

PART V – ACTIVITIES AND SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

Section 5.1 – Quality Earmarks and Set-Asides

5.1.1 – Quality Earmarks

The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

The Lead Agencies were asked to summarize how the Child Care and Development Fund (CCDF) set-aside funds were used for infant and toddler care, school-age care, and resource and referral services. The following provides an overview of the activities funded under each earmark.

Infants and Toddlers

Training/Education

Over 90 percent of States reported that they used infant/toddler set-aside funds for specialized training.

- Forty-seven States (AK, AL, AR, AZ, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, TN, TX, UT, VT, VA, WA, WV, WI, WY) and two Territories (AS and VI) reported that they offered specialized training for infants and toddlers.

Idaho created an infant/toddler track in its career path system, which allows practitioners to move between levels based on training/education, longevity/experience, and involvement in the professional development system.

Iowa is working closely with its child care resource and referral (CCR&R) agencies to develop a Statewide network of infant/toddler trainers, caregivers, and specialists. Referred to as the Iowa Program for Infant and Toddler Caregivers, the initiative is based on materials developed by WestEd and the California Department of Education.

North Dakota is also working with CCR&R agencies to develop a network of consultants and trainers to support caregivers who work with infants and toddlers. This approach—which is funded by a combination of CCDF, Maternal Child Health Bureau Healthy Child Care America grants, and private funds—includes the WestEd *Program for Infant/Toddler Caregivers (PITC)* curriculum as well as a lending library of books, resources, and equipment. Long-term planning and evaluation (using the *Infant/Toddler Environment Rating Scale [ITERS]*) are also part of the effort.

- Thirteen States (CA, HI, IL, IA, MT, NE, NJ, NY, OR, SD, TN, WV, WY) reported that they offered train-the-trainer sessions on working with infants and toddlers.

California uses the *PITC*—a comprehensive multi-media training program for trainers—as a focal point. In addition to expanding training and building a *PITC* Regional Support Network and linked practitioner stipends, California is also working with its community colleges to integrate the *PITC* philosophy and practices into their existing courses.

- Nine States (AR, DC, GA, MT, NY, PA, RI, UT, WI) indicated that they had established or were continuing to support providers who pursued an infant/toddler credential.
- Six States (AR, CA, CO, ME, MA, MO) reported that they had developed a training curriculum for infant and toddler caregivers.
- Six States (AL, AR, MA, MI, NE, VA) reported that they administer infant/toddler training using distance-learning strategies.
- Six States (AR, GA, MI, MT, NY, WI) reported that they used funds from the set-aside to help programs that serve infants and toddlers to become accredited.
- Two States (AR and OR) support mentoring projects aimed at infant and toddler caregivers.
- Ten States (AK, AR, FL, KS, KY, NV, SD, TX, VA, WI) and one Territory (GU) reported that they used infant/toddler set-aside funds to support parent and consumer education initiatives.

Arkansas established a 60-hour course of study specific to caregivers in infant/toddler settings (called an Infant/Toddler Endorsement) as part of its Child Care Specialist Certificate. A specialty for Infant and Toddler care was also made available as part of the Child Development Associate (CDA) credential. A three-session training program (*Making First Experiences Count*) and an *Infant/Toddler Framework* (based on the State’s early learning guidelines) were developed to help parents, providers, and others learn more about the links between early brain development and early childhood education. Additionally, the CCDF Lead Agency worked with Arkansas Education Television to reach parents, providers, and trainers. Programs that care for infants and toddlers were also encouraged to pursue accreditation through incentive grants.

- Two States (CA and HI) and two Territories (AS and GU) focus some infant/toddler training on encouraging and supporting early care and education practitioners who serve children with special needs.²⁵

²⁵ Three of the five States that reported using infant/toddler set-aside funds for “inclusion” are not cited: the Rhode Island inclusion work is part of its comprehensive services initiative; Vermont has forged a fiscal agreement with the Part C agency; and Virginia has established an interagency agreement with the State mental health agency to serve infants and toddlers with special needs.

Technical Assistance

More than half of the States indicated that they offer some form of technical assistance or consultation to infant/toddler programs and practitioners.

- Twenty-three States (AR, CA, CO, DE, FL, GA, IN, IA, KS, KY, ME, MD, MA, MO, NJ, NM, NY, ND, PA, RI, TN, VA, WA) reported that they funded technical assistance initiatives.

New York has established seven regional Infant/Toddler Technical Assistance Centers at CCR&R agencies throughout the State.

The CCDF Lead Agency in **Rhode Island** collaborated with the State Health Department to establish the Child Care Support Network (CCSN), which provides on-site technical assistance to center-based programs and family child care (FCC) homes. While CCSN providers serve children birth to age 8, the State anticipates developing a better understanding of what constitutes quality for the youngest children in care leading to improved practice in programs serving infants and toddlers. Program staff assess each classroom or FCC home with the appropriate *Early Childhood Rating Scale* as they enter and exit CCSN's program.

- Sixteen States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) and two Territories (AS and VI) mentioned the use of infant/toddler specialists or health consultants when asked to report on the use of infant/toddler set-aside funds.²⁶

New Jersey has established a Statewide “warm line” and referral service for staff in child care centers and family child care homes. The toll-free number is designed to promote the healthy development of infants and young children in child care settings.

Eighteen Infant/Toddler Specialists, employed by the CCR&R agencies, are in place to increase the quality and accessibility of infant/toddler care and education in **Kentucky**. Technical assistance is provided to certified family child care homes and licensed providers participating in STARS for KIDS NOW, a voluntary quality rating system, in the area of infant/toddler care. Infant/toddler staff activities also have a focus on the provision of services to children in registered child care homes. The primary goal of the activities is to help move registered providers into regulated care systems. Professional Development

²⁶ When asked to report on the use of infant/toddler set-aside funds, 16 States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) mentioned the use of “infant/toddler specialists or health consultants.” When asked to report on inclusion activities, six States (CO, FL, MA, MO, MT, WV) reported that they have “inclusion specialists” and six others (KY, MA, ND, SD, UT, VT) reported that have health, mental health, or nurse consultants who work with programs to promote inclusion. When asked to report on Healthy Child Care America activities, 20 States (AL, CO, DC, GA, ID, IA, KY, LA, MD, MA, MI, NY, NC, ND, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants to work with child care practitioners. In some cases, States may be referring to the same initiative in multiple places within the Plan. An unduplicated count indicates that 32 States have established some form of nurse/health/mental health/inclusion/infant/toddler specialist.

Counselors assist early child care providers with identifying and locating various resources to improve quality for infants and toddlers.

Pennsylvania's Keystone Stars program—a tiered quality strategy—will provide training, financial supports, case management services, and specialized on-site mentoring and technical assistance to child care providers to meet performance standards associated with one of the four star levels under Keystone Stars. Under Pennsylvania Pathways, the State's early childhood development training system, directors of programs participating in Keystone Stars and serving infants and toddlers receive training on how to assess the quality of their infant/toddler classrooms using the *ITERS*. Pennsylvania Pathways also collects and analyzes individual and facility training plans to develop needs-based training for infant/toddler caregivers in Keystone Stars programs. In addition, the State's Healthy Child Care America initiative, in partnership with the American Academy of Pediatrics, operates a network of approved early childhood health consultants, which gives priority for on-site health consultation services to infant/toddler providers and providers serving children with special needs.

Expanding Supply

States continue to use set-aside funds to expand the supply of child care programs that serve infants and toddlers.

- Twelve States (AR, CO, DC, IL, MI, MN, MT, NY, RI, TN, UT, VT) offered start-up or expansion grants for programs that established new child care slots for infant/toddlers.
- Four States (AZ, CA, OH, OR) reported that they used infant/toddler set-aside funds to support efforts to recruit new providers to serve infants and toddlers.

Quality Improvement

Many States expressed concern about the quality of care provided to infants and toddlers and noted that they used set-aside funds to address this need.

- Seventeen States (AR, CA, CO, DE, DC, FL, IL, ME, MA, MI, MT, NV, NH, SC, SD, UT, VT) and one Territory (VI) reported that they make quality improvement grants available to help programs that serve infants and toddlers.

California offers grants to cover the cost of infant/toddler equipment, appropriate educational materials, minor renovation and repairs to meet health and safety requirements, and environmental changes (such as smaller groups, ensuring continuity of care, primary caregiving, or following children's individual schedules.)

Colorado has used earmark funds to encourage innovative, systemic approaches to improving the quality of care for infants and toddlers. These funds are made available to communities that participate in the State's Consolidated Child Care Pilot initiative.

Maine, New Hampshire, and Nevada report that they link quality improvement grants to participation in infant/toddler training seminars.

Rates and Compensation

Quite a few States chose to use resources to raise the reimbursement rate ceiling for programs that serve infants and toddlers, and linked this action to their efforts to increase program quality.

- Nine States (AZ, IL, LA, MA, MO, NE, NM, VT, WA) reported that they used funding from the infant/toddler set-aside to support higher rates to providers who served infants and toddlers.²⁷

Illinois established an Infant and Toddler Incentive Program that pays up to 10 percent more to center-based child care programs that serve a high number of subsidized children who are two years of age or younger.

Washington implemented a one-time \$250 “infant bonus” to a provider who cares for a child less than 12 months of age for five days or more.

- Three States (MA, VT, WI) reported that they contract directly with programs to provide infant/toddler care, and typically pay a higher rate to these contracted centers.

States also reported using funds to raise wages for practitioners who serve infants and toddlers.

- Nine States (AK, GA, ID, IA, MI, MT, SC, WV, WI) reported that they used infant/toddler set-aside funds to help fund a practitioner wage initiative.

Planning and Evaluation

In their FY 2004-2005 CCDF Plans, more States specifically reported on their use of CCDF infant/toddler funds to support environmental assessments than in any other biennial Plans.

- Fifteen States (DE, DC, FL, GA, ID, KY, MT, NE, NJ, ND, OK, PA, RI, TN, UT) indicated that they use the *ITERS* as part of their infant/toddler initiatives. Some States use the *ITERS* as part of their quality rating system; others link it to a quality grant or infant/toddler training and technical assistance initiative; and a few use it as a tool to help evaluate the success of a particular intervention or initiative.
- Sixteen States (AR, CA, CO, DE, FL, ID, IN, MA, MN, MT, NE, NH, NJ, OK, OR, RI) also reported that they were engaged in planning efforts focused on infant/toddler care. In many cases this work was part of the Zero to Three Infant/Toddler Child Care Initiative.

²⁷ These rate increases in many cases coincided with similar increases in reimbursement rate ceilings for care provided to children of other ages; however, States used infant/toddler set-aside dollars to help fund the increase in infant/toddler rates.

Other States involve a Statewide or regional infant/toddler planning group. Additional States reported on planning that included infants and toddlers as part of a broader early care and education planning effort. Such efforts included care for children of all ages, in a wide range of settings (homes, schools, and community and faith-based organizations), and were funded or administered by multiple State and local entities.

- Four States (KS, MI, NE, NV) reported that they had established infant/toddler initiatives in collaboration with Head Start or Early Head Start.

Putting the Pieces Together

A growing number of States report taking steps to integrate all of their infant/toddler initiatives into a single system. These efforts typically link planning and evaluation, program supports, and direct services, and focus on building a foundation for systemic change. Some examples follow:

Georgia has created an Infant and Toddler Quality Initiative (ITQI) Network that focuses on counties with high concentrations of infant and toddler programs and/or a high need for care but limited availability. The Network includes: on-site technical assistance based on an evaluation of program needs (using the *ITERS*); a quality improvement plan; targeted quality improvement grants; recruitment of mentor teachers; infant/toddler caregiver training as well as scholarships for staff who seek a formal certificate or degree; and financial support for program accreditation. Using the Georgia Outcome and Indicator Framework for Birth through Three, baseline data are being collected on participating programs and will be used for future evaluation. The ITQI initiative is also linked to Smart Start Georgia, a public/private partnership that provides education-based salary supplements and tiered reimbursement/targeted technical assistance for programs that provide higher levels of quality.

Montana has created an Infant/Toddler Caregiver Certification that is linked to the attainment of a CDA credential, Associate's degree, or Bachelor's degree in early childhood. The *PITC* from WestEd is the basic curriculum, and is used to certify trainers, frame a training plan, and guide targeted technical assistance. The State has also established an Infant/Toddler Demonstration Project through three-year contracts with local child care facilities. The sites must create models of exceptional quality and become accredited within two years. Caregivers employed in demonstration sites receive a wage stipend (based on completion of the Infant/Toddler Certification and the number of infants in care) as well as additional funds to support program accreditation, improve environmental design of the facility, purchase equipment, or expand the operation. Montana has trained approximately 40 individuals in administering *ITERS* evaluations to use a pre- and post-test for the initiative. Long-term planning on improving infant/toddler care continues as part of a joint effort with Zero to Three.

Several other States, including **Oklahoma, Pennsylvania, South Carolina, West Virginia, and Wisconsin**, reported using infant/toddler set-aside funds to support broad early care and education efforts that linked program assessment, targeted technical assistance, practitioner training and education, education scholarships and stipends, wage supplements, tiered

reimbursement, and long-term planning. While these efforts typically focused on children ages 0–5, they often included special emphasis on infant/toddler or school-age child care.

Resource and Referral Services

Consumer Education/Referral

- Forty-five States (AL, AK, AZ, CA, CO, CT, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NH, NJ, NM, NV, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV, WY) reported that they contract with community-based organizations to provide CCR&R services.

Illinois CCR&R agencies are leading a Statewide public education and technical assistance campaign that seeks to educate parents, child care providers, communities, and employers of the importance of quality child care. This program includes brochures, posters, television and radio public service announcements, and a toll-free phone line. Additionally, each CCR&R has a Quality Counts van along with funding to staff and equip the van for outreach to providers and consumers. The CCR&R agencies also administer Quality Counts Mini-Grants to licensed and exempt center and home care providers to support purchases that enhance quality and/or expand capacity in their child care programs.

- Three States (MS, NE, PR) reported that a State entity (typically the Lead Agency) provides CCR&R services.
- Two States (AR and DC) and two Territories (AS and GU) reported that they do both—the State contracts with community-based organizations for some services and provides others directly.

Arkansas contracts with community-based organizations to provide referrals and information on a wide range of child care issues via a toll-free number, distribute brochures on choosing child care, assist the Lead Agency in conducting the bi-annual Market Rate Survey, increase business participation in child care, and assist with early care and education planning and data collection. The Lead Agency maintains a Web site that includes information on all licensed/registered child care settings as well as provider information such as funding updates and grant requirements. The Children’s Data Center of the University of Arkansas maintains statistical data in 50 different areas related to children, employment, education, and economic indicators.

- Five States (CO, GA, IN, MI, MO) reported that they contract with CCR&R agencies to provide expanded referrals and supports for children with special needs.

Each **Missouri** CCR&R agency has a Child Care Inclusion Coordinator to expand the supply of, and help families find, child care for children with special needs. The coordinator provides training for child care staff on ways to effectively address the needs of this population. Additionally, several Missouri agencies have staff stationed on site at Division of

Family Services offices to provide targeted services to families receiving Temporary Assistance for Needy Families (TANF).

Planning and Evaluation

- Nine States (AR, IL, IA, NH, NY, OK, RI, TN, WV) report that they used CCDF set-aside funds for establishing or upgrading the automation/data collection systems used by CCR&R agencies.

New York is implementing a new Child Care Facility System (CCFS) that links the State's child care licensing offices with all CCR&R agencies, local departments of social services, and others involved in child care regulation. CCFS is a Statewide database that includes a range of information on licensed and registered child care programs.

Rhode Island has developed an automated, Web-based enrollment system for child care providers. Through Options for Working Parents—a multi-year public-private partnership administered by the Greater Providence Chamber of Commerce to provide a centralized resource and referral program for working families—the State also supports access to this Web-based system for providers who do not have Internet capability.

- In two States (AZ and CA), CCR&R agencies administer a child abuse screening process for exempt child care providers.

Training and Education

Nearly all States reported that their CCR&R agencies were in some way involved in child care provider training.

The CCR&R agencies in **Kentucky** play a key role in the State's professional development and quality rating systems. Training offered by the CCR&R agencies must incorporate all "core competencies" in the State's early childhood career lattice. And technical assistance is linked to participation in ST☆RS for KIDS NOW, the State's quality rating system.

Minnesota CCR&R agencies administer the State's T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project.

Wisconsin CCR&R agencies administer the State's Mentor Teacher Program.

Putting the Pieces Together

Several States stressed the key role that CCR&R agencies play in strengthening the overall early care and education system.

North Carolina views CCR&R agencies as partners in the effort to improve quality child care. The agencies are encouraged to work collaboratively and to link technical assistance and consumer information to the State's tiered licensing system. To help achieve this goal,

the Lead Agency has made increasing the number of child care facilities with ratings of 3–5 stars an outcome measure for its CCR&R agencies.

With the exception of regulation, **West Virginia’s** CCR&R agencies serve as the infrastructure for all child care services. The agencies provide a variety of services, including management of the certificate system, resource development and referrals, provider training, data management, and consumer education.

School-Age Child Care (SACC)

Training/Education

- Thirty-four States (AK, AR, CA, CO, DE, DC, FL, GA, ID, IL, IN, IA, KY, ME, MA, MI, MN, NE, NH, NJ, NY, NC, ND, OR, PA, PR, RI, SC, SD, TN, UT, VT, WA, WI) and two Territories (AS and VI) use SACC set-aside funds for practitioner training.
 - ◆ Three of these States (FL, IN, NY) reported that they have recently developed a SACC credential;
 - ◆ Three States (DC, ID, NY) reported that they offer financial supports to practitioners who are pursuing a SACC credential.
 - ◆ Five States (AR, CA, CO, NC, NY) reported that they invest in train-the-trainer initiatives focused on school-age child care.

Idaho created a school-age child care “track” in its child care professional development system.

Utah recently implemented a new School-Age Child Care Career Ladder that mirrors the early childhood career ladder, with a focus on practitioners in out-of-school-time settings.

Oregon and **Washington** have formed a partnership to develop and implement a 20-hour training for new after-school administrators.

Technical Assistance

- Thirty-four States (AK, AR, CA, CO, DE, DC, FL, GA, IL, IN, IA, KY, ME, MI, MN, MO, NE, NH, NJ, NY, NC, ND, OH, OR, PA, RI, SC, SD, TN, UT, VA, VT, WA, WI) and one Territory (VI) fund technical assistance activities and/or grants for school-age child care programs.
 - ◆ Two States (AR and OR) fund school-age child care mentoring projects.
 - ◆ Seven States (FL, ME, NJ, OH, RI, SD, VT) have a school-age child care specialist at the State level to reach out to the State Education Department, schools, child care programs, schools of the 21st Century Community Learning Center grantees, and others.
 - ◆ Thirteen States (AK, AR, DE, GA, IL, IA, KY, MO, NE, NH, NJ, NY, RI) provide grants or targeted assistance aimed at helping SACC programs attain accreditation.

- ◆ Nine States (AR, DC, FL, GA, IL, IA, NH, SC, VT) contract with the school-age child care provider association to assist with training, technical assistance, and/or start-up.
- ◆ Sixteen States (CA, CO, GA, IL, IN, IA, KY, MI, MN, NE, NH, NJ, NC, SD, UT, VA) offer grants to help improve the quality of SACC programs.

Consultants and technical assistance is provided to **Arkansas** school-age programs in working toward Early Childhood Quality Approval/Accreditation.

New Jersey maintains a Web site for SACC information sharing and administers mini-grants to help SACC programs attain accreditation.

Oregon includes school-age specialists in its Statewide mentor program.

Minnesota makes regional grants available to expand and improve school-age child care. The program is administered by CCR&R agencies and requires that programs work with a university-based mentor program and implement a professional development plan. Additionally, the Lead Agency has formed a Statewide Initiatives Network that includes the Minnesota School-Age Child Care Alliance, the CCR&R network, Concordia University, and others. The goal of the network is to integrate programming, training, and technical assistance.

Start-up and Operating Assistance

- Twenty-one States (AL, CA, CO, GA, IL, IN, IA, KY, MA, MI, MN, NH, NC, PR, RI, SD, UT, VT, VA, WA, WY) and one Territory (VI) offer grants to help start or expand school-age child care programs.
- Six States (AL, HI, IN, MO, SC, TX) reported that they use SACC set-aside funds to assist school districts in providing school-age child care services.
- Six States (MD, MA, MS, NV, PR, VA) reported that they use the set-aside to contract with community-based organizations to administer school-age child care services.

Additional strategies pursued by States include:

The **Georgia** Child Care Council (<http://www.gachildcare.org>) uses quality set-aside funds to provide technical assistance and training for school-age programs in selected locations. The technical assistance emphasizes best practices and is provided to programs that serve elementary children, middle school youth, and children with disabilities. Mini-grants are available to programs seeking to improve the quality of their environment and staff. Programs seeking accreditation from the National School Age Care Association may also receive mini-grants to purchase equipment, learning materials, and supplies. In the past, the Georgia School Age Care Association and as many as 50 local school-age programs in schools, YMCAs, private centers, faith-based organizations, and other organizations have partnered with the Georgia Child Care Council to provide similar services.

Massachusetts has established a flexible funding pool that can be used to support the cost of transporting school-age children from school to their after-school program and/or to any special services that are needed to make their child care experience a success. Flexible funds can be used for hiring an additional staff person, training, consultation, special equipment, or mental health services for school-age children.

The **Missouri** Lead Agency has a memorandum of agreement with the State Department of Education to provide SACC grants to school districts. The grants encourage programs to be accredited and promote quality activities around developmental benchmarks for children.

South Carolina works collaboratively with the State Education Department to provide school-age child care, including a shared approach to training, monitoring, and technical assistance.

Rates and Compensation

- Three States (LA, MA, NM) reported that they used SACC set-aside funds to help support a school-age child care rate increase.²⁸
- One State (WI) reported that it used SACC set-aside funds to help support a child care practitioner wage initiative.

Planning and Evaluation

- Fourteen States (AZ, DC, ID, IN, KS, MA, MN, MT, NH, NC, OH, OK, RI, WA) and one Territory (GU) described school-age child care planning efforts in their State CCDF Plans.

The **Arizona** Governor's Office for Children, Youth and Families (GOCYF) plans to convene and coordinate the activities of organizations that provide out-of-school-time programs and extra learning opportunities, including youth service providers.

The **Massachusetts** Lead Agency is involved in several school-age child care planning efforts. It is partnering with the Out-of-School Time community to identify ways that after-school and academic programs can collaborate to better meet the needs of school-age children and help them successfully pass the *Massachusetts Comprehensive Assessment System (MCAS)* K–12 requirements. They are also incorporating *MSAC* core competencies into professional development training for school-age staff. And they are working with the State Department of Education and 21st Century Community Learning Centers grantees to ensure that child care licensing and subsidy policy support academic success for children and families.

²⁸ These rate increases in many cases coincided with similar increases in reimbursement rate ceilings for care provided to children of other ages; however, States used SACC set-aside dollars to help fund the increase in SACC rates.

Putting the Pieces Together

Quite a few States described collaborative, cross-system initiatives that focused on developing a comprehensive system of services and supports for school-age children during out-of-school time. Several illustrations of these follow:

North Carolina has established a Center for Afterschool Programs (NC CAP) in partnership with the Public School Forum of North Carolina; the State Departments of Public Instruction, Juvenile Justice, and 4-H Youth Development; and the Mott and Z Smith Foundations. The goal of NC CAP is to create a Statewide network committed to expanding and sustaining high-quality, after-school programs by developing common standards for after-school programs, creating common systems of assessment and evaluation, coordinating training and technical assistance efforts, and building local and State support for high-quality, school-based, and school-linked opportunities.

Rhode Island supports a public-private Community Schools Initiative administered by United Way that provides grants and technical assistance to five urban communities; offers training and technical assistance on high-quality programming and sustainability; establishes a Statewide learning network for after-school programs that serve middle school students; convenes the RI Out of School Time Alliance; and collects and tracks data on quality out-of-school time programming, including gathering input from families and middle school students. Additional initiatives include: a School-Age Action Team that works to expand professional development opportunities for practitioners who work with school-age children, a School-Age Accreditation Pilot Project, and additional support to allow the child care licensing unit to provide technical assistance to programs that pursue a school-age license.

The Lead Agency in **Washington** contracts with School's Out Washington, which leverages public dollars with grants from private foundations for planning, training, technical assistance, education, community engagement, and program enhancement to meet or maintain licensing requirements.

5.1.2 – Quality Set-Asides

The law requires that not less than 4% of the CCDF be set-aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

Table 5.1.2 provides a State-by-State description of the magnitude of the CCDF quality set-aside. For the 2004-2005 Plan Period, States were required to provide both an estimated dollar amount and an estimated

States Use Multiple Funding Sources to Support Health Consultants

Whether funded through quality set-aside funds, the Infant/Toddler Earmark, or in other ways, most States support health consultants and/or specialists in child care. An unduplicated count from FY 2004-2005 CCDF Plans indicates that 32 States have established some form of nurse-, health-, mental health-, inclusion-, or infant/toddler-specialist to assist child care programs.

percentage of their CCDF allocation that the Lead Agency planned to use for quality activities.

TABLE 5.1.2 ESTIMATED CCDF SET-ASIDE for QUALITY ACTIVITIES		
State	Estimated Dollar Amount	Estimated Percentage
Alabama	\$2,391,706	4.00%
Alaska	\$1,250,810	4.00%
American Samoa	\$105,846	4.00%
Arizona	\$4,735,900	4.00%
Arkansas	\$2,635,223	6.00%
California	\$69,511,000	5.46%
Commonwealth of the Northern Mariana Islands ¹		
Colorado	\$3,602,681	6.00%
Connecticut	\$2,744,793	4.00%
Delaware	\$1,315,066	5.00%
District of Columbia	\$1,750,443	6.00%
Florida	\$20,197,943	4.00%
Georgia	\$8,500,000	4.00%
Guam	\$158,990	4.00%
Hawaii	\$4,212,272	8.80%
Idaho	\$1,341,000	4.00%
Illinois ²	\$17,000,000	4.00%
Indiana	\$ 8,839,600	4.00%
Iowa	\$12,396,640	16.00%
Kansas	\$12,693,781	16.00%
Kentucky	\$2,942,000	4.00%
Louisiana	\$4,500,000	4.00%
Maine	\$2,300,000	11.70%
Maryland	\$4,273,934	4.00%
Massachusetts	\$11,521,866	5.10%
Michigan	\$15,500,000	8.90%
Minnesota	\$6,296,182	5.00%
Mississippi	\$2,427,678	4.00%
Missouri	\$7,514,075	8.00%
Montana	\$620,500	4.00%
Nebraska	\$3,771,398	9.90%
Nevada	\$2,251,182	6.20%
New Hampshire	\$900,044	4.00%

TABLE 5.1.2
ESTIMATED CCDF SET-ASIDE for
QUALITY ACTIVITIES

State	Estimated Dollar Amount	Estimated Percentage
New Jersey	\$14,700,000	4.00%
New Mexico	\$1,549,013	4.00%
New York	\$65,000,000	16.00%
North Carolina ³	\$11,044,064	4.00%
North Dakota	\$461,480	4.00%
Ohio	\$10,853,598	4.55%
Oklahoma	\$19,210,693	18.00%
Oregon	\$5,250,888	4.00%
Pennsylvania	\$35,327,871	15.41%
Puerto Rico	\$2,280,000	4.00%
Rhode Island	\$1,213,476	4.00%
South Carolina	\$3,079,297	4.00%
South Dakota	\$3,000,000	18.00%
Tennessee	\$8,995,818	7.00%
Texas	\$17,372,689	4.00%
Utah	\$5,642,000	15.75%
Vermont	\$2,500,000	9.00%
Virgin Islands	\$83,782	4.00%
Virginia	\$5,651,437	4.00%
Washington	\$9,300,000	4.00%
West Virginia ²	\$1,608,543	4.00%
Wisconsin	\$6,512,628	4.00%
Wyoming	\$1,622,347	17.00%

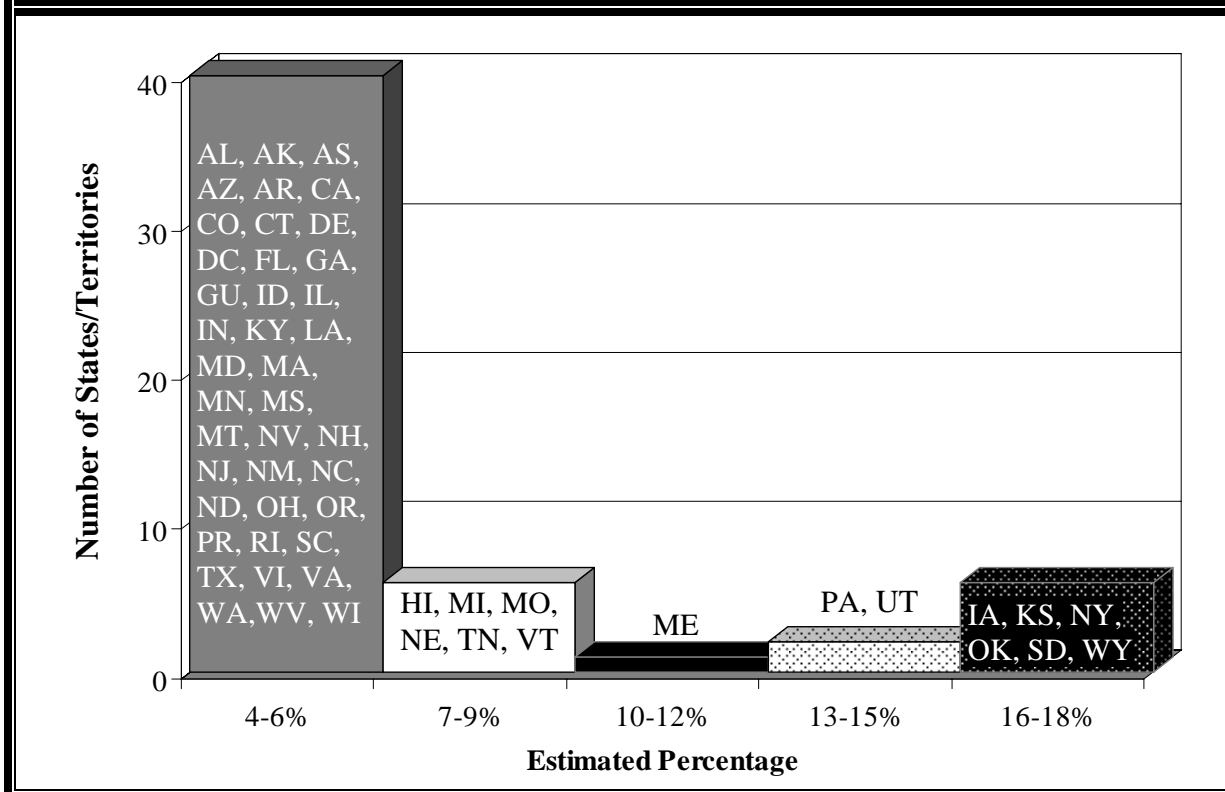
Source: Information compiled from State CCDF Plans, FY 2004-2005.

Notes:

- ¹ CNMI did not estimate dollar amount or percentage in its FY 2004-2005 Plan.
- ² Will not be less than 4%.
- ³ North Carolina estimated this amount would be spent on quality activities in FY 2002-2003.

On average, Lead Agencies estimated that 7 percent of their CCDF allocation will be set-aside for quality activities. Although nine States estimated that quality set-aside would account for 10 percent or more of their block grant allocation, 28 States' estimates remained at or near 4 percent, as shown in Chart 5.1.2.

CHART 5.1.2



Source: Information compiled from State CCDF Plans, FY 2004-2005.

5.1.3 – Improving the Availability and Quality of Child Care

Check either “Yes” or “No” for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

- Comprehensive consumer education;
- Grants or loans to providers to assist in meeting State and local standards;
- Monitoring compliance with licensing and regulatory requirements;
- Professional development, including training, education, and technical assistance;
- Improving salaries and other compensation for child care providers;
- Activities in support of early language, literacy, pre-reading, and numeracy development;
- Activities to promote inclusive child care;
- Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children;

- *Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))*

TABLE 5.1.3 ACTIVITIES the LEAD AGENCY WILL UNDERTAKE to IMPROVE the AVAILABILITY and QUALITY of CHILD CARE	
Activity	Number of States and Territories
Comprehensive consumer education	55
Grants or loans to providers to assist in meeting State and local standards	43
Monitoring compliance with licensing and regulatory requirements	53
Professional development, including training, education, and technical assistance	56
Improving salaries and other compensation for child care providers	46
Activities in support of early language, literacy, pre-reading, and numeracy development	55
Activities to promote inclusive child care	51
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	51
Other quality activities that increase parental choice, and improve the quality and availability of child care	49

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Table 5.1.3 summarizes the number of States reporting that they would undertake various quality activities. In Section 5.1.4, specific counts and examples of such activities are detailed.

5.1.4 – Summary of Quality Activities

Describe each activity that is checked “Yes” above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

Comprehensive Consumer Education

- Forty-three States (AL, AR, CA, CO, CT, DE, FL, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, PR,

RI, SC, TN, TX, UT, VA, WA, WI) and two Territories (AS and VI) indicated that they used CCDF funds to support the preparation of parent packets on choosing child care and/or other consumer education materials. Quite a few States reported using multi-media tools—such as videos and Web sites—to distribute information.

Alabama contracts with Child Care Management Agencies to administer its subsidy program and provide consumer information. A range of resources have been developed to support this work, including videos to be shown in waiting rooms, brochures, and health and safety checklists.

California has established a Child Care Advocacy Program (CCAP) that links child care licensing and the community. A child care advocate is assigned to each field office and provides information to parents, child care providers, employers, educators, and community groups.

Consumer Education

100% of States and 75% of the Territories reported that they will undertake comprehensive consumer education activities to improve the availability and quality of child care.

The **Florida** partnership for school readiness published *Sunrise Skill Builders*, a resource booklet for parents of young children about the importance of the early years, which is distributed through hospitals and birthing centers. Copies of the school readiness performance standards are also made available, along with consumer information in a variety of formats—including print, electronic, audio and visual media, and a Web site (<http://www.flchild.org>).

- Twenty-two States (AZ, CO, DE, FL, GA, ID, IL, KS, KY, MT, NE, NJ, NY, NC, OH, OK, OR, PR, UT, VT, WI, WY) reported that they were involved in a public awareness campaign to promote early care and education.

Kansas works with CCR&R agencies to implement its public awareness campaign Good Beginnings Last a Lifetime. The campaign focuses on brain development, the components of high-quality care, and techniques for business support.

Montana funds a business service provider, Banik Creative Group, to manage its consumer education campaign. Banik has designed window clings for all licensed and registered providers, as well as a Start Quality logo that is displayed by all one- and two-star providers.

Utah has developed a press kit that is distributed as part of its public awareness campaign. The campaign includes television and radio spots, newspaper articles, materials, and a Web site (<http://www.careaboutchildcare.org>).

Think Big, Start Small™, **Wisconsin's** public awareness campaign, includes products targeted at parent involvement, professional development of caregivers, and business involvement in early care and education.

- Two States (AK and MA) reported that they had strengthened their child care licensing policies.

- Two States (MA and MD) described outreach and technical assistance initiatives aimed at improving the quality of child care in legally exempt child care homes.
- One State (AK) noted its approval system for legally exempt providers. The State's Lead Agency collaborates with the USDA Child and Adult Care Food Program to support providers in complying with health and safety standards via training, mentoring, and outreach.

Grants or Loans to Providers to Assist in Meeting State and Local Standards

- Thirteen States (AR, CA, CO, FL, LA, MD, MI, NE, NV, NH, NY, PA, WV) have established specific grant programs to assist child care providers in complying with State and local standards.
- Twenty-one States (AR, CO, CT, DE, DC, FL, GA, IL, IA, KS, MA, MI, MT, NE, NH, OR, PA, VT, VA, WA, WI) and one Territory (VI) reported that they use CCDF funds to support child care start-up or expansion grants.
- Eighteen States (AR, CA, CO, FL, GA, IL, MD, MA, MI, MO, MT, NM, NC, OR, PA, SC, TN, UT) have established child care quality improvement grant programs.

The **Illinois** Quality Counts Mini-Grant program launched in State Fiscal Year (SFY) 2002 provided \$1.5 million (increased to \$3.5 million in SFY 2003) to CCR&Rs to fund quality and capacity activities through the regional approval of mini-grants to child care providers to support purchases that enhance quality and/or expand capacity in their child care programs. Specifically, funds must be used to purchase materials, equipment, or pay for facility improvements. Examples include an exempt home provider purchasing cribs, cots, or other equipment to expand to a licensed program status; a center replacing a fence to enhance safety; and a home provider installing a wheelchair ramp to service a child with a disability. Nearly half of SFY 2002 funds were expended to serve infants and toddlers. Funding maximums for child care homes and centers range from \$1,500 to \$12,000 dependent on type of care and enrollment capacity.

Grants and Loans

81% of States and 25% of the Territories reported that they will use CCDF quality set-aside funds for grants or loans to assist providers in meeting State and local standards.

Montana offers annual grants to enhance or develop child care programs while expanding access for low-income families. Providers must participate in the professional development system and have achieved a Level III or higher in the career path. Grants may be renewed for up to three years.

New Mexico is launching a new grant program for Child and Adult Care Food Program food sponsors that are willing to send their monitors to a special training and provide additional child care-focused home visits to registered family child care homes.

Oregon makes CCDF funds available to assist school districts in starting and operating on-campus child development centers for preschool children and for centers serving the children of teen parents.

Pennsylvania selected 400 providers to participate in a program of case management and financial supports to assist them in meeting Keystone Stars performance standards (the State's new quality rating system).

Tennessee makes Quality Enhancement Grants available to assist providers several times throughout the year. Grants are linked to areas of improvement indicated on the provider's completed Start Quality Child Care Program evaluation.

- Eight States (AL, AR, DC, FL, MA, NE, UT, WV) reported they established grant programs to help child care providers pursue accreditation.

Utah supports national accreditation for both family and center-based care through grants to Statewide provider associations. Additionally, the State funds a Baby Steps grant program for infant/toddler providers who attend a 40-hour training program and complete a self assessment using the *ITERS*.

West Virginia funds the Center Accreditation Support System, which provides technical assistance (including mentors) and grant funds to help cover the cost of accreditation.

- Eleven States (AR, CO, CT, DC, IA, NC, NH, NJ, PR, RI, WA) have established child care loan programs.

The **Connecticut** Health and Educational Facilities Authority administers three loan programs: a tax-exempt bonding program; a loan guarantee program; and a small revolving loan fund.

Rhode Island is launching a public/private child care facilities fund.

CCDF funds are used to support the Child Care Micro Loan Program, administered by the **Washington** Department of Community, Trade and Economic Development, to increase access to capital for child care businesses across the State.

- Four States (CO, FL, OR, PA) have established flexible, community planning grants aimed at expanding the supply and improving the quality of local child care programs.

Pennsylvania awards grants to local planning teams, who prepare a county plan for early care and education that includes aspects such as capacity, quality, career development, special needs, and consumer education.

Monitoring Compliance with Licensing and Regulatory Requirements

- Thirty-nine States (AL, AK, AZ, CA, CT, DE, FL, GA, IN, IA, KS, ME, MD, MI, MN, MS, MO, NE, NV, NJ, NM, NY, NC, ND, OH, OR, PA, PR, RI, SC, TN, TX, UT, VT, VA, WA, WI, WV, WY) and two Territories (GU and VI) report using CCDF funds to help support licensing staff.
 - ◆ Three States (MO, OH, OR) reported using infant/toddler set-aside funds to support licensing staff.
 - ◆ Three States (OH, RI, SC) reported using SACC set-aside funds to support licensing staff.

Monitoring Compliance

96% of States and 75% of the Territories reported that they use CCDF funds to improve monitoring of compliance with licensing and regulatory requirements, availability, and quality of child care.

Indiana contracts with CCR&R agencies to certify legally exempt provider compliance with regulatory requirements.

CCDF funds have allowed **Iowa** to increase the number of licensing consultants and develop an infrastructure to increase the number of preregistration checks.

Maine reports that, in addition to maintaining and increasing monitoring activities, it initiated a stakeholder process to help revise the rules for family child care homes.

- Eight States (AR, CO, FL, HI, MA, NE, RI, WV) used CCDF funds to support the cost of establishing a new, or upgrading an existing, automation system to maintain child care regulatory and/or complaint information.

Colorado developed an imaging system for licensing files that has been integrated with licensing databases, as well as a means to electronically distribute this information to local CCR&R agencies. This gives parents quick and easy access to licensing information.

Hawaii established a personnel registry to document and verify the qualifications of individuals working in early care and education programs, thereby expediting the licensing process.

Massachusetts made it possible for providers to electronically submit much of the paperwork required for licensing. Additionally, the Lead Agency enhanced its computerized complaint and licensing tracking system.

Nebraska is developing a new Child Care Licensing Information System. The first phase is “license issuance” with Internet access to the list of licensed programs. Phase two and three will include enhancements such as inspection findings, complaint findings, accreditation, and participation in the Child Care Subsidy and Food Programs.

Other States mentioned a variety of planning and training initiatives aimed at strengthening the State's ability to monitor compliance with regulatory standards.

The **District of Columbia** is developing a plan, based on the Military Model, to transform the current child care licensing inspection and monitoring process.

Florida is sponsoring collaborative meetings with licensing staff, school readiness providers, and other State programs that impact school readiness to clarify and implement uniform policies for the monitoring and enforcement of compliance with child care regulations.

New York's Training Institute for Regulatory Staff

Sessions at the institutes included:

- ◆ "A Regulator's Guide to Carrying Out Effective Complaint Investigation and Enforcement";
- ◆ "The Role of the Licensor";
- ◆ "Health and Safety Competencies for Becoming a Family or Group Family Day Care Provider"; and
- ◆ "A Regulator's Guide to Developmentally Appropriate Practice."

New York developed and delivered training for regulatory staff that emphasized developmentally appropriate practice, using the *Early Childhood Environment Rating Scale (ECERS)*. In addition to regional training, five centralized training institutes, ranging from two to four days in duration, were held for inspectors and registrar staff.

Professional Development, Including Training, Education, and Technical Assistance

- Twenty-nine States (AR, CO, CT, DE, ID, IA, KS, KY, LA, ME, MD, MI, MN, MT, NE, NH, NJ, NY, NC, OK, OR, PA, SC, UT, VT, WA, WV, WI, WY) and one Territory (CNMI) described efforts to support or build an early care and education career development system.

Delaware uses CCDF funds to support its professional development system for child care providers through Delaware First. Funded activities include: curriculum development, training, administration of the personnel registry system, and a network of child care resource centers. The network is comprised of four centers and three resource vans. Staff in the Office of Child Care Licensing manage the professional development system and directly administer the Personnel Registry database.

Pennsylvania contracts with Keystone University Research Corporation (KURC) to manage the Pennsylvania Pathways system. Through this system, the Lead Agency delivers free and low-cost training/education, technical assistance, and on-site mentoring opportunities to center-based, home-based, and relative/neighbor caregivers. Professional development indicators are cross-walked with the Keystone Stars performance standards; the *ITERS*; the *ECERS*; the *School-Age Care Environment Rating Scale*; and the CDA certificate, which is currently being developed. Pathway's Web site, <http://www.papathways.org>, offers online access to a Statewide training calendar.

South Carolina collaborates with the Center for Child Care Career Development (CCCCD) to support a career development system with five key components:

1. A personnel registry that utilizes a cost-efficient computerized photo-identification system;
2. A training curriculum and trainer approval process;
3. A Statewide trainer registry for training offered for the South Carolina Department of Social Services licensing continuing education credit;
4. A Statewide training calendar; and
5. An entry-level credentialing process for the ABC 30-hour credential.

The career development system is also linked to the T.E.A.C.H.® Early Childhood South Carolina Project and a salary bonus program, Smart Money, for eligible students who complete the South Carolina Early Childhood Credential and ABC 30-hour credential.

- Twenty-two States (AK, CA, CO, DE, ID, IL, IA, KS, KY, ME, MA, MI, NH, NC, PA, TN, UT, VT, WA, WI, WV, WY) reported that they work with CCR&R agencies to implement and/or coordinate training.

Each **Illinois** CCR&R agency has a resource developer who is trained to assist providers with a variety of business-related needs, a training coordinator who conducts a biennial survey on provider training needs, and a Quality Counts van to help deliver home-based training. Additionally, the CCR&R agencies receive funds for mini-scholarships to support:

- Providers who attend training, conferences, or college courses;
- Attainment of child care credentials, such as the CDA credential, by individuals; and
- The pursuit of center or family home program accreditation.

The Lead Agency also contracts with The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) for the Illinois Trainers Network. This model trains individuals in the early care and education field on specific curricula such as *Foundations of Family Child Care* and *Creative Curriculum*. The Healthy Child Care Illinois Program builds upon the CCR&R system’s established educational programs by using child care nurse consultants to inform child care providers and families on health-related topics.

**T.E.A.C.H.
Early Childhood® Project**

The T.E.A.C.H. Early Childhood® Project is designed to provide a sequential professional development path for teachers, program directors, and child care providers currently in the early care and education field. T.E.A.C.H. Early Childhood® scholarships link continuing education with increased compensation and require that recipients and their sponsoring child care programs share in the cost.

- Seventeen States (AL, CO, FL, HI, IL, IN, IA, MI, MN, MO, NE, OK, PA, SC, VA, WA, WI) reported that they are involved in the implementation of the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project.

T.E.A.C.H. Early Childhood® **Michigan** has enrolled a total of 1,257 participants in 79 Michigan counties. The Lead Agency reports that the T.E.A.C.H. compensation component resulted in a 6 percent increase in participant wages. Collaborative partnerships are facilitated among scholarship recipients, participating colleges and

universities, the Statewide Michigan Early Childhood Professional Development Consortium, child care programs, and the Family Independence Agency.

T.E.A.C.H. Early Childhood® **Nebraska** is administered by the Nebraska Association for the Education of Young Children with staff support from the Early Childhood Training Center. CCDF funds support both T.E.A.C.H. scholarships and staff assistance in proceeding with plans to raise private dollars to support the wage enhancement portion of the initiative.

- Thirteen States (AR, CO, IN, KS, MA, MI, MO, NE, NY, NC, OK, PA, SC) indicated that they had supported the development and/or delivery of training initiatives that used distance learning techniques.

Indiana cooperated with higher education and private sector funders to develop On-Line Child Care Learning, a Web-based opportunity for a complete college credit CDA credential (www.childcarelearning.IN.gov). The initiative includes additional literacy and business components as well as mentor assistance.

- Nine States (CA, FL, MT, NE, OK, PA, TN, WV, WI) reported that they supported mentoring projects for early care and education practitioners.

Montana supports grants to establish and support mentoring programs that match experienced caregiver mentors with novice caregiver protégés. Mentor programs are currently housed in four resource and referral offices, one community college, and one child care association.

- Seven States (AK, AR, CO, MI, MN, NE, NC) indicated that they were engaged in cross-system training initiatives.

The **Colorado** Lead Agency contracts with the Colorado Department of Education to develop and support the ongoing operation of a network of approximately 35 grassroots training and technical assistance units (early childhood learning clusters) across the State. The clusters bring people together in each community to assess learning needs, develop and implement a plan to meet those needs, disseminate information on training, and increase community capacity through better relationships, cooperation, and collaboration. Funded communities offer workshops, courses, scholarships, mentor programs, peer coaching, and visits to other programs.

Nebraska developed a Framework for Early Childhood Professional Development that is supported by many State-level agencies. Additionally, CCDF funds (along with funds from Head Start and Part C) support regional training coalitions that provide local, collaborative training linked to the Framework.

- Seven States (CT, FL, HI, IA, MA, MI, MO, NY) used CCDF funds to support training for unregulated child care provided by family, friends, and neighbors.

Missouri makes funds available to the 4C Association (child care resource and referral agencies) to support incentives for aide and relative care providers who pursue additional basic child care training.

- Six States (MD, MA, NE, NC, PA, WV) reported that they were funding the cost of training practitioners to administer environment rating scales.

Massachusetts began training providers to use environment rating scales to assess and improve their programs, and to identify areas for improvement.

West Virginia funded training for CCR&R staff and other approved trainers in administering *ITERS* and *ECERS* rating scales.

Improving Salaries and Other Compensation for Child Care Providers

- Twenty States (AK, CA, FL, GA, ID, IL, KS, MN, MS, MT, NJ, NY, NC, OK, OR, PA, SC, UT, WV, WI) reported that they were involved in some type of child care practitioner wage initiative.

Montana's Merit Pay initiative offers \$400 and \$200 awards to child care providers who participate in preapproved early childhood training.

New Jersey provides \$5,000 annually to teachers working in child care centers that contract with Abbott School Districts (the State's prekindergarten program) and who are working toward an early childhood degree or certification. Participants also receive a \$50 stipend for books.

Salaries and Compensation

88% of States reported that they are undertaking efforts to improve the compensation of child care providers.

North Carolina supports the Child Care WAGE\$® program, which provides annual salary supplements to child care workers who obtain post-secondary education related to child development and stay in their jobs. Additionally, CCDF supports T.E.A.C.H. Early Childhood® Health Insurance for child care workers.

Oklahoma supports a wage initiative, modeled after North Carolina's Child Care WAGE\$®, called Rewarding Education with Wages and Respect for Dedication.

- Five States (IN, MA, NV, WV, WY) indicated that they were seeking to address compensation issues through a State apprenticeship program, which may include wage stipulations.

West Virginia requires apprentices to have a sponsor who has a progressive salary scale in place and agrees to provide a salary increase when the apprentice completes two of the four semesters of training and when s/he is certified as a CDA.

**Language, Literacy,
Pre-reading, and
Numeracy**

98% of States and 75% of the Territories reported that they are or will be involved in activities that support early language, literacy, pre-reading, and numeracy development.

Activities in Support of Early Language, Literacy, Pre-reading, and Numeracy Development

- Twenty-three States (AL, AZ, AR, CA, DE, DC, FL, GA, IL, IN, MD, MN, NY, NC, OR, PA, PR, TN, TX, UT, VT, WV, WI) and one Territory (CNMI) reported that they support training initiatives aimed at assisting early care and education practitioners' promotion of early language, literacy, pre-reading, and numeracy development.
- Eight States (CA, DC, IL, MN, OR, PA, TX, WI) reported that they have funded train-the-trainer

initiatives aimed at helping early care and education trainers learn more about how to promote early language, literacy, pre-reading, and numeracy development.

California supports Statewide training of trainers focused on a publication titled *Assessing and Fostering a First and Second Language in Early Childhood*. Additionally, the Lead Agency works with the Public Broadcasting Preschool Education Project to offer training for family child care providers and parents. And California reported that it will publish a prekindergarten learning and development curriculum.

The **Texas** Lead Agency participated in the Head Start STEP Training as well as a mentor coach initiative for child care programs that serve subsidized children.

- Three States (FL, ME, VT) reported that they support technical assistance focused on helping early childhood programs promote language, literacy, pre-reading, and numeracy development in young children.
- Four States (AR, DC, KS, MI) reported that they are working in partnership with libraries to promote early language, literacy, pre-reading, and numeracy development in young children.
- Three States (IL, MA, TX) reported that they were working in partnership with Head Start/Early Head Start agencies.
- One State (DC) has formed a partnership with faith-based organizations to promote early literacy.
- Three States (AL, KS, WV) support the distribution of books and/or activity kits to young children and their families.

Kansas implemented an early language/communication assessment using the early communication indicator tool developed by the University of Kansas. Children, 4 to 40 months of age, are assessed quarterly to measure expressive language.

- Two States (FL and MI) are involved in family literacy projects.

Florida passed legislation that increased training requirements for licensed and registered school readiness providers, adding literacy and language development training.

- One State's (PA) Lead Agency worked with the State education department to establish a literacy Web site (www.pabook.libraries.psu.edu/famlit2.html) that provides parents, teachers, and children with literacy resources that are accompanied by teaching tips, tools, and activities.

Activities to Promote Inclusive Child Care

- Twenty-eight States (AL, AZ, AR, CA, CT, DC, FL, GA, HI, IL, IN, MD, MA, MO, NV, NY, NC, ND, OK, PA, PR, RI, SD, TX, UT, VT, WV, WI) and one Territory (GU) reported that they support training aimed at helping practitioners serve children with special needs.
- Five States (IL, MN, ND, PA, UT) reported that they support train-the-trainer initiatives that were designed to help early childhood practitioners serve children with special needs.

Utah created a new Career Ladder Training Endorsement, Working with Children with Challenging Behaviors. The Lead Agency contracted with a mental health agency to create the curriculum and develop a train-the-trainer program.

- Thirteen States (DE, GA, MD, MN, MO, NC, ND, PA, RI, SC, SD, TN, TX) and one Territory (GU) indicated that they support technical assistance or consultation for child care programs and practitioners to encourage and assist them in including children with special needs in their early childhood classrooms.

South Carolina administers Provide Access Grants to help providers accommodate children with special needs.

- Eleven States (CO, FL, KY, MA, MO, MT, ND, SD, UT, VT, WV) reported that they fund inclusion specialists, or have health, mental health, or nurse consultants who work with programs to promote inclusion. These individuals play a variety of roles, all aimed at

Collaboration with State Education Agency Strengthens Training

The Arkansas Lead Agency negotiated a Memorandum of Understanding (MOU) with the Department of Education to integrate CDA classes with the Arkansas Department of Education Paraprofessional Training Program. The purpose of the MOU is to avoid duplication of training and strengthen training in working with children with special needs, particularly in Legal/Ethical Aspects, Individual Family Services Plan/Individual Education Program, and Awareness and Referral Strategies. The Arkansas Department of Education accepts the successful completion of the CDA as meeting the requirements for paraprofessionals working with preschoolers with special needs.

supporting children with special needs and their families as well as supporting the early care and education programs and practitioners who serve them.²⁹

The Lead Agency in **Florida** reported that it funds a “warm line” that operates through the CCR&R Network and is available to all service providers through regional inclusion specialists. These specialists offer training and technical assistance.

West Virginia funds Behavior Support Specialists to assist child care providers in serving children with special needs.

The Lead Agency in **Massachusetts** has partnered with numerous other State offices and the Statewide resource and referral network to ensure that children and their families receive individualized services from specialists wherever it is required. Along with the Department of Public Health, it jointly funds Regional Consultation Programs (RCPs) to support the individual care that infants and toddlers with disabilities require and provides on-site expertise at child care programs that will help to make children’s experiences in child care successful.

- Five States (AL, TN, TX, VT, WV) reported that they provide or fund the acquisition of adaptive equipment.
- Two States (CT and KS) reported that they had recently revised their payment system to more accurately reflect the cost of serving children with special needs.
- Two States (MA and VT) indicated that they make funds available to support additional staff in programs that serve children with special needs.
- Nine States (CA, FL, GA, IL, IA, MA, NE, NC, TX) and one Territory (GU) described their involvement in cross-system planning and coordination efforts focused on improving early care and education services for children with special needs.

Georgia established a Task Force on Child Care for Children with Disabilities that brought together key representatives and agencies to establish a long-term, sustainable, comprehensive interagency approach to addressing issues related to inclusive child care.

²⁹ When asked to report on the use of infant/toddler set-aside funds, 16 States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) mentioned the use of “infant/toddler specialists or health consultants.” When asked to report on inclusion activities, six states (CO, FL, MA, MO, MT, WV) reported that they have “inclusion specialists” and six others (KY, MA, ND, SD, UT, VT) reported that they have health, mental health, or nurse consultants who work with programs to promote inclusion. When asked to report on Healthy Child Care America activities, 20 States (AL, CO, DC, GA, IA, ID, KY, LA, MA, MD, MI, NC, ND, NY, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants to work with child care practitioners. In some cases, States may be referring to the same initiative in multiple places within the Plan. An unduplicated count indicates that 32 States have established some form of nurse/health/mental health/inclusion/infant/toddler specialist.

Healthy Child Care America and Other Health Activities Including Those Designed to Promote the Social and Emotional Development of Children

- Twenty States (AL, CO, DC, GA, ID, IA, KY, LA, MD, MA, MI, NY, NC, ND, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants as part of their Healthy Child Care America initiative.³⁰

The **District of Columbia** created a Home Visitor’s Council that unites 10 citywide home visitor networks.

- Nine States (FL, ID, IA, MA, MO, ND, OH, PA, SD) reported that they were providing technical assistance on a range of health, safety, and child development issues to child care programs and providers as part of their Healthy Child Care America initiative.
- Two States (CA and NC) have developed a special “hotline” to provide information on children’s health and safety issues.
- Nineteen States (CA, DC, FL, KS, KY, LA, MA, MN, MO, NY, ND, OH, OK, PA, PR, RI, VT, WV, WI) reported that they had developed or funded practitioner training as part of their Healthy Child Care America initiative.
- Eight States (IA, KY, LA, NC, ND, PR, SD, TN) support train-the-trainer initiatives aimed at promoting health and safety in child care settings.

Health Activities

94% of States and 50% of the Territories reported on their involvement in and plans for health and safety activities to increase the quality of child care.

- Two States (FL and OH) have developed a curriculum to promote the physical, social, and emotional health of young children.
- Fourteen States (AR, DE, FL, IN, IA, MD, MA, NE, OH, PA, PR, RI, TX, WI) and one Territory (GU) reported that they are engaged in cross-system planning focused on developing a coordinated service delivery system. In most States this planning is aimed at developing systems to strengthen the social and emotional development of young children and effectively serve children with mental health and behavior problems.

³⁰ When asked to report on the use of infant/toddler set-aside funds, 16 States (CA, DE, FL, IL, KS, KY, MA, MI, MO, NJ, NC, ND, OK, PA, TN, WA) mentioned the use of “infant/toddler specialists or health consultants.” When asked to report on inclusion activities, six states (CO, FL, MA, MO, MT, WV) reported that they have “inclusion specialists” and six others (KY, MA, ND, SD, UT, VT) reported that they have health, mental health, or nurse consultants who work with programs to promote inclusion. When asked to report on Healthy Child Care America activities, 20 States (AL, CO, DC, GA, IA, ID, KY, LA, MD, MA, MI, NY, NC, ND, PA, SD, TN, VT, WV, WY) reported that they had developed a network of nurse or health consultants to work with child care practitioners. In some cases, States may be referring to the same initiative in multiple places within the Plan. An unduplicated count indicates that 32 States have established some form of nurse/health/mental health/inclusion/infant/toddler specialist.

The Lead Agency in **Indiana** partnered with the Statewide Healthy Child Care Indiana Initiative to increase the level of inclusion of the National Health and Safety Standards in licensing rules.

Iowa used Healthy Child Care America funds to expand use of the *Devereux Early Childhood Assessment* program throughout the State.

Other Quality Activities that Increase Parental Choice, and Improve the Quality and Availability of Child Care

- When asked to list other quality activities that increase parent choice and improve the quality and availability of child care, 13 States (AK, GA, KY, MA, MT, NV, NC, OK, PA, SC, TN, UT, VT) mentioned that they had established a quality rating or tiered reimbursement system.

Pennsylvania used CCDF funds to support piloting the Keystone Stars quality rating system.

Tennessee requires all licensed child care providers to participate in the Star Quality Child Care Program, which assesses programs, assigns one, two, or three stars, and creates a “report card” to help parents identify a quality provider. CCDF funds support staffing and training the child care assessment units as well as technical assistance and a tiered bonus program for providers.

- Eleven States (CA, CO, ID, IL, MA, NH, PA, SC, TN, VT, WA) noted that they had established a toll-free number that allowed consumers to access information on child care program licensing violations, file complaints, or express concerns.

In **Vermont**, CCDF will continue to be used to partially fund staff to operate the Child Care Consumer Line and to enhance licensing capacity. This includes funding for a Healthy Child Care Vermont Coordinator who works for the Lead Agency and provides technical assistance related to healthy nutrition and safety issues in child care.

- Eleven States (GA, IL, IN, MA, MS, MO, NC, PA, SD, WA, WI) reported that they made child care licensing information available to consumers via the Web.

North Carolina redesigned its Web site (<http://www.ncchildcare.net>) to provide more user-friendly information. Consumer information includes: program regulation, licensing requirements, financial assistance, special needs, and resources. Provider information includes regulatory and funding updates, provider documents such as applications, and local links for contacts and resources. A second site, <http://www.ncchildcare.org>, focuses on professional development information and resources.

- Two States (AK and MA) reported that they had strengthened their child care licensing policies.
- Two States (MA and MD) described outreach and technical assistance initiatives aimed at improving the quality of child care in legally exempt child care homes.

- Nine States (CA, IL, KY, MD, MA, MN, NH, RI, TX) pointed out that they have made additional bilingual resources and services available to consumers.
- Two States (FL and RI) stressed that they had funded comprehensive services/family support initiatives to work in collaboration with early childhood programs. Two additional States (DC and KS) noted that they had launched efforts to coordinate existing home visiting/parent education services.

The Lead Agency in the **District of Columbia** has developed a long-range plan for parent education and convenes a semi-annual meeting of all practitioners involved in parent education and/or home visiting.

Rhode Island established a Comprehensive Child Care Services Program (CCCSP) to expand access to comprehensive services (similar to those provided by Head Start) in child care settings. CCCSP pays an enhanced rate to networks certified to deliver a full range of supportive services to eligible families.

- Five States (MA, NC, RI, UT, WA) reported that they had funded or were helping to launch research to evaluate the quality, availability, and affordability of early care and education services in their State. In several cases, States noted that this was possible because of additional funding from the Health and Human Services State Child Care Data and Research grant program.

Massachusetts is using funds from a State Data Capacity Grant for a host of efforts, including establishing databases that will allow the Lead Agency to evaluate the tiered reimbursement system and more effectively monitor the status of the child care workforce (to track qualifications, earnings, and turnover in different parts of the State.)

Rhode Island plans to use part of its Federal research funding to examine how available child care data can be linked to outcomes that indicate success in early literacy and school readiness, strong families, and positive youth development.

Utah noted that it will soon launch a study of the economic importance of the child care industry.

Washington is currently assessing the impact of the Career and Wage Ladder Pilot Project on the quality of child care and the effectiveness of the approach.

- Four States (AK, DC, FL, KS) reported that they sought to increase access through coordination with Head Start and Early Head Start.
- One State (CO) stressed coordination with local schools. The State supports a school-readiness child care subsidization program that awards three-year grants to child care centers in targeted school districts. Funds are targeted to districts that have, on average, “low” or “unsatisfactory” scores on the *Colorado Student Assessment Profile* State test. To be eligible

for the grant, child care programs must agree to be part of the Educare quality rating system and develop a school readiness plan.

- One State (MN) indicated that it had strengthened coordination with Tribes.
- Four States (AK, FL, MA, PA) pointed out that their State- and/or local-level interagency planning efforts were aimed at improving choice, quality, and access.

Florida coordinated a development of a simplified point of entry/unified waiting list for all school readiness programs including center-based, school-based, family child care, Head Start, Even Start, and home visitor programs.

- Three additional States (MA, OH, VT) noted that they had improved their management information systems in an effort to make applying for assistance easier for families and more efficient for the Lead Agency.
- One State (AK) reported that they sought to increase access by revising parent copayments.
- One State (MA) has established several flexible funding pools that allow it to maintain child care contracts and vouchers while ensuring continuity of care. Targeted funds were also made available for teen parents, care during nontraditional hours, homeless families, and children affected by HIV/AIDS.

5.1.5 – Non-Governmental Entities

Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity? The following entities named in this part are non-governmental:

Virtually all States identified non-governmental or private agencies that either led initiatives or participated in activities with the Lead Agency to improve the availability and quality of child care.

Section 5.2 – Good Start, Grow Smart Planning and Development

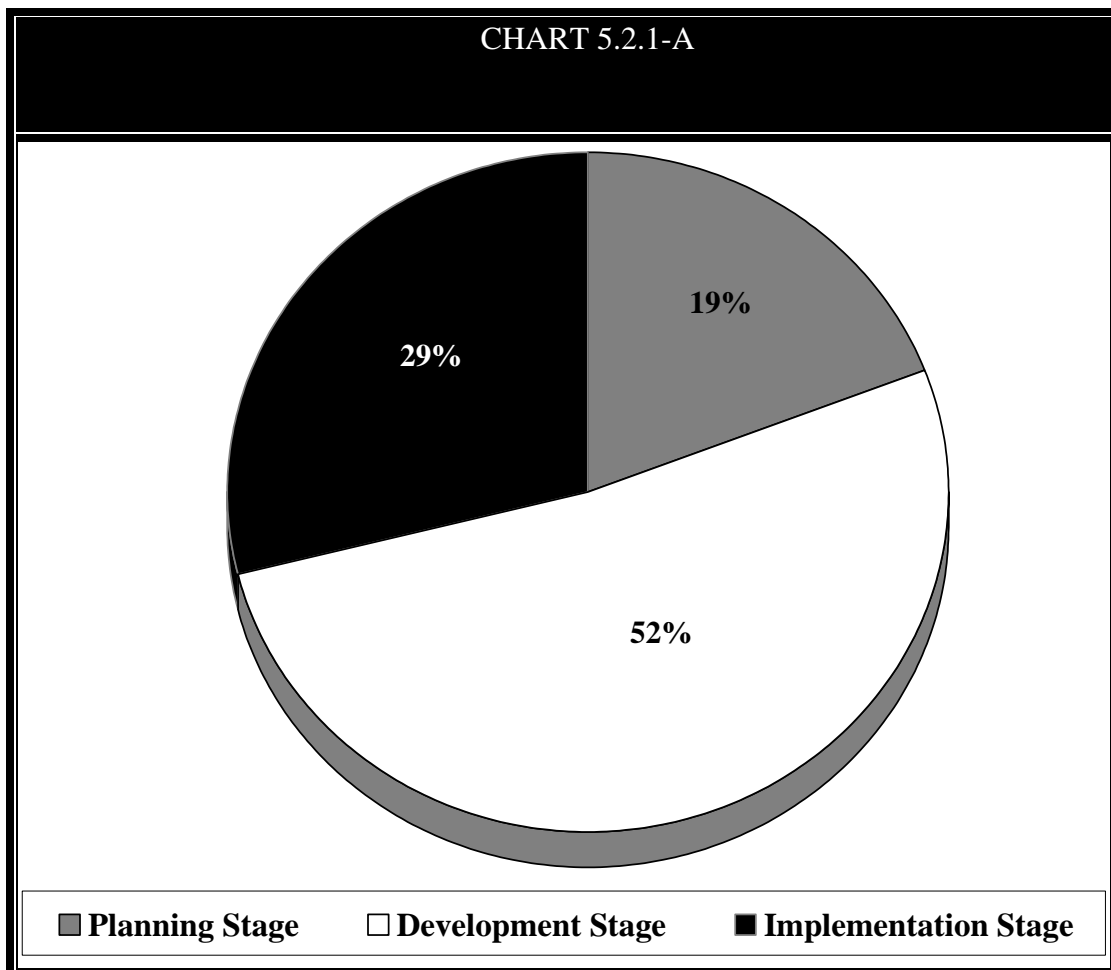
This section of the Plan relates to the President’s Good Start, Grow Smart initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State’s progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 – Voluntary Guidelines for Early Learning

Indicate the current status of the State’s efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds.

States' descriptions of the status of their early learning guidelines fell into three broad categories:

- A planning stage, in which States are thinking through the development of early learning guidelines;
- A development stage, in which States have at a minimum created a core group to lead the development of early learning guidelines and have taken steps to begin creating guidelines; and
- An implementation stage, in which States that have developed guidelines also have moved ahead in a substantial fashion to implement the early learning guidelines in early care and education settings.



Source: Information compiled from State CCDF Plans, FY 2004-2005.

The Education Commission of the States will facilitate a 10- to 12-month workgroup focused on developing early childhood education standards (guidelines) for **Alaska**.

Two work groups (Birth–Three and Three–Four) were convened by the **Kentucky** Department of Education and the Governor's Office of Early Childhood Development in

2001. The purpose of the workgroups was to align child learning standards from birth–age 3 and age 3–4 with the K–12 Program of Study.

Recognizing the value and need for quality early childhood education programs for children age 4–8, the **Michigan** State Board of Education appointed an Ad Hoc Advisory Committee for Early Childhood Standards of Quality in April 1991.

- All of the Territories (AS, CNMI, GU, AS) are in the planning stage.

Early Learning Guideline Development Process

Describe the process that was used or is planned for developing the State’s early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State’s K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

Leadership

- In 44 States (AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NE, NV, NJ, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VT, VA, WA, WV, WY), the State Department of Education was providing leadership, sometimes along with other entities such as child care.

The **Arizona** Early Childhood Education Standards were developed under the direction of the Adult/Family Literacy program office at the Arizona Department of Education as a result of a grant received from the National Even Start office.

- In eight States (FL, HI, KS, MN, MT, NE, NV, ND), a coordinating council consisting of representation from education, Head Start, and child care, or a State agency consisting of such representation, was taking the lead.

In December 2002, the **Montana** Early Childhood Advisory Council (MECAC) reviewed the *Good Start, Grow Smart* presidential initiative, including the requirement to report on the status of developing voluntary Early Learning Guidelines. The MECAC recommended that a core group of stakeholders be created to begin the process of establishing voluntary early learning guidelines for the State of Montana.

- In 23 States (AL, CO, FL, GA, HI, IA, KS, KY, ME, MN, MT, NE, NV, NH, NM, NY, ND, OK, RI, UT, VT, WI, WY), child care was involved in leadership, often in conjunction with other entities such as the State Department of Education.

The Director of the Office of Child Care and Head Start is providing leadership to the development of the **Maine** Early Childhood Learning Results.

Stakeholders

The most frequent stakeholders involved in the development of early learning guidelines were public school prekindergarten, child care, Head Start, special education, and higher education. Other stakeholders included parents, health agencies, Governors' Offices, child care resource and referral agencies, Tribes, child advocacy groups, provider associations, and TANF and other State agencies.

In **Colorado**, the stakeholder group, through the partnership between the Department of Education and the Department of Human Services Child Care Division, was inclusive of General Preschool Education, Preschool Special Education, Prevention Initiatives, Center and Home Based Child Care, and Infant/Toddler Quality Enhancement Initiatives.

In **Mississippi**, the curriculum represents the expertise and experience of a writing team of early childhood professionals who worked to interpret appropriate practice in programs for young children. These committees included representatives from the State's Department of Education, Department of Human Services, Department of Health, Head Start Agencies, Two-Year and Four-Year Colleges and Universities, Public/Private Child Care Providers, and Public School Districts.

In **Delaware**, the process involved an inclusive stakeholder group that included: a Statewide committee with representatives from the early care and education community (child care centers, family child care, and private preschools), institutions of higher education, family literacy programs, Head Start, a State prekindergarten program, policy-makers (legislators and the Governor's Office), child care licensing, a State resource and referral program, school administrators, child care administrators, kindergarten teachers, special education teachers, State early childhood professional organizations, and parents.

In the Territories, the common stakeholders included child care, Head Start, prekindergarten programs, and special education.

Framing

- Ten States (AR, CO, CT, FL, ID, MO, OK, PR, TX, WV) noted that their early learning guidelines' process was framed by State legislation.

The **Florida** Partnership for School Readiness was charged with adopting a system for measuring school readiness and developing school readiness performance standards and outcome measures in its originating legislation (Section 411.01 F.S.).

- Twenty-seven States (AZ, AR, CA, CO, DC, HI, IL, IN, IA, KS, LA, ME, MI, MO, NE, NV, NJ, NM, NY, NC, OH, OK, OR, RI, VT, VA, WY) referenced the use of research to frame their early learning guidelines process.

The **Oklahoma** team reviewed national standards, other State standards, and current research to guide the process of developing its early learning guidelines.

- Twenty-three States (CO, CT, DE, DC, IL, KS, MN, MS, MO, MT, NE, NV, NJ, NC, OR, RI, SC, SD, TN, TX, VT, WA, WI) used guiding principles to frame their early learning guidelines process.

The **Illinois** Early Learning Standards are framed by a set of guiding principles, seen below:

- Early learning and development are multidimensional. Developmental domains are highly interrelated.
- Young children are capable and competent.
- Children are individuals who develop at different rates.
- Children will exhibit a range of skills and competencies in any domain of development.
- Knowledge of how children grow and develop, together with expectations that are consistent with growth patterns, are essential to develop, implement, and maximize the benefits of educational experiences for children.
- Young children learn through active exploration of their environment in child-initiated and teacher-selected activities.
- Families are the primary caregivers and educators of young children.

Alignment

- Forty-eight States (AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) responded that specific efforts had been or would be undertaken to ensure alignment between their early learning guidelines and the State's K–12 educational standards.

The **Illinois** Early Learning Standards are aligned not only with the Illinois K–12 Learning Standards, but also with the Head Start Child Outcomes Framework. They are organized to parallel the content and goals of the Illinois Learning Standards for K–12 education and provide the first benchmarks on the road to accomplishment of the K–12 Standards.

In **Ohio**, the writing teams reviewed the research regarding the standards, produced draft standards, held focus groups, and revised the standards based on feedback. Final copies of the standards were presented to the Ohio Department of Education School Board in November 2002 for review. The early learning standards process mirrored the process used for the development of K–12 standards.

In **Indiana**, the Foundations for Young Children are aligned with the Indiana Academic Kindergarten Standards in order to reflect and to support the increasing research base related to brain development and how young children learn best. The Foundations for Young Children are a guide that will assist the young learners in preparing for success.

Early Learning Guidelines Domains

Describe the domains of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the Web, provide the appropriate Web site address.

The States reported that they have or will address a range of early learning guidelines domains, as illustrated in Table 5.2.1.

TABLE 5.2.1 DOMAINS ADDRESSED or THAT WILL BE ADDRESSED in STATES' EARLY LEARNING GUIDELINES						
State	Physical/ Health	Social/ Emotional	Cognitive	Language and Literacy	Approaches to Learning	Creative Arts
Alabama						
Alaska	✓	✓	✓	✓		
Arizona	✓	✓	✓	✓		✓
Arkansas	✓	✓	✓	✓		✓
California	✓	✓	✓	✓		
Colorado	✓	✓	✓	✓		✓
Connecticut ¹	✓	✓	✓	✓		✓
Delaware	✓	✓	✓	✓	✓	✓
District of Columbia	✓	✓	✓	✓	✓	
Florida	✓	✓	✓	✓	✓	
Georgia	✓	✓	✓	✓		
Hawaii	✓	✓	✓	✓		✓
Idaho	✓	✓	✓	✓		
Illinois	✓	✓	✓	✓		✓
Indiana	✓	✓	✓	✓		
Iowa	✓	✓	✓	✓		✓
Kansas			✓	✓		
Kentucky				✓		
Louisiana	✓	✓	✓	✓		✓
Maine	✓	✓	✓	✓	✓	
Maryland	✓	✓	✓	✓		
Massachusetts	✓	✓	✓	✓		✓
Michigan	✓	✓	✓	✓		✓
Minnesota	✓	✓	✓	✓	✓	
Mississippi	✓	✓	✓	✓		

TABLE 5.2.1
DOMAINS ADDRESSED or THAT WILL BE ADDRESSED in
STATES' EARLY LEARNING GUIDELINES

State	Physical/ Health	Social/ Emotional	Cognitive	Language and Literacy	Approaches to Learning	Creative Arts
Missouri	✓	✓	✓	✓		
Montana	✓	✓	✓	✓		✓
Nebraska	✓	✓	✓	✓		
Nevada	✓	✓	✓	✓		✓
New Hampshire						
New Jersey	✓	✓	✓	✓		
New Mexico						
New York	✓	✓	✓	✓		✓
North Carolina	✓	✓	✓	✓	✓	
North Dakota						
Ohio			✓	✓		
Oklahoma	✓		✓	✓		✓
Oregon	✓	✓	✓	✓	✓	
Pennsylvania	✓	✓	✓	✓	✓	✓
Puerto Rico ¹	✓	✓	✓	✓		✓
Rhode Island	✓	✓	✓	✓	✓	✓
South Carolina	✓	✓	✓	✓		
South Dakota	✓	✓	✓	✓		✓
Tennessee	✓	✓	✓	✓		
Texas	✓	✓	✓	✓		✓
Utah	✓	✓	✓	✓		✓
Vermont	✓	✓	✓	✓	✓	✓
Virginia			✓	✓		
Washington	✓	✓	✓	✓		
West Virginia	✓	✓	✓	✓		✓
Wisconsin	✓	✓	✓	✓	✓	
Wyoming	✓	✓	✓	✓	✓	✓
Total Number of States	44	43	47	48	12	24

Source: Information compiled from State CCDF Plans, FY 2004-2005.

Note:

¹ Puerto Rico included language and literacy in the cognitive domain.

Early Learning Guidelines Implementation

Describe the process the State used or expects to use in implementing its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

Implementation Processes

The following implementation processes were identified most frequently by the respondents.

- Thirty States (AR, CA, CO, CT, DE, DC, FL, HI, IL, IN, ME, MD, MI, MN, MO, MT, NV, NJ, NM, NY, OH, OK, PR, RI, SC, SD, TX, WA, WI, WY) and all of the Territories (AS, CNMI, GU, VI) reported that training would be provided as part of the implementation process.
- Twenty-five States (AZ, CA, CT, DE, DC, FL, IL, IN, KY, MD, MI, MS, MO, MT, NE, NY, OH, OK, PR, SD, TN, TX, UT, VA, WA) reported that dissemination would be included as part of the implementation process.
- Sixteen States (CA, DC, IN, IA, KY, MA, NJ, NM, NY, NC, OH, OK, RI, TN, VT, WV) reported that they would be gaining feedback as part of the implementation process.
- Thirteen States (AR, DC, IL, ME, MD, MT, NY, OK, PR, RI, SC, TN, WA) reported that they would be piloting early learning guidelines as part of the implementation process.

Other implementation activities include linkages with incentives, monitoring, creating parent and provider documents, and translating materials.

Applicable Settings

States often make distinctions among family child care, center child care, and State-funded prekindergarten programs in terms of mandating the use of guidelines.

- For *center-based* child care programs, 39 States (AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NC, OH, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) reported that the guidelines will be voluntary.
- No State reported that the center-based guidelines are mandatory.
- In *family child care* settings, 39 States (AZ, AR, CA, CO, CT, DE, DC, FL, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NC, OH, PR, RI, SC, SD, TN, TX, UT, VT, VA, WV, WI, WY) reported that the guidelines will be voluntary.

- No State reported that the family child care guidelines will be mandatory.
- Twenty States (AZ, CO, IN, IA, ME, MD, MA, MN, MS, MO, NE, NV, NH, NC, RI, SD, UT, VT, WI, WY) reported that the guidelines will be voluntary for *State-funded prekindergarten* or school readiness programs.
- Fifteen States (AR, CA, CT, DE, DC, FL, HI, ID, LA, MI, NJ, SC, TN, VA, WV) reported that they will be mandatory.

Early Learning Guidelines Assessment

As applicable, describe the State's plan for assessing its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

States are conducting or planning to conduct a variety of evaluation activities related to early learning guidelines.

- Fifteen States (CA, CO, DE, HI, IN, ME, MT, NV, NY, OH, PR, RI, TN, TX, UT) report an intent to evaluate the early learning guidelines themselves as a result of their use, potentially leading to revision of the guidelines.
- Fourteen States (AR, CT, DC, FL, HI, IL, MD, MN, NM, OH, PR, SC, TN, UT) report an intent to track children's progress or outcomes once the early learning guidelines are in use.
- Thirteen States (AR, DE, DC, IA, MI, MN, NV, NJ, NM, RI, SC, TN, VA) will evaluate program effectiveness once the early learning guidelines are in use.
- Six States (IA, NE, NV, NJ, PA, RI) will assess the impact of early learning guidelines on teacher practice.

In **Arkansas**, assessment of the effectiveness of the State's early learning guidelines is a two-pronged approach. The State has developed specific assessments for determining program effectiveness and quality as well as specific guidelines for child outcomes.

In **Minnesota**, in a pilot study in the fall of 2002, a random sample of 1,851 kindergarten children were assessed by their kindergarten teachers. Teachers rated the school readiness of each child using a customized Work Sampling System assessment that includes 30 indicators in five domains comparable to the domains and indicators in the *Early Childhood Indicators of Progress (ECIP)*. The developmental domains and indicators in the Preschool-4 Work Sampling System Developmental Guidelines used in this study are consistent with and align with the *ECIP*. Results of this assessment study were published in the *Minnesota School Readiness Initiative: Developmental Assessment at Kindergarten Entrance Fall 2002 Pilot Study*, available on the Web at <http://education.state.mn.us>.

In **Rhode Island**, assessment of the Early Learning Standards (ELS) is an ongoing and vital aspect of the project. Currently the focus of project assessment has been on the effectiveness of the guidelines, the document, and the professional development designed to make the ELS come to life in all types of ECE programs—center-based classrooms, family child care homes, and public school classrooms in particular. The standards were designed to be the basis for both developmentally appropriate curriculum and assessment. As the implementation effort widens and goes to scale, both the impact of standards on program quality and on outcomes for children will be assessed.

5.2.2 – State Plans for Professional Development

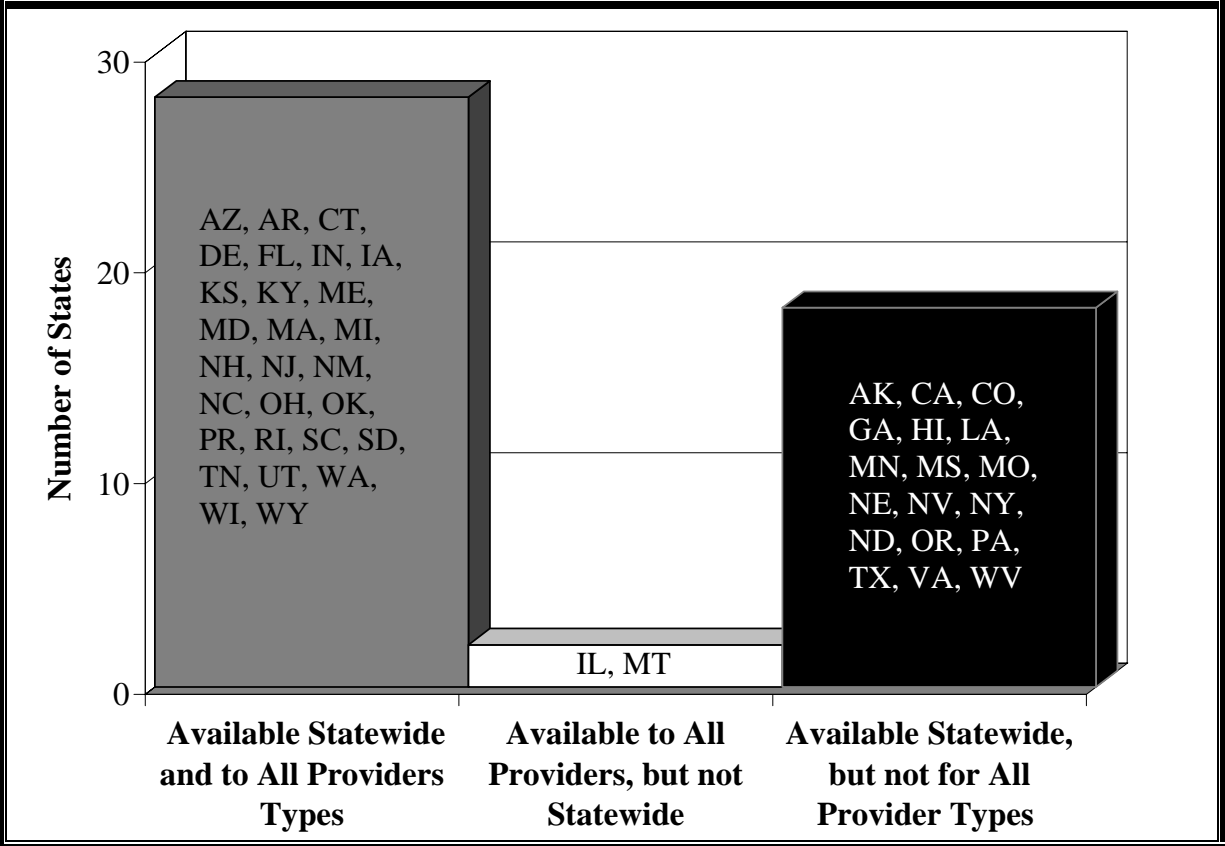
Training and Technical Assistance

Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

The States reported on a wide variety of training and technical assistance opportunities available to early childhood providers, many of which are discussed in more detail in Section 5.1. Common activities described included CDA credential-related training, age-specific training, health and safety trainings, orientation trainings offered in conjunction with licensing agencies, business/management training for center directors and family child care operators, and technical assistance provided by health consultants. Typical delivery methods cited included delivery of workshops by CCR&Rs, trainings by State Associations for the Education of Young Children, on-site training, distance learning, material lending libraries, and college courses.

- Twenty-eight States (AZ, AR, CT, DE, FL, IN, IA, KS, KY, ME, MD, MA, MI, NH, NJ, NM, NC, OH, OK, PR, RI, SC, SD, TN, UT, WA, WI, WY) reported they offer training and technical assistance activities Statewide and to all types of providers, as detailed in the following chart.
- An additional 20 States (AK, CA, CO, GA, HI, IL, LA, MN, MS, MO, MT, NE, NV, NY, ND, OR, PA, TX, VA, WV) offer training and technical assistance, but do not do so for all providers or in all parts of the State.

CHART 5.2.2-A
 AVAILABILITY of TRAINING and TECHNICAL ASSISTANCE OPPORTUNITIES



Source: Information compiled from State CCDF Plans FY 2004-2005.

The **Florida** Partnership for School Readiness Quality Initiative (FPSR-QI) is a model training and technical assistance system designed to support the continuous improvement of school readiness coalitions and programs as they work to provide high-quality and effective services to children and families. The FPSR-QI provides Statewide, regional, and local assistance to coalitions and service providers based on an in-depth needs assessment, strategic goals and objectives, emerging priorities in school readiness, and local requests. The Partnership contracts with the Florida Children’s Forum to operate the FPSR-QI.

A variety of provider training, technical assistance, and professional development opportunities are available to child care providers in **Kansas**. Training to meet child care licensing requirements is provided Statewide by local resource and referral agency staff. Free online child abuse and neglect training is also available to providers Statewide. The Apprenticeship Program, which is available in some parts of the State, provides college-level course work and 4,000 hours of on-the-job training to enrolled early childhood apprentices. Enrollees must have a sponsoring provider site and obtain a CDA credential during the two-year program. Funds are provided for tuition assistance.

Kentucky's Office for Early Child Care has developed a planned program of instruction that includes core content for providers seeking a CDA credential. The core content is required Statewide for consistency throughout the Commonwealth. Providers are given individualized, professional development growth plans outlining their goals, objectives, and strategies. Professional Development Counselors offer one-on-one technical assistance to early child care providers and are the source through which providers may apply for various programs.

In FY 2003, **Missouri** implemented a basic eight-hour Child Care Orientation Training (CCOT) for beginning child care providers. CCOT will serve as the consistent Statewide foundation for Missouri's future training system. Currently a voluntary training, child care licensing rules are being revised with the intent of making CCOT mandatory for new providers. Plans are underway to expand the availability of CCOT in order to require the training for unlicensed, unregulated providers who accept Missouri's subsidy reimbursement.

The Office of Children and Family Services sponsors teleconferences, twice a month, which bring recognized child care experts to child care providers at 96 sites across **New York**. Providers may receive credit for their participation in the teleconferences toward their required 30 hours of training. An average of 4,000 providers participate in each session.

Locally based training organizations across the State offer direct and distance education opportunities to child caregivers as a part of the **Pennsylvania** Pathways system. Training, technical assistance, and on-site mentoring are delivered by community college and university faculty as well as other public and private for-profit and nonprofit organizations whose staff are approved through the Pennsylvania Pathways Trainer Quality Assurance System.

In **Puerto Rico**, the Lead Agency provides technical assistance to child care providers on health and safety standards, appropriate practices, curriculum, planning adequate activities, daily routine, parent education, voluntary services, and other topics.

Professional Development Plan

Does the State have a child care provider professional development plan? If Yes, identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how. If no, indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

Over 94 percent of States reported they have or are developing a professional development plan for their early childhood workforce. While States cited many entities in the development of

professional development plans and efforts, the key involvement of the Lead Agencies in plan formation and component implementation was specified in all of the States' descriptions.

- Thirty-six States (AK, AZ, AR, CA, CO³¹, CT, DE, DC, HI, IA, KY, LA, ME, MD, MN, MT, NE, NV, NH, NJ, NM, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY) and two Territories (AS and CNMI) reported they have a professional development plan.

Alaska's professional development plan for child care is embedded in the System for Early Education Development (SEED). The system was developed through over 10 years of collaborative effort of early childhood professionals across the State representing the diverse components within the field of a workforce approaching 5,000 early childhood educators. Entities involved in the plan include: the Department of Education and Early Development, vocational training, Alaska Association for the Education of Young Children, University of Alaska System, Alaska Pacific University, CCR&Rs, Head Start Quality Center, Maternal, Child & Family Health, RurAL Cap Head Start, Tlingit & Haida Head Start, U.S. Department of Labor, the Child Care Administrator, the Head Start Collaboration Director, the Department of Education and the Early Development Special Education Director, and the Teacher Certification Director.

Through a memorandum of understanding with the **American Samoa** Community College, the Department of Human and Social Services (DHSS) is providing professional development courses specifically for child care providers. DHSS will work closely with the American Samoa Community College and the Department of Education, Early Childhood Education program to develop a curriculum that goes beyond basic child development and learning approaches.

Via formal and informal mechanisms, **Arizona's** Department of Economic Security (DES) Child Care Administration receives ongoing input and guidance from various entities/stakeholders regarding the professional development plan. In particular the DES Child Care Advisory Committee and other policy work groups have been instrumental in the development of this plan. Stakeholder involvement includes, but is not limited to the following: community-based agencies that serve children and families; State agencies; Head Start grantees; institutes of higher education, including universities and community colleges; CCR&Rs; Tribal partners; informal care providers and networks, including kith and kin programs; center-based child care staff; public schools; family child care provider organizations; business community representatives; philanthropic organizations; and elected officials.

In 1991, Governor David Walters issued a proclamation establishing the **Oklahoma** Early Childhood Professional Development Team in order to create a career path for early care and

³¹ While Colorado is counted in this report as having a professional development plan, they noted that in order to achieve the objectives of *Good Start, Grow Smart*, they will convene stakeholders to purposefully address early language, literacy, pre-reading, and numeracy through the currently established State system of professional development.

education professionals. The Department of Human Services, Division of Child Care was the Lead Agency and established a team representing Career Technology, Tribal, Head Start, universities, two-year colleges, early childhood associations, child care, and CCR&Rs.

Tennessee's professional development plan was developed by the Lead Agency in conjunction with the Governor's Child Care Task Force, the Departments of Health and Education, the Council on Developmental Disabilities, the Tennessee Board of Regents, institutions, child care providers, and other early childhood education specialists.

- Thirteen States (FL, ID, IL, IN, KS, MA, MI, MS, MO, ND, OH, PR, VA) and two Territories (GU and VI) described steps underway to develop a professional development plan.

Continuum of Training and Education

Providing a continuum of training and education opportunities was one of the guiding principles cited in many States' descriptions of their professional development plans. States described their efforts to provide ongoing support for all providers.

- Thirty-five States (AK, AZ, AR, CA, CO, CT, DE, DC, HI, IA, KY, ME, MD, MN, MT, NE, NV, NH, NJ, NM, NC, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, WA, WV, WI, WY) outlined how their professional development plan offers a continuum of training and education.

In **Minnesota**, Regional Professional Development Centers offer a continuum of professional development opportunities to implement the work of the State's professional development resource network, connect with community resources, and link with higher education institutions.

Nebraska's Early Childhood Training Center has a primary role in coordination of training and has been mindful of strategies that address the range of training and education needs—from entry-level to the post graduate-level. Particular emphasis has been placed on issues of articulation from in-service through college credit, with several training series designed to fit within the CDA credential preparation and also for those earning college credit.

New Mexico's career lattice has been established for all those working in multiple systems of early care and education—child care, Head Start, early intervention, family support, and all public school programs for children birth through 3rd grade. The career lattice is designed so that each level articulates with the next level. Levels of competence correspond to levels of State-issued certification and licensure available from the Office of Child Development and the State Department of Education. The Higher Education Early Childhood Task Force, a standing task force of the Child Development Board and the Office of Child Development, is now implementing a universal catalogue of coursework with common course titles that all institutions of higher education in the State will use. This accomplishment will make way for a Statewide system of credit for prior learning/prior learning assessment as well as provide the foundation for a Statewide library of distance-learning options.

Utah’s professional development plan includes the Career Ladder and the Training and Longevity Supplement (TL\$). Training that can be used on the career ladder includes the full continuum, from community-based training to Continuing Education Units (CEUs) to college credit coursework. Community-based CCR&R training can also be taken for CEUs if the provider desires. And most of Utah’s community colleges will offer college credit for an active CDA credential.

The **Wisconsin** Early Childhood Association (WECA) has developed a wealth of materials that provide information about credit-based coursework programming, application materials, documentation of services offered, and data summary collection of scholarship recipients. WECA has succeeded in enhancing and promoting communication and collaboration with the technical schools, colleges, and universities to promote scholarship opportunities, and has collaborated with other resources to further the professionalism of the child care field. WECA staff provide access to information on scholarship availability and student and program requirements at technical colleges, college campuses, and universities. In addition, the Registry, Wisconsin’s Recognition System for the Childhood Care and Education profession, acknowledges and highlights the training, experience, and professionalism of the individual care and education provider that is vital to quality child care. The certificates honor each recipient’s unique training background and provide a tool for demonstrating their qualities and strengths as well as their professional image. Registry certificates encourage growth and ambition by defining goals and celebrating the attainment of those goals.

Quality Assurances

To assure that they are offering effective training, education, and technical assistance that meets the needs of the early childhood workforce, many States have implemented a variety of quality assurance components in their professional development systems.

States Assure Quality Through Trainer and Training Approval

The most common type of quality assurance activity States included in their professional development plans were trainer and training approval processes.

- 23 States outlined trainer approval processes they had implemented or were developing.
- 19 States discussed training approval processes that were in effect or in development.

- Twenty-seven States (AZ, AR, CA, CO, CT, DE, DC, IA, KY, ME, MD, MN, MT, NE, NJ, NM, NC, OK, OR, PA, SC, TX, UT, WA, WV, WI, WY) outlined quality assurances that are included in their professional development plans.

Maryland’s Child Care Administration (CCA) approves organizations and individuals that offer training to child care providers. The approval process includes a required orientation and train-the-trainer requirements. Each applicant must submit a complete

application, including documentation of relevant education, experience, and a complete course outline with supporting documentation. Each packet is evaluated thoroughly by CCA staff. If approved, the organization or individual receives a certificate of approval that

includes an assigned approval number. The approval is issued for two years and must be renewed to remain valid.

South Carolina's Lead Agency contracts with First Steps to operate the Center for Child Care Career Development (CCCCD). Training quality for the State's continuing education component is fostered through the voluntary certified trainer and training approval system. At a minimum, certified trainers are required to have a degree in early childhood education or a degree in a related field in order to conduct certified training. The CCCC reviews and approves outlines from certified trainers and offers technical assistance to trainers desiring to become certified and/or to present training of a higher quality for child care providers. A Train-the-Trainer Seminar Series is offered to child care trainers at multiple sites in the State to provide "cutting edge" early childhood information as well as appropriate strategies to use in teaching adults. The CCCC also collaborates with the Office of Early Childhood Education (OECE) to accept the OECE training approval for processing and registration of training in the CCCC system to assure credit for the participating child care provider. OECE certification requires a Masters' degree in early childhood education as a minimal qualification and is targeted primarily to school district programs but is open to child care providers as feasible.

Washington's State Training and Registry System (STARS) trainers must meet certain requirements in education, experience, and background in teaching adults. Specific requirements depend upon the type of training to be offered as well as the audience for which they provide training. Once approved, STARS trainers and training organizations are expected to fulfill their STARS responsibilities and meet the following training standards:

- Incorporate anti-bias and culturally relevant principles into their training content and format;
 - Develop and implement learning outcomes for participants in each training;
 - Foster concrete learning experiences for each participant by considering planning for all learning styles—visual, auditory, tactile, kinetic, and eclectic;
 - Assess participants' learning related to the learning outcomes through direct and indirect evidence;
 - Maintain high standards of professional conduct in their STARS role; and
 - Participate in continuing professional development opportunities.
- Five States with a professional development plan (AK, HI, NV, RI, SD) reported that they are developing quality assurances.

The **Nevada** Registry is under development and will promote quality training opportunities Statewide. When trainers/training receive approval through the application and review process, they will become a part of the Trainer Directory. The directory is being designed to help training planners connect with trainers across the State for workshops, courses and conference presentation, and to promote high-quality training opportunities for early childhood professionals.

Early Language, Literacy, Pre-reading, and Numeracy Development

New research findings in the past decade have focused on the importance of specifically supporting language, literacy, pre-reading, and numeracy development in early childhood. States are working to ensure that adults who work with children understand this research and how to transfer the theories into effective practices.

- Twenty-six States (AK, AZ, AR, CA, CT, DE, DC, IA, LA, ME, MD, MT, NE, NV, NM, OK, OR, PA, RI, SC, SD, TN, TX, VT, WA, WV) delineated how their professional development plan addresses early language, literacy, pre-reading, and numeracy development.

Pre-Kindergarten Early Literacy Learning in **Arkansas** (Pre-K ELLA) is a 30-hour professional development opportunity designed for all early education settings, including center-based care, family child care homes, and home educator programs. Pre-K ELLA is part of the intermediate level training offered on the State's career lattice, SPECTRUM. A research project is under development to evaluate Pre-K ELLA. This study involves measuring changes in knowledge, attitudes, and behaviors of teachers who received the Pre-K ELLA training.

Through the CCR&R system, **Iowa** provides Every Child Reads: Birth to Kindergarten. The program expands the capacity of early care and education systems to enhance language, reading, and writing skills of children from birth to kindergarten. The components of the initiative include community engagement, public awareness, and 15 hours of Getting Ready to Read Literacy Training for early childhood professionals and parents. A host of community partners collaborate, including libraries, schools, service organizations, and businesses.

Early language, literacy, pre-reading, and numeracy development are addressed in the **Montana** Early Care and Education Knowledge Base, which is currently being revised. The Knowledge Base provides a framework for various components of Montana's professional development system, including levels on the career lattice and the training approval system.

- Three States with a professional development plan (CO, NC, WY) reported that they are developing links to early language, literacy, pre-reading, and numeracy development.

Sample Components of the Pre-K ELLA Training

- * Social/Emotional Development related to Literacy
- * Creating Learning Environments that are Literacy-Rich and Guide Behavior
- * Overview of Language Development
- * Reading Experience—Shared Reading
- * Learning about Letters, Sounds, and Words
- * Environmental Print
- * Writing in the Pre-K Balanced Literacy Program
- * Assessment, Observation, and Portfolio
- * Fostering Children's Emergent Literacy Development through the Family

Professional Development and Early Learning Guidelines

As States develop or revise their early learning guidelines, they are providing training on the guidelines and are also working to embed the development principles they outline in their professional development system. States reported that they are examining ways to systemically link their early learning guidelines to their professional development plans—for example, by aligning guidelines with their early childhood professional core knowledge areas and competencies.

- Five States (CA, CT, DE, RI, VT) indicated that their professional development plan is linked to their early learning guidelines.

California's trainings on the *Prekindergarten Learning and Development Guidelines*, a subdocument of *Desired Results* specifically for prekindergarten teachers, were initially presented through a series of facilitated distance learning sessions at 210 downlink sites in the State.

Connecticut's professional development system, Connecticut Charts-A-Course, developed the content of the Core Areas of Knowledge with the assistance of State Department of Education Early Childhood Specialists. The Core Areas of Knowledge are linked to the State agencies' efforts to promote consensus in the performance standards for 3- and 4-year-old children.

- Sixteen States (AK, AZ, CO, DC, IA, ME, MN, MT, NE, NV, NM, NC, SC, UT, WA, WV) and one Territory (AS) described their intentions to link their professional development plans to their early learning guidelines.

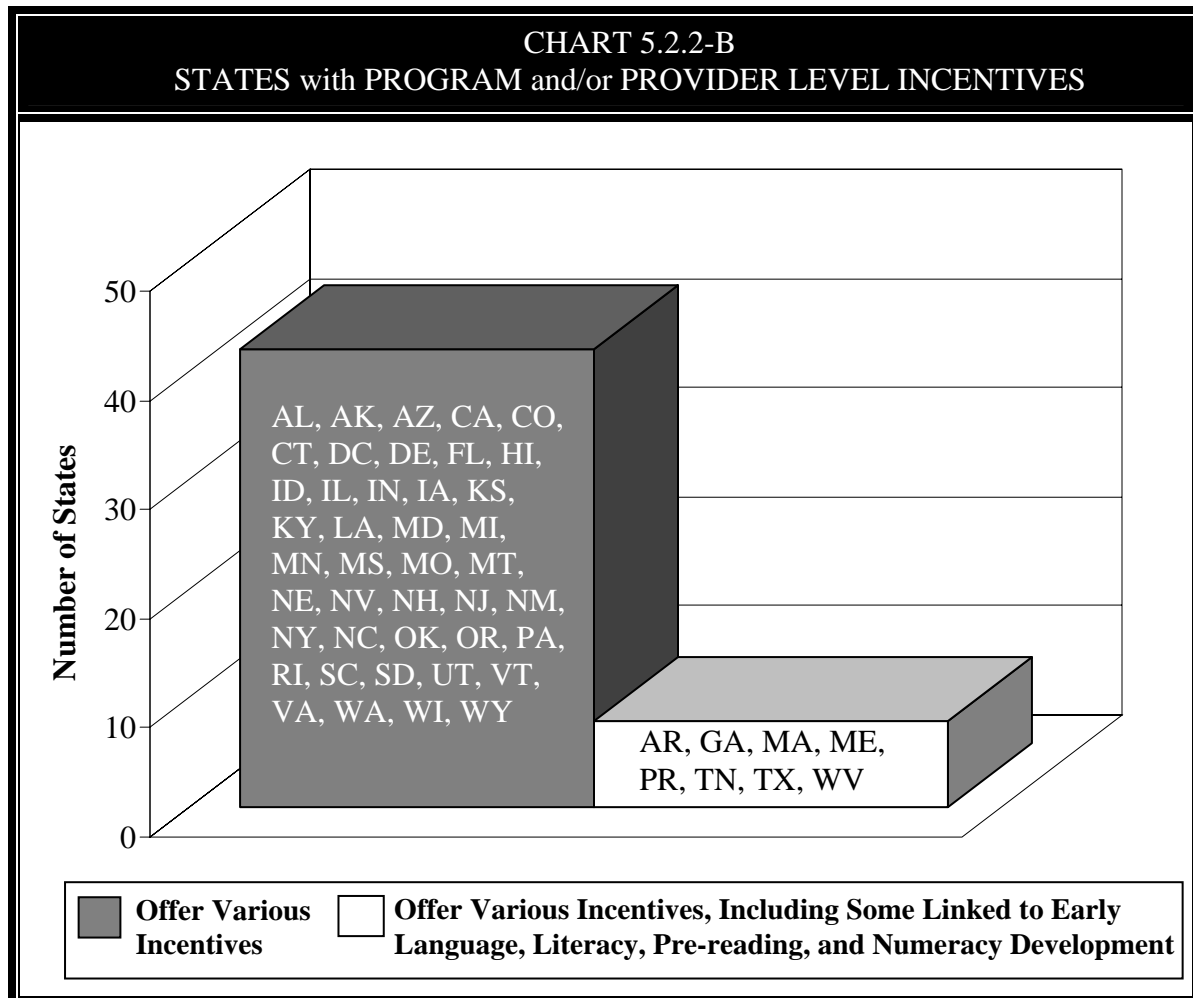
Under the leadership of **Colorado's** Division of Child Care, the Training Approval Advisory Committee continues to work on developing training approval criteria and a process to approve noncredit early childhood training required in order to meet the Division of Child Care licensing rules and regulations. This work includes aligning the Career Development System and licensing training requirements with the early childhood core knowledge and standards.

Professional Development Incentives

Are program or provider-level incentives offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

States with and without formal professional development plans reported on a variety of program and provider-level incentives; 96 percent of States outlined at least one type of incentive. Many States cited research that stresses the importance of linking training and compensation as part of the impetus behind their efforts in this area.

- A total of 50 States (AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) and two Territories (AS and VI) described at least one type of program or provider-level incentive they offer. All States with a professional development plan offer at least one type of program or provider-level incentive.
- ◆ Eight States (AR, GA, MA, ME, PR, TN, TX, WV) detailed how some of their incentives are specifically linked to early language, literacy, and pre-reading development. Chart 5.2.2-B details the States that reported program and/or provider-level incentives.



Source: Information compiled from State CCDF Plans, FY 2004-2005.

CCDF funds are used to partially fund Smart Start **Georgia**. The Smart Start Georgia INCENTIVES\$ program offers financial incentives Statewide for early childhood care and education professionals who advance their education. The T.E.A.C.H. Early Childhood® Georgia program also provides incentives for providers to advance their education. In

addition, Georgia provides funds to support specialized training in early language, literacy, pre-reading, and numeracy development.

Programs that receive accreditation in **New Jersey** receive an additional 5 percent subsidy reimbursement rate for child care services. The Statewide accreditation project is a unique public/private partnership formed by the New Jersey Professional Development Center for Early Care and Education in collaboration with the Lead Agency, the Schumann Fund for New Jersey, Lucent Technologies Foundation, Johnson & Johnson, The Johanne Wallerstein Foundation, Fleet Bank, the Geraldine R. Dodge Foundation, AT&T Family Care Development Fund, and the Victoria Foundation. The project is partially sponsored by the following companies through the American Business Collaboration for Quality Dependent Care: AT&T, Dow Jones & Company, Inc., Exxon-Mobil, Merck and Company, Merrill Lynch, Novartis Pharmaceutical Corp., and WarnerLambert Company.

States Offer a Variety of Provider-Level Incentives

- ★ 24 States reported they offer the T.E.A.C.H. Early Childhood® Project, the Child Care WAGE\$® Project, other scholarship programs linked to compensation, or other wage supplement programs.
- ★ In addition, 20 States reported they offer at least one type of scholarship for early care and education providers.
- ★ 14 States also described specific completion bonuses and merit pay programs.
- ★ 13 States reported they provide training and/or travel stipends, or training reimbursements.

Oregon's Department of Human Services provides a tiered reimbursement system of 7 percent incremental payment to child care providers tied to attainment of training and education consistent with the Child Care Division's certification and registration and linked to the State Professional Development Registry (PDR) Entry Level standards. The CCDF-supported activities of the Oregon Commission on Children and Families coordinate local county variations of the Oregon CARES initiatives providing direct incentives/compensation/stipends for providers achieving levels of professional development consistent with the PDR.

All providers holding a high school diploma or G.E.D. have the opportunity to apply for the Inclusive Early Childhood Scholarship program at the University of the **Virgin Islands**. This program, funded through CCDF, offers a certificate and Associate's degree in inclusive early childhood education, and is being developed into a Baccalaureate degree.

West Virginia provides increased subsidy payments of \$4 extra per day for programs that are accredited; a one-time-only incentive of \$400 for completion of a 45-hour infant and toddler class, which includes training on language development, pre-reading, and numeracy skills development; a scholarship program for Apprenticeship for Child Development Specialist graduates to pursue higher education opportunities; and stipends to providers for training and conferences.

Professional Development Outcomes

What are the expected outcomes of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

Many States identified higher-quality care as the ultimate desired outcome of their professional development plans. The use of registries was frequently cited as a method of tracking participant and completion rates. Specific initiatives or programs developed with the capacity to capture benchmarking data are used by some States to inform professional development plans and revisions. Other States identified the implementation of components of their professional development system as a desired outcome.

- Thirty-two States (AK, AZ, AR, CA, CO, CT, DE, DC, HI, IA, KY, LA, ME, MD, MN, MT, NE, NV, NJ, NM, NC, OR, PA, RI, SC, SD, TN, TX, UT, VT, WV, WI) and two Territories (AS and CNMI) reported that their professional development plans include specified outcomes.

The **Commonwealth of the Northern Mariana Islands'** professional development plan's goal is to increase the number of providers with an Early Childhood Education teacher certification. The effectiveness of this plan will be evaluated on the basis of the number of providers that complete the requirements.

As part of the revision of the **District of Columbia's** professional development plan and activities, the Mayor's Advisory Committee on Early Childhood Development Professional Development Subcommittee is working with the Center for Applied Research and Urban Policy of the University of the District of Columbia in the design of a training survey for the early care and education community. The survey will be conducted for home and center providers, directors, and front line staff. The survey will serve to evaluate the accomplishments of the strategic plan goals and objectives, and guide adjustment and revision of the plan's priorities.

The **Maine** professional development system is being evaluated through implementation data including the number of active participants, completion rates of each module offered, completion rate of the 180-hour core knowledge training, number of participants who use the training to receive the CDA credential, number of participants who enroll in Associate's degree programs, evaluation of training by participants, number of scholarship recipients, and number of programs that complete accreditation. In addition, the Maine Office of Child Care and Head Start received a Child Care Data Capacity Grant in collaboration with the Muskie School of Public Service at the University of Southern Maine. The grant will be used to develop an assessment process to measure outcomes of professional development related to the practitioner, to the child care program, and to child and family experiences. Maine is also one of the States reviewing the Bank Street College of Education Toolkit for Evaluating Initiatives to Improve Child Care Quality.

Expected outcomes of the **North Carolina** professional development plan include:

- An increase in students completing two- and four-year degrees and students matriculating at four-year institutions;
- Increased numbers of child care center teachers, directors, and family child care home providers enrolled in early childhood education;
- A continuation of early childhood professionals receiving T.E.A.C.H.® scholarships;
- Increased wages and improved benefits for early childhood professionals; and
- Decreased rates of staff turnover.

North Carolina also conducts periodic studies of its child care workforce and also maintains an educational registry of the workforce. Program outcomes are evaluated in both the T.E.A.C.H.® Early Childhood Project and Child Care WAGE\$®. The North Carolina Partnership for Children has implemented performance-based incentive standards for Smart Start partnerships that include educational levels of early childhood staff. All of these provide opportunities for professional development outcomes to be assessed.

The goal of the **South Dakota** professional development plan is to provide a career lattice as a means for providers to chart a course for their own professional development. The work completed in this project will, for the first time, articulate training into college credit.

- Nine States (FL, ID, IL, IN, MA, MS, OH, PR, VA) and two Territories (GU and VI) with steps under way to develop a professional development plan reported that they are developing or have developed desired outcomes.

Guam's developing professional development plan outlines three major goals:

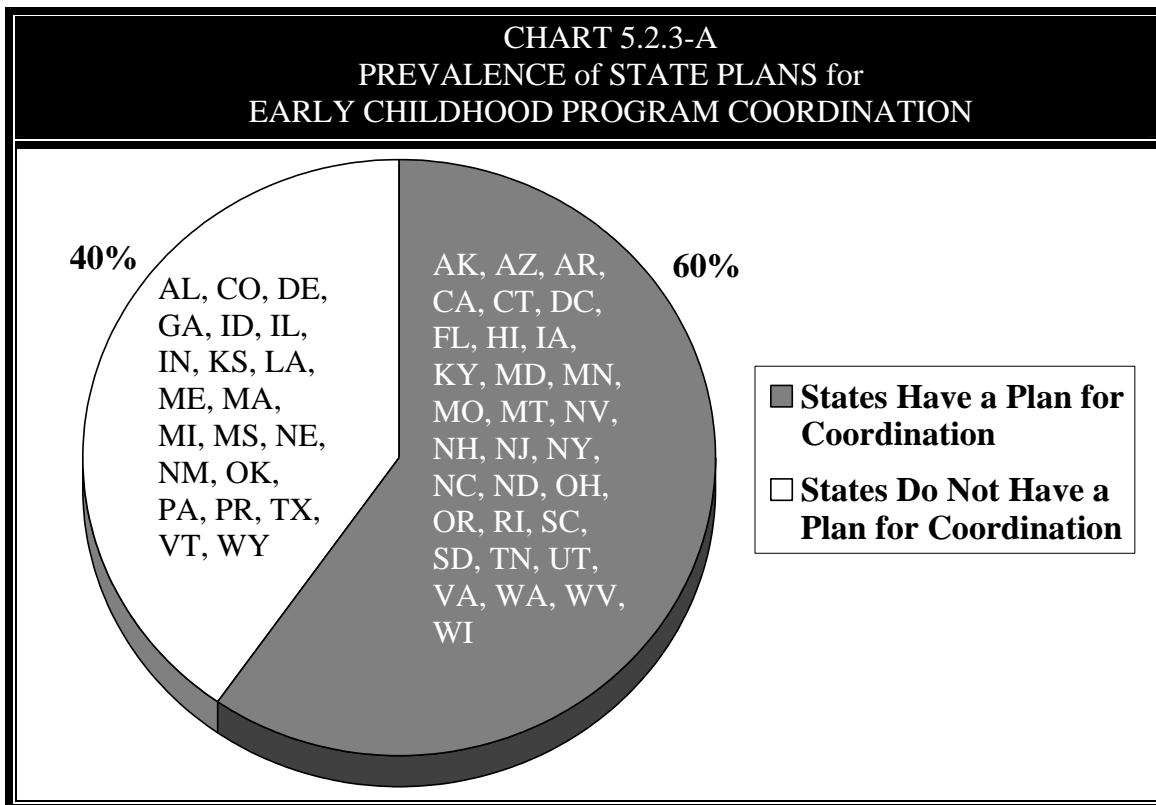
- 1) Participants will be encouraged to be involved and will be more knowledgeable about all the resources/materials they are able to bring back to their sites/classroom;
- 2) Participants will be able to put together a portfolio containing lesson plans for implementation in the classroom; and
- 3) Higher standards will be achieved in the areas of child care staff, ratios, curriculum, professional development of staff, and parent involvement.

5.2.3 – State Plans for Program Coordination

Does the State have a plan for coordination across early childhood programs? If yes, indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination. If no, indicate what steps are under way to develop a plan for coordination.

As indicated in Chart 5.2.3-A, 56 percent of States reported that they have a plan for coordinating early childhood programs. In some States there is a formal plan, a document outlining the program coordination process; in other cases, planning is rooted in a long tradition of collaborative efforts by the CCDF Lead Agency and other State offices, or is a specific

responsibility of a Statewide early childhood council. More than 85 percent of the States without program coordination plans observed that coordination across early childhood programs still occurs.



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Planning Efforts

- Thirty-one States (AK, AZ, AR, CA, CT, DC, FL, HI, IA, KY, MD, MN, MO, MT, NV, NH, NJ, NY³², NC, ND, OH, OR, RI, SC, SD, TN, UT, VA, WA, WV, WI) reported that they have a plan for coordination across early childhood programs.
- Twenty-one States (AL, CO, DE, GA, ID, IL, IN, KS, LA, ME, MA, MI, MS, NE, NM, OK, PA, PR, TX, VT, WY) and four Territories (AS, CNMI, GU, VI) reported that they do not have a plan for coordination across early childhood programs.

³² New York reported that it has a program coordination plan; however, the CCDF Plan states that “Although there is no written plan for coordination across all funding streams, such coordination is well beyond the planning stages in New York State,” and includes a series of formal coordinating strategies.

- Of the States without a program coordination plan in place, 20 States (AL, CO, DE, DC, GA, IL, KS, LA, ME, MA, MS, NE, NM, NC, OK, PR, TX, VI, WV, WY) and one Territory (VI) indicated that coordination still occurs.
- Fourteen States (AL, CO, GA, ID, IL, IN, ME, NE, NV³³, NM, OK, PA, TX, VT) and two Territories (AS and GU) reported that they are developing a coordination plan.

Georgia and **Illinois** indicated that their participation in the Build Initiative, a multi-State partnership to establish coordinated systems of programs, policies, and services for children and families, will play a role in the development of a Statewide plan for program coordination.³⁴

- Four States (GA, ID, KS, VT) indicated that a Smart Start technical assistance grant was being used to advance early childhood coordination planning.
- Eleven States (AR, DE, GA, ID, IN, MA, MI, MT, NE, NH, NM) pointed to State Early Childhood Comprehensive Systems grants, which had been applied for or received from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, as part of the States' efforts to support program coordination planning.

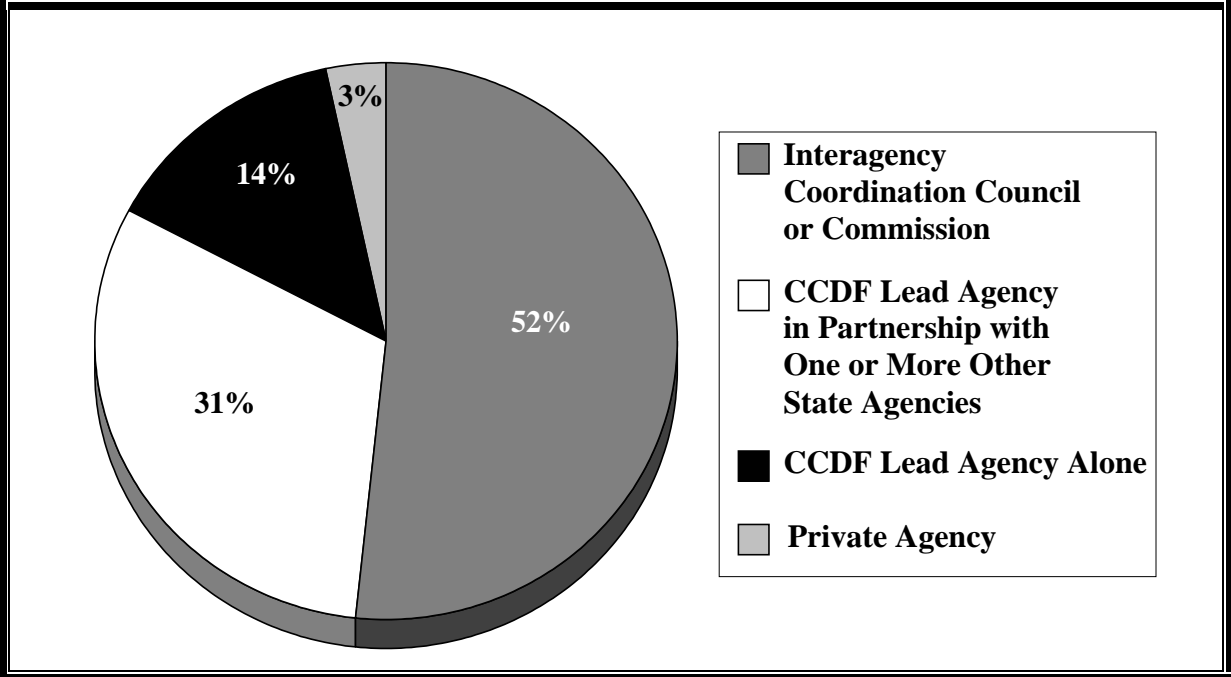
Responsible Entity

Among those States that reported having a plan for program coordination, CCDF Plans indicate that the Lead Agency plays a major role in coordinating across early childhood programs and funding streams. In nearly half of those States, an interagency coordinating council or commission is charged with promoting early childhood program coordination; however, about one-third of States with program coordination plans reported that the Lead Agency, in partnership with one or more other State agencies, is the responsible entity for assuring coordination. In four States, according to information in the CCDF Plans, the Lead Agency alone is the responsible entity.

³³ Nevada reported that it has a program coordination plan; however, the CCDF Plan states that “During the next funding period, a plan will be developed by early childhood programs to coordinate programs to support a continuum of services for low-income children in Nevada.”

³⁴ Ohio and New Jersey, both of which reported having a program coordination plan, also referenced participation in the Build Initiative as an example of coordination by the Lead Agency. For more on the Build Initiative, visit <http://www.buildinitiative.org/>.

CHART 5.2.3-B
ENTITY RESPONSIBLE for ASSURING
EARLY CHILDHOOD PROGRAM COORDINATION



Source: Information compiled from State CCDF Plans, FY 2004-2005.

Note: Thirty-one States reported having a plan for program coordination.

- Fifteen States (AK, AZ, AR, CO, IA, KY, MO, MT, NE, NC, OR, RI, UT, VT, WA) identified an interagency coordination council or commission for early childhood as the entity responsible for ensuring that coordination occurs.

In August 2002, the governor of **Arizona** issued an Executive Order establishing the State Board on School Readiness. The purpose of the Board is to develop a coordinated, efficient, and cost-effective delivery system for early childhood programs.

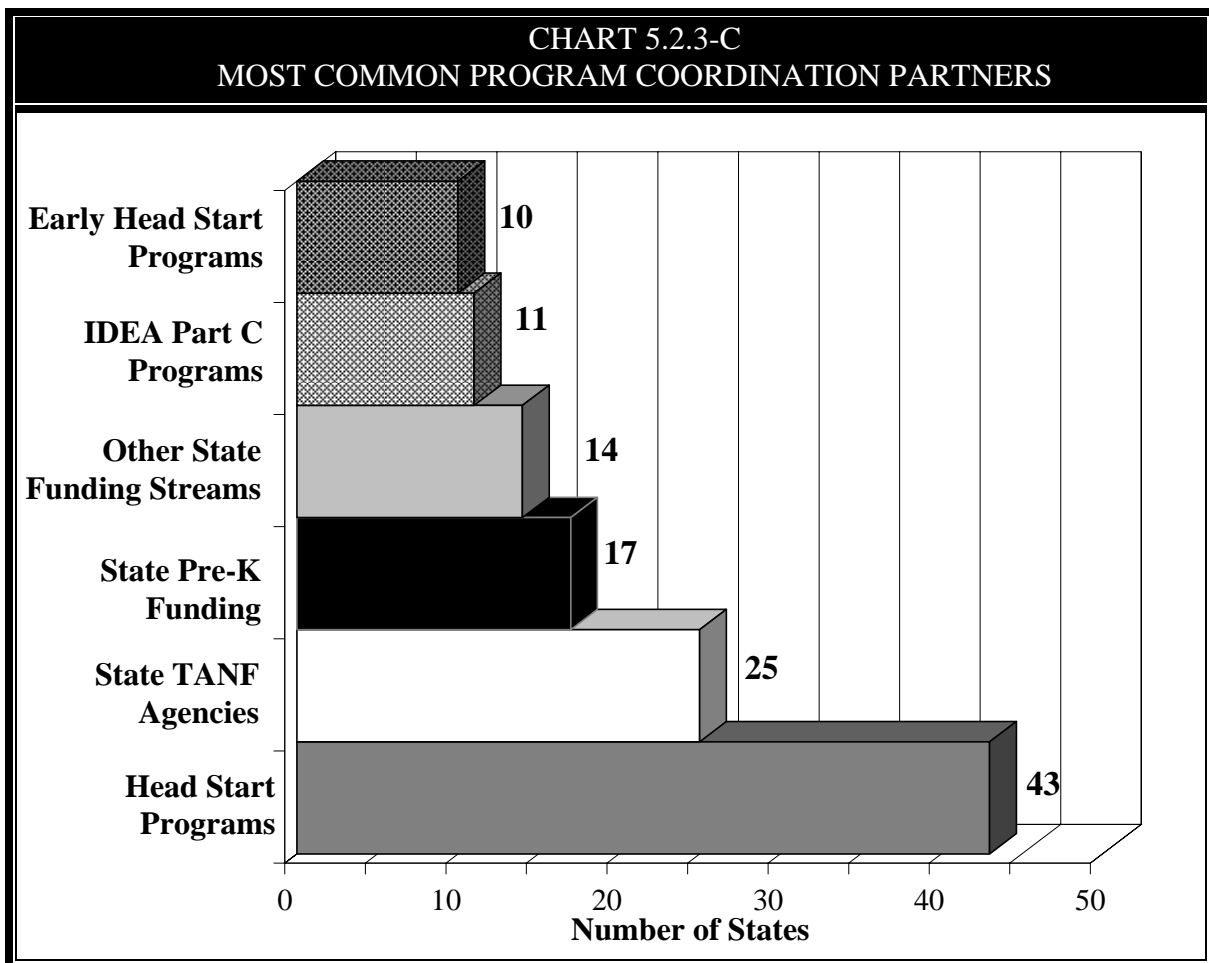
In **Washington**, this body—the Child Care Coordinating Committee—is established in statute.

- In three States (KY, RI, VT), the interagency body responsible for program coordination is associated with the Office of the Governor.
- Nine States (CA, CT, FL, MD, MN, ND, OH, TN, WI) identified the CCDF Lead Agency in partnership with one or more other State agencies, as responsible for ensuring that program coordination occurs.
- Four States (NJ, SC, SD, VA) identified the CCDF Lead Agency alone as the entity responsible for ensuring coordination across early childhood programs.

- In one State (HI), a private agency named the Good Beginnings Alliance is the entity responsible for ensuring coordination across early childhood programs. The Good Beginnings Alliance has facilitated meetings and discussions between the heads of State departments and private programs that have common interests and decision-making capabilities at the highest level for improving child outcomes, particularly school readiness outcomes.

Programs/Funding Streams Coordinated

Most States described coordinating funding streams and amplified descriptions of coordination efforts reported in Part II of the CCDF Plan. The most frequently cited programs/funding streams coordinated with CCDF are Head Start, TANF, State prekindergarten, Early Head Start, Individuals with Disabilities in Education Act (IDEA) funding, and other State funding. (See Chart 5.2.3-C.)



Source: Information compiled from State CCDF Plans, FY 2004-2005.

- Head Start (HS) is the most common CCDF partner—43 States (AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, IA, KS, KY, LA, ME, MD, MI, MN, MO, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY) delineated coordination with HS programs.
- Twenty-five States (AZ, AR, CA, CO, DC, FL, IL, IA, ME, MN, MO, MT, NH, NJ, NM, NY, OH, OK, PR, RI, SD, TN, UT, VA, WY) reported coordinating with the State TANF agency.
- Seventeen States (CA, CO, CT, DC, GA, IL, ME, MI, NJ, NY, NC, OR, TN, TX, WA, WV, WI) coordinate State pre-K funding.
- Coordination with other State funding streams occurs in 14 States (AZ, CA, CO, CT, FL, MI, MO, ND, SD, TN, UT, VT, VA, WY).
- CCDF Lead Agencies partner with IDEA Part C programs in 11 States (AK, AR, CO, DC, IA, MT, NE, NV, OR, WA, WV) and with IDEA Part B programs in six States (CO, IA, OR, SD, WA, WV).
- Ten States (AR, DC, GA, IN, KS, MO, NE, NV, UT, WI) reported partnering with Early Head Start.
- Seven States (AZ, AR, CA, IN, NJ, NC, OR) coordinate CCDF with Title I funding.
- Seven States (AR, CO, DC, FL, MO, ND, SD) coordinate with private foundation funding or initiatives.
- Lead Agencies partner with Even Start in six States (AR, CA, FL, IN, MI, MT).
- Other partners coordinating with CCDF include: Child and Adult Care Food Program (AR, CT, MT); higher education (three States: AK, CA, CT); Social Services Block Grant (FL and OK); Healthy Child Care America grants (CT and ND); U.S. Department of Labor Apprenticeship grants (CT and ND); and Title V and Maternal and Child Health (IA).

Program Coordination Expected Results

Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

States described four types of results from their efforts at early childhood program coordination: planning results, delivery system results, child/family results, and provider and program results.

Planning Results

- Seven States (CO, DE, ID, NM, ND, OH, UT) described progress toward the development of a strategic plan for early childhood services as an expected result of coordination.

The anticipated results of coordination in **Colorado** are the creation and implementation of a comprehensive Strategic Plan for Early Childhood. The Strategic Plan will support, in detail, strategies and work plans for each of several strategic goals relating to early childhood, including program licensing, program availability, parent/family engagement, professional development and credentials, public engagement, systems oversight, accountability, and funding and financing.

- The development of early learning guidelines was cited by 24 States (AZ, CA, CO, DC, HI, IN, KY, LA, ME, MO, MT, NE, NV, NH, NJ, NM, NC, PA, PR, SC, TX, WA, WI, WY) as an anticipated result of coordination.

The most significant result **California** anticipates is that its early learning guidelines, represented by the Desired Results Developmental Profiles, will be implemented across delivery systems, thereby providing a consistent, high-quality early learning approach that will foster child well-being and school readiness in many different populations and settings Statewide.

- Eleven States (AK, AZ, AR, CO, DC, ID, IN, NM, PA, PR, TX) indicated that a State professional development plan was an intended result of coordination.

The **Arizona** Board on School Readiness will address the development of a professional development plan through the Professional Development Policy Work Group. This group will assess and recommend methods to improve the wages, benefits, and supply of early childhood professionals. The group will begin by addressing the critical issues of licensing and accreditation, compensation, early childhood standards, and assessments.

Delivery System Results

- Eighteen States (AL, AK, AZ, CA, CO, DC, ID, IL, IN, KS, MA, MT, NM, OH, OK, VA, WV, WY) anticipate developing or improving a coordinated, cost-efficient early childhood delivery system as a result of collaboration efforts.

One of the expected results from the formation of the **Arizona** State Board for School Readiness will be the development of a coordinated, efficient, and cost effective delivery system for early care and education programs in Arizona. This system will include measures to facilitate a unified coordination and implementation of early childhood guidelines and standards.

- Three States (AR, NY, NC) identified the implementation and/or expansion of a prekindergarten initiative as an intended result of coordination efforts.
- Two States (AR and MT) expect coordination to result in the development of a tiered quality strategy.

Child and Family Results

- Six States (AL, IA, MN, TN, TX, UT) reported that coordination has or will increase the availability and accessibility of quality child care.
- Five States (DC, IA, MN, TN, WV) seek to increase parent engagement through their coordination efforts.
- Five States (AK, AR, CA, NJ, NY) reported coordination has increased or will increase services for children with special needs.

The expected results of **Alaska's** positive behavioral supports project are that caregivers will be able to respond appropriately to challenging behaviors of children with special needs in their care; a training cadre will be developed that can assist local caregivers with challenging behavioral issues; and Head Start staff and child care providers will coordinate strategies for individual children with challenging behaviors more closely.

- In four States (AL, IN, MN, NY), ensuring that former TANF recipients become self-sufficient is an anticipated result of early childhood program coordination.
- Promoting child health is a result three States (MN, NY, WV) expect from coordination efforts.

Provider and Program Results

- Developing or improving school readiness indicators, assessment standards, and/or outcomes is a coordination result sought by 17 States (AR, CO, CT, GA, IA, MD, MA, MI, MN, MS, MO, NM, OH, OK, OR, RI, TN).
- Eleven States (AR, MI, NE, NV, NJ, ND, OH, TN, WV, WI, WY) anticipate or have realized expanded training opportunities for child care providers through program coordination.

The **Arkansas** Department of Education/Early Childhood Special Education, Even Start, Title I, Local Districts, the Arkansas Department of Higher Education, the DHS Division of Child Care and Early Childhood Education, and the Head Start Collaboration Project joined together to develop Pre-K ELLA, a training program that addresses the issue of pre-literacy skills.

- In four States (AK, AZ, WV, WI), program coordination efforts are intended to address the recruitment, retention, and/or compensation of early childhood professionals.
- Two States (AR and CT) indicated that an intended result of coordination is the improvement of early childhood workforce qualifications.