Office of Child Development

Relationships Matter

Annual Report
2010 – 2011

Year Twenty-Five
Supporting families and professionals through research, education, practice, and policy
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We are pleased to report a few highlights from the University of Pittsburgh Office of Child Development’s (OCD) past year of operation.

Program Highlights

- Merging of Early Childhood Partnerships with OCD
  The merger of the Early Childhood Partnerships (ECP) program with OCD was finalized this year, and ECP staff have moved into OCD’s Lexington Park location. ECP is a university-community leadership collaborative dedicated to innovative interdisciplinary consultation, professional development, mentoring, technical assistance, policy development, and program evaluation. Its projects are often devoted to early care and education, early intervention, and health. We believe OCD provides ECP with a supportive and broad organizational context; ECP supplements and complements OCD’s content foci, especially with respect to early intervention, children with disabilities, and health, and it broadens the geographic spread of OCD’s activities to include more projects in surrounding counties and the Commonwealth.

- Strategic Planning
  OCD’s strategic planning process moved toward implementation guided by several study groups of OCD staff members focused on different aspects of the strategic plan. OCD will continue to work in the broad domains of health, education, and welfare, but it will accord more emphasis on communications and evidence-based information to improve outcomes for children, youth, and families. It has also taken steps to prepare for the succession of some of its major administrators.

- Expanded Communications
  The strategic plan encourages OCD to take a broader and more active role in communicating evidence and best practices to its constituents of academic, practice, and policy professionals. Fundamental to these activities is blending knowledge from communication science with evidence on services that work for children to produce more effective and useful communications. OCD’s website has been improved, OCD’s projects have more engaging and effective communications, and OCD is collaborating with community agencies to improve their communication products. This thrust is aided by the addition of specialists in communication strategy and design who will guide OCD in creating a comprehensive communication strategy.

- Support Videos
  OCD is in the process of creating videos that support parents and family support staff. In one case, *The Best of Family Support* depicts how positive relationships between family support staff and participating families lead to substantial improvements in the families’ welfare. This video can be used to introduce families to family support as well as to help train family support staff who work with families. The second video is aimed at helping families understand and be comfortable with developmental screening of their infants and toddlers and to point out the benefits such screening can provide. Further, it shows service providers how to ap-
proach this topic with families, and especially how to communicate screening results that indicate the child should be referred for further evaluation.

- **Ready Freddy Expands**
  OCD’s Ready Freddy transition to kindergarten project has expanded. A new website has been created that includes a virtual book for children in cartoon format that introduces them to kindergarten. In addition, the website contains a tool kit for parents, resources for schools, and current relevant literature. The program is now operating in six Pittsburgh Public Schools, up from two last year.

- **International Projects**
  OCD’s orphanage interventions and their evaluations now operate on four continents. We are now entering the last funded year of a research study that follows children from the three orphanages in St. Petersburg (Russian Federation) that were part of our previous intervention project who transition to adoptive, foster, or kinship families in St. Petersburg or who are adopted to the Pittsburgh region of the USA. This study is aimed at determining the long-term benefits for children of having improved the institutional caregiving environment. OCD is also evaluating intervention programs created and implemented by other organizations in China and in Nicaragua. OCD has now been involved with more orphanage interventions and more comprehensive assessments of different orphanages around the world than any other group.

- **The Leiden Conference**
  In 2009, OCD organized a multinational, interdisciplinary conference of 25 of the world’s research, practice, and policy professionals pertaining to children without permanent parents, most of whom are, or at one time were, institutionalized. The conference has produced a summary paper and a book of nine chapters (both soon to be published) that comprehensively review the world’s knowledge about the development of institutionalized children and alternatives to institutionalization. This review is timely, because the United States Agency for International Development (USAID) in collaboration with the National Institutes of Health as well as a group of international foundations led by the Oak Foundation in Switzerland are both using such information to guide their strategic plans for improving international child welfare systems and services worldwide.

- **Homelessness Initiative**
  An estimated 1,000 children birth to 5 years are homeless in Allegheny County, and such children have several times the rate of developmental delays, emotional or behavioral problems, poorer health, and learning disabilities than children living in stable situations. Currently, 25 programs in the county serve less than one-third of these children. OCD is collaborating with other organizations to describe the state of services and the needs of such families and agencies, especially the learning and relationship opportunities for infants and young children.
• **Early Head Start Expansion**
  Last year, OCD’s Early Head Start program obtained an expansion grant to provide services to an additional 140 pregnant mothers, infants, and toddlers in three additional local communities. This represented nearly a doubling of EHS’s participants, and this expansion became fully operational during the current year.

• **Early Childhood Intervention**
  OCD’s Co-Director, Christina Groark, edited a three-volume set of books for practice and policymakers entitled *Early Childhood Intervention: Shaping the Future for Children with Special Needs and their Families*, which was published this year.

**Financial Highlights**
Although OCD has not been immune to the effects of the financial recession, its total budget for the past year actually increased somewhat, partly as a result of the merger with Early Childhood Partnerships. However, the recession is progressively trickling down to states and local communities, and the health, education, and welfare of low-resource children and families has been hit with substantial cuts. We are bracing for a challenging and likely leaner next year.

**Conclusion**
OCD continues to operate in a constantly changing social and fiscal environment to provide information, services, evaluations, policy initiatives, and other supports to low-resource families and the agencies that serve them in Pittsburgh, the Commonwealth, the nation, and the world, thanks to a creative and dedicated staff and wonderful and supportive collaborators whom we very much appreciate.

Sincerely,

*Christina J. Groark, PhD, Co-Director*
*Robert B. McCall, PhD, Co-Director*
Although the work done by the Office of Child Development’s (OCD) Divisions is quite different, an underlying theme runs through all of our projects—*Relationships Matter*.

We hope that the following stories will give you a glimpse of how each of our divisions uniquely impacts children and families. You will get to know some of the real people we serve, and their challenges and successes.

*Note: To protect the privacy of the people in these stories, some of the images used in the stories are stock photos, and names are changed.*
Structural Changes and Increasing Social Responsiveness made the Russian Orphanage Project a Success.

When OCD Co-Directors Christina Groark and Robert McCall first visited St. Petersburg’s Baby Home 13 (BH13), a Russian orphanage for children, from birth to age four, they saw a clean and well stocked facility, kind and dedicated staff, and children who were well cared for physically. However, they also saw staff interact with the children in emotionally detached, businesslike, and mechanical routines.

“Something happens to people when they come to work in this kind of institution, to the orphanages,” said Rifkat Muhamedrahimov, a professor of psychology at St. Petersburg State University. “It is emotionally very hard for them to work with children who were refused by their parents; children who were refused by society.”

In 2000, Groark, McCall, and Muhamedrahimov partnered with Oleg Palmov, St. Petersburg State University, and Natalia Nikiforova, M.D., director of BH13, to study caregiver-child interaction in BH13. The preliminary study [done by Muhamedrahimov] showed that some staff members were depressed and had anxiety about their jobs. Many were afraid to form attachments with the children. “It is very hard when your favorites leave,” said a staff member, “It’s like a part of your soul, a part of your heart goes with them.”

The children’s behavior showed symptoms of the staff detachment and limited adult interaction. Self-stimulating behaviors such as rocking and thumbsucking were common. Some children were exceedingly shy and withdrawn while others were indiscriminately friendly and clung to any visitor. Children interacted with each other only minimally and with little emotion. Even when they stood next to each other in groups, they played alone. In the rooms where children with disabilities were cared for, head-banging, biting, and other self-abusive behavior was also common.

The researcher’s goal was to promote the development of positive relationships between the children and their caregivers by creating a consistent family-like atmosphere in the orphanage. Three structural changes were implemented:

1. Group sizes were cut in half, from 13-14 children to 6-7.
2. Each group included children of various ages, with and without disabilities.
3. Each group was assigned only two primary caregivers.

In addition to implementing these changes, the researchers also trained staff to increase their social responsiveness. Through role-playing and group participation, they were encouraged to use responsive interaction during every daily activity, such as feeding and changing, and taught to play with the children. “Family time” was added to the schedule each
day to allow the children and their caregivers uninterrupted time to play together. Staff were also trained in caring for children with disabilities.

“The point of the training here is to try to get into a more natural context, a way of working with children, and giving the love that kids just naturally pull out of adults,” explains Groark. The training gave caregivers “permission to love these kids.”

The researchers started to see dramatic changes after two years. They were astonished by what they saw. The children were thriving, and exhibited a full range of emotions. Self-stimulating behavior and indiscriminate friendliness were gone. “There were just magnificent changes,” said McCall. “The caregivers were on the floor with the children playing with them … There was laughter. There was smiling. There was eye contact. There was talking when they were changing the babies.”

The structural changes produced an unexpected benefit: in the new family-like setting, the caregivers began to feel more relaxed. They could feed the babies while the older children played together, and they could play with the older children while the babies slept. Caregivers who once dreaded going to work were now happy in their jobs, truly benefiting from the relationships they shared with the children of BH13. “The children really like it when the adults are down on the floor with them,” said a caregiver. “I’m an old woman, but I enjoy feeling like I’m in my childhood again, crawling with them on the carpet.”

The study results echoed the researchers’ observations. “[Caregivers are] happier, they have less depression, less anxiety, we’ve found, and they just are happier and fulfilled in the job,” McCall said. Caregivers were no longer afraid of becoming attached to the children, and the project’s benefits to the children were strong enough to outweigh caregivers’ concerns about separation. “What we have here now is caregivers who don’t want to quit,” said Nikiforova. “They don’t want to leave this place.”

Although the Project intervention is now over, OCD continues to study the project’s effects on the children of Baby Home 13 and the children of other orphanages around the world. “If we are going to have orphanages, then let’s make them the best possible place for children,” says McCall. “Let’s make them warm, caring, sensitive, and responsive places.”
Early Head Start’s Home Visitors Build Positive Relationships with Parents, so Parents can Build Great Relationships with their Children.

Family Foundations Early Head Start is a program within OCD’s Service Demonstrations Division that helps expectant parents and parents of children from birth to age three with home visits and other services.

“My kids never played with me before you came.” Tiffany said smiling as she opened the door for Louise, her Home Visitor. All the hard work that Louise and the other Home Visitors from Family Foundations had done was paying off. Tiffany’s three children were laughing and joking with their mom, as they all played together.

The first time Tiffany opened the door for Louise, two years ago, the scene was completely different. Tiffany was gruff and unfriendly. She showed little emotion toward her children except when she was yelling. Tiffany had Bipolar Spectrum Disorder. Her moods were fragile and she could fly into a rage at the slightest provocation. Her youngest daughter, who was two at the time, never came to her mom for comfort. She just curled up on the couch with her blanket. But Louise was not put off by Tiffany’s angry outbursts or her unfriendly behavior. Day after day, Louise approached Tiffany in a friendly manner. Soon, Tiffany started to see herself differently. She started to see herself as someone who might be a likeable person.

For Tiffany and her children the stress of living in poverty was always there. Tiffany tried to work, often gathering with a group of laborers who were waiting to be chosen for the day’s work. The situation was discouraging. Sometimes she didn’t believe that she could improve her life or the lives of her children. But, she knew she had to try.

The goal of Louise’s home visits was to teach Tiffany how to treat her children kindly, how to show them affection, and how to stop the cycle of bad relationships that was all Tiffany had ever known. Tiffany didn’t have any supportive relationships in her life. She wanted positive, loving relationships, and tried to find them but kept choosing the wrong men. She had grown up in poverty and her mom had had several bad relationships with men as well. Her mom always paid much more attention to her relationships with men than she did to her own children. She always seemed to be dissatisfied with her life and yelled at Tiffany and her siblings constantly. Tiffany was repeating the same pattern.

Through her relationship with Louise, Tiffany was able to experience relationships in a healthy and positive way.

Louise knew she had to engage Tiffany and support her. She knew she had to persist in her efforts until she could get Tiffany to believe that she could change, and she and her children could live happy lives. Louise had the training and support from her supervisor to teach Tiffany how to get help and properly care for her children. So Louise persisted. She helped Tiffany find mental health counseling and continued to support her in her quest to improve her life and the lives of her children.
Through her relationship with Louise, Tiffany was able to experience relationships in a healthy and positive way. And she was able to quickly apply her newfound skills to her life as a parent. She became an engaged parent. She responded quickly when her children needed her, initiated positive conversations, and hugged and kissed and played with them often. With her newfound ability, her confidence blossomed. She began to believe that her own parents meant well and that she could be a nurturing mom after all. Of course, there were occasional bumps along the way, but her resolve didn’t crumble. Louise was there to cheer her on.

Tiffany applied what she learned from Louise and began to think positively about her life. She began to put her children first, instead of the men in her life. Tiffany began to see that she and her children could be happy together. Louise and Family Foundations Early Head Start continued to work with Tiffany through home visits. Louise was there to support her and kept reminding her of her progress and her children’s progress. Tiffany also joined Family Foundations’ parent-child groups that helped her and her children make new friends. Now, Tiffany has built a support system that ensured she would not continue to develop unhealthy relationships in her life.

**A Home Visitor Who was there When there was No One Else.**

For Lily, there was no cycle of bad relationships, just isolation. She didn’t have any friends or family to give her emotional support, help, or guidance. When Lily found out she was pregnant, she dreaded the prospect of giving birth and raising her baby alone. One day, she saw a Family Foundations flyer at the doctor’s office. She called the number to enroll and Suzanne became her home visitor. When it came time to deliver her baby, Lily asked Suzanne to go with her to the hospital. Suzanne was there to support Lily and help her celebrate the birth of her son.

Through Family Foundations Early Head Start, Lily learned that good parenting is about building a good relationship with your child. She read to him and sang to him. She played with him on the floor and spent time talking to him instead of rushing through their days. She also began to develop friendships with other mothers she met at the socialization events. Lily even joined the Family Foundations Early Head Start Policy Council. The support system that Lily found at Family Foundations Early Head Start helped her to grow as a confident member of the community and she continued to be an active member of her community as her child grew.

Family Foundations Early Head Start has six centers, and sponsors events for parents and children. In addition, they provide education, Home Visitors, and access to services for expectant families and parents of children from birth to age three.
Growing Relationships Matter in Early Childhood Partnerships.

Jimmy was three years old. He loved to play with toys but during group circle time, he often got angry and refused to share with the other children. To be successful in school, he needed to learn how to control his behavior in the group. Irene and Stacy began to review strategies that could help Jimmy develop his own problem solving skills. Irene is Jimmy’s teacher and ECP’s Stacy Flowers is her HealthyCHILD program mentor. Their goal was not to simply stop his inappropriate behavior, but to allow him to discover his own way of dealing with it. Irene approached Jimmy and asked him to join her in the Safety Zone. The Safety Zone is an area in the classroom where Jimmy can reflect, discuss, and solve the problem behind his attitude. In the Safety Zone, a child can read books, look at photos on the wall, or perform the Turtle Technique, which uses breathing and reflection to help children be calm and think about what they have done. Irene and Stacy played with Jimmy and showed him how much fun it was to share toys rather than to keep a toy for him. This strategy, called “positive redirection,” is different from the “timeout” strategy, which only stops the problem and punishes the child, and just telling them that not sharing is inappropriate. After Jimmy learned to see how fun sharing was, he invited his classmates to the Peace Table, where he talked to them about his newfound skill of sharing. This activity also allowed Jimmy to build his vocabulary, with Irene and Stacy’s help, to communicate his story to his friends.

Through teamwork, discussion, and collaboration, the relationship between teacher and mentor as well as that between adult and child continually grows. Trust, problem solving, and a focus on learning create the ideal environment for children to learn to change their behavior and develop into independent, caring, and successful individuals.

The superb teachers, administrators, and staff of the Head Start/Early Head Start program (ECP) in the Northern Panhandle Head Start of West Virginia (NPHHS), Inc. are dedicated to nurturing families and young children with diverse needs in the West Virginia panhandle. With ECP’s help, all of the programs seek to help teachers and staff to improve their use of effective methods to develop social behavioral skills and early literacy skills with their children.

For example, Stacy and Irene have worked together for two years as mentor and partner teacher in the NPHHS program. Stacy observes the classroom side-by-side with Irene to identify ways to rearrange the physical environment of the classroom to stimulate a setting that prevents aggressive behaviors. Stacy helped Irene identify specific new skills and methods like the Safety Zone and Peace Table that allow her to help her children. Together, they constantly collaborate and work to identify the stronger and weaker skills that work with children, as well as set their mutual goals to continuously progress. Irene has become a superb teacher; she shows positive relationships with her children, and works closely with parents. In addi-
tion, the children themselves have shown excellent progress in learning to wait, share, take turns, get along with others, and use language effectively to communicate their needs. A relationship is thus born over the duration of the six months to a year, where teacher and mentor work together. For Stacy, she feels that the relationship of mentor/teacher transforms to one of friendship and trust, and even goes beyond that, where she becomes a confidant.

Jimmy’s story illustrates the dimensions of relationships between teachers and their mentors in the HealthyCHILD program. The program stresses professional development, mentoring, and consultation with teachers in Head Start and Pre-K programs as they acquire “best practice” skills to help children develop social skills, self-control behaviors, and early literacy skills. This teamwork and the fact that everyone is onboard is the reason for these great results.

Early Childhood Partnerships really stresses the use of “participatory action” practices and research methods to develop collaborative relationships with diverse community partners. It stresses evidence-based consultation, and mentoring methods, so that staff can develop close and ongoing relationships with teachers and team members in community education, health, and human service agencies. This method essentially helps them practice and showcase how good they are at what they do.
The Division of Applied Research and Evaluation's Effective Communication can Make the Difference Between Hope and Loss.

For Deborah, everything seemed normal when her son, Jordan, was born. He started crawling at the right time, walking at the right age and reacting like any normal baby would. After his first birthday, Deborah noticed that Jordan lined his toy cars one after the other and only moved them one at a time, but she didn’t think anything of it. She also didn’t think that Jordan’s inattention to her calling him could be a sign of an underlying concern. That is, until they went to Jordan’s one year well-child appointment. During the appointment, the pediatrician told Deborah that her son could have a “learning disability.” The pediatrician gave her the phone number for AFIT (Alliance for Infants and Toddlers) to set up an Early Intervention (EI) Screening appointment, but offered nothing else.

Like many parents, Deborah struggled with the realization that her son may be developmentally delayed. “When the pediatrician first told me, I felt anger [...] I didn’t want my son stigmatized [...] I felt like a bad mom to see kids knowing their numbers and everything and my baby not doing anything.” Despite her fears and reservations, Deborah contacted AFIT to schedule an EI assessment for Jordan. AFIT confirmed that Jordan needed some help, so the EI team came regularly to Deborah’ home to support Jordan’s development.

“It was embarrassing until I learned what was going on in his head [...] he wasn’t slow, just learning at a different pace.” With continued support from EI, Deborah noticed that Jordan began to answer her call immediately and she no longer had to shout out his name several times. “I got the help [from EI] and I can say that it works, He may have been lost if we had just waited until now. We got him at the right time,” said Deborah.

Timing is everything for children with developmental delays and social emotional problems. Although Deborah and Jordan’s experiences with EI have been positive, getting there was not., she was truly on her own to find answers to her questions and take the big step: contacting AFIT.

Andrea Rudek and Janell Smith-Jones of the Division of Applied Research and Evaluation (DARE) became interested in how parents and screeners communicate while evaluating Family Support’s (FS) screening practices, especially when screenings reveal concerns for a child’s development or behavior. They had heard from staff how difficult it can be to share such screening results with parents. Some staff spoke of not wanting to be the bearer of “bad news,” while others worried that families would shy away from other services or even reject the relationship they had built with FS staff.
Communicating sensitive news is always difficult. Professionals who lack specialized training in delicate communication, may deliver such news in a way that is counterproductive to the desired outcome of connecting children to EI. It is critical that the message is delivered with the emotional well-being of the listener in mind. Andrea and Janell set out to identify elements of communication that encourage staff-and-family relationships and make parents feel supported enough to take the recommended steps after a screening reveals concerns. So, they conducted focus groups with families who had dealt with some of these issues, as well as with staff who had successful experiences with the services and supports provided through EI.

Three major themes emerged from these efforts: staff need to take a strengths-based approach to screening and EI, staff need to collaborate and partner with parents in such a way that the parent is always the ultimate driver of any decision, and the screening process needs to be framed as promoting a better pathway to school success when the time comes for kindergarten.

Andrea and Janell concluded that the foundation for a strong relationship with families is understanding and responding to the parents’ perspectives. When staff members show that they understand the parents’ perspective and care about providing the best possible support for a child, they have a much better chance of not only effectively sharing information about a child’s development, but also supporting that child’s development in the future.

In order for staff to build strong relationships with families, it is crucial that staff feel supported by both their peers and their supervisors. To this end, the DARE team hopes to support staff by providing materials, not only for training but for sharing and reflection among staff members and supervisors. These materials illustrate the “best practices” for strong communication that need to be developed and supported in all FS staff who work directly with families.

“He may have been lost if we had just waited until now. We got him at the right time.”
The above story is an example of how the DARE team works with community organizations that serve children and families. This division helps programs better understand their services; both in terms of carefully identifying their desired impacts and the pathways to achieving those impacts, and in terms of evaluating the impact of their services on their clients’ lives. DARE also serves as a bridge between academic research and the community. Essentially, DARE focuses on making sense of data, making data useful, and communicating information effectively to stakeholders, providers, and families to help them envision the big picture as well as taking concrete next steps.

Relationships Matter in Policy

Reversing a Poor Trajectory for Young Children without Homes.

In 2009, OCD’s Joan Eichner was volunteering for the Homeless Children’s Education Fund in a local housing program for homeless families. She noticed that children who were too young to go to school had no place to go for activities at the shelter. The shelter did have a playroom with toys for young children but it was locked most of the time because there was no one to staff it. “I saw the little kids, one- and two-year olds, just standing there in the doorway watching us in the afterschool program. There were no programs there just for the little ones, and we didn’t have enough staff to be able to offer them appropriate activities while helping the older kids with their school work. But they just stood there watching and clearly wanting to participate in what we were doing,” said Eichner.

Around the same time, Eichner and her colleague, Sharon Geibel, were analyzing data from OCD’s Early Childhood Mental Health Consultation project. They observed that unstable living situations were the primary risk factor experienced by those children who had been referred for behavioral concerns in childcare. These unstable living situations included families who were living with friends or ex-
tended family because they’d lost their homes, children who bounced around between family members’ custody, and highly mobile families whose children experienced frequent transitions. Stable caring relationships are difficult for homeless families to provide to their young children, so the child is much more at risk for developmental delays and social emotional difficulties.

Consequently, Eichner’s experiences in the housing programs, the Early Childhood Mental Health Consultation data, and the implications of current research on early childhood development and family homelessness were incorporated into the direction of the Policy Initiatives Division and OCD’s Strategic Plan.

Policy Initiatives also sought out collaborations with other early childhood leaders who were addressing the issue of the healthy development of young children in families who are homeless. They joined a coalition of Early Childhood Leaders that was initially started by Dr. Barbara Minzenberg, of the Allegheny Intermediate Unit (2009), and Nancy Hubley, of the Education Law Center. Their shared goal was to reverse the poor developmental trajectory often seen in young children who are at risk due to the trauma and instability caused by homelessness. In late 2009, the group held the Early Childhood Summit to educate stakeholders on the breadth and depth of family homelessness, and to identify readily implementable strategies to support young children who are experiencing homelessness and its related risk factors.

J. P. Shonkoff (2009) summarizes the core guiding principle of Policy Initiatives well: “Stable, caring relationships are essential for healthy development. Children develop in an environment of relationships that begins in the home and includes extended family members, early care, and education providers, and other members of the community.” (Centre of Excellence for Early Childhood Development, Encyclopedia on Early Childhood Development).

This principle drives Policy Initiatives’ current and future work. In order to provide children with a healthy environment, the Policy Division is operating at 2 levels: (1) a local service provider level and (2) a policy level.

At the **local service provider level**, Policy Initiatives will map existing resources and then facilitate collaborations and relationships among providers of homeless housing services and early learning programs that are located in the same communities. In this way, struggling families in these communities will be able to access a stronger and more united front when it comes to looking for support.

In addition, the Policy Initiatives Division will staff a group of stakeholders to develop best practice guidelines for
providers of homeless housing that assists young children and their families and creates supportive environments for them. These best practices enable caregivers and practitioners to give the best they can to these families. OCD will also step in when needed to provide consultation on early childhood mental health, when it is requested by a provider.

To identify the policy issues needed to enhance the outcomes for young children, OCD will work with Allegheny County to analyze the extent that families in homeless housing utilize other human services. This will help them determine where strengthening the coordination of services would enhance outcomes for young children. By conducting this research, OCD will primarily be able to allocate resources and bolster relationships where they are needed so that the greater community benefits.

On the policy level, local stakeholders will be engaged in bridging the multiple social service systems involved with young children and their families. Housing for the homeless is a key variable, but a young child’s brain is maturing while permanent housing and employment are pursued. It is here that public policy has not, in some situations, not kept pace with our understanding of the importance of the first five years of a child’s life.

Policy Initiatives will also engage stakeholders in identifying opportunities to integrate existing resources to enhance outcomes. At both the Local Provider level and the policy issue level, enhancing and bolstering stakeholder relationships across the housing and early childhood service systems are the key to the Division’s current direction. It will also help lawmakers understand relationship-based development between children and families, because they matter.
Vision, Mission and Purpose

All children, youth, and families will develop in safe and supportive environments and achieve their life potentials.

Who We Are
The University of Pittsburgh Office of Child Development is a university-community public-private informational resource and management facility that contributes to the welfare of children, youth, families, and communities in greater Pittsburgh, the Commonwealth of Pennsylvania, the nation, and around the world.

Our Constituents
We are an intermediate organization serving those who work to improve the lives of children, families, and communities. These constituents include faculty and administrators of the University, service professionals, and agencies, policy makers, and public and private funders.

Our Mission
Through mutually beneficial partnerships with our constituents, we facilitate and develop new knowledge, services, and policies to improve the lives of children and families. We do this work in five domains:
• Interdisciplinary education and training.
• Interdisciplinary research and scholarship.
• Human service demonstration programs, networking, and strategic planning.
• Program monitoring and evaluation.
• Needs assessments and policy studies.

Specific Purposes
• Creating and maintaining a supportive and facilitative atmosphere for its constituencies so that interdisciplinary and collaborative activities may be conceived, nurtured, implemented, and managed.
• Providing guidance, assistance, and management for the planning, funding, development, implementation, and operation of innovative collaborative systems, projects, and programs in its domains of activities.
• Providing and clearly communicating balanced, non-partisan, research-based information on service needs and program effectiveness to our constituencies.
• Providing information, technical assistance, and interdisciplinary and management services to collaborative projects pertaining to university-community partnerships; collaborative demonstration service and policy projects; strategic planning and systems analysis; program monitoring, evaluation, and needs assessments; interdisciplinary and applied scholarship, education, and training; and other activities that promote the welfare of children, youth, families and the communities in which they live.
• Disseminating research and professional information about children, youth, and families through publications, presentations, the popular media, and having personal contact with those individuals who can use this information, including academics, service professionals, policy makers, parents, and citizens.
• Exemplifying a university-community partnership and exploring, demonstrating, and communicating to other universities and communities how such a venture can be beneficial to all partners.
**Principles of Operation**

**Collaboration and Partnership**
We emphasize interdisciplinary or collaborative projects among our constituencies. If a project resides essentially within a single discipline or is in the proper domain of another single organization, we typically defer to that discipline or organization.

We do not focus our efforts exclusively on one or two problems, issues, or content themes. Instead, we support educational, scholarly, service, evaluation, and policy projects on any topic pertaining to children, youth, and families.

We prefer to collaborate with our constituencies in a partnership manner. We do not simply support constituents in a unidirectional fashion. Instead, we partner with them on mutually beneficial projects funded by external agencies. Our partners share the rights, responsibilities, and credit as we select a topic, plan and implement a project, operate it, and report its results.

We facilitate, coordinate, and help others meet their goals and objectives. As a result, we do not necessarily play a lead or continuing role in projects. While we do operate numerous projects when collaborators request that we play a continuing role, we also enhance capacity in other organizations and individuals so that they, not OCD, will operate the project as appropriate. We plan an appropriate role consistent with a project’s mission and principles, regardless of whether the project’s funding comes to OCD or to another organization. We spin off or transfer projects when they no longer need us or do not fit our project criteria.

As long as core funding permits, we do not charge or extract quid pro quo benefits from participating groups or projects. We want to preserve trust and confidence in OCD as a fair and independent manager of collaborations. However, funded projects that ask us to perform a continuing administrative or technical service typically pay us for that service.

**Responsiveness and Flexibility**
We tend to be responsive and flexible when selecting special projects. Because of our partnership style, new projects are typically selected when we and our constituents find that a need exists, agencies and personnel are available, and funding for the project is possible. Consequently, while we do initiate projects, we often collaborate with our constituent partners to set project agendas.

We are prepared to operate in a timely, often rapid, manner. Because many of our partners operate on short deadlines, we attempt to maintain the capability and flexibility to meet their needs.

**Neutrality and Openness**
We have no formal membership. Our services and assistance are available to any of our constituencies, and anyone is eligible to be a partner in our collaborative projects.

We do not operate direct services. Since we attempt to not compete with our constituencies, we do not deliver routine professional or human services. However, we may coordinate existing services and supervise case-management functions in situations in which it is necessary or desirable to do so.

We promote the welfare of children, youth, and families, but we are not a partisan political advocate. Instead of advocating for specific pieces of legislation or partisan issues, we prefer to operate as an independent, credible, unbiased, and balanced source of information and administrative manager of service demonstrations, program evaluations, needs assessments, and policy projects on behalf of children, youth, and families.
We consider the following criteria before taking on a project:

- The project pertains to children, youth, families, or the communities in which they live.
- The project contains an innovative demonstration of new knowledge, techniques, best practices, and state-of-the-art activities intended to create new information about the project, its feasibility, and its effectiveness.
- Some appropriate evaluation will be conducted to assess the project’s process and outcome effectiveness.
- The project has implications for education, research, services, policy, or the welfare of children, youth, and families beyond the specific project itself, and some provision is made to communicate the results of the project.
- The project is a collaboration of stakeholders operating in a partnership mode.

The National Advisory Board meets biennially and provides the Provost of the University, OCD’s Local Advisory Board, and OCD’s Co-Directors with a review and evaluation of OCD’s programmatic activities and internal administration. It places OCD in national perspective with respect to the purpose, nature, and relevance of its projects; successes and challenges; prospects for funding; stature relevant to other such units in the country; role in the University and local and national communities; and future directions.

**Dr. J. Lawrence Aber**, Former Director, National Center for Children in Poverty, Professor of Applied Psychology and Public Policy, NYU/The Steinhardt School of Education, 246 Greene Street, New York, NY 10003.

Aber is a prominent specialist in child development, especially low-income children and families, and social policy.

**Dr. Frances Degen Horowitz**, President Emerita, The Graduate Center, The City University of New York, 365 Fifth Avenue, New York, NY 10016-4309.

Horowitz is a past president of the Society for Research in Child Development and scientific advisor to the American Psychological Association.

**Dr. Michael S. Wald**, Jackson Eli Reynolds Professor of Law (Emeritus), Stanford University, Stanford Law School, 559 Nathan Abbott Way, Stanford, California 94305.

Wald has held the position of Senior Advisor to the President on Evaluation, Policy, and Children and Youth, The William and Flora Hewlett Foundation; Executive Director, Department of Human Services for the City and County of San Francisco; and Deputy General Counsel of the U.S. Department of Health and Human Services.
Dr. Heather B. Weiss, Director, Harvard Family Research Project, Harvard Graduate School of Education, Harvard University, 3 Garden Street, Cambridge, MA 02138.

Weiss’s project provides information about the development, implementation, and evaluation of family support and education programs for policy makers, program directors, and evaluation researchers. She is a consultant to numerous organizations dealing with family programs and their evaluation.

**Local Advisory Board**

The Local Advisory Board is comprised of leaders from OCD’s constituencies of University administrators, community service professionals, private enterprise representatives, funders, and policy makers. The Board meets four times a year to advise OCD on broad programmatic and administrative matters, and OCD works with individual Board members on more specific issues as needed throughout the year.

**Chair**

**Mr. Thomas Michlovic**, Commissioner, PA Securities Commission, Commonwealth of PA, 1010 N. Seventh Street, Harrisburg, PA 17102-1410

Phone: 717-783-4389; Fax: 717-783-5125

**University of Pittsburgh**

**Dr. Clifford Brubaker**, Dean, School of Health and Rehabilitation Sciences, University of Pittsburgh, 4029 Forbes Tower, Pittsburgh, PA 15260

Phone: 412-647-1261; Fax: 412-647-1255

**Dr. N. John Cooper**, Dean, Faculty of Arts and Sciences, University of Pittsburgh, 917 Cathedral of Learning, Pittsburgh, PA 15260

Phone: 412-624-6090; Fax: 412-624-6089

**Dr. Jean Ferketish**, Assistant Chancellor and Secretary to the Board of Trustees, University of Pittsburgh, PA 15260.

Phone: 412-624-6623; Fax: 412-624-9147

**Dr. Kevin Kearns**, Associate Professor, Graduate School of Public and International Affairs, University of Pittsburgh, 3E17 Posvar Hall, Pittsburgh, PA 15260

Phone: 412-648-7621; Fax: 412-648-2605

**Community and Human Services**

**Ms. Barbara Chait**, 605 Whispering Pines Drive, Pittsburgh, PA 15238

Phone: 412-963-1614; Fax: 412-967-9376

**Mr. Marc Cherna**, Director, Allegheny County Department of Human Services, One Smithfield Street, Suite 400, Pittsburgh, PA 15222-2225

Phone: 412-350-5705; Fax: 412-350-3414
Mr. Ronald R. Cowell, President, Education, Policy, & Leadership Center, 800 North Third Street, Suite 408, Harrisburg, PA 17102
Phone: 717-260-9900; Fax: 717-260-9903

Mr. James L. DiCostanzo, PNC Bank, 249 Fifth Avenue, Pittsburgh, PA 15222-2707
Phone: 412-762-3489; Fax: 412-705-1625

Dr. Karen W. Feinstein, President, Jewish Healthcare Foundation of Pittsburgh, Centre City Tower, Suite 2330, 650 Smithfield Street, Pittsburgh, PA 15222
Phone: 412-594-2550; Fax: 412-232-6240

Dr. Heidi Feldman, Professor of Pediatrics and Neonatology, Stanford University, 750 Welsh Road, Suite 314, Palo Alto, CA 94304
Phone: 412-594-2555; Fax: 412-394-5464

Mr. Leon Haynes, Executive Director, Hosanna House, 807 Wallace Avenue, Suite 101, Wilkinsburg, PA 15221
Phone: 412-243-7711; Fax: 412-243-7733

Mr. Mike Hepler, President and CEO, Boys and Girls Clubs of Western PA, 5432 Butler Street, Pittsburgh, PA 15201
Phone: 412-782-5710; Fax: 412-782-5720

The Honorable Timothy F. Murphy, Congressman, U.S. House of Representatives, 504 Washington Road, Pittsburgh, PA 15228
Phone: 412-344-5583; Fax: 412-429-5092

Mr. Robert Nelkin, President and Chief Professional Officer, United Way of Allegheny County, 1250 Penn Avenue, Pittsburgh, PA 15222
Phone: 412-456-6800; Fax: 412-394-5376

Ms. Margaret M. Petruska, Senior Program Officer and Director, Children, Youth, & Families Programs, Howard Heinz Endowment, Dominion Tower, Floor 30, 625 Liberty Avenue, Pittsburgh, PA 15222
Phone: 412-338-2615; Fax: 412-281-5788

W. Russell Robinson, Council Member, County of Allegheny, Room 119, 436 Grant Street, Pittsburgh, PA 15219
Phone: 412-350-6570; Fax 412-350-6499

Mr. Frederick W. Thieman, President, the Buhl Foundation, Centre City Tower, Suite 2300, 650 Smithfield Street, Pittsburgh, PA 15222
Phone: 412-566-2711; Fax 412-566-2714

Ex-Officio
Dr. Alan M. Lesgold, Dean, School of Education, University of Pittsburgh, 5605 Wesley Posvar Hall, Pittsburgh, PA 15260
Phone: 412-648-1773; Fax: 412-648-1825

Dr. Carl N. Johnson, Associate Professor, School of Education, University of Pittsburgh, 5941 Wesley Posvar Hall, Pittsburgh, PA 15260
Phone: 412-624-6942; Fax: 412-624-7231
The mission of the Office of Child Development (OCD) is to improve the lives of children and families.

Most of OCD’s projects involve four basic functions:

- **Analyze** information from research and professional practice.
- **Innovate** with service demonstrations and applied research.
- **Learn** and improve through monitoring and evaluation.
- **Change** practice and policy based on knowledge.

While these functions are often implemented in the above sequence, projects can start with any function and move in any sequence with continuous reciprocal influence between functions.
Service Demonstrations Report

General Purpose
The Service Demonstrations Division works with partners to develop and implement quality service models that improve the lives of children and families using best practices based on research. We especially promote programs designed and governed by participants and communities. We work with the program participants to ensure that services and evaluations are integrated into their programs. The lessons that we learn are identified and disseminated to a broad audience; assistance is made available to providers and community groups to build their capacity to improve outcomes for children.

Illustrative Activities
STARS TA is part of the Keystone STARS quality enhancement programs. Hands-on technical assistance is made available to early care and education practitioners seeking to enhance their program quality and to improve outcomes for the children in their care. Through such improvements to quality and outcomes, sites achieve higher Star designations in the STARS program – a distinction indicating quality care for children and entitling sites to grant funding to make improvements within their programs. Statewide, facilities are more than two times as likely to achieve a higher Star designation when working with STARS TA. At OCD, using a broad range of consultants, we deliver and coordinate technical assistance to practitioners within the Southwest PA region in Allegheny, Greene, Fayette, Washington, and Westmoreland Counties. OCD staff and consultants help facilities in the Southwest region to achieve more than 92% of their established goals.

Current Projects
Communities of Excellence works in collaboration with multiple community partners to align and focus energy, activities, and programs on supporting the transition into kindergarten. This project has expanded to all children within multiple communities in collaboration with Pittsburgh Public Schools, as well as neighborhood and school leaders, community parents, and other residents. The purpose is to facilitate and integrate community-wide school readiness, transition to school and parent involvement strategies to establish a strong foundation for school success.

The Early Childhood Mental Health Project provides on-site support to early care and education practitioners in Allegheny, Greene, Fayette, Washington, and Westmoreland Counties. An early childhood mental health specialist at the invitation of the facility’s director and the parents’ permission, and observes an infant or toddler in the classroom, develops an individual plan to address the child’s social/emotional development, communicate concerns to parents, and provide referral information to families with children who may need specialized services.

Early Head Start (EHS) is a 15-year project that provides intense, individualized, comprehensive services to pregnant women, infants/toddlers (up to age three), and their parents to promote positive child outcomes. EHS serves 310 families throughout much of Allegheny County with offices in Clairton, McKees Rocks, Triboro/Braddock, and city locations in the Hill District, East Liberty, and the North Side. They provide services in collaboration with four host community-based agencies and several other specialty agencies.
Partnerships for Family Support (PFS) provides professional development and support to the 30 family support centers of Allegheny County and the infrastructure of the family support system. This includes the Family Support Policy Board and its committees (Executive, Quality Assurance, and Advocacy), the Roundtable, Site Directors Network, and Community Voices. More than 3600 families are enrolled in family support centers, and over 100 staff receive opportunities for professional growth through this program.

The School Age Care (SAC) Project is part of the Keystone STARS quality enhancement programs. Through this program, practitioners caring for school-age children can access professional development advise and hands-on technical assistance. These practitioners are usually seeking to enhance their program quality and improve outcomes for the children in their care. This program delivers and coordinates these services to practitioners in Allegheny, Greene, Fayette, Washington, and Westmoreland Counties.

Laurie Mulvey, Division Director

Early Childhood Partnerships Report

General Purpose
The newest Division of the Office of Child Development, Early Childhood Partnerships (ECP) is a community-based consultation, mentoring, direct service, and applied research collaborative. We work within and among The University of Pittsburgh (Departments of Pediatrics & Psychology-in-Education, Applied Developmental Psychology), and we are affiliated with the Children’s Hospital of Pittsburgh of UPMC and The LEND Center at the University of Pittsburgh. We have been collaborating with a diverse array of community partners since 1994.

We are dedicated to working with early childhood professionals and preschoolers. We strive to provide innovative and effective prevention, intervention, and resources, which are delivered on-site and in natural community settings, and backed with an undercurrent of research. We support our professional colleagues to implement “best practices” to help young children and families, particularly those at developmental risk and with delays/disabilities during the early childhood period, from birth to eight years of age.

ECP Core Partnership Programs and Initiatives

Scaling Progress in Early Childhood Settings (SPECS)
Our Scaling Progress in Early Childhood Settings (SPECS) Program focuses on young children at developmental risk or with existing developmental delays/disabilities. We strive to operationalize the authentic measurement strategies and participatory action research methods we use to forge the evidence-base for effective early childhood intervention programs. Our longitudinal research focuses on the complex interrelationships between child, family, program, community, and the several health factors, which can help us predict
early school success outcomes. Our team then uses functional indicators to document the impact and success of high-quality early childhood intervention programs to identify areas for improvement, and establish tried and tested methodology.

SPECS has had several partners and partnerships throughout its lifetime. Since 1997, Dr. Bagnato and his ECP program have been funded by the Heinz Endowments and state and federal grants and interagency contracts to conduct longitudinal research on the impact and outcomes of high-quality early childhood intervention programs on nearly 15,000 high-risk children in 30 school districts and regions across Pennsylvania (e.g. Early Childhood Initiative; Pre-K Counts).

**HealthyCHILD – School-Linked Developmental Healthcare Partnership**
HealthyCHILD is our program for Collaborative Health Interventions for Learners with Differences. It is a school-linked developmental healthcare partnership that provides support through a mobile multidisciplinary team. This team, consisting of nurses, psychologists, physicians, early interventionists and teachers, provides on-site, in-vivo consultation, modeling, mentoring, and support within early childhood intervention classrooms, and settings for teachers and parents. This expertise can also be applied to support preschoolers with medical conditions, challenging or atypical behaviors, and developmental difficulties.

**TRACE Center for Excellence in Early Childhood Assessment**
TRACE promotes excellence in early childhood assessment. Here, we do research on the evidence-base for early childhood assessment practices applied to early intervention purposes for newborns to children up to the age of five. We focus upon the most effective and efficient methods to detect developmental delays for quicker access to early intervention services. From the research, we synthesize models on clinical judgement, authentic vs. conventional methods, team models, presumptive eligibility, and social-emotional indicators.

**Center On Mentoring for Effective Teaching (COMET)**
Our Center On Mentoring for Effective Teaching (COMET) conducts experimental-control group research on the efficacy of the COMET mentoring model. We look at the impact of structured mentoring on improving teachers’ instructional and management practices from one angle, and at the progress of children in acquiring early literacy and social behavioral competencies essential for early school success. We design materials, provide web options and continuing education credit for ongoing mentoring, and the professional development of early childhood professionals in their community settings.

**Center to Investigate Violence and Injury in Communities (CIVIC)**
Our Center to Investigate Violence and Injury in Communities (CIVIC) conducts research on the effects of violence and injury, and prevention initiatives, on community-level and school-based outcomes in high-risk populations. We analyze and monitor epidemiologic trends with a focus on youth in disadvantaged communities. From there, we seek to develop prevention strategies and bolster policy initiatives.

**Early Childhood Research Systems**
Early Childhood Research Systems develops authentic assessments for systems and for creating benchmark measures.
We design and do field-validation of portable, computerized observational assessment methods of children and contexts. We also develop integrated web-based data systems to implement authentic program evaluation research, which we then use to map the content of diverse observational assessment tools to state (PAELS), national (OSEP), and international (WHO-ICF) functional outcome indicators.

Steve Bagnato, Division Director

Applied Research and Evaluation Report

General Purpose
The Division of Applied Research and Evaluation (DARE) team aims to improve the capacity of our non-profit and governmental partners. By doing so, we aim to serve children and families by engaging partners in an iterative cycle of understanding, improving, and evaluating their work. Our team helps partners articulate program plans and identify realistic and impactful outcome goals, develop sensible and feasible evaluation plans, integrate research evidence into practice in a pragmatic manner, and identify impact opportunities where the social needs, research knowledge, and organizational missions converge. Our interdisciplinary team is comprised of experienced professionals, with expertise in developmental, educational, social, and community psychology; program evaluation; business management; social work; teaching and instruction; and statistics. We collaborate with partners across practitioner, policy, and research arenas. Our current portfolio of projects pertains to youth development, out of school time, family support, kindergarten transition, international orphanages, developmental screenings, and communication methods and issues relating to the children’s agenda.

Illustrative Activities
We continue to collaborate with community partners to make data make sense, make research relevant, and make evaluation useful in serving children and families. In program evaluation and technical assistance, we aim to steer our work towards providing learning opportunities for programs being evaluated, rather than having evaluation serve merely as an instrument of accountability and reporting. We emphasize the process of planning and designing programs based on a sound theoretical and research basis. We also help organizations invest in monitoring and improving the quality of implementation, rather than focusing solely on distant outcomes that can be both under-informative and difficult to measure. Finally, we ground all of our work in the invaluable voices and experiences of frontline staff who deliver services, as well as the families who engage in services.

Current Projects
We continue on two tracks with our projects: 1) to provide quality improvement and evaluation support to our core base of partners, including Allegheny County Department of
Human Services (Family Support, System of Care) and various local non-profits serving youth; and 2) to build partnerships and proposals to seek new opportunities that help us apply research to practice. We continually revise our approach to meet the changing needs of our partners. Some examples of our current work include partnering with the Pittsburgh Public Schools and local after-school providers to better support communication between school and after-school when it comes to homework help. We provide research, evaluation, and other assistance to various youth development agencies. For example, we have organized a series of workshops and developed support materials to strengthen elements of high-quality programming. In-depth analysis of the impact of developmental screening services has led us to identify where staff and families need greater support in connecting to Early Intervention (EI) services and around the screening process.

We are also conducting a multidisciplinary exploration into how we can best communicate children’s needs to the public and engage the public in the children’s agenda. We are partnering with organizations that engage youth voices, promote volunteerism, and specialize in communication and design to develop and test strategies that creatively integrate children’s voices and experiences with systemic efforts for change.

Junlei Li, Division Director

Policy Initiatives Report

General Purpose
Our Policy Initiatives Division focuses on improving outcomes for children and families by informing policy makers of relevant research, best practices, and evaluation results. Our goal is to effect change in related public policy practices, fund allocation, and professional practices. The initiatives include families, related organizations, interested professionals, educators, and public officials.

Current Projects
Our Policy Initiatives Division is continuing prior work in policy development, systems reform, public engagement, program improvement, and public/private partnerships.

Policy Initiatives currently works in three areas:

Maternal and Child Health
In partnership with The Alliance for Infants and Toddlers, RAND-University of Pittsburgh Health Institute, Community Care Behavioral Health, Highmark Foundation, Allegheny County Office of Behavioral Health, and many more local care providers, we are working to increase instances of maternal depression identification and improve access to care via a unique collaboration of Early Intervention and Mental Health.

Young Children Experiencing Homelessness
Building on the findings of the Early Childhood Mental Consultation team (ECMC), our Policy Initiatives team has joined with numerous collaborators to identify and address the needs of young children and their families who are homeless.
The collaborators are addressing practice and policy issues to maximize the protective factors and provide quality supports to address the many risk factors the children experience.

Govern for Kids
Each new State Administration evolves its own focus to address the needs of children and families in Pennsylvania. We have actively partnered with leaders in children’s services to educate gubernatorial candidates on the needs of children and how to meet those needs with effective programs.

In each of our projects, we collaborate with primary partners, work to develop intermediaries, form policy collaboratives, conduct work with other OCD divisions, use data to establish best practices, work to develop close relationships with funders, and collect and disseminate information for policy makers. Through these processes, we are constantly evolving, learning and evaluating our efforts to improve and better our society.

Ray Firth, Division Director

Administrative Operations

General Purpose
Administrative Operations is responsible for providing administrative support for all divisions of the Office of Child Development.

Illustrative Activities
The division supports all phases of grant management including budget development, expenditure processing, and budget monitoring. It provides financial information and reports both internally and to funders. Administrative Operations facilitates computer services, facilities management, policy and procedural issues, and telecommunications. Additionally, it coordinates all aspects of human resources, including the writing and revising of job descriptions, the hiring process, orientation of new employees, and benefit information. The division links OCD with other University administrative departments, such as the Office of Research, Payment Processing, Research/Cost Accounting, and Human Resources.

Roger Fustich, Division Director
Collaborators

Service Demonstrations Collaborators

*Partnerships for Family Support*

Adagio Health
Allegheny County Department of Human Services
Allegheny Intermediate Unit
Carnegie Science Center
Center for Victims of Violence and Crime—EVE Project
Chatham University
Children’s Hospital of Pittsburgh of UPMC
Citizens Bank
Family Resources
Focus On Renewal Sto-Rox Neighborhood Corporation
Jubilee Association
Kingsley Association
Penn State Cooperative Extension
Phipps Conservatory
Pittsburgh Center for Creative Reuse
Primary Care Health Services, Inc.
Providence Connections, Inc.
Rankin Christian Center
Second United Presbyterian Church
South Hills Interfaith Ministries
The Outdoor Classroom
Three Rivers Workforce Investment Board
Urban League of Greater Pittsburgh
Women for a Healthy Environment
YMCA of Homewood-Brushton

*Communities of Excellence*

A+ Schools
Carnegie Library of Pittsburgh
Children’s Museum of Pittsburgh
City of Pittsburgh Housing Authority

City of Pittsburgh Parks and Recreation
Family Resources of PA
Fred Rogers Company
Hill District Education Council
Hill District Transition Team
Northview Transition Team
Pittsburgh Association for the Education of Young Children
Pittsburgh Promise
Pittsburgh Public Schools
Reading Is Fundamental - Pittsburgh
United Way of Allegheny County’s Caught Being Good
UPMC
Urban League of Greater Pittsburgh
YMCA of Greater Pittsburgh, Hill District location

*Early Head Start*

Allegheny County Children, Youth and Families
Allegheny County Health Department
Alliance for Infants and Toddlers
Chatham University
Children’s Hospital Dental Program
Community Human Services Corporation
Family Services of Western Pennsylvania
Focus On Renewal Sto-Rox Neighborhood Corporation
Head Start Collaborative (COTRAIC, AI, and Pittsburgh Public Schools)
Mercy Behavioral Health
The Consortium for Public Education
Turtle Creek Valley MH/MR

*Keystone STARS TA, School Age Care, Early Childhood Mental Health Consultation*

Allegheny County Intermediate Unit
Children’s Museum – Sense of Learning
Community Play Things
Early Head Start
Early Intervention Technical Assistance
Great Lakes Behavioral Research Institute – Safe Start
Head Start
Lakeshore Learning Materials
Pittsburgh Association for the Education of Young Children
Pittsburgh Public Schools
Pre-K Counts
Shady Lane School
Sojourner House
Westmoreland County School Readiness Group
Office of Child Development and Early Learning
YWCA of Greater Pittsburgh

**Early Child Partnerships (ECP) Collaborators**

**SPECS**
SPECS for the Early Childhood Congress (ECC) – Montgomery County Public Schools and Department of Health and Human Services; (2006-2008)
SPECS for South Side – South Side School District, Beaver County; (2009).
SPECS for Include Me From the Star – ARC of PA, PA DOE; (2009-2012)
SPECS for Barber National Institute – Barber National Institute, Erie, PA; (2010-2012)

**HealthyCHILD**
Pittsburgh Public Schools Board of Education, Early Intervention Program; (1994-present)
Pittsburgh Public Schools Board of Education, Head Start and Pre-Kindergarten Programs; (2001-present)
Beaver County Head Start and Aliquippa School District; (2004-present)
Northern Panhandle WVA Head Start; (2005-present)

**TRACE**
European Union-US Department of Education joint grant for:
Atlantis – A Transatlantic Consortium for International Education in Early Childhood Intervention; Collaboration with University of North Carolina, University of Colorado, University of Pittsburgh, and European universities (Germany, Sweden, Portugal, Finland); (2006-2010)
Federico II University Medical School, Campania Public Health Region, and Down Syndrome Congress, Naples, Italy; (2003-2009)
Early Childhood Intervention Councils, Ministries of Education in Australia and New Zealand; (2009)
Minnesota Department of Education, Office of Early Childhood; (2009-2010)

**COMET**
Northern Panhandle of West Virginia Head Start
Beaver County Head Start
Pittsburgh Public Schools Early Childhood Education Programs
Office of Child Development and Early Learning (OCDEL), Keystone Stars, Commonwealth of Pennsylvania, Departments of Education and Public Welfare
Philadelphia field office of ACF
**CIVIC**
Allegheny County Injury Surveillance System (ACISS) – Allegheny County Department of Human Services, Allegheny County Health Department, University of Pittsburgh Graduate School of Public Health, University of Pittsburgh Medical Center, West Penn Allegheny Health System; (1994–present)
Large Scale Natural Experiment of Community Economic Development: Effect on Violence Patterns – Centers for Disease Control and Prevention, University of Pittsburgh; (2009–2014).
Impact of Housing Relocation Initiatives on Community-Level Violence – Centers for Disease Control and Prevention, Carnegie Mellon University, University of Pittsburgh; (2005–2010)

**Early Childhood Research Systems**
Paul Brookes Publishers
Kent State University
University of North Carolina

**Applied Research and Evaluation Collaborators**
Starting Early Together, Allegheny County Department of Health and Human Services
Consortium for Public Education
Partnerships for Family Support
University of Pittsburgh School of Social Work
YouthPlaces
YouthWorks
Urban League

Pittsburgh Cares
Saturday Light Brigade
Urban Youth Actions
3 Rivers Connect
University of Pittsburgh Department of Applied Developmental Psychology
CREATE lab at CMU
CMU Department of Social and Decision Sciences
CMU Department of English
Fred Rogers Company
Fred Rogers Center
Pittsburgh Public Schools
Allegheny Partnership for Out of School Time
Half the Sky Foundation, Chinese government, East China Normal University

**International Collaborators**

**Russia**
Rifkat Muhamedrahimov, St. Petersburg State University
Oleg Palmov, St. Petersburg State University
Natalia Nikiforova, Baby Home #13, St. Petersburg

**China**
Dr. Zeng Fanlin, East China Normal University
Dr. Wang Zhenyao, Beijing Normal University

**Nicaragua**
Karen Gordon, Whole Child International
Meghan Lopez, Whole Child International Nicaragua In-Country Director
Mauricio Gaborit, University of Central America
**Policy Initiative Collaborators**

RAND-University of Pittsburgh Health Institute  
Maternal and Child Health, Allegheny County Health Department  
The Alliance for Infants and Toddlers  
Pittsburgh Association for the Education of Young Children  
United Way of Allegheny County  
Govern for Kids  
Allegheny Partners for Out-of-School Time (APOST)  
Allegheny Intermediate Unit, Homeless Children’s Initiative  
Education Law Center  
Autism Speaks  
Community Care Behavioral Health  
Consumer Health Coalition  
Early Intervention Coalition of Advocates  
Early Childhood Mental Health Advisory Committee
Reports and Publications


Presentations

Beasley, S. (2011, March). *Building a sustainable relationship between City Government and Minority Media and Outreach outlets by providing an exchange of information that enables communication to the minority community and the greater Pittsburgh region.* City of Pittsburgh, Mayors Office, Pittsburgh, PA.


Groark, C.J. (2011, April 21). *Caregiver-child interaction in extreme environments: The effect on children’s development and what can be done.* Presentation for the University of Pittsburgh School of Education Council of Graduate Students, Pittsburgh, PA.


Julian, M., & McCall, R. B. (2011, April 2). *Post-institutionalized children have worse (and better?) executive function skills than never-institutionalized children.* Poster presented at the Biennial Meeting of the Society for Research in Child Development, Montreal, Quebec, Canada.


Li, J., & Nigam, M. (2011, April). *What are schools, teachers, and parents doing to shape a fixed or growth mindset in children?* Poster Presentation presented at the National Association for Laboratory Schools annual conference. Pittsburgh, PA.


McCall, R. B., & Groark, C. J. (2010, October 20). *Characteristics of institutions for young children in different countries (China, Salvador, Nicaragua).* Presentation at the S. Petersburg State University Faculty of Psychology Conference - Children from Social Environment At Risk: Research Studies and Intervention in Biological and Adoptive Families, St. Petersburg, Russian Federation.


Workshops and Training


Awards

Mayor Luke Ravenstahl, presented the 2011 Mayor Luke Ravenstahl’s Citizen Service Award to honor the efforts of Dr. Ernie Dettore, Ed.D., for his commitment to play and the education of children demonstrated through his volunteerism and leadership in key childhood institutions around Pittsburgh. The Award recognizes individuals and volunteers who show leadership and commitment towards addressing Pittsburgh’s greatest challenges.
New Grants Awarded

Bagnato, S. “Include Me From the Start,” Arc of Pennsylvania, (October 2010 – September 2012), $60,000.


Li, J. “Hear Me / The Stories Project,” Carnegie Mellon (subaward), (June 2010 – September 2010), $10,000.


Continuing Grants in Force


Mulvey, L. “School Age Care,” YWCA of Pittsburgh, (July 2010–June 2011), $82,800.
Grant History Summary

All amounts are in US Dollars.

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Office of Child Development Staff

Co-Directors
Christina J. Groark
Robert B. McCall

Associate Director
Carl N. Johnson

Division Directors
Ray Firth Policy Initiatives
Roger Fustich Administrative Operations
Junlei Li Applied Research and Evaluation
Laurie Mulvey Service Demonstrations
Stephen J. Bagnato Early Childhood Partnerships

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Sheila Beasley Family Support Outreach
Bernadette Bennermon STARS TA
Joyce D’Antonio Associate Director of ECP
Doris Dick Assistant Director, Administrative Operations
Joan Eichner Children’s Policy Director
Sharon Geibel Early Childhood Mental Health
Sharon Harper Partnerships for Family Support, Training and Technical Assistant
Vivian Herman Early Head Start
Ruth Kolb Family Support Policy Director
Lucas Musewe Family Support Database
Lou Ann Ross Youth & Family Policy Director
Janell Smith-Jones System of Care Evaluation
Ken Smythe-Leistico Centers of Excellence
Jennifer Zajac Evaluation and Technical Assistance

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Mary Louise Kaminski

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Lauren Fitzpatrick
Kira Harbourne
Brandi Hawk
Megan Julian
Krista McManus
Emily Merz
Kevin Minehan
Claudia Ovalle-Ramirez
Johana Rosas
Robin Sweitzer
Annie Wang
Scottie Wright-Ahsam

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Ann Bisceglia
Carol Davis
Ernie Dettore
Chris Dunkerley
Maura Falcetti
Larry Fish
Stacy Flowers
Barbara French
Amy Gee
Stephanie Groark
Dannai Harriel
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Jennifer Harris Tepe
Gordon Hodnett
Candace Hawthorne
Kathleen Hollingshead
Cheryl Huggins
Kerry Ishizaki
Regina Jones
Maria Kuchnicki
Tracy Larson
Margaret Matesa
Eileen McKeating-Esterle
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Kaitlin Moore
Milena Nigam
Kalani Palmer
Sajith Pillai
Audra Redick
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