

what  
**SUCCESS**  
looks like



Three-Year Action Plan  
**2009-2012**

Maryland Early Childhood Advisory Council

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### Maryland Early Childhood

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## executive SUMMARY

The earliest years of a child's life literally provide a once-in-a-lifetime opportunity to gain the skills and abilities needed to start school successfully. Because readiness for kindergarten is a core indicator of a child's likely success in school and in life, the preschool years are an indispensable gateway to achievement of every child's full potential.

The Maryland Early Childhood Advisory Council, formed in 2008, continues the commitment to early childhood education begun by the Maryland Leadership in Action Program (M-LAP) in 2001 and its successor, the Maryland Early Care and Education Committee, formed in 2003 as a permanent subcommittee of the Governor's Children's Cabinet, chaired by Children's Cabinet member and Maryland State Department of Education (MSDE) Superintendent Nancy S. Grasmick. The Council, charged with facilitating a steady and strong improvement in early care and education, has reviewed Maryland's entire history of progress on the issue and has used this carefully-considered knowledge to develop a *Three-Year Action Plan for 2009-2012* with three clear goals:

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

The pursuit and realization of this Action Plan constitutes the subject of this report.



## action plan ultimate impact we want to achieve

The Council's ultimate goal is for every child in the state to enter kindergarten "fully school-ready" as measured by teachers using the standards of the Maryland Model for School Readiness (MMSR). The statewide trend has been tremendously positive: full school readiness increased by 24 points from 2001-02 to 2008-09, from 49% to 73%. This is due to greater parental awareness of the importance of school readiness; an improved infrastructure that places all early care and education activities under the purview of MSDE; and greater collaborative planning at the state and local levels. Much more remains to be accomplished, however, to close the persistent gaps in school readiness skills among subgroups of children, including improving the school readiness of minority and low-income children, children with special needs, and English Language Learners.

The state needs to address root causes for these disparities, including the relationship between poverty and decreased access to quality early care and education programs; families in poverty lacking resources to support their children's learning; insufficient access to quality early care and education for children with special needs; an increasing number of children not arriving at school with healthy minds and bodies; shortages of resources for post-secondary education and professional development and training for early childhood educators and staff; and limited understanding among businesses, funders, and policymakers of the value of early care and education. It is also known that factors contributing to these problems include substance abuse among parents of young children, homelessness, increased economic pressures on families, changes in family structures, and differing cultural perspectives on early care and education.

All of these factors inform the three overarching goals of the Council's Three-Year Action Plan, and strategies and actions for attaining them.

## action plan accountability by goals

**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.

The data show that all entering kindergarteners benefited from prior care experiences. They also show that benefits to children varied according to income disparity, disproportionately higher numbers of children with disabilities, or English Language Learner status. Further, the differences in results between regulated early childhood programs, such as child care, Head Start, nurseries and prekindergarten, and home/informal care have been consistent over the past years. In response to the causes and effects of these problems and the demonstrated positive impact of certain remedies, the Council will carry out a series of strategies and actions directly addressing such needs as:

- Greater access to high-quality care
- Expansion of prekindergarten
- Better transitions from early childhood programs to public schools
- Implementing a statewide Quality Rating and Improvement System (QRIS)
- Increasing accredited programs and credentialed providers
- Increasing cultural sensitivity and outreach for minority and immigrant children
- Greater affordability of quality early care and education

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

Parents are central to providing the security and stimulation that children need for optimal early learning. Although some parents do not fully understand the importance of their role in their children's learning, many do, and want and seek help as they cope with the difficulties of supporting and raising families. The state will see true success of all parents as their children's "first teacher" only when we get at the underlying causes of families' limitations: poverty, economic pressures, family transitions, chronic language barriers, isolation and other stressors. Currently available data on parental involvement are limited, but the Council will pursue a statewide survey on availability and use of resources needed by parents as first teachers. Strategies and actions by the Council will include:

- Creating and expanding community-based partnerships for parent-child relationships based on economic stability and early learning
- Developing a network to provide "just-in-time" culturally and linguistically sensitive information and resources to families
- Expanding the Family Involvement Council and Maryland's Parent Advisory Council to represent families, caregivers and providers
- Sponsoring community listening forums for families, caregivers, and community members to provide their input on early care and education programs
- Creating sustainable funding for building political will for high-quality early care and education

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

Children need access to medical care, safety, healthy diets, emotionally stable surroundings, and other fundamentals to effectively learn and grow. When children lack these factors, their physical and mental well-being and their ability to succeed in school are at significant risk. Data on physical development and school readiness; conditions ranging from asthma to Attention Deficit Disorder; Low Birth Weight babies; and other health factors paint a picture of these risks to children. There is also an urgent need to identify these factors for subpopulations. Thus, it is critical to disaggregate important data, such as data on the disproportionate risks and the health and learning realities of African American males, immigrant families with young children, children with Special Needs; drug exposed/drug addicted children; and homeless or displaced families. The impact of child obesity, a known threat to children's health, also needs to be scrutinized. Strategies and actions by the Council will include supporting the use of the Maryland Partnership for professional development under the Center for Social and Emotional Foundation of Learning (CSEFL) and its pyramid teaching philosophy for young children and their families. It is also essential to increase the number of health care providers willing to accept Maryland Children's Health Program payment for children with special health needs; to create a "medical home" with central community health support for families; to extend the Child and Adult Care Food program to informal child care providers; to increase the number of Early Childhood Mental Health Consultants in every jurisdiction; and more.

“Early childhood learning, health, and nutrition are vital to the development of every child, and Head Start contributes positively to all of these. These services are especially important for low-income students whose early development is often reliant upon programs like Head Start. In Maryland, we take these important programs very seriously, and even in tough times, we have been able to preserve our efforts for early child development.”

Martin O'Malley, Governor of Maryland

## head start reauthorization

As the country's longstanding school readiness program, Head Start is essential in providing targeted health and learning services to Maryland's low-income children and families, who are most vulnerable to the forces that inhibit early childhood learning. The reauthorization of Head Start in 2007, and the new mandates for improving the program, provide huge opportunities but also challenges. One mandate is the creation of an Early Childhood Advisory Council in each state, charged with developing and monitoring a strategic plan for coordinating all aspects of early care and education. As the entity charged with promoting collaboration among Maryland's early care and education programs, the Council is at the heart of renewing the statewide commitment to creating learning opportunities that enable every child in Maryland to start school fully ready to learn.

## HISTORY

The Maryland Early Childhood Advisory Council, established under a grant by the National Governor's Association, was convened in 2008 to answer the overarching question: *What are the most important factors and most effective strategies for Maryland's making the greatest possible gains in early care and education in the next three years?*

Driving this question is the demonstrated reality that a child's first five years of life provide the most important opportunity for developing the skills and abilities he or she will need to succeed in school and in life. Early care and education is the best possible investment in a young child's future achievement. Without this opportunity, research shows, a child can fall behind and never catch up. Accordingly, early care and education has become one of the top priorities for Maryland.

This statewide work was begun by the Maryland Leadership in Action Program (M-LAP), formed in 2001 as part of the Annie E. Casey Foundation's Leadership In Action Program, a statewide network of jurisdictional leadership “from the middle,” established in response to data showing that fewer than half of the state's entering kindergartners were fully school-ready. In 2003 M-LAP was renamed the Maryland Early Care and Education Committee and became a permanent subcommittee of the Governor's Children's Cabinet. The subcommittee was chaired by Maryland State Department of Education (MSDE) Superintendent Nancy S. Grasmick.

In 2008, the Committee was reconstituted as the Early Childhood Advisory Council (from here on referred to as “the Council”), remaining a permanent subcommittee of the Children's Cabinet, and undertook its task of reviewing Maryland's early care and education progress to date and identifying necessary next steps. In so doing, the Council studied all 11 reports completed since 2001 on Maryland early care and education, including *Achieving School Readiness: A Five-Year Action Agenda*, adopted in October 2002 by the Subcommittee as Maryland's statewide Strategic Plan for early care and education from 2003 to 2008.

The result of the Council's intensive deliberations is a Three-Year Action Plan for 2009-2012 that condenses the six goals of the prior *Action Agenda* into three:

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

These three goals direct the mandate of the Council as it carries its work forward for the next three years.

## PURPOSE and approach of the Maryland Early Childhood Advisory Council

The major purpose of the Maryland Early Childhood Advisory Council is the gradual improvement of young children's readiness to succeed in school, which is a proven indicator of likely success in life.

Maryland has a long and strong tradition of advancing the goals of school readiness. At the beginning of each school year, all incoming kindergartners are evaluated by their teachers on their skills and abilities in all seven Domains of Learning: Social & Personal Development, Language & Literacy, Mathematical Thinking, Scientific Thinking, Social Studies, the Arts, and Physical Development. Using the Maryland Model for School Readiness (MMSR) Kindergarten Assessment as an index of measurement, each entering kindergartner's school readiness is assessed as “full,” “approaching,” or “developing” readiness.<sup>1</sup>

This annual statewide evaluation serves as the performance measure for the early learning experiences that children bring with them, reflecting a wide array of opportunities young children have when they attend early childhood education programs. They also reflect parents' involvement in the learning of their children; families' abilities to provide a safe and nurturing environment; and the extent to which children have healthy minds and bodies.

Maryland's approach to improving school readiness embraces the work of all of those who have a stake in young children's foundation for school success, including parents, teachers, early childhood educators and providers, community leaders, health professionals, advocates for children and families, businesses, state and local agencies, and nonprofit organizations.

The membership of the Council mirrors this diversity of stakeholders as did its predecessor, the Early Care and Education Committee. In its continued role as permanent subcommittee to the Governor's Children's Cabinet, the Council perpetuates Maryland's collaborative approach to planning and decision-making for early care and education while meeting the provisions of the Improving Head Start Act of 2007 by using an existing committee structure to execute the Council's critical tasks.

In its work, the Council has built upon the strength of *Achieving School Readiness: A Five-Year Action Agenda*, and incorporated recommendations from the many other reports that have fueled state policies over the years, including 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*.

The Council's shaping of goals and strategies employs results-based decision making: a rigorous four-part discipline of moving from deliberations to deeds. Such an action-oriented agenda creates an environment of continuous improvement, prioritization of actions, and joint efforts among many stakeholders toward unified goals.

# action plan part ONE

What ultimate impact do we want to achieve?

How are we doing?

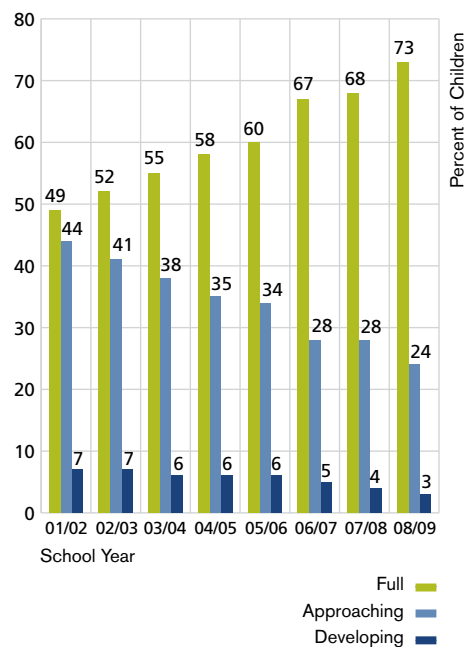
Desired Result: All of Maryland's children will enter school ready to learn.



## STORY behind the trend lines

### DATA trend lines

School Readiness 2001-2008 as Measured by the Maryland Model for School Readiness



The ultimate goal of early childhood education in Maryland is for every child in the state to enter kindergarten fully ready to learn and to succeed. We want all children to be “fully school-ready,” as assessed by MMSR guidelines, when they start school. This is the benchmark against which we measure the progress of our Council and the statewide commitment to early childhood learning.

In the past eight years, the percentage of entering kindergarten students evaluated by their teachers as fully ready for kindergarten has increased enormously from 49% to 73%. MMSR data show that kindergartners in school year 2008-09 were considerably better prepared for the formal school experience than those entering school in 2001-02. There are many reasons for this success. In addition to greater awareness among parents about the importance of early learning, Maryland has undergone a major transformation in establishing an improved and broad-based infrastructure for early care and education, culminating in the transfer of all early care and education functions into the Maryland State Department of Education (MSDE). Collaborative planning efforts for improving learning opportunities for young children have taken place not only at the state level but also in local jurisdictions through multi-agency and multi-disciplinary leadership programs that promote better environments and outcomes for early education.

### what it will take to do better

Despite these successes, more needs to be done to ensure that the remaining 27% of Maryland's entering kindergartners become fully ready for school. The state and each of its 24 jurisdictions still show significant disparities in school readiness skills among subgroups of children. Those whose readiness most urgently needs to increase include minority and low-income children, children with special needs, and English Language Learners. Years of attention to these disparities have identified the following as key causes for the variances:

- The relationship between poverty and decreased access to quality preschool or child care programs, which is a known impediment to effectively preparing young children to start school.
- Families in poverty lacking the resources to support their children's learning. This can be a lack of money for books or other learning materials, a lack of time or energy for learning activities, a lack of knowledge about early childhood learning, and any number of other scarcities. Research also bears out the relationship between poverty and higher chronic stress levels among young children, which negatively impact cognitive development.
- A lack of access to quality early care and education for children with special needs. Access to such care is critically important for children in these situations.
- An increasing number of children not arriving at school with healthy minds and bodies. Increases in hunger, emotional disruption at home, and other problems worsen children's outlook for school readiness.

- Insufficient resources for post-secondary education in the field of early childhood education as well as professional development and training for early childhood educators and support staff.
- Limited understanding among businesses, funders, and policymakers of the crucial value of early care and education, and, as a result, limited commitment to support it.

Some specific factors contributing to these problems include:

- Ongoing or habitual substance abuse among parents of young children. This exacerbates poverty, home instability, emotional stress, insufficiency of family health care, lack of attention to the learning needs of children, and many other problems.
- Increased economic pressures on families, including homelessness. The state of the economy, loss of jobs, and related issues have caused turmoil, deprivation and stress for Maryland families at all income levels, which in turn threatens the prerequisites for effective early childhood learning.
- Changes in family structures impacting the social and emotional needs of young children. As families change, there is more need for adjustment in nurturing the learning of young children. In some ways, society and family life has not yet fully “caught up” with this need for adjustment.
- Different cultural traditions which sometimes have differing approaches to teaching and care of preschool-aged children. In some traditions, for instance, there is a higher tendency for young children to be cared for by family or friends rather than enrolled in preschool programs, despite the higher effectiveness of such programs for school readiness. Having a first language other than English can also create challenges for a child's school readiness.



Given the identified root causes, the Council defined the three goals referenced in the earlier "Purpose and Approach of the Council" section of this report:

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.

goal #2

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

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.

The Council also emphasized the importance of expanding Maryland's performance measures and indicators beyond the existing MMSR Kindergarten Assessment. Meeting each of the three goals, therefore, is established by data – indicators or performance measures – accountability in the Council's progress.

All three of the goals share elements of clear action to achieve success, including:

- Increasing communication to build the public awareness and will to bring all Maryland children to full school readiness. In order to act, Marylanders must be made aware that children's school readiness is essential for their futures, and must care enough to become part of the solution.
- Focusing on professional workforce development. Giving early care and education professionals the continuing tools and knowledge they need to help young children learn is a must for increasing children's school readiness.
- Increasing funding for direct services to ensure consistent quality in early care and education. High-quality early care and education costs money, and this investment is critical if Maryland is to attain the needed results.

The three goals also share certain necessary management and accountability strategies for the next three years, identified by the Council as:

- Creating a single point of access for early childhood resources, referrals, and support for families of young children within each community. This is vital for providing both coordinated and sufficiently accessible help and information.
- Putting into place a comprehensive performance management system, including a set of performance measures for each goal.
- Increasing accountability among early childhood programs for reducing disparities in early learning. This is essential to intensify the focus on realms of early childhood learning that need the most targeted support.

DATA trend lines

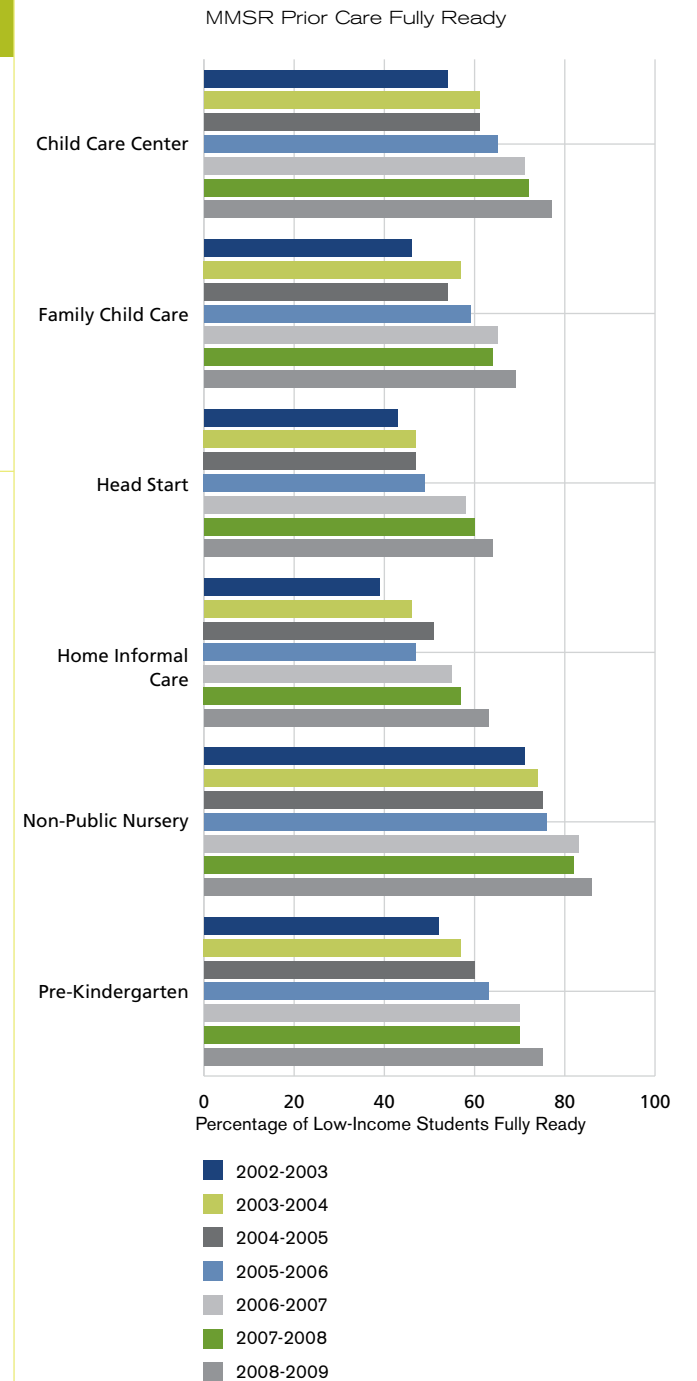
goal #1: All children, birth through age five, will have access to adequate and equitably funded quality early care and education programs that meet the diverse needs of families.

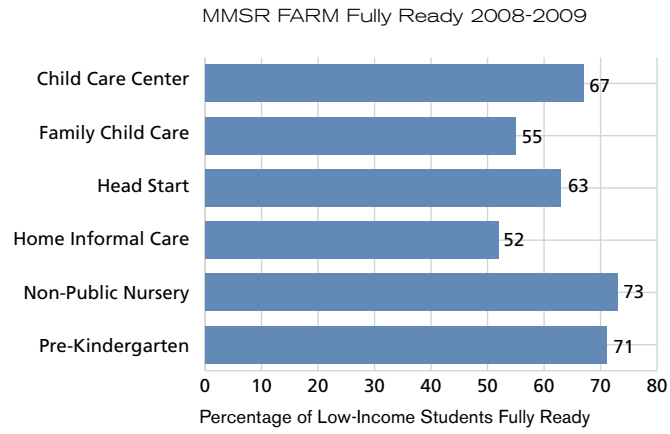
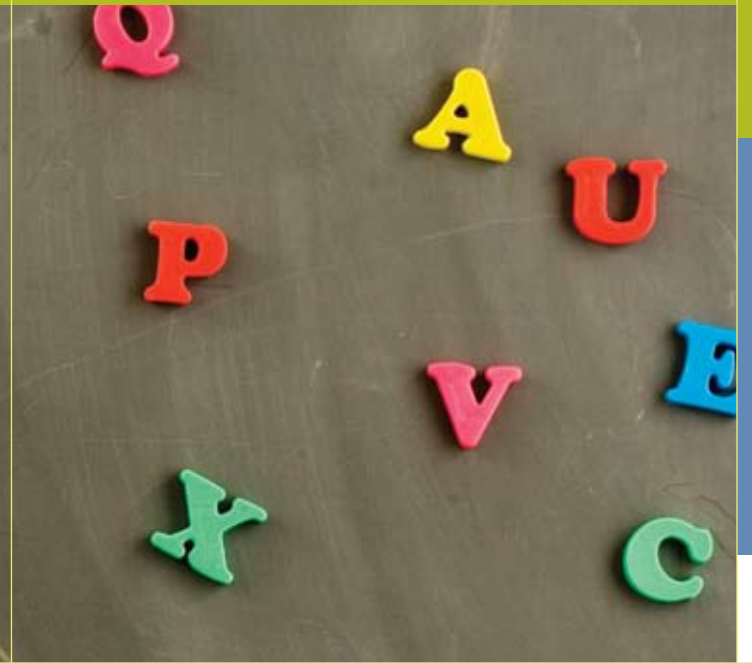
transition to kindergarten as a success indicator

The *Children Entering School Ready to Learn – School Year 2008-09* report includes the performance indicator of four-year-old children transitioning from different types of early childhood programs to kindergarten. Establishing such a relationship between prior care learning experience and demonstrated skills in kindergarten assumes that the prior care programs have considerable impact on the results. The data confirm this.

While differing by the types of care arrangements, the results show that, over time, all entering kindergarten children benefited from state-regulated prior care experiences.<sup>2</sup> The results illustrate two things: overall improved performance, and relative variance linked with demographic variables, such as income disparity, a disproportionately higher concentration of children with disabilities, or English Language Learner status. Since state and federally subsidized programs, such as Head Start or prekindergarten, are intended to serve lower-income or otherwise challenged children, the differing results among groups are most likely reflective of the makeup of the population rather than the performance of programs. When comparing low-income children among all types of prior care arrangements, however, a different picture emerges.

<sup>2</sup>Note that each Prior Care category represents pre-selected subpopulations of children, e.g., at least 90% of children enrolled in Head Start met the federal income guideline for poverty.



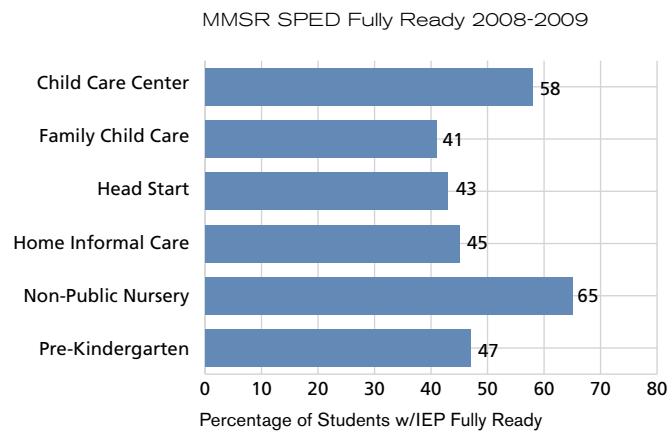
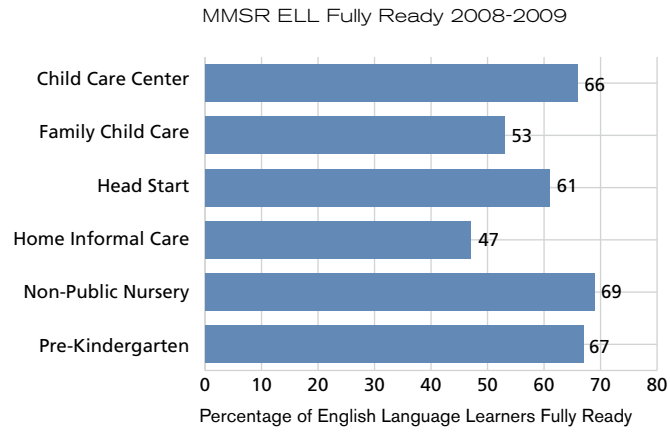


The school readiness gap among types of programs for all children was 23%, with nurseries on the high end and home and informal settings on the low end. The gap narrowed, however, when the comparison involved solely low-income children. For instance, a there was a 21% gap between nurseries and home and informal care. Such a pronounced difference also exists with low-income children in Head Start versus those in prekindergarten (an 8% gap), compared with the 11% gap for all income groups.

Results for English Language Learners are particularly revealing. While 60% of all English Language Learners were evaluated as fully ready, those enrolled in Head Start (61%), child care centers (66%), prekindergarten (64%), and nursery schools (66%) turned out to be the higher-performing groups.

Fewer than half of children with disabilities (47%) who receive Special Education Services were evaluated as fully ready. Those in nursery schools, however, far exceeded the average (65%).

Results of children from home or informal settings are the most revealing. Their chances of starting their formal school careers successfully are considerably lower than those of any children in regulated early childhood programs. Among poor children and those with disabilities or English Language Learners, the differences are consistently smaller, especially in the Language and Literacy domain: among poor children in home or informal care, one-fifth have significant deficiencies (“developing readiness”) compared with one-tenth of those in family child care or Head Start. And nearly one-third of English Language Learners have serious deficiencies. These statistics are particularly significant given that children matriculating from home and informal settings into kindergarten are the second largest cohort among all kindergarteners.



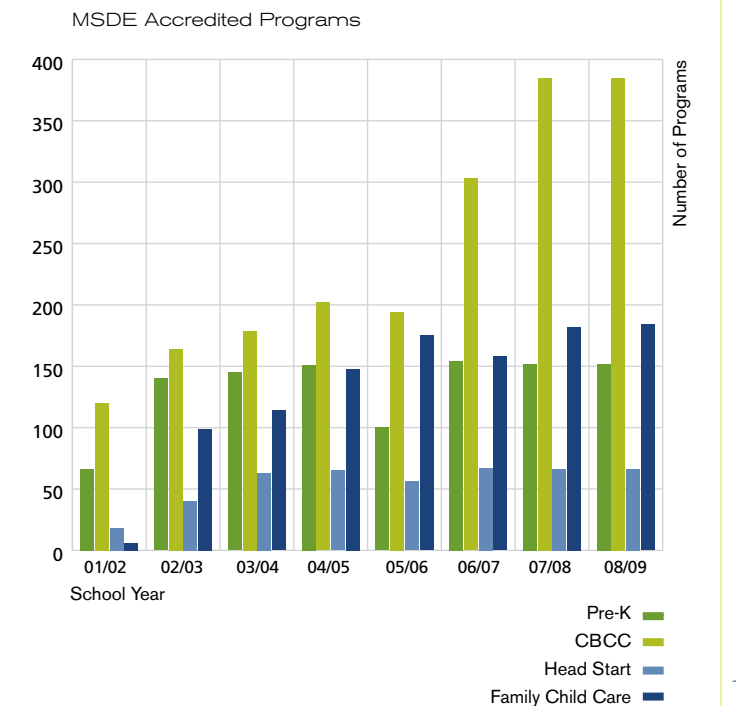
### standards for measuring performance

Since 2001, Maryland has addressed the need for improving the quality of early care and education by establishing an infrastructure of high program standards. As one of only a handful of states to do this, Maryland has written its own standards defining high program quality and excellence in early education. Similar to those of national organizations, the standards define the management and administration of programs, the early learning programs in the classrooms, and the home and community partnership of early childhood programs. Since the inception of these standards, Maryland’s number of state- and nationally- accredited programs has increased six-fold. Strategically, this widening emergence of high-quality early childhood programs will significantly improve the likelihood that children enrolled in these programs will be better prepared for school than their peers.

The data show that child care centers, in particular, have embraced program accreditation as one of their efforts to reach high quality standards, while growth in accreditation among school-based programs, family child care providers, and Head Start has leveled off in the past few years. The overall trend is encouraging, but only a small percentage of all registered family child care providers or licensed centers have gone through the accreditation process.

### new strategies for defining quality

In addition to setting standards, Maryland is planning to establish an infrastructure to evaluate the quality of programs. A workgroup, charged by MSDE, has been working on defining the components and process of a statewide Quality Rating and Improvement System (QRIS). Considered a standard tool to foster quality improvement among child care providers, such a system would identify each center or family child care site by “Stars of Quality” representing quality components, such as credentials of staff and accreditation status, helping families to make more informed decisions about enrollment and better informing the public about the overall trend of improving the quality of early care in Maryland.





## STORY behind the trend lines

### factors contributing to success

Four-year old children who are enrolled in state-registered early childhood programs have a greater chance of school readiness than those in home or informal settings. Further, young children enrolled in accredited programs are exposed to learning opportunities of higher quality than those who are not. Families enrolling children in child care in Maryland can rely on one of the best-regulated child care licensing systems in the nation.

Ongoing research supporting the value of investments in birth-through-5 education for long-term success in school and life is increasingly accepted in policymaking. Children who grow up in families and neighborhoods with adequate early care resources are entering kindergarten significantly better-prepared than those from under-resourced homes and communities.

Local education agencies are beginning to work more formally with early childhood partners with the understanding that strong foundational skills support school reform efforts, particularly for disadvantaged groups. Early childhood professionals also now have an increasingly broad and substantive array of professional development opportunities, including training in teaching and learning. As a result, families with infants and toddlers, including those with disabilities, can count on an improved service delivery system incorporating single point of entry, interagency collaboration of services, and family support. What helps to pull all of this together is the governance of all early care and education programs by the Maryland State Department of Education.

### factors restricting success

The state's eligibility requirements preclude access to prekindergarten and other preschool programs for low-income families above 185% of the Federal poverty guidelines. This denies access to many children for whom this would be the only channel for prekindergarten. A further impediment is the fact that the market-driven tuition for early care has increased significantly overall, while families' inflation-indexed incomes have remained stagnant. Moreover, affordable quality early childhood programs tend to concentrate in more affluent neighborhoods and are less available in under-resourced or economically mixed neighborhoods. Also, the state's subsidized programs, such as prekindergarten and Head Start, tend to be part-day and therefore restrict the availability of quality full-day programs.

In an increasingly diverse Maryland, early childhood programs have not fully adapted to the influx of immigrant populations, representing many cultures and languages. A significant population of young children is therefore under-served.

Professional and career development opportunities for child care staff are restricted by limited post-secondary course offerings and lack of corporate scholarships (i.e., funding support for substitute staff, and stipends for staff members who need financial help to attend).

Shared availability of data among stakeholders also remains a challenge. State and local agencies experience a lack of coordination among a variety of data management information systems, making it harder to pool knowledge and to take concerted action in a timely manner.

### strategies and actions

- 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. Specifically, the Council will:
  - Identify high-quality early care and education service providers and community partners by region.
  - 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.
- Maintain the viability of high-quality early care and education provided by non-public programs while also expanding prekindergarten. The Council will:
  - Monitor the impact of public prekindergarten, by jurisdiction, on Head Start and the private child care sector.
  - Support workforce skills and competencies through professional development and career opportunities in the field of early childhood education.
- Work with early care and education providers on transition strategies for all children moving from early childhood programs to public schools. The Council will:
  - 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.
  - 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.
- Build family and societal demand for high-quality early care and education services for all children. The Council will:
  - Develop and implement a statewide Quality Rating and Improvement System (QRIS).
  - Increase the number of accredited programs and credentialed providers.
  - Promote cultural sensitivity and outreach for minority and immigrant children.
- Make quality early care and education services affordable for all families. The Council will stress the importance of:
  - Increasing eligibility and provider subsidy rates, and lowering parent co-pays.
  - Promoting public-private partnerships in quality improvement efforts.
  - Promoting the "Preschool For All" program and its recommendations for services in all settings.
- Improve credentials and increase compensation for early care and education staff through:
  - Implementing "Preschool for All" proposals to provide salaries for state-certified teachers in non-public school prekindergarten programs comparable to those of teachers in public schools.
  - Increase the number of post-secondary institutions that participate in the Career and Professional Development Fund.
  - Initiate a process to develop articulation agreements between two- and four-year colleges for better collaboration.
- Establish a website to provide information on early care and education career options, pathways, and requirements, including links to other websites so that we can broaden and deepen career and training opportunities in the field.
- Develop and employ a Unique Student Identifier for longitudinal data analysis of progress in school readiness, in collaboration with Children's Cabinet agencies, for use in early care and education programs (including non-public schools).
- Explore options to expand state and federal funding by establishing a public-private partnership fund in support of the Council's goals.





## DATA trend lines

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

It is impossible to overstate the importance of parents in nurturing their young children's learning and providing the immediate surroundings that foster developmental growth, desired dispositions of learning, and appropriate socialization. All the skills and behaviors children need to succeed in school begin to develop through interactions with adults in their homes.

The Council has stressed the imperative of strengthening the important role of families in shaping their children's first years. Fundamental to this process is an understanding that real success will only be achieved when the root causes of families' limitations – poverty, economic pressures, family transitions, chronic language barriers, isolation and other stressors – are addressed.

Families' access to needed resources depends not only on their level of economic self-sufficiency but also on their ability to embrace and handle the raising of young children. As parents' awareness about the importance of early learning increases, so does their engagement in activities that support such learning.

Many families are searching for guidance in responding to child behaviors, exposing children to new experiences, fostering language development, and building cognitive skills. In so doing, parents adopt the role of not only caregiver but also "first teacher." The aforementioned limitations, however, can hinder parental engagement. The increasing number of children with abnormal behaviors or cognitive processing disorders across all economic groups undermines young children's developmental growth and early learning progress. Families are often very concerned about adverse behaviors in their children, and seek support in responding to such challenges. Having access to resources that focus on parent-child relationships, that provide written or verbal guidance in responding to chronic behavioral or cognitive issues, or that offer information on existing resources in the community, is an essential component of school readiness.

### Parent and Family Involvement

Children who are read to every day	51%
Children who are taken to an outing at least twice a month	89%
Children whose parents are coping with parenthood very well	67%
Children whose parents had to make last minute child care arrangements	30%
Children whose parents didn't have to give up more of their life than they expected to meet their child's needs	62%

Percentages are based on the number of responses to that specific question and the sampling weight assigned for each child. Only interviews done with Maryland residents focusing on children at age 5 or below are included in the percentages listed above. National Survey of Children's Health is conducted once every four years starting from 2003. NSCH 2007 data is expected to be available in April or May 2009.

The Council could not identify existing data that precisely represent the varying aspects of gaining access to such resources. It did, however, identify Parent and Family Involvement as a proxy indicator.

The data, extrapolated for Maryland from a national data source, describe typical parent-child interactions and how parents are coping with them. Just barely half of all children under five are being read to daily, and one-third of all parents in Maryland have an uneven record when coping with their children's behavior.

The Council will pursue other data sources tracking parent-child relationships.

## STORY behind the trend lines

### factors contributing to success

Many contributing factors to improving the resources available for parents are embedded in existing early care and education programs. For instance, the state's Head Start programs are required to provide parental involvement activities that extend into the home. The Judy Centers' hallmark is their work with parents of young children and how to improve their school readiness skills. The family support centers for low-income children under three years of age stress the importance of family preservation, a holistic concept of a support system that provides a community hub, such as a center, for families to meet their parental, educational, and economic needs. A considerable number of child care centers carry out parent-child activities or loan out materials for home activities. A variety of home-visiting programs, such as Parents as Teachers (PAT) or Home Instruction for Parents of Preschool Youngsters (HIPPIY), are designed to promote parental responsibility for children's learning.

Elementary schools have increasingly engaged in working with families, even before children enroll in kindergarten. Maryland touts a program, entitled Take 15 for the Family, which encourages Maryland families to dedicate at least 15 minutes each day to everyday family activities, such as eating dinner together, and using these times as learning opportunities. Some schools create Learning Parties for families and offer family literacy programs emphasizing parent-child activities and adult education.

Libraries are also a major source for promoting early learning, particularly literacy and language development. The practice of story hours at library branches across the state is well-established, and any increase in participation in these programs indicates greater awareness among families about the importance of early learning.

Parents who want to enroll children in state-regulated programs have ready access to a service providing information about registered or licensed child care providers, including program services and age groups served. This service, called LOCATE, also includes counseling for families who have children with special needs.

### factors restricting success

Cultural issues play a substantial role in how well families succeed in preparing young children to start kindergarten. Not all families are inclined to enroll their children in an early childhood education program. In some cultures there is a tradition of keeping children in a family or home setting until kindergarten, despite data showing that early childhood education programs are more effective at nurturing full school readiness than home care.

Economic and social stressors, such as unemployment, low income, a need to hold several jobs, or homelessness can also be profound barriers to early childhood learning and school readiness. In such situations the preparation of children for kindergarten is often pre-empted by immediate and constant needs for survival. Single parents, too, as sole earners and heads of households, may not have as much time to spend in learning activities with their children as two-parent families.

There is sometimes a lack of parental understanding that education begins prior to kindergarten. In such situations, parents may not treat learning activities as a priority in their interactions with their children. Sometimes, too, parents know the importance of K-12 or even early education but may assume that young children can be "fixed" academically after entering school. A lack of knowledge about appropriate child development may also impede parents' engagement in early learning activities with children.

Parental substance abuse can be severely deleterious to early childhood learning. Associated emotional trauma, household instability, physical health problems, lack of adequate health care and other issues can render preparation for kindergarten nonexistent.

Young or teenaged parenthood can also pose serious barriers to preparing children to succeed in kindergarten, due to the parents' lack of maturity or knowledge about young children's needs. In 2005 in Maryland, 32 births per thousand were to mothers aged 15 to 19.<sup>3</sup>

<sup>3</sup>Annie E. Casey Foundation, Kids Count Data Center.



## DATA trend lines

**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.

Physical and mental health are the foundation of success upon school entry. Access to good medical care, a safe and healthy environment, a healthy diet, positive emotional support, and good oral health are critical for supporting early learning and school readiness. Lack of any one (or combination) of these critical components places children at substantially greater risk for disease, impaired cognitive performance, or behavioral challenges. A child that is hungry, ill, or exposed to stress is not in a good position to learn. To the extent that we sustain and strengthen the medical home of the child (and family), we lay a foundation for his or her school and life success.

Chronic shortages of funds for public education and for support and advocacy of early childhood education are ongoing. Even with the conclusive information now available about the early development of the brain and the vital importance of learning in the first years of life, progress has been slow in motivating citizens and communities to strengthen early care and education. In a high-pressured economic climate, competing interests for funding have made it that much more difficult to secure needed fiscal support, even with research showing that such an investment in early childhood can generate a high (e.g., 16%) fiscal return for communities.<sup>4</sup> In some cases there may also be limited public school understanding of the existence or function of community preschool programs, and a reinforcement of the myth that learning does not start until kindergarten.

## strategies and actions

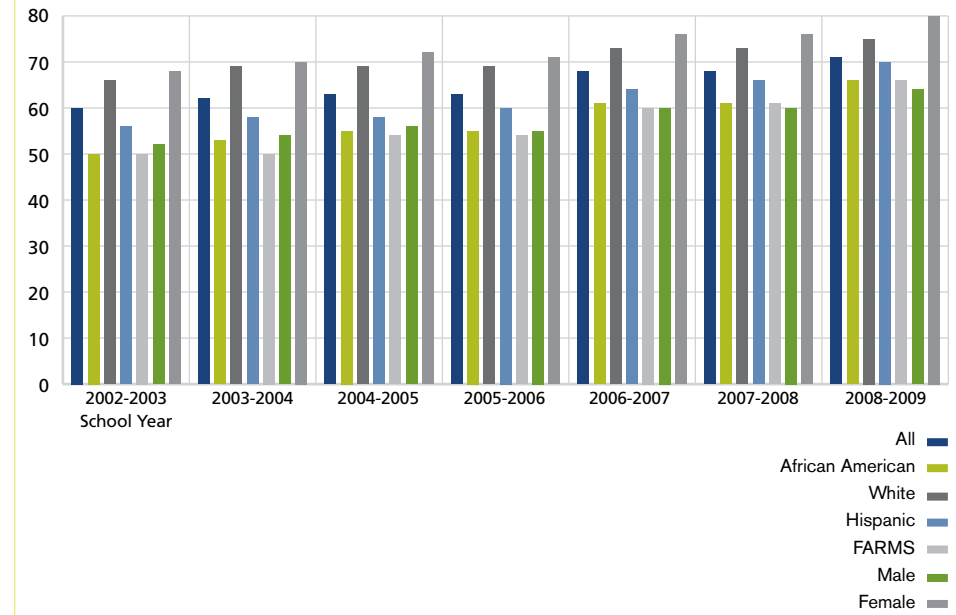
The Council will:

- Create and expand community-based partnerships statewide that include specific design elements addressing parent-child relationships based on economic stability and early learning.<sup>5</sup>
- Encourage each jurisdiction to develop a coordinated network to provide “just-in-time” culturally and linguistically sensitive information and resources to families.
- Develop a statewide strategy that involves families, schools, and early care and education programs to ensure a successful transition among and between programs for young children and their families.
- Expand the existing Family Involvement Council and Maryland’s Parent Advisory Council to include representation of families, caregivers and early care and education providers.
- Sponsor community listening forums for families, caregivers, and community members to gain input regarding the operation and growth of early care and education programs.
- Establish sustainable funding mechanisms to finance the building of political will for high-quality early care and education.
- Develop and implement a “communications strategic plan” to heighten public awareness, public engagement, and support for high-quality early care and education.

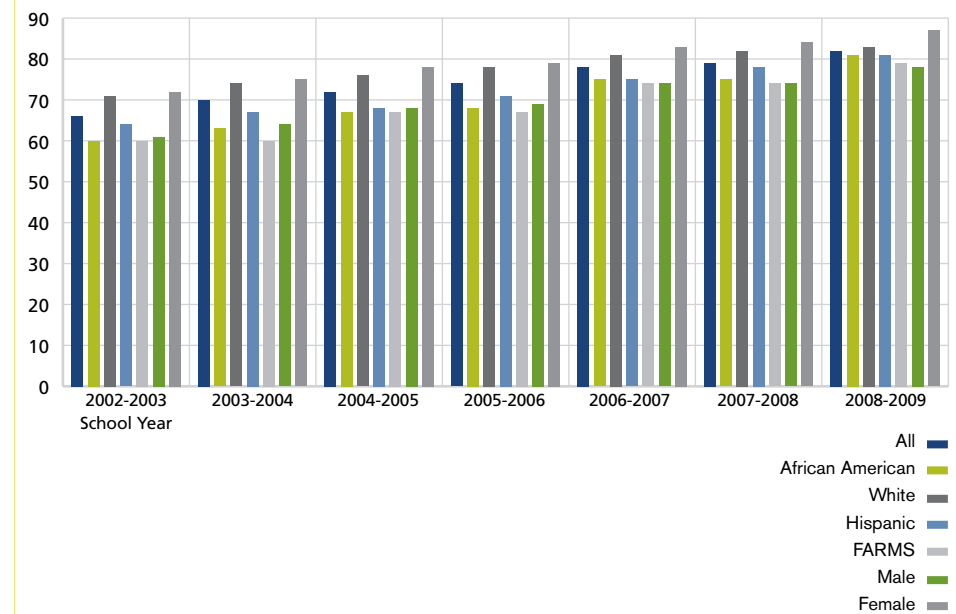
<sup>4</sup>Arthur E. Rolnick (2003), Early Childhood Development: Economic Development with a High Public Return.

<sup>5</sup>Examples of such partnerships are: Judy Centers, Family Support Centers, Head Start/Early Head Start, Even Start, and child care partnerships, including family child care networks.

Social and personal – Percentage of students fully ready



Physical development – Percentage of students fully ready



## further disaggregating data by populations

Additional important data are also available but need to be further disaggregated for us to fully understand their significance. These include:

- *African American males*: Data further illuminating the highly disproportionate health risks, as well as the positive developments, affecting the early learning of African American males.
- *Immigrant families with young children*: Data shedding light on the health impact of the experience of children of immigrant families.
- *Children with Special Needs*: Data revealing more about health trends in this population of children.
- *Drug exposed/drug addicted children*: Data showing health and learning trends in children exposed to or addicted to drugs.
- *Homeless or displaced families*: Data on the health status and learning performance of children in homeless or displaced family situations.

## examining childhood obesity rates

Thirty percent of Maryland children aged 10 to 17 are obese<sup>6</sup>, in accordance with a dangerous and pervasive national trend. Obesity in children poses numerous increased health risks. We need to look closely at data on the health and learning performance of obese children to understand how factors may interact.

# STORY

## behind the trend lines

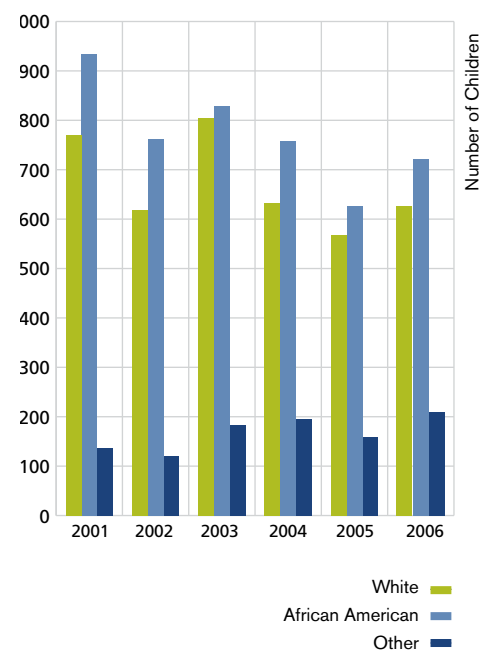
## factors contributing to success

Early childhood education programs with health and/or healthy food components are important in supporting children's ability to make the fullest use of their energy and aptitudes for learning. We need to foster more of these elements in programs across the state.

Judy Centers and Head Start have shown significant success in reaching low-income and immigrant families with services and resources that strengthen early childhood learning. Families facing intense economic, language, and cultural assimilation challenges have an especially acute need for such support. Again, more of this kind of impact will help to "even the scales" of school readiness in Maryland.

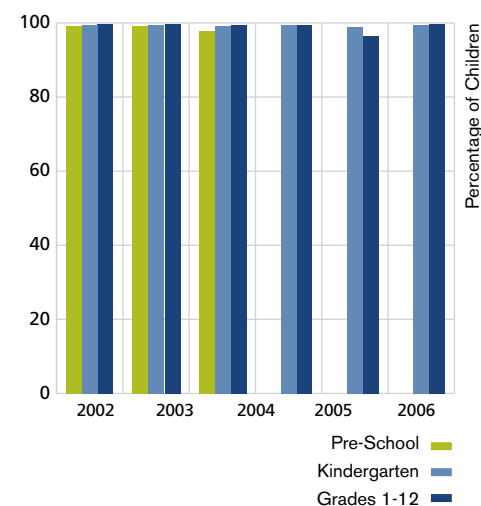
Maryland's statewide Early Childhood Mental Health Consultants offer services crucial to protecting the mental health of young children. We know that maintenance of mental health is an essential ingredient for optimal early childhood learning and for full school readiness. The more families and young children have access to such services, the more we can improve learning outcomes for children entering kindergarten.

Asthma hospitalization rates



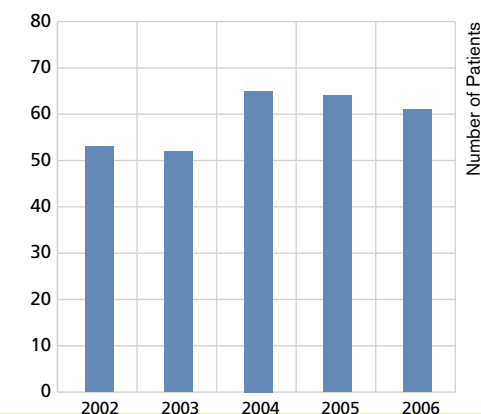
Source: Maryland BRFSS

School Immunization



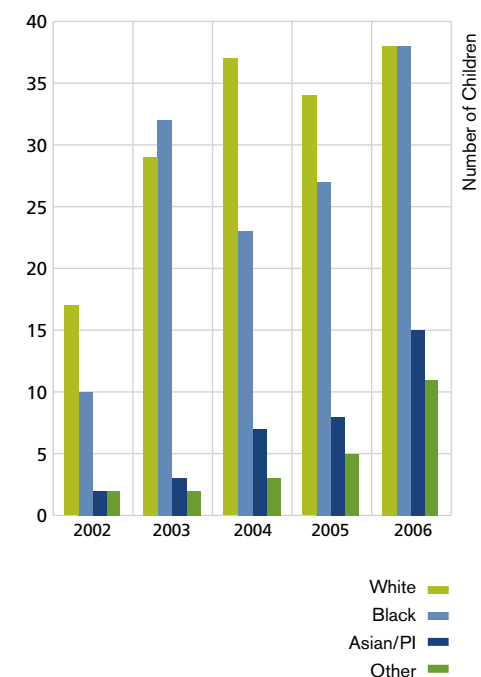
Source: Annual Report of School Immunization Status

ADD Inpatient Hospitalizations



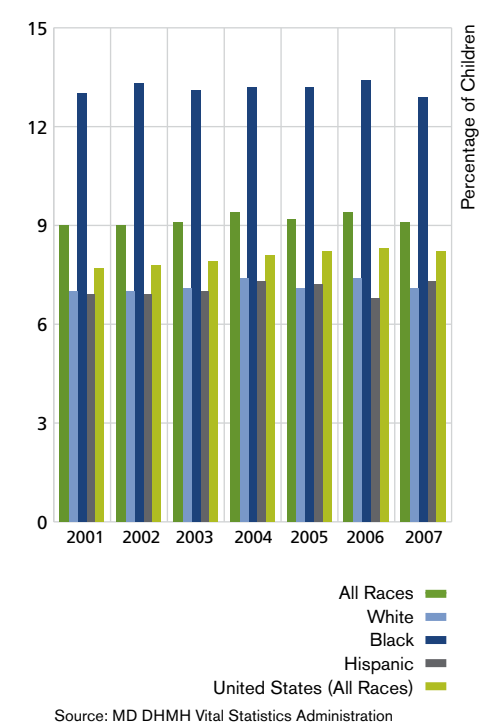
Source: Health Services Cost Review Commission, Inpatient Discharge File

Emergency Room visits with any diagnosis of Anaphylaxis



Source: Health Services, Cost Review Commission, Ambulatory File

Low Birthweight Babies in Maryland



Source: MD DHMH Vital Statistics Administration

<sup>6</sup>Annie E. Casey Foundation, Kids Count Data Center.

## factors restricting success

Lack of access or culturally competent outreach along the lines of language, religion, customs, or geography is a major impediment to early childhood learning. Similarly, children from families lacking sufficient health care, education, or income face disproportionate obstacles to full school readiness. Not having affordable or high-quality early care and education programs within reach is also a major problem for many families.

Sheer lack of knowledge is a problem as well. Too many families still do not know how to support their children's learning or why it matters. General public awareness of the importance of supporting and funding early childhood education is also insufficient.

Funding sources for early care and education remain inadequate, and this compounds the problems of access and quality.

## strategies and actions

The Council will pursue the following strategies for all children, with a particular focus on special populations including but not limited to minorities, patterns of gender, English Language Learners, low-income children, and children who use Special Education Services or have special needs.

- Explore developing a statewide assessment of parents' perceptions about resources of parental support, modeled on the Judy Centers' parent evaluation, to help spread the Judy Centers' successful approach to supporting families, particularly those in the greatest need.
- Support the use of the Maryland CSEFL Partnership's pyramid teaching philosophy in all prior early care settings (child care, Head Start, Preschool programs, etc.) for young children and their families.
- Increase the number of health care providers willing to accept Maryland Children's Health Program payment for children with special health needs.
- Create a "medical home" providing central community health support for children and families.
- Extend the Child and Adult Care Food Program to informal child care providers.
- Maintain or increase the number of Early Childhood Mental Health Consultants in every jurisdiction and improve coordination with the public schools' Special Education Services.
- Convene a Task Force to review and make recommendations to the Department of Health and Mental Hygiene, the Maryland State Department of Education, and the Department of Human Resources regarding regulations, policies and practices for subsidy programs, income eligibility requirements, and maintenance of benefits.
- Distribute information in a variety of formats to promote awareness of available resources to families, early care and education providers, and communities.

# HEAD START Reauthorization Legislation

Head Start is the oldest and most successful nationwide school readiness program in the country. It subsidizes a vital complement of early childhood education activities in local communities, including services in cognitive development, medical and dental care, nutrition, referrals for a range of family and child needs, and help with parental involvement in child learning. Because it specifically targets children from low-income families, Head Start addresses one of the areas of greatest need in early education. It is an invaluable and irreplaceable resource for helping Maryland to achieve its ultimate goal of full school readiness for all children.

In 2007, after a long lapse in federal support for this vital program, Congress and the Senate's passage of a bill reauthorizing Head Start assured a continued federal mandate for its work. Continuing developments shaping the economic future of Head Start will have an important bearing on many interrelated school readiness efforts, including public schools' working with low-income preschoolers in all-day programs; partnerships for career development programs in early care and education at 2- and 4-year colleges; internships for students in the field; filling gaps in professional development; and developing a unified statewide data collection system using a "unique child identifier" technique to monitor learning of children in child care, Head Start, nursery schools, public prekindergarten, and Special Education.

While the 2007 Head Start Reauthorization Legislation included no funds, it authorized the creation of the Early Childhood Advisory Council and the mandate for its work. Actual allocation of federal funding for Head Start could affect many related school readiness efforts, including public schools' working with low-income preschoolers in all-day programs; partnerships for career development programs in early care and education at 2- and 4-year colleges; internships for students in the field; filling gaps in professional development; and developing a unified statewide data collection system using a "unique child identifier" technique to monitor learning of children in child care, Head Start, nursery schools, public prekindergarten, and Special Education.

The Council plays a key role in all of this. It is charged with encouraging collaboration in the use of these federal resources, informing communities about how to gain access to them, and increasing overall participation of children in quality early care and education programs. Opportunities for and barriers to collaboration among federally- and state-funded child development, child care, and other early care and education programs and services are to be identified and recommendations made to the Governor. The Council is also responsible for developing recommendations for a statewide data collection system to clarify school readiness progress and challenges; and for developing recommendations for statewide professional development and improvements in state early learning standards.

In serving the lowest-income and most vulnerable children in Maryland, the renewed federal commitment to Head Start advances a core mission of the Council. And in fostering the overall enhancement of high-quality systems of early childhood education and care statewide, federal support can further empower the Council to carry forward its continuing vision: enabling every child in Maryland to attain full school readiness.



*"Success for our young children leads to a successful Maryland. We now, nationally and statewide, have the opportunity to further strengthen early care and education. No priority in education is more important."*

Nancy S. Grasmick, Maryland State Superintendent of Schools

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