

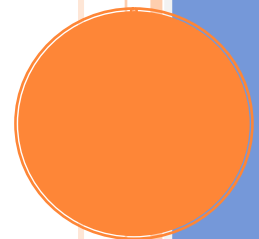
# SOUTH DAKOTA INFANT/TODDLER INITIATIVE *Summary 1998-2008*

This document summarizes the impact of the first ten years of the South Dakota Infant/Toddler Initiative. In 1998, South Dakota Child Care Services with the help of the Bush Foundation initiated a pilot project aimed at improving the quality of infant/toddler care. A main goal for the first eight years of the initiative was to offer training on the importance of quality care for infant and toddlers as well as how apply best practices of quality care in as many counties as possible. A train-the-trainer model was adopted and infant/toddler professionals were trained in The Program for Infant/Toddler Care (PITC). Trainers then offered training to others who then shared their knowledge and expertise with infant/toddler caregivers across the state. By 2006, 56 of 66 SD counties had received infant toddler training. Trainings continue to be offered all across the state.

In 2006, the Partnership Initiative for Enhancement (PIE) project was created to measure the impact that eight years of infant/toddler training has had on the quality of care provided. Over 30 child care centers have taken part in the PIE project since its inception. The 9-month long project includes pre and post evaluations, training, and on-site technical assistance.

Results of ten years of evaluation have shown the following:

- Approximately 100 trainers have been PITC trained.
- Over 2,100 trainings have been conducted state-wide.
- Training participants consistently report learning new information, learning new skills, and gaining confidence in their abilities to apply their knowledge and skills.
- Pre and post knowledge assessments consistently indicate significant knowledge gain.
- Infant/toddler caregivers and directors report that



## Why Quality Matters:

**According to the National Institute of Child and Human Development, high quality infant/toddler care can have long-lasting and positive impact on development, learning abilities, and emotional regulation.**

Benefits of quality experiences include: higher cognitive performance, higher language ability, higher social skills, fewer behavior problems, and school readiness. Zero to Three, NAEYC, and the Society for Research in Child Development (SRCD), all defined quality child care as child care that incorporates caregiver training in child development. For example, caregivers must understand that infants and toddlers, as a whole, are unique in communicating their needs, and are curious and competent individuals who can teach us as well as learn from us.

## TRAIN THE TRAINER

Approximately 100 infant/toddler professionals have been trained in The Program for Infant/Toddler Care (PITC). The PITC program has been authored by internationally recognized professionals J. Ronald Lally, Ed.D. and Peter L. Mangione, Ph.D. PITC promotes responsive, caring relationships for infants and toddlers, thus, promoting high quality care. The PITC philosophy maintains the belief that infant/toddler care is a 'special' kind of care that is unique to the needs and abilities of children from birth to age 3. Quality care hinges on the child care provider's ability to recognize and respond to infants and toddlers needs. Child care providers should be properly trained in six primary areas: primary care, small groups, continuity, individualized care, cultural responsiveness, and inclusion of children with special needs. The PITC curriculum (philosophy) is relationship-based in that it is designed to teach child care providers the importance of

### **Module I: Social –Emotional Growth and Socialization**

Training topics include: infant temperament, stages of emotional development, responsive caregiving, and guidance and discipline.

### **Module II: Group Care**

Training topics include: creating intimacy in infant/toddler groups, caregiving routines, creating safe and interesting environments, and respectful caregiving.

### **Module III: Learning and Development**

Training topics include: cognitive development, the development of language and communication skills, the relationships between language, learning, and culture, and including children with special needs in infant/toddler care groups.

### **Module IV: Culture, Family, and Providers**

Training topics include: identity formation, dealing with cultural differences, program policies for culturally sensitive care, and creating partnerships with parents.

loving and responsive care. The curriculum is divided into four modules.

## TRAININGS

Over 2,100 trainings have been conducted in **56** of 66 South Dakota **counties** and **90 communities** since the project began. Trainers continue to reach out to communities who have not received training.

The average length of trainings is 2.5 hours. All four PITC modules have been utilized in trainings.

As evidenced by the annual data, (noted in the table to the right), the training program remains strong even into the tenth year of the initiative.

Year	Number of Trainings
1998 (pilot year)	135
1999	438
2000	250
2001	114
2002	189
2003	270
2004	196
2005	232
2006	204
2007	191

## KNOWLEDGE ASSESSMENT

In 1999, the data indicated that South Dakota's infant/toddler caregivers were eager to learn more about quality care; 76% of participants reported "their primary reason for attending training was to improve their knowledge in caring for infants and toddlers". Furthermore, participants indicated that they learned new information, learned new skills, and had confidence in their abilities to apply their knowledge and skills. Participant reports have been consistent over the life of the project. (See table below)

Year (Cumulative N Values)	Learned New Information	Learned New Skills	Confidence in Abilities of New Skills and Knowledge
1999 (N=2772)	81%	81%	86%
2001 (N=7063)	84%	85%	87%
2003 (N=8477)	85%	86%	88%

In order to measure actual knowledge change, pre and post assessments were administered to the training participants. Between January 2006 and March 2008, 4,195 pre and post tests were returned to the evaluation office.

The pre and post assessments included 10 questions that were specifically designed to evaluate participant knowledge related to a particular infant/toddler training topic. Participants received 1 point for each question they answered correctly. A score of 10 indicated a perfect score on the assessment. The mean post scores were found to be *significantly higher* than the mean pre scores.

**Pre-assessment mean score = 6.46**  
**Post-assessment mean score = 8.37**

**Pre-assessment mode score = 7**  
**Post-assessment mode score = 10**

The results of the pre and post assessments clearly revealed that participants gained knowledge by attending the infant/toddler trainings. The following pre/post assessment topics are listed in order of most knowledge gain.

Training Topic	Pre-assessment mean score	Post-assessment mean score
Social Emotional Milestones//Temperament	5.25	7.82
Guidance & Discipline/Understanding Behavior	5.87	8.25
Respectful Care/Primary Care	6.01	8.07
Brain Development/Discoveries of Infancy	6.90	8.68
Harmonizing/Cultural Diversity	6.11	7.85
Special Needs/Language Development	6.60	8.26
Protective Urges/Responding to Families	7.95	9.26

The significant gain in knowledge in all eight of the topic areas indicates that infant/toddler caregivers leave trainings with the information they need to improve quality of care. Consistent with PITC philosophy, infant/toddler caregivers who have received training are more equipped to meet the needs of children in their care.

Participants who have completed the trainings have been given the opportunity to build their knowledge base which can be utilized to: enhance the quality of the childcare environments, build stronger relationships with infants, toddlers, and parents, and increase professional development skills.

## Partnership Initiative for Enhancement

- Developed in 2006 as a coordinated effort between the South Dakota Division of Child Care Services, Early Childhood Enrichment Programs (ECEs), and South Dakota State University, and the BUSH Foundation.
- Trained observers utilized two rating scales to assess the quality of care in 30 childcare centers across the state.
- Childcare center directors and childcare providers received training and/or technical assistance and were re-assessed after a 6 month time period.

As a part of the South Dakota Department of Social Services, Division of Child Care Services ongoing commitment to improve the care of children from birth to age three, regional Early Childhood Enrichment Programs (ECE) invited licensed child care programs to participate in a quality enhancement research project, Partnership Initiative for Enhancement (PIE), under the direction of the South Dakota Infant Toddler Training Project Evaluation Team.

**The purpose of the project was to assess the environments and quality of infant/toddler caregiver interactions and work individually with licensed programs in developing a plan for enhancing those environments and interactions.** The project provided an opportunity for center-based staff and group family child care programs to explore the Program for Infant Toddler Care (PITC) philosophy, curriculum, and recommended practices through training and technical assistance that were specific to the needs of the program.

Training Plan Components	Training Plan 1	Training Plan 2
Programs were randomly assigned to a training plan.	1	2
Pre-Program Assessment (ITERS and PARS observations)	X	X
Action Plans Developed	X	X
Agreed upon goals are developed and an improvement plan is agreed upon	X	X
A stipend of \$500 is issued to program to fund the improvement plan	X	X
A training plan incorporating 20 hours of entry-level I/T training is required.	X	

An I/T training schedule is provided but program staff are not required to attend.		X
Post-Program Assessment (ITERS and PARS observations)	X	X
A stipend of \$500 is issued providing that improvements have been made.	X	
A training plan incorporating 20 hours of entry-level I/T training is required. (Note: In training plan 2, this requirement is delayed until after post-program assessments have been completed)		X
A stipend of \$500 is issued providing that improvement have been made.		X

A pre-assessment using two research-based instruments that have been deemed valid and reliable: Infant Toddler Environmental Rating Scales (ITERS-R) and Program for Infant Toddler Caregivers Program Assessment Rating Scale (PITC-PARS) were conducted by staff from the regional Early Childhood Enrichment programs who have received specialized training in these instruments. Training plans were provided over a 9-month period by South Dakota Infant Toddler trainers who had attended the PITC national training.

Plans were up to 60 hours including: pre/post observation, plan development, and a combination of training and technical assistance. Due to the nature of the project, programs received training and technical assistance at varying times during the process.

Observations were completed by a team of specially trained observers. Each observation team consisted of a member from the regional ECE office along with a member from another regional ECE office. This partnership of observers allowed for an unbiased observation of each program.

## **PIE 2006-2007**

Between 2006-2007, 36 child care centers volunteered to participate in the PIE program.

A total of **23** South Dakota child care centers completed all components of the PIE program. Participating child care centers represented 18 South Dakota counties.

## **Quality Improvement**

### **Building upon Strengths**

Based on pre-observations, participating child care programs showed strengths in the areas of:

- *Peer interaction*
- *Responsiveness and sensitivity to children*
- *Facilitation of language development and communication*
- *Responsive Engagement and Intervention*

Post-observation data indicated that child care programs continued to build upon their strengths. Scores increased over the 6 month period between pre-observations and post-observations.

### **Peer Interaction:**

**Participating PIE programs made improvements in peer interaction. Pre-observation scores averaged 4.81 on a scale of 1 to 7 (with 7 indicating 'excellent' performance). Post-observation scores averaged 5.38. Therefore, mean scores increased 0.57 points.**

**Indicators of 'good' peer interaction include:**

- Providing children with ample opportunities to play and interact with their peers.
- Not allowing too many infants and toddlers to occupy the same space. Small and intimate groups are more favorable to the development of peer relationships.
- Providing children with opportunities to learn social skills and build friendships with their peers through play. Play is a child's 'work'. It is the primary method they use to learn.

## **Responsiveness and Sensitivity to Children:**

**During pre-observations, PIE programs demonstrated 'adequate' performance in the area of responsiveness and sensitivity to children. Post-observations indicated 'good' performance. Scores increased an average of 0.72 points over a 6 month period.**

**Indicators of 'good' responsiveness to and sensitivity to children include:**

- Childcare providers are 'in-tune' with infant and toddlers in his/her care and provide care and attention based on each child's individual needs. This, child care providers are able to understand what each infant or toddler needs and meets those needs in a timely manner.
- When childcare providers recognize the importance of attentively reading and responding to infant/toddler cues in a warm and sensitive manner, a secure environment is created. A secure environment allows trust to build between an infant/toddler and his or her environment and caregiver.
- The safe and secure environments built by positive relationships help children thrive physically, benefit from learning experiences, and cooperate and get along with others.

## **Facilitation of Language Development and Communication:**

**During pre-observations, PIE programs demonstrated 'good' performance in the area of facilitation of language development and communication. Post-observations indicated an improvement of 0.40 points.**

**Indicators of 'good' facilitation of language development and communication include:**

- Childcare providers speak slowly, clearly, and use language that is simple for infants and toddlers to understand.
- Small children's language mistakes are not corrected. Instead, childcare providers accept the child's language skills and model proper speech.
- Childcare providers read to the children and engage in verbal and non-verbal communication.

## **Responsive Engagement and Intervention:**

**Scores on post-observation were an average of 0.64 points higher than pre-observations scores.**

**Indicators of ‘good’ responsive engagement and intervention include:**

- Responsive childcare providers hold many face-to-face, one-on-one conversations with infants and toddlers.
- The childcare provider does not force interaction, but rather patiently waits for the infant/toddler to initiate communication.
- Responsive caregivers learn to read the infant/toddler’s verbal and non-verbal cues. The infant/toddler feels valued, respected, and cared for when the childcare provider responds to his verbal and non-verbal cues.

### ***Making Significant Enhancements to Quality***

The quality of care provided by the 21 child care centers that participated in the PIE project was measured with 66 indicators of quality. **Scores increased for 64 of the 66 indicators (97%). Some of the areas where score improvements were particularly high included:**

- ***Staff-child interaction***
- ***Respect for Infant’s Initiative and Choices***

## **Staff-Child Interaction:**

**Participating PIE programs made significant improvements in enhancing staff-child interaction. On average, scores on post-observations were 1.57 points higher than scores on pre-observations. (Scores were ranked on a scale of 1 to 7).**

**Indicators of ‘good’ staff-child interaction include:**

- Childcare providers work to build trusting and secure relationships with infants and toddlers by learning about each child’s individual needs and abilities.
- Quick, consistent, and affectionate response to a child’s needs creates a trusting and caring bond between childcare provider and child.



## **Respect for Infant's Initiative and Choices:**

**Participating PIE programs made significant improvements in respecting infant's initiative and choices. On average, scores on post-observations were 1.16 points higher than scores on pre-observations. (Scores were ranked on a scale of 1-4)**

### **Indicators of 'good' respect for infant's initiative and choices include:**

- Infants are free to choose their own activities and are not forced to conform to an adult agenda. For example, an infant/toddler may wish to play in a quiet area for a period of time, if he or she feels overwhelmed.
- Children are not abruptly transitioned from one activity to another without proper verbal or non-verbal warning. Verbal and non-verbal indicators help infants/toddlers to be prepared for change and continue to trust their environment.

## ENVIRONMENTAL IMPROVEMENTS

Below are two examples of environmental changes that were made after child care programs received technical assistance between the pre and post assessments.

### Pre-Assessment



The picture on the top was taken during the **pre**-assessment. The picture on the bottom was taken during the **post**-assessment.

Improvements made include:

- The removal of play house that was not being utilized by the children.
- The removal of the table with chairs on it (a safety hazard).
- The removal of the table also revealed a mirror that children could utilize to look at themselves. The development of self-awareness is an important component of healthy social/emotional growth.
- The removal of a crib (used for storage) that was adjacent to a play area.
- The space was transformed into an area for dramatic play. Children are now free to explore the space, use their imagination during play.
- Examples of children's art

### Post-Assessment



## Pre-Assessment



The picture on the top was taken during the **pre**-assessment. The picture on the bottom was taken during the **post**-assessment.

Improvements made include:

- The transformation of the space into an area where children could easily access toys from both sides of the bookshelf.
- The inclusion of a Parent Board to keep parents informed of daily, weekly, and monthly events.
- The addition of a child-sized table and chairs.
- The newly created space allows for children to interact on a one-on-one basis.
- The spaces also allows for children to interact in small groups.

## Post-Assessment



## LASTING IMPACT

**Twenty directors of childcare programs that participated in the PIE program were interviewed via phone 6-9 months following the post-evaluation.** Directors were asked to reflect on the overall and sustained impact that PIE had on the quality of infant/toddler care provided at their center.

**Directors felt that participation in the PIE project was most beneficial because:**

It provided programs with information about changes that could be made to improve quality.

Programs were supported by the ECEs to incorporate appropriate changes.

Programs were provided with ideas of ways to enhance the physical environment and make it more developmentally appropriate.

Childcare providers were made more aware of the importance of providing developmentally appropriate activities.

There was money available to purchase items that could help improve quality.

It helped to increase overall awareness of what 'quality' actually is.

**Directors reported that the most improvement in their childcare center has occurred in the area of:**

Individualized Schedules	Allowing children to choose their
Staff-child ratios	own activities
Record keeping	Hand washing
Child care provider interaction with children and parents	Parent involvement

**Directors would like more:**

Training/continuing education/In-services

More evaluation to learn further ways to enhance quality

Information pamphlets

## LESSONS LEARNED AND FUTURE GOALS

Past evaluation has indicated that training has provided participants with new knowledge and skills. Results from the PIE evaluation has reflected the ways in which new found knowledge and skills have been applied to improve the quality of infant/toddler care. Future data collection needs to be gathered on other programs in the state, including tribal programs in order to measure quality improvement. Sustainability is three-fold. First, there is a need for ongoing professional development within the trainer network. Secondly, there is continued need for additional caregiver training for both new and experienced caregivers. Finally, there is a need to support caregivers via technical assistance continued efforts to provide high quality care.

