Executive Summary



Together Juntos Needs Assessment: Early Care and Education in Maryland

September 3, 2019

Introduction

In 2019, the Maryland State Department of Education (MSDE) received a \$10.6 million federal Preschool Development Birth through Five (PDG B-5) Initial Grant Award to enhance and improve early care and learning programs for children, birth to five, throughout the state. This one-year grant offers Maryland the opportunity to analyze its current early care and education (ECE) landscape and plan for improvements. This executive summary highlights the main findings of the full Needs Assessment report which synthesizes data from multiple sources related to the evolving needs of Maryland's young children and families, and the existing assets of Maryland's ECE system.

Maryland's Vision and Support for Early Care and Education

Maryland's vision for its B-5 Early Childhood State System is a well-coordinated and integrated system of programs, supports, and services where every child in the state has the opportunity to access a high-quality early childhood experience, arriving at school with a healthy body, healthy mind, and the foundational knowledge and skills needed to succeed; and that every family has access to the resources needed to be effective as their child's first and most important teacher and advocate. A child's access to quality early childhood experiences and the positive outcomes that result will no longer be contingent on income, race, zip code, disability status, nor English language proficiency.¹

Despite Maryland's vision and robust ECE system, results of the Needs Assessment indicate that Maryland families with young children experience considerable differences in availability, access and quality of services. Child and family outcomes often vary by program, income, race, English language proficiency, disability status and geography.

Methodology

Four sources of data informed the findings of the needs assessment:

- Document Review. This review systematically examined and consolidated documents including previous needs
 assessments, strategic plans, academic studies, policy reports, evaluations and progress reports related to
 different components of the ECE system that were conducted in the last 15 years. More than one hundred (107)
 documents were identified and reviewed as a part of the systematic document review.
- Town Hall meetings. Eighteen meetings were conducted across nine sites in Maryland. For each site, a Town Hall meeting was held in the morning and the evening to provide as much access as possible. A total of 686 people attended Town Hall meetings.
- **Stakeholder Survey.** A Survey was administered to parents and caregivers, providers and community partners during Town Hall meetings and to the wider ECE community through list serves, other stakeholder meetings and word of mouth. The Survey was available in five languages. The Survey assessed constituents' experiences and perceptions of ECE in Maryland. In total there were 1,281 valid responses to the Survey.
- Focus Group discussions. Seventeen regional Focus Groups were conducted with key stakeholders including parents and caregivers, providers and community partners. Three groups were conducted in Spanish. In total, 179 stakeholders participated in groups held in four regions of Maryland (Western Maryland, Eastern Shore, Baltimore City and Southern Maryland).

Needs Assessment Findings

The findings of this Needs Assessment are organized according to the seven domains that shape the landscape of Maryland's ECE system: (1) availability and access; (2) quality; (3) transitions; (4) systems infrastructure and coordination; (5) parent needs and family engagement; (6) data system needs; and (7) costs and funding. Guiding

questions from PDG B-5 grant guidance relevant to Maryland's current landscape frame the discussion points and findings.

I. Availability and Access

Guiding Question 1. What are Maryland's current strengths in making care available across populations and settings?

- Finding 1A. Maryland's mixed delivery system offers parents choices between a range of services across a variety of settings. Maryland has a rich mixed-delivery infrastructure of privately and publicly funded ECE services for children birth through age 5, allowing families choice about the type of care and education setting selected for their children.
- Finding 1B. Maryland has increased access to Pre-K for vulnerable children. Maryland has expanded Pre-K access thanks in large part to the 2014 Pre-K Expansion Act. Maryland has capacity to enroll 77% of 4-year old in Pre-K.

Guiding Question 2. What are the key gaps in availability and access?

- Finding 2A. Cost to families is a barrier to accessing care for low-income and middle-income families. High cost of care prevents many families in Maryland from enrolling in ECE programs. The average cost of childcare in the state is higher than the cost of in-state tuition at a public university. Center-based care costs on average \$10,009 for a 4-year-old and \$14,970 for an infant and toddler whereas college tuition at a public college is \$9,260. Only 37% of parents (n=476), 52% of providers (n=643) and 24% of community partners (n=160) reported that families can access affordable ECE programs. This was one of the lowest-scored questions on the Survey.
- Finding 2B. There is a particular shortage of programs and services available for children birth-3, especially for families in rural areas. Maryland provides fewer public services to children from birth to age 3, and those services that are available are often limited to specific vulnerable populations such as children with special needs and families that meet at-risk criteria. The need for more programs and services for children under 3 was commonly voiced during the Town Halls and Focus Groups, and all stakeholder groups through the Survey indicated that there are fewer services for infants and toddlers than for other age groups.
- Finding 2C. The number of family child care providers is declining. Based on the findings of the Town Hall meetings and Focus Groups, family child care providers have an important place in Maryland's mixed delivery system, especially when taking care of children from birth to age 3 and providing services to parents working irregular schedules including weekends and night shifts. However, their numbers are declining. In 2013, there were 7,335 family child care providers in the state. In 2018, there were only 5,690. If this trend continues, by 2020, there will only be 4,305.^{iv}

Guiding Question 3. What programs or supports does Maryland have available to serve vulnerable populations, including families of students with special needs, immigrant families and low-income families? What are the strengths and needs of these programs?

• Finding 3A. Many Marylanders experience limited access to ECE services, especially vulnerable families including families of children with special needs, families of English Learners (EL's), immigrant families, low-income families and families living in rural areas. Lack of access to early childcare slots is an issue across the whole state. On the Survey, 91% of parents indicated that there are waiting lists for ECE programs in their jurisdiction. About 51% of families in Maryland live in an early care and education desert, meaning that there are either no licensed child care providers in their area or more than three times the number of children as licensed slots. Services are most scarce for vulnerable populations, particularly Latinx (where 51% live in a child care desert) and African American children (53%), children of low SES (70%) and those living in rural areas (52%). According to the Survey,

Town Hall meetings and Focus Groups, access to child care is particularly difficult for parents of children with special needs who reported struggling to find ECE programs that adequately support their children. Also, parents in rural areas, immigrant parents and families in crisis experience many barriers to accessing services including transportation, language and social stigma and/or fear of connecting with government programs. One challenge is that Maryland currently does not have a system to identify EL's until they reach kindergarten. The exact number of children who are not proficient in English under the age of five is not known, and programing to address their needs is limited.

Guiding Question 4: What opportunities are there for improving the availability of care, particularly for vulnerable or underserved children including those in rural areas?

• Finding 4A. Improving parent awareness of services can help with ECE services access. Focus Group and Town Hall participants recommended that Maryland develop a system to ensure effective dissemination of information, including through obstetricians, pediatricians, hospitals, social workers and public libraries. Participants also voiced a need for a culturally responsive outreach to immigrant parents and parents of EL's, who due to a general mistrust of the ECE system, fear of connecting with the government and language barriers tend to not participate in the system.

II. Quality

Guiding Question 1. What are the strengths in terms of quality of care for young children in Maryland?

• Finding 1A. High-quality ECE programs help decrease the achievement gaps for vulnerable populations on the Kindergarten Readiness Assessment (KRA). KRA results reveal that Black and Latinx students, students from low income families, students who were EL's, and Students with Disabilities (SWD) had much lower levels of readiness than their comparative groups. The gap in performance suggests that these students are not receiving enough support prior to entering kindergarten to position them for later success.

Figure 1. Differences in performance by race, household income, EL status, and SWD status

		African		Low-	Mid/high	Non-		Non-	
Group/Status	White	American	Latinx	income	income	EL	EL	SWD	SWD
% Kindergarten									
Ready	58%	42%	29%	33%	58%	52%	22%	51%	19%

At-risk children who are in high-quality programs such as a Judy Center Early Learning Hub^{vi} and Head Start^{vii} consistently show greater levels of readiness than children with similar characteristics who do not have access to such programs.^{viii} Program duration is an important factor affecting this finding. Children who attend partial-day programs have less opportunity for exposure to various learning experiences.^{ix} Of the four jurisdictions offering full day Pre-K to all four-year old children (Baltimore City, Garrett, Kent and Somerset), three (Garrett, Kent and Somerset) exceed the state average level of demonstrating readiness on the KRA.^x

Finding 1B. Maryland has an advanced quality improvement system and strict licensing requirements. Maryland
has strict licensing requirements for providers that ensure the safety and well-being of Maryland's children under
the age of 5 in licensed care. The state is able to monitor and improve the quality of ECE programs through a
robust quality improvement system, which consists of Maryland EXCELS— a voluntary, tiered Quality Rating and
Improvement System (QRIS), credentialing, and accreditation, as well as associated trainings and professional
development.

Guiding Question 2: What are the key gaps in quality of care?

- Finding 2A. ECE professionals experience access barriers to teacher preparation and professional development programs, which leads to a shortage of qualified staff across the state. Not all ECE degree programs prepare professionals for success in the classroom. As quality initiatives require staff to go beyond the basic levels of professional development required for licensing, Focus Groups and Town Hall participants reported difficulty finding staff who meet these qualification requirements. Participants reported that many professionals newly graduated from ECE-related degree programs enter the classroom not demonstrating the competencies necessary for success, especially as it relates to working with children with special needs and those exhibiting behavioral concerns.
- Finding 2B. Compensation for ECE professionals is inadequate and negatively impacts program quality. Wages for ECE professionals are low compared to other industries, which contributes to a statewide shortage of qualified ECE professionals and a high degree of turnover in the ECE profession. There is also a large gap in pay for private versus public ECE workers. A Maryland ECE professional working in a private setting earns \$26,173 for a 12-month contract, whereas a public-school teacher earns \$64,248 for a 10-month contract.xi Focus Group and Town Hall participants noted that the low compensation makes it difficult for them to find and retain quality staff.
- Finding 2C. Many programs struggle to move beyond Level 1 on Maryland EXCELS. Maryland EXCELS levels indicate average program quality is low. Out of the 4,092 programs participating in Maryland EXCELs, more than 2,727(67%) demonstrate the lowest level of quality (Level 1), and less than 9% (350 programs) demonstrate the highest level of quality (Level 5).^{xii} Both parents and providers reported their program to show high levels of program quality on the stakeholder Survey (83% vs 80% respectively), although only 54% of community partners rated area programs as high quality. At the same time, almost one in three parents indicated they would change ECE providers if cost were not an issue, suggesting that the high rating of program quality by parents might somewhat overstate how positive they feel about the ECE program in which their children are enrolled. Parents of children with special needs rated the quality of their program much lower than other stakeholder groups.
- Finding 2D. Providers find participating in Maryland EXCELS to be challenging and families lack awareness of this system. In the Survey, Town Halls and Focus Groups, program administrators and providers noted that participation in Maryland EXCELS is cumbersome, takes excessive time, and is often redundant with paperwork required for other regulation or accreditation systems. Furthermore, parents do not appear to use Maryland EXCELS ratings as a critical decision point in program selection unless they receive a child care scholarship. Many providers said the return on investment for participating in Maryland EXCELS is low, questioning the benefit of being revaluated for a higher rating.

Guiding Question 3. What is the biggest opportunity for Maryland to improve quality care for vulnerable or underserved children, and those living in rural areas?

- Finding 3A. Consistently high-quality programs can serve as models for other programs. Programs like Head Start and Judy Center Early Learning Hubs offer comprehensive services in a two-generation approach and have consistently been shown to be high-quality. These programs could serve as a model to other initiatives and should be studied for which aspects of their design or implementations contribute significantly to their effectiveness and high quality.
- **Finding 3B. Maryland can streamline quality improvement initiatives.** Maryland's current quality improvement system is robust, but also very complex. Streamlining it can help the state better use resources to improve quality.

Guiding Question 4: What issues have been identified involving Early Childhood Care and Education facilities in Maryland?

• Finding 4A. Stakeholders seem satisfied with ECE facilities in Maryland; However stakeholders in Baltimore City report a big problem with lead. In the Stakeholder Survey, 95% of parents and 97% of providers generally agreed with the statement that child care programs and settings provide a safe and age appropriate facility for addressing the developmental needs of children. In the Town Halls, Family Child Care Providers mentioned the need for more financial help to help them improve their facilities.

III. Transitions

Guiding Question 1. What are the strengths and weaknesses of transition supports for children moving from early care and education to school entry?

Finding 1A. Most parents and providers report that children reach kindergarten school-ready, but community partners report less confidence in children's readiness to engage in the kindergarten curriculum. Stakeholder perceptions on the Survey of the extent to which ECE programs prepare children for kindergarten were largely positive. Both parents (90%) and providers (92%) reported that their early child care or education programs provided their children with the skills they need to succeed in kindergarten. However, only 73% of community partners agreed with that statement. The disparity in stakeholder perceptions and the results from the KRA which found only 47% of students demonstrating kindergarten readiness may reveal a lack of clarity from stakeholders about what it means to be ready for kindergarten.

• Finding 1B. Some parents report feeling unprepared for the transition between ECE programs and kindergarten. The Document Review, Town Halls and Focus Groups revealed that parents often expect child care providers to be primarily responsible for their children's school preparation, and that frequently providers feel pressure to foster pre-academic skills to the exclusion of other skills. While parental expectations are high, providers also report having a difficult time engaging parents in their children's learning. In the stakeholder Survey, almost 30% of parents disagreed that their child care program provides them with information about what to expect in kindergarten.

Guiding question 2: How effective are the linkages, communication and bridges between ECE providers and school systems?

• Finding 2A. There is insufficient communication between the ECE system and kindergarten, with most connections occurring in public school settings between Pre-K and grade school staff. Town Halls and Focus Groups indicated an overall lack of connection between ECE providers and schools. There was variation in the quality of relationships between early childhood programs and schools by locality and school. As one participant noted, "Transition is only as good as the local principals," meaning that the relationship with and willingness of the principal makes all the difference in transition success. Participants, especially family child care providers, generally reported weak connections between ECE programs and schools across the state, and in some cases, the relationship was described as adversarial. Positive relationships with schools occurred more often between school-based Pre-K programs.

Guiding Question 3. Are there targeted transition supports for vulnerable or underserved children, supports across age spans and children with special needs? What are the strengths and gaps in these transition supports?

• Finding 3A. Some vulnerable populations, including Latinx families and families with children with special needs, report not being prepared for transition between the ECE and the K-12 System. Judy Center Early Learning Hubs offer some targeted supports for these children to help with transitions. Latinx parents reported being the least likely to have received information helping them prepare for a child's transition to kindergarten. This information was corroborated in the two Spanish speaking Focus Groups where participants expressed they would like more individualized help with transition between the ECE system and K-12 in Spanish. Regarding children with special needs, participants described a lack of communication between child care programs and schools, placing the burden of forming connections largely on the family's capacity to advocate for their child. Although there has been a push to increase access to publicly funded Pre-K for vulnerable populations, there is a lack of targeted supports for these children to help with transition to the K-12 system. Some supports are offered through Judy Center Early Learning Hubs.

IV.Infrastructure and Coordination

Guiding Question 1. What policies and practices are in place that either support or hinder interagency collaboration?

- Finding 1A. Maryland has an ECE governance structure that incorporates many local participants. The Early Childhood Advisory Councils (ECAC) and Local Early Childhood Advisory Councils (LECAC's) offer voices to many stakeholders and help provide oversight and governance to the ECE system in Maryland. Funding from the PDG-B5 grant is supporting the work of the LECAC's.
- Finding 1B. Despite efforts to improve the coordination of Maryland's ECE programs, the system is still fragmented. In the last decade, with the licensing of ECE facilities and administration of the child care scholarship program moving to MSDE from the Maryland Department of Human Services, coordination of public early childhood and education services was unified under the leadership umbrella of MSDE. Despite these efforts, currently many services designed for families most in need are offered in piecemeal fashion using disparate funding streams at the federal, state and level.xiv On the stakeholder Survey, only about a third (38%) of community partners indicated that ECE programs keep track of the services children and families use, indicating a lack of coordination in the system of supports.

v. Parent Needs and Family Engagement

Guiding Question 1. What initiatives does Maryland have in place to promote and increase involvement by and engagement of parents and family members in the development and education of their children?

Finding 1A. Maryland has a strong framework supporting family engagement and offers several initiatives to
meet the needs of families, including two-generation services to support parents as well as children. Maryland's
framework for family engagement identifies goals that should be common across the system and providers
throughout the state. It identifies strategies and resources to strengthen providers' ability to serve young children
and their families. The framework and accompanying resources are housed on a dedicated website:
https://marylandfamiliesengage.org. Maryland also offers many two-generation services that help support the
whole family including the Judy Center Early Learning Hubs and the Family Support Centers.

Guiding Question 2. What is known about the service use of families with children in the ECE system?

• Finding 2A. Families struggle to navigate the ECE system and parents often do not know about programs and services available to them. Town Hall meetings and Survey results indicate that although Maryland does have a mixed-delivery system that offers an array of options, parents find it difficult to find services they need. They often

feel in the dark about what the available programs are, where there are spaces open for which their child is eligible, and what care near their place of residence or work is affordable for their budget. In some cases, the problem is a dearth of available programs. In other cases, parents are simply not aware of the range of services available for them. There appears to be a mismatch between what the system provides and what parents know about. For example, many parents indicated in their Survey responses that they were not aware of home visiting program in their jurisdiction.

Guiding Question 3. What system does Maryland have in place to inform parents and families about available and affordable child care options, as well as about what constitutes high-quality child care?

Finding 3A. Families are not aware of program quality ratings and do not typically base program choice on
Maryland EXCELS or accreditation ratings. Evidence from the Survey, Focus Group and Town Hall meetings show
that parents do not generally know about the Maryland EXCELS rating system or a program's accreditation status,
and further, do not typically use those systems to make child care and education choices. This finding suggests
parents are not aware of the system or what various ratings indicate.

Guiding Question 4. What could work better to ensure that ECE settings are helping vulnerable or underserved children access needed support services such as health care, food assistance, housing support and economic assistance?

• Finding 4A. There are barriers particularly impeding access to services for vulnerable populations, particularly low-income families, families of children with special needs, rural families, immigrants and parents of EL's. In the Survey, only 56% of parents agreed there were enough resources in their community to meet the needs of families and children including housing, food, medical and supplemental services. Only 18% of community partners agreed with this statement—the lowest rated item by this stakeholder group. Focus Groups and Town Halls found that some of the barriers to these services include transportation, language and literacy, stigma associated with participating in the programs, and fear of connecting to government programs. With an influx of immigrants into Maryland, the number of foreign born residents in parts of the state has been increased by 65%.*V In the Town Halls and Focus Groups, participants talked about needs resulting from these changing demographics, including a need to hire more bilingual staff across the ECE system, more trainings related to cultural awareness, and more multilingual resources to help practitioners better connect and serve immigrant children, EL's and their families.

VI. Data System Needs

Guiding Question 1. What are the strengths and weaknesses of Maryland's data on quality?

- Finding 1A. The Ready for Kindergarten (R4K) assessment provides important data for educators and policy makers. R4K includes the KRA and the Early Learning Assessment for ages 36 to 72 months. It ensures that policy makers are equipped with informative data intended to guide them in enhancing early childhood education, and that teachers are equipped with information about the individualized learning for each student. Currently however, ten of the twenty four jurisdictions administer the KRA to a sample of students resulting in only 39% of all kindergarteners in the state being assessed. This severely limits the usability of the data, including the ability to share data with parents.**
- Finding 1B. Data driven decision making is made more difficult by gaps in coordinated data systems. With much
 of the state's ECE data being stored in the data systems of individual programs, there is little standardization of
 what is collected, how often and how to report it. When children arrive at kindergarten, data on programs they
 attended prior to schooling is self-reported by parents and is therefore not always an accurate reflection of prior
 settings.

• Finding 1C. There is an urgent need to modernize Maryland's data collection systems. Maryland's current system, the child care assistance tracking system (CCATS) severely limits the capabilities of the ECE system by being cumbersome and inefficient, and not allowing the storage and integration of many pieces of information associated with licensing, subsidy eligibility, reimbursement, educator qualifications, and program quality. Furthermore, the CCATS system does not yet assign unique identifiers for children in all settings to support an unduplicated count of children in the ECE system.

VII. Costs and Funding

Guiding Question 1. How has the state improved the efficient use of resources?

• Finding 1A. Maryland continuously invests in ECE systems and initiatives. Maryland has increased spending on Pre-K for three and four year olds by 13.8% (over \$16 million) in 2017-18. **vii* The state has also significantly expanded access to the Child Care Subsidy program, which provides scholarships. In August 2018, annual income eligibility doubled to 65% of the state's median income, and on July 1, 2019, the provider reimbursement rate rose to 30% rate of the cost of child care based on the most recent market rate. **viii* On July 1, 2020, provider reimbursement will increase to a minimum of 60% of the state market rate.

Guiding Question 2. What barriers currently exist to the funding and provision of high-quality early childhood care and education supports?

• Finding 2A. A lack of systemic funding mechanisms contributes to a range of program quality, which leads to variable experiences and outcomes for children. There is currently a lack of coordination of how services are funded. Variable funding streams affect the levels and predictability of funds available to programs, in turn influencing program quality. Funding sources also often have different, externally imposed rules, and the lack of programming flexibility makes it difficult to create a unified application for services that would allow a family to apply once and be deemed eligible for all relevant services.

Guiding Question 3. Are there opportunities for more efficient and equitable allocation of resources across the system?

Finding 3A. Removing administrative hurdles for parents can improve access to affordable care. Families lack
understanding of programs that could reduce their cost burden (such as a child care scholarship) or find the
process for applying too cumbersome, which results in eligible families not fully using services to the extent they
could. In the Focus Groups and Town Halls, participants voiced several hurdles to using such programs, such as
the amount of paperwork, verification, communication with state, applications being rejected and delays in
payment.

In Closing

Maryland has a robust mixed delivery system with many options for setting types for parents, and has taken many positive steps in recent years to improve programs and services for families with young children. These steps include increasing investments in the ECE system, creating a quality improvement system, expanding Pre-K access, working to decrease barriers for vulnerable families, and creating a strong family engagement framework. Nonetheless, too many families, especially vulnerable populations and those with infant and toddlers, still struggle with issues such as the cost of ECE programs; understanding what high-quality programming looks like, and being able to find and afford it; knowing how to connect to resources, services and specialists; and helping their children be ready to begin kindergarten with developmentally appropriate knowledge, skills, and enthusiasm. Maryland's continuous efforts to improve the ECE system and support providers and programs can both broaden the state's impact across more families and deepen the benefits to the thousands of infants, toddlers, and young children across the state.

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