

A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and their Families

*Core Knowledge, Competencies,
and Dispositions*



Sponsored by: U.S. Department of Health and Human Services
Administration for Children and Families



OFFICE OF HEAD START



DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Children and Families

Dear Early Care and Education Colleagues:

On behalf of the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), we are pleased to present *A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and Their Families: Core Knowledge, Competencies, and Dispositions*. This collaboratively developed document defines the core knowledge, competencies, and dispositions (CKC) for consultants working in all early care and education settings and sectors serving infants, toddlers, and their families. The *Guide to Effective Consultation* CKC align with early care and education quality improvement efforts within ACF Region I (the six New England states) and nationally, including State and local Quality Rating and Improvement Systems (QRIS) initiatives.

The collaborative effort of ACF Region I's CKC Workgroup is a groundbreaking example of how building and sustaining interoperability among State and Federally funded programs can strengthen the quality of early childhood programs. The CKC workgroup met regularly over the last year, spearheaded by the Region I Office of Child Care. The workgroup included Region I State experts in child care, Head Start/Early Head Start, health, mental health, early intervention and disabilities, QRIS and workforce development along with Federal Regional Office staff from Head Start and Child Care. In addition the workgroup included representatives from six Federal technical assistance (TA) contractors representing health, child care, Head Start and education. Their work built upon a regional training effort that used the Early Childhood Consultant Infant/Toddler Modules for cross-sector multidisciplinary teams from each Region I State.

These activities all support development of an integrated State professional development system and QRIS. Ultimately these efforts move us toward the Office of Child Care's goal to help more children in low-income families access high quality care and the Office of Head Start's goal to improve school readiness outcomes and promote the long-term success of Head Start children.

We appreciate the work of the ACF Region I CKC Workgroup. It is our pleasure to share with you the *Guide to Effective Consultation* document and we hope that this will be useful to you in your work to improve quality outcomes for infants and toddlers and their families.

Sincerely,

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This document was prepared under contract with the U.S. Department of Health and Human Services, HSSP-23337001T. This document was prepared to provide information to early care and education leaders who may be interested in supporting the quality of their infant/toddler care through understanding the core knowledge and competencies of the infant/toddler workforce. This document was a joint effort between the Region 1 Office of Child Care and the National Infant & Toddler Child Care Initiative (NITCCI).

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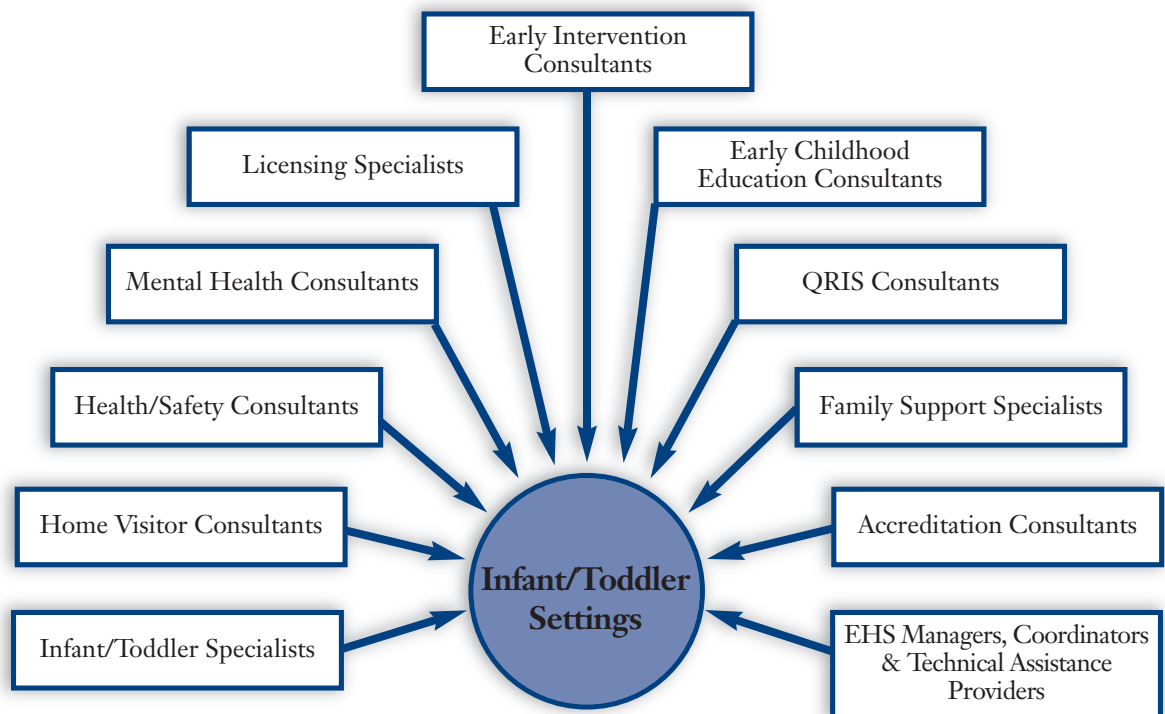
Introduction

The Region 1 CKC Workgroup is pleased to present this collaboratively designed and developed document that defines the core knowledge, competencies, and dispositions (CKC) for consultants working with early care and education programs and settings serving infants, toddlers, and their families. These settings include center-based child care; family child care; Early Head Start (EHS); family, friend, and neighbor care; and early intervention and home visiting programs including but not limited to Part C of IDEA and early childhood mental health. Region 1, as defined by the Administration for Children and Families (ACF), is composed of the New England States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Designated staff from all six States, along with national technical assistance providers and staff from the Region 1 Office of Child Care and Office of Head Start, comprised the Region 1 CKC Workgroup.

The Guide to Effective Consultation builds upon the Early Childhood Consultant Infant/Toddler Training Modules developed by the National Infant & Toddler Child Care Initiative (NITCCI; see Appendix 2 for more information). It is the goal of the CKC Workgroup that both of these documents will be used to guide and inform administrators, consultants, and practitioners in the design and delivery of infant and toddler care throughout New England.

Purpose

Improving the quality of infant and toddler early care and education is the overarching intended outcome for the use of the Guide to Effective Consultation. Research supports child care consultation as an effective method to improve program quality and to facilitate family involvement. In addition, there is a growing number of consultants from a range of disciplines who work with and in settings for infants, toddlers, and their families. Currently, there is no coordinated system for these consultants, resulting in few resources to support them in their work, and no set of recognized skills, knowledge, and dispositions that are needed to be successful in this role. The ultimate outcome that drove the development of the Guide to Effective Consultation is the improvement of the quality of care for infants and toddlers and their families throughout the New England States. The following graphic depicts some of the disciplines currently providing consultation to early care and education settings serving infants and toddlers.





The Guide to Effective Consultation CKC are designed to establish a regional understanding of the key knowledge, skills, and dispositions that consultants need to effectively support the collective early care and education workforce in providing quality services for infants, toddlers, and their families. For the purposes of this document, an infant/toddler consultant is defined as a professional with specific knowledge, skills, and dispositions who provides guidance to programs and individuals who work with infants, toddlers, and their families. The guidance is customized to the particular interests, needs, and circumstances of the program or individual. (For additional definitions of terms used in the Guide to Effective Consultation, see the glossary in Appendix 3.)

The CKC are focused on the common areas of knowledge, skills, and attributes needed by consultants from any and all disciplines who work in any setting that provides services to infants, toddlers, and their families or who provide support to individuals working in these settings. The CKC are purposefully designed to represent the broad and diverse skills required to effectively consult to these infant/toddler settings but are not designed to address core knowledge and competencies that are discipline specific.

Guiding Principles

The CKC included in the Guide to Effective Consultation:

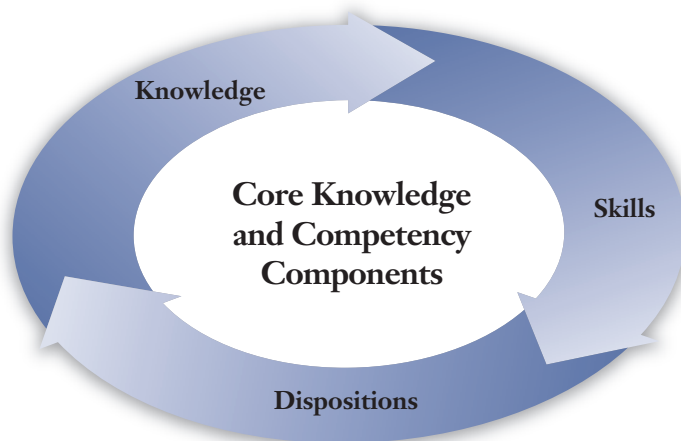
- ◆ *Are research-based and reflect best practice;*
- ◆ *Build upon the work previously done within Region I and nationally;*
- ◆ *Support collaborative multi-disciplinary and interdisciplinary consultation practices;*
- ◆ *Reflect individual, social, economic, and cultural diversity that must be understood and honored in practice;*
- ◆ *Support and promote culturally competent practice;*
- ◆ *Are relationship-based and family-centered, acknowledging that infants and toddlers develop within the context of their families;*
- ◆ *Define the knowledge and skills necessary for promoting the development and well-being of infants and toddlers regardless of the individual's discipline;*
- ◆ *Apply to consultants working in all settings and sectors including Early Head Start (EHS), IDEA Part C, center-based child care, family child care, and family, friend and neighbor care (FFN); and*
- ◆ *Reflect the knowledge, skills and dispositions essential for all consultants working with infants and toddlers, their families and practitioners in any capacity, setting or sector.*



Organization of the Guide to Effective Consultation

The CKC defined in the Guide to Effective Consultation are interrelated and build upon each other to reflect the diverse and sophisticated level of knowledge, competence, and dispositions needed by a consultant working in and with early care and education settings. The CKC aim to establish a baseline of proficiency for all infant/toddler consultants upon which additional levels of expertise could be built. It is hoped that consultants can use the CKC to assess their skills and plan for their professional development.

The following graphic depicts how the CKC components are interrelated.



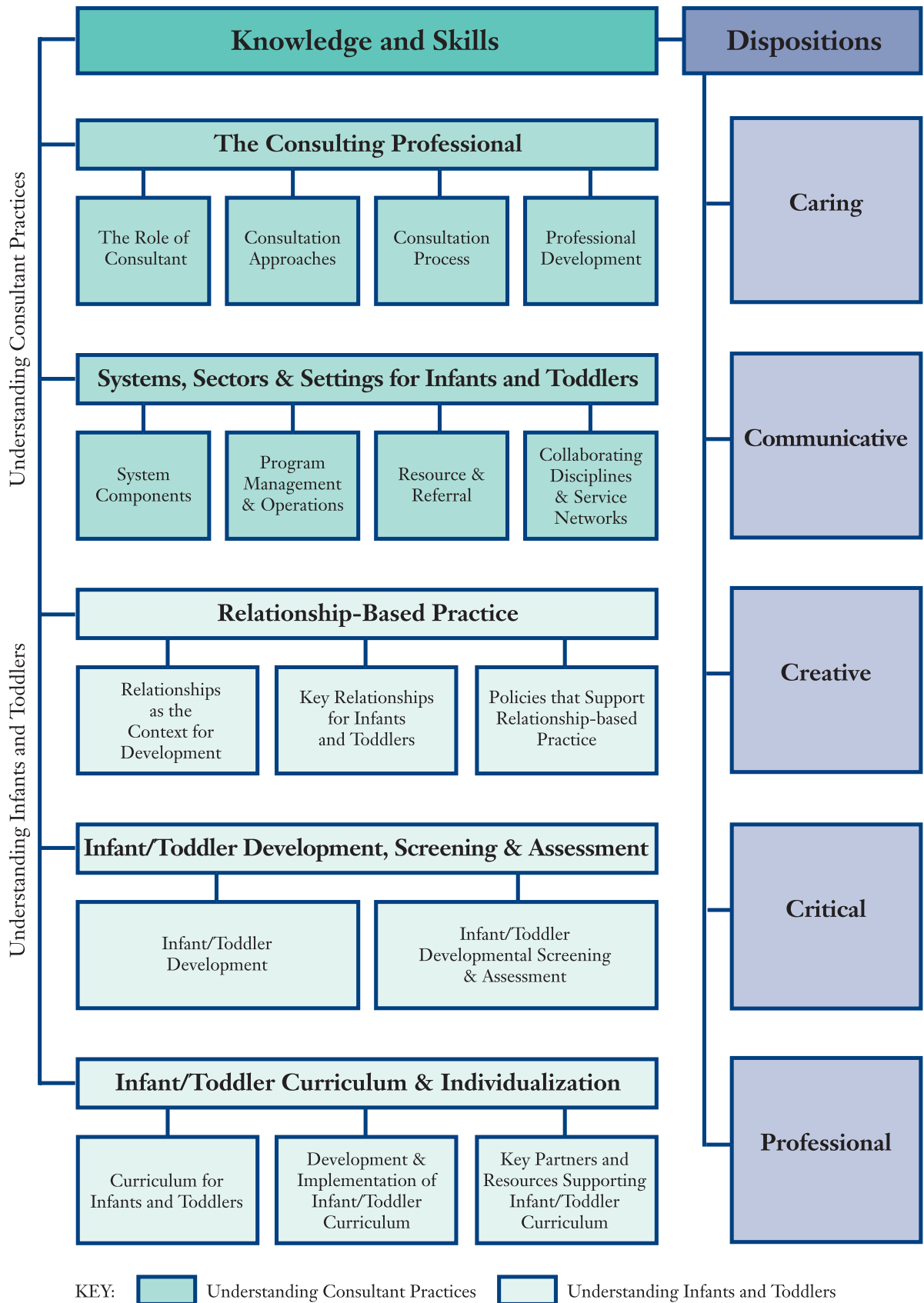
The Effective Consultation CKC organize the core knowledge and skills into five principle domains with corresponding subdomains. These five domains cover both the knowledge and skills required in order to be a consultant (regardless of the discipline) and the knowledge and skills specific to promoting the development of infants and toddlers. It is critical to understand that although the domains have been separated out for ease of organization, they are interrelated; all are needed to be an effective infant/toddler consultant.

Specific dispositions for consultants that are applicable to and across all of the domains and subdomains are also included. These are organized into five broad categories: Caring, Communicative, Creative, Critical, and Professional. The dispositions were informed by parts of The Iowa Disposition Model: A Framework for Developing Effective Teacher Dispositions (8-08).¹

The following graphic depicts the overall structure of the knowledge, skills, dispositions, domains, and subdomains that make up the CKC.

¹ The Iowa Department of Education gave written permission for the CKC Workgroup to use and revise this document to support the Guide to Effective Consultation project in Region 1.

The Guide to Effective Consultation





Alignment with National Priorities

The Guide to Effective Consultation CKC align with quality improvement efforts within the Region 1 States and nationally, including formal Quality Rating or Recognition and Improvement Systems (QRIS) and other quality improvement initiatives. In addition, the CKC align with the priorities of the Office of Child Care, as outlined in *Pathways and Partnerships for Child Care Excellence* and *Benchmarks for Quality Improvement Projects*, and the Office of Head Start, described in *Head Start Roadmap to Excellence*. These priorities support opportunities to strengthen the quality of early childhood programs through such efforts as building and expanding integrated professional development systems in the States. The CKC Workgroup's efforts to support professional development for consultants fit within these priorities.



Use of the Guide to Effective Consultation and Next Steps

This document addresses the role that consultants play in supporting the quality of settings serving infants, toddlers, and their families. These settings exist within the larger system of early childhood that encompasses many disciplines, each with different regulations and standards. This system can be difficult to navigate, particularly without consistent guidance. Identifying the CKC is an important step toward helping consultants develop the knowledge, skills, and dispositions needed to do their jobs well. It moves the field closer to the creation of professional standards for consultants that can help them as they navigate the system and support quality initiatives.

Although this work originated with the Region 1 ACF Office of Child Care to assist the Region 1 States in their efforts to improve infant/toddler care, the CKC Workgroup, and ACF, intends for the document to support national priorities and hopes that it will serve as a resource to those seeking to establish CKC for consultants working with settings serving infants and toddlers and their families.

States may choose to use the Guide to Effective Consultation to expand opportunities for consultants in integrated professional development systems, including efforts to:

- ◆ *align coursework to the CKC.*
- ◆ *establish an infant/toddler consultant credential.*
- ◆ *establish professional standards for infant/toddler consultants.*
- ◆ *align the CKC with existing standards established by higher education institutions, NAEYC, NCATE, etc.*
- ◆ *expand the use of qualified consultants in infant and toddler settings.*
- ◆ *guide program directors on how to select an infant/toddler consultant.*
- ◆ *improve the skill and competence of infant/toddler consultants as part of their individual professional development plans and continuing education.*
- ◆ *guide development of requests for proposals (RFPs) or other bid processes to hire infant/toddler consultants for quality improvement initiatives.*
- ◆ *cross-walk the Guide to Effective Consultation with State standards and guidelines, such as QRIS standards and early learning guidelines, to identify ways they can be used together.*
- ◆ *establish reciprocal relationships between systems, sectors, and States that will foster resource sharing and increase the pool of qualified infant/toddler consultants.*

States may want to further customize the Guide to Effective Consultation for their own purposes. States can also consider adding levels to differentiate between basic proficiency and higher levels of expertise among consultants.

Nationally recognized infant/toddler specialists with expertise in developing systems of care and family services served as resources for the development of this document. They will continue to provide support around the use of the Guide to Effective Consultation as part of the overall strategies to improve the quality of infant, toddler, and family services in Region 1. In addition, it is our hope that this work inspires State, regional, and national efforts to build supports for consultants into their integrated professional development systems. We believe that the consistent application of these CKC throughout the early childhood system and related consultation services will ultimately improve the quality of services for infants, toddlers, and their families.



Knowledge and Skills

The following competency statements were developed using the levels of intellectual behavior important in learning as classified by Bloom's Taxonomy (The Taxonomy of Educational Objectives: The Classification of Educational Goals, Handbook I: Cognitive Domain, by Benjamin Bloom (editor), M. D. Englehart, E. J. Furst, W. H. Hill, and David Krathwohl). To the extent possible the CKC Workgroup selected language that corresponds to the Understanding and Applying levels, in order to impart the distinction that the competencies are baseline and progression to higher levels of knowledge and skills is possible. We also included, at the end of each subdomain, examples of possible indicators that may demonstrate knowledge and skills. The CKC Workgroup chose not to suggest methods to verify knowledge and skills, as those will likely differ in professional organizations, programs, and States, depending on professional levels, needs and available resources.

DOMAIN 1: The Consulting Professional

Domain 1: The Consulting Professional

Subdomain 1: The Role of the Consultant

- ◆ *Philosophy and professional orientation*
- ◆ *Responsibilities and boundaries*
- ◆ *Legal requirements and ethical practice*
- ◆ *Theory of change*
- ◆ *Roles of other consultants/professionals*
- ◆ *Managing a consulting practice*

Knowledge

- 1.1-K1 — Articulates professional philosophy, principles, and practice.
- 1.1-K2 — Describes the role, responsibilities, and boundaries of a consultant.
- 1.1-K3 — Understands the legal requirements and ethical practices applicable to the consultant role in all interactions with infants and toddlers, their families, and clients.
- 1.1-K4 — Recognizes the difference between direct and indirect role and responsibilities as a change agent.
- 1.1-K5 — Identifies the roles of other consultants/professionals working with the client.
- 1.1-K6 — Discusses how to manage a consulting practice including State, system, and discipline-specific standards and credentials (applies to system managers and independent consultants).

Skills

- 1.1-S1 — Practices appropriate professional philosophy and principles.
- 1.1-S2 — Adheres to an appropriate consultant role.
- 1.1-S3 — Follows established professional, ethical, and legal standards and respects and maintains confidentiality of children, families, and clients at all times.
- 1.1-S4 — Applies appropriate theories and resources to support empowerment and change.
- 1.1-S5 — Establishes positive relationships with other consultants and professionals working with the client.
- 1.1-S6 — Successfully manages consultant practice and meets State, system, and discipline-specific standards and credentials (applies to system managers and independent consultants).

May be demonstrated by evidence of:

- ◆ professional philosophy and practices
- ◆ consultant profile and job description
- ◆ identification of the roles, responsibilities, and boundaries for the consultant and client
- ◆ working agreements with other consultants/professionals
- ◆ qualifications including credentials, licenses, and certifications

Domain 1: The Consulting Professional continued

Subdomain 2: Consultation Approaches

- ◆ *Relationship-based practice*
- ◆ *Communication*
- ◆ *Contextual understanding*
- ◆ *Cultural and linguistic appropriateness*

Knowledge

- 1.2-K1 — Recognizes that strength-based relationships form the foundation for effective consultation and is aware of own contribution to the relationship dynamic.
- 1.2-K2 — Lists effective communication techniques when working with other adults, including common language, active listening skills, explanation of jargon, and reflective listening.
- 1.2-K3 — Describes the dynamics and context of the client: culture, language, demographics, policies, procedures, and organizational structure.
- 1.2-K4 — Articulates the importance of cultural and linguistic sensitivity throughout the consultation process.



Skills

- 1.2-S1 — Uses relationship-based principles to establish and foster strength-based relationships with clients.
- 1.2-S2 — Demonstrates active listening and adjusts communication style when gathering information and responding to the needs of clients.
- 1.2-S3 — Adjusts approaches for the context of the client: culture, language, demographics, policies, procedures, and organizational structure.
- 1.2-S4 — Selects strategies and resources based on the clients' learning style, culture, language, needs, and preferences.

May be demonstrated by evidence of:

- ◆ relationship-based practice
- ◆ effective communication
- ◆ positive client evaluation of consultant services
- ◆ cultural competence

Subdomain 3: Consultation Process

- ◆ *Stages of consultation*
- ◆ *Observation and assessment*
- ◆ *Plan development and evaluation*
- ◆ *Supporting client capacity*
- ◆ *Client advocacy*

Knowledge

- 1.3-K1 — Understands consultation process stages and steps.
- 1.3-K2 — Knows the principles and techniques of objective program observation and assessment.
- 1.3-K3 — Describes how to develop a consultation plan with clients including goals, outcomes, strategies, and evaluation.
- 1.3-K4 — Understands that consultation is a capacity-building process and knows the strategies for supporting client capacity.
- 1.3-K5 — Knows when clients may need support to advocate for needs and what resources and connections are available to support them.

Skills

- 1.3-S1 — Uses an appropriate consultation process, including establishing a productive relationship, assessing client's willingness and commitment, and identifying the consultation purpose and focus.
- 1.3-S2 — Applies and models objective observation, interviewing, assessment, feedback, and demonstration.
- 1.3-S3 — Develops and adheres to a consultation plan with clients, including goals, outcomes, strategies and evaluation.
- 1.3-S4 — Effectively works with clients to reflect on progress and engage in collaborative problem-solving.
- 1.3-S5 — Connects client to early childhood advocacy and systems-building efforts as needed.

May be demonstrated by evidence of:

- ◆ consultation process
- ◆ objective observation and assessment
- ◆ mutually developed consultation plan and regular review of progress and consultation relationship
- ◆ client evaluation of consultant services
- ◆ referral as needed



Domain 1: The Consulting Professional continued

Subdomain 4: Professional Development

- ◆ *Self-assessment of knowledge and skills*
- ◆ *Professional development plan implementation*
- ◆ *Current research and best practice*
- ◆ *Reflective practice*
- ◆ *Leadership*
- ◆ *Partnering*

Knowledge

- 1.4-K1 — Describes the necessary knowledge and skills needed for the consultation role such as observation, assessment, relationship-based practice, adult learning theory, facilitation, planning and evaluation, etc.
- 1.4-K2 — Knows the resources and continuing education opportunities available for consultants working with infant/toddler settings.
- 1.4-K3 — Understands current research and trends and their relevance for infant/toddler early care and education best practices.
- 1.4-K4 — Describes the tenets of reflective practice and how it supports strength-based consultation relationships.
- 1.4-K5 — Understands the qualities of leadership, such as vision, strong communication skills, integrity, and dedication, and the role of leadership in the consultation process.
- 1.4-K6 — Knows the principles of partnering and collaboration with clients, consultants, and other professionals.

Skills

- 1.4-S1 — Identifies personal dispositions, and professional knowledge and skills, and sets professional development goals.
- 1.4-S2 — Works continuously to improve work-related skills and performance through continuing education, self-reflection, and participation in professional communities of practice.
- 1.4-S3 — Integrates current research and trends about infants and toddlers, adult learning, capacity-building, and change into the consultation work.
- 1.4-S4 — Models and encourages reflective practice.
- 1.4-S5 — Identifies and uses personal leadership, advocacy, and interpersonal communication skills.
- 1.4-S6 — Works proactively to develop partnerships and collaborations to support quality infant/toddler programs and services.

May be demonstrated by evidence of:

- ◆ self-assessment and professional development plan
- ◆ progress towards professional development goals
- ◆ maintenance of licenses and credentials that require professional development hours
- ◆ scheduled peer reflective-practice sessions
- ◆ participation in professional communities of practice
- ◆ collaborative work with other consultants/professionals to improve infant/toddler programs and services



DOMAIN 2: Systems, Sectors, and Settings for Infants and Toddlers

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Subdomain 1: System Components

- ◆ *Sectors and settings*
- ◆ *Regulations, standards, and benchmarks*
- ◆ *Quality initiatives and best practices*

Knowledge

- 2.1-K1 — Knows the systems, sectors, and settings that serve infants, toddlers, and their families and the unique characteristics of each, including center-based child care, family child care, Early Head Start, home visiting programs, early intervention, and family, friend, and neighbor care.
- 2.1-K2 — Knows the State and Federal regulations, standards, and benchmarks that relate to early care and education for infants, toddlers, and their families, including the Child Care and Development Fund, Early Head Start, health, early childhood mental health, Part C of IDEA, licensing, and ADA.
- 2.1-K3 — Knows the quality initiatives and best practices related to infant/toddler care, including integrated professional development systems, quality rating improvement systems, and other quality initiatives including accreditation, developmentally appropriate practice, and infant/toddler early learning guidelines.

Skills

- 2.1-S1 — Customizes consultation to needs of systems, sectors, and settings.
- 2.1-S2 — Recognizes and addresses unsafe, unhealthy, and illegal practice and reinforces developmentally appropriate and best practice.
- 2.1-S3 — Supports programs to assess their quality compared to health, safety, and licensing standards; *Caring for Our Children*; QRIS standards; national accreditation standards; or other standards and benchmarks recognized within the State.

May be demonstrated by evidence of:

- ◆ sharing of regulations and standards with clients
- ◆ policies and procedures for responding to unsafe and illegal practices
- ◆ collaborative assessment of program quality with other consultants/professionals

Subdomain 2: Program Management and Operations

- ◆ *Characteristics of infant/toddler settings*
- ◆ *Program operations*
- ◆ *Health and safety*
- ◆ *Supporting quality*

Knowledge

- 2.2-K1 — Understands the characteristics of high quality infant/toddler and family services and unique challenges of managing programs serving infants and toddlers and their families.
- 2.2-K2 — Understands the operational requirements and opportunities for each of the sectors and settings in which consultation is being provided, including funding streams, staffing patterns, training and professional development requirements, monitoring processes, assessment, and evaluation measures.
- 2.2-K3 — Understands the health and safety requirements for all sectors and settings, including emergency preparation plans.
- 2.2-K4 — Understands the principles of organizational design and leadership, how program policy and practice can impact quality of care, and the critical role of families.

Skills

- 2.2-S1 — Supports management staff to understand the characteristics of high quality care for infants and toddlers and address challenges impacting quality of care.
- 2.2-S2 — Supports management staff to address monitoring and evaluation requirements and opportunities for funding and professional development.
- 2.2-S3 — Assists infant/toddler settings to address health and safety requirements.
- 2.2-S4 — Assists infant/toddler settings to research and integrate models for program policies that support quality care, promote protective factors in families, and promote the inclusion, health, and well-being of children, families, and practitioners.

May be demonstrated by evidence of:

- ◆ collaborative development of a plan to address challenges and secure resources
- ◆ collaborative review of health and safety requirements
- ◆ collaborative analysis of how policies and practices impact quality of care and the role of families in programs policy development

Subdomain 3: Resource and Referral

- ◆ *Public and private resources*
- ◆ *Quality initiatives*
- ◆ *Professional development*

Knowledge

- 2.3-K1 — Knows the range of public and private resources available to infants, toddlers, families, and practitioners including health, mental health, vision, oral health, and early intervention to support the delivery of quality services.
- 2.3-K2 — Knows how to access community, State, and Federal initiatives to support quality improvement.
- 2.3-K3 — Knows resources and supports available for professional development and workforce initiatives.

Skills

- 2.3-S1 — Supports practitioners and families to access appropriate resources by providing information and assisting with the referral process if necessary.
- 2.3-S2 — Connects practitioners to local, regional, State, and national resources for quality improvement including State licensing, Caring for Our Children, State QRIS, accreditation projects, and facility improvement.
- 2.3-S3 — Evaluates the needs of the infant/toddler workforce and provides information on professional development opportunities and workforce initiatives.

May be demonstrated by evidence of:

- ◆ information and referral to public and private resources
- ◆ referral to and participation in quality initiatives
- ◆ information and referral to professional development and workforce initiatives





Domain 2: Systems, Sectors, and Settings for Infants and Toddlers continued

Subdomain 4: Collaborating Disciplines and Service Networks

- ◆ *Cross-system and cross-sector collaboration*
- ◆ *Collaborative consultation*
- ◆ *Service networks*

Knowledge

- 2.4-K1 — Articulates the importance of cross-system and cross-sector collaborations to better serve and support infants and toddlers, their families, and practitioners.
- 2.4-K2 — Understands the principles and practices of collaborative consultation across disciplines.
- 2.4-K3 — Knows about service and consultation networks that provide discipline-specific or interdisciplinary services such as infant/toddler specialists, health, mental health, quality rating improvement, family support, and early intervention services.

Skills

- 2.4-S1 — Facilitates effective communication and services among practitioners, families, and other consultants such as health and mental health specialists.
- 2.4-S2 — Uses collaborative consultation practices and participates in multi- and interdisciplinary consultation initiatives.
- 2.4-S3 — Effectively creates and maintains working partnerships with service networks and other consultants.

May be demonstrated by evidence of:

- ◆ linking practitioners and families to other services and consultation as necessary
- ◆ participation in collaborative consultation initiatives

DOMAIN 3: Relationship-Based Practice

Domain 3: Relationship-Based Practice

Subdomain 1: Relationships as the Context for Development

- ◆ *Centrality of relationships to development*
- ◆ *Dynamic interactive nature of relationships*
- ◆ *Factors that impact relationships*
- ◆ *Impact of relationships on development*
- ◆ *Developmental theories and relationships*

Knowledge

- 3.1-K1 — Explains the centrality of relationships to infant/toddler development and learning.
- 3.1-K2 — Recognizes the dynamic interactive nature of the relationship between infants and toddlers and those who care for them.
- 3.1-K3 — Describes the factors that affect relationships such as temperament and goodness of fit, characteristics and experiences of children and adults, and contextual factors such as culture.
- 3.1-K4 — Describes how positive relationships lead to healthy development, including brain development.
- 3.1-K5 — Discusses the theories of the influence of relationships on development, including development of trust and the critical role of attachment in infant/toddler growth and development.

Skills

- 3.1-S1 — Illustrates the impact of relationships on infant/toddler development.
- 3.1-S2 — Interprets observations with practitioners to stimulate their consideration of the possible meaning or intent of the infant's or toddler's behavior.
- 3.1-S3 — Helps practitioners recognize how attachment, temperament, and other factors impact their own relationships with others and others' relationships with them.
- 3.1-S4 — Uses guidance to support practitioners in building positive relationships and to support the positive relationships of others.
- 3.1-S5 — Supports practitioners to reflect on observations of infants and toddlers and connect child development theories to practice in a clear, meaningful, and practical manner.

May be demonstrated by evidence of:

- ◆ consultation on the value of relationships and strategies for initiating and sustaining relationships with children and families
- ◆ consultation on approaches to addressing challenges or barriers to forming healthy relationships
- ◆ consultation on theories of child development and their connection to daily experiences of infants and toddlers

Domain 3: Relationship-Based Practice continued

***Subdomain 2: Key Relationships for
Infants and Toddlers***

- ◆ *Infant/toddler relationships with parents, families, and caregivers*
- ◆ *Relationships among parents, families, and caregivers*
- ◆ *Parallel process*
- ◆ *Strength-based practice*

Knowledge

- 3.2-K1 — Describes the importance of relationships in the lives of infants and toddlers with parents, families, and practitioners.
- 3.2-K2 — Describes the importance of relationships among parents, families, and practitioners.
- 3.2-K3 — Recognizes that consultant-practitioner and consultant-director relationships influence the relationships those individuals have with others through the parallel process.
- 3.2-K4 — Identifies strength-based practice and how positive relationships promote healthy families and prevent child abuse and neglect.

Skills

- 3.2-S1 — Supports practitioners to learn about key relationships in the lives of infants and toddlers and their families.
- 3.2-S2 — Examines with practitioners their relationships with parents and families and the influence of cultures and cultural preferences.
- 3.2-S3 — Observes the quality of interactions among all staff and supports program management staff and practitioners to use reflective practice to support interactions at all levels.
- 3.2-S4 — Supports practitioners to identify strengths of individuals and families to support healthy development and healthy families.

May be demonstrated by evidence of:

- ◆ analysis with practitioners of key relationships of infants and toddlers, parents, and families
- ◆ training delivery or consultation on healthy relationships, including appropriate boundaries and culturally relevant practices
- ◆ support and use of reflective and strength-based practices



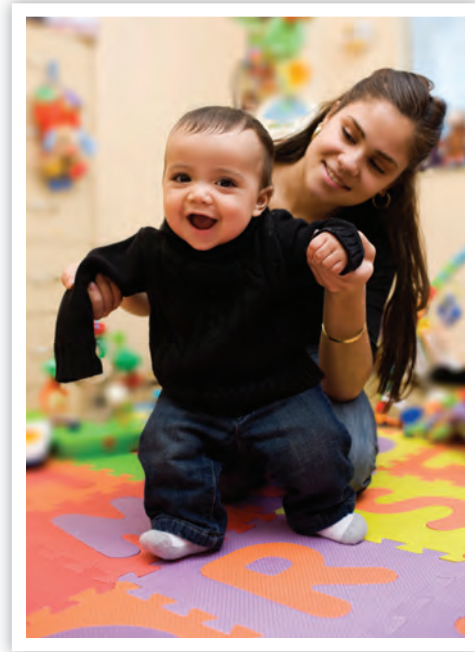
Domain 3: Relationship-Based Practice continued

***Subdomain 3: Policies That Support
Relationship-Based Practice***

- ◆ *Responsive caregiving*
- ◆ *Continuity of care*
- ◆ *Primary caregiving*
- ◆ *Transitions*

Knowledge

- 3.3-K1 — Identifies policies and models of practice that support healthy relationships.
- 3.3-K2 — Explains the practice of responsive caregiving and how it promotes relationships and healthy development.
- 3.3-K3 — Describes the benefits of primary caregiving and continuity of care for healthy relationships, development, and learning.
- 3.3-K4 — Explains how infant/toddler transitions into, out of, and during the program each day and over time impact development and learning.



Skills

- 3.3-S1 — Demonstrates how to evaluate policies and practices to determine if they support healthy relationships among practitioners, parents, families, and children. Identifies supports to overcome barriers to and find opportunities for implementing relationship-based policies and practices.
- 3.3-S2 — Supports practitioners to learn how to recognize and be responsive to the needs of infants and toddlers.
- 3.3-S3 — Helps program management staff and practitioners value and implement primary caregiving and continuity of care.
- 3.3-S4 — Supports program management staff and practitioners to plan for appropriate transitions in the lives of infants and toddlers and their families.

May be demonstrated by evidence of:

- ◆ training delivery on relationship-based practices
- ◆ analysis of program policies and practices for influences on relationships
- ◆ consultation with program management and practitioners to develop and implement relationship-based policies and practices

DOMAIN 4: Infant/Toddler Development, Screening, and Assessment

Domain 4: Infant/Toddler Development, Screening, and Assessment

Subdomain 1: Infant/Toddler Development

- ◆ *Continuum of development/developmentally appropriate expectations*
- ◆ *Integration of developmental domains*
- ◆ *Nature and nurture*
- ◆ *Brain development and research*
- ◆ *Practitioner/family support of development*
- ◆ *Infant/toddler development information and resources*

Knowledge

- 4.1-K1 — Describes the continuum of infant/toddler development and developmentally appropriate expectations.
- 4.1-K2 — Explains how infant/toddler development is integrated across domains (physical, motor, cognitive, communication/language, social, emotional).
- 4.1-K3 — Discusses how infant/toddler development is shaped by both nature (biology, health) and nurture (relationships, safety, environment).
- 4.1-K4 — Explains brain development in infants and toddlers and current brain development research.
- 4.1-K5 — Discusses how families and practitioners can work together to support infant/toddler development.
- 4.1-K6 — Identifies what quality improvement initiatives and resources are available to families and practitioners to support their infant/toddler development knowledge and skills (infant/toddler early learning guidelines, training and education, infant/toddler specialist networks, etc.).



Domain 4: Infant/Toddler Development, Screening, and Assessment continued

Subdomain 1: Infant/Toddler Development continued

Skills

- 4.1-S1 — Evaluates practitioners' understanding of the continuum of infant/toddler development and developmentally appropriate expectations.
- 4.1-S2 — Appraises policies and practices for evidence that practitioners understand and use information and resources (such as infant/toddler early learning guidelines) to support the integration of developmental domains.
- 4.1-S3 — Appraises policies and practices that impact the health, safety, and development of infants and toddlers.
- 4.1-S4 — Evaluates practitioners' understanding of current knowledge of infant/toddler brain development.
- 4.1-S5 — Evaluates the level of collaboration between practitioners and families to support the optimum development of infants and toddlers, including children with special needs.
- 4.1-S6 — Provides an evaluation of infant/toddler development policies and practices, and information on quality initiatives and resources to address areas of needed support for infants, toddlers, families, and practitioners.

May be demonstrated by evidence of:

- ◆ the consultant's review, at both setting and practitioner levels, of infant/toddler development, knowledge and skills
- ◆ recommendations to program management staff and practitioners to support policies and practices that nurture infant/toddler development
- ◆ information provided to client about quality initiatives and resources to address areas of needed support for infants, toddlers, families, and practitioners





Domain 4: Infant/Toddler Development, Screening, and Assessment continued

Subdomain 2: Infant/Toddler Developmental Screening and Assessment

- ◆ *Observation, screening, and ongoing assessment process*
- ◆ *Involvement of families in screening and assessment*
- ◆ *Resources to support observation, screening, and assessment*
- ◆ *Involvement of families in referral*
- ◆ *State's Part C/Early Intervention System*
- ◆ *Referral coordination*

Knowledge

- 4.2-K1 — Explains the process of observation, screening, and ongoing assessment of infants and toddlers, the key components of each, and appropriate tools to support the process.
- 4.2-K2 — Describes the importance of involving families in the process of observation, screening, and assessment.
- 4.2-K3 — Identifies community and other resources that support observation, screening, and assessment.
- 4.2-K4 — Discusses the importance of communication with families regarding referral for services and special needs.
- 4.2-K5 — Explains the point of entry and eligibility criteria for the State's Part C/Early Intervention system.
- 4.2-K6 — Discusses the importance of coordinating referrals with the family and other care providers, such as medical and dental homes, therapists, and other child care providers.

Skills

- 4.2-S1 — Examines program policies and documentation of observation, screening, and assessment to determine appropriateness of approach and provides information on appropriate screening and assessment tools for infants and toddlers.
- 4.2-S2 — Examines with program management staff and practitioners strategies to engage and communicate with families about observation, screening, and assessment.
- 4.2-S3 — Uses community and other resources to support observation, screening, and assessment.
- 4.2-S4 — Demonstrates how to help families understand the need for and benefits of referrals and engage them in the process.
- 4.2-S5 — Examines policies and practices related to referral to Part C/Early Intervention and whether services are delivered within the natural routines of the setting.
- 4.2-S6 — Supports coordination of referrals with the family and other care providers, such as medical and dental homes, therapists, and other child care providers.

May be demonstrated by evidence of:

- ◆ consultation with program management staff and practitioners on appropriate infant/toddler developmental screening, assessment, and referral policies, processes, materials, tools and resources
- ◆ consultation on how to provide time for practitioners to use ongoing observation and assessment to plan, adapt, and individualize curriculum
- ◆ consultation with program management staff and practitioners on communication and involvement of families in observation, screening, assessment, and referral
- ◆ appropriate dissemination of information to protect confidentiality and policies on disclosure to families



DOMAIN 5: Infant/Toddler Curriculum and Individualization

Domain 5: Infant/Toddler Curriculum and Individualization

Subdomain 1: Curriculum for Infants and Toddlers

- ◆ *Concept of curriculum for infants and toddlers*
- ◆ *Distinctions from preschool curriculum*
- ◆ *Curriculum aspects and early care and education continuum*
- ◆ *Developmentally appropriate practice*

Knowledge

- 5.1-K1 — Describes what is meant by the concept of a curriculum for infants and toddlers.
- 5.1-K2 — Explains distinctions between curriculum for infants and toddlers and curriculum for preschoolers.
- 5.1-K3 — Describes the aspects of an infant and toddler curriculum and how it is part of the continuum of early care and education.
- 5.1-K4 — Explains developmentally appropriate practice.

Skills

- 5.1-S1 — Assists program management staff and practitioners to discuss the meaning of a curriculum for infants and toddlers.
- 5.1-S2 — Examines the distinctions between an infant and toddler curriculum and a preschool curriculum with program management staff and practitioners.
- 5.1-S3 — Examines the aspects of the setting's current infant and toddler curriculum with program management staff and practitioners or helps them evaluate curricula they are considering.
- 5.1-S4 — Supports program management staff and practitioners to implement a developmentally appropriate infant and toddler curriculum.

May be demonstrated by evidence of:

- ◆ analysis with program management staff and practitioners of curricula for infants and toddlers and developmentally appropriate practice

Subdomain 2: Development and Implementation of Infant/Toddler Curriculum

- ◆ *Individualized curriculum*
- ◆ *Curriculum-planning process*
- ◆ *Infant/toddler early learning guidelines*
- ◆ *Relationships and routines*
- ◆ *Transition to age groups and curricula*

Knowledge

- 5.2-K1 — Discusses how to individualize a curriculum for infants and toddlers.
- 5.2-K2 — Describes the cyclical and overlapping components of an individualized curriculum, including observation, documentation, planning, implementation, and reflection.
- 5.2-K3 — Explains infant/toddler early learning guidelines and their connection to a developmentally appropriate curriculum for infants and toddlers.
- 5.2-K4 — Describes how a curriculum for infants and toddlers needs to be embedded in relationships, responsive care, and daily routines.
- 5.2-K5 — Discusses how to facilitate transitions from infant to toddler to preschool age group and curriculum.

Skills

- 5.2-S1 — Examines policies and practices with program management staff and practitioners to individualize a curriculum.
- 5.2-S2 — Examines curriculum development procedures with program management staff and practitioners for inclusion of observation, documentation, planning, implementation, and reflection.
- 5.2-S3 — Examines infant and toddler curriculum with program management staff and practitioners for effective inclusion of infant/toddler early learning guidelines.
- 5.2-S4 — Examines individualized child development plans with program management staff and practitioners for evidence of focus on relationships, responsive care, and attention to a child's routines.
- 5.2-S5 — Supports program management staff and practitioners to develop transition plans for toddlers to preschool curriculum.

May be demonstrated by evidence of:

- ◆ consultant observation and review of child documentation and link to curriculum plans
- ◆ training or consultation on methods and strategies to individualize curriculum to meet child's needs, including special needs
- ◆ consultant participation and/or delivery of infant/toddler early learning guidelines training

Subdomain 3: Key Partners and Resources Supporting Infant/Toddler Curriculum

- ◆ *Partnering with families*
- ◆ *Partnering with Part C/Early Intervention Services*
- ◆ *Individualized Family Services Plan (IFSP)*
- ◆ *Additional partners and services*

Knowledge

- 5.3-K1 — Describes strategies to partner with families to develop and implement an individualized curriculum for infants and toddlers in the early care and education setting, at home and in other environments.
- 5.3-K2 — Discusses how to partner with Part C/Early Intervention Services to develop an effective curriculum for children with special needs.
- 5.3-K3 — Describes how practitioner participation in an IFSP can support the inclusion of infants and toddlers with special needs and their successful participation in learning opportunities in early care and education settings.
- 5.3-K4 — Describes other partners and services for practitioners and families to support parent engagement, learning, and care of infants and toddlers.

Skills

- 5.3-S1 — Examines, with program management staff and practitioners, daily or individualized plans for parent involvement in curriculum development and implementation.
- 5.3-S2 — Examines, with program management staff and practitioners, policies and procedures related to collaboration with Part C to design an effective curriculum for infants and toddlers with special needs.
- 5.3-S3 — Examines, with program management staff and practitioners, policies and procedures for IFSP participation and provision of supports and adaptations necessary for the child to successfully participate in the curriculum activities.
- 5.3-S4 — Supports program management staff, practitioners, and families to connect with the array of other consultants or community programs that may be involved with the care and development of individual children.

May be demonstrated by evidence of:

- ◆ consultation with program management staff and practitioners on partnering with families
- ◆ review with program management staff and practitioners of Part C/Early Intervention collaboration policies and inclusionary practices
- ◆ provision of information and supports to program management staff, practitioners and families to connect with other consultants and services

Dispositions

Effective consultants manifest many of the same sets of attributes one hopes to see in infant/toddler practitioners and program administrators. These attributes, called dispositions, provide a vehicle for effectively conveying specialized knowledge of infants and toddlers. Below is an organizational framework of dispositions for infant/toddler consultants to reflect upon and strive to demonstrate in their work.²



Caring Dispositions

Consultants with this set of dispositions value and appreciate all aspects of the well-being of infants and toddlers, practitioners, and program administrators.

The following list comprises many, but not all, of the qualities, tendencies, and/or behaviors that characterize a set of caring dispositions.

CARING DISPOSITIONS

Empathic:	Identifies with and sees things from the perspective of others.
Compassionate:	Sympathizes, often with a desire to understand and help improve conditions of others' lives.
Understanding:	Develops appropriate relationships.
Respectful:	Shows appropriate regard for the needs, ideas, and experiences of others.
Passionate:	Demonstrates excitement, enthusiasm, and optimism for the people, content, and context of the consulting-teaching-learning process.
Culturally Competent:	Appreciates and capitalizes upon diversity; is aware of and acts to reduce one's own biases; employs culturally sensitive pedagogy.

² Adapted from *The Iowa Dispositions Model: A Framework for Developing Effective Teacher Dispositions 8-08*.

Communicative Dispositions

Consultants with this set of dispositions are sensitive to and skilled in the various aspects of human activity. They have effective interpersonal relationship skills and attitudes that foster collaborative enterprises useful in enhancing the teaching-learning process.

The following list comprises many, but not all, of the qualities, tendencies, and/or behaviors that characterize a set of communicative dispositions.

COMMUNICATIVE DISPOSITIONS

Present:	Is keenly engaged in interactions and observations.
Responsive:	Is inclined to act as best meets the needs, subtle as well as obvious, of others and their circumstances. Responsiveness can be demonstrated quickly in a conversation or over time by, for example, providing follow up resources as needed.
Attentive:	Pays attention to all aspects of communication and applies active listening techniques such as paraphrasing what the other person has said to ensure clear understanding.
Collaborative:	Involves and works with others in planning, problem solving, and implementing effective practices.
Vocal:	Is willing to openly engage and respond to peers, practitioners, administrators, and community.

Creative Dispositions

Consultants with this set of dispositions display the capacity to envision and craft things in novel and meaningful ways.

The following list comprises many, but not all, of the consultant qualities, tendencies, and/or behaviors that characterize a set of creative dispositions.

CREATIVE DISPOSITIONS

Flexible: Adapts, adjusts, and modifies practices to meet the needs of those with whom she/he is consulting; thinks on his/her feet; is comfortable with change.

Inventive: Uses the interests, preferences, and needs of infants, toddlers, families, and practitioners to collaboratively design multiple strategies to support the infant's or toddler's successful participation in natural learning opportunities; creates, reviews, problem solves, and revises intervention strategies practitioners can successfully implement throughout typical routines and activities; visualizes and can support implementation of novel ideas and practices.

Resourceful: Identifies and uses resources in effective ways; adapts practices to unforeseen challenges; helps practitioners find and use resources and informal supports.

Resilient: Endures stress and maintains stability in the face of disruption and chaos; recovers poise or spirit that enables moving forward in an effective manner.



Critical Dispositions

Consultants with this set of dispositions have the ability to examine closely, to critique, and to ask questions. They do not accept the status quo at face value but employ higher level thinking skills to evaluate, analyze, and synthesize. Self-evaluation and reflection characterize individuals with this set of dispositions.

The following list comprises many, but not all, of the qualities, tendencies, and/or behaviors that characterize a set of critical dispositions.

CRITICAL DISPOSITIONS

Reflective:	Takes time consistently to evaluate effectiveness of consultation and behavior in terms of the larger goals of consultation; nurtures reflectivity in practitioners; reflects on own growth and accountability.
Enterprising:	Exhibits a willingness to pursue solutions to problems or questions; gathers relevant data and persistently seeks to improve situations or areas of need.
Open-Minded:	Exhibits an ability to look at different sides of an issue; recognizes the possibility of error in one's own beliefs and practices; does not display or act upon prejudices against people or ideas.
Effective:	Nurtures high expectations; demonstrates self-direction and confidence; encourages others to display their own skills and strengths.
Modest:	Places the needs of the learner and/or learning task above own ego; reflects on own growth and accountability.

Professional Dispositions

These are general expected qualities and practices of all professionals, including consultants.

PROFESSIONAL DISPOSITIONS

Professional: Meets the standards expected of a professional, such as appropriateness of dress, grooming, demeanor, punctuality, tact, discretion, courtesy, etc.

Ethical and Principled in

Person and Profession: Adheres strongly to personal and professional morals, principles, and ethical standards established by the profession, for example, the NAEYC Code of Ethics; evidences integrity.

Responsible and

Reliable: Conducts work and related tasks in a reliable, thorough, and efficient manner; has strong work ethic.

Discreet: Complies with Federal, State, and program policies relating to confidentiality.

Objective: Fosters and enhances the teaching and learning process while exercising judgment about personal and professional boundaries; displays genuineness.

Appendices







Appendix 1: Acknowledgments

The Guide to Effective Consultation is the result of intensive work by many individuals and organizations. We would like to recognize everyone who participated in the project for sharing his/her valuable time and expertise. Thank you for your important contributions to this document, and for your continued work to promote high-quality settings and services for infants, toddlers, and their families.

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Appendix 2: Guide to Effective Consultation Project History and Process

Previous Work in Region 1

The Early Childhood Consultant Infant/Toddler Training Modules were developed by the National Infant & Toddler Child Care Initiative (NITCCI) through a technical assistance request from the Connecticut Nurses' Association on behalf of the Healthy Child Care New England Partnership, the Connecticut Head Start State Collaboration Office, and the Region 1 State Child Care Administrators.

There are three Early Childhood Consultant Infant/Toddler Training Modules:

- Module 1-Relationships: The Heart of Development and Learning
- Module 2-Supporting Infant/Toddler Development, Screening, and Assessment
- Module 3-Infant/Toddler Curriculum and Individualization

These modules were designed to ensure that early childhood consultants from multiple disciplines, working in infant/toddler care settings, had access to the information, materials, and resources necessary to support their work.

In the fall and winter of 2009-2010, the Region 1 Office of Child Care, in collaboration with NITCCI, worked with the six New England States to roll out the three Early Childhood Consultant Infant/Toddler Training Modules. States assembled multidisciplinary teams to participate in three days of training. Team members included individuals representing a variety of sectors, including child care, Early Head Start, health, mental health, professional development, training and technical assistance, child welfare, Early Intervention, higher education, and family support. Each team included the Early Head Start State Infant/Toddler Specialist.

In addition to exploring the three Training Modules, State teams created a plan for how the State might better support consultants in their work with infant/toddler settings. Following the three days of training, the State teams continued their work, expanding their teams to bring in additional stakeholders in their respective States. To date, the New England States have developed and implemented a number of thoughtful and creative initiatives that use or build on the Infant/Toddler Training Modules to support the professional development systems for infant/toddler practitioners and consultants. Some examples include:

- providing an Advanced Infant/Toddler Institute that resulted in the development of community-level teams that support quality in infant/toddler settings in their local area.
- developing and presenting training to consultants and others on the three Infant/Toddler Training Modules, in combination with training on the State Infant/Toddler Early Learning Guidelines.
- training for faculty at institutions of higher education to ensure that these institutions provide courses and professional development to practitioners that are current on best practice and research on infant/toddler development.
- adapting the Infant/Toddler Training Modules into an on-line training for practitioners, and piloting this training in several large early childhood centers. Participating centers receive the support of a consultant to help with the implementation of the training, materials, and activities to support improved practice.
- providing training to teams from programs serving infants and toddlers. In addition to supporting quality in their own programs, teams are expected to mentor additional programs after completing the training.

Initiation of the Guide to Effective Consultation Project

As a natural outgrowth of the Training Modules project, a follow-up technical assistance request was made by the Massachusetts State Child Care Administrator. Upon further inquiry, all six New England States expressed interest in further collaboration to develop a set of consultant competencies that could be used across the region and beyond to other States.

Technical assistance to support such a project fit with the Office of Child Care's *Pathways and Partnerships for Child Care Excellence*, which includes a priority around building strong professional development initiatives, as the competencies would be used to strengthen the skills and qualifications of the pool of child care consultants working in programs serving infants and toddlers.

Bringing People Together

Because of the strong collaborative spirit in Region 1, a multidisciplinary CKC Workgroup was assembled that included participation both from the Region 1 States to represent the specific needs and requirements of New England *and* from national technical assistance providers who could ensure a broader, country-wide perspective (see Appendix 1 for list of participants). At the regional level, both the Office of Child Care and Office of Head Start were integrally involved in the process.

In light of the interest in collaboration, the scope of work included the development of core knowledge, competencies, and dispositions (CKC) for consultants working with early care and education (ECE) settings serving infants and toddlers. The CKC would then be used to establish a regional and hopefully national understanding of the key knowledge and skills that consultants need to effectively support the ECE workforce as well as provide quality care and services for infants and toddlers while remaining relevant to all ECE settings.

A small subgroup of the Workgroup participated in the Writers' Group. These individuals were charged with gathering input and feedback from the Workgroup, drafting and revising the various components of the Guide to Effective Consultation and preparing the final document.

Defining the Project

State Child Care Administrators from the Region 1 States were interviewed to ensure a common understanding of the Guide to Effective Consultation project. The interviews also served as a means of gathering Administrators' input and insights on the critical elements the Guide to Effective Consultation must include in order for the work to be most relevant and useful in their respective States. These interviews proceeded with a standard set of questions that included general understanding of the goals, application of the work, timeline of the project, the existence of similar documents in respective States, Workgroup State representatives' skills and strengths, expected CKC use, and projected level of involvement.

Guiding Principles for This Project

The CKC Workgroup developed a set of guiding principles to frame this work.

The core knowledge, competencies, and dispositions for Infant/Toddler Consultants working in early care and education settings:

- Are research based and reflect best practice;
- Build upon the work previously done within Region 1 and nationally;
- Support collaborative multi-disciplinary and interdisciplinary consultation practices;
- Reflect individual, social, economic, and cultural diversity that must be understood and honored in practice;
- Support and promote culturally competent practice;
- Are relationship-based and family-centered, acknowledging that infants and toddlers develop within the context of their families;
- Define the knowledge and skills necessary for promoting the development and well-being of infants and toddlers regardless of the individual's discipline;
- Apply to consultants working in all settings and sectors, including Early Head Start (EHS), IDEA Part C, center-based child care, family child care, and family, friend, and neighbor care (FFN); and
- Reflect the knowledge, skills, and dispositions essential for all consultants working with infants and toddlers, their families, and practitioners in any capacity, setting, or sector.



Reviewing the Literature and Defining Key Terms

CKC-related documents from a number of States across many ECE disciplines were reviewed and summarized as a basis of information (see Appendix 4 for list of resources). A number of definitions of both *consultant* and *core knowledge* and *competencies* were also gathered from the various documents in order to extract the most resonating aspects of the Guide to Effective Consultation work to be done. Keeping in mind the comprehensive literature review as well as the guiding principles, the members of the Guide to Effective Consultation project developed the following definitions:

An infant/toddler consultant is a professional with specific knowledge, skills, and dispositions who provides guidance to programs and individuals who work with infants, toddlers, and their families. The guidance is customized to the particular interests, needs, and circumstances of the program or individual.

Core knowledge and competencies (CKC) define the content (knowledge), skills (competencies) and dispositions (attributes) that consultants need to effectively guide programs and individuals to provide quality services to infants, toddlers, and their families. CKC are defined and observable and establish a standard of practice across disciplines.

The Writers' Group assumed the responsibility of drafting the definitions. In addition, the Writers' Group determined the categories (or domains) to be included.

Organization of the Guide to Effective Consultation

Skills and Knowledge

In the end, five primary CKC domains were chosen, each further divided into subdomains, with specific knowledge and skills identified for each subdomain.

Dispositions

The Workgroup decided not to include specific dispositions within the five domains, since the consensus was that the dispositions crossed all of the domains. Instead the Workgroup decided to adapt and use, with explicit written permission from the Iowa Department of Education, parts of *The Iowa Disposition Model: A Framework for Developing Effective Teacher Dispositions (8-08)*. The Workgroup made some minor adaptations for the purposes of the Guide to Effective Consultation project.

Reviewing and Revising the Guide to Effective Consultation

The Writers' Group developed a first draft of the document in December 2010 and sought input from the entire Workgroup. A second draft was developed in February 2011 and, again, the entire Workgroup was invited to provide comments and feedback. At this time, the draft was also distributed to a wider audience, including: stakeholders in each of the Region 1 States; U.S. Department of Education, Office of Special Education; Maternal and Child Health Bureau (MCHB); National Association for the Education of Young Children (NAEYC); National Early Childhood Technical Assistance Center (NECTAC); ZERO TO THREE; Healthy Child Care New England; and the Vermont Catamounts Infant/Toddler Workgroup.

The final document was reviewed by the Administration for Children and Families, Office of Child Care and Office of Head Start. Design and copyediting were completed by NITCCI.



Appendix 3: Glossary

Accreditation—A process that insures that a program has met a specific set of quality standards applied to early childhood programs such as the Council On Accreditation (COA) or the National Association for Family Child Care (NAFCC), or as defined by the National Association for the Education of Young Children (NAEYC).

Active listening—Interactions with another person that demonstrate that the listener understands what the speaker is talking about.

Administration for Children and Families (ACF)—Federal agency within the U.S. Department of Health and Human Services that provides funding to State, Territory, local, and Tribal organizations to provide family assistance, child support, child care, developmental disabilities, Head Start, child welfare, and other programs related to children and families. <http://www.acf.hhs.gov>

Adult learning theory—An understanding of how adults learn. Adult learning differs from children's learning in that it is self-directed, problem centered, experience based, and more often relevant to life.

Advocacy—Families, organizations, or volunteers speaking out on or working on behalf of the rights, interests, or needs of others.

American Academy of Pediatrics (AAP)—An organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. AAP is also home to Healthy Child Care America (HCCA), an initiative designed to forge strong linkages between health and child care professionals in order to support the health and safety and early education of children in out-of-home child care. This includes increasing access to preventive health services, safe physical environments, and a medical home for all children. The program also strives to increase pediatrician participation and effectiveness in providing high-quality care and promoting early education and children's health and well-being. HCCA is a product of a shared vision between Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and the Administration for Children and Families' Office of Child Care (OCC). <http://www.aap.org>

Americans with Disabilities Act (ADA) —Federal disability antidiscrimination legislation passed in 1990 to guarantee basic civil rights to people with disabilities. Similar to those provided to individuals on the basis of race, sex, national origin, and religion, the ADA guarantees equal opportunities for individuals with disabilities in areas of employment, transportation, government services, telecommunications, and public accommodations.

Assessment—A process of collecting and recording information through the use of multiple tools to evaluate a child’s abilities and skills at a given point and measure progress over time with respect to developmental domains. Assessment happens on a continual basis, is embedded in regular curriculum and schedule, and results in a variety of education decisions about children and programs.

Attachment—A strong and enduring emotional bond (relationship) between a baby and specific, important adults (e.g., mother, father, caregiver) that supports later emotional relationships.

Authentic assessment—An ongoing assessment process that occurs in the individual’s natural environment.

Best practice—Term used to describe any instructional technique, scientifically based practice, or method proven through research to be effective or valid.

Capacity building—Any assistance that improves the ability of families, practitioners, administrators, and programs to support the healthy development of infants and toddlers.

Caregivers/teachers—Adults who care for and support the learning and development of infants and toddlers in homes, child care centers, family child care homes, Early Head Start programs, family, friend, and neighbor care settings, and early intervention professionals and home visitors.

Caring for Our Children—National publication by the America Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children* describes a comprehensive set of health and safety standards for quality child care. <http://nrckids.org/CFOC/index.html>

Center-based child care—Programs that are licensed or otherwise authorized to provide child care services in a non-residential setting.

Child care—Comprehensive care and education of young children, usually outside their homes.

Child Care Resource and Referral (CCR&R)—A program that provides education, information, and child care referrals for child care providers, families, and communities.

Continuity of care—A practice utilized by early care and education programs and settings so that infants and toddlers experience as few transitions in caregivers as possible during their time with the program. The purpose of a continuity of care policy is for the infant or toddler to experience continuity over time in a setting, thus allowing the development of a longer-term relationship with the care provider.

Core competency—Observable skills, values, and attitudes needed by professionals in order to provide high quality services.

Core knowledge—Knowledge needed by professionals to effectively conduct their work.

Core knowledge and competencies (CKC)—Define the content (knowledge), skills (competencies), and dispositions (attributes) that consultants need to effectively guide programs and individuals to provide quality services to infants, toddlers, and their families. Core knowledge and competencies are defined and observable and establish standards of practice across disciplines.

Credential—A document or record certifying that an individual has met a defined set of requirements set forth by the grantor of the credential, usually related to skills and knowledge and may include demonstrations of competence.

Culture—The unique collection of beliefs, practices, traditions, valued competencies, world views, and histories that characterize a group of people.

Cultural competence—The ability to respect and value the differences seen in other people, including customs, thoughts, behaviors, communication styles, values, traditions, and institutions. Cultural competence includes the ability to learn from and relate respectfully to other cultural backgrounds, heritages, and traditions.

Cultural sensitivity—The recognition that there are differences between cultures. These differences are reflected in the ways that different groups communicate and relate to one another.

Curriculum—A planned, sequenced set of activities and experiences based on the developmental needs of children.

Dental home—Child’s oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The dental home enhances the dental professional’s ability to assist children and their parents in the quest for optimum oral health care, beginning with the age 1 dental visit for successful preventive care and treatment as part of an overall oral health care foundation.

Development—The process in which a child gains skills in areas such as social/emotional, cognitive, speech/language, and physical growth. This process includes both fine and gross motor skills.

Developmental milestones—Memorable accomplishments in child’s growth. Examples include rolling over, crawling, walking, and talking.

Developmentally appropriate practice (DAP)—The foundation for effective teaching, based on child and youth physical, cognitive, and social/emotional needs. These practices are responsive to each child’s individual strengths, interests, and needs, which are based on knowledge of child development and learning, knowledge of the child, and the cultural context in which the child lives.

Disposition—An inherent characteristic/attribute or natural tendency.

Domain—One of five broad categories in which the core knowledge and competencies for infant/toddler consultants are grouped.

Early care and education (ECE)—General term to describe the system of services provided to young children and their families. ECE includes, but is not limited to, center-based child care, family child care, in-home or family, friend, and neighbor child care, home visiting, infant mental health, early childhood mental health, Head Start, Early Head Start, and Early Intervention.

Early care and education workforce—includes those working with young children (infants, toddlers, preschoolers, and school-age children in centers, homes, and schools) and their families or on their behalf (in agencies, organizations, institutions of higher education, etc.), with a primary mission of supporting children’s development and learning. (NAEYC and NACCRRRA, “Training and Technical Assistance Glossary” [early release], March 2011.)

Early Head Start (EHS)—A program established under the 1994 Head Start Reauthorization Act to serve low-income pregnant women and families with infants and toddlers. EHS is a family-centered and community-based program that is designed to promote healthy prenatal outcomes and enhance children’s physical, social, emotional, and intellectual development, and promote healthy family functioning.

<http://www.acf.hhs.gov/programs/ohs/>

<http://eclkc.ohs.acf.hhs.gov/hslc>

Early Intervention services (EI)—Programs or services designed to meet the developmental needs of infants and toddlers and their families.

Early learning guidelines—Research-based, measurable expectations about what children should know (understand) and do (competencies and skills) in different domains of learning.

Family child care—Child care program in which a provider cares for children within a private residence other than the child’s residence.

Family, friend, and neighbor care—Child care provided by relatives, friends, and neighbors in the child’s own home or in another home, often in unregulated settings. Related terms include *informal child care* and “*kith and kin*” care.

Family support—Promotion of healthy development by helping parents to enhance their strengths and resolve problems that can lead to child maltreatment, developmental delays, and family disruption. Services include peer support and counseling, early developmental screening, parent education, early childhood development, child care and respite care, home visits, family resource centers, school-linked services, recreation, and job or skills education or training.

Goodness of fit—Describes how well the demands and expectations of an environment and the people in it are compatible with a person’s temperament, expectations, and other characteristics.

Head Start Roadmap to Excellence—Office of Head Start’s quality initiative to promote positive, sustained child outcomes for the children it serves. This roadmap lays out a set of specific actions that the Office of Head Start is taking to improve school readiness outcomes among Head Start children and to promote their long-term success. http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Initiatives/roadmap/Head_Start_Roadmap_to_Excellence.pdf

Healthy Child Care New England—a coalition of New England States’ Healthy Child Care America initiatives.

Home visiting program—A program that involves visitation of children, parents, and other family members in their homes by trained personnel who provide information, training, and support.

IDEA—*See Individuals with Disabilities Education Act*

Inclusion—The practice in which all children, with a range of abilities and disabilities, participate together and are regarded as equal members of the learning community.

Individualized Education Plan (IEP)—A written education plan for a school-aged child with disabilities, developed by a team of professionals (teachers, therapists, etc.) and the child’s parents. IEPs are based on a multidisciplinary evaluation of the child and describe how the child is presently doing, what the child’s learning needs are, and what services the child will need. They are reviewed and updated yearly. IEPs are required by the Federal Individuals with Disabilities Education Act (IDEA).

Individualized Family Service Plan (IFSP)—A document that guides the early intervention process for children with disabilities and their families. The IFSP is the means for the implementation of effective early intervention in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). It contains information about the services necessary to facilitate a child’s development and enhance the family’s capacity to facilitate the child’s development. Through the IFSP process, family members and service providers work as a team to plan, implement, and evaluate services tailored to the family’s unique concerns, priorities and resources.

Individualized professional development plan (IPDP)—Documents that provide a framework connecting various professional development experiences to each other and to the common core of knowledge and professional standards for early education professionals. Individual professional development plans are designed to create a holistic approach to building an early childhood professional’s capacities and to ensure that individuals remain current regarding knowledge and practices in the field. (NAEYC and NACCRRA, “Training and Technical Assistance Glossary” [early release], March 2011.)

Individuals with Disabilities Education Act (IDEA) —A Federal program that provides grants to States and jurisdictions to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infants and Toddlers Program (known as Part C of IDEA) for services to children birth through 2 years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages 3 to 5.

Infant—A child birth to 12 months of age.

Infant/toddler consultant—A professional with specific knowledge, skills and dispositions who provides guidance to programs and individuals who work with infants, toddlers, and their families. The guidance is customized to the particular interests, needs, and circumstances of the program or individual.

Infant/toddler specialist network— A state-based system that coordinates the work of infant/toddler specialists.

In-service training—Training completed while working as a practitioner or other professional.

Interdisciplinary consultation—Interdisciplinary consultation models use formal channels of communication that encourage consultants to share information and discuss individual outcomes across disciplines and with infant/toddler practitioners.

ITERS-R—A research-based assessment instrument to evaluate the quality of child care settings for infants and toddlers. The scale is divided into seven areas: furnishings and displays for children, personal care routines, listening and talking, learning activities, interaction, program structure, and adult needs.

Licensing—Requirements or regulations necessary for a provider to legally operate child care services in a State or locality, including registration requirements established under State, local, or Tribal law.

Maternal and Child Health Bureau—The Maternal and Child Health Bureau is part of the U.S. Department of Health and Human Services, Health Resources and Services Administration and its mission is to improve the health of mothers, children and their families. <http://mchb.hrsa.gov/about/default.htm>

Medical home—A doctor’s office, a community clinic, or a health department to which parents can take their children for all child health care needs: immunizations, well-child check-ups, vision, hearing, dental, and developmental screenings and referrals for early intervention services

Multidisciplinary consultation—In multidisciplinary consultation models, professionals from several disciplines work independently of each other, usually within a loosely structured interactive framework.

NAEYC—*See National Association for the Education of Young Children*

National Association for the Education of Young Children (NAEYC)—A membership-supported organization of people who share a desire to serve and act on the needs and rights of children from birth through age 8. <http://www.naeyc.org/>

National Child Care Information and Technical Assistance Center (NCCIC)—A national clearinghouse and technical assistance (TA) center that provides comprehensive child care information resources and TA services to Child Care and Development Fund (CCDF) administrators and other key stakeholders. NCCIC is funded by the Office of Child Care. <http://nccic.acf.hhs.gov>

National Council for Accreditation of Teacher Education (NCATE)—National organization focused on high-quality teacher preparation through the process of professional accreditation of schools, colleges, and departments of education. <http://ncate.org/>

National Early Childhood Technical Assistance Center (NECTAC) is supported by the U.S. Department of Education’s Office of Special Education Programs (OSEP) under the provisions of the Individuals with Disabilities Education Act (IDEA). NECTAC serves Part C-Infants and Toddlers with Disabilities Programs and Part B-Section 619 Preschool Programs for Children with Disabilities in all 50 states and 10 jurisdictions to improve service systems and outcomes for children and families. <http://www.nectac.org>

National Infant & Toddler Child Care Initiative (NITCCI)—A national technical assistance center that works collaboratively with Child Care and Development Fund (CCDF) administrators and other partners to advance system initiatives to improve the quality and supply of infant/toddler child care. Through customized technical assistance, NITCCI works with States, Territories, and Tribes to develop a deeper knowledge about specific elements of the early care and education system that supports quality infant/toddler child care. NITCCI is funded by the Office of Child Care. <http://nitcci.nccic.acf.hhs.gov>

NCATE—*See National Council for Accreditation of Teacher Education*

Observation—The intentional, systematic act of looking at the behavior of another individual in a particular setting, program, or situation.

Office of Child Care—Formerly the Child Care Bureau, a division of the Administration for Children and Families, U.S. Department of Health and Human Services, which administers the Child Care and Development Fund (CCDF) to States, Territories, and Federally recognized Tribes. <http://www.acf.hhs.gov/programs/ccb/>

Office of Head Start—A division of the Administration for Children and Families, U.S. Department of Health and Human Services, which administers the Head Start and Early Head Start (EHS) program. <http://www.acf.hhs.gov/programs/ohs/>
<http://eclkc.ohs.acf.hhs.gov/hslc>

Parallel process—A process through which the relationship between the consultant and practitioner influences the relationship between the practitioner and the child because feelings and interactions from one relationship can be carried forward to another relationship.

Part C—*See Individuals with Disabilities Education Act (IDEA)*

Pathways and Partnerships for Child Care Excellence—Office of Child Care’s comprehensive approach to helping more children in low-income families access high-quality care. http://www.acf.hhs.gov/programs/ccb/ta/pubs/pathways/pathways_partnerships_v1.pdf

Practitioner—An individual who works directly with infants and toddlers to foster growth and development and partner with families in an early care and education setting.

Primary caregiving—A relationship-based practice that falls within the concept of continuity of care. Implementation of primary caregiving as a program policy requires that when an infant or toddler enters care, one caregiver is designated as primary for the child. This caregiver will, to the extent possible and practical in a group care setting, be the one to care for and respond to the child's needs.

Professional development—A continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. These opportunities lead to improvements in the knowledge, skills, practices, and dispositions of early education professionals. Professional development encompasses education, training, and technical assistance. (NAEYC and NACCRRRA, "Training and Technical Assistance Glossary" [early release], March 2011.)

Prosocial behavior—Behaviors that are carried out with the goal of helping other people.

Protective factors—Those characteristics or conditions in families and communities that, when present, increase the health and well-being of children and families. The Center for the Study of Social Policy has identified five protective factors related to reducing and preventing child abuse and neglect.
<http://www.strengtheningfamilies.net>

Quality—Quality child care commonly refers to early childhood settings in which children are safe and healthy and receive appropriate stimulation. Care settings are responsive, allowing children to form secure attachments to nurturing adults. Quality programs and practitioners offer engaging, appropriate activities in settings that facilitate healthy growth and development and prepare children for and promote their success in school.

Quality initiatives—Initiatives that are designed to increase the quality or availability of child care programs or to provide parents with information and support to enhance their ability to select child care arrangements most suited to their family and child's needs. The Child Care and Development Fund (CCDF) provides funds to States to support such initiatives. Common quality initiatives include child care resource and referral services for parents, training and professional development and wage enhancement for staff, and facility improvement and accreditation for child care programs.

Quality Rating and Improvement System (QRIS)—A method of assessment of the level of quality in early childhood programs, for the purpose of quality improvement and community engagement.

Referral—Process through which an individual or family is sent to another professional for services.

Reflective listening—Interactions with another person that demonstrate that the listener understands what the speaker is talking about.

Reflective practice—Refers to the process of studying one's own teaching methods and determining what works best for young children, youth, or adult learners. Reflective practice can help an individual to develop and grow professionally.

Region 1—Administration for Children and Families region that includes the six New England States: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Regulations—Rules or orders issued by an executive authority or regulatory agency of a government and have the force of law.

Relationship-based practice—Methods and approaches used by early childhood professionals that support healthy child development through the context of nurturing relationships. Seven principles define relationship-based work: respect for the person, sensitivity to context, commitment to evolving growth and change, mutuality of shared goals, open communication, commitment to reflecting on the work, and setting standards for staff.

Resource and referral services—*See Child Care Resource and Referral*

Responsive caregiving—Responsive caregiving occurs when the practitioner observes the infant or toddler carefully and bases his or her interactions or responses to the infant or toddler on that child's cues. Practitioner interactions are contingent on the child's actions or interactive bids and are therefore individualized.

Request for proposal (RFP)—A document that serves as the beginning of a selection process, typically submitted for the purpose of bidding for a service contract.

Screening—A brief assessment designed to identify children who are at risk for health problems, developmental problems, and/or disabling conditions and who should receive more intensive assessment.

Sense of self—A person’s mental model of his or her abilities and attributes.

Social/emotional development—The progression of self-awareness and regulation. This growth also allows children to form and sustain social relationships with others.

Special needs—Developmental disabilities that may require specialized care.

Technical assistance (TA)—The provision of targeted and customized supports by (a) professional(s) with subject matter and adult learning knowledge and skills to develop or strengthen processes, knowledge application, or implementation of services by recipients. (NAEYC and NACCRRA, “Training and Technical Assistance Glossary” [early release], March 2011.)

Temperament—The term for individual ways of responding to the environment that appear to be consistent across situations and stable over time—typically included are such characteristics as activity level, intensity of reaction, mood changes, and response to novelty.

Theory of change—Describes the intervention(s) or activities and how or why they will produce the desired outcome.

Toddler—A child 12 months to 36 months of age.

Transition—A passage from one learning setting, grade, program, or experience to another.

U.S. Department of Education, Office of Special Education Programs—The Office of Special Education Programs (OSEP) is dedicated to improving results for infants, toddlers, children and youth with disabilities ages birth through 21 by providing leadership and financial support to assist states and local districts.
<http://www2.ed.gov/about/offices/list/osep/index.html>

ZERO TO THREE—is a national, nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers.
<http://www.zerotothree.org>







Appendix 4: Resources

The CKC Workgroup reviewed a number of materials to support the development of the Guide to Effective Consultation document.

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Administration for Children and Families, Office of Head Start (2010). Improving School Readiness & Promoting Long-Term Success: The Head Start Roadmap to Excellence. http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Initiatives/roadmap/Head_Start_Roadmap_to_Excellence.pdf

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