LITTLE BY LITTLE (LBL) SCHOOL READINESS PROGRAM GUIDEBOOK



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The Little by Little (LBL) School Readiness Program Guidebook

The Little by Little (LBL) School Readiness Program Guidebook has been created as a resource for WIC programs that are interesting in learning more about the program and how to potentially bring the program to their own WIC centers. The program guide covers background information about the mission and history of the program as well as sections on program costs, theory of change and the evidence base supporting the program. The guidebook also outlines the process for expanding the program to new WIC centers, including funding estimate information, and detailed program implementation timelines and milestones. The guidebook also contains an overview of the organizations in Los Angeles County who currently support the program locally and who would partner and collaborate with additional WIC programs looking to bring the LBL program to WIC families they serve.

The LBL School Readiness Program

The LBL program is designed to create a literacy-rich home environment and a family culture that encourages early reading in the homes of WIC families long before the child enters kindergarten. The program was designed to address the challenges of school readiness for children in lower-income families at risk for literacy failure and is intended to be a 'practice change' in that it is woven into the already established and highly effective WIC platform. Across the current ten LBL locations in Los Angeles County WIC centers, LBL serves around 60,000 WIC participants annually for a cost of approximately \$52 per participant, per year (annual cost: \$3.2 million).

The LBL intervention begins in the second trimester of pregnancy and continues through the child's fifth birthday when they are no longer eligible for WIC services. During their visit to WIC, LBL participants receive the following:

- Age-level, high-quality children's books.
- Age-level handouts on reading, development, household safety and family engagement.
- Parental guidance tied to child development milestones; and,
- Connections to important community services—childcare, developmental screening resources, preschool and others.

The WIC/LBL program staff are supported by a web-based software program, referred to internally as the 'LBL database,' that guides them during the LBL interaction and provides prompts for issuing handouts and books, as well as suggested talking points with families. Staff from the lead agency in Los Angeles - PHFE WIC (described below) also provide ongoing training and technical support to all LBL sites to ensure the LBL program is delivered consistently across WIC centers and to fidelity in keeping with the evidence-based outcomes of the LBL program model.

Each family may have up to four LBL contacts annually, and through LBL the whole family is engaged in supporting a literacy-rich home environment. Creating a literacy environment that engages the whole family is critical in supporting a child's early reading and language skills. A 2017 finding from LA County

WIC data analysis suggests that when WIC families utilize childcare, it is most often in their own home (35%) or the home of another person (49%) rather than being center based childcare (31%)¹. A key outcome of the LBL program, as demonstrated by program evaluation findings, is that children enter school with more literacy and language skills and are better prepared to thrive, learn and succeed.

Overview of Organizations Supporting the LBL Program

The LBL program is supported by several organizations within Los Angeles county, each of which play an important role in the ongoing success of the program.

Heluna Health (Formerly Public Health Foundation Enterprises Inc./PHFE)

LBL Program Management – Heluna Health is the home of the LBL program. Heluna Health oversees all aspects of LBL fiscal and contracting operations as well as program expansion and sustainability. Heluna Health staff work in tandem with staff from PHFE WIC (below) in the oversight and management of the ten local LBL sites in Los Angeles County.

Heluna Health (formerly Public Health Foundation Enterprises, Inc./PHFE) is a leading provider of program services and fiscal sponsorship for over 500 public health projects. Heluna Health empowers public health agencies, academic researchers, public/private consortia, and nonprofits by providing the infrastructure and support such organizations need to ensure that population health resources reach more people. Heluna Health is the largest non-profit WIC provider in the nation, serving 180,000 participants each month. It has been a long-term recipient of federal WIC funds and as such created PHFE WIC to oversee in the management of its network of WIC centers.

PHFE WIC

Lead Agency - PHFE (Public Health Foundation Enterprises, Inc.) WIC serves as the lead agency for the LBL program in Los Angeles County. Staff from PHFE WIC were responsible for launching all local LBL sites and continue to provide comprehensive ongoing training a technical assistance. Staff from PHFE WIC also manage the LBL database and the procurement and distribution of all books and parental handouts for the program. Quality assurance and local research activities are also coordinated through PHFE WIC. The PHFE WIC team also provides in-person and remote training and technical assistance to partner LBL programs in other regions.

As noted earlier, PHFE WIC is the largest local agency WIC program in the United States and serves approximately 4% of the nation's total and 20% of California's total WIC participants. WIC centers overseen by PHFE WIC serve Los Angeles, Orange and San Bernardino counties and are strategically located in high-density areas of need.

¹ <u>https://lawicdata.org</u>

First 5 LA

Principal Funder – First 5 LA has provided funding for the LBL program since its inception in 2002.

First 5 LA is an independent public agency with a mission to support the safe and healthy development of young children so that by 2028, all children in L.A. County will enter kindergarten ready to succeed in school and life. First 5 LA was created by voters in 1998 to invest L.A. County's allocation of funds from California's voter-approved Proposition 10 tobacco tax revenues. First 5 LA recognizes that changing the life trajectory of children involves changing systems and policies to prioritize them at the earliest days in their lives giving them the best start possible in life. Since its inception just over 20 years ago First 5 LA has committed more than \$2.2 billion to improve outcomes for Los Angeles county's 650,000 children, prenatal to age five, and their families.

History of the Little-by-Little Program

Little by Little grew out of the recognition that, with appropriate funding, WIC centers could expand their role beyond a focus on nutrition to become places where staff embraced a broader educational role, providing guidance to mothers regarding early literacy and learning and specific information on prenatal, infant and child development. Parents and caregivers, who were attending centers for nutrition information and support, frequently asked for information regarding their children's developmental progress and for recommendations about how they could help their children learn and thrive. These requests inspired the development of the Little-by-Little program. Prior to introducing LBL, a survey of literary practices of families served in ten WIC centers found:

- 46% had fewer than ten books in the home
- 70% rarely or never visited a library
- 22% received a daily or monthly newspaper or magazine
- Fewer than a quarter of the children attended preschool
- The average level of maternal education was tenth grade

Spanish-speaking households had even fewer resources than English-speaking households, reporting:

- Significantly fewer books in the home
- Reading to children less often
- Starting to read to children significantly later in their children's lifetime
- Significantly fewer years of maternal education

The effectiveness of the LBL program in significantly improving the school readiness for underserved children was established via evaluation work published in the February 2011 issue of *Pediatrics*. Today, the LBL Program is provided at ten WIC centers across Los Angeles County. The program serves approximately 60,000 unduplicated WIC participants annually in these ten locations.

LBL Program Adaption in the time of COVID-19

The COVID-19 health pandemic has resulted in the temporary closure of many WIC centers to their participants. WIC center staff have continued to provide core services via the telephone or video conferencing platforms like Zoom for Skype, along with electronic receipt of WIC benefits via the e-WIC card. The LBL program has also adapted its program model to allow for continuation of program services. Specifically, the all-important early literacy/developmental guidance interaction with parents is occurring via telephone or video conferencing. Age-appropriate books and handouts are then mailed to the parent after the LBL interaction. This adaptation has allowed families to continue to receive critical child development information and books during a stressful time when parents and children are spending more time at home. This has added some unanticipated costs to the program in terms of postage and supplies required to mail books and handouts to family's homes. With the recent introduction of the e-WIC card nationally this adaptation may however prove to be a useful addition to the program model if the use of e-WIC cards reduces the frequency of families' visits to the WIC center.

With this adaptation, the LBL program may continue to serve families up to 4 times per year using a combination of in-person and virtual interactions.

The LBL Program and the Importance of Parental Engagement

Multiple peer-reviewed research projects and comprehensive data analyses have shown that 85 percent of a person's brain is developed by the time they are five years old. As a result, the first five years of life are critical to healthy early childhood development. As with physical development, cognitive milestones represent important steps forward in a child's development. By taking an active role in the early childhood education process, parents can help ensure that their child has all the support and encouragement they need to develop to their full potential. Optimal parent engagement is mutual, respectful, and responsive to a family's language and culture, practices engrained in the WIC setting. Activities that parents conduct at home are known to support their child's learning directly or indirectly with parent engagement at the preschool level having a number of lifelong benefits, such as establishing the importance of education and developing a network of helpful connections (The Global Family Research Project, formerly Harvard Family Research Project, 2017). Parental involvement at this critical period provides the child with a springboard that makes entry into kindergarten more successful. For the LBL program, parent engagement is established through their initial interaction with the WIC center and their subsequent enrollment into the LBL program. WIC is grounded in a strength-based approach to working with families. Over four decades of research into the effectiveness of the WIC program tells us that WIC participants are provided supports that lead to healthier births, a more nutritious diet for their families and a host of other key child and family health outcomes. These results are achievable, as over time the WIC counselor becomes a valued source of information and a trusted partner through repeated WIC visits and often through repeat pregnancies. The LBL program leverages this partnership through its seamless integration into the families' WIC visit.

LBL Program Costs

An important consideration when constructing the LBL budget is recognizing that no federal funds can be used to cover the costs of administering the LBL program. Federal funds provided to WIC centers can only be used to provide services and pay for activities that are part of the core federal WIC program. Thus, the budget required to serve LBL participants per year includes:

- the cost of the staff, space and storage materials needed within the WIC centers to deliver the LBL program (program delivery costs).
- program support costs, i.e., the costs for the PHFE WIC team to provide the initial trainings and information technology (IT) support to set up the program software, costs for ongoing technical assistance to WIC staff, and IT support from PHFE WIC.
- program support costs also include the cost of the actual books and handouts needed for each site.

Through a centralized purchasing model, the PHFE WIC team take responsibility for selecting and purchasing books and for procurement of LBL handouts from established vendors. This "bulk purchasing" of books allows LBL t buy new, high quality books at an average cost of \$3.00

per book, keeping book cost relatively low. These program materials are then delivered directly to the new WIC/LBL partners.

The distinct advantage the LBL program has in terms of both initial set up costs and later achieving scale is that the program does not require the building out of a complex and costly infrastructure to deliver the program. Instead, the program is neatly absorbed into the existing WIC center infrastructure, requiring only a few minor site level changes to allow for the storage of program materials and the installation of the online LBL program delivery software. These savings result in low annual 'per participant' costs.

LBL's current budget model in Los Angeles County generates an average annual intervention cost of approximately \$52 per participant per year. To determine the annual intervention cost for new partners, the cost model uses average WIC salaries and fringe benefit rate for the local or regional WIC agency interested in offering LBL at their WIC centers, combined with average WIC monthly caseload to generate an accurate intervention cost for the project. It should be noted that Year 1 startup is more expensive than Year 2 and outwards due to the costs of training and technical assistance needed to launch the program plus modest site supply costs (i.e., storage items for books and handouts). For the average cost of \$52 per year, participants are served up to 4 times annually by the LBL program, receiving books and handouts at each visit. The cost of providing LBL services varies somewhat due to regional or organizational factors (e.g., salaries, benefit rates, cost of office space). However, in all instances, the LBL program represents a low-cost program relative to other comparable services because of its ability to leverage the existing infrastructure of the WIC program which greatly reduces start up, outreach and ongoing program delivery time and costs. A sample budget is provided in the appendices for illustration purposes only.

Costs associated with COVID -19 adaptations

The LBL program is currently mailing all books and handouts to families during the temporary closure of WIC centers to the public. The LBL program is currently averaging approximately \$1.26 per mailing to families. This is inclusive of the non-profit mailing rate obtained by Heluna Health, as well as sundry supplies such as envelopes, address labels and printer toner. Heluna Health also contracted with a mailing meter company to simplify preparation of envelopes for mailing, at a cost of approximately \$720 annually per meter. These costs are not factored into the \$52 per participant per year as discussed above.

LBL Theory of Change

The LBL program has demonstrated its ability to increase the school readiness of low-income children, particularly children in Spanish-speaking households. It builds towards its overarching objective of school readiness by introducing parents to the topic of literacy and the importance of reading to children as early as possible – during pregnancy and early infancy. Through regular interactions with their WIC counselor, over successive years and pregnancies, the LBL program can change behaviors, skills and attitudes towards early literacy with parents, resulting in increased parental engagement, parental knowledge and the fostering of a culture of early literacy within the home environment. Results from both informal process evaluation work and formal outcome evaluation work have shown that families who participate in the LBL program report having more books in the home, reading to their child with increased frequency and having more child development knowledge than parents who did not participate in LBL. This can be attributed to the high-quality handouts and age-appropriate books that are gifted to parents during each LBL interaction.

Given that the WIC program serves low-income families, who are known to have an increased risk of low literacy among their children, the expectation is that the program could work for all families who are eligible to receive WIC benefits. In terms of children's neural development, the LBL program engages families at the most critical period of their language development, between the ages of birth and 5. Research tells us that by age 3, children in low-income families have heard approximately 30 million fewer words than their more affluent peers (Hart & Risley, 1995). A family's financial circumstances have a profound effect of how much language exposure a child has in their most formative years with the effects of this '30-million-word gap' persisting through the school years in terms of decreased oral language, vocabulary and reading comprehension. The LBL program works to close the word gap by helping families to increase the quantity and quality of their verbal interactions with their children. Specifically, LBL teaches parents about the need to engage their child early and regularly in meaningful conversations and interactions that increase their exposure to new words and reinforces their emerging vocabulary through talking, singing, playing and, especially, reading.

LBL Program's Evidence Based Outcomes

During the first phase of the LBL program a rigorous evaluation study was conducted that measured the school readiness skills of children who had received WIC services only or had received WIC services and had participated in the LBL program for either two years or four years. The evaluation included a home visit where a series of validated, standardized measures were used to assess the child's school readiness, parent literacy resources as well as an observation of home literacy activities. The results showed that children who received four years of LBL services had higher school readiness scores than children with no LBL exposure (averaging 23.5 compared to 19.7 as measured by the Bracken School Readiness Scale), and better receptive language scores (as measured by the Peabody Picture Vocabulary Test). Children benefited from LBL/WIC services regardless of the primary language in the home; however, children in Spanish-speaking homes showed the most significant gains from the program. These were particularly exciting and important findings given that LBL is a low dose, low-cost intervention and the parent behavior and child school readiness changes seen were achievable with as few as four LBL contacts per year. The results of the evaluation were published in the February 2011 edition of the journal *Pediatrics* (abstract included in the Appendices)

Expanding the LBL Program

LBL is a Cost Effective and Scalable Program

Because the WIC program serves over 6 million participants across the country (2019 data), it is the ideal platform for providing literacy resources to lower-income, underserved families while scaling Little by Little at a very low cost. As mentioned earlier, a critical advantage that the LBL program has in its potential for achieving scale locally, regionally, and nationally is that the program does not require the building out of a complex infrastructure to reach the targeted population and deliver the program. As such, the program has the potential to scale to all WIC centers across a given geography that have the capacity and affinity to deliver the program.

The ability to scale the program statewide has been greatly informed by the expansion of the program currently being implemented in Tulsa, Oklahoma. As described below, over the past four years, LBL has had a very positive impact on the early literacy skills of over 25,000 (?) WIC children in the Tulsa region.

The Tulsa LBL Pilot Program

A 2016 telephone call from the George Kaiser Family Foundation (GKFF) prompted Heluna Health and PHFE WIC to revisit the LBL expansion idea and set into motion our current work to execute a social enterprise strategy to further support the long-term sustainability of the LBL program. The impetus for GKFF to reach out to PHFE WIC was grounded in the evaluation findings published in the February 2011 edition of *Pediatrics,* and a recognition of the strength of the LBL program's outcomes. PHFE WIC staff were able to introduce the GKFF team to senior WIC staff within the Tulsa Health Department to begin meaningful conversations about a potential pilot of the LBL program. After several phone calls and site visits by staff from the GKFF and the Tulsa Health Department, a decision was made to move forward, with the GKFF board voting to fund a pilot of the LBL program in three WIC centers. On June 12, 2017, LBL was officially launched at those three WIC centers. Funding for two additional WIC centers was later provided bringing the total number of LBL program sites in Tulsa to five.

LBL staff first visited Tulsa in January 2017 to provide a collective pre-training for all staff members from the three original WIC centers. The pre-training included an assessment of each site, staff introductions and an overview of the LBL program. The same LBL staff arrived back in Tulsa in June 2017 to provide a follow up training and 'hands-on' technical assistance to ensure that the LBL program launch went smoothly. This five-day training included visits to all three LBL sites and focused on training staff to navigate through the web based LBL program delivery system, modeling the LBL staff/participant LBL interaction, providing tips on counseling families using the developmental handouts, and sharing insights and guidelines on how to choose books (content and costs) for the program. At the conclusion of the training, the trainers provided LBL services to WIC participants while the Tulsa staff observed. Once the Tulsa staff became familiar with the program delivery procedure, they began to practice and gradually took over providing LBL services to WIC participants. The Tulsa LBL Team Lead received additional training on inventory procedures for books and handouts. As mentioned earlier, the expansion of the pilot effort into 2 additional sites revealed the need to tailor the program to the large Burmese/Zomi-speaking WIC population served by one of the WIC centers. The handouts were professionally translated and then transcreated by Burmese/Zomi-speaking staff within the Tulsa location before being distributed to LBL participants. Feedback on the handouts has been extremely positive from both the Burmese/Zomi-speaking WIC population and the staff who serve them at the WIC center.

Sustaining LBL Program Outcomes

Capacity Assessment

Ensuring that interested WIC partners have sufficient capacity to deliver the LBL program and that funders are providing sufficient dollars to cover all program expenses is a way of ensuring that the important literacy outcomes obtained by the original LBL sites in Los Angeles can be achieved by all new partners.

Three basic expansion criteria are suggested for assessing expansion opportunities:

- 1. **Capacity** Do the WIC centers have sufficient internal capacity to offer the program as well as a large enough WIC caseload to make it financially viable?
- 2. Affinity Is the LBL program something that the WIC centers are excited by and wish to participate in?
- 3. **Funding** Is there a regional funder interested in partnering with the local WIC agency who can support the program for a minimum of three years?

When setting up new LBL partnerships outside of Los Angeles County, Heluna Health has found it optimal to partner with a single WIC agency who oversee a number of WIC centers and to support them in bringing the program online appropriately and to fidelity. This preference for working with a single WIC agency reflects both a desire to streamline the contracting and implementation process, but also the knowledge that successful implementation of the LBL program requires careful selection of agencies that have both the capacity and affinity to become an LBL partner. As stated above, capacity is defined in terms of the ability to take on the day to day oversight and management of delivering LBL to WIC clients as well as the physical space needed to store program materials. Affinity refers to the desire of the WIC center to take on an augmentation to their core WIC responsibilities as well as wanting to partner with Heluna Health in LA and importantly the funder who is providing the fiscal resources to deliver the program. Not all WIC agencies can meet the necessary criteria for capacity or affinity.

Estimating the Funding Needed to Provide the LBL Program

Much like in the pilot expansion project in Tulsa OK, any additional expansion of the LBL program to new WIC centers will require a commitment from a local WIC agency and a regional or state funder, who will cover the cost of bringing LBL to the WIC centers. Identifying a funder is essential as without them even the most capable and enthusiastic WIC agency will not have the resources to provide LBL services. Furthermore, the larger challenge lies with matching interested local WIC agencies with a funder willing and able to support the program, ideally for a minimum of three years and at multiple WIC centers overseen by that agency.

Deploying LBL at multiple WIC centers over several years is the best way to ensure that the program is given sufficient time to make an impact and to a large enough WIC population that the cost per participant can be kept as low as possible. More specifically, funding for just a single year would not allow enough time for the benefits of the program to be experienced by participants and would be very costly in terms of the initial investment of time and resources needed to launch the program. Deploying the LBL program within just a single WIC center would increase the cost of the program due to both set up costs and ongoing operating expenses not being shared across a larger number of centers.

Heluna Health suggests, at a minimum, a 3x3 model (3 WIC centers over 3 years) to ensure enough WIC participants are served to keep program costs within an acceptable range. This is based on making comparisons to WIC caseload data for WIC centers in Los Angeles and identifying the "sweet spot" for ensuring reasonable program implementation costs and for maintaining the typical annual cost per participant in the long term.

The average cost per participant/overall program costs will of course vary by region reflective of areas with higher or low WIC salaries, benefit rates and space costs when compared to the estimates generated using Los Angeles-based WIC center data. A simplified budget planning tool is provided in the appendices to aid WIC agencies in determining the likely range of funds needed to become LBL program partners.

Funders may also wish to consider that additional funds may be required during the current COVID-19 health crisis to allow for mailing of program materials to families.

Need for Local Sustainability Strategies

As alluded to earlier, any additional expansion of the LBL program to new WIC centers will require that the local WIC agency identify a regional or state funder, who will cover the cost of bringing LBL to their WIC centers and ideally for a minimum of three years and at multiple WIC centers overseen by that agency. Fund development work may be something that WIC agencies are already skilled at undertaking, with some experience of managing external non-WIC grants, or this may be a completely new area of exploration. The following questions can be helpful in determining a WIC agency's experience and capacity to undertake initial and ongoing fund development work to open and then sustain the LBL program within their WIC centers.

- 1. Does your WIC agency/parent organization have the following capabilities and/or resources?
 - a development department?

- board members [or leadership] who engage in fundraising?
- internal capacity -to manage grant funding?
- willingness and enthusiasm to manage the Little-by-Little grant for their agency?
- 2. Does your WIC agency/parent organization?
 - Write grant proposals on a regular basis?
 - Write grant proposals occasionally when something comes up?
 - want to explore collaboration grants for LBL?
 - have a grant writer to assist with LBL grants?
- 3. Does your WIC agency/parent organization host any fundraising events or activities?
 - events?
 - individual solicitations?
 - corporate sponsorships?
 - Employee contributions?
 - Annual fund drive?
- 4. How likely is your WIC agency/parent organization to?
 - Continue in the collaboration to fund LBL?
 - Provide in-kind support for space for the program?
 - Provide in-kind support for staff to operate the program?
 - Provide in-kind support for marketing [i.e., social media, open house at site, etc.]?
 - Provide in-kind support for telephone costs?
 - Provide in-kind support for grant writing and proposal submission?
 - Contribute financial resources to the project?

Bringing LBL to New WIC Centers – Program Implementation Overview

Program Launch

Bringing a new LBL center online involves several interrelated steps that require the Heluna Health team to guide and train its new WIC partners. centers. The steps listed below involve both behind the scenes and front of house types of trainings and activities. While it is the preference of the Heluna Health team to conduct trainings in person and to visit each new LBL center, during the time of the COVID-19 health crisis, all trainings can be adapted and offered virtually.

- 1. Remote information technology (IT) check and preparations
- 2. 1 day-pre-training on LBL/early literacy with center staff and center assessment (with optional warehouse staff training)
- 3. Initial LBL supplies set up and pre-launch check in
- 4. Multi-day LBL program delivery training and program launch
- 5. Ongoing training and technical assistance (TA), quality assurance (QA) monitoring
- 6. Ongoing IT support for LBL database
- 7. Ongoing support for logistics/program materials

The trainings are offered a few months prior to WIC center providing LBL services. The trainings are also spaced apart to allow the WIC center time to understand the goals of the program and how it will work; to prepare their WIC centers to physically accommodate LBL program materials (to include receiving their first order of books and handouts); and, to complete the installation of the LBL database prior to program launch. The trainings involve all members of the WIC center who will be offering the LBL program (front-line staff) as well as a series of additional trainings meant for the person or persons who will be overseeing LBL operations at the WIC center (management staff). Trainings are usually conducted by a pair of training specialists and some take place over several days. While the management trainings are presented as separate trainings, many of them can be completed with the appropriate staff member(s) on the same day as the front-line staff trainings.

Training and Technical Assistance Support Services

The core Heluna Health team who support the ten LBL centers in Los Angeles will provide all necessary assistance to conduct initial logistics preparation and assessment work for new LBL partnerships. This includes advice on how to physically configure the new LBL centers (and any offsite storage facilities) for book and handout storage. During staff trainings, Heluna Health will view each site (and off-site storage facilities, if available) and provide tips and training to staff on program material storage. Heluna Health will also provide detailed and ongoing advice for book and handout delivery, distribution, and inventory best practices. Heluna Health will work closely with the designated LBL program leads at new centers to coordinate the successful initial delivery of books and handouts, and accurate entering of initial inventory levels into the LBL database. Similar coordinated outreach and support will take place for subsequent book and handout delivery. Heluna Health will also work with vendors and distributors to

establish specific LBL delivery best practices and to ensure the development of a coordinated and efficient LBL supply chain for books and handouts.

Program Materials

<u>Program materials for participants</u>: LBL participants are given a high-quality and age-appropriate book at each LBL visit in addition to an age-appropriate 4-page color handout containing child development and safety awareness content. Books and handouts are available in English or Spanish as preferred by the participant.

Books are categorized based on child's age and book type

- Prenatal prenatal book, fixed title
- Newborns black and white board book series
- Infants (up to age 2)- cloth or board books², various titles
- Children (2-5 years) –hardcover or paperback books, various titles

To make sure that families receive a variety of books, Heluna Health works with several book vendors to source new titles within the cloth, board, hardcover and paperback book categories. This ensures that families with multiple children in the program, or families enrolling early in the program can continue to find new book choices as they build their home libraries. This is particularly important for the Spanish language books where less titles are available compared to English titles.

<u>Handouts</u> are available containing developmental content beginning at the 2nd trimester of pregnancy up through to age 5 and "preparing your child for kindergarten." The 16 handouts are given based on the exact age of the child to ensure that the most relevant information for that child's specific age is shared with the parent.

Handouts are periodically revised to ensure that the developmental and safety awareness content provided is up-to-date and reflect current thinking and best practices in the areas of child development and safety awareness. For example, all handouts were updated in 2019 to include the latest American Academy of Pediatrics recommendations for children's use of technology

Handouts can also be translated into additional languages to serve specific cultural communities. For example, handouts were translated into Burmese/Zomi to better serve the large Burmese/Zomi speaking WIC population served by one of the WIC/LBL centers in the Tulsa, OK.

<u>Program materials for staff:</u> WIC center staff are also provided with protocols and tip sheets for a wide range of topics including how to best organize and store onsite materials and to how to use and maximize the online program delivery module when providing LBL services to a participant. Supervisorial staff are also provided with tip sheets and protocols to implement fidelity monitoring and quality assurance procedures as well as inventory tracking and the running of basic reports from the LBL program delivery software module.

² A board book is a type of children's book printed on thick paperboard. Unlike a hard cover book, the paperboard is printed and used for both the cover **and** the interior pages.

<u>LBL Program Delivery Software:</u> The LBL program delivery software, AKA the 'LBL database', is used to both deliver the LBL program as well as tracking inventory and providing a range of report functions to monitor participants served and other factors of interest. Staff log onto the LBL database with their unique user ID to enroll new clients or locate existing clients. Once in a client's record, the LBL database then guides the staff member on what types of books the participant can choose, as well as which of the 16 handouts to give, based on the exact age of the child. The LBL database also provides a script to follow when describing the handout and a very easy to follow set of steps for indicating when books and handouts have been given, which links directly into the "back of house" inventory management aspect of the LBL database. The online LBL database can be customized to accommodate agency-based differences, i.e., how WIC ID numbers are configured in a particular region or state and is continuously monitored to ensure that it is optimally functioning.

Centralized Book and Handout Purchasing

The selection, purchasing, distribution and inventorying of the books and handouts required to deliver the LBL program is one of the most time consuming and complex logistical aspects of the LBL program. In order to lift the burden of this aspect of the program from local WIC agencies, to capitalize on the efficiency of the procurement system developed in Los Angeles, and to achieve the greatest economies of scale with vendors, Heluna Health recommends that all books and handouts be ordered centrally through the LBL. The costs for the Heluna Health delivering this service are included in overall training and technical assistance (program support) costs. Books and handouts would then be delivered by vendors to new LBL partner WIC agencies, either directly to the centers or to a designated storage facility. Heluna Health, in the eight plus years the program has been implemented, has experienced, and solved numerous challenges associated with book and handout logistics. Heluna Health has established excellent relationships with several book vendors which has enabled the purchase of highquality English and Spanish bilingual children's books and printed handouts at a very competitive unit price. Heluna Health has also developed tools and protocols for determining ordering needs for each LBL centers based on an individualized periodic automatic replenishment (PAR) system tailored to the size and demographics of individual WIC centers. The LBL program delivery module also allows for Heluna Health to review real time inventory data for each LBL site to determine when book or handout orders are needed.

Quality Assurance

A rigorous and ongoing quality assurance protocol (QA), modelled on the Los Angeles program, is embedded into the model to protect the integrity of the program and to help new LBL partners successfully deliver the LBL program with regard to replicating school readiness outcomes. The recommended QA protocol involves both staff observation as well as phone calls to a small group of program participants. More detail on the QA protocol can be found later in this document.

Proposed Phasing of the LBL Project (Years 1-5)

The following phasing assumes that WIC centers will implement the LBL program for at least three years, and preferably five years. This time is suggested as less than three years is not likely to provide a sufficient timeframe for program outcomes to manifest, with five years being optimal in that respect. In addition, less than three years can increase the cost of the program as the larger costs incurred in Year 1/startup year are not offset by lower spending over the next 2-4 years.

All trainings can be completed in a virtual format (i.e., zoom video conferencing) during the COVID-19 health crisis.

- Year 1: Months 1-3
 - Contracting completed between Heluna Health, the WIC agency and the funder.
 - The WIC agency hires an LBL project coordinator if offering the LBL program at multiple WIC centers
- Year 1: Months 3-6
 - Heluna Health and WIC agency IT staff complete IT infrastructure assessment and determine best methods for installation and deployment of the online LBL program delivery module within the WIC centers administering the LBL program. The WIC agency and Heluna Health also determine any data sharing issues and develop data sharing agreements/protocols which may include uploading of agency WIC client data to the LBL program delivery module prior to program launch.
 - Heluna Health complete the pre-training (training 1) assessment of WIC centers administering the LBL program and conduct training sessions with WIC staff, center readiness assessments regarding book, handout and tip sheet storage and continue to communicate recommendations and provide support to the LBL project coordinator and WIC centers as they ready to begin delivering LBL. Heluna Health provides additional support as the center readies to receive their first delivery of LBL books and handouts.
 - Heluna Health creates inventory periodic automatic replenishment (PAR) levels related to LBL book and handout needs for each of the WIC centers and initiate first book and handout order and remotely oversee its delivery to the WIC centers approximately two weeks before date of 2nd training (program launch), to include receipt into the inventory module of the LBL program delivery software.
 - Heluna Health complete program launch training (training 2) which is typically scheduled for 6-8 weeks after the pre-training.
 - After program launch training, staff at the WIC centers begin to administer the LBL program to WIC clients under the supervision of Heluna Health.
- Year 1: Month 7 (between 2-4 weeks after program launch)
 - WIC center LBL project coordinator begins staff assessments to detect any early signs of 'drift/bad habits' regarding the LBL program delivery protocol.
 - LBL Project coordinator (with support of Heluna Health) conducts any refresher trainings needed with individual staff because of staff assessments.
 - Heluna Health begins regular monitoring of inventory levels at the WIC centers and initiates book and handout orders, as necessary.

• Year 1: Month 9 (approximately 3 months after program launch)

Heluna Health complete quality assurance (QA) training (training 3) which is typically scheduled for approximately 12 weeks after the program has launched. The QA training is specially designed for the LBL project coordinator in preparation of implementing formal QA activities, which include staff observations of all WIC staff delivering LBL; and, phone surveys to a small subset of recent LBL participants. If necessary, Heluna Health can also do quick refresher trainings for all, or individual staff members within the WIC centers in anticipation of beginning formal QA assessments and the need to meet the program fidelity targets at the end of Year 1/beginning of Year 2. Heluna Health are present for the first "practice" QA session in month 9, with the expectation that the LBL project coordinator will repeat QA activities 3 months later and begin submitting scores to Heluna Health for fidelity monitoring purposes.

• Years 2-5: Months 1 and 6 (or similar bi-annual schedule)

- LBL project coordinator begins formal QA activities for each of the WIC centers and repeats biannually, to include observation of all staff members delivering LBL services and phone surveys with a sample of LBL families who recently received LBL services.
- Heluna Health provide additional support and back up to LBL project coordinator as they begin implementing and reporting out on formal QA activities.

• Years 1-5: Ongoing

- Heluna Health conducts a monthly TA call with the LBL project coordinator. Call frequency may be reduced to quarterly or bi-monthly as needed over time and can be supplemented with ad hoc calls and emails as required.
- LBL project coordinator participates in monthly LBL peer learning meetings to engage, share with and learn from the broader LBL community (via telephone or webinar format).
- Heluna Health communicates as needed with LBL project coordinator/WIC agency IT staff either via IT help desk function or via scheduled calls to troubleshoot any issues with the LBL program delivery module and/or to discuss improvements to the software or changes to protocols and practices.
- Heluna Health communicate regularly with LBL project coordinator regarding book and handout orders and deliveries, best practices for inventory management (to include periodic physical counts) and to troubleshoot any issues with inventory orders, delivery, storage or distribution.

LBL Project Milestones

Year 1

- Launch of the LBL program at new WIC centers within 6 months of contract execution
- Meet LBL participant enrollment target (pro-rated) for Year 1
- If initiated by the funder, outline any planned research and evaluation activities the funder may wish to initiate at the new WIC centers and begin collecting baseline data.
- •

Year 2

- Begin formal quality assurance activities at the beginning of Year 2/after 6 months of full program delivery
- Reach quality assurance targets and maintain program fidelity within 6 months of starting quality assurance assessments i.e., second administration of staff observations and parent phone surveys. Fidelity is defined as over 90% of eligible participants served and over 90% accuracy rate for services delivered (correct book and handout given to family based on child's age)
- Meet LBL participant enrolment targets for Year 2

Years 3-5

- Continue to meet QA targets biannually
- Continue to meet annual LBL participant enrollment targets
- If initiated by the funder, continue data collection and analysis for any planned research and evaluation activities

LBL Quality Assurance Measures and Enrollment Goals

Annual participant enrollment goals are set yearly for each WIC center. The LBL program also sets a high threshold in terms of quality assurance targets to ensure that the program is delivered to fidelity so that the intended outcomes can be achieved respective to its evidence base. These goals are tracked in the LBL program delivery module and measured as follows:

- LBL participant enrollment targets and participant contact numbers as tracked by the LBL program delivery software all years
- Fidelity to the LBL model as tracked bi-annually using established quality assurance procedures as described below Years 2-5
 - Quality Assurance Protocol:
 - Parent phone surveys are completed every six months for each WIC center Approximately a dozen families are called who attended the WIC center for an LBL visit within the week prior to the phone surveys being conducted. Every effort is made to split the phone surveys evenly between Spanish and Englishspeaking families. During the call families are asked a set of specific questions about their recent WIC visit to determine if they received LBL services during that visit. An overall score of 90% or higher is the target for reaching fidelity to

the model. Heluna Health then provides additional support to centers who failed to reach the 90% QA threshold for the parent survey phone calls.

- Below is the list of error categories that can occur and are probed for during the parent survey phone calls
 - A. Participant received LBL items, but it was not documented in the online LBL program delivery module
 - B. Participant received different LBL items than documented in the online LBL program delivery module
 - C. Participant did not receive LBL items, but the online LBL program delivery module recorded that LBL items were given to participant
 - D. Participant did not receive LBL services and was not in the online LBL program delivery module
- Staff assessments are also conducted bi-annually within each WIC center. All WIC staff who provide LBL services are observed and scored using a QA checklist. An overall score of 90% or higher is the target for reaching fidelity to the model. Heluna Health provides additional support to WIC centers who fail to reach the 90% QA threshold for the staff observations.
- Below is an overview of the types of activities that are reviewed during the staff observations:
 - Staff member correctly used the LBL program delivery module throughout the LBL interaction
 - Staff member mentioned the LBL program and correctly probed for previous LBL services
 - Staff member offered appropriate counseling (using either the program delivery module script or via the LBL handouts)
 - Staff member offered daily reading reminders
 - o Staff member correctly asked for language preference for materials
 - Staff member gave correct book choices and appropriate handout based on the child's age

LBL Staffing Plan

The suggested staffing plan is based on the model used in LBL centers in Los Angeles County which has proved to be an efficient way to provide adequate program oversight and implementation staffing.

Project Coordinator

The hiring or designating of an LBL project coordinator role is suggested for instances where the new LBL partnership involves bringing the program to more than 1 WIC center. The project coordinator is responsible for overseeing day to day implementing of the LBL program at all new WIC centers. The project coordinator also works closely with Heluna Health and oversees program logistics (books and handouts) quality assurance protocols and other training and technical assistance duties as needed. Heluna Health recommends hiring the LBL project coordinator approximately 3 months before the program launches, i.e., month 3 in Year 1 so that they are in position just before training 1 is scheduled (approximately month 4). Heluna Health would suggest a part time project coordinator would be able to oversee up to 3 WIC centers. For single WIC centers a project lead could be designated from the center but would need to devote considerable time to overseeing the LBL program within their general WIC role.

- The project coordinator's activities are likely to include the following tasks
 - Participates in all training sessions conducted by Heluna Health
 - $\circ~$ Supports and promotes LBL activities with WIC staff and oversees the day to day running of the LBL program within the WIC centers
 - o Trains newly hired WIC staff on LBL procedures
 - o Monitors and maintains inventory of all LBL supplies
 - For LBL supplies, regularly communicates with Heluna Health with regard to supplies orders, deliveries and inventorying
 - Communicates and coordinates regularly with the WIC Manager, Supervisors, WIC agency staff, the funder, and Heluna Health
 - Establishes and maintains a child-friendly early literacy promotion environment within the WIC centers
 - Completes periodic staff assessments to control for drift from the LBL protocol
 - o Completes Quality Assurance assessments per LBL protocols and timelines
 - o Participates and conducts LBL meetings as needed and requested
 - o Submits documentation, reports and supporting information as required for LBL
 - Participates in monthly calls with Heluna Health
 - \circ $\,$ Provides LBL tours and program information as requested to internal and external clients
- Identify WIC staff who will deliver the program at each WIC center

Ideally all WIC staff within a given WIC center are trained and able to provide the LBL program to WIC clients. WIC staff then bill a percentage of their time to the LBL program each month to cover their time spent delivering the program and to ensure no federal WIC dollars are used to provide the program. The % effort each WIC staff members bills to the

LBL program is determined by the size of the WIC center (WIC caseload) and will be recommended by Heluna Health based on analysis of each WIC center's caseload data.

- Activities for WIC center staff include participating in the pre-training and the launch training sessions. Once the LBL program is launched their role is to introduce each WIC client they meet with to the LBL program and enroll them into the LBL program via the online program delivery module. The staff member then conducts an LBL interaction which includes presenting the participant with a developmentally appropriate handout and walking them through select content from the handout. The staff member then also gives the participants a choice of a developmentally appropriate book from a range of titles held at their desk. Depending on the local policies and procedures regarding HIPAA, WIC staff members may need to have WIC participants sign a consent form/HIPAA form when first enrolling into the program.
- WIC staff members are also responsible for keeping their site stocked with the necessary volume and variety of books and handouts required to deliver the LBL program and conducting periodic inventories of their stock of books and handouts as required by the LBL program coordinator. WIC staff members are encouraged to use the blog feature of the online program delivery module to collect stories and share experiences of providing LBL and to participate in any additional and ongoing trainings or LBL related activities as arranged by the project specialist.

Appendices

Simplified LBL Budget Example

The following simplified program costs are provided for sample budget purposes only and do not represent the actual costs for establishing the LBL program within a given WIC center. Costs will vary depending on several local factors, such as WIC agency personnel costs (including benefit rates), local space costs and typical WIC caseload for the WIC center. These examples are provided to allow for preliminary cost estimates to be generated that can be shared with prospective funders or prospective WIC agency staff.

All costs below include the following services provided by the PHFE WIC team in Los Angeles:

- Initial start-up training and technical assistance (TA) activities (includes all travel)
- Ongoing training and TA (includes some travel)
- Initial start-up IT database installation and support (data sharing/data upload)
- Ongoing IT support
- Centralized book purchasing with distribution and inventory/logistics support to WIC sites
- Initial quality assurance (QA) monitoring and training
- Ongoing QA monitoring support
- Start-up year funds to purchase furniture/office accessories necessary for the storage of LBL books and handouts

Small WIC Center	Medium WIC Center	Large WIC Center					
(Approx. 2,000 WIC monthly	(Approx. 3,000 WIC monthly	(Approx. 4,500 WIC monthly					
case load)	case load)	case load)					
Year 1 – Includes all start-up costs (approximately \$66,500)							
\$256,000	\$303,000	\$412,000					
Year 2							
\$190,000	\$237,000	\$345,000					
Estimated cost per participant Year 2							
\$65	\$54	\$52					
Years 3 and onwards							
Heluna Health recommends a 3% ar	inual increase is applied for each su	bsequent year of programming					

Annual Cost Breakdown

These estimated costs do not include funds for book/handout mailing during the COVID-19 health crisis.

Published Evaluation Findings

Literacy Promotion for Families Participating in the Women, Infants and Children Program

Shannon E. Whaley, Lu Jiang, Judy Gomez and Eloise Jenks

Pediatrics March 2011, 127 (3) 454-461; DOI: https://doi.org/10.1542/peds.2009-3572

Abstract

OBJECTIVE: This article describes the impact of a bilingual literacy intervention conducted with nearly 118 000 children in Special Supplemental Nutrition Program for Women, Infants and Children (WIC) sites in Los Angeles County, California.

METHODS: All WIC participants at 6 WIC sites in Los Angeles County participated in the literacy intervention. Three cohorts of participants were selected to participate in the evaluation of the intervention. A control group of 200 families received no intervention, 103 families received 2 years of intervention, and 102 families received 4 years of intervention. Participants were predominantly Hispanic (92%), 3- to 4-year-old children and their parents. All families had low income levels, and more than one-half were Spanish-speaking. School readiness assessments were conducted with the children; parent literacy resources and activities at home were observed. Structural equation modeling was used to allow for simultaneous testing of relationships between variables.

RESULTS: The Spanish-speaking subset showed a strong intervention effect. Among Spanish speakers, the 4-year intervention group (P < .001) and the 2-year intervention group (P < .05) had significantly higher school readiness scores, compared with the control group. The structural equation model revealed that exposure to the intervention significantly enhanced literacy resources and activities at home, which in turn led to greater school readiness.

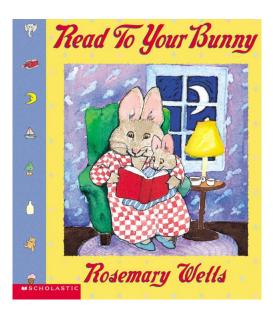
CONCLUSION: WIC-based literacy intervention significantly increased low-income, Spanish-speaking children's school readiness.

Examples of LBL Books and Handouts

The most popular books have a lot of vibrant colors and stories. Samples from each book category offered by the LBL program are shown below. The book images are sourced from the provided title hyperlinks.

Prenatal Category

Title: Read To Your Bunny



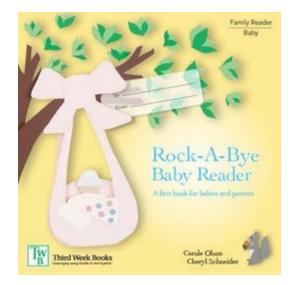
Mary Wells (1997) Scholastic, Inc.

Title: Leale a su conejito

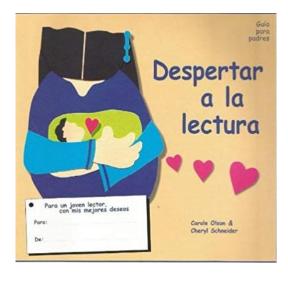


Mary Wells (1997) Scholastic, Inc.

Title: Rock-A-Bye Baby Reader



Carole Olson & Cheryl Schneider (2000) Third Week Books

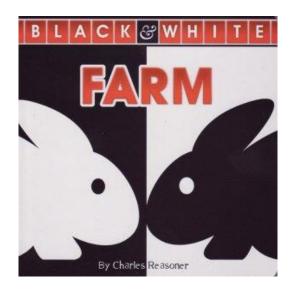


Carole Olson & Cheryl Schneider (2002) Third Week Books

Title: Despertar a la lectura

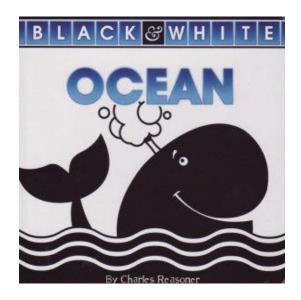
Newborn Category

Title: Black & White Farm



Charles Reasoner (2011) Rouke Publishing

Title: Black & White Ocean



Charles Reasoner (2011) Rouke Publishing

Title: Jungle / La jungla



Charles Reasoner (2011) Rouke Publishing

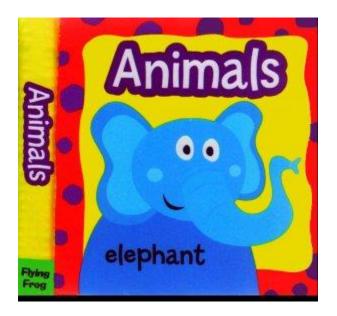
Title: Pets / Las mascotas



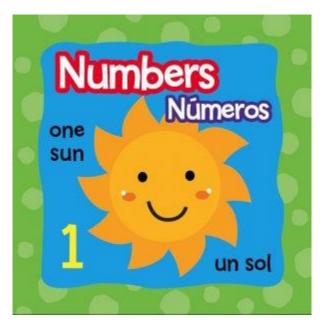
Charles Reasoner (2011) Rouke Publishing

Infant/Toddler Category – Cloth Books

Title: Animals



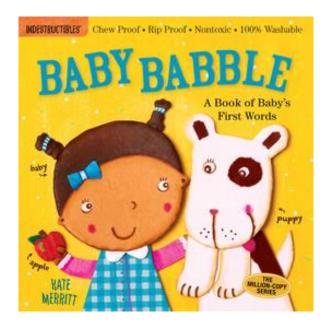
Flying Frog Publishing (2016) Flying Frog Publishing



Flying Frog Publishing (2016) Flying Frog Publishing

Title: Numbers/Números

Title: Baby Babble



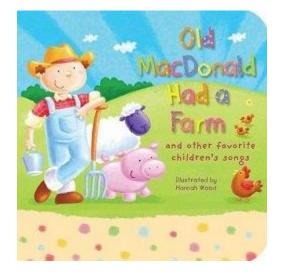
Kate Merritt (2012) Workman Publishing Company

Title: iBebé, vamos a comer! / Baby, Let's Eat!



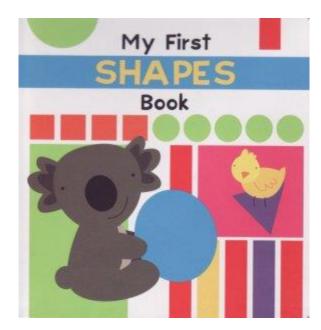
Stephan Lomp (2018) Workman Publishing Company

Infant/Toddler Category – Board Books English



Title: Old MacDonald Had a Farm and Other Favorite Children's Songs

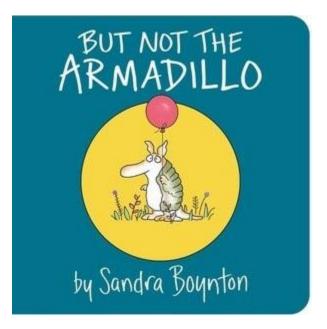
Hannah Wood (2010) Tiger Tales



Title: My First Shapes Book

Flower Pot Press (2016) Flower Pot Press

Title: But Not the Armadillo



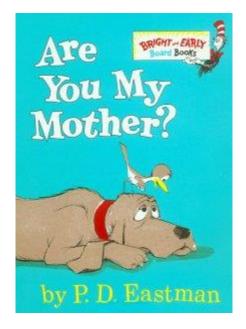
Sandra Boynton (2018) Simon & Schuster

Title: Team Numbers (Nickelodeon Paw Patrol)



Random House (2016) Random House Disney

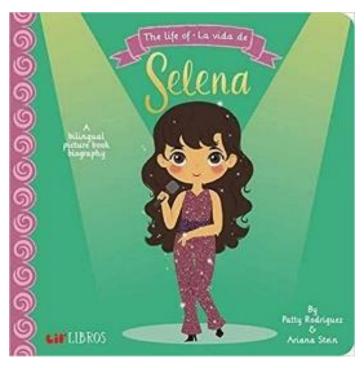
Title: Are You My Mother



P.D. Eastman (1998) Random House, Inc.

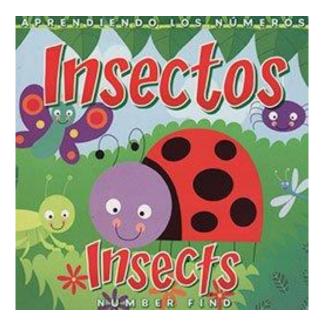
Infant/Toddler Category – Board Books Spanish/bilingual

Tile: The Life of - La vida de Selena



Patty Rodriguez & Ariana Stein (2018) Lil' Libros

Title: Inesectos/ Insects



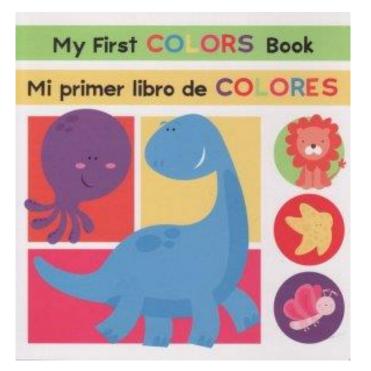
Charles Reasoner (2014) Rourke Publishing

Bounds - Sonidos Chappulinguo Art big of econtratopoetas Personatopoetas Personatopoetas

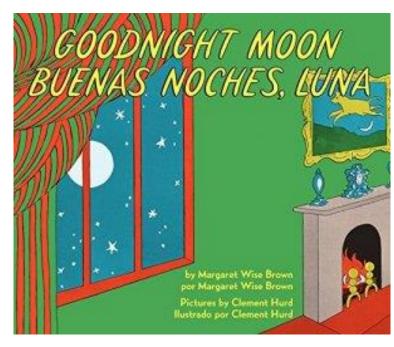
Patty Rodriguez & Ariana Stein (2020) Lil' Libros

Title: Chapulin Colorado

Title: My First Colors Book / Mi primer libro de colores



Flower Pot Press (2016) Flower Pot Press

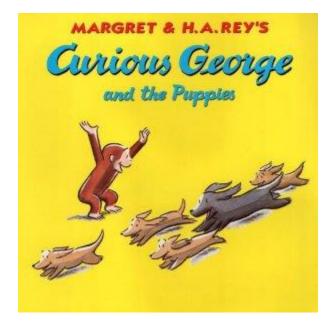


Title: Goodnight Moon/ Buenas noches luna

Margaret Wise Brown (2014) HarperCollins Publishers

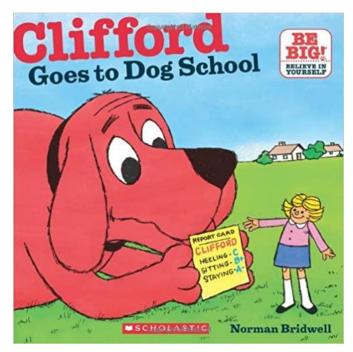
Child Category – Paperback/Hardcover books English

Title: Curious George and the Puppies



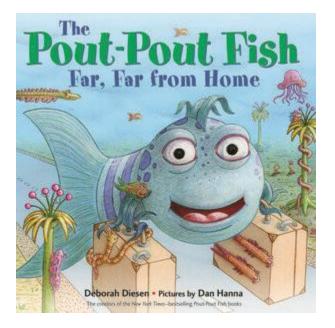
H.A. & Margret Rey (1998) Houghton Mifflin Harcourt

Title: Clifford Goes To Dog School



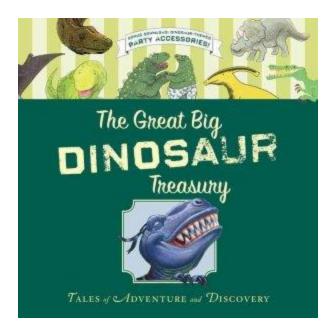
Norman Bridewell (2010) Scholastic, Inc.

Title: Pout Pout Fish Far Far from Home



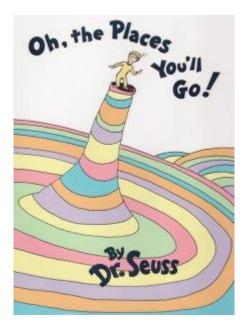
Deborah Diesen (2017) Straus & Giroux Farrar

Title: Great Big Dinosaur Treasury: Tales of Adventure and Discovery



Various (2014) Houghton Mifflin Harcourt

Title: Oh the Places You'll Go!



Dr. Seuss (1990) Random House, Inc.

Child Category – Paperback/Hardcover books Spanish/Bilingual

Title: La primera fiesta de pijamas de Peppa



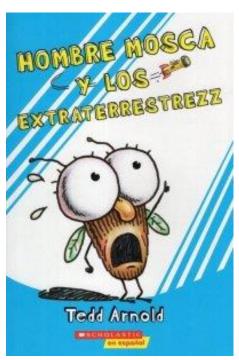
Neville Astley (2016) Scholastic, Inc.

Title: Chancho la estrella



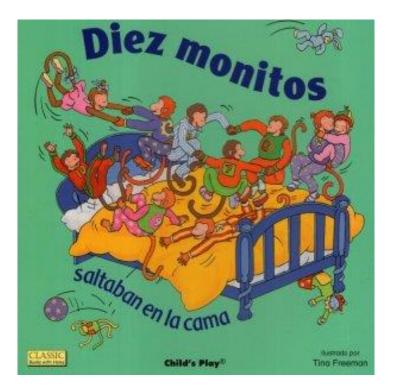
Aaron Blabey (2019) Scholastic, Inc.

Title: Hombre mosca y los extraterrestrezz



Tedd Arnold (2018) Scholastic, Inc.

Title: Diez monitos saltaban en la cama



Tina Freeman (2013) Child's Play International



Title: La mascota perfecta

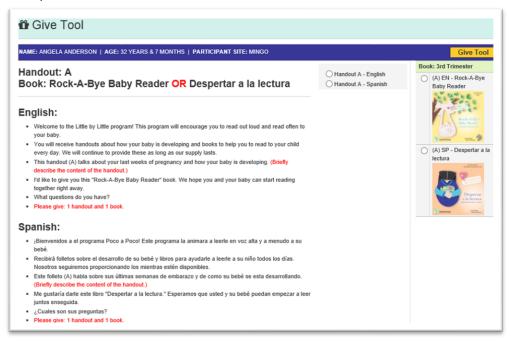
Carl Nino (2018) Rourke Publishing

Handout samples from each language are shown below:



Sample Screens from the LBL Database

Participants Screens



Give Tool NAME: JOHNNY GARCIA | AGE: 1 DAYS | PARTICIPANT SITE: CRHC Give Too Book: Newborn Handout: B O Handout B - English (B) EN - Black & White Book: Black & White - Farm/Jungle/Pets/Ocean O Handout B - Spanish OR Granja/Jungla/Mascotas/Oceano English: · For NEW participants, please start with: Welcome to the Little by Little program! This program will encourage you to read out loud and read often to your baby. You will receive handouts about how your baby is developing and books to help you read to your child every day. We will continue to provide these as long as () (B) SP - Black & White our supply lasts. · Congratulations on your new baby! Welcome back to Little by Little Handout (B) shares some new ideas you can explore with your baby. · It also helps answer lots of questions new parents have about their newborn bables. (Briefly describe the content of the handout.) · I would like to give you this book for you to read to your newborn during your gulet times together. · You may think it's too early to start reading to your baby but your baby loves your voice and now is a great time to start reading to your baby. • What questions do you have? · Please give: 1 handout and 1 book Spanish: · For NEW participants, please start with: ¡Blenvenidos a el programa Poco a Poco! Este programa la animara a leerle en voz alta y a menudo a su bebé. Recibira folietos sobre el desarrollo de su bebé y libros para ayudarle a leerle a su niño todos los días. Nosotros seguiremos proporcionando los mientras estên disponibles. ¡Felicidades por su nuevo bebé! · ¡Bienvenido nuevamente a Poco a Poco! El folieto (B) comparte algunas nuevas ideas sobre lo que usted puede explorar con su bebê. También ayuda a contestar muchas preguntas que los nuevos padres tienen sobre su recién nacido. (Briefly cribe the content of the handout.) · Me gustaria darle este libro para que le lea a su bebe cuando este trangulio. · Usted puede pensar que es muy pronto para empezarle a leer a su bebé, pero a su bebé le encanta su voz y ahora es un momento muy bueno para empezar a leerle a su bebé. ¿Cuales son sus preguntas? · Please give: 1 handout and 1 book

Audit Function Screen

_	ventory Au		e Test/Training	System				
GENCY:	PHFE		T00L: (S	ELECT ONE)				Add Audit
TE:	Olympic	~		o ok (A) EN - Read to Yo	ur Buony	^		
	Period	Site	Tool	(A) SP - Leale a Su (B) EN - Black & Wh	Conejito ite Books - Farm/Jungle/Pets/Ocean ite Books - Granja/Jungla/Mascotas/Oceano	ory ated	Original Discrepancy	Current Discrepancy
View	07/01/16 5:09PM-5:10PM	Olympic	(A) Duck Ba (Thermomet ((C thru H) EN - Board Books (C thru H) SP/BIL - Board Books (I thru P) EN - Paperback/Hardcover (I thru P) SP/BIL - Paperback/Hardcover Handout			-381	0
View	12/14/15 5:12PM-5:16PM	Olympic	Fandout A (-120	-120
View	12/14/15 5:03PM-7:03PM	Olympic	Handout A English	Handout A - English Handout A - Spanish	1		-120	0
View	12/14/15 5:01PM-5:02PM	Olympic	(A) DUCK B	Handout B - English Handout B - Spanish Handout C - English Handout C - Spanish Handout D - English			-45	0
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Database Reports

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LBL Program Maintenance/Enhancements

LBL is a meaningful program that fulfills its goal of preparing children for school due, in part, to the collaboration and leadership of LBL staff that are motivated to give young children the best start in life. This section provides an overview of various meetings that are conducted by PHFE WIC and provided as suggestions to new LBL partners to help make LBL a successful operation.

Suggested Meetings within your organization

- LBL Management Meetings weekly meetings with LBL management staff (such as the program coordinator and LBL WIC center leads) focused on program progress, challenges, evaluation, and sustainability. This group consists of several team members that together ensure the program continues operating effectively.
- 2. LBL Advisory Meetings when LBL is run regionally amongst several WIC agencies we encourage quarterly meetings with the WIC directors of each WIC agency. The goal is to update WIC leadership about program logistics including budgets, operations, scope of work, program changes, and follow up. This also is an opportunity for all directors to share their own experiences with program partners and collaborate on best practices in program delivery.
- 3. LBL Peer Learning Meetings these meetings are designed for LBL WIC center leads to meet quarterly and share progress of the LBL program. There are great interactions focused problem solving and the development of new ideas to keep the program fun and interactive for staff and participants.
- 4. LBL Operations Meetings these meetings happen as often as needed to discuss upcoming inventory and challenges that need solving.

LBL Retention Campaigns

LBL retention campaigns are a method used to encourage both LBL staff and participants to remain engaged in the program. These activities are fun for both staff and participants and encourage both groups to express their creativity. Some examples of campaigns used in Los Angeles are provided below.

- 1. Love is Reading & Reading is Love staff desk decorations that celebrate reading
 - Decorate staff work area with anything that inspires reading
 - Decorate the entire WIC center
- 2. Word Value bulletin board
 - Encourages participants to use their "expensive" vocabulary (part of front-line staff training)
 - There are words that are valued at \$1, \$5, \$10, & \$20! What value do you give your vocabulary?
 - Create a bulletin board in the waiting area presenting different dollar valued words for staff and families to learn
- 3. Reader of the month

- Encourage parents share any story of achievement with the LBL program
- Parents enter a monthly raffle to win fun prizes
- Winner gets their picture on the wall of fame for a month
- Winner also gets a special early literacy prize
- 4. Dr. Seuss (Literacy Celebration Day)
 - Usually happens in March in honor of Dr. Seuss's birthday and includes Dr. Seuss story time and crafting activities

LBL Marketing Materials

Marketing supplies featuring LBL logos and other branding are available from the LBL store. In Los Angeles, marketing promotional items (swag) are usually distributed at site visits throughout the year. For example, LBL swag are delivered to sites at yearly anniversaries or when completing an LBL milestone such as 1k, 5k, or 10k books issued. These items may also be provided after LBL trainings. LBL swag is a great way to thank LBL staff for all the work provided while promoting the program through branding and program recognition.

For more information go to the LBL website at <u>www.LBLreaders.org</u>