direct consultation services to child care programs.
Early Achievers	As the I/T Project works to engage more cohesively with Early Achievers Consultants will collaborate with Early Achievers TA Specialists and Coaches when applicable. This will allow for coordinated service delivery and alignment.

**PART D: Additional Funds**

Please list any additional funding sources (funder, in-kind, any additional funding sources you will access for systems building and/or I/T consultation). *Add additional rows if necessary.*

<b>PART D:</b> Funding Source	Amount	Details (activity that it funds, assumptions, etc.)