

providers care for only infants and toddlers or school-age children. Others have a wider range of children in their care. The training model should clearly point to improvements in practice that will affect children of those ages. Many children face special challenges that stem from cultural or language differences, especially if their families are recent immigrants and have not yet created a bridge between their native cultures and ways of life in America. In some communities, child care providers must relate to children of different cultures. Children with disabilities or special needs most often receive care in home-based settings and providers take on these challenges with very little training. More broadly, children from low-income families often face particular challenges as they prepare to enter school. The applicant should describe how changes in practice brought about by the training intervention will help providers support the physical, emotional, social, cognitive and linguistic skills of children with diverse characteristics in order to develop well and be successful in school.

The applicant should provide a detailed description of the training intervention and how it will be delivered to the target population. The expectation is that the funding and delivery of the training will be accomplished through a partnership with a State or local service provider. The cooperative agreement will fund the evaluation of the training implementation and the effects of the training on provider, child and family outcomes.

The creation of partnerships between the researchers and the appropriate State or local entities is key to the success of the implementation and evaluation of the project. When partnerships exist, or will be developed, applicants should describe the specific programmatic or data needs of the service delivery system, as well as existing data collection efforts, how these data will be used within the design of the proposed study, how the data will be augmented, and how the data will enhance the overall strength of the study.

Research Questions and Methodological Justifications

Intervention. What is the theoretical justification for the training intervention selected, and to what extent does the intervention adhere to its theoretical basis? What is the preliminary evidence that the approach will be effective? What are the expected short-term and/or longer-term outcomes for care

providers, children and families? How is each component or combination of training components expected to affect children's outcomes? What are the mediating pathways through which the training model causes change in child outcomes (*i.e.*, what is the logic model)? How are mediating variables and outcomes measured? What is the range of practices that are affected, either positively or negatively? To what extent can procedures be documented, and what is the process for achieving this? What is the range of activities to be undertaken? How does the training intervention differ from existing training opportunities available to the target population? What is the process of continuous improvement, and how are changes, and benefits of those changes, documented over time?

Effects of personal characteristics and site and community contexts. What structures and supports are needed to implement the training intervention? What key activities are needed to gain support from community stakeholders and collaborators? How should providers of different backgrounds or working in different settings be recruited into the study? What about the parents of children attending those settings? What are the contextual variables that might influence how the training intervention is implemented: *e.g.*, culture, neighborhood characteristics, organizational climate, level of poverty in the community, provider backgrounds, education, motivation, skills and attitudes, levels of support (financial and otherwise), competing priorities in the lives of the targeted provider population? What are the relationships among the individuals who are stakeholders and/or participants in the intervention?

Sample. Who is expected to benefit from the training intervention? Is it a universal or selected intervention? Who are the intended participants (types of providers)? How are age, gender, language, socio-economic status and other key child care provider, child, or family characteristics, as well as cultural issues, addressed? To what populations can evaluation results likely be generalized?

Delivery of training intervention. Who gets what, from whom, and how much? What is the intensity of the intervention, the frequency of contact, the length of each contact, the number of contacts and the duration of the training intervention? To what extent is the program individualized, and what are the supports for individualization (*e.g.*, periodic assessments of needs and progress). What is the level of participation, and who is most and least

likely to participate? Who delivers the program? What is the level of education, training, and supervision that is required of training intervention staff? To what extent do external staff (researchers, program developers, trainers) have to remain involved, and in what capacities? What are the barriers to implementation, and how are challenges resolved? What duration, intensity, frequency, and types of ongoing support are necessary to sustain the program after the initial implementation period? What modifications and adaptations are made for care providers with specific challenges to participation to be successful?

3. Evaluation Design

Sampling Plan. The proposed sampling plan should describe technical aspects of sample construction at each level of analysis, including selection of sites, providers, and children, sample sizes and corrections for attrition, and procedures for maintaining sample integrity throughout the study. This plan should demonstrate an understanding of the various provider categories proposed for this evaluation and the challenges of sampling members of each group.

Measurement Plan. All measures proposed for use in the study must be fully described and justified with respect to their appropriateness for study goals, training variables, populations, use in previous studies, known psychometric properties, and other salient factors. The relationship between core measures and site specific measures must be described, as well as how the different levels of measurement will support and enhance one another analytically. The proposal should specifically describe the measurement variables to be included in the core assessment and those used in the site-specific assessment. How will this battery of measures contribute to both breadth and depth of understanding?

Field Operations and Data Collection Plan. This section of the design describes the procedures for collecting data, maintaining confidentiality, protecting human subjects, tracking field operations, and maintaining data quality control. Applicants should discuss problems that might be encountered in the field and the steps that would be taken to resolve them. The relationship between baseline data collection and data collected at other points should also be discussed.

Data Processing and Analysis Plan. The proposal should detail how data will be initially processed and data integrity assessed. This section should