State of Maryland

Application for State Advisory Council Funding

under the

American Recovery and Reinvestment Act

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TABLE OF CONTENTS

Required Forms :

Application for Federal Assistance – SF-424

Assurances & Certifications

Indirect Cost Rate Agreement

Abstract

Maryland has a long-standing history in promoting collaboration in early childhood education. Since 1999, Maryland has worked on improving the early learning opportunities for young children. Since then, early childhood education has been developed into a coordinated system of early care and education and as the foundation of the state's K-12 education reform. School readiness, defined as the ability of young children to engage successfully in school, has been the overarching goal of the state's collaboration partners. As a result of the interagency work, the Maryland General Assembly passed a legislation to consolidate all early childhood programs within the Maryland State Department of Education and create a Division of Early Childhood Development. The State Advisory Council on Early Childhood Education and Care Advisory Council, referred to in this application as the Early Childhood Advisory Council (ECAC), was established by the Governor through an Executive Order in 2008 as the latest effort by the state to enhance the early childhood education in Maryland. It was established through a fund from the National Governor's Association (NGA) and designed to continue its work through 2012.

This application is organized in two sections. **Section 1** provides background and infrastructure information about early care and education in Maryland. **Section 2** provides the approach and strategies related to the state's ECAC.

The application's work plan details the objectives and activities of the Council's work for three years. It stresses the importance of strategic coordination, data management, and results-based accountability. Programmatically it addresses the need for more training and coaching in the area of socio-emotional foundation of learning. The grant funds provide staff support for interagency coordination and data analysis, logistics support for ongoing Council meetings, as

well as a series of listening forums with consumers of Maryland's early childhood education system.

Maryland Early Childhood Advisory Council

Background

With the goal of providing young children with a high-quality opportunity to gain the skills and abilities needed to start school successfully, the Maryland Early Childhood Advisory Council (hereafter referred to as "the Council") was formed by Executive Order of Governor Martin O'Malley in 2008. The Council was the successor of statewide bodies representing ten years of committed progress in early childhood education. For detailed specifics about the original 1999 grant award from the National Governors' Association and the long succession of accomplishments that has led to the current work and stature of the Council, please see **Section 2.1**, "Maryland's School Readiness Initiative."

Maryland's estimated total population in 2007 was 5,618,344, a slight increase from the 2006 estimate of 5,615,727.[1] The 2007 ethnic distribution was 64.2% White, 30.0% Black or African-American, 5.3% Asian or Pacific Islander, and less than 1% American Indian. 6.3% of the population was comprised of individuals of Hispanic origin.[2] Maryland has a total 786,253 families, with 1,370,586 children.[3] There are 449,749 children between the ages of zero and five, constituting 8% of the state's population.[4] Maryland's long-standing policy of focusing on the well-being of young children has firmly embraced the necessity of readiness for entry to school. This is reflected in the Council's *What Success Looks Like: A **Three-Year Action Plan for 2009-2012*** (please see **Section 1.3**), a clear and achievable agenda of goals, objectives, and sub-objectives for early care and education across the state.

Maryland's ultimate goal is for every child to enter school with the skills to successfully master kindergarten work. With kindergarten teachers and MSDE systematically evaluating the school readiness of all Maryland incoming kindergartners each year, and with kindergarteners' school readiness increasing by nearly a third in the past decade, Maryland's young children are steadily moving toward closing gaps in achievement. (Please see details and statistics on these assessments in **Sections 1.1** and **1.6.1** and **Appendix B**.)

As a major step in addressing improved coordination and performance of the early childhood system, Maryland's General Assembly, with the support of the Governor, passed legislation in 2005 transferring all early childhood functions, including child care and child care subsidy, to the Maryland State Department of Education (MSDE) and establishing an executive-level Division within the Department. The major purpose of the new governance structure is to coordinate services and promote accountability for young children's desired outcomes in their preschool years. State investments in enhancing high-quality programs across all service providers, in combination with program and curricular standards, created an environment of accountability with a focus on continuous improvement in services and outcomes for children. The existing infrastructure of early care and education is designed to eliminate persistent achievement gaps by increasing the number of incoming kindergarteners equipped with the skills and behaviors necessary to meet the challenges of their school careers.

Maryland has established several innovative approaches to addressing gaps in early learning opportunities prior to school entry, primarily for low-income, early intervention, Special Education, and English Language Learners. The state has:

- Expanded access to prekindergarten for all economically disadvantaged four-year olds. Thirty-seven percent of all four-year-old children are enrolled in prekindergarten classrooms. Prekindergarten regulations reflect 9 of the 10 quality benchmarks cited by the National Institute for Early Education Research (NIEER);

- Established targeted, comprehensive school and early childhood partnerships in Title 1 school attendance areas (aka *Judy Center Partnerships*). Judy Center Partnerships have been successful in eliminating the achievement gap for English Language Learners by the time they finish kindergarten;

- Designed curricular, instructional, and assessment frameworks for birth to age 6 (*Maryland Model for School Readiness*). The Department coordinates professional development programs for prekindergarten, nursery schools, Head Start, and child care programs to align its early learning program to meet state standards of early learning. The state disseminates developmentally appropriate preschool curricular resources to child care and nursery programs which align with the prekindergarten standards of the state curriculum. Research-based practices for practitioners are also disseminated to support social, cognitive, and developmental approaches toward learning;

- Expanded the early intervention program for children with developmental delays and disabilities to include services through an Individual Family Service Plan (IFSP) beyond the age of three to kindergarten;

- Established early childhood accreditation to implement standards of high quality and fostered a better understanding of early childhood education among child care providers and school administrators. Since 2001, the number of state- or nationally-accredited early childhood programs has increased six-fold;

- Established an early mental health consultation system, designed to improve the emotional and social dispositions as well as approaches toward learning of young children before they enter school; and

- Passed major state aid reform legislation in 2002 which included the provision of full-day kindergarten in all schools.

The new governance and infrastructure of early childhood education established a unique basis for further improving the early learning opportunities for young children and for impacting, long-term, their K-12 school success and career and college readiness.

This application is organized as follows:

- **Section 1** provides background and infrastructure information about early care and education in Maryland;

- **Section 2** provides the approach and strategies related to the state's Early Childhood Advisory Council (ECAC).

Section 1:   Objectives and Need for Assistance

1.1.   Maryland's School Readiness Initiative

In 2009, the Maryland State Department of Education received a planning grant from the National Governor's Association for the purpose of writing a strategic plan for developing school readiness. The Governor issued an Executive Order (**Appendix A**) establishing the State Advisory Council on Early Childhood Education and Care (aka Maryland Early Childhood Advisory Council or ECAC). The Council was established to continue the commitment to early childhood education begun in 2001 by the Maryland Leadership in Action Program, sponsored

by the Center on Excellence in Government and the Annie E. Casey Foundation, and its successor, the Maryland Early Care and Education Committee (ECE), formed in 2003. ECE was established as a permanent subcommittee of the Governor's Children's Cabinet and chaired by Children's Cabinet member and MSDE State School Superintendent Dr. Nancy S. Grasmick. Dr. Grasmick continues to chair the Council, which still reports to the Children's Cabinet. In inheriting the progress of these past bodies, the Council is charged with facilitating steady improvement in early care and education, has reviewed Maryland's progress in the area, and has applied this knowledge to develop a What Success Looks Like: ***Three-Year Action Plan for 2009-2012*** **(Appendix C).** The Council's membership reflects the required stakeholder representation from the Improving Head Start for School Readiness Act of 2007, and also includes additional stakeholder and public interest groups.

TIMELINE OF STATE EARLY CHILDHOOD STRUCTURE DEVELOPMENT IN MARYLAND

- 1999 – In partnership with the State, the National Governor's Association funds the development of the Early Child Public Engagement Campaign

- 2000 - Establishment of the Leadership in Action Program (LAP)

- 2001 – General Assembly requires Children's Cabinet to develop strategic plan for the result area, *Children Entering School Ready to Learn*

- 2002 – LAP group develops 5-year action plan

- 2002 – Early Childhood Education (ECE) Committee, chaired by Dr. Grasmick, monitors and guides the implementation of the 5-year action plan and reports to the Children's Cabinet

- 2005/06 – General Assembly passes legislation to transfer the Child Care Administration to the Maryland State Department of Education (MSDE)

- 2005 – MSDE establishes the Division of Early Childhood Development (DECD)

- 2006 – DECD develops 3-year strategic plan

- 2008 – National Governor's Association funds the establishment of the State's Early Childhood Education Council

- 2008 – Governor signs Executive Order to establish the Council, chaired by the State Superintendent.

- 2009 – Council releases 3-year action plan for the result area, Children Entering School Ready to Learn

- 2009 – Maryland is eligible for more than $900,000 to implement the 3-year plan based on application when it is approved by the U.S. Dept. of Health and Human Services

- 2009 – Early Childhood Advisory Council meets to detail the action plan through 2012

- 2010 – Council adopts action plan for Federal application

Since 2001, <u>all Maryland kindergarten teachers have been evaluating their incoming kindergartners on 30 essential indicators of learning to inform their instruction</u>. Data from this annual assessment, the Maryland Model for School Readiness (MMSR), is submitted to the Maryland State Department of Education (MSDE) for analysis,[5] and the resulting statewide and jurisdictional school readiness data are shared yearly with schools and communities to report progress. MMSR data is also linked, by means of a unique student identifier, with K-12 student information as part of the Maryland Longitudinal Data System, yielding an even more comprehensive understanding about the long-term impact of early childhood learning.

The school readiness data demonstrate a 29% increase in the proficiency skills of kindergarteners, from 49% to 78%, indicating that the most recent cohort of kindergarten students is considerably better prepared for kindergarten than the cohort in 2001 which serves as the baseline for comparison In fact, incoming kindergarteners' improved performance on the

kindergarten assessment predict enhanced math and reading performance at grades 3, 4, and 5 for the entire population as well as for all subgroups. (**Appendix B**)

1.2.   Physical, Economic, Social, and Financial Challenges

While Maryland has made significant gains in the past nine years, persistent gaps in school readiness of subgroups of children indicate that not all children have access to quality early learning opportunities or the supports needed for success in school. One in every four kindergarten students exhibits inconsistent or deficient skills.[6] An increasing number of children demonstrate challenging behaviors,[7] and demographic shifts show a steadily increasing number of immigrants with significant language deficiencies.[8] Additionally, more families are now experiencing financial difficulties and seeking partially-or fully-subsidized early childhood programs, thereby putting pressure on programs to accommodate new groups of families who have become income-eligible for prekindergarten, Head Start, or the state's child care subsidy programs.[9]

In the past two fiscal years, Maryland's state budget has undergone significant cost containment. While the state's funding for early childhood programs has remained steady, the state's infrastructure (such as data management systems, personnel, and quality improvement initiatives) has experienced major reductions. As a result, it is crucial for all agencies serving young children to prioritize their efforts and to leverage their impact through increased collaboration in the coming years.[10]

1.3 Principal and Subordinate Objectives

In light of the aforementioned challenges, Maryland is strengthening its collaborative interagency approach to early care and education, combining manpower and funding to both maintain the level of support and improve school readiness through specific targeted strategies. Maryland's approach in today's environment is not to simply hold the line on progress to date, but to further advance school readiness results for future kindergarteners.

Goal #1 (Principal Objective):

All children, birth through age five, will have access to adequate and equitably-funded quality early care and education programs that meet the diverse needs of families.

Strategies (Sub-objectives):

The Early Childhood Advisory Council will play a coordinating and information-sharing role in working with local early care and education service providers and community partners in assessing the availability of high-quality early care and education. ECAC will:

Maintain the viability of high-quality early care and education provided by non-public programs while also expanding prekindergarten;
Work with early care and education providers on transition strategies for all children moving from early childhood programs to public schools;
Use a diverse set of venues to meet family and societal demand for high-quality early care and education services for all children;
Establish a website to provide information on early care and education career options, pathways and requirements, including links to websites that broaden career opportunities for early educators; and
Implement a unique student identifier for longitudinal analysis and to link early childhood education data systems with those established for K-12.

Goal #2 (Objective):

Families of all young children will have access to the resources needed to be their child's first teacher.

Strategies (Sub-objectives):

The Early Childhood Advisory Council will create and expand community-based partnerships statewide that include specific supports for parent-child relationships, taking into account families' economic situations and children's early learning needs. ECAC will:

Encourage each jurisdiction to develop a coordinated network to provide timely culturally and linguistically sensitive information and resources to families;
Develop a statewide strategy, involving families, schools, and early care and education programs, to ensure successful transition among programs for young children and their families;
Sponsor community listening forums at which families, caregivers, and community members can have input regarding the operation and growth of early care and education programs; and
Develop and implement a communication plan to heighten public awareness, engagement, and support for high-quality early childhood education programs.

Goal #3 (Objective):

The Early Childhood Advisory Council will pursue opportunities to more effectively address the health and mental health needs of young children.

Strategies (Sub-objectives):

The Early Childhood Advisory Council will establish and strengthen programs and practices to better assess and meet children's health and mental health needs. ECAC will:

Establish a methodology for a statewide assessment of parents' perceptions of resources for parental support;
Support expansion of the training program modeled after the Center for Social and Emotional Foundations of Learning (CSEFL);
Explore opportunities to increase the number of health care providers willing to accept the state's CHIP payment for children with special health needs;
Extend the Child and Adult Care Food Program (CACFP) to informal child care providers;
Maintain or increase the number of early childhood mental health consultants in every jurisdiction, and improve coordination with public schools' special education services; and
Convene a task force to review and make recommendations regarding regulations, policies, and practices for subsidy programs, income eligibility requirements, and maintenance of benefits.

1.4. Three-Year Action Plans

Maryland's Principal Objectives – Goals 1, 2, and 3 – and Sub-objectives provide an oversight structure for the current governance of early care and education in the state. Following the mandate of the Governor's Executive Order, the 34 participating agencies will focus on:

- Identifying current trends and tracking progress;

- Monitoring the impact of state agency strategies related to the action plan;

- Developing quality benchmarks and measures of success;

- Promoting awareness of effective practices in early childhood education; and

- Coordinating all efforts outlined in the Action Plan.

1.5. Maryland's New Governance System for Early Childhood Education

Since July of 2005, Maryland has been the only state in the nation to house all early care and education programs within the State Department of Education. The Maryland State Department of Education (MSDE) has oversight of child care programs, public school prekindergarten, kindergarten, preschool special education, and the Maryland Infants and Toddlers Program. MSDE also administers accreditation of programs and credentialing for child care providers; operates the Head Start Collaboration Office; and manages contracts for child care resources and referral and for family support programs for infants and toddlers. Additionally, MSDE guides local school systems in implementing early childhood programs for children with disabilities; provides funding for parenting education; supports Story Time for young children at Maryland's public libraries; and coordinates the state's food and nutrition programs for schools and child care. This uniquely coordinated management system has one goal: to improve school readiness skills for all children.

Every year, the state's *Children Entering School Ready to Learn* report keeps stakeholders informed of progress measured by the number of children who have acquired the skills to successfully begin school, and those who need targeted or intensive support.

Maryland's comprehensive strategy was articulated in 2002 in the document entitled *Achieving School Readiness: A Five-Year School Readiness Action Agenda,* which identified six goals with strategies and action steps to provide at least 75% of all incoming kindergartners by 2006-07 with the school readiness skills they need. The *Action Agenda* emphasized access to quality early childhood programs for all children; supporting parents as their children's first teacher; assuring

sound child health; and ensuring that well-qualified teachers and providers will care for and teach children in all dimensions of development and in all content areas.

The *Action Agenda* guided the intensive ongoing work of the state's Early Care and Education Committee, chaired by the State Superintendent of Schools, which brought together representatives from state agencies, non-governmental organizations, advocacy groups, higher education, and local jurisdictions. Last year, the committee produced a new three-year strategic plan, *What Success Looks Like, 2009-2012*. The Committee's wide representation, mandates, and accomplishments are now carried forward by its successor, the Governor's Early Childhood Advisory Council (ECAC), in fostering quality early care and education services for all young children. The ECAC reports to the Children's Cabinet, comprised of all child-serving state agencies and continue to be chaired by the State Superintendent of Schools.

1.6. Infrastructure for Early Care and Education and Child Health

Concurrent with its leadership work, Maryland developed an early care, early intervention, and education infrastructure that are inclusive of early learning and program quality standards, program rating and improvement, professional and career development, and a data management and reporting system. This infrastructure – coordinated by MSDE's oversight of all ECE activities – supports kindergarten; prekindergarten; child care; Head Start; nursery programs; centers of excellence for children birth to six; community hubs for pregnant women, children birth through age three and their families, infants, toddlers, and young children with developmental delays and disabilities.

1.6.1. Infrastructure of Early Care and Education

Maryland Model for School Readiness (MMSR) and Guidelines for Healthy Child Development

The *Maryland Model for School Readiness* (MMSR) defines what children should know and be able to do by the time they enter kindergarten. MMSR's early learning standards are part of Maryland's State Curriculum (PreK to Grade 8), and provide the platform for the desired outcomes of all early care and education programs. A hallmark of the MMSR is its extensive professional development program, including 19 full-day seminars on such subjects as portfolio assessment, instructional planning, and strategies to support the curricular benchmarks for language/literacy, mathematical and scientific thinking, and social studies. More than 2,500 public school teachers and child care educators participate in the training annually.

The MMSR is complemented by the State's *Guidelines for Healthy Child Development and Care for Young Children (Birth to Three years of Age)* developed in response to the federal Good Start- Grow Smart Initiative. The, soon to be revised, *Guidelines* create a pragmatic framework and introduce effective provider strategies for fostering healthy development in infants and toddlers[1]

Maryland Child Care Credentialing System and Tiered Reimbursement

The state's credentialing system sets educational and experiential requirements for individuals

working at all levels of child care. As each level of requirements is met, child care providers

receive recognition, monetary incentives, and tuition support. As of late 2009, more than 5,000

child care teachers and aides, or 12% of the total, were enrolled in the credentialing system,

making them eligible for compensation bonuses, accreditation support, and training vouchers.

Child care facilities can qualify for the tiered reimbursement program,[11] which provides higher-

value vouchers (up to 44%) for improving the quality of their programs, ultimately meeting

national or state accreditation standards.

MSDE Standards for Implementing Quality Early Childhood Programs

The complement to Maryland's standards for desired early learning outcomes for children is the

State's standards for the quality of programs. Maryland's prekindergarten, kindergarten, Head

Start, and child care centers use these standards on a voluntary basis. Maryland's Early

Childhood Accreditation Project for programs, established in 2000, promotes completion of state

or national accreditation, including early childhood accreditation from eight state-recognized

accrediting bodies, such as the National Association for the Education of Young Children

(NAEYC) and the Middle School Early Years. Nearly 800 Maryland early care and education

programs have become accredited, a six-fold increase since 2001.

Funding for Full-Day Kindergarten and Prekindergarten for Children from Economically
Disadvantaged Backgrounds

The passage of the *Bridge to Excellence Act* in 2002 reformed and significantly increased state

aid to K-12 education. The law included provisions for local school systems to establish full-day

kindergarten in all elementary schools and prekindergarten for all four-year-olds from economically disadvantaged backgrounds and those with early intervention and educational needs by 2007-08.

The Act's impact upon Maryland was profound. In 2002, a mere 35% of students were enrolled in full-day kindergarten. By 2007-08, all kindergarten students were in full-day kindergarten. Further, by 2008-09 prekindergarten enrollment was 25% higher (35% of all four-year-olds) than the first school year after the Act became law. All Maryland prekindergarten programs are operated by local boards of education and are, almost exclusively, located in elementary schools. Since 2007, Maryland has moved toward full PreK access for all four-year-olds in diverse early childhood settings, but has retained the same high standards of quality, mirroring those of the National Institute of Early Education Research (NIEER).[12]

Judy Center Partnerships

Judy Centers, named for the late Judith P. Hoyer, an innovator and passionate advocate for early care and education, are located throughout the State of Maryland. Judy Center partnerships serve as a model for addressing achievement gaps, specifically at Title 1 schools.[13] Each of the twenty-four Judy Center Partnerships is either based at or linked to a public elementary school and is comprised of early care and education programs serving children birth to six (i.e., public preschool, preschool special education, Infants and Toddlers Program, child care, Head Start, family literacy, parenting, and adult education programs). All Judy Centers also offer supports such as health and family emergency services either on site or via home visits. According to a two-year evaluation by MGT of America in 2004[14], such formal partnerships and collaborations

are enabling Maryland's local systems to improve school readiness for all children and to close the gap in skill levels for disadvantaged children entering kindergarten.

Maryland Child Care Subsidy Program

As of July 1, 2006, MSDE administers, jointly with the Department of Human Resources and its local departments of social services, the Maryland Child Care Subsidy Program, designed to issue Purchase of Care (POC) vouchers to low-income families. One of the program's goals is enrollment of eligible children in high-quality early care and education programs. As of late 2009, more than 25,000 Maryland children from 14,800 families received subsidized early care. Maryland has been one of only a few states able to make such a program available to anyone who qualifies. Currently, MSDE is leading a federally-funded child care cooperative agreement to assess the gains for entering kindergarten students who received subsidized child care prior to school entry.

The Subsidy Program includes a provision linking high-quality programs to higher reimbursement rates for children receiving child care services. This Tiered Reimbursement System serves as the state's voluntary quality rating system. Child care programs can attain higher reimbursements by improving the quality of their programs, leading to improved scores on nationally-recognized rating scales and program accreditation.

Early Childhood Mental Health Consultation

In collaboration with the Department of Health and Mental Hygiene (DHMH) and MSDE's Division of Special Education/ Early Intervention Services, the state's Early Childhood Mental Health Consultation program is available statewide. This program emphasizes direct interventions for children with challenging behaviors, and provides technical assistance to child

care programs in accommodating the needs of children with behavioral problems in order to avoid expulsion and chronic stressful conditions that inhibit successful learning. As part of the support system, the University Of Maryland School Of Medicine offers a post-Masters certification program in Early Childhood Mental Health Consultation, thereby increasing the number of highly-qualified early childhood mental health consultants in Maryland.

Child Care Licensing

Maryland requires all child care centers and all family child care providers be licensed by the state. More than 2,700 child care centers and 8,600 family child care providers – with a total capacity of 223,000 children – meet stringent licensing requirements for health and safety. The National Association of Child Care Resource and Referral Agencies (NACCRRA) ranked Maryland #4 in its annual state-by-state review, reflecting the strength of the state's child care system. In 2007, Maryland introduced a consolidated licensure process by which an early childhood program's license reflects its status as a child care program, nursery school, or accredited early childhood program. This strategy improves transparency for consumers and allows each program to be recognized for its level of quality.

Head Start Collaboration

Maryland's Head Start Collaboration Office, housed in MSDE's Division of Early Childhood Development, functions as a statewide coordinator and broker of Head Start impact. Local memoranda of understanding define the relationship of each local board of education with its Head Start grantee regarding joint planning, transition policies and practices, and collaborations such as Judy Center Partnerships and Head Start/child care interactions.

Early Education for Children with Disabilities

The Maryland Infants and Toddlers Program provide service to more than 13,000 infants and toddlers with developmental delays and disabilities. This program provides family-centered support and early intervention services for children, including audiology, health-related services, physical therapy, speech and language therapy, and assistive technology.

Maryland's Preschool Special Education Services provides special instruction and related services to children 3 to 5 with disabilities, offering a full continuum of least restrictive learning environments. Often, preschool youngsters with disabilities are enrolled in regular prekindergarten or kindergarten programs as part of an inclusive approach to teaching.

Services for Low-Income Families with Infants and Toddlers

A long-standing program for low-income families with children under the age of three is provided by the Maryland Family Network and its twenty-three Family Support Centers. Their focus on child development, adult education, and parenting provide, in effect, Maryland's version of a national family literacy program. The Centers, closely linked with the Judy Center Partnerships, serve infants and toddlers who will transition through preschool into kindergarten, creating a seamless early care and education continuum from infancy to school age.

Child Care Resource and Referral

Since the mid 1990's, Maryland has established regional child care resource and referral sites providing technical assistance and training to child care providers. One of its premier services is LOCATE, which has developed an expansive data management system and serves as a clearinghouse of child care information for families, child care providers, and policymakers.

In 2009, oversight of the child care resource and referral network and that of the Family Support Centers were combined under the newly-formed Maryland Family Network as a result of the merger between the Maryland Committee for Children (MCC) and Friends of the Family.

Inclusive Child and School-Age Care

As a result of a statewide Task Force, MSDE has developed an implementation plan to improve access to child care for children with disabilities and give technical support to child care providers who serve children with disabilities. This implementation will be integrated into the strategic plan of MSDE's Division of Early Childhood Development (DECD).

1.6.2. Infrastructure of Child Health

Reducing health disparities for all children is a key issue for Maryland. To accomplish this, the state must improve access to quality preventive and treatment services and forge innovative partnerships involving health care systems, state and local governments, academia, and national and locally-based organizations. Given the clear connection between child health and successful learning, this will be crucial for improving school readiness.

Several health improvements were evident in Maryland's most recent Title V needs assessment: a decrease in child death rates, a decrease in child abuse (except in the rural areas of Maryland's Eastern Shore), more new mothers initiating breastfeeding, and more children immunized on schedule and having access to health insurance. Timely prenatal care, however, has slipped: in 2007, nearly 80% of live births were to women who began prenatal care during the first trimester of pregnancy. This is a decrease from 2000, when 86% of pregnant women initiated care in the first trimester. Additionally, the percentage of women receiving late or no prenatal care has increased among white and Hispanic women in recent years.[15]

Health disparities also exist between Caucasians and African-Americans. These data further support not only the need for preventative health services for woman of childbearing age, whether or not a pregnancy is planned, but also the need for more comprehensive availability of preventive health care to all. Many of Maryland's current data contain strong indicators of unmet needs in early childhood: infant mortality, babies born prematurely, low birth weight, poverty, asthma, lead poisoning/exposure, homelessness, abuse and neglect, and mental health concerns and psychosocial issues.

• *Asthma:* Statewide, 13.4% of Maryland adults and 13.1% of children have a history of asthma, while about 8.9% of adults and 9.1% of children currently have asthma. In 2006, Maryland had approximately 9,700 asthma hospitalizations and 44,000 emergency department visits in Maryland for asthma. Asthma caused an average of 81 deaths per year in Maryland over the past five years. In 2006, hospitalization expenditures due to asthma totaled nearly $57 million. Charges for emergency department visits due to asthma totaled an additional $27 million. Many disparities can be seen in the morbidity and mortality from asthma. Persons at increased risk for asthma and its complications include the very young, the elderly, African-Americans, low-income persons, and individuals in some jurisdictions, particularly Baltimore City. Recent prevalence data also indicate high asthma rates for Hispanics in Maryland. African-American adults in Maryland have 1.3 times the asthma prevalence of Caucasian adults, a 4.3 times greater rate of asthma emergency department visits, a 2.4 times higher rate of hospitalization, and a 2.4 times higher rate of mortality.[16] African-American children are more likely to be affected than other children, and are more likely than Caucasian children to be brought to

the emergency department because of asthma complications or other respiratory disease.[17]

All of these trends are preventable. For example, African-Americans are more likely to have asthma and associated chronic conditions due to lack of access to quality health care, poverty, and increased exposure to environmental factors linked with asthma.

• **_Exposure to Lead:_** Exposure to lead is another critical public health problem. Blood lead levels are highest for younger children, who play and crawl on the floor and frequently put their hands in their mouths. Within the larger population, blood lead concentrations differ by race and family income and are useful in identifying communities at greatest risk.[18] Eliminating blood lead levels (BLL)>10 μg/dL in children is one of the 2010 health objectives of the U.S. Department of Health and Human Services (DHHS). Maryland is actively working to eliminate lead poisoning through the combined efforts of the Maryland Department of the Environment (MDE), the Lead Coalition, and the Center for Maternal and Child Health (CMCH), with a strong emphasis on increased screening and testing by health care providers, and home visiting and case management by the local health departments (LHDs) for children with blood lead levels>10 μg/dL.

In Maryland, the majority of children with sufficiently high blood lead levels to mandate case management are African-American. [19] Lead poisoning can affect many systems in a child's body; inclusive of neurological impairment, decreased ability to learn, and disruptive behavior. Maryland has made progress in dealing with these critical issues. The state increased testing rates of young children from 13.2% in 1996 (59,700 children)

to 22.2% in 2006 (103,000 children). The number of children statewide with blood lead

levels greater than 10 μg/dL declined steadily from 17.2% in 1995 to 1.2% in 2006.[20]

More improvement must be accomplished.

Children with mental health and social issues need to be identified earlier and referred for

treatment. To reduce behavioral problems and childcare expulsion rates, Maryland is creating an

outreach and training program for child care providers to increase their awareness of early

childhood social/emotional development. MSDE and the Mental Hygiene Administration

(MHA), within the Department of Health and Mental Hygiene, will fund additional pilot

programs to address social/emotional and mental health issues in young children.

> • *Perinatal/maternal depression.* Perinatal/maternal depression is recognized as a factor
>
> affecting the bonding between parent and child. Increased early identification and
>
> treatment of mothers with mental health issues, including perinatal/maternal depression,
>
> will enable mothers to recognize signs and contributing factors and receive timely
>
> treatment. Addressing perinatal/maternal depression, in particular, can prevent serious
>
> child developmental harm as well as possible child abuse and neglect.

> • *Overall standards for care and factors for prevention.* Maryland partners (Mental
>
> Hygiene Administration, MSDE, and the Early Childhood Mental Health Steering
>
> Committee) have developed standards for care using evidence-based practices for mental
>
> health treatment and services for young children. These standards will be used to ensure
>
> that family support services, domestic violence treatment services, and intervention
>
> services are readily available in communities. In Maryland, 29% (129,927) of children

under 5 live in low-income families, 34% are African-American, and 36,599 families were served in shelters in 2007, the most recent data available.

Maryland's early childhood health, education and child social service partners have worked together for more than 10 years to build systems that promote school readiness for all Maryland children. The state is well-positioned to make the right decisions in how to allocate resources and continue to develop more effective intervention strategies. Additionally, the ongoing collaboration and support of state and private agencies and stakeholders will ensure that comprehensive health services are a universal component of all early childhood support.

1.7. Measurable Benefits to Children, Families, and Providers

Measurable benefits of the state's early childhood programs and services include:

Total Enrollment (estim.) of Children Under 2

FY 2007	FY 2008	FY 2009
18,607	19,678	19,625
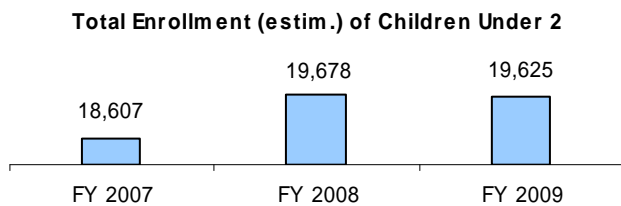
Number of children under 2 in licensed child care facilities

Number of Infants and Toddlers with Disabilities Receiving Services

FY 2007	FY 2008	FY 2009
13,318	13,346	13,801
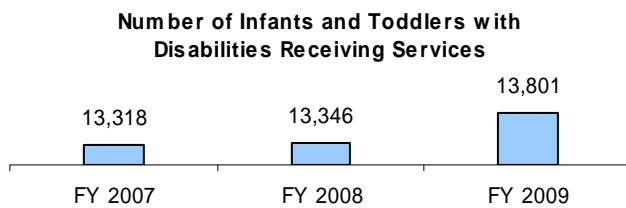
Access to comprehensive services for infants and toddlers with disabilities

Number of Preschoolers Receiving Special Education Services

FY 2007	FY 2008	FY 2009
11,381	10,738	10,997
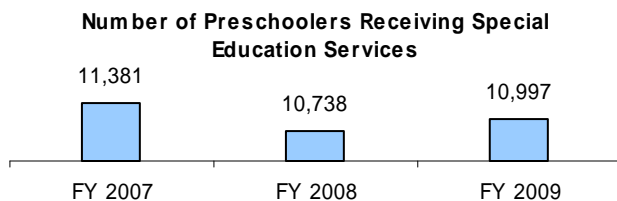
Access to preschool special education services

Regulated Providers Participating in Child Care Subsidy Program

FY 2007	FY 2008	FY 2009
3,540	3,899	4,019
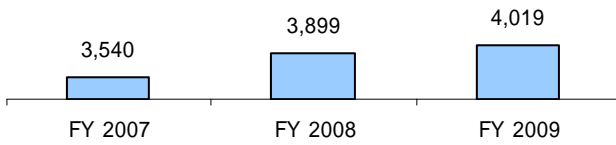
Access to child care subsidy

Maryland ECMH Project: Children and Programs Served

	FY 2007	FY 2008	FY 2009
Number of Children		487	660
Number of Programs		160	306

☐ Number of Children ■ Number of Programs
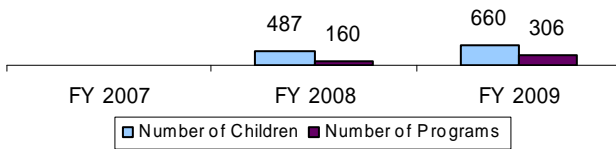
Number of children and programs accessing the state's Early Childhood Mental Health Consultation Project

Total Licensed Child Care Capacity

FY 2007	FY 2008	FY 2009
217,960	220,286	222,367
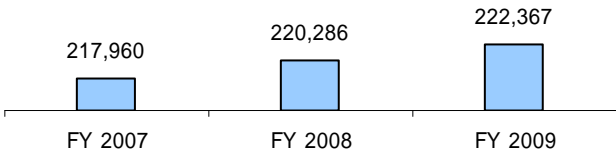
Capacity of licensed child care providers

Total Accredited Early Childhood Programs

FY 2007	FY 2008	FY 2009
682	785	766
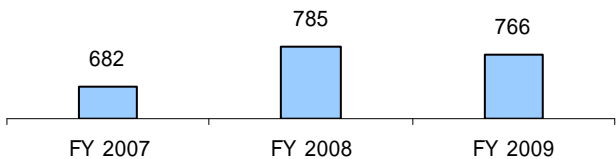
Number of nationally- or state-accredited early childhood programs

Total MD Child Care Credential Program Participants

FY 2007	FY 2008	FY 2009
2,614	3,335	5,050
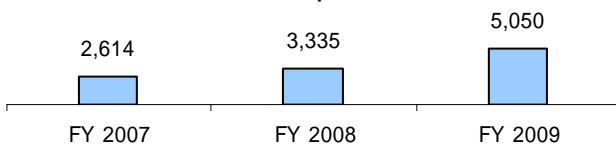
Number of child care staff in the Maryland Child Care Credentialing Program

Total Children Served in Head Start/Early Head Start

FY 2007	FY 2008	FY 2009
12,297	12,194	12,040
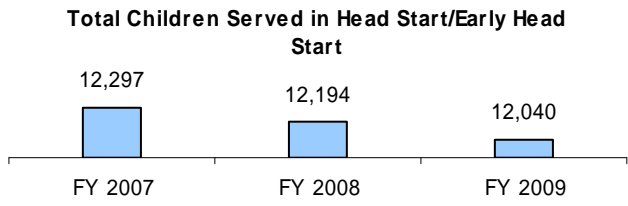
Number of children served in Head Start and Early Head Start

Number of Children Enrolled in Public Pre-K

FY 2007	FY 2008	FY 2009
25,674	27,179	26,821
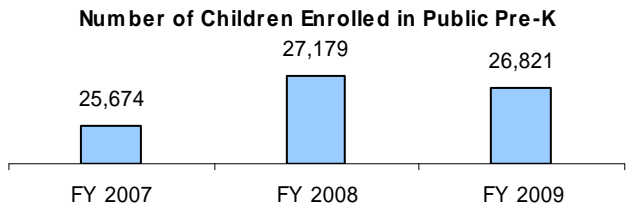
Number of children enrolled in prekindergarten (operated by local boards of education)

Number of Children Enrolled in Judy Center Partnerships

FY 2007	FY 2008	FY 2009
10,629	11,322	12,913
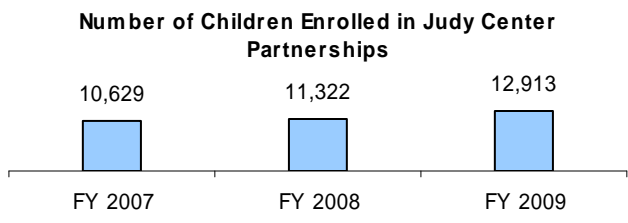
Number of children enrolled in Judy Center Partnerships (i.e., public private early childhood partnerships between school and early care programs serving children, birth to six)

Number of ECE Teachers Participating in Professional Development

FY 2007	FY 2008	FY 2009
3,104	3,513	4,236
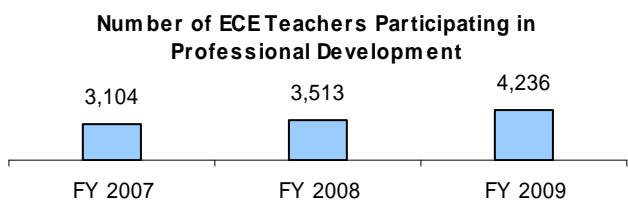
Number of early childhood teachers participating in state-coordinated professional development

1.8. Next Steps for Maryland's Infrastructure

The major focus of the Early Childhood Advisory Council's work will be improved analyses of school readiness data and a targeted approach to addressing the early-life gap in high-quality learning opportunities. For example, while more preschoolers have access to high-quality programs, many families with incomes above the eligibility thresholds are locked out and may

not be able to afford high-quality care in the marketplace. Similarly, while Maryland enjoys a robust early intervention system for children's physical and mental health, not all young children with special needs are eligible for special education services. Maryland will concentrate on areas of disparity while continuing to support success for all children.

1.8.1. Approach

The application requires responses to five (5) separate topics. They are:

1.8.1.1. The statewide strategic report addressing the responsibilities of the Council (in accordance with the Governor's Executive Order)

(1)   Conduct a periodic Statewide needs assessment concerning the quality and availability of early childhood education and development programs and services for children from birth to school entry, including an assessment of the availability of high-quality pre-kindergarten services for low-income children in the State;

- *Methodology will include an initial needs assessment and annual updates, to include surveys in determined areas and a compilation of current early childhood needs assessments and strategic plans, including those from the Head Start State Collaboration Project, the Early Childhood Comprehensive Services Project, Division of Early Childhood Development, and Maryland's Three-Year Plan for Children. Information from relevant reports, such as annual School Readiness Information, the Task Force report on Preschool for All, the Birth- to-Three Business Plan, and the Task Force Report on the Achievement of African-American Males will also be included.*

- *The three-year strategic plan that accompanies this application will be reviewed and revised subsequent to each needs assessment to incorporate more effective and efficient ways of delivering services.*

(2)   Identify opportunities for, and barriers to, collaboration and coordination among federally-funded and State-funded child development, child care, and early childhood education programs and services, including collaboration and coordination among State agencies responsible for administering such programs;

(3)   Develop recommendations for increasing the overall participation of children in existing federal, State, and local child care and early childhood education programs, including outreach to underrepresented and special populations;

(4)   Develop recommendations regarding the establishment of a unified data collection system for public early childhood education and development programs and services throughout the State;

(5)   Develop recommendations regarding statewide professional development and career advancement plans for early childhood educators in the State;

(6)   Assess the capacity and effectiveness of 2- and 4-year public and private institutions of higher education in the State toward supporting the development of early childhood educators, including the extent to which such institutions have in place articulation agreements, professional development and career advancement plans, and practice or internships for students to spend time in a Head Start or pre-kindergarten program;

(7)   Make recommendations for improvements in State early learning standards and undertake efforts to develop high-quality comprehensive early learning standards, as appropriate; and

(8)   Hold public hearings and provide an opportunity for public comment on the activities described above in (1) through (8);

- *To gather and provide information on the status of Council activities, annual public hearings will be held in easily accessible locations and public input will be solicited through direct communication with early childhood stakeholders and advertised on member agency/organization websites.*

(9)   Submit, to the Governor and the State Director of Head Start Collaboration, a Statewide strategic report addressing the activities described in (1) through (8) above; and

(10)   After submission of the statewide strategic report, continue to meet periodically to review any implementation of the recommendations in the report and any changes in State and local needs.

- *A minimum of three Council meetings will be held annually to review and update the implementation plan or for other reasons determined by the Council.*

1.8.2. A description of how the state will make effective use of the funds to create an early childhood education and care system by developing and enhancing programs and activities that will be conducted consistent with the statewide strategic report.

The funds for the ECAC are designed to meet the responsibilities of the Council, as outlined in the Governor's Executive Order, which are designed to coordinate and enhance an already well-developed early care and education system in Maryland. As described in the Section, "Physical, economic, social, and financial challenges," and aligned with the objectives and sub-objectives of this application, the Council will focus on:

Council Objectives	Council Responsibilities
Broadening the access to high quality early learning opportunities for low-income and disadvantaged children;	(1) – (7)

Expanding resources for families to support their children's learning and early development;	(1) – (4), (7)
Coordinate existing resources to support families in addressing the health and mental health needs of their young children.	(1)- (7)

Note: The numerical references under Council Responsibilities refer to the responsibilities outlined in the Governor's Executive Order listed above.

The Council responsibilities include a number of data management functions, which are the cornerstone to tracking the progress of improved early learning opportunities for all children, particularly disadvantaged children. The complexities in the current early care and education system include:

- Structural barriers to accessing high-quality programs (e.g., lack of transportation, limited hours of operation, lack of effective consumer education for low-income families);

- Lack of availability of high-quality programs in selected regions of the state (e.g., limited capacity-building opportunities in rural areas, including lack of capital improvement funds); and

- Underdeveloped system of coordination for early childhood mental health services, namely for children in child care settings (e.g., limited outreach of Child Find services to child care providers; more of a focus on school-age populations and adults and not enough on early childhood; lack of pediatric care and early childhood mental health).

The funds will be used specifically to highlight and address these complexities as the basis for defining the strategic activities in FY12 through FY14:

- Analyze the feasibility of, and make specific recommendations regarding, expansion of prekindergarten to programs in other settings, such as accredited child care centers, Head

- Support the implementation of the Quality Rating and Improvement System (QRIS);

- Analyze and recommend transition strategies for young children, birth to age 8 (grade 3) in low-income areas, and specifically, in attendance areas of low-performing schools, including capacity-building opportunities toward the establishment of high-quality programs;

- Coordinate consumer education for programs designed for low-income families to improve awareness of high-quality early education opportunities;

- Establish work groups of early educators, policymakers, and faculty of higher education to develop improved career options, pathways, and methods of providing post-secondary education to increase the number of state-certified teachers in early childhood education;

- Enhance existing data management systems and create data management dashboards to track child and student outcomes by using the state's unique student identifier;

- Coordinate local capacity for family support services at community hubs serving infants, toddlers, and pregnant women;

- Establish a coordinated help-desk function for families to access culturally and linguistically sensitive information on effective parenting;

- Coordinate a series of community listening forums for families to determine the effectiveness of early care and education services and promote a stronger engagement of families in their children's early learning and healthy development;

- Coordinate the expansion of Social and Emotional Foundations in Early Learning training in all parts of the state by identifying state or local funding and sponsors to

- Collaborate with MSDE's School and Nutrition Branch to expand the number of child care providers enrolled in the Child and Adult Food Program (CACFP);

- Establish workgroups of pediatricians, health practitioners, family therapists, and insurance representatives to develop recommendations for coordinated delivery of early childhood mental consultation services statewide;

- Collaborate with MSDE, DHMH, and DHR in the budget process for FY12 through FY14 to identify new or currently effective programmatic or support programs in accordance with the Council's strategic plan; and

- Collaborate with the Joint Committee for Children, Youth, and Families to identify legislation in support of the Council's strategic plan.

The ECAC State Coordinator (see **Section 3**) will report to the chair of the Early Childhood Advisory Council, i.e., State Superintendent of Schools, and is accountable to the Council for effectively implementing the aforementioned tasks. The Coordinator will be supported by a data analyst and a support staff position.

1.8.3. A description of the state's early learning standards and the state's goals for increasing the number of children entering school ready to learn.

Since 2002, Maryland has established a statewide advisory council utilizing the Results-Based Accountability (RBA) framework for the result area Children Entering School Ready to Learn. This result area is one of eight which the General Assembly's Joint Committee for Children, Youth, and Families has used to drive its agenda of improving services for families and children

in Maryland. The RBA process includes data analysis to answer a set of questions designed for continuous improvement of services. Thus, the state's development of program standards, *Standards for Implementing High Quality Early Childhood Programs*, early learning standards, *Guidelines for Healthy Child Development and Care (Birth through 3)* and the *Maryland Model for School Readiness (MMSR) Framework and Standards for Prekindergarten and Kindergarten*, have become the strategic drivers for high-quality programming. The Council will continue this practice and utilize the RBA process throughout its deliberations. Additionally, the Council will issue an annual report on the progress of the Council's responsibilities (see above) regarding the defined indicators for each of the three objectives, including the ultimate goal of increasing the number of children entering school ready to learn.

1.8.4. The agency or joint interagency office and individual designated to carry out the activities.

Governor Martin O'Malley designated the Maryland State Department of Education as the lead agency to carry out the activities. Dr. Nancy S. Grasmick, State Superintendent of Schools, Chairs the Council.

The Council's membership is made up of the following state agencies and representatives:

State Agencies	Representatives and Positions
Maryland State Department of Education	Dr. Nancy S. Grasmick, State Superintendent of Schools (Chair)
Office of the Governor	Pat Foerster, Education Policy Advisor
Governor's Office of Children	Rosemary King-Johnston, Executive Director
Maryland State Department of Education	Dr. Rolf Grafwallner, Assistant State Superintendent, Division of Early Childhood Development

Maryland State Department of Education	Linda Zang, Director, Head Start Collaboration/ Branch Chief Collaboration and Program Improvement
Maryland State Department of Education	Marcella Franczkowski, Branch Chief, Early Intervention and Education
Maryland Department of Health and Mental Hygiene	Al Zachik, Director of Child and Adolescent Services
Maryland Department of Health and Mental Hygiene	Mary LaCasse, Early Childhood Administrator
Maryland Department of Disabilities	George Failla, Deputy Secretary
Maryland Department of Human Resources	Wendy Chun-Hoon, Chief of Staff

Local Agencies	**Representatives and Positions**
Montgomery County Public Schools	Claudia Simmons, Supervisor, Prekindergarten and Head Start
Local Management Boards Association	Stephanie Stone, President
Montgomery County Health and Human Services	Deborah Shepard, Child Care Administrator
Garrett County Community Action Committee	Duane Yoder, President
Baltimore City Child Care Resource Center/Head Start	Veronica Land-Davis, Director

State Associations	**Representatives and Positions**
Maryland State Child Care Association	Jennifer Nizer, President
Maryland State Family Child Care Association	Donna Fowler, Public Policy Director
Maryland Association of Public Library Administrators	Kathleen Reif, Director, St. Mary's County Library

Maryland Head Start Association	Paul Pittman, President
Maryland State Education Agency	Clara Floyd, President
Maryland Association of Elementary School Principals	Walter Reap, Principal, Germantown Elementary School
Maryland Parent Teacher Association	Debbie Ritchie, President
Maryland Association for the Education of Young Children	Greg Stevens, President

Institutions of Higher Education	Representatives and Positions
Prince Georges' Community College	Terry Bridger, Early Childhood Education Coordinator

Corporations/Businesses	Representatives and Positions
PNC Bank	Darcel Kimble, Vice President of Corporate Communications
Womble Carlyle	Sky Woodward, Attorney
Brenda Kelley	Brenda Kelley, Early Childhood Consultant

Non-Profit Programs	Representatives and Positions
Maryland Family Network	Margaret Williams, Executive Director/Deputy Director
Mid-Atlantic Equity Consortium	Charo Basterra, Director
Ready at Five Partnership	Louise Corwin, Executive Director
United Way of Central Maryland	Beth Morrow, School Readiness Initiative Coordinator

In accordance with the Governor's Executive Order, the State Superintendent of Schools chairs

the Council, represents the Children's Cabinet, and supports the governance structure in

Maryland, whereby all early care and education programs are under the auspices of the Maryland State Department of Education. The ECAC Coordinator's responsibilities (to be hired) represent the scope of the Council's charge and require close coordination with Maryland State Department of Education (MSDE), Department of Health and Mental Hygiene (DHMH), Governor's Office for Children (GOC), and the Department of Human Resources (DHR) for early childhood education, health, and welfare support services impacting children, birth- to-five. The ECAC Coordinator reports to the ECAC chair (the State Superintendent) and is accountable to the Council for the efficacy of meeting the Council's responsibilities.

1.8.5. A description of how the State plans to sustain activities beyond the grant period.

The ECAC Coordinator's activities are designed to create a platform for lasting impact by establishing and completing the many activities described above. The successful completion of these activities will significantly strengthen Maryland's infrastructure of early care and education. The robust data management system, capacity-building activities, workgroups, and collaborations will continue beyond the grant period and provide ongoing support for Maryland's early care and education efforts.

The Council will pursue other funding options to retain the positions or consolidate the responsibilities with those of existing positions. The period of grant funding permits the Council to escalate the proposed activities and implement the strategic plan in a timelier manner.

Maryland's ECAC has a history of utilizing grant funding to implement a specific initiative in early care and education and to continue that initiative well beyond the grant period. One prime example: A small grant from the National Governors' Association (NGA) in 2000 gave Maryland the opportunity to build public will for early care and education. Maryland used the

accomplishments from that work to create the Leadership in Action Program, empowering community leaders to increase the momentum of early care and education efforts. Through that two-year funding, Maryland developed and implemented the 5-Year Action Agenda, which was adopted by the Children's Cabinet as the state's strategic plan for early care and education. *Leadership in Action* became the Early Care and Education Committee (ECE) and a standing committee of the Children's Cabinet.

Maryland's next funding opportunity was a modest grant from the National Governor's Association to plan for the establishment of the Early Childhood Advisory Council, which provided the support to convene the Council and develop this proposal.

With Maryland's proven history of sustaining initiatives beyond the period of grant funding, the scope of work proposed in this application will continue to fuel progress in Maryland's early care and education for many years to come.

Section 2: What Success Looks Like: A Three-Year Action Plan 2009-2012

In the course of four strategic planning meetings and subsequent action meetings, the ECAC developed *What Success Looks Like: A Three-Year Action Plan for 2009-2012* which serves as the basis for the Council's future work in response to this funding opportunity under the American Recovery and Reinvestment Act of 2009.The Executive Summary of the Action Plan is included as **Appendix C.**

As previously mentioned, the Council has outlined three (3) strategic Goals, as well as strategies and actions, which will define the work of Maryland's early care and education community in the next three years. The specific plan for each goal each year describes the scope and the detail

of how the proposed work is to be accomplished. What follows are detailed Action Plans for each Goal during the grant period.

The Plan is organized by the following categories:

Objectives – which are aligned with the goals and serve as the major strategies in meeting the goal;

Activities, that are aligned with the objectives and reflect the actual work activities of the Council;

Timelines, that establish due dates for deliverables and benchmark measures;

Partners responsible, that list the lead child-serving agencies which have a regulatory or statutory mandate to implement the activities. Other member agencies on the ECAC will support the activities;

Measures of Success describe deliverables as well as qualitative and quantitative measures in terms of the activities' implementation.

GOAL 1: ACTION PLAN FOR YEAR 1

Goal #1: All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.

This action plan addresses strategies/activities that improve the availability, affordability, and quality of early childhood care and education services by creating and maintaining an effective State structure that supports the need of families for full-day year-round care, facilitates transitions to public schools, increases professional and career development opportunities for child care providers, and builds family, community and societal demand for high-quality early care and education services for all children.

Objective	Activity	Timeframe (By:)	Responsible	Measure of Success
1.1- The Early Childhood Advisory Council will carry out a coordinating and information-sharing role in working with local early care and education service providers and community partners in assessing the availability of high-quality early care and education.	1.1.1- Identify high quality early care and education service providers and community partners by region.	December, 2010	Council staff and data consultant, MSDE Division of Early Childhood Development (DECD)	Definition of " high quality."
				Design of a database based on established criteria, i.e., accredited programs, QRIS level four or five stars.
	1.1.2- Review a Statewide needs assessment to assess the availability of high-quality early care and education.	February, 2011	Council staff and data consultant, Governor's Office for Children (GOC), Maryland Family Network (MFN), DECD	Completed review and analysis of current needs assessments and plan revisions, if needed.
	1.1.3- Track progress toward the Council's goals by establishing and monitoring accountability for results through a set of performance management systems, in collaboration with Children's Cabinet agencies.	March, 2011 and subsequent years.	Council staff and data consultant, DECD, GOC	Completed report in accordance with protocols of the Maryland Longitudinal Data System and annual School Readiness data.
				Evaluation of agency systems data compatibility and sharing permissions.
	1.1.4 – Convene a minimum of three Advisory Council meetings and establish working subcommittees.	June, 2011	Council Staff, DECD	Completed report with accomplishments, challenges, and plan revisions.
1.2 - Maintain the viability of high-quality early care and education provided by non-public programs while also expanding pre-k.	1.2.1- Monitor the impact of public pre-kindergarten, by jurisdiction, on Head Start and the private child care sector.	December, 2010	Council staff and data consultant, MFN. DECD	Data on current child care program closings and increases in the number of pre-k programs.
				Interviews with affected providers.
	1.2.2- Support workforce skills and competencies through expansion of professional development and career opportunities in the field of early childhood education including child health, mental health, and targeted disabilities training.	March, 2011	Council Staff, MSDE Division of Special Education and Early Intervention (DSP/EI), Department of Health and Mental Hygiene Mental Health Administration (DHMH,/MHA), DECD	1.1.2 - See above.
				Current participation data: Credentialing, Career and Professional Development Fund, Early Childhood Mental Health Certificate.
				Evaluation of available training and education opportunities and determination of needs.

GOAL 1: ACTION PLAN FOR YEAR 1

Goal #1: All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.

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Objective	Activity	Timeframe (By:)	Responsible	Measure of Success
1.3- Work with early care and education providers on partnership and transition strategies for all children moving from early childhood programs to public schools.	1.3.1- Promote formal agreements between public schools and Head Start programs regarding transitions for all children and their families, including children with disabilities and English Language Learners.	December, 2010	Council staff, DECD, DSE/EI, MHSA	Copies of current signed agreements. Maryland Model for School Readiness (MMSR) 2010 Achievement Results for children who attended Head Start programs.
	1.3.2 -Promote formal agreements between public schools and child care programs regarding transitions for all children and their families, including children with disabilities and English Language Learners.	December, 2010	Council staff, DECD, DSE/EI	Copies of draft agreements. MMSR 2010 Achievement Results for children who attended child care programs.
	1.3.3 - Support the family choice fo the Extended Individual Family Service Plan (IFSP) Option for eligible children beyond age 3.	Ongoing	DECD, DSE/EI	Number of families choosing to continue early intervention services through an IFSP beyond the age of 3. Number of families choosing to receive special education and related services through an IEP beyond the age of 3.
1.4 - Build family, community and societal demand for high-quality early care and education services for all children.	1.4.1- Monitor the development of a statewide Quality Rating and Improvement System (QRIS).	January, 2011	Council staff, data consultant, DECD	QRIS completed plan and guide. Established pilots by DECD.
	1.4.2 - Support the increase in the number of accredited programs and credentialed providers.	May, 2011	Council Staff, DECD	3% increase in number of programs/providers participating.
	1.4.3 -Promote cultural sensitivity and outreach for minority and immigrant children through professional development.	April, 2011	Council staff, DECD	MMSR Achievement Results 2010 for Hispanic children. Professional development modules for providers on cultural sensitivity.
1.5- Analyze, assess and develop structure for affordable high quality programs that address families' needs, and change structures with the goal of developing truly "seamless" services.	1.5.1 - Link and enhance websites and locations where families can learn of available early childhood resources.	February, 2011 and subsequent years	Council staff, GOC, DECD, DHMH/MHA, MFN, Council staff	Enhanced consumer education portals.
	1.5.2 - Support increases in early childhood programs that are inculsive, high quality, and accessible to young children with disabilities and their families.	Ongoing	Council Staff, data consultant, DECD, DSE/EI	Satisfaction survey of families employing the IFSP option.

GOAL 1: ACTION PLAN FOR YEAR 2

Goal #1: All children, birth through age five will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families

This action plan addresses strategies/activities that improve the availability, affordability, and quality of early childhood care and education services by creating and maintaining an effective State structure that supports the need of families for full - day, year - round care, facilitates transitions to public schools, increases professional and career development opportunities for child care providers, and builds family, community and societal demand for high - quality early care and education services for all children.

OBJECTIVE	ACTIVITY	TIMEFRAME: (BY:)	RESPONSIBLE	MEASURE OF SUCCESS
1.1 - The Early Childhood Advisory Council will carry out a coordinating and information sharing role in working with local early care and education service providers and community partners in assessing the availability of high - quality early care and education.	1.1.1 - Identify high quality early care and education service providers and community partners by region.	September, 2011	MSDE Division of Early Childhood Development (DECD), Council Staff and Data Consultant	Established database of accredited programs. QRIS four and five- star program data to be included with implementation.
	1.1.1.1 - Assist service providers connect with potential community partners.	December, 2011	DECD, Maryland Family Network (MFN), Council Staff	Comprehensive list of community partners of accredited programs made available to providers.
	1.1.1.2 -Ensure access to effective practices of quality early care and education programs.	February, 2012	DECD, Council Staff	Compilation of best practices identified by accreditation, validators and QRIS raters.
				Share effective practices with providers and the training/technical assistance community.
	1.1.2 - Update needs assessment of the availability of high - quality early care and education.	December, 2011	DECD, GOC, MFN, Council Staff and Data Consultant	Updated needs assessment, analysis, and plan revisions if indicated.
	1.1.2.1 - Identify target areas with minimal availability, as identified in the past survey, to increase quality services.	January, 2012	DECD, MFN, Council Staff, Data Consultant	Increase of 3% over year one in the number of provider applications for accreditation or QRIS.
	1.1.2.2 - Increase awareness of the benefits of high quality early care and education services.	February, 2012	DECD, MFN, Council Staff, Data Consultant	Assess and coordinate existing quality early childhood services awareness information and campaigns.
	1.1.3 - Track progress toward the Council's goals by establishing and monitoring accountability for results through a set of performance management systems, in collaboration with Children's Cabinet agencies.	January, 2012	DECD, GOC, Council Staff and Data Consultant	Annual report on results - based accountability evidencing a 90% compliance rate.
				Established data compatibility and sharing permissions across all ECAC child - serving agencies.
	1.1.4 - Convene a minimum of three Advisory Council meetings and subcommittee meetings, as determined.	June, 2012	DECD, Council Staff	Completed second annual report with accomplishments, challenges, and plan revisions.

GOAL 1: ACTION PLAN FOR YEAR 2

Goal #1: All children, birth through age five will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families

This action plan addresses strategies/activities that improve the availability, affordability, and quality of early childhood care and education services by creating and maintaining an effective State structure that supports the need of families for full - day, year - round care, facilitates transitions to public schools, increases professional and career development opportunities for child care providers, and builds family, community and societal demand for high - quality early care and education services for all children.

OBJECTIVE	ACTIVITY	TIMEFRAME: (BY:)	RESPONSIBLE	MEASURE OF SUCCESS
1.2 – Maintain the viability of high-quality early care and education provided by non-public programs while also expanding pre-k.	1.2.1- Monitor the impact of public pre-kindergarten, by jurisdiction, on Head Start and the private child care sector	September, 2011	DECD, MFN, Council staff and data consultant	Analysis of updated data and survey results with plan revisions when determined necessary
	1.2.1.1-Assist early care and education providers with diminished enrollment of 4-year olds develop plans and mechanisms to increase overall enrollment	January, 2012	DECD, Council Staff and data consultant	Improvement in enrollment for affected providers based on individual plans
	1.2.2 -Support workforce skills and competencies through expansion of professional development and career opportunities in the field of early childhood education including child health, mental health, and targeted disabilities training	March, 2012	DSP/EI, DHMH,/MHA, DECD	A 3% increase over year one in the number of credentialing and Career and Professional Development Fund participants
				A 3% increase in the number of articulation agreements over year one with higher education institutions to participate in the credentialing program.
				A 3% increase over year one in the number of early childhood training and education opportunities based on the year one evaluation
	1.2.2.1 – Support outreach to early care and education providers on early care and education professional development and career opportunities	March, 2012	DECD, Council Staff	3% increase in two and four-year colleges participating in Career and Professional Development Fund programs over year one.
				3% increase in professional development offerings included on the Statewide Clearinghouse Calendar based on identified training needs over year one

GOAL 1: ACTION PLAN FOR YEAR 2

Goal #1: All children, birth through age five will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families

This action plan addresses strategies/activities that improve the availability, affordability, and quality of early childhood care and education services by creating and maintaining an effective State structure that supports the need of families for full - day, year - round care, facilitates transitions to public schools, increases professional and career development opportunities for child care providers, and builds family, community and societal demand for high - quality early care and education services for all children.

OBJECTIVE	ACTIVITY	TIMEFRAME: (BY:)	RESPONSIBLE	MEASURE OF SUCCESS
1.3- Work with early care and education providers on partnership and transition strategies for all children moving from early childhood programs to public schools.	1.3.1- Promote formal agreements between local education agencies and Head Start programs regarding transitions for all children and their families, including children with disabilities and English Language Learners.	January, 2012	Council staff, DECD, DPE/EI	Renewed agreements with increased areas of collaboration over year one.
				A 2% increase in MMSR Achievement Results for Head Start children over previous year.
	1.3.2- Promote formal agreements between local education agencies and child care programs regarding transitions for all children and their families, including children with disabilities and English Language Learners.	April, 2012	Council staff, DECD, DPE/EI	Copies of signed State and local agreements.
				A 2% increase in MMSR Achievement Results for child care over previous year.
	1.3.3 - Support the family choice of the Extended IFSP Option for eligible children beyond age 3.	Ongoing	`	Family/parent satisfaction by survey.
1.4 - Build family, community and societal demand for high-quality early care and education services for all children.	1.4.1- Monitor a statewide Quality Rating and Improvement System (QRIS).	December, 2012	Council staff, data consultant, DECD	Completed QRIS pilot assessment/evaluation.
				Roll-out completed for all early care and education programs.
	1.4.1.1 –Increase awareness of the benefits of participating in QRIS.	February, 2012	Council Staff, DECD	Information on QRIS distributed by hard copy and available on the web.
				Survey of providers on knowledge of QRIS.
	1.4.2- Support the expansion of the number of accredited programs and credentialed providers.	March, 2012	Council Staff, DECD, MFN	Established mechanisms that link mentors and technical assistance to providers.
				A 3% increase over year one in the number of accredited providers and in the number of providers participating in credentialing.
	1.4.3- Promote cultural sensitivity and outreach for minority and immigrant children.	May, 2012	Council Staff, DECD	Data collected and analyzed on the number of teachers participating in new training modules with plan revisions made where determined appropriate.
				A 2% increase in MMSR Achievement Results for Hispanic children over the previous year.

GOAL 1: ACTION PLAN FOR YEAR 3

Goal #1: All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.

This action plan addresses strategies/activities that improve the availability, affordability, and quality of early childhood care and education services by creating and maintaining an effective State structure that supports the need of families for full-day year-round care, facilitates transitions to public schools, increases professional and career development opportunities for child care providers, and builds family, community and societal demand for high-quality early care and education services for all children.

OBJECTIVE	ACTIVITY	TIMEFRAME (BY):	RESPONSIBLE	MEASURE OF SUCCESS
1.1- The Early Childhood Advisory Council will carry out a coordinating and information-sharing role in working with local early care and education service providers and community partners in assessing the availability of high-quality early care and education.	1.1.1- Identify high quality early care and education service providers and community partners by region.	October, 2012	DECD, Council staff and data consultant	Updated database of accredited and QRIS four and five star programs
	1.1.1.1- Assist service providers connect with potential community partners.	December, 2012	DECD, MFN, Council staff	A 3% increase over year 2 in the number of accreditation applicants.
				A 5% increase in number of community partnerships by accredited programs over year 2
	1.1.1.2 -Develop and disseminate best practices of quality early care and education programs.	March, 2013	DECD, Council staff	Incorporate best practices into approved professional development sessions.
				Use of newsletters, such as partners, for dissemination of best practices.
	1.1.2- Update needs assessment on the availability of high-quality early care and education.	February, 2013	DECD, GOC, MFN, Council staff, data consultant	Updated needs assessment, analysis, and plan revisions where indicated.
	1.1.2.1 – Identify areas with minimal availability to increase quality services	January, 2013	DECD, MFN	3% increase in the number of accreditation applications and QRIS participants in targeted areas over year two.
				3% increase over year two in the number of providers in targeted areas participating in credentialing, Career and Professional Development.
	1.1.2.2- Increase awareness of the benefits of high quality early care and education services.	February, 2013	DECD, MFN, Council staff, data consultant.	Knowledge of parents and the public of quality early childhood services assessed through surveys.
				Increase of 5% in child enrollment in accredited programs.
	1.1.3- Track progress toward the Council's goals by establishing and monitoring accountability for results through a set of performance management systems, in collaboration with Children's Cabinet agencies.	January, 2013	DECD, GOC, Council staff	Annual report on results-based accountability system with progress meeting all performance indicators.
	1.1.4 – Convene a minimum of three Advisory Council meetings and subcommittee meetings.	June, 2013	DECD, Council staff	Completed final report with accomplishments, challenges, and plan revisions.

GOAL 1: ACTION PLAN FOR YEAR 3

Goal #1: All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.

This action plan addresses strategies/activities that improve the availability, affordability, and quality of early childhood care and education services by creating and maintaining an effective State structure that supports the need of families for full-day year-round care, facilitates transitions to public schools, increases professional and career development opportunities for child care providers, and builds family, community and societal demand for high-quality early care and education services for all children.

OBJECTIVE	ACTIVITY	TIMEFRAME (BY):	RESPONSIBLE	MEASURE OF SUCCESS
1.2 – Maintain the viability of high-quality early care and education provided by non-public programs while also expanding pre-k.	1.2.1- Monitor the impact of public pre-kindergarten, by jurisdiction, on Head Start and the private child care sector.	October, 2012	DECD, MFN, Council Staff, data consultant	Analysis of updated data survey results and monitoring of plan revisions.
	1.2.2- Assist early care and education providers with diminished enrollment of 4-year olds develop plans and mechanisms to increase overall enrollment.	January, 2013	DECD, MFN, Council Staff, data consultant	Increased number of community programs and public school partnerships.
				Increased enrollment for affected providers based on individual plans.
	1.2.2.1 - Support workforce skills and competencies through expansion of professional development and career opportunities in the field of early childhood education including child health, mental health, and targeted disabilities training.	March, 2013	DSP/EI, DHMH,/MHA, DECD	Increase of 3% in the number of participants in credentialing and in the Career and Professional Development Fund programs over year two.
				3% increase in articulation agreements with higher education institutions over year two.
	1.2.2.2 – Conduct outreach to early care and education providers on early care and education professional development and career opportunities.	May, 2013	DECD	3% increase in professional development offerings included on the Statewide Clearinghouse Calendar based on identified training needs over year two.
1.3- Work with early care and education providers on partnership and transition strategies for all children moving from early childhood programs to public schools.	1.3.1 - Promote formal agreements between local education agencies and Head Start programs regarding transitions for all children and their families, including children with disabilities and English Language Learners.	January, 2013	DECD, DPE/EI, Council staff	Renewed agreements with increased areas of collaboration over year two.
				2% increase in MMSR Head Start Achievement Results over previous year for children attending Head Start.
				Continuing schedule of renewals and facilitation.
	1.3.2 -Promote formal agreements between local education agencies and child care programs regarding transitions for all children and their families, including children with disabilities and English Language Learners.	April, 2013	DECD, DPE/EI, Council staff	Copies of current signed State and local agreements.
				Schedule of renewals and facilitation.
				2% increase in Maryland Model for School Readiness (MMSR) Achievement Results for child care over year two results.
	1.3.3 - Support the family choice of the Extended IFSP option for eligible children beyond age 3.	Ongoing	DECD, DSE/EI	Measure family training and support, family/parent satisfaction by survey.
1.4- Build family, community and societal demand for high-quality early care and education services for all children.	1.4.1 -Monitor a statewide Quality Rating and Improvement System (QRIS).	February, 2013	DECD, Council staff, data consultant	Completed roll-out for all early care and education programs.
	1.4.1.1–Increase awareness of the benefits of participating in QRIS.	February, 2013	DECD, Council Staff	Periodic random survey of providers on knowledge of QRIS.
				3% increased number of QRIS participants over year two.
	1.4.2-Support the expansion of accredited programs and credentialed providers.	March, 2013	DECD, MFN, Council Staff	Additional 3% increase in the number of accredited providers and in the number of providers participating in credentialing.
	1.4.3 -Promote cultural sensitivity and outreach for minority and immigrant children.	April, 2013	DECD, Council Staff	Increase in the number of participants in new training modules.
				2% increase in MMSR Achievement Results for Hispanic children over year two results.

GOAL 2: ACTION PLAN FOR YEAR 1

Goal #2: Families of all young children will have access to the resources needed to be their child's first teacher.

OBJECTIVE	ACTIVITY	TIMEFRAME: (BY:)	RESPONSIBLE	MEASURE OF SUCCESS
2.1 Convene Community Listening forums to reflect the cultural diversity of Maryland's communities to give families a voice in determining the content and av ilabiltiy of community-based programs to support their interests and needs	2.1.1 Identify local contacts in jurisdictions to secure broad based participation at Listening Forums. Target audiences include low-income families; teen moms, Foster Care families and families with special needs and non English-speaking children.	November, 2010	Council staff, DECD	Number of events conducted in each jurisdiction
	2.1.2 Develop a forum template, program and evaluation tool.	December, 2010	Council staff, DECD	Forum template, program and evaluation developed
	2.1.3 Convene local listening forums targeting families, representing different constituencies, early care and education stakeholders and service providers, including the health community.	January, 2011	Council Staff, DECD	Analysis of comments.
	2.1.4 Council staff will analyze the information and create a basis for incorporating new action items into its Action Plan.	March, 2011	Council staff, DECD	Report of forum results; implications for public policy and legislation. Widely disseminate findings.
	2.1.5 Forum results and Council's Action Plan will be widely disseminated: face-to-face, on line and in print.	July, 2011		
2.2 Monitor the development of community-based partnerships throughout Maryland that focus on early childhood and health and reflect the diversity of Maryland families' needs.	2.2.1 - Promote coordinated community networks that embrace families' needs articulated through and at the community Listening Forums. Networks will provide culturally and linguistically sensitive information and resources to families on child development, quality early care and education settings, developmental disabilities, health, parenting, and resources.	July, 2011	Council staff, DECD, DSE/EI	Evaluation Components: ---Number of families who have access to information on child development, parenting and health services and use the information at home to support their children's learning as reported through surveys, interviews, and anecdotal reports.
	2.2.2 Use the Office of Child Care's Healthy Beginnings: Supporting Development and Learning for Infants Through Age 3 documents to disseminate information about milestones and appropriate interventions and activities that support families and caregivers needs.	November, 2010	Council Staff, OCC/DECD	---Number of families who use the library, museums, etc. with their children and participate in Learning Parties, as reported through attendance and performance data. Established communication strategies and guidance for child care providers.
	2.2.3 - Improve the accessibility of resources to parents, regardless of language, culture, or disability.	Ongoing	Council staff, DECD, DEC/EI	Number of families requesting information on child development and health from MSDE, MFN, and RAF

GOAL 2: ACTION PLAN FOR YEAR 1				
Goal #2: Families of all young children will have access to the resources needed to be their child's first teacher.				
OBJECTIVE	ACTIVITY	TIMEFRAME: (BY:)	RESPONSIBLE	MEASURE OF SUCCESS
2.3 - Develop a statewide strategy that promotes successful transitions among and between programs for young children and their families, including children with disabilities.	2.3.1 - Ensure the establishment of an ECAC Transition sub-committee of ECAC members and additional stakeholders (ece community, LEA's, families, health practitioners, non profits, State agencies, and stakeholders].	May, 2011	DECD, Council staff, GOC	An expanded Maryland Longitudinal Data System to track enrollment information from early childhood to school.
	2.3.2. Apply a data management strategy and system to improve transitions between early care and education programs and public schools.			
	2.3.3 - Identify and catalogue successful and effective transition practices and policies within and outside Maryland.	August, 2011	Council staff, DECD, DSE/EI, DHMH	Transition practices disseminated via websites and other methods.
				Number of schools and early care and education programs implementing transition plans in partnership with families.
	2.3.4 - Families choosing the extended IFSP option will continue to receive service coordination and offering if needed family training and support.	Ongoing	DECD, DSE/EI	Parent satisfaction results
2.4 Create a home visiting infrastructure that serves all Maryland children birth to 3	2.4.1 Develop a strategy to reorganize the home visiting structure in Maryland.	August, 2011	Council staff, DECD, DSE/EI, DHMH, GOC	Completed plan for a home visiting consortium.
	2.4.2 Identify funding sources that support a comprehensive home visiting strategy to reach vulnerable populations (homeless, foster care, low income, English language learner young children and children of teen mothers.)			Infant and Toddler specialists are available through the Child Care Resource Centers for technical assistance to child care programs.
				Completed Home visiting proposal for funding of evidence -based home visiting for possible funds.

GOAL 2: ACTION PLAN FOR YEAR 2				
Goal #2: Families of all young children will have access to the resources needed to be their child's first teacher.				
OBJECTIVE	**ACTIVITY**	**TIMEFRAME: (BY:)**	**RESPONSIBLE**	**MEASURE OF SUCCESS**
2.1 Convene Community Listening forums to reflect the cultural diversity of Maryland's communities to give families a voice in determining the content and availabiltiy of community-based programs to support their interests and needs	2.1.1 Develop strategies and materials that support the findings of the community listening forums and expressed needs of all families.	October, 2011	Council staff, DECD, GOC	A completed social marketing plan.
2.2 Create and expand community-based partnerships throughout Maryland that focus on early childhood and health and reflect the diversity of Maryland families' needs.	2.2.1 Utilize the Community Listening Forums experience and results to create the content, messaging, outreach and dissemination of ece and health information to all families.	July, 2011	Council Staff, DECD, GOC, DHMH	Number of businesses are engaged and are supporting employee's early education and care needs.
	2.2.2 Increase awareness through utilization of the School Readiness Business Network to access families in the workplace with intranet net; employee communication, etc.	July, 2011		
	2.2.3 - Improve the accessibility of resources to parents regardless of language, culture, or disability.	December, 2011	Council Staff, DECD, DHMH, GOC, MFN	Number of Technical Assistance (TA) requests, TA visits.
	2.2.4 Technical assistance is available to initiate, strengthen and sustain community based partnerships such as Judy Centers, Family Support Centers, etc.			Annual report includes status and progress of community partnerships.
2.3 - Develop a statewide strategy that promotes successful transitions among and between programs for young children and their families, including for children with disabilities.	2.3.1 Convene a statewide event to showcase the catalogued effective practices and policies for potential implementation on the topic of successful transitions.	July, 2012	Council staff, DECD	Statewide event held; representation tracked.
	2.3.2 Expand the number of child care and Head Start programs participating in the Maryland Longitudinal Data System.	December, 2011	Council staff, data consultant,MSDE, DECD	20% increase in child care and Head Start programs participating in the system in the Maryland Longitudinal Data System.
	2.3.3 - Families choosing the extended IFSP option will continue to receive service coordination and offering if needed family training and support.	Ongoing	DECD, DSE/EI	Parent satisfaction results.
2.4 - Develop a strategy to reorganize the home visiting structure in Maryland	2.4.1 - Coordinate activities and increase positive effects of quality home visiting programs through the home visiting consortium.	September, 2012	Council Staff, DECD, DPE/EI, GOC	Recommendations of Consortium presented to ECAC.
	2.4.2 - Disseminate information to home visiting programs on the possible funding sources.	March, 2012	Same as Above	Survey results of home visitors on use of funding sources.

GOAL 2: ACTION PLAN FOR YEAR 3				
Goal #2: Families of all young children will have access to the resources needed to be their child's first teacher.				
OBJECTIVE	**ACTIVITY**	**TIMEFRAME: (BY:)**	**RESPONSIBLE**	**MEASURE OF SUCCESS**
2.1 Convene Community Listening forums to reflect the cultural diversity of Maryland's communities to give families a voice in determining the content and availability of community-based programs to support their interests and needs.	2.1.1 - Promote the use of existing and create additional information on child development, early care and education, and health (publications, brochures, etc) and face-to-face opportunities (Learning Parties, multiple language library Story Hours) that are linguistically and culturally sensitive, accessible, comfortable for parents, and a result of the forums.	October, 2012	Council staff, DECD, DHMH	Number of publications distributed; distribution points; number of face-to-face convening; new publications developed; survey to determine information gained; greater access to services.
2.2. Create and expand community-based partnerships throughout Maryland that focus on early childhood and health and reflect the diversity of Maryland families' needs.	2.2.1 -Ensure that Maryland communities that have identified Children Entering School Ready to Learn (CESRTL) as a priority have community partnerships, early education and care and health services and meet the needs of families.	April, 2013	Council Staff, DECD, DHMH, GOC, Governor's Children's Cabinet	Final Report on progress and outcomes during 3-year period, verifying that all Maryland communities and jurisdictions have community partnerships to create seamless early childhood and health services that meet the needs of families.
	2.2.2 Encourage communities to adopt CESRTL as priority	March, 2013	Council staff, data consultant, DECD, GOC, DHMH	
2.3. Develop a statewide strategy that promotes successful transitions among and between programs for young children and their families, including for children with disabilities.	2.3.1 - Facilitate comprehensive agreements between Local Education Agencies and child serving agencies.	December, 2012 _____ January, 2013	Council staff, DECD, DSP/EI	Comprehensive agreements are in place in all communities, involving school systems and community-based programs that include transition policies, sharing enrollment data, and family engagement. 50% of Maryland child care and Head Start programs participate in the Maryland Longitudinal Data System.
	2.3.2 - Families choosing the extended IFSP option will continue to receive service coordination and offering if needed family training and support.	Ongoing	DECD, DSE/EI	Parent satisfaction results.
2-4 - Implement a strategy to reorganize the home visiting structure in Maryland	2.4.1 - Develop or align standards for quality home visiting programs	February, 2013	Council Staff, DECD, GOC, DPE/EI	Completed standards.
	2.4.2 - Disseminate standards to home visiting programs and provide training guide for the standards	August, 2013	Same as above	Completed training guide.

GOAL 3: ACTION PLAN FOR YEAR 1				
Goal #3: Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.				
Objective	**Activity**	**Timeframe (By:)**	**Responsible**	**Measure of Success**
3. 1- The ECAC will utilize existing statewide assessments to define the needs of families and increase knowledge and support to families in need of early childhood mental health and children's health, including developmental needs.	3.1.1- Develop a report on results for needs and gaps, including recommendations.	October, 2011	DHMH- Center for Maternal and Child Health, MSDE Division of Early Childhood Development (DECD), Council staff, data consultant	This 2011 report will serve as the baseline for future needs assessments and gap analyses.
3. 2 - Increase knowledge and support for Maryland's Social Emotional Foundations of Early Learning (MD-SEFEL) Partnership.	3.2.1- Support expansion of trainers statewide.	Ongoing	DECD, DSE/EI, DHMH, SEFEL	10% of all licensed early childhood programs will have access to MD SEFEL training.
	3.2.2 - Align MD - SEFEL with PBIS.		Council Staff	
3.3- Recommend legislation to establish a Task Force on Child Health and School Readiness to study and determine regulations, policies, and practices supporting early childhood mental health and health impacting school readiness.	3.3.1- Introduce legislation to establish a task force.	December, 2010	Children's Cabinet, Governor's Office for Children (GOC), MSDE, Council Staff	Proposed legislation will be drafted, reviewed, and approved.
	3.3.2- Establish Task Force and issue report.	December, 2011	ECAC, Children's Cabinet, GOC, MSDE, DHMH, and Council staff	Legislation will describe required task force membership and will include Children's Cabinet agencies, families and advocates.
3.4. – Provide professional support for the Early Childhood Mental Health Consultation Project in every jurisdiction and improve the coordination with the public schools' early intervention and Special Education services .	3.4.1- Conduct a management review of the current ECMH services and its coordination with existing early intervention and special education services	June, 2011	MSDE, DHMH, Council staff, data consultant	June 2011 baseline will be established
	3.4.2- Support continuation of post-master certification program	June, 2011	DECD, DHMH, DSE/EI, Council Staff	Training and orientation provided to 10% of ECMH behavior specialists on the implementation of the ECMH consultation standards.

GOAL 3: ACTION PLAN FOR YEAR 1

Goal #3: Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.

Objective	Activity	Timeframe (By:)	Responsible	Measure of Success
3.5- Extend the Child and Adult Care Food Program to regulated and informal child care providers.	3.5.1- MSDE/ OCC will continue collaboration with the Governor's Partnership to End Childhood Hunger and identify licensed CC centers and informal child care providers to enroll in CACFP	January, 2011	MSDE/School and Community Programs Nutrition Branch, DECD, DHMH, GOC, Council staff	Increase number of licensed child care centers enrolled in the CACFP 2011: 5% increase (533 centers participating)
3.6- Increase the number of children (including those with special health care needs) accessing health care and oral health care from providers that accept MCHP.	3.6.1- Support the training of child care staff on an effective family support model that incorporates a health component.	December, 2011	MSDE DECD, DHMH, MFN	Implementation of social marketing strategies (dissemination of newsletters, informational materials, links to websites and networking sites) to enhance commitment to medical homes across agencies
				5% increase in children using MCHP to access health and oral health care.
	3.6.2- Support an evaluation of medical home access using Medicaid data.	August, 2011	DHMH	This 2011 summary will serve as baseline
3.7- Create a "medical home" providing central community health support includes dentists and oral health for children and families.	3.7.1- Support the definition of components of "medical home", and establish model program	On - going	DHMH/ Child and Mental Health Office of Genetics and Children with Special Health Care Needs	10% increase in provider participation
				15% increase in children screened for early intervention services.
				10% increase in children referred for early intervention services.

51

GOAL 3: ACTION PLAN FOR YEAR 2

Goal #3: Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.

Objective	Activity	Timeframe (By:)	Responsible	Measure of Success
3. 1- The ECAC will utilize existing statewide assessments to further define the needs of families and increase knowledge and support to families in need of early childhood mental health and children's health. (2011 survey as baseline)	3.1.1- Review data on results for needs and gaps, including recommendations	April, 2012	DHMH, Center for Maternal and Child Health, MSDE Division of Early Childhood Development (DECD), DSE/EI, Council Staff, data consultant	Completed and reported annually to the ECAC using the 2010 results as baseline
3. 2 - Increase knowledge and support for Maryland's Social Emotional Foundations of Early Learning (MD-SEFEL) Partnership by implementing the pyramid teaching philosophy in all prior early care settings (child care, Head Start, preschool programs).	3.2.1- Support of expansion of trainers statewide	February, 2012	Same as above	5% increase in the number of MD_SEFEL licensed child care programs having access to MD_SEFEL training
	3.2.2- Continue to support Training of Trainer sessions statewide. [1]	May, 2012	Same as above	10% increase in the number of coaches and cadre of trainers in the workforce
	3.2.3- Expand training program to reach, licensed early childhood programs.	December, 2012	Same as above	10% of all licensed early childhood programs will be reached
				Demonstrate a 10% reduction in preschool expulsions.
	3.2.4- Support the evaluation on the effectiveness of the MD- SEFEL.	May, 2012	Same as above	This baseline will be utilized to inform the feasibility of continuing the SEFEL program for children 0-5.
3.4. – Provide professional support for the Early Childhood Mental Health Consultation Project in every jurisdiction and improve the coordination with the public schools' early intervention and Special Education services. [2]	3.4.1- Conduct a management review of the current ECMH services and its coordination with existing special education services	July, 2012 (Annually)	MSDE, DECD, DSE/EI, DHMH, and Council staff, and data consultant	# of jurisdictions having in place mechanisms and processes to coordinate services among ECMHC, the early intervention system, and special education preschool.
	3.4.4- Publish report on non-state funding streams to support the ECMH Consultation Project.	July, 2012	DHMH, DECD	Report completed by July indicting state funding sources.

[1] Train and disseminate ECMH Consultation Standards for the State of Maryland and Guide to Implementation

[2] Includes Part C (Infant and toddlers Program) and Part B (Preschool Special Education) as well as Head Start intervention services

GOAL 3: ACTION PLAN FOR YEAR 2

Goal #3: Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.

Objective	Activity	Timeframe (By:)	Responsible	Measure of Success
3.5- Extend the Child and Adult Care Food Program to an increased number of regulated and informal child care providers.	3.5.1- MSDE/ OCC will continue collaboration with the Governor's Partnership to End Childhood Hunger and identify licensed child care centers and informal child care providers to enroll in CACFP.	January, 2012	DECD, DHMH, MSDE/School and Community Programs Nutrition Branch, Council Staff	Increase by 5% the number of licensed child care centers enrolled in the CACFP in 2012: a 5% increase represents 560 centers participating.
3.6- Increase the number of children (including those with special health care needs) accessing health care and oral health care from providers that accept MCHP.	3.6.1- Support the training of child care staff on an effective family support model that incorporates a health component.	August, 2012 and ongoing	MSDE , DHMH, MFN	On-going implementation of social marketing strategies (referenced in Year 1) to enhance commitment to medical homes across agencies; Increased access to quality Family support systems.
	3.6.3- Support the establishment of a workgroup with physicians and dentists to develop comprehensive screening and treatment for young children.	August, 2012	DHMH, DECD, Council staff	Increase access for women and children eligible for health insurance. 10% increase in number of children using MCHP to access health and oral health services.
3.7- Create a "medical home" providing central community health support includes dentists and oral health for children and families.	3.7.1- Support the establishment of a model medical home program.	Ongoing	DHMH/ Child and Maternal Health and Office of Genetics and Children with Special Health Care Needs.	5% Increase in provider participation statewide. 10% increase in children screened for early intervention services from previous year. 5% increase in children referred for early intervention services from previous year.

GOAL 3: ACTION PLAN FOR YEAR 3

Goal #3: Children, birth through age five, will have access to adequate and equitable resources that will enable them to arrive at school with healthy minds and bodies.

Objective	Activity	Timeframe (By:)	Responsible	Measure of Success
3. 2 - Increase knowledge and support for Maryland's Social Emotional Foundations of early Learning (MD-SEFEL) Partnership.	3.2.1- Support expansion of trainers statewide	February, 2013	Interagency Planning & Leadership Team for MD SEFEL	By October 2013, 15% reduction in expulsions (from Oct. 2010 baseline.)
	3.2.2- Support implementation of the pyramid teaching philosophy in all prior early care settings (child care, Head Start, preschool programs).	September, 2013	MD SEFEL Expert Coach and Cadre of Trainers	15% increase in early childhood programs implemented statewide.
3.5- Extend the Child and Adult Care Food Program to informal child care providers.	3.5.1- MSDE/ OCC will continue collaboration with the Governor's Partnership to End Childhood Hunger and identify licensed child care centers and informal child care providers to enroll in CACFP	January, 2013	Governor's Partnership to End Childhood Hunger, MSDE/School and Community Programs Nutrition Branch	5% increase in the number of licensed child care centers enrolled in the CACFP.
				2013: a 5% increase would represent 588 centers participating.
3.6- Increase the number of children (including those with special health care needs) accessing health care and oral health care from providers that accept MCHP.	3.6.1- Train child care staff on an effective family support model that incorporates a health component.	August, 2013	MSDE (Head Start , Judy Centers), DHMH, family support centers	Continued and increased implementation of social marketing strategies (referenced Year 1) to enhance commitment to medical homes across agencies; Increased access to quality Family support systems.
	3.6.3- Support an on-going workgroup of physicians and dentists to develop comprehensive screening and treatment for young children	August, 2013	Medicaid, DHMH AAP	Increase access for women and children eligible for health insurance.
				5% increase in number of children using MCHP to access health and oral health over previous year.
3.7- Create a "medical home" providing central community health support includes dentists and oral health for children and families.	3.7.1- Support the establishment of a model medical home program	On - going	DHMH/ Office of Genetics and Children with Special Health Care Needs in collaboration with MD-AAP, pilot ABCD developmental screening project.	10% Increase in provider participation statewide.
				5% increase in children screened for early intervention services from previous year.
				5% increase in children referred for early intervention services from previous year.

2.1   Factors that Accelerate or Decelerate the Work

2.1.1.   The Accelerating Factors for Success

As part of a landmark school finance law in 2002, Maryland incorporated the provision of full-day kindergarten in all elementary schools and the expansion of prekindergarten to all economically disadvantaged four-year-olds. As a result, 80% of five-year-olds are enrolled in full-day kindergarten and 35% of four-year-olds are enrolled in half-day or full-day prekindergarten. The highly-qualified teacher requirement under *No Child Left Behind* (NCLB) has been extended to prekindergarten teachers, all of whom are employed by local boards of education. Maryland's prekindergarten regulations reflect 9 of the 10 quality benchmarks endorsed by the National Institute of Early Education Research (NIEER). Maryland also developed a business plan in 2009 to expand prekindergarten to all four-year-olds and three-year-olds in targeted areas.

Maryland also has the strength of its *Maryland Model for School Readiness* (MMSR), the large-scale assessment and accountability system that provides a framework of standards and assessment to assist teachers, care givers, and parents to support young children's school readiness skills. (**See Sections 1.1 and 1.6.1**)

Maryland has evidence that preschoolers enrolled in state-regulated early childhood programs have a greater chance of meeting school readiness targets than those in home and informal settings. Kindergarten assessment information for the past decade has shown that young children enrolled in high-quality (e.g., accredited) programs have more effective learning opportunities than those who are not. Families enrolling in child care in Maryland can rely on one of the best-regulated child care licensing systems in the nation.

Local boards of education in Maryland have increasingly been more receptive to formal

collaboration with early childhood partners. Since 2005, for example, local boards have

established *Memoranda of Agreement* (MOA) with local Head Start partners. Since 2003, local

boards have been required to initiate strategic planning for improved school readiness as part of

their annual comprehensive Master Plan, subject to approval by MSDE. Since 2001, dedicated

grant funding has created formal partnerships between selected schools and their early childhood

partners to develop centers of excellence to overcome early learning gaps for low-income,

Special Education, and English Language Learners. Twenty-four Judy Center Partnerships

reach forty elementary schools in Maryland and serve as catalysts for similar partnerships.

In 2008, a Maryland non-profit organization, Maryland Family Network, in coordination with

state and local stakeholders, developed a business plan for creation of community hubs for

children from birth to three. So far, community hubs have been implemented in twenty-six sites

across Maryland, where family support, child development, and adult education services are

woven together to support a community's infrastructure for young, low-income families.

Maryland has developed a strong support system for child care programs that are in need of

improvement. The state legislature created a *Joint Committee for Children, Youth, and Families*

that oversees progress. The MMSR, Maryland's annually-administered kindergarten assessment,

indicates that 15,000 more kindergartners were deemed "fully ready" to begin school in 2008

than in 2001. Consequently, third-grade reading results improved from 58% being proficient or

advanced to 85% meeting that standard. Much of this success lies in the improvement of the

early childhood infrastructure. In addition to an early voluntary Quality Rating and

Improvement System (QRIS) known as "Tiered Reimbursement," Maryland's early childhood

accreditation program has fostered the pursuit of national and state accreditation among early

childhood programs, and a child care credentialing program offers career advancements and incentives through professional development, training, and compensation.

This combination of accelerating factors has improved quality of care in general. To better address continuing disparities and the need for coordination and stronger oversight, MSDE's Division of Early Childhood Development oversees school readiness needs.

Head Start programs are required to provide parental involvement. Judy Center Partnerships have extensive parenting education and family literacy components. Family Support Centers, serving families with infants and toddlers, emphasize parental engagement in all aspects of a child's life. The State's child care resource and referral network offers consumer education to families searching for quality care.

Consolidation of all state early care and education programs within MSDE has significantly improved coordination of early literacy services offered by local libraries. The state's public library system is overseen by the State Board of Education and administered by MSDE. As a result of intradepartmental collaboration, early literacy outreach efforts to child care providers and parents have included local libraries in the strategic planning process.

Families of infants and toddlers with disabilities have recently been given the option to extend the Individual Family Support Plan (IFSP) beyond the standard first three years of the child's life to five years and school entry. This will expand family engagement among preschool age children with disabilities.

Maryland's early childhood mental health consultation project serves all areas of the state. It is administered by the state's child care resource and referral network and works with child care

centers and family child care providers to find effective strategies for working with children who exhibit challenging behaviors.

2.1.2. The Decelerating Factors of Success

The state's support for direct services for early care and education is limited to a segment of low-income families. Any family above 185% of Federal poverty guidelines cannot obtain subsidized care. A further impediment is that tuition-driven care is becoming more expensive, especially for high-quality programs. Thus, young children from low- and middle-income families are less likely to receive quality care than their higher-income peers. Since child care is market driven, quality early childhood programs tend to cluster in more affluent neighborhoods and are less available in under-resourced communities. The state does not have a remedy in place to address capital investment needs for high-quality early childhood programs outside the public school sector.

While Maryland has established a strong continuing education model, the pre-service requirements for credentialing child care teachers are below recommended standards. Child care teachers are required to have only 90 clock hours of training beyond their high school diploma to meet lead teacher standards. Lack of content knowledge and experience affects the quality of care, compensation, and staff retention. The state's scholarship program with post-secondary institutions can only address the needs of the most motivated professionals in the field. Attempts to change personnel requirements through regulation carry the risk of inadvertently increasing the number of illegal child care operations. Additionally, the market-driven nature of child care suppresses adequate wages for the workforce in this sector.

Recent suspension and expulsion data, which include four-year-olds in prekindergarten, point to an increase in children who have disabilities impeding their learning, are exposed to chronic stress, or lack the skills to regulate their social and emotional behaviors. Maryland's MMSR kindergarten assessment has shown a widening of the gap between children with disabilities, (including those with behavioral challenges) and children exhibiting normal development.[21]

Parental substance or alcohol abuse, a serious problem in Maryland and other states, is often a significant factor in undermining young children's home stability, emotional and social well-being, and readiness to learn. Families with such issues need intensive intervention and a range of therapeutic and supportive services, often not sufficiently available due to families' limited resources and the state's budgetary limitations.

Mere lack of parental understanding of the importance of early education is a chronic impediment to improving the conditions for young children. While awareness campaigns on the importance of early education are effective with parents who are predisposed to the notion of being their child's first teacher, the approaches of such campaigns typically miss families who require more intense and individualized attention. Such attention is best provided at sites with continuous services, such as child care centers and family child care homes. Maryland, however, has not developed an effective strategy to consistently include family involvement in the delivery of child care.

More culturally competent outreach is needed to support and increase awareness and access of families, particularly recent immigrants and English Language Learner families, regarding health and mental health issues and services that can have a profound effect on children's school readiness.

2.2. Staff and Position Data

Descriptions of the two (3) new staff positions requested to support the Early Childhood Advisory Council follow:

Project Coordinator

The Project Coordinator is responsible for planning, organizing, implementing, and administering the activities of the ECAC to accomplish the mission of the ECAC.

Nature of Work:

The Project Coordinator assists in the direction of operations of the ECAC; evaluates efficiency of ECAC operations and develops and recommends new procedures, using new technology where appropriate; applies policies, rules and State and federal regulations to accomplish the work of the ECAC and Division of Early Childhood Development (DECD); implements new policies as directed by ECAC and the DECD; sets goals and deadlines for workflow functions; coordinates workflow with DECD administrator; and performs other related duties.

Required Knowledge and Skills:

The Project Coordinator must have the ability to formulate and present recommendations clearly and concisely; exercise judgment and discretion in applying and interpreting federal, state, and departmental policies, laws, rules, regulations and procedures; communicate effectively with Council members, co-workers, staff of other agencies, organizations, and the general public; and maintain confidentiality of sensitive information.

<u>Minimum Education and Work Experience</u>:

Education: A bachelor's degree from an accredited college or university.

Experience: Six years of experience in administrative staff or professional work, preferably in the area of early childhood development. Two years of this experience must have involved overseeing and coordinating the general operations of a program unit, applying rules and regulations or exercising responsibility for the development of policies and procedures.

<u>Research Analyst</u>

The Research Analyst will collect, analyze, and independently interpret data using advanced statistical techniques. The analyst is expected to determine, develop, and evaluate the methods and sources of collection and organize, prepare, and submit reports, conclusions, and recommendations.

<u>Nature of Work</u>:

The Research Analyst assembles, collects and compiles basic statistical data through use of reports, existing records, completed questionnaires, or other methods; prepares questionnaires, worksheets, sampling methods, and reporting procedures; determines sources of information, their reliability, and the method of study; codes and tabulates applicable statistical data; interprets and analyzes collected data and determines percentages, medians, means, and frequency distributions; prepares both narrative and statistical reports; and may assist in the preparation of estimates, projections, conclusions and findings.

<u>Required Knowledge and Skills</u>:

Working knowledge of research design and statistical methods, techniques and procedures; ability to prepare clear and accurate narrative reports of findings; prepare and present statistical data in tabular, chart, and graphic form; formulate and present sound conclusions and recommendations; direct and conduct the compilation, analysis and presentation of statistical data; and establish and maintain effective working relationships with staff members, departmental officials, and the general public.

<u>Minimum Education and Work Experience</u>:

Education: A bachelor's degree from an accredited four-year college or university including or supplemented by six or more semester hours in statistics beyond the elementary course.

Experience: One year of experience in statistical or research work, which must have included the application of statistical techniques.

<u>Office Secretary</u>

An Office Secretary will provide secretarial support to an administrator or administrative staff.

<u>Nature of Work</u>:

The Office Secretary types manuscripts, correspondence, reports and other documents using a typewriter or using a keyboard of personal computers, computer terminals or word processors; preparing reports; drafts correspondence; provides relevant information to callers; maintains important and confidential records; types manuscripts,

correspondence, statements, tables and forms from corrected copy, rough draft or oral instruction; opens, sorts, reads and distributes incoming correspondence; proofreads outgoing correspondence and reviews records for completeness and accuracy; prepares and maintains statistical and numerical reports and records; develops special forms; and may use word processing, data base, spreadsheet or desktop publishing computer software applications in order to prepare reports, charts, graphs or other documents.

Required Knowledge and Skills:

Knowledge of office practices, procedures, equipment, business English, spelling, punctuation and grammar; skill in typing; ability to compose and/or proof business correspondence, maintain records and prepare reports; perform basic arithmetic computations; maintain confidentiality of records, reports and other material; and communicate deal with officials, the public and co-workers in a courteous and tactful manner.

Minimum Education and Work Experience:

Education: Graduation from an accredited high school or possession of a high school equivalency certificate.

Experience: One year performing secretarial or clerical work involving typing duties.

2.3 Organizational Profiles

The ECAC and its members and staff are the parties responsible and accountable for carrying out the scope of work presented in this document. The Council's membership is made up of the following state agencies:

Early Childhood Advisory Council

Membership and Roles

Agency/Organization	Representative	Role
State Agencies: Maryland State Department of Education	**Dr. Nancy S. Grasmick, Chair** State Superintendent of Schools	Leadership
Office of the Governor	Pat Forester Education Policy Advisor	Oversight and Support
Governor's Office of Children	Rosemary King-Johnston Executive Director	Facilitate agency and State government coordination
Maryland State Department of Education	Dr. Rolf Grafwallner Assistant State Superintendent	Responsible for Council operations
Maryland State Department of Education	Linda Zang Director, Head Start Collaboration	Responsible for Council operations
Maryland State Department of Education	Marcella Franckowski Branch Chief, Early Intervention and Education	Facilitate local coordination of services for children
Maryland Department of Health and Mental Hygiene	Al Zachik Director of Child and Adolescent Services	Lead on children's mental health policy
Maryland Department of Health and Mental Hygiene	Mary LaCasse Early Childhood Administrator	Lead on health and school readiness

Maryland Department of Disabilities	George Failla Deputy Secretary	Represent disabled children and parents
Maryland Department of Human Resources	Wendy Chun-Hoon Chief of Staff	Represent vulnerable populations
<u>Local Agencies:</u> Montgomery County Public Schools	Claudia Simmons Supervisor, Prekindergarten and Head Start	Model successful partnerships for quality
Local Management Boards Association	Stephanie Stone President	Coordinate local resources
Montgomery County Health and Human Services	Deborah Shepard Child Care Administrator	Provide local government perspective
St. Mary's Public Library	Kathleen Reif Director	Increase accessibility to literacy services
Garrett County Community Action Committee	Duane Yoder President	Facilitate community resources for low income children and families
Baltimore City Child Care Resource Center/Head Start	Veronica Land-Davis Director	Model successful partnerships that promote quality

State Associations:		
Maryland State Child Care Association	Jennifer Nizer President	Spearhead quality initiatives
Maryland State Family Child Care Association	Donna Fowler Public Policy Director	Spearhead quality initiatives
Maryland Head Start Association	Paul Pittman President	Represent Head Start children and families
Maryland State Education Agency	Clara Floyd President	Connect with public school teachers
Maryland Association of Elementary School Principals	Walter Reap Principal, Germantown Elementary School	Facilitate local partnerships
Maryland Parent Teacher Association	Debbie Ritchie President	
Maryland Association for the Education of Young Children	Greg Stevens President	Support transition strategies
		Represent interests of early care and education
Institutions of Higher Education:		
Prince George's Community College	Terry Bridger Early Childhood Education Coordinator	Integrate professional development and career education
Business Community:		
PNC Bank	Darcel Kimble Vice President of Corporate Communication	Generate support for Quality Improvements

Womble Carlyle	Sky Woodward Attorney	Provide legal expertise on early care and education
Early Childhood Consultant	Brenda Kelley	Provide perspective on collaboration in early care and education
Non-Profit Organizations: Ready at Five Partnership	Louise Corwin Executive Director	Assist parents in school readiness activities
Maryland Family Network	Margaret Williams Executive Director/Deputy Director	Spearhead policy development and the provision of services for the birth-three population
Mid-Atlantic Equity Consortium	Charo Basterra Director	Provide expertise in cultural sensitivity and diversity
United Way of Central Maryland	Beth Morrow School Readiness Initiative Coordinator	Apply private charitable interests to early childhood programs

The State Superintendent of Schools chairs the ECAC, in accordance with the governance structure in Maryland, whereby all early care and education programs are under the auspices of the Maryland State Department of Education. The ECAC Coordinator reports to the State Superintendent, and is accountable for meeting the Council's responsibilities. The ECAC Coordinator, supported by a data analyst, has responsibilities that span the full scope of the Council's charge and require close coordination with MSDE, DHMH, and DHR for early childhood education, health, and welfare support services affecting children birth-to-five.

2.4. Third Party Agreements

To create a strong, sustainable early childhood structure that is grounded in meeting the needs of young children and improving the quality of their early care and education, third party agreements will be needed for evaluation to collect, review, and analyze information and data provided by Council coordinator and data analyst and to compose annual report on the progress of the Council. Vendors will be selected in accordance with State procurement law.

[1] Vital Statistics, 2007, and The Annie E. Casey Foundation, 2007

[2] Vital Statistics, 2007

[3] NCCP, 2007

[4] The Annie E. Casey Foundation, 2007

[5] For more detailed information on the Maryland Model for School Readiness (MMSR) and its Kindergarten Assessment, see www.MDSchoolReadiness.org

[6] More than 25% of all five-year-olds enter kindergarten with inconsistent or deficient school readiness skills. Moreover, the proportion for low-income five-year-olds is 35%.

[7] The number of expulsions in prekindergarten has doubled over the past three years.

[8] The percentage of English-Language Learners in kindergarten increased from 4.9% in 2005 to 9.4% in 2008.

[9] From school year 2007/08 to 2008/09, the percentage of low-income four-year-olds in prekindergarten increased by almost 2,000 or from 68% to 75% of the total enrollment in prekindergarten. Such an increase cannot be explained by annual fluctuations alone.

[10] MSDE's Division of Early Childhood Development, coordinating most of the early care and education services in Maryland, has experienced a reduction of more than $10 million.

[11] The Tiered Reimbursement Program is Maryland's QRIS.

[12] NIEER issues an annual *State of Preschool* report which lists Maryland's prekindergarten regulations meeting 9 out of 10 quality indicators. The missing indicator refers to the qualification of teacher assistants.

[13] The late Judith P. Hoyer was the Early Childhood Supervisor of Prince George's County Public Schools, who initiated a school-based public school/early childhood partnership model. In 2000, the state legislature passed a landmark bill, the Judith P. Hoyer Early Care and Education Enhancement Program, which required the replication of the "Judy Centers" across Maryland among other quality incentives.

[14] MGT of America (2004) External Evaluation of the Judith P. Hoyer Early Care and Education Enhancement Program

[15] Vital Statistics, 2007

[16] Asthma in Maryland, 2006

[17] Maryland's Children and the Environment, 2008

[18] Maryland's Children and the Environment, 2008

[19] "Maryland Plan to Eliminate Childhood Lead Poisoning by 2010," MSDE, 2008

[20] Maryland's Children and the Environment, 2008

[21] MSDE, Children Entering School Ready to Learn, School Year 2009-2010, www.MDSchoolReadiness.org