



State Early Childhood Advisory Council

February 13, 2019

10:00 a.m. - 3:00 p.m.

Maryland State Department of Education (MSDE)

200 West Baltimore Street, Baltimore, MD 21201

8th Floor, Conference Room 6/7

Time	Task
10:00 - 10:15	Welcome / Introductions and Announcements Dr. Carol A Williamson, Deputy Superintendent, Office of Teaching and Learning, Maryland State Department of Education (MSDE)
10:15 - 12:00	Presentations Kindergarten Readiness Assessment Data – Judy Walker, Early Learning Branch Chief, Division of Early Childhood, MSDE (Workforce Development-Priority 2)
12:00 - 1:00	Lunch (on your own)
1:00 - 2:30	Old Business - Building a Birth – 5 System: PDG 0-5, Steven Hicks, Assistant State Superintendent, Division of Early Childhood, MSDE (Workforce Development-Priority 2) - Pritzker Grant Update – Margaret Williams, Executive Director, Maryland Family Network (MFN) - Maryland Family Engagement Center – Susan Shaffer, President, Mid Atlantic Equity Consortium (MAEC) and Karmen Rouland, Associate Director, Technical Assistance and Training, Center for Education Equity, MAEC
2:30 – 3:00	General Announcements and Next Steps - Early Childhood Mental Health Update – Sarah Nativ, Co-Director, Trauma Informed Practice in Early Childhood, Mid-Atlantic Comprehensive Consortium at WestED - Office of Child Care Update-Jenn Nizer, Director of the Office of Child Care, Division of Early Childhood, MSDE - Maryland EXCELS- Michelle Young, Community Outreach Specialist, Maryland EXCELS Branch, Division of Early Childhood, MSDE - State Early Childhood Advisory Council Announcements – Wendy Dantzler, Early Childhood Coordinator, Division of Early Childhood, MSDE 2019 Meeting Dates - February 13th @ MSDE, May 8th (Location TBD), August 14th @ MSDE, November 13th (Location TBD). All dates fall on 2nd Wednesday of that month.
3:00	Adjournment of Full Council

Priorities

Currently, the Council is focused on two priority areas: Communication / Public Awareness and Workforce Development.

Communication / Public Awareness (Priority 1): Objectives for this priority are:

- To update and develop communication policies and procedures to ensure effective communication with local jurisdictions as well as effective interdepartmental communication. This will include a plan for the use of social media and SMS services.
- To develop a public awareness campaign to educate the community and reinforce the importance of early childhood education. This public awareness campaign will serve as an “umbrella campaign” that will support the efforts of the local councils and link the community to effective and reliable resources.

Workforce Development (Priority 2): Objectives for this priority are:

- Increase capacity for behavioral health consultation to child care, home visiting, pre-kindergarten, Early Head Start and other early childhood programs, including kindergarten, and Head Start.
- Increase capacity for behavioral health consultation to pediatric providers through Baltimore Health Integration in primary Pediatric Care. (Lead – Health Department)
- Establish behavioral health consultation to maternal health providers with focus on pregnant and postpartum women. (Lead – Health Department)
- Convene collaborative State and Local implementation teams to establish and sustain systemic change to improve outcomes for infants, toddlers, children, and youth with disabilities and their families. (Lead - Special Education/Early Intervention)

To support these initiatives, the state will need to review its training component and ensure that it has the capacity to support all early education and care providers. Objectives for this work are:

- To develop effective strategies that addresses the use of technology in the classroom and in early education and care programs as well as family engagement and challenging behaviors. To successfully address the latter, strategies should consider training or coaching models that are also inclusive of communication skills, relationship building, cultural competencies, and trauma informed care.

Birth-8 (Priority 3): We will be asking our State Early Childhood Advisory Council members for input and feedback as we begin our work this fall. Education Counsel, a non-profit educational consulting firm, has invited Maryland to participate with Connecticut, Delaware, and Mississippi in a multi-state workgroup as our states begin to implement the Birth to 8 opportunities that are in our new ESSA plan. They will be supporting us with evidenced based ideas in order to expand opportunities and improve outcomes for all students from birth through age 21.

2018 Kindergarten Readiness Assessment



STATE BOARD MEETING

January 22, 2019

School Readiness

“School readiness” means the stage of early development that enables an individual child to engage in and benefit from early learning experiences. As a result of family nurturing and interactions with others, a young child in this stage has reached certain levels of social and emotional development, cognition and general knowledge, language development, and physical well-being and motor development. School readiness acknowledges individual approaches to learning as well as the unique experiences and backgrounds of each child.

(COMAR 13A.06.02.02)

Demonstrating Readiness: The child demonstrates foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

Approaching Readiness: The child demonstrates some foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

Emerging Readiness: The child demonstrates minimal foundational skills and behaviors that prepare him or her for instruction based on kindergarten standards.

KRA Administration Type and Sample Size

CENSUS (100% of Kindergarteners Assessed)	LIMITED CENSUS (Select Title I/Judy Centers)	SAMPLE (With Sample Size)
Allegany	Anne Arundel (21%)	Garrett (37%)
Baltimore City	Baltimore County (20%)	
Caroline	Calvert (27%)	
Cecil	Carroll (31%)	
Charles	Frederick (31%)	
Dorchester	Harford (31%)	
Kent	Howard (31%)	
Queen Anne's	Montgomery (12%)	
St. Mary's	Prince George's (12%)	
Somerset		
Talbot		
Washington		
Wicomico		
Worcester		

Maryland 2018 Readiness Results

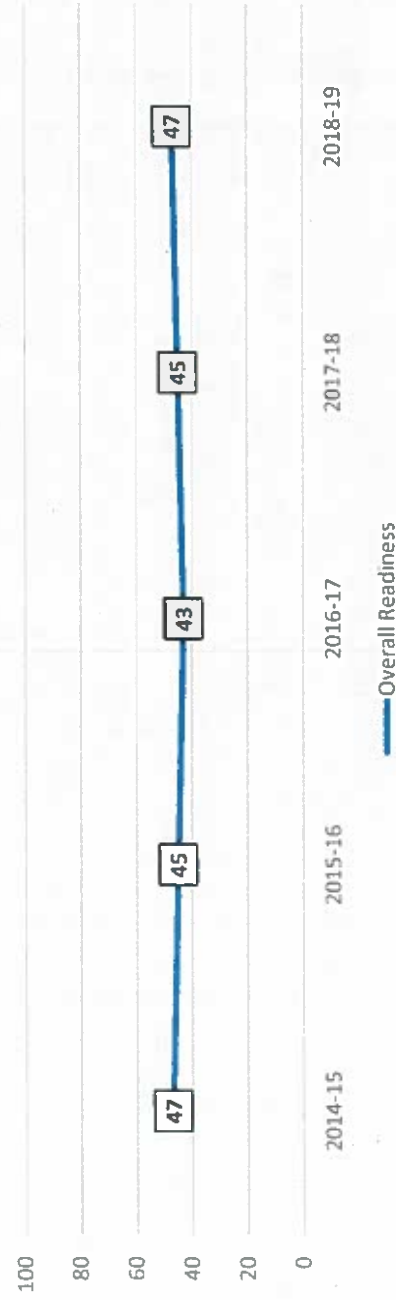
- 47% of Maryland kindergartners demonstrate readiness- an increase from 45% in 2017-18.
- 39% of kindergartners were assessed.

Maryland Kindergarten Readiness



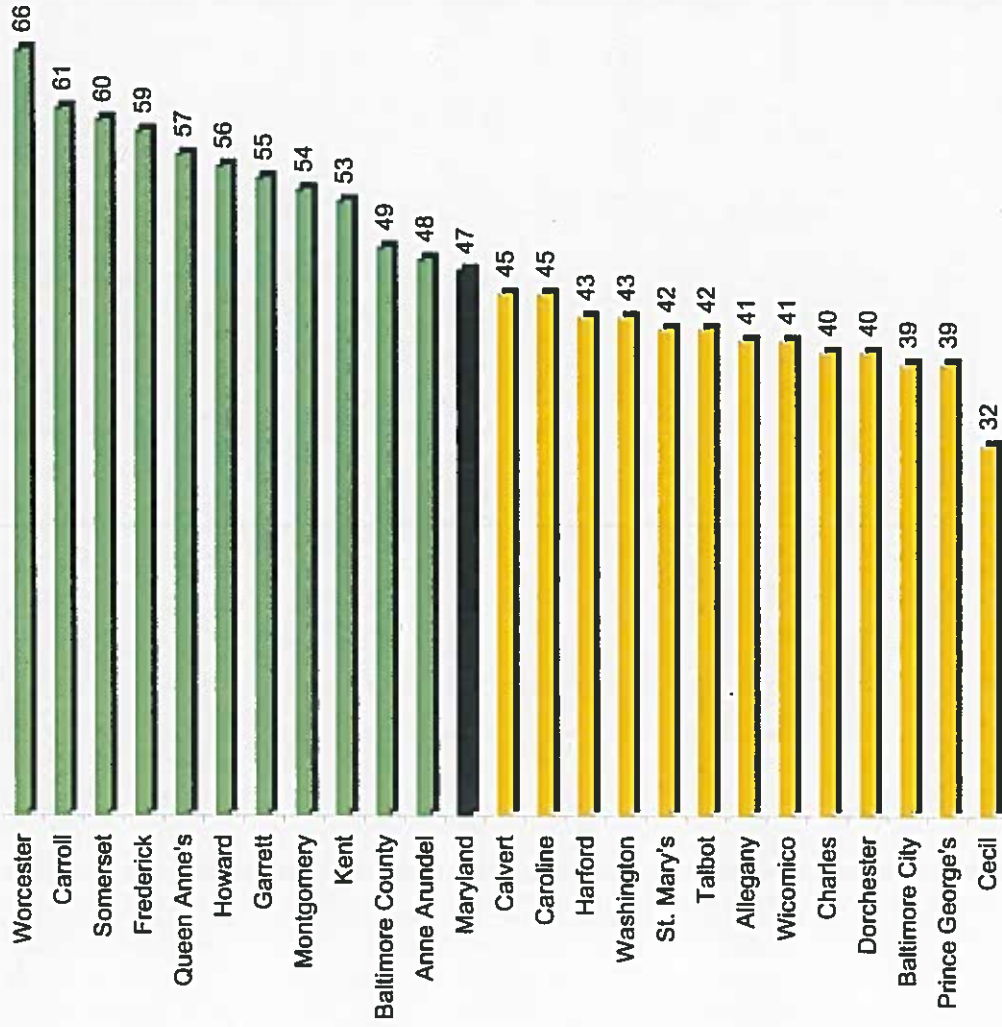
2018 Kindergarten Readiness Assessment

Maryland Kindergartners % Demonstrating Readiness



2018 Kindergarten Readiness Assessment

2018 District Readiness Results



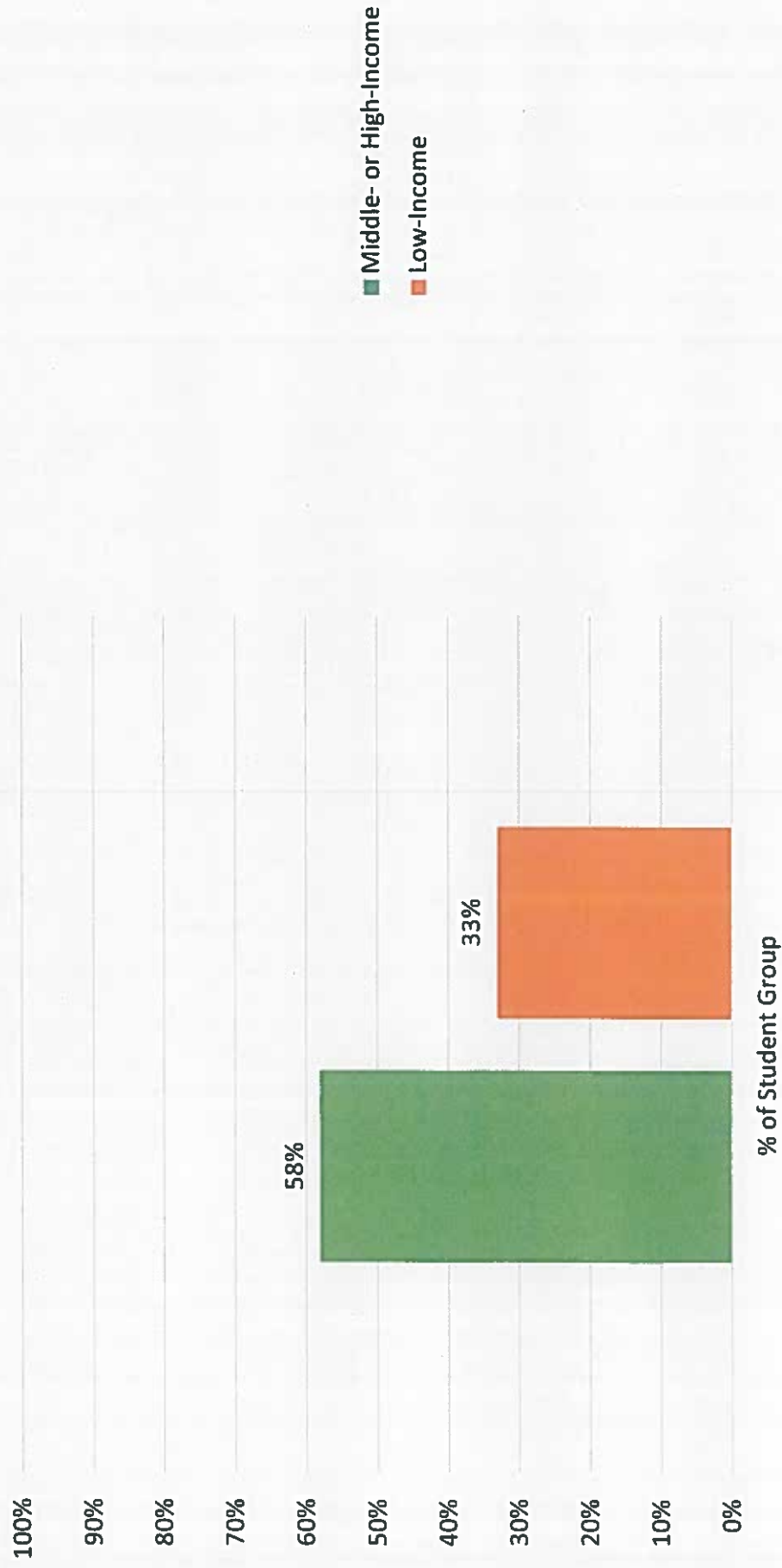


2018 Student Groups

44%	15%	9%
OF KINDERGARTENERS LIVE IN LOW-INCOME HOUSEHOLDS	OF KINDERGARTENERS ARE ENGLISH LEARNERS	OF KINDERGARTENERS HAVE IDENTIFIED DISABILITIES

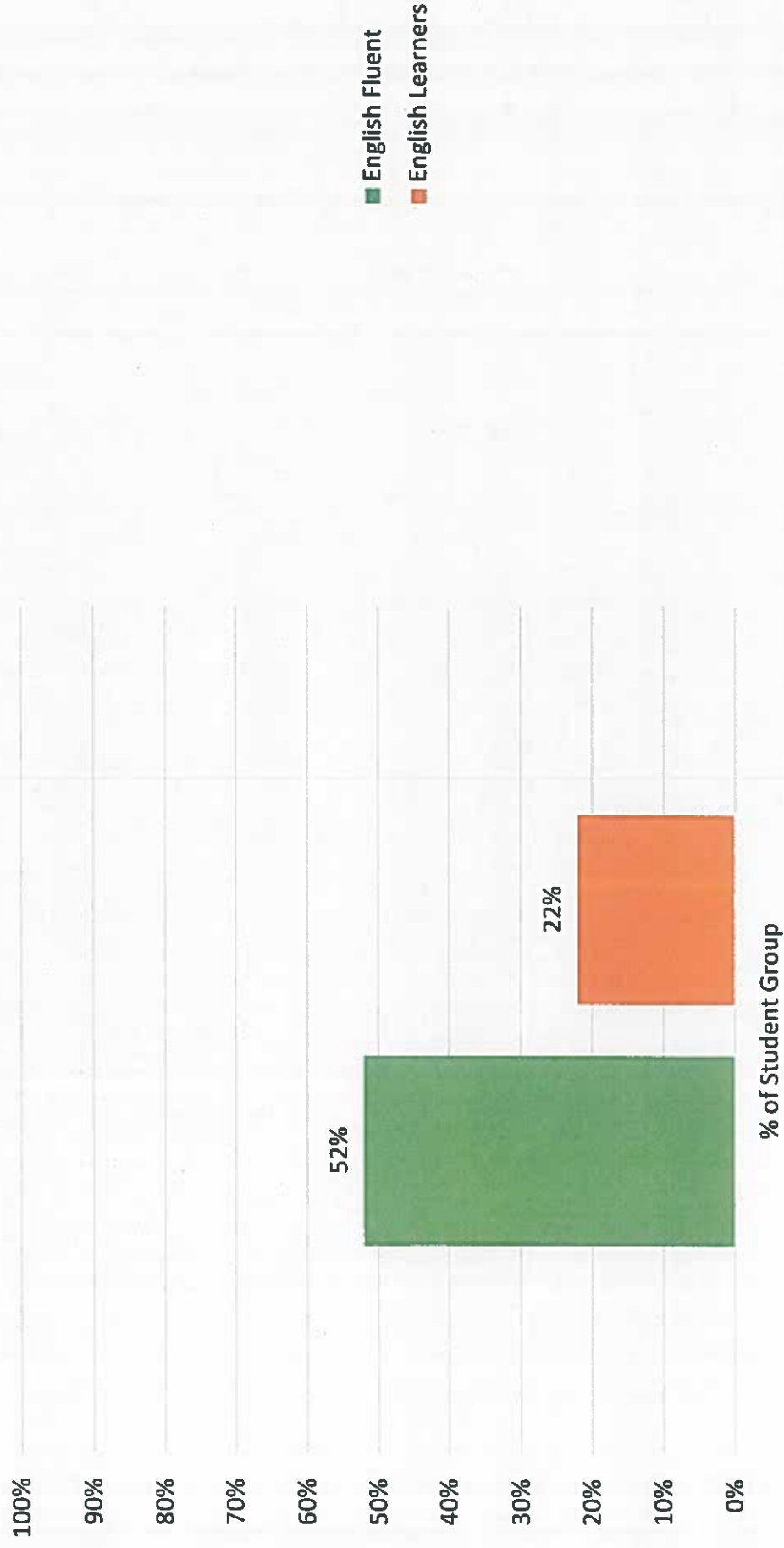
Student Groups 2018 Readiness Results: Low-Income

% of Children Demonstrating Readiness by Income Status



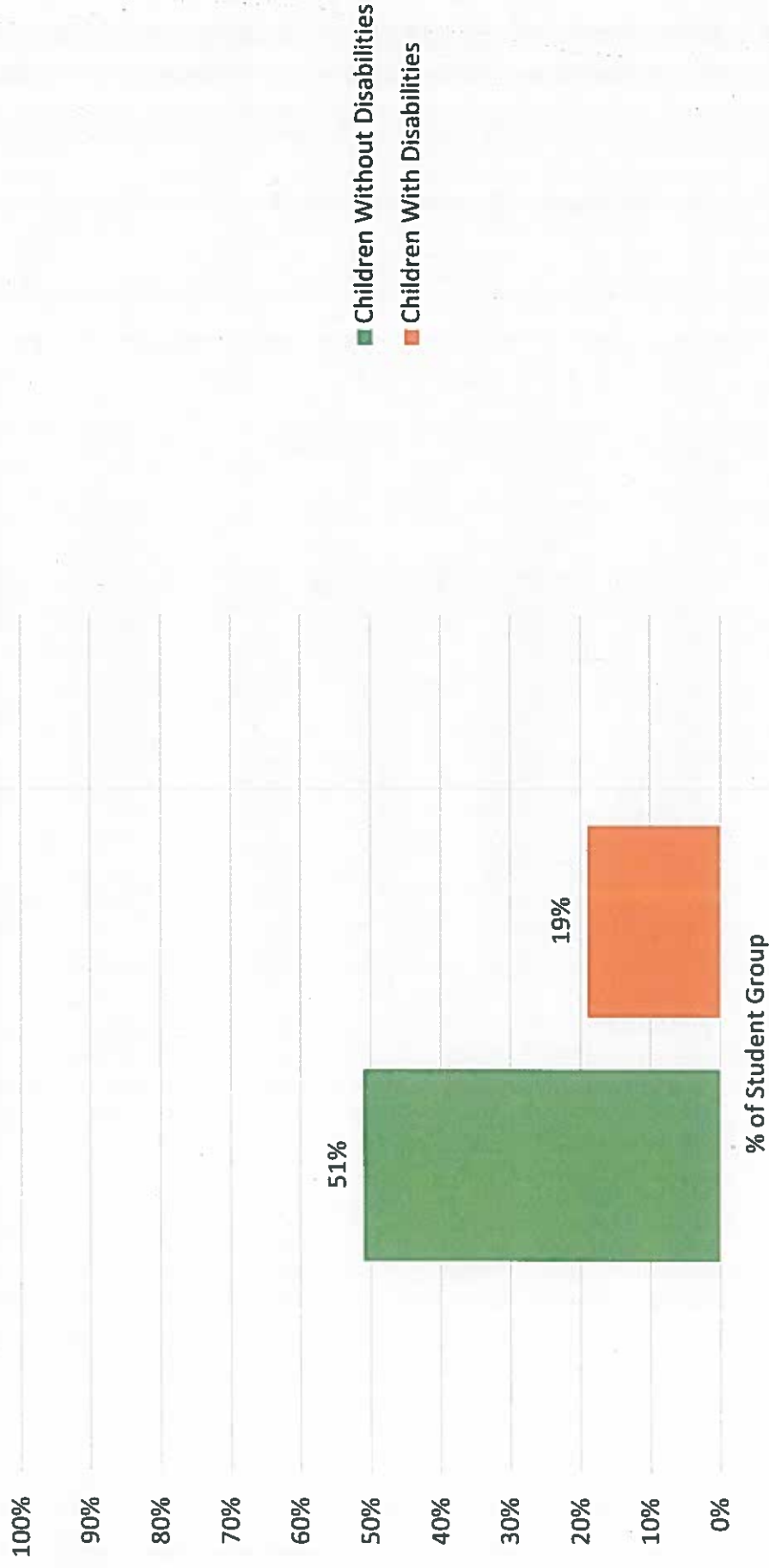
Student Groups 2018 Readiness Results: English Learners

% of Children Demonstrating Readiness by Language Status

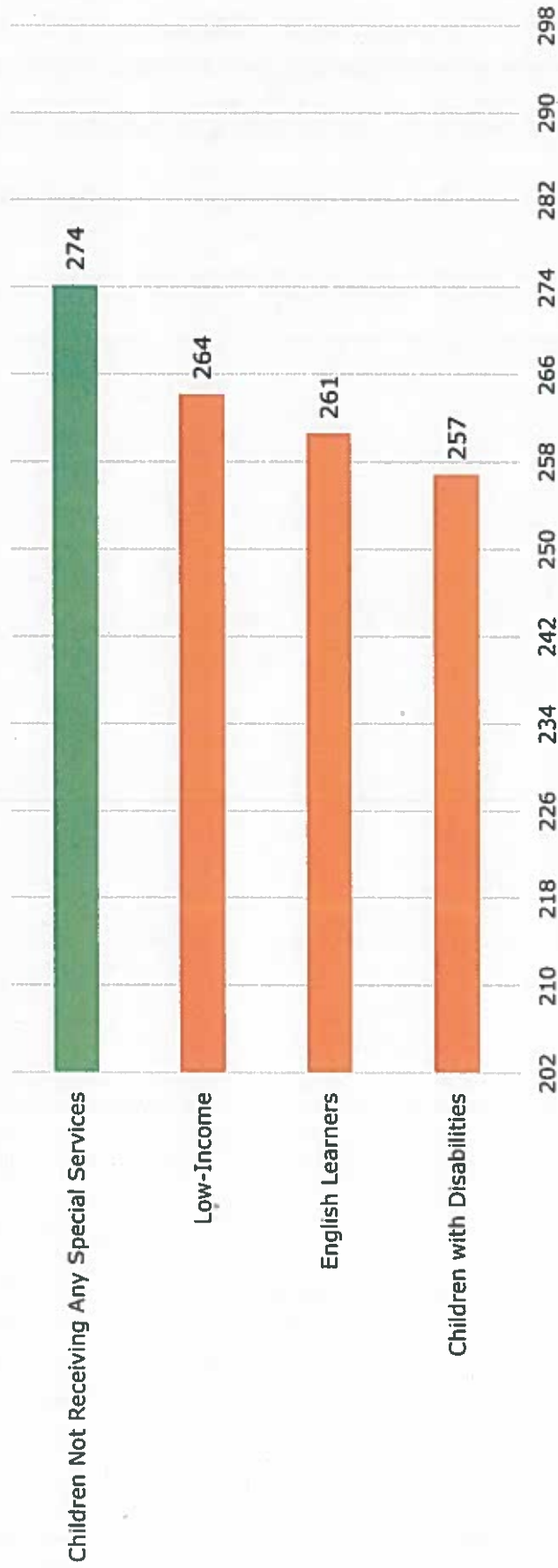


Student Groups 2018 Readiness Results: Children with Disabilities

% of Children Demonstrating Readiness by Disability Status



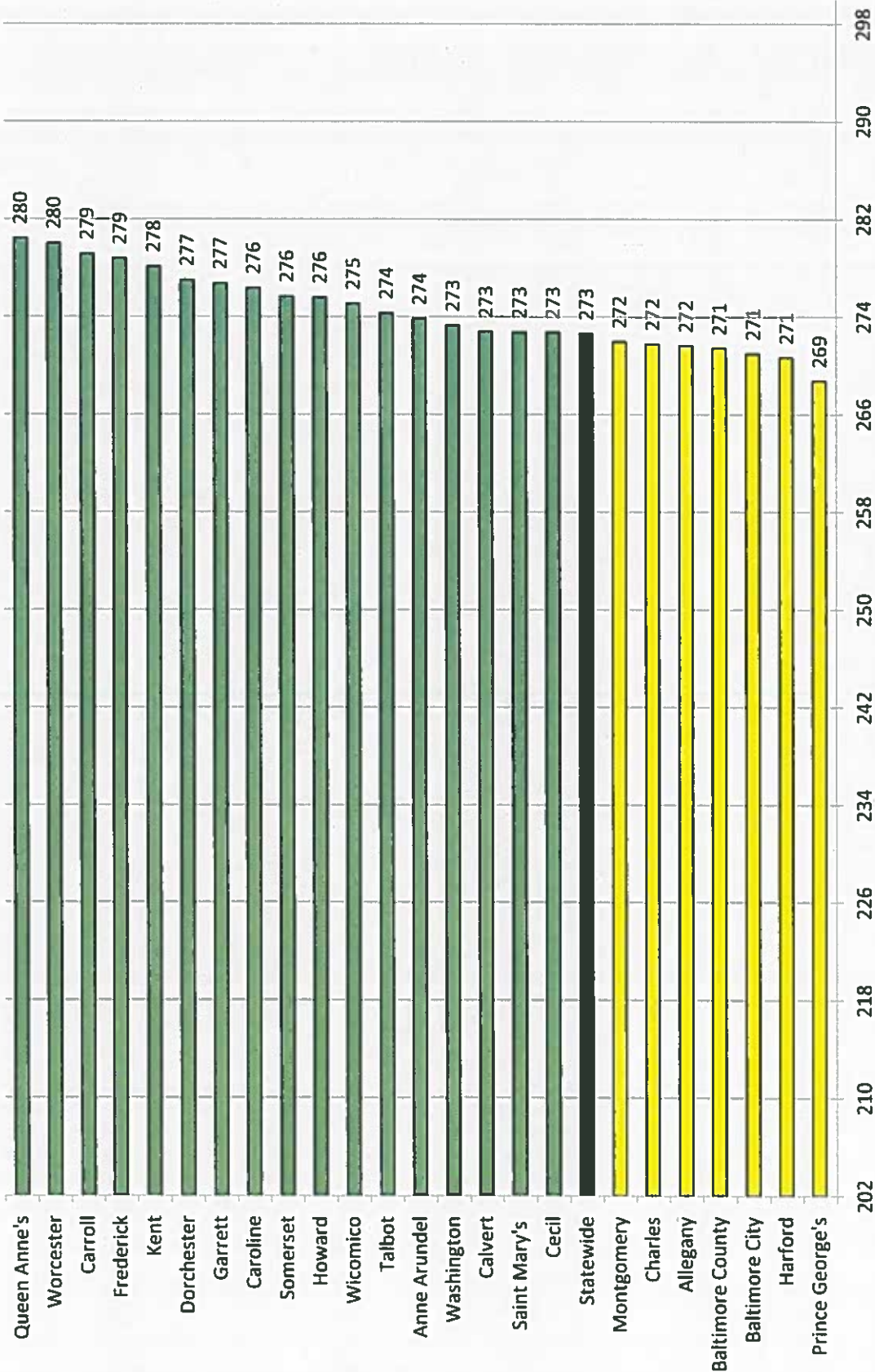
Average Composite Scale Scores



State Average Scale Scores by Domain

	2017	2018
Language and Literacy	267.79	268.31
Mathematics	267.08	267.94
Social Foundations	273.43	272.62
Physical Well-being and Motor Development	271.69	275.26

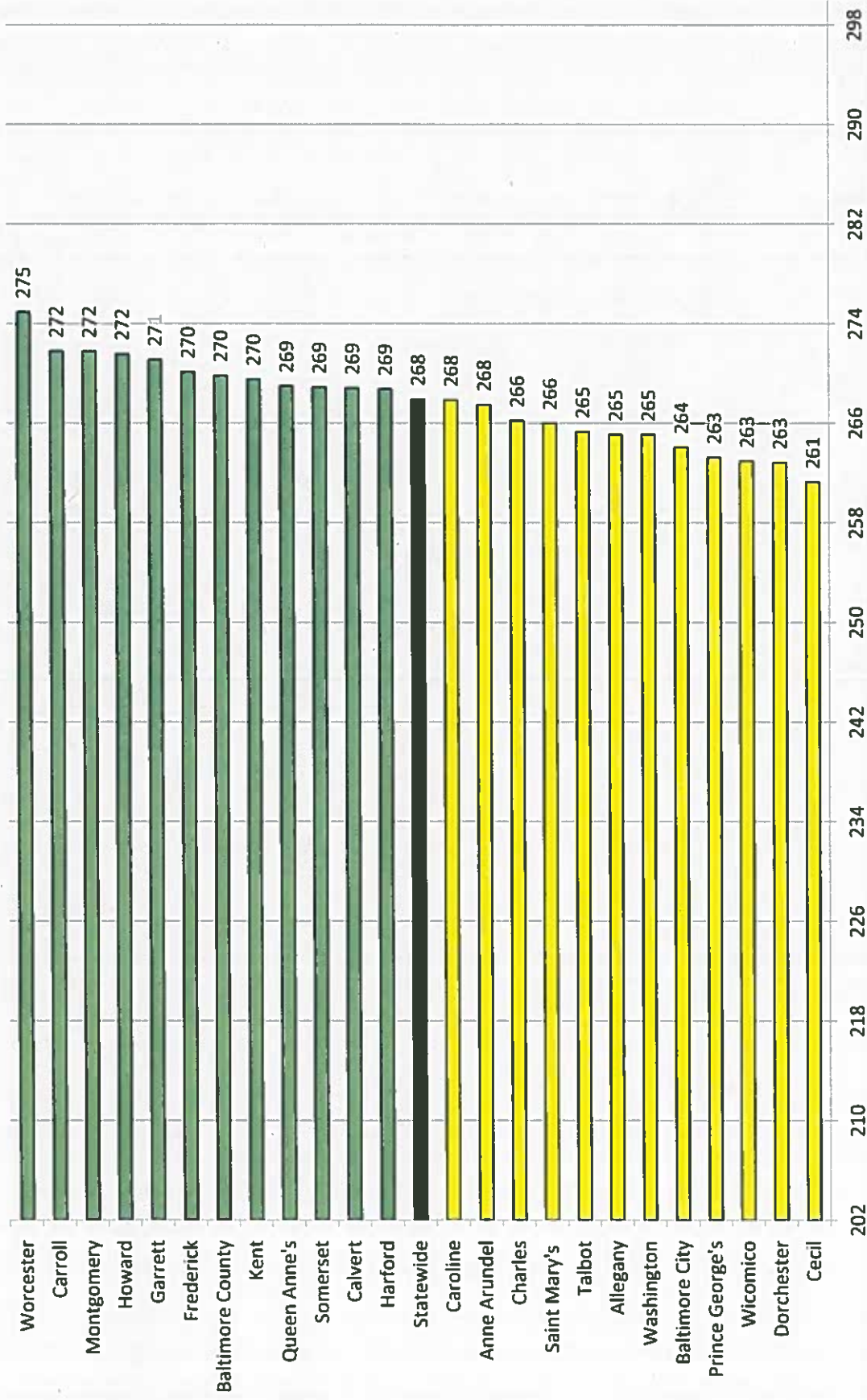
State and District Average Scale Scores: Social Foundations



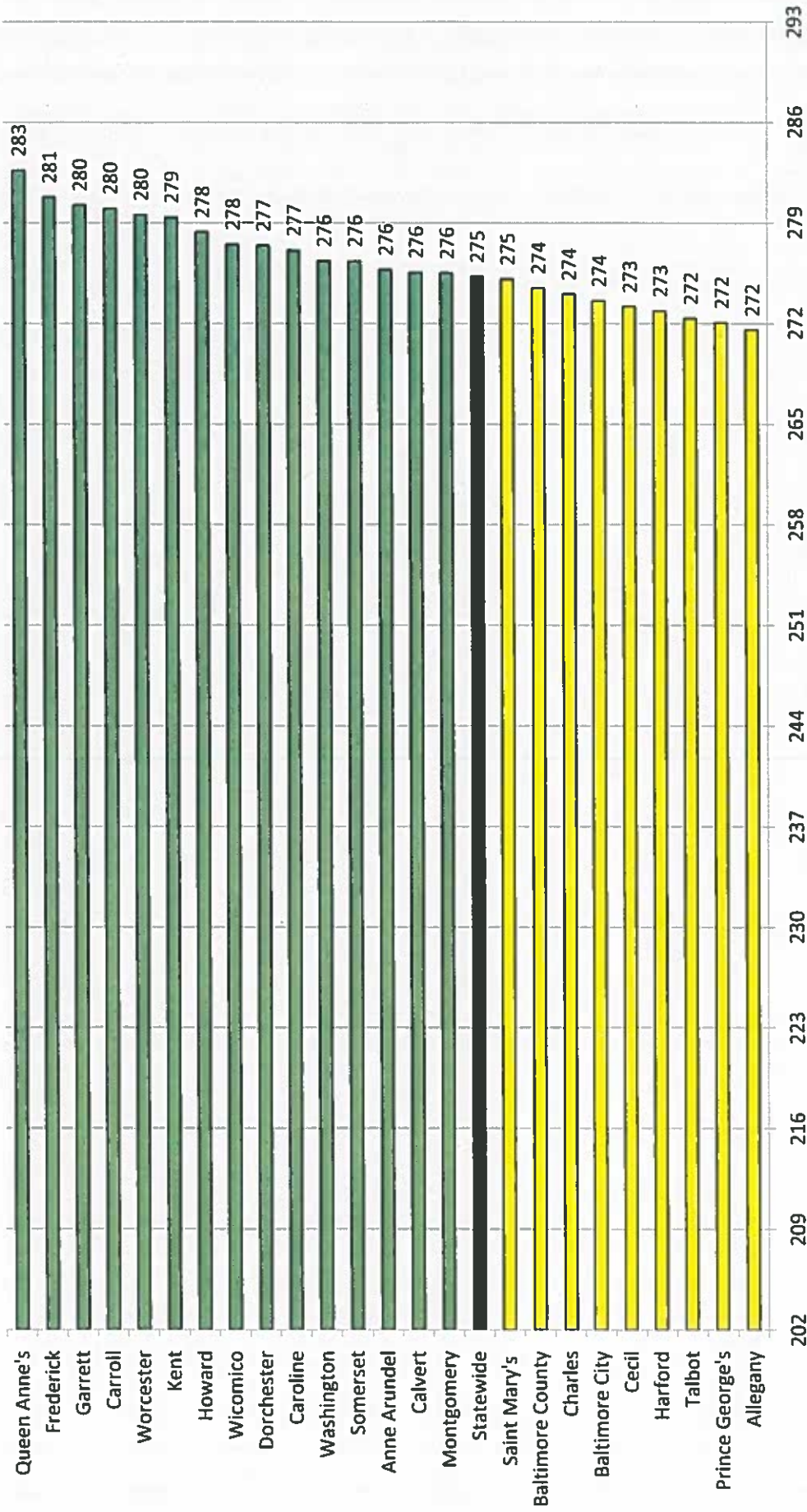
State and District Average Scale Scores: Language and Literacy



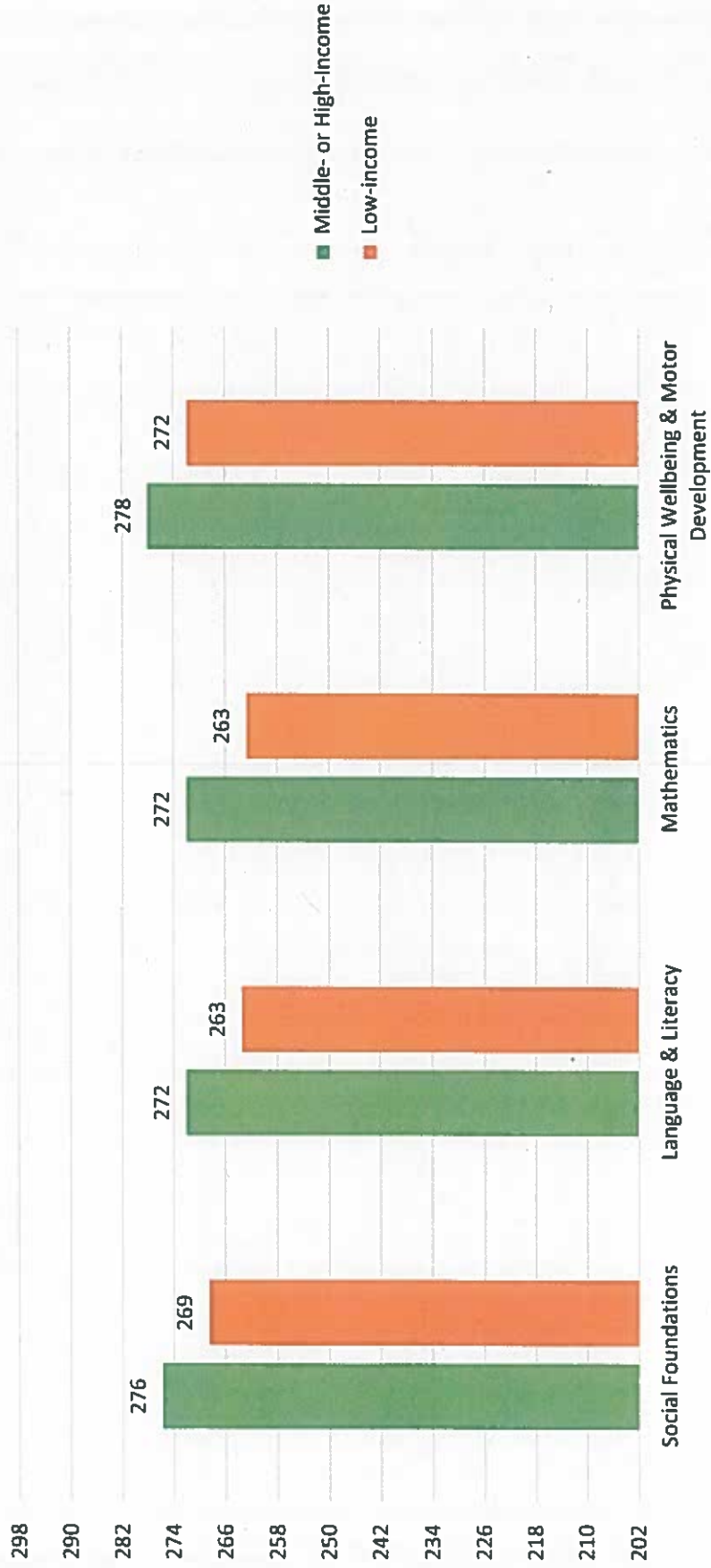
State and District Average Scale Scores: Mathematics



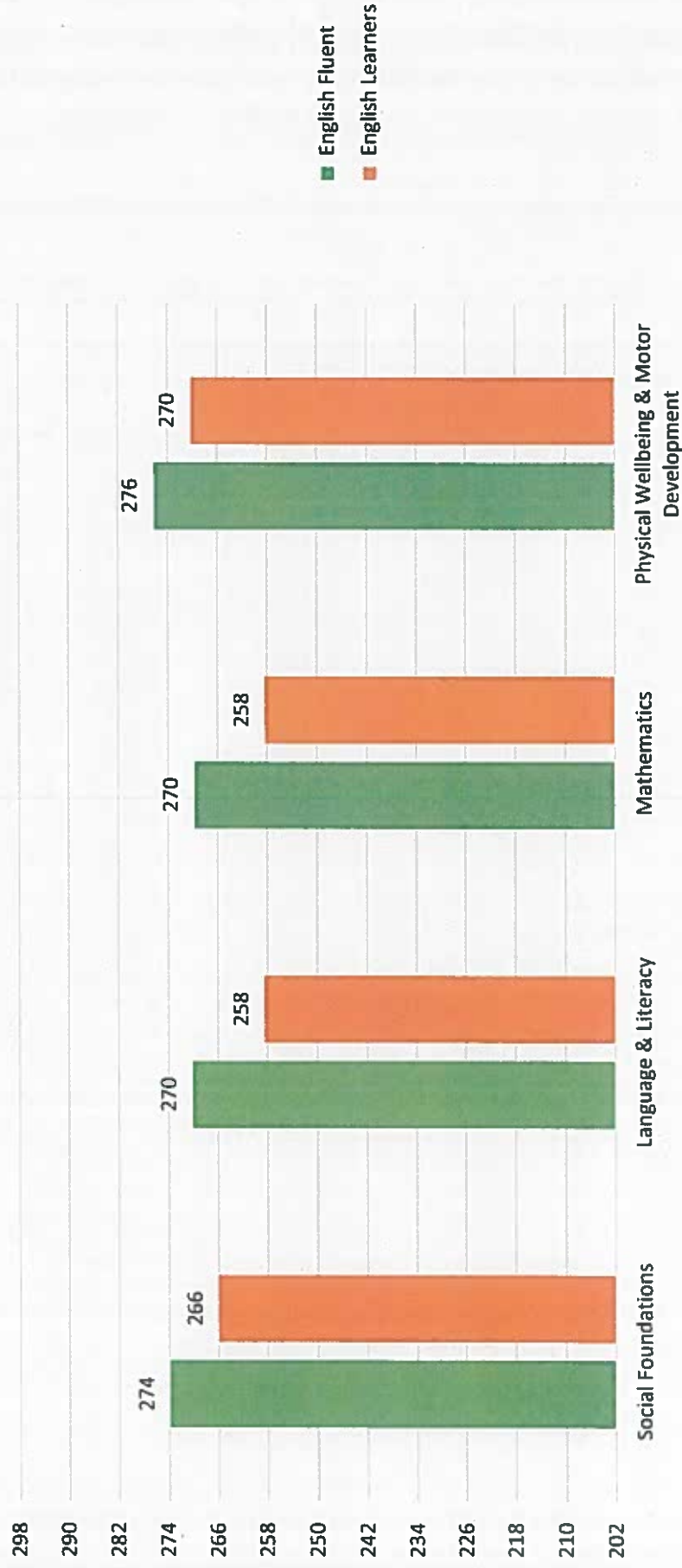
State and District Average Scale Scores: Physical Well-being and Motor Development



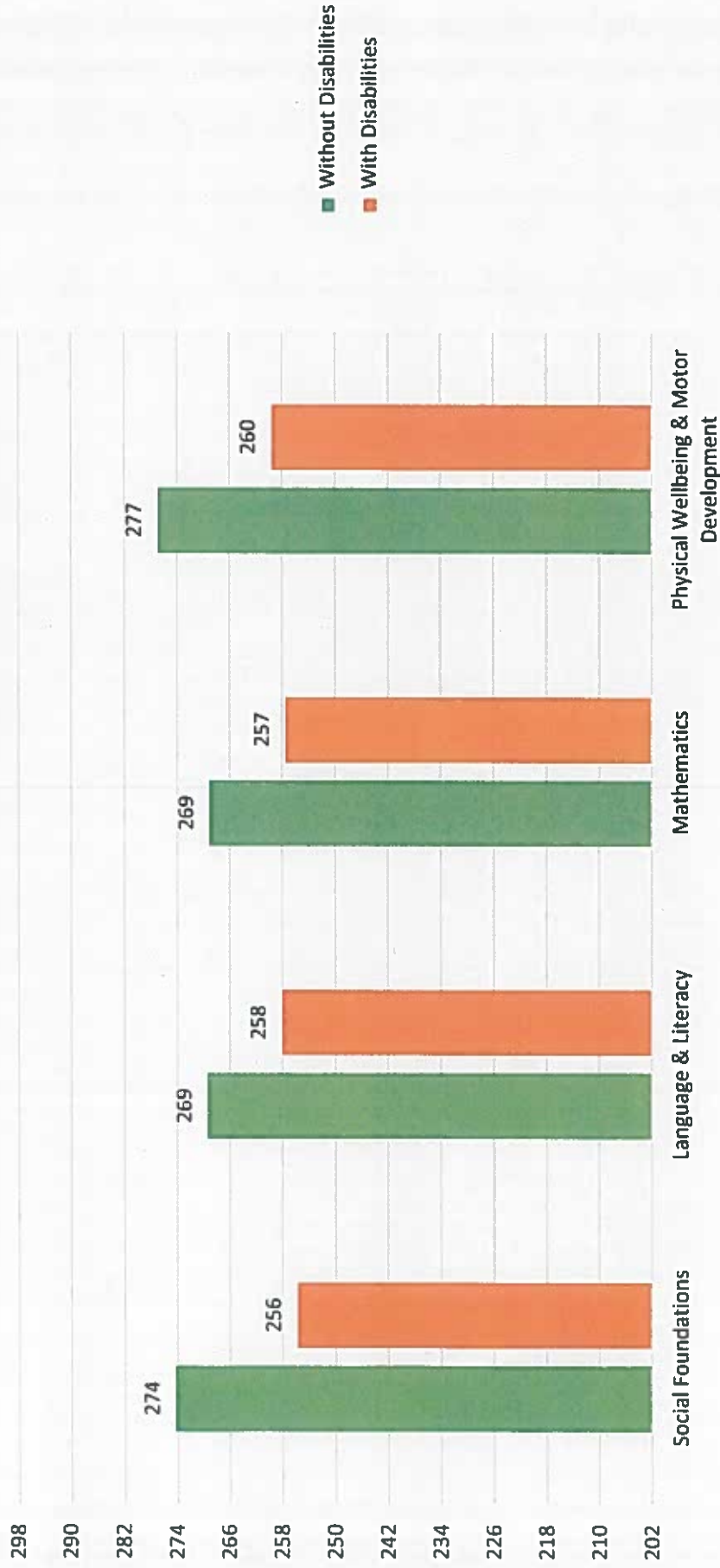
Average Domain Scale Scores of Children from Middle- or High-Income v. Low-Income Families



Average Domain Scale Scores of Children who are English Fluent and English Learners



Average Domain Scale Scores of Children Without and With Disabilities



Communicating Results to Families

Student Report

KINDERGARTEN READINESS ASSESSMENT

Student Name: Richard Moore

Assessment Administrator: [Redacted]

Richard Moore
Administrator

YOUR CHILD'S OVERALL SCORE

The blue triangle shows your child's overall score. The blue bar shows the best estimate of your child's performance if he/she were assessed multiple times.

250

250

250

250

250

250

250

250

250

250

250

250

EMERGING READINESS
250-257

A child demonstrates minimal foundational skills and behaviors but requires further instruction for curriculum based on kindergarten standards.

APPROACHING READINESS
258-269

A child demonstrates some foundational skills and behaviors but requires further instruction for curriculum based on kindergarten standards.

DEMONSTRATING READINESS
270-290

A child demonstrates foundational skills and behaviors that prepare him/her for curriculum based on kindergarten standards.

DOMAIN SCORES

SOCIAL FOUNDATIONS

250

250

250

250

LANGUAGE AND LITERACY

250

250

250

250

MATHEMATICS

250

250

250

250

PHYSICAL WELL-BEING AND MOTOR DEVELOPMENT

250

250

250

250

The purple bars indicate your child's score for each of the domains. The dotted lines show the best estimate of your child's performance if he/she were assessed multiple times.

The score range for the Language and Literacy, Mathematics, and Social Foundations domains is 252-298. The score range for the Physical Well-being and Motor Development domain is 252-292.

COMPLETION STATUS

☒ Complete

☐ Completed with Not Scorable

☐ Scores were not complete

☐ All items were not complete

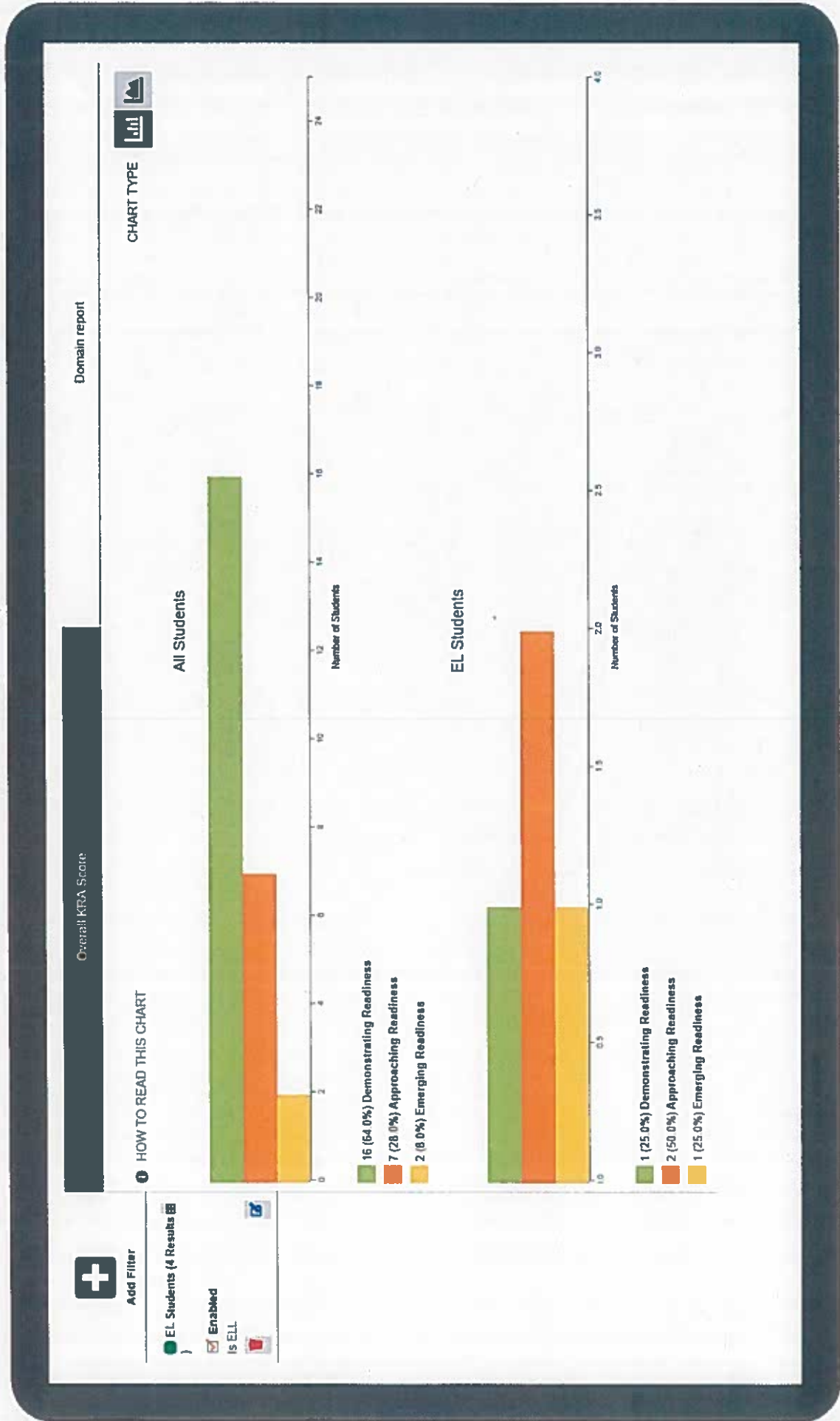
Please read the explanation for Not Scorable and Incomplete. Your child's teacher can also provide additional information.

READY FOR K

READY FOR K

READY FOR K

2018 Kindergarten Readiness Assessment



2018 Kindergarten Readiness Assessment



2018 Kindergarten Readiness Assessment

Kindergarten Readiness Assessment 2018 Data Displays



Add Filter

EL Students (4 Results)

Enabled

Is ELL

Overall KRA Score

Demographic Report



CHART TYPE

HOW TO READ THIS CHART

Language and Literacy



Mathematics



Social Foundations

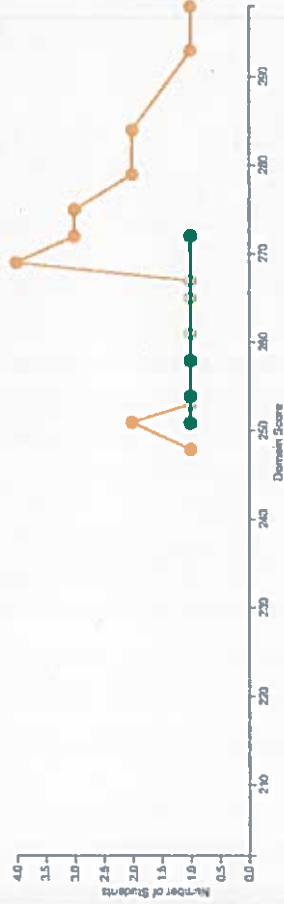


Physical Development

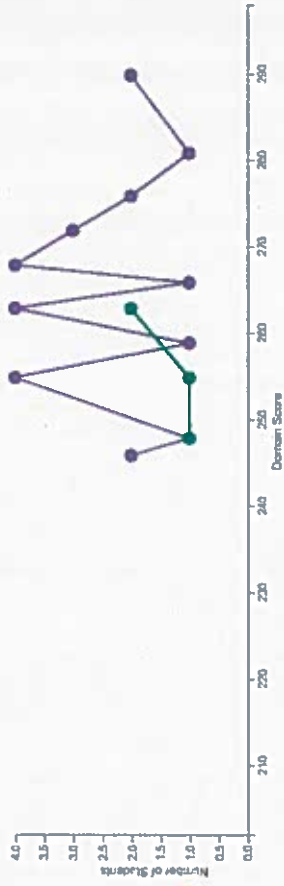


2018 Kindergarten Readiness Assessment

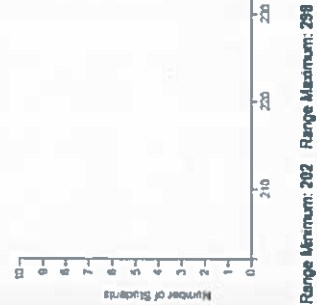
Language and Literacy



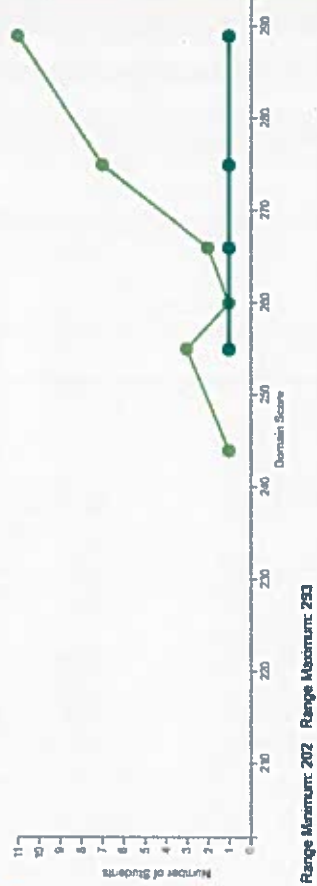
Mathematics



Social Foundations



Physical Development



2018 KRA Survey Results

- A total of 1,473 teachers participated in the survey.
- All districts were represented as well as Maryland School for the Blind and Maryland School for the Deaf.
- In census districts, 552 teachers provided a rating of the overall KRA experience. 78% of those teachers reported their experience as Excellent, Very Good, or Good.
- In sample districts, 584 teachers provided a rating of their overall KRA experience. 78% of those teachers reported their experience as Excellent, Very Good, or Good.
- 60% of teachers indicated that they do not administer other locally mandated assessments at the start of the school year. 31% of the remaining teachers noted that the skills measured by the other assessments are not the same as measured by the KRA. 65% indicated that they measured similar skills.
- When asked if the KRA data enhances their ability to identify challenges a student may be experiencing, 73% of teachers who administered the KRA to all of their students agreed or strongly agreed, while 55% of the teacher who administered the KRA to a sample of students agreed or strongly agreed.

End of Kindergarten-2nd Grade Assessments

- ☐ Fall 2018 Districts submitted current assessments given at each grade level
- ☐ Fall 2018 EducationCounsel analyzed assessment chart for K-2 tools. 26 different assessments are used across the 24 districts in Reading and Mathematics at the end of K-2.
- ☐ January 2019 EducationCounsel began interviews with each district :
 - What standards do assessment tools assess?
 - How is proficiency determined?
 - What has data from student assessments below 3rd grade shown your district?
 - How is your district using student performance data from below 3rd grade?



Prenatal-to-Age-Three State Grant Competition

The J.B. and M.K. Pritzker Family Foundation invites states to apply for participation in its Prenatal-to-Age-Three State Grant Competition. Five to 10 Planning Grants (\$100,000/grant) and three to five Action Grants (ranging from \$1-3 million to be made following the planning process) will be awarded to states who submit winning proposals focused on expanding needed state and community services for children prenatal to age three and their families. Please join us to be a part of this exciting new movement.

PRITZKER

Children's Initiative

Strategic Vision

Research consistently shows the experiences of the first three years of a child's life are the bricks and mortar of brain development, building the foundation for all future learning, behavior and health. A child's brain develops faster from birth to age three than at any later period in life. Evidence shows that when we invest in the first three years, infants and toddlers become healthy children who are confident, empathetic and ready for school and life, and our communities, workforce and economy become stronger and more productive.

For nearly 20 years, the J.B. and M.K. Pritzker Family Foundation has sought to catalyze effective solutions to societal needs, including early childhood development. To embrace the crucial early years in a child's development, the foundation created the Pritzker Children's Initiative (PCI) with a vision of helping to build a promising future for our country by investing in and supporting solutions in early childhood development from birth to age three, with a goal of every child reaching kindergarten being ready to learn.

More recently, the Foundation launched the National Collaborative for Infants and Toddlers (NCIT), which brings together national partners, early childhood leaders, philanthropy, policymakers and practitioners, both inside and outside state and local government to create and strengthen promising policies and programs and share best practices, ensuring more states and communities can support the healthy development of our youngest children.



Policy Priorities

PCI's approach is to support national, state and local policies and programs that:

- 1) Increase the number of families with children prenatal to age three who are connected to essential health, development and social emotional support services.
- 2) Increase the number of low-income infants and toddlers receiving affordable, high-quality child care.

Working together, these programs and policies can help provide parents with the full range of supports they may need to create a strong foundation for healthy development and learning.

Program Goals

It is PCI's goal to expand **high-quality services nationally to at least one million low-income families with children prenatal to age three by 2023**. To achieve this goal, PCI is focusing on needed policy changes and investments in states and communities designed to expand high-quality services to low-income infants and toddlers and their families. We invite states and communities and organizations to join us in this important work.

The Grant Opportunity

PCI invites states to apply for a Planning Grant of \$100,000. The purpose of the Planning Grant will be to establish a coalition of partners inside and outside of government working at both the state and local level to develop a robust prenatal-to-age-three policy agenda and action plan focused on expanding statewide access to high-quality programs designed to support children's healthy development and build a strong foundation for learning.

Following the completion of the Planning Grant phase, states will be eligible to apply for a three-year Action Grant of \$1-3 million to support successful execution of elements of your proposed prenatal-to-age-three policy agenda and action plan. Three to five Action Grants will be awarded following the Planning Grant phase. *(The amount of the action grant will be based upon the number of low-income infants and toddlers in your state.)*

Planning Grant Phase

The Planning Grant competition will offer \$100,000 Planning Grants for five to 10 states for the purpose of developing:

1. A collaborative of state- and community-level partners inside and outside of government committed to increasing investments and improving policies and systems related to children prenatal to age three and their families;
2. A prenatal-to-age-three policy agenda; and
3. An action plan to move forward and execute elements of the proposed policy agenda.

Planning Grant Time Period: Recognizing that states may be at varying levels of readiness to undertake this planning process, PCI is offering two timelines for the Planning Grant phase.

1. **Ready States:** Six-month Planning Grant with submission of application for an Action Grant by October 15, 2019. "Early Decision" Action Grants will be awarded by December 30, 2019.
2. **Developing States:** Nine-month Planning Grant with submission of application for an Action Grant by January 15, 2020. "Regular Decision" implementation grants will be awarded in the Spring of 2020.

You will be asked to state in your Letter of Intent your preference to apply for either the six-month or nine-month Planning Grant.

Who can apply? State collaboratives that include cross-sector/cross-system leaders from state and local government, state and local nonprofit leaders, advocates, philanthropies and other likely and unlikely allies are required to apply collaboratively.

Only one application will be accepted per state, and it is up to the state collaborative members to determine who the direct grantee will be to lead the Planning Grant process. **For the Planning Grant, the recipient must be a nonprofit 501(c)(3) organization that is a public charity, has been agreed upon by the collaborative members and has assumed responsibility for overseeing the planning process and representing the statewide collaborative.** *(The public charity will be responsible for determining how, when and to whom it will disburse any funds received under this grant in order to achieve its purposes.)*

NOTE: In the Action Grant phase, there will be options for the funding to be directed to multiple grantees including a state government entity. For the purposes of the Planning Grant time limitations, it was deemed more practical to make the grant to one nonprofit entity.

All states and the District of Columbia are invited to apply (with the exception of California, Illinois, North Carolina, New York, Ohio and Oregon, because of significant existing and planned investments).

What will Planning Grant recipients receive? Those whose applications are chosen to receive an initial Planning Grant will receive the following:

- Grant of \$100,000 to support the development of a policy agenda and action plan focused on the identified policy priorities of this national prenatal-to-age-three grant initiative;
- Eligibility for consideration of an Action Grant of \$1-3 million to support successful execution of elements of the state's prenatal-to-age-three policy agenda;
- Access to technical assistance consultation and content experts;
- Opportunity to strategize with communications experts on how to move forward a policy agenda; and
- Participation in the National Collaborative For Infants and Toddlers and a peer learning network of states and communities and national partners focused on building a comprehensive prenatal-to-age-three system of supports for infants, toddlers and their families.

What can the Planning Grant funds be used for? The Planning Grant funds can be used to fund all costs related to the planning process. The funds are available to help identify the grantee's vision for the state's needed policy changes and investments, and to develop the action plan. Examples of allowable costs include hiring a facilitator, using expert consultants, securing needed data, covering meeting and travel costs, etc. Other uses may be proposed by applicants; however, funds may NOT be used to fund direct services or for lobbying. Use of the Planning Grant funds for lobbying is expressly prohibited.

How does this grant opportunity link to the federal Preschool Development Grant (PDG), the state's CCDBG state plan, the Early Head Start-Child Care Partnership grant, MIECHV or other federal resources that states already have? In drafting the proposal, consider these questions to ensure the effort builds on existing work in your state wherever possible:

- To what extent did your state build prenatal-to-age-three into your PDG or CCDBG plans or other federal grant opportunities? If you did incorporate prenatal-to-age-three in those plans/proposals, build on those plans for this grant opportunity. If you did not prioritize infants and toddlers in those plans, use this as an opportunity to broaden your focus to expand services to infants and toddlers and their families.
- Are less-restricted private sector resources needed as a match for any federal grants or to leverage other funding sources to support your prenatal-to-age-three focus?
- Are strategies being considered in your Medicaid Transformation or Expansion plans to fund key prenatal-to-age-three services?
- What else is happening in your state that would allow you to incorporate a prenatal-to-age-three focus in building the system of supports for young children and their families?

There is no one right answer. What we ask, though, is that your state team collaboratively think about all these pieces of work that may already be underway at the state and community level and determine how this grant opportunity aligns with and strengthens any other funding you have received that may support programs related to prenatal-to-age-three. It is also important to note that this grant opportunity is not dependent upon your receipt of other funding. For example, if you submitted an application for a preschool development grant, even if you did not receive one of those grants, you have already completed some of the work for this application. How does that proposal align with your approach to this funding opportunity?

Important Dates

November 27, 2018 at 1 pm ET – Webinar for interested and potential applicants to share details of the grant process and to respond to questions. **Register here:** <https://cc.readytalk.com/r/cpq33uhn1cyv&eom>

January 15, 2019 – Letter of Intent to submit an application should be emailed to gcobb@pritzkerfoundation.org. See page 8 for details on what should be included in your Letter of Intent.

February 15, 2019 – Planning Grant applications due.

April 15, 2019 – Planning Grant recipients announced (five to 10 will be selected).

July 15, 2019 – Interim report due from Planning Grant recipients to provide details about the composition of the prenatal-to-age-three state collaborative you have developed.

October 15, 2019 – Final policy agenda and action plans due for the Ready State six-month Planning Grantees. Three-year Action Grants for this group of applicants will be awarded by December 2019.

January 15, 2020 – Final policy agenda and action plans due for the Developing State nine-month Planning Grantees. Three-year Action Grants for this group will be awarded in Spring 2020.

Planning Grant Deliverables

To contribute to the ambitious goal of ensuring one million more infants and toddlers are on track for success in school and beyond by age three, PCI is seeking robust state prenatal-to-age-three strategies that will include three core grant deliverables from states receiving Planning Grants.

- 1) **Establishing a coalition of partners, inside and outside of government, committed to working toward a common goal of preparing infants and toddlers for success in school and in life.**
 - a. This collaborative should represent the state's racial and cultural diversity and demonstrate a commitment to working to meet the goals set forth in your policy agenda.
 - b. The collaborative will be asked to provide a description of the roles and responsibilities of each partner, and the decision-making structure and approach that will be used.
 - c. The coalition should include the following:
 - i. State government leaders
 - ii. Local government and/or community leaders
 - iii. Local and state nonprofit organization leaders
 - iv. Local and state nonprofit policy-advocacy organization leaders
 - v. State and local philanthropic leaders
 - vi. Others as identified, including both likely and unlikely allies.
- 2) **Creating a detailed policy agenda focused on needed policy changes and investments designed to expand high-quality services to low-income infants and toddlers and their families with a target goal of a 25-percentage point increase over baseline by 2023 and a long-term goal of a 50-percentage point increase over baseline in children and families served by high-quality programs or policies.**
 - a. Policy agendas must include one or both of the two identified policy priorities:
 - i. *Increase in the number of families with children prenatal to age three who are connected to essential health, development and social emotional support services (e.g., home visiting, health and developmental screenings and referrals to a range of health and support services).* This may include, but is not limited to, prenatal care; increased or universal home visiting; health and developmental assessment and connection to needed services; a variety of referral and follow-up support services for families; expanded early intervention services, high-quality child care, etc.
 - ii. *Increase in the number of low-income infants and toddlers receiving affordable, high-quality child care.* This may include but is not limited to strategies for increasing the number of high-quality child care opportunities for low-income infants and toddlers across diverse settings, including new high-quality child care for infants and toddlers, improved quality of existing child care for infants and toddlers and expanded workforce compensation for teachers in infant and toddler child care programs.
 - b. The collaborative may include letters of support for the proposed policy agenda from members of the collaborative as well as, for example, the governor, legislative leadership, state government agency leaders, local government agency leaders, advocacy organization leaders and other potential private sector partners at the state and local level.
- 3) **Developing a strategic action plan that describes how the state collaborative would advance its prenatal-to-age-three policy agenda. The proposed strategic action plan should include the following components:**
 - a. **Specific strategies to advance an agenda and catalyze movement** to increase investment in high-quality services policy for infants, toddlers and families. The action plan can include a wide range of strategies based upon the realities in the state and the approach you are taking. Your state collaborative should develop the best approach within your own state context and vision to achieve and implement the needed funding and policy changes.

- b. A clear plan for **how your state collaborative approach will incorporate communities** – as leaders in informing, implementing and mobilizing the plan. Consider actions that can be taken at the local level to test policy ideas with local leaders or local initiatives that might be replicated or scaled statewide as part of your state level policy agenda.
- c. Articulation of how your proposed policy agenda will **identify and address disparities** in access and outcomes among specific populations within the state (e.g., based on race, ethnicity/language, geography or other demographic or socio-economic factors).
- d. **Establishment of clear metrics for success** – What will your target goals be when working towards a long-term goal of expanding high-quality services to achieve a 25- percentage point increase over baseline by 2023 and a longer-term goal of 50-percentage point increase over baseline in children and families impacted by high-quality programs or policies?
- e. **Aspirational vision** with both short- and long-term goals. We recognize everything can't be accomplished in the grant period, but what is your vision that you ultimately want to achieve in your state and how many children will ultimately be impacted if you achieve that vision?
- f. Communication of a **strategy for securing additional funding** from federal, state, local or private sources to support the implementation of the prenatal-to-age-three agenda. Note that Action Grant recipients will also be required to provide a 20 percent cash match on the grant in Year Two and a 30 percent cash match in Year Three.

The following examples are offered as potential illustration of the approaches a state may take, but they are merely meant to be examples and should not limit the creative and innovative strategies that states plan to use to advance their prenatal-to-three-policy agenda:

- Launch of a public and policymaker education campaign (including influencer and communications strategies);
- Research to inform specific policy changes or financing strategies related to expanding specific infant and toddler services;
- Support for planning to replicate or scale statewide an existing program approach at the local level;
- Development of a statewide network of community-based organizations focused on children under the age of three and their families so that the capacity is in place to scale quality programming; or
- Securing approvals to enable Medicaid to fund a broader range of infant and toddler services covered by the policy plan.

Action Grant Phase ---

The Planning Grant deliverables (as described above) will serve as your application to be considered for an Action Grant. The purpose of these Action Grants will be to implement elements of your proposed policy agenda and action plan. Action Grant recipients will be selected approximately three months after submission of your Planning Grant deliverables.

State Planning Grant Application/Letter of Intent

SECTION 1: BASIC INFORMATION

Please make this page both your Letter of Intent and the cover page of your Planning Grant proposal and include your organizational logo at the top of the page.

PLANNING GRANT APPLICANT MUST BE A 501(C)(3) PUBLIC CHARITY.

Organization Name: _____

Street Address: _____

City, State, Zip Code: _____

Contact Name(s)*: _____ Contact Title(s): _____ Contact Phone(s): _____ Contact Email(s): _____

Name of Proposed Grant: State Prenatal-to-Age-Three Planning Grant

Total Amount Requested: \$100,000

Timeframe for Planning Grant (check one): ☐ Six Months (Ready States: April 15 – October 15, 2019)
☐ Nine Months (Developing States: April 15 – January 15, 2020).

Include with your Letter of Intent the following materials:

- IRS Determination Letter confirming the 501(c)(3) and public charity status of the applicant organization
- Audited financial statements for the past three years
- Organizational budget for the current fiscal year
- W-9 Form

Signature: _____ Date: _____

Email this page to gcobb@pritzkerfoundation.org by January 15, 2019 as your "Letter of Intent" to let us know of your intent to apply for a Planning Grant. This page should then also be the cover page of your full Planning Grant proposal that will be due on February 15, 2019. Include your logo at the top of the page.

** If the contact who will be responsible for the leadership and implementation of the proposed grant is different from the contact who will respond to questions about this proposal, please indicate both contacts.*

SECTION 2: GRANT NARRATIVE

Using the questions below as your guide, please briefly describe the approach you will take in using this Planning Grant to develop a policy agenda focused on expanding high quality services to infants and toddlers and their families in your state. *Limit your total narrative in the grant to no more than 10 pages.*

Appendix pages will be in addition to the 10 pages of narrative.

➤ State Collaborative

- Identify the committed members of the state collaborative (name, title and organization) and explain the roles/responsibilities each will play. We recognize that your collaborative will grow and evolve during the planning process and thus understand that this will not be an all-inclusive list.
- Discuss any previous success in building a diverse collaborative and moving forward a policy agenda and/or securing funds for an early childhood related program or strategy.
- Discuss how the collaborative will be organized and how it will make decisions.
- Describe how families will be a part of your state collaborative and will inform your policy agenda development process.
- Please identify the key leaders in your collaborative who will be coordinating the planning process and provide biographical statements along with their roles.
- Complete the grid in Appendix A and attach signed letters of commitment from collaborative members.
- Collaborative members should include the following:
 - state government leaders
 - local government leaders
 - state and local nonprofit organization leaders
 - state and local nonprofit policy-advocacy organization leaders
 - community leaders (non-profit, advocacy, political, business, civic, etc.)
 - state and local philanthropic leaders
 - representatives of families of an infant or toddler

The organizations and collaborative members should represent the diversity of your state – racially, culturally and geographically – and should include both state and local leaders and likely and unlikely allies.

➤ Political Leadership and Support

- Describe the current political landscape including political support and/or opposition by key leaders on early childhood issues in general and infants and toddlers in particular.
- Provide details that reflect why you think they may be willing to provide future support around a policy agenda focused on children prenatal to age three and their families.

➤ Inside/Outside Government Approach

- How do you envision government and advocacy leaders working together to create a prenatal-to-age-three agenda and prioritizing investments and policy change?

➤ Current Status of Programs, Services and Funding for Infants and Toddlers in State

- Describe the status of programs, services and funding for infants and toddlers in the priority areas of the grant initiative. What is the need? How many low-income infants and toddlers are in your state? How many have access to high-quality services? How many need to be served in order to work towards a long-term goal of expanding high-quality services to achieve a 25-percentage

point increase over baseline by 2023 and a longer term goal of a 50-percentage point increase over baseline in children and families connected to high-quality and essential programs?

- Describe recent successes and challenges in your state to achieve policy changes on behalf of infants and toddlers, prenatal to age three and their families?

➤ **Data**

- Please complete the data chart in Appendix B to provide details related to the number of children prenatal to age three currently being served vs the unmet need in your state. We recognize that some of this data may not be easily accessible. Please indicate if data is not available. If your state collaborative has other relevant data, please add additional lines to incorporate this information. Possible sources to use to find this data include:
 - o ZERO TO THREE (ZTT), State Baby Facts [50-State Profiles]:
<https://www.zerotothree.org/resources/series/state-baby-facts#the-state-fact-sheets>
 - o National Center for Children in Poverty (NCCP), Early Childhood State Profiles:
http://www.nccp.org/profiles/early_childhood.html
 - o The Annie E. Casey Foundation's KIDS COUNT Data Center:
<http://datacenter.kidscount.org>

➤ **Community Structure and Approach**

- Does your state have a statewide community-based structure focused on early childhood? If so, as you initially envision the approach you will take in the planning process, how would this structure be incorporated into the leadership structure of your collaborative to inform decision-making around your prenatal-to-age-three agenda and plan?
- If your state does not have a community-based structure already in place, how would your state collaborative engage, involve and gather input from community leadership across the state to inform your planning and implementation process? How will community leadership be incorporated into the structure of the state collaborative leadership (i.e., cities, counties and coordinated community efforts)?
- How will innovative components of initiatives at the community level be integrated into your state collaborative's approach?

➤ **Policy Focus and Impact Metrics**

- As your state collaborative team members are considering possible policy priorities, is it realistic to think you can achieve a goal of expanding the number of infants and toddlers and their families connected to high-quality services with a *25-percentage point increase over baseline by 2023 and a longer-term goal of a 50-percentage point increase over baseline?*

➤ **Planning Approach**

- Describe the approach your collaborative will take in developing a policy agenda and action plan that is designed to maximize and assure equitable impact on children prenatal to age three and their families regardless of race, geography or income.
- Identify how your state collaborative will get initial input from diverse stakeholders, including families and community leaders, to inform your policy agenda.

➤ **Other State Planning Process and Grant Initiatives**

- How do you anticipate this planning process aligning with existing work in your state? (Ex. CCDBG planning for infants and toddlers, Preschool Development Grant planning, Early Head Start planning, Title V planning, MIECHV planning, ECCS planning, ECAC projects, etc.) PCI recognizes these are just examples and are not relevant to all states. Your collaborative should respond based upon the realities in your state and the approach you expect to take in developing your policy agenda and action plan.

➤ **Leveraging Other Financial Support for your Policy Efforts**

- Should your state collaborative be chosen to receive an Action Grant following your Planning Grant, you will be asked to secure a 20 percent cash match in Year Two and a 30 percent cash match in Year Three. Do you think that will be feasible? Why or why not? (Matches will be calculated on the size of the full Action Grant and the payments in the 2nd and 3rd years and can be drawn from federal, state, local or private sources.)

SECTION 3: GRANT DELIVERABLES

Planning Grant recipients will be expected to achieve the deliverables as outlined below **no later than October 15, 2019 for Ready States and January 15, 2020 for Developing States**. Additional details and templates will be provided to you at a later date to meet these deliverables. If you anticipate your state collaborative will meet other deliverables in this planning process, feel free to include them at the bottom of the list. (This is optional and definitely not required.) ***Your deliverables as outlined below will serve as your proposal for the Action Grant.***

➤ **Planning Grant Goals and Expected Results (These are the required deliverables that will be incorporated into your Planning Grant agreement. There is nothing you need to respond to on these unless there are other deliverables you want to add at the bottom.)**

- Establishment of a collaborative that represents the racial and cultural diversity of your state and that includes both state and community-based government, nonprofit and advocacy organizations, philanthropies, likely and unlikely allies, and others that are committed to achieving the proposed goals and outcomes. Who are the partners that will be essential for executing the state plan? What unique role does each play and what experience, constituency or expertise will they bring? Which organizations will be included in the three-year funding plan? Are there others that will contribute to the effort through other means? Provide a detailed collaborative list with roles and responsibilities of collaborative members, level of commitment and racial diversity of the leadership team. A template will be provided for your use in completing this information. ***The due date on this deliverable is July 15, 2019.***
- Creation of a policy agenda focused on what is needed in your state to expand services to families with children prenatal to age three with a goal to achieve a 25 percent increase over baseline by 2023 and a 50 percent increase over baseline by 2025 in children and families served by high-quality programs or policies. ***A template will be sent to you to use in completing the policy agenda.***

- Development of an action plan (including timeline) for moving forward the policy agenda designed to successfully expand services to a specified number of infants and toddlers and their families in your state as outlined above. *A template with specific information to incorporate into the action plan will be sent to you to use in meeting this deliverable.* Action plan should incorporate:
 - o Baseline data related to current level of children and families being served and anticipated goals with disaggregated data by race wherever such data is available.
 - o Strategy for how you will be working in partnership with communities to achieve and implement your policy and program goals.
 - o Financial and Sustainability Plan that includes details related to meeting the 20 percent and 30 percent cash match requirements on the grant in Years Two and Three of your **Action Grant**.
 - o Letters of Support for your action plan from key leaders and organizations.
- **List additional deliverables that you would like to include as part of your Planning Grant. (Optional)**

SECTION 4: GRANT BUDGET NARRATIVE

A detailed budget is not needed for this grant. Please give though a general description of the ways you intend to use the Planning Grant to achieve the Planning Grant deliverables.



Appendix A: Collaborative Members

Complete the grid below with a list of the initial members of the state collaborative. Collaborative members should include leaders of key advocacy organizations, community-based organizations, nonprofits, philanthropies, state and local government and likely and unlikely allies. We strongly urge you to assure the organizations and collaborative members represent the racial, cultural and geographic diversity of your state.

Name	Title and Name of Organization	Type of Organization: State Government, Local Government, Advocate, Community-Based Nonprofit, Philanthropy, etc.	Geographic Representation: Urban, Rural, Suburban, State	Role in the Collaborative	Email

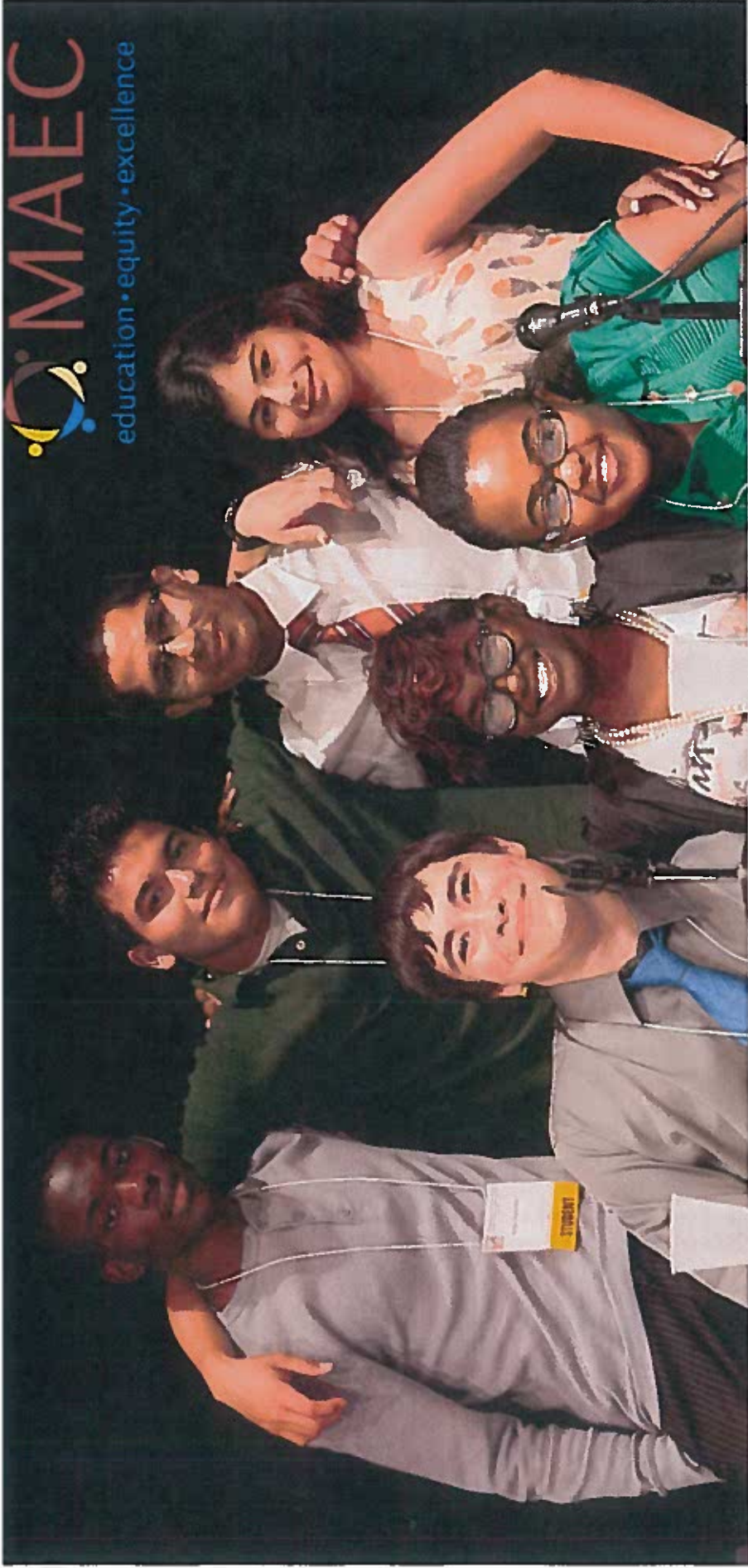
Appendix B: Data

Please complete the data chart below to provide details related to the number of children prenatal to age three currently being served vs the need in your state. We recognize some of this data may not be easily accessible so do not worry if you cannot complete the entire chart. Please provide data disaggregated by race when available and to the greatest extent possible. **Applicants are encouraged to provide additional and/or supplemental relevant data, by adding additional lines to the template provided.**

Description	Total Number	% of all births	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Hispanic or Latino
Total population under 3 years old							
Percent of children less than 18 years old who are infants and toddlers (under age 3)							
Children less than 6 years old by race/ethnicity							
Percent of infants and toddlers who live with families under 200% of the federal poverty level							
Percent of infants and toddlers living with a single parent							
Percent of mothers (of infants) who are in the labor force							
Percent of children less than 6 years old whose mothers have a high school education or less							
Percent of babies born to mothers receiving early prenatal care							
Percent of babies born pre-term							
Percent of babies with low birth weight							
Percent of births covered by Medicaid							
Infant mortality rate deaths per live 1,000 births							
Percent of infants and toddlers with up-to-date immunizations							

Description	Total Number	% of all births	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Hispanic or Latino
Percent of children less than 6 years old with no health insurance							
Percent of infants on Medicaid who have received at least one EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening							
Percent of children less than 6 years old who have received a developmental screening							
Percent of Women, Infants, and Children (WIC) Program recipients who are infants							
Percent of maltreated children who are less than 3 years old							
Percent of children less than 3 years old who are experiencing residential mobility							
Percent of children less than 6 years old with no parent in the labor force							
Percent of children from birth to 18 years old living in census tracts with poverty levels of 40% or higher							
Percent of children from birth to 5 years old with family employment affected by child care issues							
Percent of Temporary Assistance for Needy Families (TANF) Program families with at least one child less than 3 years old							
Percent of Supplemental Nutrition Assistance Program (SNAP) recipients who are less than 5 years old							

Description	Total Number	% of all births	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Hispanic or Latino
Percent of children entering foster care who are less than 3 years old							
Percent of parents or family members who read to their child (newborn to 5 years old) every day							
Percent of parents or family members who tell stories and sing to their child (newborn to 5 years old) every day							
If available, provide data on settings where infants and toddlers are in care. For example, provide any data available on the percentage of young children who are primarily in: • Parental care • Child care centers • Family child care • Family, friend, and neighbor care							
Cost of infant care in child care centers as percentage of income for single mothers							
Number or percentage of children by age up to age 3 that receive child care subsidy services in licensed family child care homes or center-based programs							
Number of families receiving home visits with children prenatal to age three							
Percentage of children identified and placed in the child welfare system that are aged 1 to 3 years							
List any other data that you think would be helpful to include from your state							



State Family Engagement Center: Collaborative Action for Family Engagement (CAFE)

Maryland Early Childhood Advisory
Council
February 13, 2019

Facilitators



Susan Shaffer
President



Karmen Rouland, Ph.D.
Program Manager

MID-ATLANTIC EQUITY CONSORTIUM



VISION

MAEC envisions a day when all students have equitable opportunities to learn and achieve at high levels.

MISSION

MAEC's mission is to promote excellence and equity in education to achieve social justice.

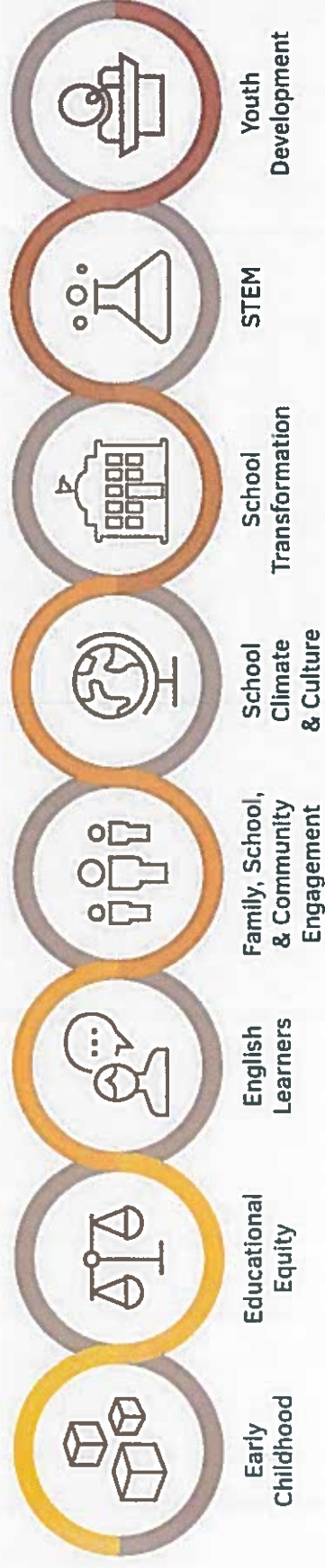
CORE VALUES

- ❖ Excellence
- ❖ Equity
- ❖ Integrity
- ❖ Innovation
- ❖ Synergy

AREAS OF WORK

- | | |
|--|--|
|  Early Childhood |  School Transformation |
|  Educational Equity |  School Culture & Climate |
|  English Learners |  STEM |
|  FSCE |  Youth Development |

MAEC'S Areas of Work



ASSET-BASED APPROACH

Educators must engage in an asset-based approach that:

- Supports positive & inclusive education
- Validates funds of knowledge
- Develops competencies & talents
- Improves outcomes



CENTER FOR EDUCATION EQUITY

CEE is a project of MAEC, Inc., in partnership with WestEd and the American Institutes for Research (AIR).



CEE is one of four regional equity assistance centers funded by the U.S. Department of Education under Title IV of the Civil Rights Act of 1964.

Center for Education Equity (CEE) is committed to the sharing of information regarding issues of equity in education. References to any specific publication, person, or idea is for the information and convenience of the public and does not necessarily reflect the views and opinions of CEE. The contents of this presentation were developed under a grant from the U.S. Department of Education (S004D110021). However, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

OVERVIEW OF CAFE

- Regional SFEC for MD and PA.
- Our partners include: National Association for Family, School, and Community Engagement; Parents as Teachers (Center for Schools and Communities); Academic Parent Teacher Teams (APTT) at WestEd; and Dr. Steven Sheldon (Johns Hopkins University).
- Five-year grant (beginning January 1, 2019)



PROJECT DESCRIPTION

CAFÉ staff members and its partners will:

- Provide technical assistance and training to SEAs, LEAs, and schools in collaboration with community organizations to provide evidence-based, effective practices in culturally responsive family engagement
- Provide direct services for parents, increasing their knowledge and efficacy to help their children improve school readiness and academic achievement.

CAFE GOALS

Goal One

Improve and sustain regional and statewide family engagement efforts which focus on increasing high impact, culturally responsive family engagement by **addressing systemic barriers** to enhance communication and collaboration among SEAs, LEAs, schools, community-based organizations, families, and students.

Goal Two

Build capacity of educators and parents to practice **high-impact, culturally responsive family engagement** through increased awareness, knowledge, and skills.

OBJECTIVE ONE

Improve capacity of **SEAs** to design and implement statewide **culturally responsive** family engagement policies, frameworks, and practices aligned to ESSA.

Work with MSDE to create a seamless birth to grade 12 Family Engagement Framework

Establish an advisory committee in each state.

Contribute to a national family engagement communications campaign to build a unified voice leading to transformative policies and practices.

OBJECTIVE TWO

Increase capacity of **LEAs** to **co-construct**, with families, policies, and practices which focus on creating partnerships between families, schools, and communities to improve student outcomes.

Parent Academies

Communities of Practice

OBJECTIVE THREE

Improve SEA and LEA **interstate collaboration** to enhance knowledge, skills, abilities, and best practices to implement high impact, culturally responsive family engagement and increase academic achievement and support school improvement.

Interstate virtual and in-person convenings

OBJECTIVE FOUR

Build capacity for SEAs, LEAs, and schools to conduct effective **outreach and communication** with families to galvanize communities from diverse racial, linguistic, religious, and cultural backgrounds, including the use of technology.

Convenings to develop collaborative action between LEAs, schools, and community-based organizations

Communities of Practice

OBJECTIVE FIVE

Increase parents' ability to promote **school readiness** and support the **academic achievement** of their children.

Provide parents with child development knowledge and parent support.

Facilitate community asset mapping, professional development, and parent leadership activities.

Facilitate in-person and virtual orientation sessions to school and district leaders interested in learning more about the APTT model.

OBJECTIVE SIX

Improve parents' **literacy** and **communication skills** to build their capacity to grow as **leaders** and increase the opportunities for all children.

Create webinars and other universal publications for parents and families.

Provide training to parents regarding adult and student literacy.

CONTACT INFORMATION

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MARYLAND EXCELS

News and Updates



MARYLAND EXCELS
CHECK FOR QUALITY EARLY CHILDHOOD
AND SCHOOL-AGE PROGRAMS

Maryland EXCELS Quality Rated Programs by Level

Published Quality Ratings	
Level 1	2,749
Level 2	397
Level 3	538
Level 4	63
Level 5	335
Total Published	4,082



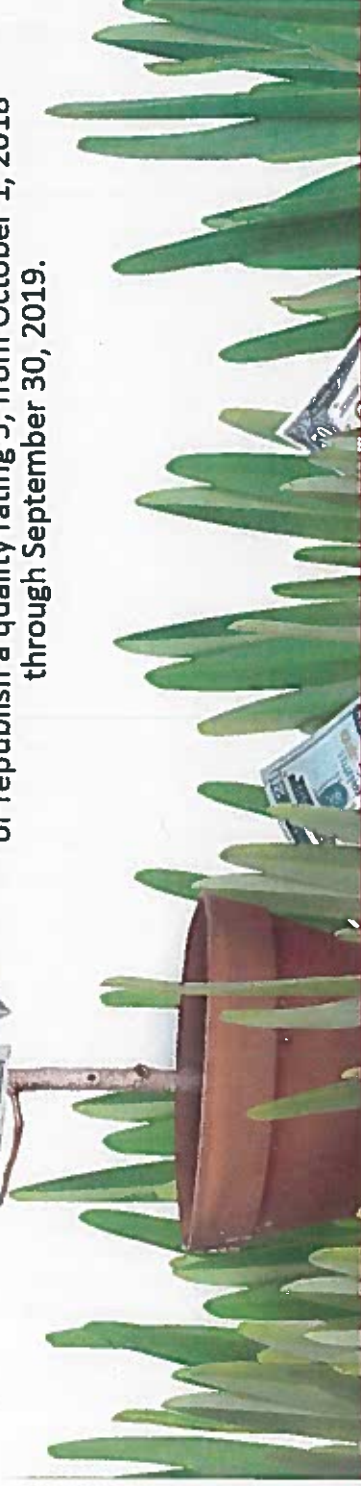
MARYLAND EXCELS
CHECK FOR QUALITY EARLY CHILDHOOD
AND SCHOOL-AGE PROGRAMS

Bonuses for Higher Quality



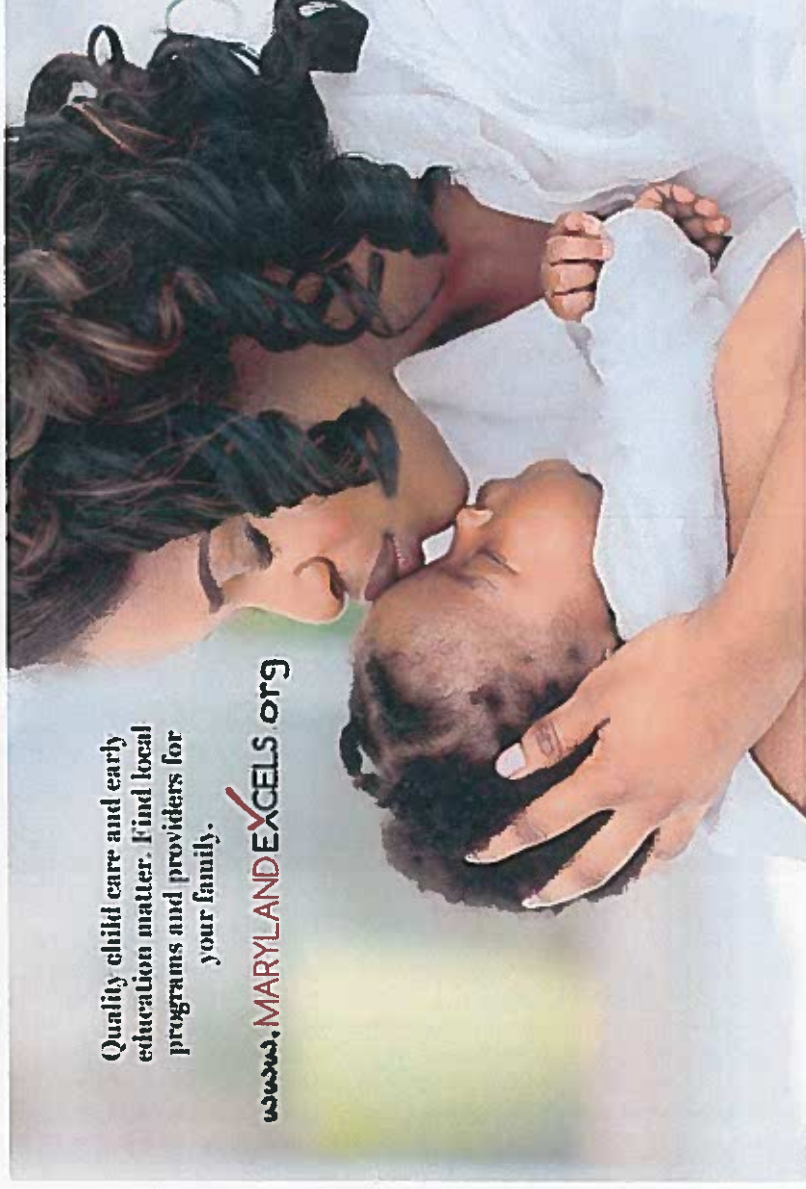
Year of Bonuses! "Getting Published Pays"

Bonuses will be paid to Maryland EXCELS participating programs that publish a first-time quality rating 1 through 5, or republish a quality rating 5, from October 1, 2018 through September 30, 2019.



For more information, visit www.marylandexcels.org/bonus

Maryland EXCELS Promotes Child Care Scholarships



MARYLANDEXCELS
CHECK FOR QUALITY EARLY CHILDHOOD
AND SCHOOL-AGE PROGRAMS

Maryland EXCELS in the Community

- **Child Care and Preschool Fair**, Jan. 26
in Anne Arundel County
- **Children on Board Preschool Fair**, Jan. 7
in Howard County
- **Technology in Early Childhood Conference**, Feb. 2
in Harford County
- **WTMD Saturday Morning Tunes**, Feb. 2
in Baltimore County
- **Regional Education Summit**, Feb. 16
in Montgomery County



MARYLAND EXCELS
CHECK FOR QUALITY EARLY CHILDHOOD
AND SCHOOL-AGE PROGRAMS

Maryland EXCELS

Regional Birthday Celebrations



March 21, 2019 – Baltimore

April 11, 2019 – Harford/Cecil

May 16, 2019 – Western

Visit www.marylandexcels.org/birthday



MARYLAND EXCELS

CHECK FOR QUALITY EARLY CHILDHOOD
AND SCHOOL-AGE PROGRAMS

Maryland EXCELS Quality Rated Programs by Level

Published Quality Ratings	
Level 1	2,749
Level 2	397
Level 3	538
Level 4	63
Level 5	335
Total Published	4,082

Maryland EXCELS # of Published Programs by County

Jurisdiction	Quality Rating 1	Quality Rating 2	Quality Rating 3	Quality Rating 4	Quality Rating 5	Grand Total
Allegany	38	1	4	1	7	51
Anne Arundel	169	24	60	3	18	274
Baltimore	432	36	73	5	26	572
Baltimore City	481	56	76	10	20	643
Calvert	49	14	4	2	8	77
Caroline	18	2	8		8	36
Carroll	48	5	18	4	19	94
Cecil	44	3	8	1		56
Charles	98	9	6		10	123
Dorchester	20	1	10	1	7	39
Frederick	89	21	14	4	18	146
Garrett	10	1	2	1	11	25
Harford	110	20	16	1	12	159
Howard	138	36	19	2	19	214
Kent	4		1	1	3	9
Montgomery	341	61	122	14	64	602
Prince George's	470	70	51	6	25	622
Queen Anne's	16	3	1	1	4	25
Saint Mary's	28	3	5		3	39
Somerset	14	2	4	1	5	26
Talbot	13	3	2		9	27
Washington	55	17	15	2	23	112
Wicomico	52	9	15	3	10	89
Worcester	12		4		6	22
Grand Total	2,749	397	538	63	335	4,082

MARYLAND EXCELS

CHECK FOR QUALITY EARLY CHILDHOOD
AND SCHOOL-AGE PROGRAMS

QUALITY ASSURANCE SPECIALISTS ARE AVAILABLE TO ASSIST YOU

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Rosemary Lober	Cecil & Harford	rosemary.lober@maryland.gov	410-569-2879 Ext. 302
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For additional information, visit the Maryland EXCELS website at MarylandExcels.org





State Early Childhood Advisory Council February 13, 2019 Meeting Minutes

Agenda Topic	Discussion Summary	Action Needed	Due Date
Welcome / Introductions and Announcements	Dr. Carol A Williamson, Deputy Superintendent, Office of Teaching and Learning, welcomed the Council to the first meeting of 2019. She said we have an exciting year ahead of us. She said we depend a lot on the feedback we get from the Council and we are grateful for the commitment. Dr. Williamson introduced TJ Bennett, the official note taker for the meetings effective beginning with this meeting. TJ introduced herself and explained to everyone that she has a slight hearing-impairment. She asked everyone to please speak loudly enough so that she can hear them, and to introduce themselves to better assist her in her new role. She is familiar with some of the people in attendance, but not with everyone. Dr. Williamson explained that in her role as the Deputy Superintendent of Teaching and Learning, all instruction programs within the Department fall under her. She is also responsible for making connections between the various Divisions to ensure there is no duplication of efforts. She asked everyone to introduce themselves. One of the reasons for this is so people can begin networking and making connections. We cannot accomplish the great things we do for children without everyone working together. After the introductions, Dr. Williamson said early childhood has taken its own place and is getting the recognition it deserves. The Council is important to this to ensure equitable programs for all children. It is also important to the Department that we receive feedback on the initiatives we undertake so they can provide the best outcomes for children.		

	There are several initiatives/opportunities for 2019 that align with the State ECAC goals: • Communications • Workforce Development • Birth through Eight • Birth through Five Grant • Pritzker Prenatal-to-Age-Three State Planning Grant • USDE funded Family Engagement Centers		
Agenda Topic	Discussion Summary	Action Needed	Due Date
Presentation – Kindergarten Readiness Assessment (KRA) Results, Judy Walker, Branch Chief, Early Learning, Division of Early Childhood	Judy Walker, Branch Chief, Early Learning, Division of Early Childhood, presented information on the Kindergarten Readiness Assessment (KRA) and results. Judy informed the group that the Early Childhood Supervisors in each local jurisdiction are charged with administering the KRA and that it contains valid/reliable data. She asked one of the Supervisors present to explain the good results for his jurisdiction. Christopher Todd Hall, Worcester County, said his county had good results this year. He explained that it was because he made the KRA important to everyone. He talked about it all the time with the principals and the teachers and made them understand the importance of the data and how it can inform the work they do with the children. He said he did a lot of work to build capacity in the schools and convinced everyone how important it was to do a census administration instead of a sample. Judy explained what it means when we say "School Readiness". The assessment is supposed to give information on how ready children are for kindergarten. School readiness has a lot of factors – not just the KRA scores. Children are scored on fifty items in four domains of learning: literacy, math, social and emotional, and physical/motor development. Children are either demonstrating, approaching, or emerging in those skills. Scale scores go from 202 to 298. There are 14 counties that did a census administration of the KRA, meaning 100% of the children were tested. Nine counties administered it on a limited basis and one county sampled. 47% of the kindergarteners tested (39% of all kindergarten children) demonstrated readiness, an increase of 2% from the 2017-18 year. 33% were approaching readiness and 20% had emerging readiness.		

	In the counties that did a census administration, all parents received a copy of their child's scores. Teachers are urged to hold a conference with the parents to discuss the results and not just send them home with the children. Only the parents of the children sampled received the results in the other counties. Judy shared that she keeps hoping the parents of the sample schools will push for a census administration. More school systems are returning to the census administration. Some school systems are sharing the data with their local child care providers, Head Start and Pre-K teachers. They are also doing joint professional development to talk about skill building. KRA results are translated into Spanish, Chinese, and French. Judy said Montgomery County translates the information into additional languages. Chris Peusch asked if MSDE tracked the type of prior setting (home, child care, etc.) the child was in before entering school and if it was possible to see that data. It is important to know so child care providers can share information with parents as well. Steven Hicks said the Division of Early Childhood is working with another Division within MSDE to implement SAS IDs for the children. This will make tracking this type of information easier. He said this is one of the projects in the Birth-to-Five grant application. It's under the 'Improving Data Systems' section. MSDE is looking at getting an unduplicated count of the children. We know there are children at home, Head Start, private child care, etc. For children in multiple settings, we get a duplicated count. He said the long term vision is using the SAS ID to track any service a child receives, such as CHIP, SNAP, Medicaid, etc. The hope is that it will be possible to determine the impact on children who have those early supports. We will provide more information on this when it becomes available. A question was asked about the SAS being valid across multiple state agencies so we can more easily track the services children and families are getting from the different agencies. Steven said the Department of Human Services is doing a modernization project and that MSDE is looking to collaborate with them on it. Chris Peusch asked if MSDE knew what is making the difference in the scores. Judy said collaboration between kindergarten, Pre-K, Head Start teachers and child care providers. She also said some programs have increased to full-day Pre-K. The Judy Center Partnerships also provide early services to parents. Her branch has also been providing more professional development training on the KRA. Someone asked about looking at the difference in curricula being used and if that has any impact on the scores.	
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Judy said we are having some internal discussions about curricula right now. We do not have the data on which curricula people are using. One part of the internal discussion is fidelity. It's one thing to buy a curriculum and another to train teachers on using it.

Chris Swanson said it is important to look not just at the curriculum, but to look at assessment implementation models as well.

Judy said the Early Learning Assessment (ELA) aligns with the KRA and covers children aged 36 months to 72 months. She said if child care programs use the ELA with children prior to PreK and kindergarten, it helps give the provider an idea of the child's readiness. Judy asked Karen Karten, Judy Center Coordinator/Supervisor to describe how her teachers are using the ELA. Karen said her local system shares the information with the child care providers and Head Start partners. They do some professional development with their local partners in the hopes of getting children to level 4 on the ELA before they enter kindergarten. She thinks it is huge that PreK and K teachers are talking/working together.

Lucy Amos asked how many child care providers had been trained to administer the ELA. Judy said Johns Hopkins did a Train the Trainer on it so providers would have training available. The assessment is free. The costs are for paying the trainer and any substitutes necessary. The Early Learning Branch announces the training several times a year to let providers know it is available.

Chris Peusch also said there is usually a table at the MD State Child Care Association Conference every year.

Jenn Nizer, Director, Office of Child Care, Division of Early Childhood, said the Branch Chiefs in the Office of Child Care are looking at program policies through the Impact Project, a two-year technical assistance grant issued by the Department of Health and Human Services. The Project is going to help ensure the programs are all aligned and make connections between the various branches in the Division.

Demographically, there were 44% of children in low-income households, 15% were ELL, and 9% had identified disabilities. Judy said it has been interesting collecting information on poverty for the last few years. Children eligible for FARM used to be how they determined poverty. Since many school systems have started providing breakfast and lunch, the FARM information is no longer collected. They use 'direct-certified' numbers now. We are asking the school systems to give us the data on FARMs and direct-certified next year. The 44% is an under-reporting of children in low-income households.

There was a concern shared that some children who have special needs, are English language learners (ELL), or are economically disadvantaged are not being counted.

Dr. Williamson said MSDE is aware and it will be handled. One of the problems is with ESSA and how MSDE is required to report information.

Margaret Williams said it is a huge issue when it comes to school funding. She added that the Kirwan Commission is recommending a base funding formula with extra amounts for children who are low-income, have identified disabilities, or are ELL. The Kirwan Commission recommends that all ELL children automatically be assigned "low-income" status.

A question about the depth of the problem was raised. Dr. Williamson said we do not know exactly, but we know it is widespread and growing.

A suggestion was offered to use the same type of template that was used during the national 2000 census to gather information about immigration status. It reassured illegal immigrants that it was only a data gathering process for states and would not impact their status in the country.

A brief discussion about children who cannot be scored occurred. Judy explained that children who have a physical disability, such as being in a wheel-chair, cannot skip and jump so that item cannot be scored. Again, teachers are urged to go over the information with the parents so they can know/understand the why behind the score.

We switched to reporting by scale scores this year. Putting children in two categories, ready or not ready, does not tell anyone anything. The average scale score for children not receiving any special services was 274. The average scale scores in the domains are similar to last year.

Judy explained that the report she distributed only contained the first two pages of a multi-page report the parent receives for their child. Those pages contain suggestions for the parent on what they can do to improve their child's results.

A question was asked if those pages are tied to the child's results. Judy said no, all parents receive the same information. She stressed, again, the importance of a teacher sitting down with the parents to discuss the results.

Margaret Williams mentioned "Curiosityville" a software children can use. It provides specific and personalized suggestions to parents as to what they can do with their children to help. She said it measures several different domains. <https://www.curiosityville.com/>

Steven pointed out that the KRA cannot be used as a diagnostic. If you are looking at literacy, it does not look at every aspect of literacy. It does not look at every skill or standard. It cannot be used to say, "This child should work on this specific skill to be better in literacy."

	Valerie Ashton-Thomas said her concern is the homeless. In Maryland, there are over 17,000 children who are homeless. She asked if there are any plans to address the gaps for those children. She acknowledged the families are highly mobile so it may be difficult. Judy said we do not track that data. She pointed out that the school systems can access that information and look at those children to identify how they are doing. Flora Gee looked at the information for Prince George's County and it indicates 30% of the children come from home or informal care. She wondered if the increase in the child care scholarship can help reduce that number so we can start to see some gains. Chris Peusch said she believes we will see some increase because of the revised rates and the number of children who can access high quality child care. Chris Swanson said if we want to get to the eco-system approach, we need a common identifier. We need a common <u>data metric</u> to bring all of the pieces together. The SAS ID needs to become a reality. Judy said there are also additional materials available on the Ready at Five website https://www.readyatfive.org/ Kim Lightfoot said they get many questions from their constituents about the KRA report and what it means. This is an excellent opportunity to engage across agencies. She said it is important to have this information so they can engage with, and help, the 'whole person'. Chris Swanson said we have to look at readiness in a holistic manner. We should not push academics before children are ready. The social-emotional piece is very important. He started his career working with high school children and worked his way down where he needed to be, with the younger children. He said a lot of his former colleagues have to handle the social-emotional aspects with the older children that would have been better addressed earlier. Wendy said it is critical not to forget the dads. We need more male involvement. They interact with the children differently and need a different type of support. Steve Rohde supported Wendy's remarks and said it is critical to also remember there are many different ways of interacting with children, not just by gender, but by culture.	
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Agenda Topic	Discussion Summary	Action Needed	Due Date
Presentation – <i>Building a Birth to 5 System: PDG 0-5</i>, Steven Hicks, Assistant State Superintendent, Division of Early Childhood	Steven Hicks, Assistant State Superintendent, Division of Early Childhood, reported that he received an email from the lead staffer for the early childhood workgroup; the Kirwan Report is going to be printed and available tomorrow (2/14). Steven wanted to mention this because it fits into our strategy that we need to think about as we build a Birth to 5 System. At the last meeting in January, Rick Kirwan presented some ideas that were the main points of the last two years of work. • <u>Commitment</u> to invest in early childhood • Funding universal PreK for four-year olds • PreK for three-year olds for families at 300% of the poverty level and below • Supporting public and private provider capacity to support children in high quality programs • Increase providers in Title 1 catchment areas (Judy Centers, Family Support Centers) We expect to see a few recommendations focused on this session. No one has seen a Bill drop yet. We are expecting a recommendation to continue funding the four jurisdictions that have universal Pre-K for all four-year olds. They are: Baltimore City, Garrett, Somerset and Kent counties. The initial report has no specific funding recommendations. Those details are still in the works. The report reserves \$325 million in FY 21 for first year implementation activities. We expect to see that in the legislation. The report should be available on the Innovations and Excellence in Education website. http://dls.maryland.gov/policy-areas/commission-on-innovation-and-excellence-in-education The Division of Early Childhood has dedicated a website for the Birth to Five grant. https://earlychildhood.marylandpublicschools.org/PDG All documents related to the grant are available on the website. More will be posted as they become available. We are still finalizing the dates of the Town Hall meetings (most are set except for Montgomery County). We will make that schedule available when all dates and locations are set. March 26, 2019 is the first Town Hall meeting. There will be AM and PM sessions to encourage participation. Steven said that because the Department of Health and Human Services wanted to fund all states who applied for the grant, states were required to reduce their original budget by 30%. This was a 1/3 cut to		

	Maryland's budget proposal. We had to remove some of the items we wanted to fund. Steven is looking for ways to fund those projects using outside funding, when possible. Ready at Five is handling the registration for the Town Hall meetings. We will post the links to the registration site and any handouts. We will not bring copies of the handouts to the meetings but they will be available on the website. The Town Halls will be the key point in gathering information for a needs assessment. We will take all of the various needs assessments and the surveys we gather at the Town Hall meetings and combine them into a document to inform the Strategic Plan for the Birth-to-Five project. The Strategic Plan will be for the state, across agencies, and will consider the holistic needs of families and children. For the Strategic Plan we will need members of the ECAC to help draft it before we present the full document to the ECAC. We want to ask everyone what the needs are for their communities, and what they see as the need for Maryland overall. Other state agencies, such as the Department of Health and the Department of Human Services will attend the Town Hall meetings as well. It will give the agencies the opportunity to discuss collaboration and sharing, and meet with shared constituents at the same time. We asked for some contractual positions in the grant budget. Steven passed out a copy of the job announcement for the lead position. This position will be responsible for helping to build the B-5 system in Maryland. If you know someone who would love to come and do this important work, please share it with them. We want to hire this person quickly. Steven distributed a survey and gave everyone a few minutes to complete it. Surveys are anonymous.		
Agenda Topic	Discussion Summary	Action Needed	Due Date
Pritzker Grant Updates – Margaret Williams, Maryland Family Network (MFN)	Margaret Williams, Executive Director, Maryland Family Network (MFN), reported that the purpose of the Planning Grant will be to establish a coalition of partners inside and outside of government working at both the state and local level to develop a robust prenatal-to-age-three policy agenda and action plan focused on expanding statewide access to high-quality programs designed to support children's healthy development and build a strong foundation for learning. Maryland Family Network is applying for the grant on behalf of Maryland. The intent is to increase by 25% the number of infant and toddlers across the country who are receiving high quality services (child care and other services/supports).	Submit grant application.	February 15, 2019

	Almost every state is eligible to apply (except a handful of states in which Pritzker already works), with one application allowed per state. There are two phases to the grant: 1. Planning Grant – nine months - \$100,000 (5-10 states awarded) 2. Action Grant – two years - \$1-3 million (3-5 states of those awarded under Phase 1) The amount awarded under the action grant will be based upon the number of children in Maryland. Margaret said MFN is working hard to complete the application for the planning grant. At the time of the meeting, the grant application was due in two days (February 15, 2019). MFN had to define the strategies it will use to accomplish the goals and provide details on how the money will get spent if Maryland receives the funding. Pritzker is very interested in the State Collaborative. A lot of time is spent in the grant talking about collaboration. The ECAC is the basis of the State Collaborative. She said members of the ECAC (you have red dots on your name badge) are in the Collaborative. If you prefer not to be a member of the Collaborative, let Margaret know. Margaret shared her concern with the diversity of the ECAC membership and said she is looking for ways to increase the diversity of the State Collaborative. Many members are female, and white. She is also looking for more people who work directly with children. The State Collaborative includes, so far: foster care, child welfare, business partners, Women's Commission, parents, and one representative from every local ECAC in the state to enhance geographic diversity. As they work on the proposal, Margaret said Maryland is very weak on Maternal Child Health. We need to enrich the workgroup with more representatives. One of the things funding will be spent on during the first year is a consultant to collect and analyze data. That consultant will collect data, line up speakers, arrange meetings, take meeting minutes, etc. Other funding will be set aside for parents to help pay for child care, and their travel time while they attend meetings. The intent is to divide the Collaborative into three workgroups (approximately 25 people/workgroup)	
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	1. Program services - What should we do? What are we doing now? What are other states doing? What is in their system? How did they move it forward? How did they get involvement? 2. Finance – what will this cost us? What are we paying now? Who is paying? What strategies should we pay for as suggested 3. Structure – what is the governing structure? What is the accountability structure for only the system and its development? How do we deliver what we promised we would deliver? We will present the recommendations to the full group for input and then take it to the leadership group. The leadership group will be: • Dr. Salmon, MSDE • Secretary of Health (or designee) • Secretary of Human Services (or designee) • Senator King • Delegate Rosenberg • Anne K. Duggan, ScD, Johns Hopkins Bloomberg School of Public Health, Vice Chair for Research, Professor • Parent representatives • Three representatives from local Infant and Toddler Comprehensive Initiatives (urban, suburban, and rural). We want to help them build on the work they are already doing. The leadership group has final approval. There must also be a Steering Committee. Margaret said the intent is to piggyback on the work being done by the Birth-to-5 group. She said we need to find a way to encourage parent participation. Flora Gee suggested recruiting some of the parent representatives from Ready at Five. Margaret also mentioned the Baby Leaders training done by MSDE's Division of Special Education/Early Intervention. MFN will post the application on Monday, February 18. States need to have a hard match in the years of the Action grant. Margaret said she does not think we will have a hard time coming up with the funding for the match. Steven said we will figure it out.	
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Agenda Topic	Discussion Summary	Action Needed	Due Date
Presentation - Maryland Family Engagement Center, Susan Shaffer and Karmen Rouland, Mid-Atlantic Equity Consortium	Susan Shaffer, President, Mid-Atlantic Equity Consortium (MAEC) began the presentation. MAEC is a non-profit organization that works to increase educational equity to improve social justice. They are the recipient of the state Family Engagement grant for Maryland and Pennsylvania. The five-year grant was awarded in January and is designed to serve children from zero to 12th grade. MAEC is the only regional center and this is a wonderful opportunity to do a cross-walk between Maryland and Pennsylvania. MAEC's area of work is equity and education. They do a lot of systemic work and intensive work. They also have a 21st Century grant. Susan wanted to emphasize the systemic nature of this program – birth to 12th grade. They want to get to families who have been marginalized. The program is designed to deal with the whole child. They partner with West-Ed, the federal technical assistance centers and AIR. This grant has direct service and systemic services. They will provide technical assistance to the states, as well as community organizations in Maryland and Pennsylvania. Karmen Rouland, Project Manager, presented on the State Family Engagement Centers. The program they presented to the group is entitled "Collaborative Action for Family Engagement (CAFÉ). They are launching the program in March. The presentation included the core mission and values of the Mid-Atlantic Equity Consortium. (See copies of their power point for additional information). They will use an asset-based approach that: • Supports positive & inclusive education • Validates funds of knowledge • Develops competencies & talents • Improves outcomes Families are the best voices. Families know what they need and what their communities need.		

CAFÉ staff and its partners will:

- Provide technical assistance and training to SEAs, LEAs, and schools in collaboration with community organizations to provide evidence-based, effective practices in culturally responsive family engagement.
- Provide direct services for parents, increasing their knowledge and efficacy to help their children improve school readiness and academic achievement.

The program has two goals:

- Improve and sustain regional and statewide family engagement efforts which focus on increasing high impact, culturally responsive family engagement by addressing systemic barriers to enhance communication and collaboration among SEAs, LEAs, schools, community-based organizations, families, and students.
- Build capacity of educators and parents to practice high-impact, culturally responsive family engagement through increased awareness, knowledge, and skills.

It will achieve those goals through the following six objectives:

1. Improve capacity of SEAs to design and implement statewide culturally responsive family engagement policies, frameworks, and practices aligned to ESSA.
2. Increase capacity of districts to co-construct, with families, policies, and practices which focus on creating partnerships between families, schools, and communities to improve student outcomes.
3. Improve SEA and LEA interstate collaboration to enhance knowledge, skills, abilities, and best practices to implement high impact, culturally responsive family engagement and increase academic achievement and support school improvement.
4. Build capacity for SEAs, LEAs, and schools to conduct effective outreach and communication with families to galvanize communities from diverse racial, linguistic, religious, and cultural backgrounds, including the use of technology.
5. Increase parents' ability to promote school readiness and support the academic achievement of their children.
6. Improve parents' literacy and communication skills to build their capacity to grow as leaders and increase the opportunities for all children.

Maria "Charro" Del Rosario Basterra, Cyndi La Marca Lessner, and Steven Hicks have been meeting to discuss the B-5 grant and how CAFÉ can be best utilized.

Agenda Topic	Discussion Summary	Action Needed	Due Date
Early Childhood Mental Health Update – Sarah Nativ, Co-Director, Trauma Informed Practice in Early Childhood, Mid-Atlantic Comprehensive Consortium at WestED	Sarah Nativ, Mid-Atlantic Comprehensive Center (New Jersey, Pennsylvania, Delaware, Maryland, and D.C.), presented on Trauma Informed Care. She said that in April 2018, the Mid-Atlantic Comprehensive Center held a two day event called 'Impact of Trauma in Early Childhood'. She said they picked that topic because they had been hearing from a lot of providers who were having problems in that area. They put people together to let them discuss the issues they are facing and facilitate the conversations. As part of that process, they created a draft Action Plan. They reconvened the group in the fall to discuss how to move the Plan forward. They are presenting at the joint meeting of the Local Interagency Coordinating Council and the State Interagency Coordinating Council on May 2. They will have a panel with different speakers related to infant and early childhood mental health. This will allow people to have conversations about local issues and successes. Cyndi will report information back to the ECAC. The meeting is at Johns Hopkins. More information will be forthcoming as the event gets closer. Nancy Cahlink-Seidler shared her personal experience as the mother of a child who experienced trauma. She said the system is very difficult to navigate and it is frustrating how many services she had to find, and pay for, herself. For most parents, there is no help available. Sarah said she has heard, "There is nothing we can do for your kid", or, "You'll just have to deal with this for the rest of your life." She said they would be open to having parent volunteers at the meeting to get their input. Sarah said one of the first things the workgroup considered was breaking down silos and stigma. They decided breaking down the silos was the most important task and should be addressed first. Cyndi said she presented a few months ago on the work MSDE is doing on early childhood mental health and a gap analysis. They are trying to identify what supports we have and where the gaps are. She said we need more teachers in the classrooms to help children. We need to provide more help and support to the teachers. We hope to have a presentation in April or May on the findings of the analysis. Sarah said Maryland is a true exemplar for moving that work forward.		

Agenda Topic	Discussion Summary	Action Needed	Due Date
Office of Child Care Update – Jenn Nizer, Director of the Office of Child Care, Division of Early Childhood	Jenn Nizer, Director of the Office of Child Care, Division of Early Childhood reported that February 14, 2019 is her one-year anniversary as the Director, Office of Child Care. Maryland received a federal two-year technical assistance grant (Impact Project). During the first meeting, team members (OCC Branch Chiefs) used the Strengths Finder 2.0 to learn more about each other, including individual strengths and weaknesses. The intent is to best utilize every individual's strengths to help move the Office of Child Care forward. The Project will look at all of the programs in the Office of Child Care and determine how best to align them, look at possible Program overlap, etc. As the Project progresses, the Office of Child Care will bring in other branches in the Division and community partners. The revised child care licensing regulations are scheduled to be posted to the Maryland Register on Friday, February 15. There is a 30-day public comment period. The Office of Child Care will review all received comments to determine if requested changes can be made, based on federal regulation requirements. 30 days after the Public Comment period, the regulations will go into effect. Child care providers will have until January 1, 2020 to come into compliance with the new regulations. Child care licensing staff have been discussing the new requirements with providers when they are doing their inspections. After January 2020, providers will be accountable for what is in the regulations. The regulations for Child Care Subsidy are the next regulations scheduled for revision. They go to Steven next for his review. Jenn introduced Tara Barlosz, her new assistant. The Office of Child Care (licensing and subsidy) just went through an audit by legislative auditors. Jenn felt some good things came from the audits. We learned some 'good practices' we will put into place as well. Nancy and Debbie have discovered during trainer monitoring visits that there is an exorbitant amount of fraud occurring in training. They have been conducting monitoring visits and every visit they have made, they have uncovered training organizations are not following the training regulations. Certificates have been forged. (Do not accept copies of certificates!)		

	This is still in discussion with legal, but we plan on suspending trainer approval numbers in instances where regulations are found not being followed. The trainer will have up to 2 weeks to come into MSDE and complete a compliance agreement. After 2 weeks, the training approval number will get revoked if the trainer did not complete the compliance agreement. The Cost of Care Survey is available for providers to complete. https://earlychildhood.marylandpublicschools.org/2019-cost-care-survey This is the Market Rate Survey that we use to determine the average cost of care in Maryland. Every provider, whether they accept child care subsidy scholarships or not, should participate. It is the only method we have of determining the true costs of child care in Maryland. Providers can receive up to two PAUs for completing the long LOCATE survey. Providers will receive one PAU for completing the short (Cost of Care) version of the survey. The deadline is March 29, 2019. Steve Rohde informed the group that the child care provider has the option to request that their information not be shared no matter which survey these complete. A question was asked, where they could find the list of trainers. Jenn said it is available online. https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/approved_basic_tot_trainers_2016.pdf Steve Rohde said trainer information is also available on the Training Clearinghouse Calendar. He will provide more information to anyone who is interested.		
Agenda Topic	Discussion Summary	Action Needed	Due Date
Maryland EXCELS Update – Michelle Young, Community Outreach Specialist, Maryland EXCELS Branch, Division of Early Childhood	Michelle Young, Community Outreach Specialist, Maryland EXCELS Branch, Division of Early Childhood, urged everyone to visit the Maryland EXCELS website (www.marylandexcels.org) and sign up to receive monthly e-news and important email blasts. We do not overwhelm your inbox. Michelle distributed the most current (January) participation numbers. EXCELS has been making updates to its accreditation pages on its website.		

	Flora shared her concern that the website is only listing Maryland accredited programs. It is not listing programs that hold national accreditation (NAEYC). Michelle said she would share this information with the program person (Nicole) responsible for accreditation. We will launch similar information and changes on the Maryland EXCELS site soon, too. Program bonuses have been going strong. They are helping to motivate participation and publishing in the program. We will continue to promote this. EXCELS has been making changes to integrate 'child care scholarships' into their materials and removing references to 'child care subsidy'. They will continue to reference both names for now to help avoid confusion. The EXCELS 5th year birthday celebrations continue, with the next one happening on March 21 in Baltimore. April 11 will be Harford County and May 16 will be western Maryland. In partnership with the MD State Child Care Association, EXCELS will be giving away registrations to the annual conference. Winners will be announced in March. They posted this to their Facebook page today.		
Agenda Topic	Discussion Summary	Action Needed	Due Date
State ECAC Announcements	Wendy Dantzer, Early Childhood Coordinator, Division of Early Childhood, informed everyone that we will no longer be distributing folders for the meetings. We will still provide the Agenda. Members, and those on the email list, will get an electronic copy of the materials the Friday before the meeting. Follow-up materials will also go out electronically after the meeting. We are going to phase out the paper and folders. Please remember to complete the sign-in sheets when you attend the meetings. Members must attend a specific number of meetings per the statute that formed the ECAC. The sign-in sheets are how we calculate the percentage of time people attended each year. If you are attending on behalf of someone, please let Wendy know and sign next to that person's name so the person still gets credit for attending. If you are an interested party, please make sure you also sign the sign-in sheets. Wendy uses them to create her email list for sending out materials.	Confirm meeting locations	As soon as possible

	We may have confirmed the location for the next meeting. That information will go out soon. If anyone has information on (FREE) meeting venues that can hold 50 people or more, please email Wendy the contact information for the location.		
Agenda Topic	Discussion Summary	Action Needed	Due Date
2019 Meeting Dates	May 8 – Location TBD August 14 – MSDE November 13 – Location TBD (All dates are on the 2nd Wednesday of that month).		