WestEd
Center for Child & Family Studies

Statement Addressing Recently Released US Department of Education Study of PITC

This statement is written in reaction to the recent release by the United States Department of Education of a randomized study of the Program for Infant Toddler Care (PITC).

We are quite concerned that the sterling reputation that PITC has earned over 25 years of operation may be tarnished by this study which has serious implementation flaws. We ask that those interested in our work not just read the headlines of this study, but read the whole report or at least read the executive summary before coming to conclusions about the effectiveness or ineffectiveness of this attempted implementation of the PITC. As the executive summary states: "The PITC incorporates a number of the features that preliminary research and expert opinion in the field suggest are most likely to have a positive effect: focus on relationships, on-site consultation, opportunities for assessment and feedback, and application to practice."

Because of implementation flaws in the study, we believe that the impact of PITC training on caregiver practice and child outcomes could not be adequately investigated. The reasons for taking this view can be found in the executive summary of the study. The study states: "analysis of implementation found that, in many child care programs, intervention was not fully implemented or was not implemented with full participation: Of the 124 child care programs assigned to the treatment group, 11 decided not to participate before receiving any training, and six dropped midcourse. In only 59.4% of participating family child care homes did at least one caregiver receive the benchmark 56 hours of training, and in 41.9% of childcare centers, four or more caregivers (the minimum number of participants, plus the director, required for PITC delivery) received at least 56 hours of training. Of children in the treatment sample, 17% received no exposure to PITC, either because they left the original child care programs before start up or because their programs were among the 11 that declined the intervention after random assignment."

Given this severe limitation in the number of center-based and family-based childcare providers who did not take or did not finish the training and the number of children who were not exposed to the training or were exposed to caregivers with limited or no PITC training, we question the findings of this study.

Further study of how to implement PITC effectively is clearly warranted. Future research designs should anticipate substantial implementation challenges, particularly given the mobility of both child care staff and children that was seen during this study. As the randomized study showed, the design of long-term studies, under randomized conditions, add substantial constraints that may compromise the ability of members of the treatment group to complete training under a long term training paradigm and compromise the researchers' abilities to understand the links between program training, program quality and child outcomes. Various approaches to the designs of studies for the purpose studying the impact of long-term training interventions should be explored. We hope in the near future to engage an independent researcher to develop a randomized study of PITC effectiveness that adjusts for the implementation limitations in the present study and assesses the impact of PITC when it is fully implemented.

J. Ronald Lally, Ed.D.
Co-Director
WestEd Center for Child & Family Studies

Peter L. Mangione, Ph.D.
Co-Director
WestEd Center for Child & Family Studies