

implementation and outcome data are identified and collected in consultation with the grantee. Data collection and management at each site will be the responsibility of an individual or organization charged with collecting the core set of measures designated for use in all sites and model variations. Additional collection of data on local measures and analyses of implementation and outcomes may be carried out by individual study sites. This arrangement allows local researchers to consider qualitative or other data collection approaches to augment the core measures.

The evaluation coordinator must ensure that each site has the capacity to develop, implement, and maintain the intervention taking into account important features of the training program and issues related to providers, families and children. This capacity may be provided directly by the grantee organization or through agreement with another organization.

I. Narrative Statement Requirements

The following section describes technical requirements for the Project Narrative Statement.

1. Technical Approach

The applicant will describe its proposed technical approach including an integrated evaluation design. The narrative must link conceptual, theoretical and technical elements of the design, including the selection of the training model or approach as well as plans for site selection and sampling, measurement, field implementation, data collection, and data analysis. Anticipated short-term and long-term outcomes must be described. Initial results regarding implementation fidelity and effectiveness of the training intervention on providers' skills and practices are expected at the end of the first year of training implementation. The design (and anticipated long-term outcomes) must include follow-up to evaluate retention of skills and practice and outcomes of the intervention for children and families. Completion of all data analyses and reports is expected in year four. Public use data files must be archived with the Child Care Research Collaboration and Archive (CCRCA) within 24 months after completion of the project.

The goal of this evaluation is to determine whether specific caregiver training models or approaches effectively improve the knowledge, skills, and practices of caregivers who have traditionally been left out of research and evaluation studies. Of special interest are family home

providers, informal care providers (such as family, friends, and neighbors), entry-level center staff and center staff with minimal qualifications. There is a need for studies that are scientifically rigorous and at the same time feasible for the population under study. Studies should use methodologies that are as rigorous as possible, given the training intervention under study, the population being served, and the presence of potential mediating or confounding variables. Studies may use experimental designs, mixed-approaches or planned variations, but studies that rely solely upon descriptive data (whether qualitative or quantitative) are discouraged. The research design must be clearly articulated and there must be a rationale for including specific groups and subgroups of care providers in different study groups. At least one study site will be expected to use randomized controlled design.

Three areas of complementary research are of particular interest:

- Studies that address how individual or background differences in providers interact with the training approach or model to influence provider outcomes. These studies would address the question: For which provider under which condition is the training approach or model most successful?
- Studies that compare different delivery methods of the training or model, or different approaches to implementation, in order to identify key features of the training approach or model that might improve effectiveness and ease of implementation. These studies would address the question: Under what circumstances does the training approach or model achieve the greatest impact?
- Studies that use randomized controlled designs that can address cause-effect relationships between training models and measured outcomes. These studies would address the question: what training models or training model components lead to positive changes in the competency of providers and outcomes for children and families?

Studies should incorporate measures of intervention fidelity for use as potential mediating variables in the analyses and to control for confounding. For studies using multiple comparison and/or control groups, measures describing the intervention must be included in the study design and/or data analysis plan to ensure that any differences in provider, child or family outcomes between treatment groups and control groups are directly attributable to the intervention. The studies should

incorporate a suitable number of sites to provide sufficient variation to test relevant hypotheses.

2. Conceptual Framework

The conceptual framework presents the theory or underlying idea behind the training model being proposed for evaluation, describes how the training model was developed and used in the field, and why this model is considered worthy of evaluation. It also summarizes the proposed evaluation component, demonstrating the appropriateness and benefit of this approach for assessing the effectiveness of the training model for the target populations.

Training Model or Approach

This section should summarize key aspects of the proposed training model, including the training goals, the types of issues or variables included, the training process, the population of providers to which it applies, what provider outcomes are measured, and how success of the program is determined. If the training program has been formally studied, these studies and their outcomes should be described.

Training models to be considered for implementation and evaluation should include one or more specific areas of focus; for example:

- Training activities designed to improve the skills and practices of caregivers to enable them to support children's development in the area(s) of emerging literacy, language development, numeracy, social-emotional development, physical development, creative expression, and health;
- Training activities to promote skills and practices that would support positive outcomes in linguistically and culturally diverse populations;
- Training and professional development activities designed to enhance child behavior management or other care practices.

Target Populations

Provider Populations. The training approach or model should be targeted to family home providers (regulated and legally-exempt from regulation), informal care providers (such as family, friends and neighbors), and center staff who are entry-level or have minimal qualifications.

Child and Family Populations. The training model and approaches selected for the training intervention should take into account the effects that the theorized changes in skills and practice will have on outcomes for children of the ages served by providers in the sample. For example, some home-based