Together *Juntos* Needs Assessment

A Systematic Review of Early Childhood Care and Education Needs in Maryland

Developed by the Mid-Atlantic Equity Consortium Inc. (MAEC)

INTERIM REPORT
September 2019

Executive Summary

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.

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[1] Maryland State Department of Education. (2018). *Preschool Development Grants Birth through Five (PDG B-5): Maryland's Project Description, Budget and Budget Justification.* Retrieved April 1, 2018, from Preschool Development Grants Birth through Five (PDG B-5): https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/maryland_pdg_b-5_application_final_2.pdf

- **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.[2]

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.[3] 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

[2] Workman, S., Palaich, B., Wool, S., & Mitchell, A. (2016). *A comprehensive analysis of prekindergarten in Maryland.* Denver, CO: APA Consulting with Early Childhood Policy Research.

[3] Maryland Family Network. (2019). *Maryland family network public policy handbook: The first five years last forever.* Baltimore: Maryland Family Network. http://www.marylandfamilynetwork.org/wp-content/uploads/2018/09/Public-Policy-Handbook-2018.pdf

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.[4]

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. Vulnerable families including families of children with special needs, families of English Learners (ELs), immigrant families, low-income families, and families living in rural areas, and families in crisis experience particular barriers to access .** 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%).[5] 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 ELs 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.

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[4] Maryland Family Network (2019) *Child care demographics 201*9. Baltimore: Maryland Family Network. http://www.marylandfamilynetwork.org/wp-content/uploads/2019/04/MFNDemographics2019-Final.pdf

[5] Malik, R., Hamm, K., Schochet, L., Novoa, C., Workman, S., & Jessen-Howard, S. (2018). *America's child care desert in 2018.* Wahsington, DC: Center for American Progress.

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 ELs, 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 English Learner (EL), 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

Group/Status	White	African American	Latinx	Low-income	Mid/high income	Non-EL	EL	Non-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[6] and Head Start [7] consistently show greater levels of readiness than children with similar characteristics who do not have access to such programs.[8] Program duration is an important factor affecting this finding. Children who attend partial-day programs have less opportunity for exposure to various learning experiences.[9] Of the four jurisdictions offering full day Pre-K

[6] Maryland State Department of Education (2019) *The Judith P. Hoyer early care and education enhancement program annual report Fiscal Year 2018.*Baltimore: Retrieved from https://earlychildhood.marylandpublicschools.org/system/files/filedepot/4/2018-judyhoyerrpt-r3_1.pdf

[7] Bitler, M., Hoynes, H. (2019) *Head Start Programs Have Significant Benefits for Children at the Bottom of the Skill Distributon* Center for Poverty Research, University of California Davis. Retrieved from https://poverty.ucdavis.edu/policy-brief/head-start-programs-have-significant-benefits-children-bottom-skill-distribution

[8] Griff, J., Connolly, F., D'Souza, S., & Mitchell, C. (2016). *Kindergarten attendence and readiness for Baltimore's class of 2027.* Baltimore: Early Education Data Collaborative at BERC. Retrieved from https://baltimore-berc.org/wp-content/uploads/2018/06/BriefClassof2027Mar2016.pdf

[9] Maryland State Department of Education. (2019). *Readiness matters: Kindergarten readiness assessment report.* Retrieved from Ready at Five: https://www.readyatfive.org/school-readiness-data/readiness-matters-2019/1623-2018-19-readiness-matters-full-report.html

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.[10]

- **Finding 1B. Maryland has an advanced quality improvement system and strong licensing requirements.** Maryland has strong 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 lead 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.[11] 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 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).[12] 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

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[10] Maryland State Department of Education. (2019). *Readiness matters: Kindergarten readiness assessment report*. Retrieved from Ready at Five: https://www.readyatfive.org/school-readiness-data/readiness-matters-2019/1623-2018-19-readiness-matters-full-report.html

[11] Maryland State Department of Education. (2015). *Report on developing a master plan on professional development for teachers and providers of early childhood education.* Baltimore: Maryland Department of Education in fulfillment of the requirements of Chapter 377(SB77)

[12] Maryland State Department of Education, Division of Early Childhood (2019). *Data.* https://earlychildhood.marylandpublicschools.org/data

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.[13] 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

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[13] Forry, N., & Wessel, J. (2012). *Defining School Readiness in Maryland: A Multi-Dimensional Perspective.* Child Trends. Retrieved July 10, 2019, from https://www.childtrends.org/wp-content/uploads/2013/04/Child_Trends-2012_11_27_RB_Defining.pdf

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.[14] 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?

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[14] Connolly, F., Grigg, J., Cronister, C., & Souza, S. (2015). *Born In Baltimore.* Baltimore: Baltimore Education Research Consortium.

Finding 2A. Families struggle to navigate the ECE system and parents often do not know about programs and services available to them. Costs are a barrier for low- and middle-class families to access ECE programs.

- 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. High cost of care prevents many families in Maryland from enrolling in ECE programs.

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. Many turn to informal and unregulated care because of a lack of knowledge and/or access to other options.

- 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, families in crisis, rural families, immigrants and families of ELs.** 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%.[15] In the Town Halls and Focus Groups, participants talked about needs resulting from these changing

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[15] Sangaramoorthy, T., & Guevara, E. (2016). *Immigrant Health in Rural Maryland: A Qualitative Study.* New York: Springer Science+Business Media. Retrieved from https://anth.umd.edu/sites/anth.umd.edu/files/pubs/sangaramoorthy_jimh_2016.pdf

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, ELs 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.[16]

- **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.[17] 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.[18] On July 1, 2020,

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[16] Maryland State Department of Education. (2019). *Readiness matters: Kindergarten readiness assessment report*. Retrieved from Ready at Five: https://www.readyatfive.org/school-readiness-data/readiness-matters-2019/1623-2018-19-readiness-matters-full-report.html

[17] Parker, E., Keily, T., Atchison , B & Mullen, J (2019) *Trends in Pre K education Funding* https://www.ecs.org/wp-content/uploads/Trends-in-Pre-K-Education-Funding-in-2017-18.pdf

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.

Recommendations

I. Availability and Access
1. Increase the availability of affordable spaces or slots to reach a greater share of the birth to age 5 population, especially those living in current child care deserts, and children under3;
2. Continue to increase support for mixed delivery Pre-K to reach universal enrollment, ensuring first that targeted vulnerable populations have priority access to available spaces before serving the general population;
3. Reduce the cost of ECE programs for families—including middle-class families— through increased subsides or scholarships, tax credits and other innovative funding methods;
4. Increase the number of home visiting programs and better advertise them to ensure reach to families not currently participating in any ECE program, particularly in rural areas;
5. Address transportation issues, especially in rural areas;
6. Reduce administrative hurdles for families;
7. Improve public awareness and knowledge of eligibility and available services and EC; programs, particularly among vulnerable children and their families; and
8. Promote two-generation initiatives and program models that lead to lifting families out of poverty.

II. Quality
1. Address issues related to the current ECE provider and teacher shortage by:

     a. Increasing access to pre-service and in service professional development for all ECE professionals;
     b. Increasing the number of teacher preparation programs that focus on infant and toddler care;
     c. Improving "real-world" experiences in programs;
     d. Providing coaching and mentoring;
     e. Improving articulation between Associate's and Bachelor's degree programs credentialing;
     f. Strengthening understanding of how to engage families in culturally responsive ways; and
     g. Increasing understanding of how to best service children with special needs and English Language Learners.

2. Create agreements with neighboring states and District of Colombia to facilitate employment of qualified ECE professionals coming from outside Maryland.
3. Target support and training to providers and teachers who work with vulnerable populations.
4. Identify and study high-quality programs to determine what makes them effective, and use the findings as models for developing and improving early childhood programs.
5. Address barriers stakeholders experience using Maryland EXCELS by:
     a. Simplifying participation for providers and reducing the redundancy that exists with other quality measures;
     b. Expanding public and family awareness of Maryland EXCELS; and
     c. Systematically using the information gathered across the state for program improvement.
6. Increase compensation for ECE professionals through direct increases and/or incentives.

III. Transitions

1. Develop systems to systematically increase communication between early care and education providers, include community providers, and school systems, particularly family child care providers.
2. Develop systems locally to help parents understand their role in school readiness.
3. Promote annual school and public and community provider meetings to design transition activities.
4. Focus on inclusiveness of vulnerable families in transition to schools.
5. Develop a system for identifying, assessing and supporting English Learners prior to/at kindergarten entry.
6. Ensure that families of children not participating in any ECE program receive outreach regarding school readiness, procedures and services well ahead of school enrollment.

IV. Systems Infrastructure and Coordination

1. Reduce the fragmentation that impedes integration of early childhood services among relevant state and local agencies.
2. Address systemic needs that may vary by geographic area, including transportation and facilities upgrades.
3. Continue to leverage the state's local governance infrastructure through local ECAC's.

V. Parent Needs and Family Engagement

1. Expand the two-generational programming that exists across early childhood models.

2. Increase access to home visiting programs aligned with family needs.
3. Create public awareness opportunities to inform parents of services available to them.
4. Be intentional about linguistically and culturally appropriate outreach and application processes, particularly for vulnerable families.

VI. Data System Needs
1. Develop a results-based accountability system that includes a unique identifier for tracking services and outcomes for children birth through 5.
2. Modernize the Maryland data system to allow for making data-driven decisions.
3. Encourage jurisdictions to use the census data collection approach for the Kindergarten Readiness Assessment, and support school leaders and staff to apply KRA results in supporting student achievement outcomes.

VII. Costs and Funding
1. Focus spending on interventions to improve equity and quality in geographic areas and programs with high concentrations of vulnerable children.
2. Increase funding for children birth to 3.
3. Continue and expand state support for early childhood scholarships, quality initiatives, and Judy Center Early Learning Hubs.
4. Create better alignment among funding streams.
5. Remove administrative hurdles and obstacles for providers and parents that impede access to affordable care.
6. Increase public awareness of funding available to parents.

In Closing
Maryland has a robust mixed delivery system with many options for setting type for parents, and has taken many positive steps in recent years to improve conditions and supports 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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Acknowledgements

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Introduction

The relatively small geographic area occupied by the state of Maryland is made up of a great diversity of landscapes, ranging from the Atlantic coast to the Appalachian Mountains. The population of Maryland, from densely populated cities to rural communities, is equally diverse. The needs of parents trying to find early care and education (ECE) programs and services for their children are as varied as the citizens of the state. To serve the varied needs of families, young children, and schools, Maryland has developed one of the country's most advanced birth through age 5 (B-5) ECE systems, composed of a coordinated governance structure, a comprehensive early childhood assessment system and a statewide validated quality rating and improvement system (QRIS).

To support Maryland in improving and expanding their ECE system, the United States Department of Health and Human Services (HHS) and the Department of Education (ED) awarded the state a $10.6 million Preschool Development Grant Birth through Five (PDG B-5) Initial Grant Award. The grant offers Maryland the opportunity to analyze the current ECE landscape and plan for improvements to the system. This report, which will be periodically reviewed and updated, serves as the state's comprehensive, statewide Needs Assessment, synthesizing data from multiple sources related to the evolving needs and assets of Maryland's ECE system.

Maryland's Vision and Support for Early Childhood Care and Education

Maryland's vision for its B-5 ECE system aims to address disparities in service delivery and outcomes. According to the Maryland State Department of 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."* (Maryland State Department of Education, 2018)

However, despite Maryland's vision and robust ECE system, residents 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. The experiences of different groups of families and implications are examined further and discussed throughout this report.

The Preschool Development Grant B-5 Needs Assessment

In December of 2018, the Maryland State Department of Education (MSDE) received a federal PDG B-5 Initial Grant Award, which is jointly administered by the U.S. Department of Health and Human Services and the U.S. Department of Education. A primary focus of the PDG B-5 grant is to support states and territories in conducting a comprehensive, statewide needs assessment, as well as developing and implementing a strategic plan to facilitate collaboration and coordination

among ECE programs in a mixed-delivery system that prepares children from low-income or otherwise disadvantaged families for success in kindergarten.

In January of 2019, MSDE partnered with the Mid-Atlantic Equity Consortium, Inc. (MAEC) to conduct a systematic needs assessment for Maryland's early childhood system for children B-5and to develop a strategic plan. The needs assessment process consisted of the following components:

1) Examining the findings from previous and existing needs assessments related to ECE in Maryland.
2) Conducting 18 Town Hall meetings in partnership with the Maryland Departments of Health (MDH) and Maryland Department of Human Services (DHS) to discuss needs of different stakeholders.
3) Collecting additional PDG B-5 statewide, comprehensive needs assessment information by conducting 17 different Focus Groups in four regions of the state with key stakeholders such as parents, providers and community members.
4) Conducting a Stakeholder Survey.
5) Summarizing the needs assessment findings and engaging stakeholders in developing Maryland's B-5 strategic plan.

Defining Key Terms and Focal Populations of Interest

Below are definitions of key terms used in this report. Key stakeholders in Maryland's early childhood system were consulted to determine which groups of children and families are considered vulnerable and underserved, as described below.

Vulnerable and Underserved Children. Federal and state early childhood programs rely on a range of identifying characteristics to define vulnerable and underserved children. The range of parameters means that a child may be deemed vulnerable (and therefore eligible for services or subsidies) by one program but not by another. Stakeholders across the early childhood system in Maryland agreed that vulnerable or underserved children include children:

- from a low-income family[19];
- with limited English language proficiency or English Language Learners (ELs);
- from racially/ethnically diverse families;
- identified with a special need, disability or developmental delay;
- living in a rural area or urban areas that offer fewer opportunities for accessing high quality early care and education programs and services;
- in foster care or involved in the child welfare system;
- experiencing homelessness or living in a migrant family;
- exposed to substance misuse and abuse;
- exposed to toxic stress, trauma or multiple Adverse Early Childhood Experiences (ACES)[20];

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[19] According to the State's subsidy program, low income includes children living in families up to 300% of FPL.. However, different state programs have different eligibility thresholds. For example, requirements to enroll in public Pre-K are 185% of FPL (The National Institute for Early Education Research, 2018).

This definition was discussed with the Maryland State Early Childhood Advisory Council (ECAC). While information about some of these populations, like children with special needs, is collected and updated yearly, information about other populations, such as those with limited English language proficiency, is not tracked consistently across programs.

Quality. Maryland uses a quality improvement system called Maryland EXCELS to measure ECE program quality across the state. In this system, ECE programs are considered high quality when they achieve a rating of Level 3 or higher. Programs of the highest quality are rated at a Level 5 in Maryland EXCELS, which indicates that a given program:

- Requires certain director and teacher credentials;
- Provides developmental screening for all children in the program;
- Has program accreditation;
- Participates in other programs that support children (e.g., Child and Adult Care Food Program);
- Uses cultural and linguistically sensitive curriculum and activities;
- Allows only limited screen time; and
- Uses the Classroom Assessment Scoring System (CLASS) rating scale to measure teacher-child interactions and promotes continuous quality improvement (Maryland State Department of Education, 2018).

Availability. In Maryland, availability is defined "by the licensed capacity of state's various care and education programs and school settings by different age groupings compared to the demand for care and education, which is measured by the total number of children under age 6 in different age groupings" (Maryland State Department of Education, 2015b, p. 17). Maryland's Child Care Resource Network, operated by the Maryland Family Network, publishes an annual report of the supply of regulated care in the state, including past and anticipated growth patterns in the supply of child care, as well as information about the demand of child care which defines availability.

Rural. Rural areas are defined by state statue under the Annotated Code of Maryland as having the following characteristics: geographic isolation, lack of transportation, and lack of access to and availability of health care. The following 18 of Maryland's 24 counties constitute rural Maryland: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester (Rural Maryland Council, 2018). Any child living in these counties is considered to be living in a rural area.

Overview of the Report

This report constitutes Maryland's birth through age 5 comprehensive, statewide Needs Assessment. The report triangulates data gathered through document review, town hall meetings, surveys and focus group discussions, and synthesizes key findings. These findings will be used to inform Maryland's statewide B-5 strategic plan. This report provides an overview of Maryland's policy landscape, demographics of focal populations for the PDG B5 grant, as well as

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[20] Adverse Childhood Experiences (ACEs) is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. For more information on ACEs see: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html

descriptions of key programs and the economic landscape. This report also presents key findings grouped by the following domains: (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.

Why Early Care and Education Matters?

There are myriad reasons to ensure a strong and healthy ECE system across the state. Providing families with the opportunity to access high-quality early care and education is critical to fostering child well-being, parents' success in the workforce, competitive school systems and vibrant and economically sound communities. The fewer barriers families face to accessing services and supports for their young children, the more they benefit from them, so ensuring equitable access is a key to long-term success in each district.

In the first few years of life, children's brains develop at an intense pace, with more than 1 million new neural connections formed each second (First Five Years Fund, 2019). Infants and young children are constantly gathering information from the environment to shape those connections, meaning that positive and responsive social interactions, cognitive and language stimulation and other aspects of care shape how the brain develops—90% of the brain's physical structure develops by age 5—and how a child fares well into the future. The more experiences young children have in stable, positive, caring and appropriately stimulating environments, including in care and education settings, the better they develop and learn. Participation in high quality early education opportunities improves school readiness. It reduces the rate of grade repetition by 15% and lowers the rate of special education placement by 10%. It also leads to improved confidence, ability to pay attention, a 14% increased likelihood of high school, and better social and emotional skills (First Five Years Fund, 2019).

When children experience adversity in their early years, whether from poverty, disability, chronically stressful environments, abuse or neglect, lack of nutrition or health services, or other negative conditions, their developmental trajectory is at risk of being derailed. Adverse early experiences can weaken an infant's or toddler's brain development and follow them for their entire lives (Center for the Developing Child at Harvard University, 2018). Access to good nutrition and affordable maternal, pediatric, and family health care—including mental and behavioral health—are essential to ensure that young children receive the nourishment and care they need for a strong start in life (Zero to Three, 2019). Research also shows that early intervention can make a big difference in a child's development. Building on the natural learning that occurs during the early years of life, supports and services provided through early intervention can help young children and their families improve their ability to learn and play. Because early years are the prime time for a child's vision and hearing development, speech and language development, physical and motor development and social-emotional development, early intervention "helps to open this window of opportunity children." (Maryland State Department of Education, 2013).

In addition to access to health services, nutrition, and early intervention, children, and especially those living in adversity, benefit from high-quality care and education settings (First Five Years Fund, 2019). Conversely, lack of access to quality care and education for disadvantaged children

can have harmful effects on language, social development, and school performance which are difficult to ameliorate (Heckman, The Economics of Human Potential, 2019). Unfortunately, many at-risk children do not yet have access to high-quality ECE. Nationwide only 18% of low-income children are enrolled in a high-quality Pre-K setting, only 44% of rural children have preschool services of any quality, and only 40% of 3-year-olds are enrolled, compared to a rate of 70% for similar countries (First Five Years Fund, 2019).

Well-trained teachers and providers are a critical component of a high quality ECE system. Numerous research studies have shown that the skills and knowledge of ECE professionals, including the quality of interaction between staff and children can have a direct effect on children's learning, development, and social-emotional growth (Center for the Developing Child, 2007; Phillips & Meloy, 2012). A meta-analysis on the impact of teacher education programs on student outcomes in center programs found significantly better results for programs with a higher number of teachers with bachelor's degrees (Kelley & Camilli, 2007). In other words, teacher qualifications have an impact on child outcome.

Access to affordable, high-quality care and education benefits not only children, but also families as a whole. Knowing that children are safe, well cared for and happily engaged gives parents and other family members the peace of mind to pursue other necessary obligations; it allows parents to pursue their careers, work longer hours and attend school (Workman & Jessen-Howard, 2018). In Maryland, 22% of workers are parents of children age 5 and under, who need high-quality care and education programs for their young children in order to be reliable, productive employees (Talber, Bustamante, Thompson, & Williams, 2018). Worker absenteeism and turnover not only impacts the bottom line for businesses, but also leads to a reduction in economic outputs and tax revenue.

Indeed, the economic benefits experiences in high-quality ECE settings have been shown repeatedly. For example, economists find that the return on investment on comprehensive, high-quality programs for 3- and 4-year-olds is between 7% and 10%; high-quality ECE experiences from birth to age 5 is even higher: about 13% (Heckman, The Economics of Human Potential, 2019). The economic benefits flow from the human benefits for both children and families. Positive effects of comprehensive and high-quality ECE for children include greater school success, higher graduation rates, lower juvenile crime, and lower adolescent pregnancy rate (Cunha & Heckman, 2010), and for parents improved attendance at work, pursuit of higher education and more regular and higher family income. On the other hand, lack of availability of care and education programs or insufficient stability in care impacts how productive parents can be in the work force and negatively impacts the economy. Disruptions to care have large impacts on costs to employers and overall financial outputs. In 2016, employee absence and turnover due to child care issues of working parents of young children cost Maryland employers $2.41 billion and reduced the state's economic output by $1.28 billion (Talber, Bustamante, Thompson, & Williams, 2018). Investing in Maryland's youngest children now points to long-term economic gains and improved well-being for all of Maryland's families moving forward.

Methodology

Guiding Questions

Domains of Interest and Relevant Questions

The following seven domains and relevant guiding questions from the PDG B-5 grant guidance emerged from and shaped the report:

1) **Availability and Access**
Key questions explored:
   - What are Maryland's current strengths in making care available across populations and settings?
   - What are the key gaps in availability and access?
   - What programs or support 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?
   - What opportunities are there for improving availability of care particularly for vulnerable or underserved children including those in rural areas?

2) **Quality**
Key questions explored:
   - What are the strengths in terms of quality of care in Maryland?
   - What are the key gaps in the quality of care?
   - What are the biggest opportunities for Maryland in improving quality care for vulnerable or underserved children, and those in rural areas?
   - What issues have been identified involving ECE facilities in Maryland?

3) **Transitions**
Key questions explored:
   - What are the strengths and weaknesses of transition supports for children moving from early care and education to school entry?
   - How effective is the communication between early care and education providers and school systems? What could be done to improve that communication?
   - Are there targeted supports for vulnerable or underserved children and children with special needs? What are the strengths and gaps in these supports?

4) **Systems Infrastructure and Coordination**
Key questions explored:
   - What policies and practices are in place that either support or hinder interagency collaboration?

5) **Parent Needs and Family Engagement**
Key questions explored:
   - What initiatives does Maryland have in place to promote and increase engagement of parents and family members in the development and education of their children?

- What do you know about the service use of families with children in the ECE system?
- What systems does Maryland have in place to inform parents and families about available and affordable childcare options, as well as about what constitutes high-quality child care?
- What could work better to ensure that ECE settings are helping vulnerable or underserved children access needed support services such as health care, mental and behavioral health supports, nutrition assistance, housing support and economic assistance?

6) **Data Systems Needs**
   Key questions explored:
   - What are the strengths and weaknesses of Maryland's data on access, availability, and quality?

7) **Costs and Funding**
   Key questions explored:
   - Have there been successful strategies implemented that have improved the efficient use of resources?
   - What barriers currently exist to the funding and provision of high-quality ECE supports?
   - Are there opportunities for more efficient and equitable allocation of resources across the system?

Findings presented by this report across these domains may overlap or appear repetitive. However, findings within each domain have been identified as providing valuable insights regarding the statewide, comprehensive early childhood policy and programmatic landscape of Maryland.

Methods of Data Collection

Four sources of data informed the findings of this Needs Assessment: a document review, Town Hall meetings, Focus Group discussions, and stakeholder Surveys. A range of stakeholders provided input through these various methods to inform the results, and more details on each source follow.

Document Review

With the assistance of MSDE, MAEC identified 107 documents to in include in a systematic review of previously conducted needs assessments and strategic plans. The purpose of this document review was to systematically examine and consolidate information gathered about Maryland's ECE system from previous needs assessments and strategic plans, academic studies, policy reports, evaluations and progress reports conducted by various organizations in the last 15 years. To help identify the critical issues facing Maryland's ECE system, as well as gather best practices, MAEC staff looked at documents with a national, statewide, and local scope. The information in these documents focused on a wide range of areas. Some of the topics included:

- The supply and demand of child care across the state;

- Children and families served by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program;
- The state's child care scholarship program, previously referred to as child care subsidy;
- Early childhood healthcare issues including the use of Medicaid and SCHIP;
- The prevalence of Adverse Childhood Experiences (ACES) among families across the state;
- Implementation and use of Maryland EXCELS, Maryland's Quality Rating and Improvement System (QRIS);
- The needs of the state's Early Childhood Advisory Council (ECAC) and Local Early Childhood Advisory Councils (LECAC's);
- Assessment of the state's Pre-K program;
- Head Start/Early Head Start coordination and collaboration issues; and
- The needs of the state's early intervention and early childhood special education programs.

MAEC staff used a standardized review protocol to capture key information from each document reviewed. (See Appendix A for the standardized review protocol.) The review protocol was programmed into Survey Monkey to allow several reviewers to review the documents at once, systematically gathering information from each document such as:
- The geographic area covered by the review;
- Target population addressed;
- Policies/programs covered;
- Critical issues/needs discussed in the review;
- Key findings; and
- Recommendations to address the needs of the target population.

MAEC synthesized the findings of the document reviews into a report shared with MSDE. MAEC also presented on key findings from the document review to members of the Early Childhood Advisory Council (ECAC) on May 8, 2019.

Town Hall Meetings

Between March 26th and May 17, 2019 MSDE, the Maryland Department of Health (MDH), and the Maryland Department of Human Services (MDHS) in partnership with Ready at Five, a state-wide non-profit organization, held a series of regional Town Hall meetings on the state's early care and education system. Nine sites were chosen to ensure broad participation in the Town Halls for the state's different geographic regions including the rural areas of western Maryland, and the Eastern Shore, and Baltimore City and County, (See Figure 2). Morning and evening meetings were held at each site to provide as much access as possible to stakeholders in the area who wished to attend. Several meetings were also live streamed using Facebook Live to provide stakeholders with an opportunity to participate remotely.

Figure 2. Groupings of Counties for the Town Hall Meetings and Meeting Locations
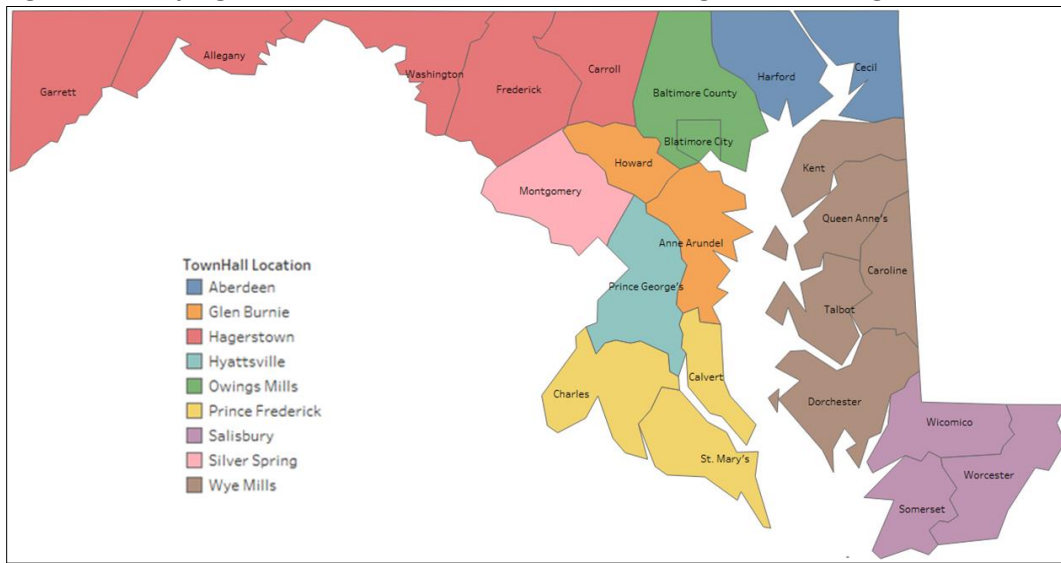
Each Town Hall began with a panel presentation from MSDE, MDH and MDHS that provided participants with more details about the PDG B-5 grant, outlined the major child and family services provided by each agency, and updated participants on state-level initiatives and activities. Following the presentations, participants were encouraged to share their insights about the specific needs of families and young children in their communities to inform the state's needs assessment and strategic plan. Each Town Hall meeting lasted 2.5 hours, and a protocol was used to guide the Town Hall conversations (See Appendix B for the Town Halls protocol). Participants were asked a number of questions about the needs of children and families in Maryland, access to services, the quality of ECE settings, transitions from ECE settings to schools and their ECE information and data needs.

In total, 686 stakeholders attended the Town Hall meetings. All Town Hall meetings were recorded and transcribed. Information shared from the meetings was analyzed by the Policy Equity Group, who created a report that is publicly available. See Table 1 for more information about the locations and number of participants in each of the Town Halls.

Table 1. Attendance at Town Hall Meetings

Town Hall	Location	Morning	Evening	Total
1	Allegany, Carroll, Frederick, Garrett, Washington	67	7	74
2	Baltimore City, Baltimore County	75	36	111
3	Caroline, Dorchester, Kent, Queen Anne's, Talbot	48	16	64
4	Somerset, Wicomico, Worcester	72	14	86
5	Cecil, Harford	47	21	68
6	Anne Arundel, Howard	59	11	70
7	Calvert, Charles, St. Mary's	28	28	56
8	Prince George's	37	24	61
9	Montgomery	56	40	96
TOTAL				686

Focus Groups

As part of this Needs Assessment, MAEC and Dr. Steven Sheldon at the Johns Hopkins School of Education conducted 17 regional Focus Groups with key stakeholders in four regions of Maryland. These Focus Groups were designed to supplement the feedback and data collected via the regional Town Hall meetings and the Stakeholder Survey.

The Focus Groups were held in four regions of Maryland (Western Maryland, Eastern Shore, Baltimore City, and Southern Maryland) to identify possible differences across the state in ECE needs. MAEC partnered with five Center Early Learning Hubs (Judy Centers) across Maryland to help with the coordination of the Focus Groups and with key aspects of recruitment. These included:
- Somerset County Judy Center on the Eastern Shore;
- Harford Heights Judy Center in Baltimore City;
- Hagerstown Judy Center in Western Maryland; and
- The Patuxent Appeal Judy Center in Calvert County and the Adelphi Judy Center in Prince George's County for Western Maryland.

Seventeen Focus Groups with key stakeholders were conducted. Stakeholders included:
- English Speaking parents;
- Spanish-speaking parents (focus group conducted in Spanish);
- Teachers and administrators in private center-based programs;
- Teachers, coordinators and other staff working in public schools;
- English-speaking family child care providers;
- Spanish-speaking family child care providers (focus groups conducted in Spanish); and
- ECE community partner organizations (four groups).

In total, 179 stakeholders participated in the Focus Groups. Three groups were conducted in Spanish. All groups were recorded and transcribed prior to analysis. (See Table 2 for more detail about the Focus Groups that occurred in each region and the number of participants). Three protocols were used—parents, providers and community partners, to elicit the perspectives and feedback of Focus Group participants on access, availability, quality, transitions, coordination and collaboration, as well as funding availability and data systems. Focus Group responses were also analyzed to capture participant feedback about services provided for children with disabilities, services for families who do not speak English at home, the capacity of the state system to support high quality ECE, and the role of facilities in supporting high quality childcare ECE in Maryland. (See Appendix C for the Focus Group protocols).

Table 2. Focus Group by Region, Location, and Participant

Region	Location	# of focus groups	Type of focus group	#of participants
East	Somerset County	4	Community Partners	25
			Providers *(Including Family Childcare Providers (FCC), Center Providers and Others.)*	**8 total providers including:** 2 center teachers 5 FCC 1 Judy Center Partner
			Spanish speaking parents	7
			English speaking parents	9
South	Prince Georges	3	Community Partners	9
			Spanish speaking parents	18
			English speaking parents	4
	Calvert County	3	English speaking parents	11
			English speaking parents	13
			Providers *(Including Family Childcare Providers (FCC), Center Providers and Others.)*	**3 total providers including:** 1 FCC 2 center teachers
North	Baltimore City	3	Providers *(Including Family Childcare Providers (FCC), Center Providers and Others.)*	**8 total providers including:** 4 center teachers 1 Judy Center Staff 3 FCC
			Parents	9
			Community Partners	12
West	Washington County	3	Community Partners	17
			English Speaking parents	5
			Providers *(Including Family Childcare Providers (FCC), Center Providers and Others.)*	**9 total providers including:** 2 public school teachers, 1 non-profit , 4 FCC, 1 center
Central	Montgomery	1	Spanish Speaking FCC providers	12

Stakeholder Surveys

MAEC, in partnership with Dr. Sheldon, developed a stakeholder Survey, which was administered electronically via Survey Monkey, and through paper copies during the Town Hall meetings. MAEC created three different Survey forms to collect the perspective of diverse constituent groups: parents and caregivers, ECE providers and community partners. (See Appendix D for Survey Forms). The Surveys assessed constituents' experiences and perceptions of early childcare and education in Maryland. Participants self-identified as one of these stakeholder groups and filled out a form corresponding to that group. Stakeholders who identified as more than one group were permitted to fill out the Survey more than once, as each form asked slightly different questions of the stakeholders.

All Surveys asked respondents about numerous topics in relation to early childcare and education services throughout Maryland including, access to and scope of programming; quality of programming; school readiness and transition to kindergarten; and coordination with community partners.

After the Town Hall meetings, participants were asked to make the Survey available to stakeholders in their communities, including other parents and caregivers, providers, and community partners. The Survey was also promoted at several local and statewide events and meetings including an early childhood conference for providers, a meeting of the Early Childhood Advisory Council, the Ready at Five Summit, and through various list serves.

The stakeholder Survey was translated into five languages including Spanish, French, Urdu, Chinese, Amharic and Arabic. It was made available both through Survey Monkey and through PDF on the 2019 Regional Town Hall Meeting website. Overall, 2001 stakeholder surveys were submitted; However a portion of these did not contain any data or had too few fields competed to be able to be included in the analysis. In total, there were 1281 valid Survey responses among all stakeholders, in which the responses contained enough information to be included in the analysis. Table 3 summarizes the number of received and valid responses per stakeholder group.

Table 3. Number of Respondents to the Survey by Stakeholder Group

Parents		Early Child Care or Education Professional		Community Partner	
Total Responses	Valid responses	Total Responses	Valid Responses	Total Responses	Valid responses
789	478	940	641	272	162

Regional Analysis of Survey data. To help analyze the regional differences in survey responses, the 24 counties in Maryland were condensed into 5 regions and Baltimore City (See Figure 3). The data were disaggregated by the following six regions: Baltimore City, Western Maryland, Central Maryland, The Capital Region, Southern Maryland, and the Eastern Shore.

Figure 3. Regional Groupings of Counties for the Survey Data Analysis.
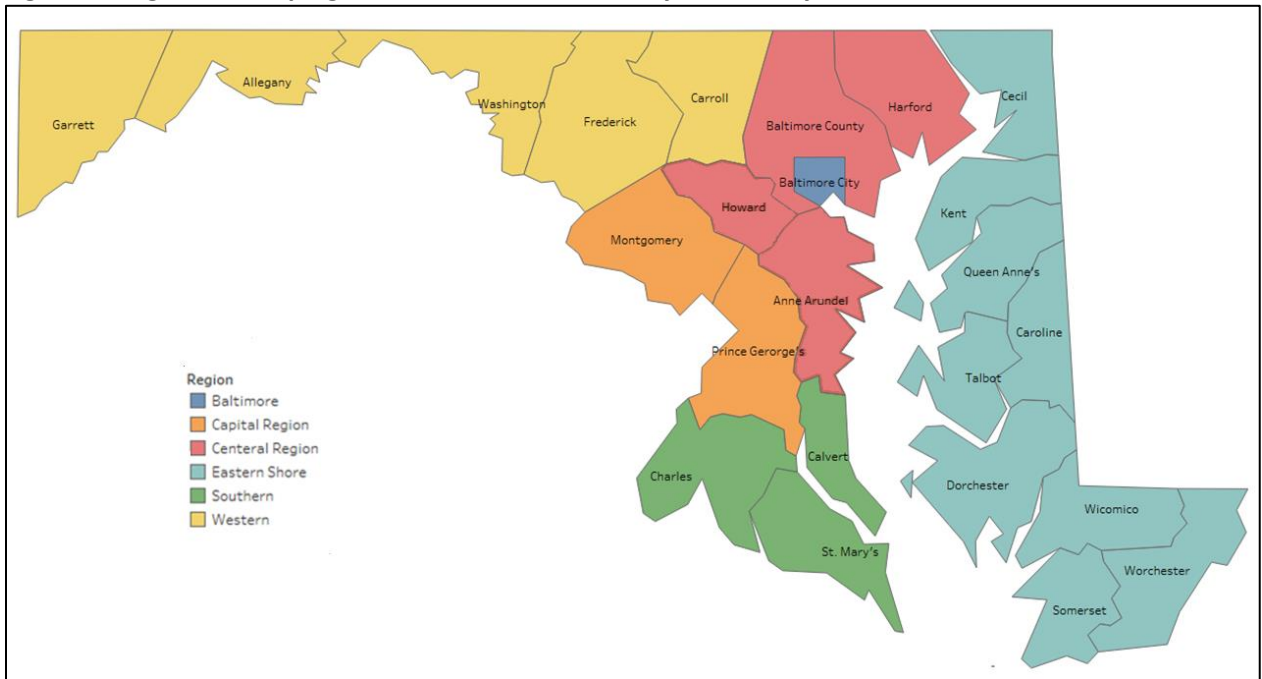
Parent Survey Results

In total, 798 respondents took the parent survey and there were 478 valid response. The majority of the parents who took the survey were White (47.8%) followed by African American (31.1%) and Latinx (7.2%). Of the parents who took the Survey, 11.2% reported having a child with special needs, and 18.4 % reported that their child was an English Language Learner. Approximately 22.4% reporting they made over $125,000, followed by 22% reporting they earned between $25,000 and $49,000 respondents followed by 20.2% reporting earning less than $25,000. This means that the survey reached some of the wealthiest and least wealthy families in the county. (Appendix E contains Parent Survey Observations, Means, Standard Deviations and percent responding "I don't know.")

With regards to the setting of care, the overwhelming majority of parents (63.5%) reported using a licensed Child Care Center, followed by public Pre-K (15.8%), family childcare center (13.2%), nursery school (15.8%) head start (7.9%) and home visiting (2.4%). A substantial group of parents (14.3%) reported they do not have a formal childcare arrangement, or that their child is cared for by a relative. Finally, a significant percentage of families (25.1%) reported using more than one type of formal childcare arrangement. Twenty percent of families indicated using two types of care and 5% reported using three different childcare arrangements.

Table 4. Description of Parent Sample (n=478)

Parent Sample Characteristics	Number	Percentage
Race		
African American	147	31.0
Asian	15	3.2
Latinx	34	7.2
White	226	47.8
More than One	37	7.8
Other	14	3.0
Child with Special Needs		
Yes	53	11.2
No	420	88.8
Child is an English Learner		
Yes	87	18.4
No	385	81.6
Regions		
Baltimore	57	12.4
Capital Region	139	30.2
Central Region	100	21.7
Eastern Shore	96	20.9
Southern MD	36	7.8
Western MD	32	7.0
Annual Family Income		
Less than $25,000	81	20.2
$25,000 - $49,999	89	22.2
$50,000 - $74,999	41	10.2
$75,000 - $99,999	42	10.5
$100,000 - $124,999	58	14.5
Over $125,000	90	22.4
Home Language		
Amharic	4	1.0
English	440	92.1
French	3	1.0
Spanish	14	3.0
Other	17	3.6
Type of ECE Program Used		
Pre-K Program	72	15.8
Nursery School	59	13.0
Licensed Childcare Center	289	63.5
Head Start Program	36	7.9
Family Childcare Center	60	13.2
Informal or Care of a Relative	65	14.3
Home Visiting Program	11	2.4

Note: Due to individual parents' decision to skip or leave questions blank, the total number of parents may be different across the characteristics. Due to rounding, percentages may not add up exactly to 100. For question about Type of ECE Program Used, parents were able to choose more than one answer, and therefore the total percentages do not add up to 100.

Provider Survey Results

In total, 940 providers submitted a survey and 641 contained sufficient information for them to be included in the analyses. The majority of the respondents were administrators in private child care centers (27.8%) followed by Family Child Care providers (16.1%) followed by teachers at public Child Care facilities (12.6%) and teachers at private child care facilities (10.5%). Furthermore, 18.9% of participants reported working in a professional role at a provider that was different from the options provided on the survey. The majority of the providers came from the Central Region (31.5%), and the vast majority of respondents (71.4%) had a degree above the bachelor level. (Appendix F contains Provider Survey Observations, Means, Standard Deviations and percent responding "I don't know.")

Table 5. Description of Providers who took the survey (n=641)

Provider Sample Characteristics	Count	Percentage
Professional Role		
Administrator at a private child care center	178	27.8
Administrator at a public school	15	2.3
Family child care provider	103	16.1
Head Start	13	2.0
Home visiting program provider	26	4.1
Judy Center	14	2.2
Public school teacher	23	3.6
Teacher at a public child care center	81	12.6
Teacher/care giver at a private child care center	67	10.5
Other (please specify)	121	18.9
Regions		
Baltimore	71	12.4
Capital Region	181	31.5
Central Region	40	7.0
Eastern Shore	44	7.7
Southern MD	114	19.9
Western MD	124	21.6
Level of Education		
Less than a high school diploma	3	0.5
High school diploma or GED	44	6.9
Associate's degree or some college	114	17.9
Bachelor's degree	186	29.2
Master's degree	242	38.0
Doctorate or professional degree	27	4.2
Other	21	3.3

Note: Due to individuals' decision to skip or leave questions blank, the total number of providers may be different across the characteristics.

Community Partners Survey Results

Of the 272 surveys submitted by community partners, 162 contained sufficient data to be included in the needs assessment. The majority were either community service providers (33.3%) or directors/employees of a local non-profit (22.8%). Just under 10% of the sample were directors or employees of a state or national non-profit, and 6.2% identified themselves as family

advocates. A larger percentage (27.8%) indicated that their role as a community partner did not match any of the roles in the survey. The majority of respondents came from the Eastern Shore (37.5), and had above a Bachelor's degree. (See Appendix G for Community Partner Survey Observations, Means, Standard Deviations and percent responding "I don't know.")

Table 6. Description of Community Partner Sample (n=272)

Community Partner Sample Characteristics	Number	Percentage
Professional Role		
Community service provider	54	33.3
Director or employee of a local non-profit	37	22.8
Director or employee of a state or national non-profit	16	9.9
Family advocate	10	6.2
Other	45	27.8
Regions		
Baltimore	17	11.6
Capital Region	34	23.3
Central Region	31	21.2
Eastern Shore	18	12.3
Southern, Maryland	28	19.2
Western, Maryland	18	12.3
Level of Education		
High school diploma or GED	2	1.2
Associate's degree or some college	7	4.3
Bachelor's degree	58	36.0
Master's degree	82	50.9
Doctorate or professional degree	8	5.0
Other	4	2.5

Note: Due to individuals' decision to skip or leave questions blank, the total number of community partners may be different across the characteristics.

Considerations when Interpreting the Needs Assessment Findings

This Needs Assessment used a mixed methods approach to data collection methods, which means it incorporates both a qualitative and quantitative approach to collecting and analyzing data. Below is a list of considerations that should be made when interpreting the findings from this Needs Assessment.

Considerations for the Document Review
- Although efforts were made to only include reliable and credible sources in the document review, MAEC did not independently verify all findings and recommendations made by individual data sources considered in this report. MAEC cannot verify that all data and information gathered through the document reviews is accurate and unbiased.
- While efforts were made to include most recent documents, and no documents were included that were over fifteen years old, it is possible that information, data and findings from over five years old is no longer accurate, as the state has gone through considerable changes in ECE policy since then.

Considerations for the Town Halls
- While MSDE worked hard to ensure broad representation across the state, Town Hall participants were a self-selected sample. In other words, participants decided whether they would attend the Town Hall and the group that attended most likely consisted of individuals who felt most strongly about Maryland's ECE system or who had specific interests or issues with one or more of the state's programs. As such, the findings should be considered representative of the most engaged portion of the Maryland stakeholder community and not necessarily the Maryland stakeholder community overall.

Considerations for the Focus Groups
- Judy Center Coordinators led the recruitment of individual participants to each Focus Group, with the goal of recruiting about 10 participants per Focus Group. However due to the availability of participants, and the demographics of different regions, the size of the Focus Groups varied from three to 25 participants.
- Originally, MAEC hoped to conduct separate Focus Groups with different types of providers, including family childcare providers, child care center staff, and public school teachers and leaders. However, MAEC and Judy Center staff faced challenges in recruiting enough participants to conduct separate focus groups for different provider types. As a result, in all four regions, instead of holding separate groups for each individual stakeholder group, the different types of provider groups were collapsed into one group that included a variety of different stakeholders including family child care providers, Judy Center teachers, public school teachers, and teachers from privately operated child care centers, as well as administrators.
- To ensure the comfort and anonymity of Focus Group participants, no demographic information was collected about the Focus Group participants
- All of the community partner group meetings were scheduled around already existing stakeholder meetings such as steering committee meetings and LECAC meetings. Participants in these groups were very diverse and in some cases included parents, Head Start teachers, administrators and teachers from local public schools, and private providers. These discussions may have been better served by the Focus Groups designed specifically for subgroups of these stakeholders.
- All parent Focus Groups were conducted during the day, and recruitment of parents was limited to the catchment area of the Judy Center. As a result, most of the parents participating in the Focus Groups were stay at home parents and were already connected to the Judy Centers.

Considerations for the Survey
- The Survey was mostly distributed electronically through Survey Monkey. While paper versions of the survey were available during Town Hall meetings, and a PDF file was available to be printed off the MSDE website, stakeholders who were not present at the Town Hall meeting needed access to the internet to be able to take the Survey.
- Due to the time needed for translation, versions of the Survey in languages other than English were not available for the first two months that the Survey window was open.
- Parents and other stakeholders not actively involved in the ECE system had limited opportunities to learn about and take the Survey.
- The Survey was primarily advertised through the Town Hall meetings, and distributed using a snowball approach (i.e. asking those who attended the meeting to distribute the

survey among other stakeholders). Because the sample gathered through this method is a convenience sample, it may not be representative of the whole population.

- There was an important relationship between family income and race in this sample. Half of White families indicated their annual family income was in the top two income categories. By contrast, nearly 74% of the African-American families reported a family income in lowest two income groups. Any findings for race, therefore, cannot rule out possible confounding influence driven by socioeconomic factors.
- An examination of which racial groups comprised EL families showed that Latinx families comprised a minority of that group. A little over 15% of EL families identified as Latinx. In contrast, 45% of EL families identified as African-American and 40% identified as White. One-third of the Latinx families in this sample have an EL child, however, they comprise only a small portion of the over EL sample.
- There was an important association between a parent's race and region with this sample. This sample has a small number of Latinx families, over half of whom came from the Capital Region. The representation of African-American and White families was more evenly distributed across the state.

In order to ensure the validity and reliability of findings, MAEC used triangulation of data, as well as skilled and experienced evaluators, to execute all of the methodologies in this Needs Assessment. MAEC believes that the considerations listed above have not significantly impacted the results, conclusions, or the utility of these findings overall.

Early Childhood Care and Education in Maryland

This section provides a descriptive overview of Maryland's comprehensive ECE systems and policies. After giving an overview of the ECE policy landscape, the report outlines characteristics and numbers of young children in the state who are the focal populations of the PDG B-5 grant; the economic landscape for families and providers; types of programs, services and supports available; information about standards, curriculum, and assessment; processes; and metrics for measuring program quality. Statewide and local governance of the system are also discussed.

Early Childhood Education Policy Landscape in Maryland

In the last two decades, Maryland has implemented many policies and practices that support the ECE system and expand access to quality early learning opportunities to Maryland's birth-to-age-5 population using a mixed-delivery approach. A chronological review of these initiatives follows.

In 2000, the Maryland State Legislature enacted the Judith P. Hoyer Early Care and Education Enhancement program. This legislation expanded on a model of how best to serve young children and their families comprehensively implemented by the Judy P. Hoyer Family Learning Center at Cool Spring Elementary School in Adelphi in Prince George's County, Maryland. The new legislation called for an expansion of services offering comprehensive, integrated, full-day and full-year early care and education across the state. Judy Center Early Learning Hubs (often referred to as Judy Centers) employ a two-generational approach that focuses on creating opportunities for and addressing the needs of children, parents and families. Judy Centers work with a variety of ECE partners in their communities to offer multiple services, including adult education, case management, child care assistance, developmental and health screenings, family

engagement activities, parenting classes, play groups. Currently, there are 47 Judy Center Early Learning Hubs, serving 54 Title I school catchment areas in every jurisdiction in Maryland. While some counties have one or two Judy Centers, Baltimore City has 11 due to private/public partnerships (Maryland State Department of Education, 2018i). Judy Centers are widely recognized as a successful and acclaimed aspect of Maryland's ECE system (Maryland State Department of Education, 2018i). (See Section entitled Early Care and Education Support Programs and Services within the Maryland State Department of Education (MSDE) of this report for more information about Judy Centers.)

In 2002, a provision in the Bridge to Excellence in Public Schools Act required that all local Boards of Education in Maryland provide a minimum of half-day Pre-Kindergarten to all children who are economically disadvantaged (up to 185% of the federal poverty guidelines) by 2008. The result of this legislation was a 40% increase in attendance at publicly funded preschools by 2011 (Sunderman & Titan, 2014).

In 2007, the Task Force on Universal Preschool Education made recommendations to the Governor and Maryland's General Assembly to expand Maryland's targeted Pre-Kindergarten programs into a *Preschool for All* program. This program would serve all 4-year-olds regardless of income. The taskforce stressed the importance of a mixed delivery system for the *Preschool for All* program including private community-based care and education, public pre-school programs, Head Start centers, nursery schools, faith-based preschool programs and family child care programs. Regardless of the setting, all programs would be held to the same high level of quality standards (Maryland State Department of Education, 2008). Budgetary constraints emerging from the 2008 recession stalled this expansion effort (Sunderman & Titan, 2014).

In 2011, Maryland was one of nine states awarded the Race to the Top-Early Learning Challenge (RTT-ELC) Grant. This four-year 50 million grant allowed Maryland to create a "seamless Birth-Grade 12 reform agenda to ensure that all young children and their families are supported in the state's efforts to overcome schools readiness gaps and to move early childhood education in Maryland from a good system to a great system" (Tirrell-Corbin, et al., 2016).
Maryland's RTT-ELC Grant supported the following ten projects:

- Project 1. Local Early Childhood Councils: Created 24 local early childhood councils throughout the state. These local councils replicate the responsibilities of the State Council on Early Care and Education at the county level and assist in implementing the RTT-ELC State Plan in each county by developing an action agenda to support the goals of the plan.
- Project 2. Implemented Maryland EXCELS, the state's revised tiered Quality Rating and Improvement System.
- Project 3. Implemented quality capacity building support for early learning and development programs that are participating in Maryland EXCELS.
- Project 4. Revised the existing state early learning standards to align with the Maryland Common Core Standards.
- Project 5. Provided professional development to early learning and development program staff to promote the use of early learning standards.
- Project 6. Revised the existing formative assessments for children ages 36 to 72 months. The state developed new formative assessments for children birth to 36 months and revised the existing Kindergarten Entry Assessment, known as the Maryland Model for School Readiness kindergarten assessment, to align with the new Maryland Common Core Standards.

- Project 7. Supported children's health and behavioral needs through early intervention and prevention programs. Maryland's Early Childhood Mental Health Consultation in Pediatric Care provides detection and intervention by pediatricians and family practitioners.
- Project 8. Developed a Coalition for Family Engagement comprised of all family engagement organizations to create a Maryland-specific Family, Parent, and Community Engagement Framework.
- Project 9. Developed a Coalition for Family Engagement comprised of all family engagement organizations to create a Maryland-specific Family, Parent, and Community Engagement Framework.
- Project 10. Enhanced the existing early childhood data system to link with the Maryland Longitudinal Data System (Tirrell-Corbin, et al., 2016).

In 2014, Maryland was one of 18 states awarded a federally funded Preschool Development Grant. This $60 million grant over 4 years, along with the Pre-Kindergarten expansion act of 2014, expanded Pre-K to 4-year-olds from families earning incomes below 300% of the Federal Poverty Level (FPL).

In 2015, the Every Student Succeeds Act (ESSA), the reauthorization of the Elementary and Secondary Education Act (ESEA), brought an elevated focus on the importance of the early years for long-term student success. Compared to previous iterations of the ESEA, ESSA has a new focus on connections between early childhood and K–12 systems. ESSA creates the opportunity for all parts of the state education system, from stakeholder engagement to student supports, and assessment to school improvement, to be inclusive of a mixed delivery system of early childhood programs.

In 2016, the Governor and General Assembly of Maryland established Maryland's Commission on Innovation and Excellence in Education, also known as the Kirwan Commission. The Commission was charged with recommending policies and funding proposals to help Maryland deliver the best possible public education to all young people across the state and prepare them "to meet the challenges of a changing global economy, to meet the State's workforce needs, to be prepared for postsecondary education and the workforce, and to be successful citizens in the 21st century." In January 2019, the Kirwan Commission issued an interim report in which one of its five recommendations was to invest in high-quality early childhood education and care proposing significant increases to "expand full-day Pre-K at no cost for four-year-olds and three-year-olds from families with incomes up to 300% of the FPL (approximately $75,000 for a family of four in 2018) and for four-year-olds from families with incomes between 300% and 600% FPL (approximately $75,000 to $150,000 for a family of four in 2018) using a sliding scale" (Maryland Commision on Innovation and Excellence in Education, 2017).

Recognizing the importance of imbuing Maryland's education system with greater equity for economically disadvantaged families, the Commission's Interim Report also recommended adding 30 new Family Support Centers with at least one per jurisdiction to help young mothers with pre- and post-natal supports; and 135 new Judy Centers to serve children and families in Title I schools (i.e., schools with high concentrations of poor families). These recommendations acknowledge that students' academic achievement and overall well-being depend on comprehensive services that extend beyond the walls of the classroom, such as health and nutrition, social services, mental health support and so forth. The Commission also called for greater funding for the Maryland Infants and Toddlers program, which currently serves only a

small percentage of families needing care, and is essential for early intervention services for children with developmental delays and disabilities (Maryland Commision on Innovation and Excellence in Education, 2019).

In July 2018, the Governor increased child care subsidy provider reimbursement rates from 9% of the market rate to 20% of the market rate. In August 2018 the state doubled the annual income eligibility limits for the state's voucher program, now rebranded as child care scholarships, from $35,702 to $71,525 for a family of four. In addition, at the end of the 2018 legislative session, Governor Hogan signed into law a bill increasing the child care subsidy provider reimbursement rate to 30% of the market rate in FY20, 45% of the market rate in FY21, and 60% of the market rate in FY22. A bill passed in 2019, changed that law to speed up the rate increase to 60% of the market rate in FY21. In addition, the legislature passed a bill, and the Governor released the funds, to provide a down-payment of the Kirwan Commission recommendations. The bill included the Pre-Kindergarten Supplemental Grants, funding to each of Maryland's 24 local school systems disbursed based on the number of 4-year-olds enrolled in full-day Pre-Kindergarten in the previous year. In FY19, Head Start received an additional $1.2 million in state funding (for a total of $3 million) and the mixed-delivery system legacy Pre-Kindergarten Expansion Grants were fully funded at $26 million, using state funds to sustain the program because the federal grant had ended.

The Demographics of the Focal Populations for the PDG B-5 Grant in Maryland

This section highlights the demographics of young children and their families in Maryland, but also highlights the vulnerable and underserved populations in the state. The section addresses the following questions:

- Who are the vulnerable or underserved children in Maryland?
- What are their characteristics? and
- What are the strength and weaknesses of the data available about these populations?

Maryland has striking diversity in its demographics, including many children from racially and ethnically diverse families, a large and growing immigrant population, a multicultural mix of family heritage, a wide range of socioeconomic backgrounds, and it boasts distinct geographical settings from deeply rural to intensely urban, with families living in the Appalachian mountains, along the shores of the Chesapeake Bay and coastal areas, planned suburban communities, and in inner-city Baltimore. In short, the State is small but highly heterogeneous, creating both challenges and opportunities for ECE comprehensive mixed-delivery system development and enhancement.

Race/Ethnicity. In 2017, Maryland was home to approximately 440,206 children ages birth to age 5 (The Annie E. Casey Foundation, 2018), with approximately 71,641 infants born that year (The National Collaborative For Infants and Toddlers, 2017). In 2016, Maryland was identified as the nation's seventh most racially diverse state in the U.S. (Maryland Department of Health and Mental Hygiene, 2016)

Figure 4. Maryland's Child Population (ages 0-4) by Race
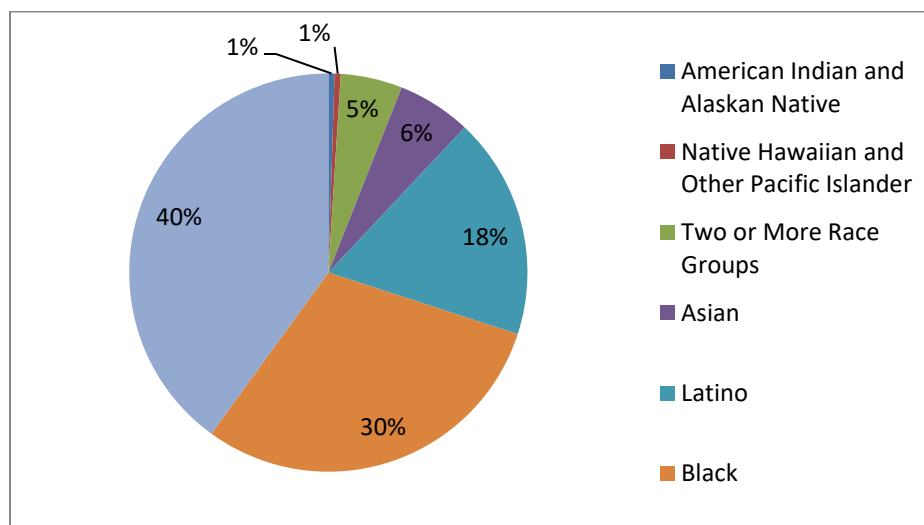
Note: Data sourced from *Child population by race and age group in Maryland* (The Annie E. Casey Foundation, 2018a).

Figure 4 shows the racial diversity of the early childhood population in Maryland[21], with children of color now comprising more than half of the age group's population. Approximately 40% identify as White, 30% as Black, and 18% as Hispanic/Latinx. Most estimates of data on the racial composition of Maryland come from the most recent census, taken in 2010. While these data are robust, they were collected 9 years ago and most information about the years between data collections are estimates.

Of all these groups, Latinx children are the fastest growing racial/ethnic group in the B-5 age range. Furthermore, the proportion of Latinx children as a proportion of all children has been increasing throughout Maryland more rapidly than White and Black children for all age groups (Maryland State Department of Education, 2012). The Latinx group has a unique profile to other racial groups because the median age of this population in Maryland is 28 years old, an age at which parents tend to have children. With most of the Latinx adult population being relatively young, the population of Latinx children under age 5 is likely to grow (Maryland State Department of Education, 2012). Within this diverse group, it is important to point out that the majority of Latinx children under age 5 in Maryland are American-born, and only roughly 25% are themselves immigrants (Maryland State Department of Education, 2012).

Cultural Diversity, Immigration and English Learner Status. Maryland's families with young children are also culturally and linguistically diverse, with Spanish being the most widely spoken language at home other than English (52% of non-English speakers speak Spanish), followed by Mandarin (8%) and French (7%). Other languages spoken include Korean, Vietnamese, Russian, and many other African and Asian languages (Maryland Office of Minority Health and Health Disparities, 2012). Approximately 15% of Maryland's total population is foreign-born (around 922,000 people). Children under the age of 5 account for 0.9% of that number (Sugarman & Geary, 2018). In the last decade, Maryland's rural communities experienced an influx of immigrant populations from Central America and Haiti, attracted to the area by opportunities of employment in livestock, agricultural, and seafood industries. During this time period, the percentage of foreign-born populations across Maryland's Eastern Shore increased around 65% (Sangaramoorthy & Guevara, 2016). As one participant from Carolina, Dorchester, Kent, Queen Anne's and Talbot Counties Town Hall noted:

> *"When I began the Judy Center 19 year ago, we had 4% county wide children who were English as a second Language children. Now in my Pre-K about 65% of those children are English as a Second Language. And you're looking at families when we talk about poverty."* (Participant, Caroline Dorchester, Kent, Queen Anne's and Talbot Counties Town Hall)

One challenge with the data on children under the age of 5 who are English Language Learners (EL) is that Maryland does not assess this age group to identify English learner status, so exact numbers of children who are not proficient in English in this age group are not known. Their concentrations are likely to be similar to the patterns of those in the K-12 system. Maryland's growth rate in ELs in the K-12 system between 2004 and 2014 was 180%. The only state with a higher growth rate in the U.S. is South Carolina (National Center for Education Statistics, 2016).

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[21] Information on children 0-5 was unavailable, but the percent distribution is similar across different age groups.

Within this system, about 9.3% of students are ELs (Maryland State Department of Education, 2019), with the highest populations of ELs located in Prince George's County (15.1%) and Montgomery County (14.2%) (U.S. Department of Education, 2015). In these two counties, ELs make up 30% or more of the kindergarten population (Maryland State Department of Education, 2019). ELs also make up more than 10% of the kindergarten population in Baltimore City, Anne Arundel County, Baltimore County, Caroline County, Kent County, and Talbot County (Maryland State Department of Education, 2019).

Anne Arundel County is one of the counties that saw a significant growth in its Hispanic population; it now has the fourth largest Hispanic population by percentage in the state. A recent report summarizing the findings of needs assessment conducted in this county found that Hispanic children often spend many hours alone as the parent/caregiver works two or three jobs (Community Foundation of Anne Arundel County, 2019). School personnel and others report that hunger is a problem for some of the Hispanic children, also pointing out the man of the family is rarely present in the home and often work seasonal and low paying jobs with long hours (Community Foundation of Anne Arundel County, 2019). The report also stated that while many Hispanic residents are actively seeking English lessons, they often lack transportation to community classes and sufficient time to participate in classes due to long working hours, both obstacles creating barriers to access (Community Foundation of Anne Arundel County, 2019).

In the Town Halls, participants spoke about the growing population of EL's in their programs, and about how these children's experiences can impact their readiness when they enter the school system at age 4:

> *"And so these children are coming to public schools for the very first time. Many of them without any outside experience in advance of that. Then, the numbers of children that we have with language deficiencies because of poverty and then the English Language Learners that we now have who don't receive services or are unidentified as EL's until they get to kindergarten."* (Participant, Wicomico, Worcester, and Somerset Counties Town Hall)

Participants in the focus groups also discussed that the needs and trauma experienced by immigrant children is different than those of other children.

> *"I was thinking that some of the trauma of our Harford Heights kids may be different than immigrant children. I thought about this video. When we went to the Judy Center conference, they showed us how the children in, I think it was Guatemala, they get on top of this train, so to flee…And so, one of the Judy Centers, one of those counties we were at, they talked about that is the trauma, that's trauma in itself for those children. Leaving with no shoes, with just whatever you have, and then they don't have projects or public housing, but they have housing across the street and she said it might be 20 families in one house, of these families that emigrated. She made me think about that trauma for immigrant children. It's probably a lot different."* (Community Partner, Baltimore City Focus Group)

Children with Special Needs. Approximately 3.5% of Maryland's birth-to-age-3 population (10,655 in 2018) and 6% of children ages 3 to 5 (12,998 in 2018) have been diagnosed with a special need or disability (ICF, 2019). Table 8 shows the eligibility estimates of the birth-through-

age-5 population by disability type. For students birth through age 4, estimates suggest that approximately 65.2% of the population has a developmental delay of at least 25%,[22] 25.3% of the population has a physical or mental condition with a high probability of developmental delays, and 9.5% of the population has atypical development or behavior (ICF, 2019). For students aged 3 to 5 identified as having a special need, the three most common disabilities identified were developmental delays (54%), speech or language impairments (33%) and traumatic brain injuries (8%), followed by other disabilities identified under the Individuals with Disabilities Act (ICF, 2018). Data on this population come from reports documenting an annual parent involvement surveys as required by Part B and Part C of IDEA.

Table 7. Statewide Estimates of Active/Eligible Population by Disability/Exceptionality

Disabilities/Exceptionalities Infants and Toddlers	N in 2018 (n=10,625)	Percentage of Population
At least 25% Developmental Delay	7,091	66.7%
Diagnosed Physical or Mental Condition with High Probability of Developmental Delay	2,613	24.6%
Atypical Development or Behavior	921	8.7%
Disabilities/Exceptionalities Preschool Population	N in 2018 (N=12,998)	Percentage of Population
Developmental Delays	7006	54%
Speech or Language Disability	4250	33%
Traumatic Brain Injury	1074	8%
Other Health Impairment	260	2%
Deaf-Blindness	159	1%
Hearing Impairment	86	1%
Other Impairments	163	1%

Note. Statewide estimates of active/eligible population by disability/exceptionality from 2017 (ICF, 2019) and 2018 (ICF, 2018).

While the state collects data on children who are identified as having a special need, one problem is that children with special needs are often not identified. As observed by one provider at a Town Hall:

> *"As a Pre-K teacher, I've had students come in my classroom day one that are nonverbal. Don't know how to play, don't know how to follow a direction, running around my classroom. And I wonder, where has this child been and why hasn't someone in the community been aware of this child's trauma and this child's needs?...It's horrifying to me that this child has somehow had shots, has seen the doctor, is out, you know, getting services with, but someone hasn't noticed this child is in significant need"* (Participant, Cecil and Harford Counties Town Hall).

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[22] In Maryland children from birth to age three who are determined eligible for early intervention services are experiencing a developmental delay of at least 25%, as measured and verified by appropriate methods, in one or more of the following areas: cognitive, physical (fine/gross motor, sensory), communication, social and emotional, adaptive,

In Focus Groups, parents expressed frustration with having children identified for services. They voiced that often information received from the pediatrician and the infant and toddlers program is contradictory. As one parent who was trying to get his child identified for services due to a perceived speech delay expressed:

> *"I think what confuses me is everybody has a different opinion on what to do. For example, with infants and toddlers they're like , "Oh... Don't worry about it too much because the pacifier." And I'll take him to the [pediatrician's office] and they're like "What the heck? Rip this thing out already." I'm just kind of like everybody's telling me everything and I try to let my wife when we were together, handle a lot of it. Even she disagreed with both sides and so it's hard for me to evaluate what information I should be following because there's so many different opinions in that matter." (Parent, Somerset* County Focus Group)

Poverty, Homelessness and Child Welfare. Overall, the poverty rate for children under age 5 is 14.9% (Child Welfare League of America, 2017). Children in poor households live on an annual income of less than $25,000[23], and another 17.6% of the birth-through-age-5 population lives in families earning less than $49,999 annually (Maryland Family Network, 2018). Poverty rates vary by race/ethnicity and are highest for African American children (22%) and lowest for White children (7%) (Maryland Department of Health and Mental Hygiene, 2016).

A participant from the town hall expressed:

> *"…not only are the children coming to their programs hungry, tired…they don't have clean clothes… So we're talking really basic needs here and social emotional needs, especially, these children really need to feel that their days are spent with people who they can trust and who love them, who are trying to do the best for their families, which I believe the providers really are… It's heartbreaking, it really is…But I think that when we look and take it to the next level and look at school readiness, it doesn't have a whole lot of meaning to families who are struggling for survival. …it's really a difficult place out there.*" (Participant, Baltimore City/Baltimore County Town Hall)

Some Maryland families also face homelessness. In 2016, there were 15,755 (4.4%) children under the age of 6 in Maryland experiencing homeless (Yamashiro, Yan, & McLaughlin, Early Childhood Homelessness: State Profiles, 2018). Currently, only about 9% of Maryland's homeless children are served by either the McKinney-Vento Homeless Assistance Act or Early Head Start. About 14,357 children under the age of six experiencing homelessness are not served by any program (Yamashiro, Yan, & McLaughlin, 2018). In 2017, 1,830 homeless young adults took a survey as a part of the Youth Count Initiative. Four percent reported being currently pregnant, and over a quarter (26%) reported having children; almost half of those with children (46%) reported their children living with them. Children born to homeless youth are a particularly vulnerable population (Miller, Unick, & Harburger, 2017).

Several participants in the town halls talked about homelessness, especially in urban areas. One participant stated:

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[23] The Federal Poverty Guideline states that the poverty line for a family of four is at $25,100.

"There are so many homeless families in this city. They might not see themselves as homeless, but they are, they're couch surfing. They don't really have a house or a home. They have a roof over their heads. Um, they may be in one neighborhood for three months, and after that live with another family member for the next six months. So that's a huge need." (Participant, Baltimore City/Baltimore County Town Hall)

There are also many children under the jurisdiction of the Department of Social Services, either through child protective services or through in-home care. Maryland's child welfare system has seen a progressive decrease of children in out-of-home care from 10,330 in 2007 to 4,661 in 2017 (Maryland Department of Human Services, 2018). The most accurate data on this population comes from the DHS MD CHESSIE data system. According to this data in SFY 2018 there were 3,754 children under age 5 in the child welfare system in Maryland. Out of that, 66% were in family preservation and receiving services at home, while the remaining 35% were receiving out-of-home protective services through placement and permanency (Maryland Department of Human Services, 2018).

Physical Health Concerns. There are several positive trends in terms of the health of Maryland's children. Examples include the declining birth rate among teenagers (at 17.8% in 2014, compared to 24.2% nationally), which means fewer young children are parented by teenagers (Governor's Office for Children, 2016); fewer uninsured children; higher rates of immunization among young children, thanks in part to immunization requirements for enrollment in preschool education mandated by Maryland law (Maryland Department of Health, 2019); and more children identified and receiving health care as a result of screenings. Other trends remain troubling, however. For example, although infant mortality rates have steadily declined across the state, disparities persist by race/ethnicity, age, income and geography (Maryland Department of Health and Mental Hygiene, 2016). Specifically, infant mortality rates among African Americans (10.6 per 1,000 live births) are more than double of the White population (4.3 per 1,000 live births). Maryland infant mortality rates are also higher among teenage mothers aged 15-19 (9.9 per 1,000 live births) than among any other age group, and the infant mortality rate among teen mothers in Maryland is higher than the national average (United Health Foundation, 2019).

Trauma and Behavioral Health. A 2016 Title V Needs Assessment found behavioral health issues were on the rise in Maryland. Health departments across Maryland saw a rise of mental health-related substance abuse as well as co-occurring problems in child-bearing women (Maryland Department of Health and Mental Hygiene, 2016). Substance abuse and mental health were cited as a number one health concern in needs assessment conducted in Baltimore, an urban area (The Johns Hopkins Hospital & Johns Hopkins Bayview Medical Center, 2018). In a similar needs assessment done on the Mid-Eastern Shore, a rural area, participants also listed behavioral health as a major concern and expressed that there is a shortage of resources to help with the growing problems (Franzini, Kleinmann, & Knudson, 2017). Shortages of mental health professionals are a serious issue, and, of the 24 counties in Maryland, 21 are classified as being underserved for mental health services (Maryland Department of Health and Mental Hygiene, 2016). In addition to the lack of access to services, other barriers preventing residents across Maryland from seeking treatment for mental health issues include negative social stigma, lack of insurance coverage, and lack of health education about mental health (The Johns Hopkins Hospital & Johns Hopkins Bayview Medical Center, 2018).

In a 2016 survey of child care providers relating to the availability and quality of child care for children with special needs, behavioral health and social-emotional special needs, including behavioral challenges were the most commonly reported special need by family providers and group centers. A total of 204 family providers (39%) and 207(53%) group programs reported currently caring for a child with social-emotional special needs, more than reported caring for students with cognitive and physical disabilities. (Maryland Family Network, 2017) Caring for children with challenging behaviors is a constant challenge for providers. In the last tree iterations of the same survey, between 30-33% of family providers and 60-66% of group providers reported having to terminate a child's care arrangement due to behavioral issues (Maryland Family Network, 2017) .

An increase in incidences and lack of support for mental and behavioral health were a prominent topic in the Town Hall meetings and Focus Groups. In both the Town Halls and the Focus Groups, participants shared the perception that more children are coming into early childhood programs having experienced trauma, which impacts their ability to self-regulate and learn. Town Hall participants remarked:

> *"I've been in child care for almost 20 years now and what I see in classrooms is so different from when I started working in child classrooms. The trauma and the behavior and everything that's going on, just the way that our world and society is right now, it is being exhibited in our classrooms..."* (Participant, Baltimore City/Baltimore County Town Hall)

> *"So it's really, really becoming more of a concern because we're seeing the trauma that these kids are coming into the classroom with. We're seeing the trauma that's going on at home."* (Participant, Wicomico, Worchester, and Somerset Town Hall)

Focus Group participants, especially in Baltimore City, also stressed the increases in trauma experienced by families.

> *"A lot of mental health because of so much trauma in this area, so many killings, and like I was telling a lot of the parents... For instance, one example, a little boy, his brother had accidentally killed himself in an apartment complex and nobody had cleaned up the residue, the blood, or whatever, and he was coming to school, acting out, and they didn't inform us what happened. So, they would put him in time out, "Oh, he's this, he's that." And then we finally found out his brother was killed. This baby needs therapy, the family needs therapy, so little boy was coming to school acting out. Teachers don't know what's going on with him. They just thinking he's a problem child, and he isn't. And you have so many kids that are going through this. And we had another instance where the little boy, his father passed away from cancer. The dad was taking him to barbershop, taking him to practice, sleeping with him every night. Nobody told us the dad died. And this little boy is coming to school, he's fighting, kicking. You don't know and everything, and then we finally spoke to the mom, "Oh for... that's why he's acting out." They already had a meeting set up for him to get an IEP, to get this and that."* (Community Partner, Baltimore City Focus Group)

Another partner recalled speaking with a mother who told her that her boyfriend was abusing her in front of the child. The provider recalled this story to emphasize the need for services directed to parents and the impacts adults' mental health has on a children's development.

Substance Abuse. Misuse of opioids, a national health crisis, has hit Maryland hard. Maryland has one of the highest rates of opioid-related deaths in the country. The death rate in Maryland has been rising consistently, with nearly 30 deaths per 100,000 deaths in 2016 being related to opioids (National Institute on Drug Abuse, 2018). Statewide, approximately 8.5% of the population is estimated to either be dependent on or have abused opioids in the past. Rates are particularly high in Baltimore County, where 8.85% of the population is either dependent or has abused opioids, Prince George's County (8.97%) and Baltimore City (10.72%) (University of Maryland Baltimore System Evaluation Center, 2016). Particularly relevant to the birth through age 5 population is Neonatal Opioid Withdrawal Syndrome (NOWS), a condition that occurs when women use opioids during pregnancy. Between 2004 and 2015 in Maryland, there was a five-fold increase in incidents related to NOWS, an increase from 1.5 cases per 1,000 hospital births to 8.0 cases per 1,000 births. In Maryland, there were 1,419 cases of NOWS reported in 2015, the most recent data available (National Institute on Drug Abuse, 2018).

Substance abuse and opioid use were discussed at both the Town Halls and in the Focus Groups. Discussions centered around the impact of addition on children, many of whom are born with NOWS. Participants also spoke about how the opioid epidemic causes a "trickle-down effect of trauma on children." One participant noticed:

> *" it impacts school readiness, impacts the whole structure of the family." Then it you have apparent that's going away to rehab. When you have that separation issue, and the inability to attach to that figure. So, then we have a child that arrives at four or five years old with a multitude of concerns that we feel like we're trying to build capacity so we can adequately assist that child. So, now we're into social work, we're into mental health, we're into teaching."* (Participant, Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties Town Hall)

A provider in the Western Maryland Focus Groups expressed:
> *"You kids coming and the parents are so hung up of their addiction. They really don't give up, they don't really care about their kids, they don't know how to deal with their kids. I mean, I have probably once or twice a week I have a parent come, pick up her child or bring them the way they're on spice or the high as a kite. They really don't care. That's an issue too but is it is a horrible, it is a terrible problem. And it's affecting all of Washington County. It's probably one of the biggest changes of Washington county since I've been here and I've been here over 20 years… the kids caught into the trap of what is going on and then there was really no hope for the kid. It's really sad."* (Provider, Washington County Focus Group)

Rural Communities. As previously mentioned, rural areas in Maryland are defined by statue under the Annotated Code of Maryland as having the following characteristics: geographic isolation, lack of transportation, and lack of access to and availability of health care. As shown in Figure 5, the following 18 of Maryland's 24 counties constitute rural Maryland: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's,

Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester (Rural Maryland Council, 2018).

Figure 5. Maryland's Rural, Urban and Suburban Counties
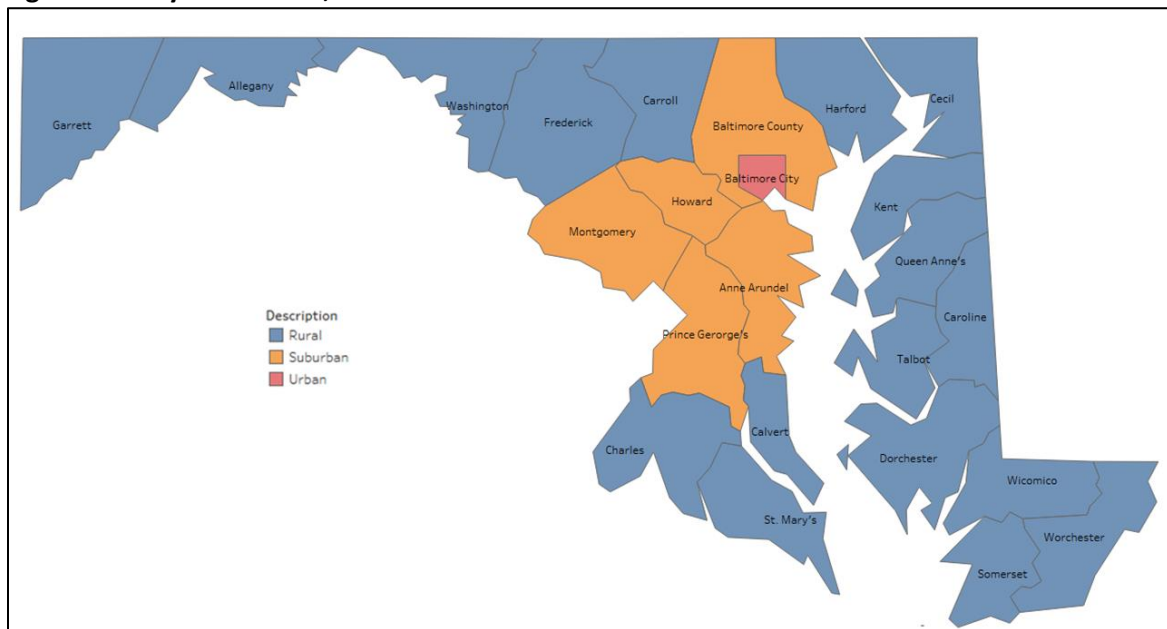
About 25 percent of Marylanders live in rural areas, while rural land accounts for almost 80% of Maryland's territory (Maryland Rural Health Association, 2018). Maryland's rural areas have demographic, economic and social characteristics that are different from the state overall. Many rural communities in the state face a host of difficulties, which include "persistent unemployment, poverty, changing technological and economic conditions, an aging population and an out-migration of youth, inadequate access to quality housing, health care and other services and deteriorating or inadequate transportation, communication, sanitation, and economic infrastructure" (Maryland Rural Health Association, 2018).

The Economic Research Service (ERS) estimates that the 2017 per capita income in rural Maryland was $53,068 compared to the average per capita income of $60,847 in non-rural areas. Moreover, 13.3% of the rural population has not completed high school, compared to 10.3% in urban areas (Rural Health Information Hub, 2018). Low population density means that health care, social services can be more difficult to access, especially if reliable transport is unavailable. Rural communities in Maryland generally struggle with access to health services; as of January 2019 there are no rural hospitals or health clinics in the rural counties. Only 24 federally qualified health care sites and seven short-term hospitals were located outside urbanized zones. Scarcity of health care providers in rural areas and decreased access to care have led to overall poorer healthcare outcomes for rural residents (Rural Health Information Hub, 2018). According to the Maryland Department of Health and Mental Hygiene, the ratio of primary care providers to residents in Caroline County is 1-to-2,915 (Brockett, In Rural Maryland, Health Disparities Fuel Efforts To Attract More Doctors, 2014). This is the worst ratio in the state, and amounts to just 11 primary care providers for the entire county. Conversely, the ratio for the whole state is 1 to 1,647 (Brockett, In Rural Maryland, Health Disparities Fuel Efforts To Attract More Doctors, 2014). Whereas access to healthcare is a challenge throughout rural Maryland, access to child

specialists, especially in behavioral health, is a great challenge. Residents in rural areas often travel long distances for child appointments, which necessitate the parent missing work and the child missing school (Maryland Rural Health Association, 2018).

The lack of access to healthcare was a topic that was mentioned both at the Town Halls, in the Focus Groups, and in Stakeholder Survey comments, especially on the Eastern Shore, for example:

> *"So Caroline [County] does not have any hospital. The only landlocked county in the Eastern shore has no hospital. We have no pediatricians. We have no pediatric dentists. So when you're talking about driving from Templeville, which is almost all the way in Queen Anne County to Easton, like to have a baby, sometimes it's at the gas station…. So there are a lot of issues."* (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

Economic Landscape

Maryland consistently ranks as the state with the highest median income in the United States (Suneson, 2018)—a data point that belies the reality of poverty for many young children in Maryland. A disproportionate share of the state's wealth lies in just several counties close to Washington, DC, leaving most of the state with a large range in income status across and even within jurisdictions. Statewide, 43% of children live in low-income families, living at or up to 185% of the FPL, and in 15% of schools, 80% of students, or more, are low-income (Commission on Innovation and Excellence in Education, 2019). Figure 6 shows the average family income in each county in Maryland. Montgomery and Howard Counties are the two wealthiest counties in the state, and the rural counties of Somerset and Allegany County are the two poorest, followed by Baltimore City, an urban area (Maryland Family Network, 2018).

During the Town Hall meetings, a participant summarized the big wealth disparities across the state, remarking:

> *"But we have children who live in homes where individual bedrooms are rented out to families and you know, six families living in a home where the mom might work for one family and there was no father around. And she works at night and the children are locked in the bedroom and she pays with her body and her cooking to pay her portion of the rent. And you have 30 people living in their household and the children not even know each other's names. Yet, we have millionaires who live down the road."* (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

Figure 6. Median Family Income in Maryland Counties
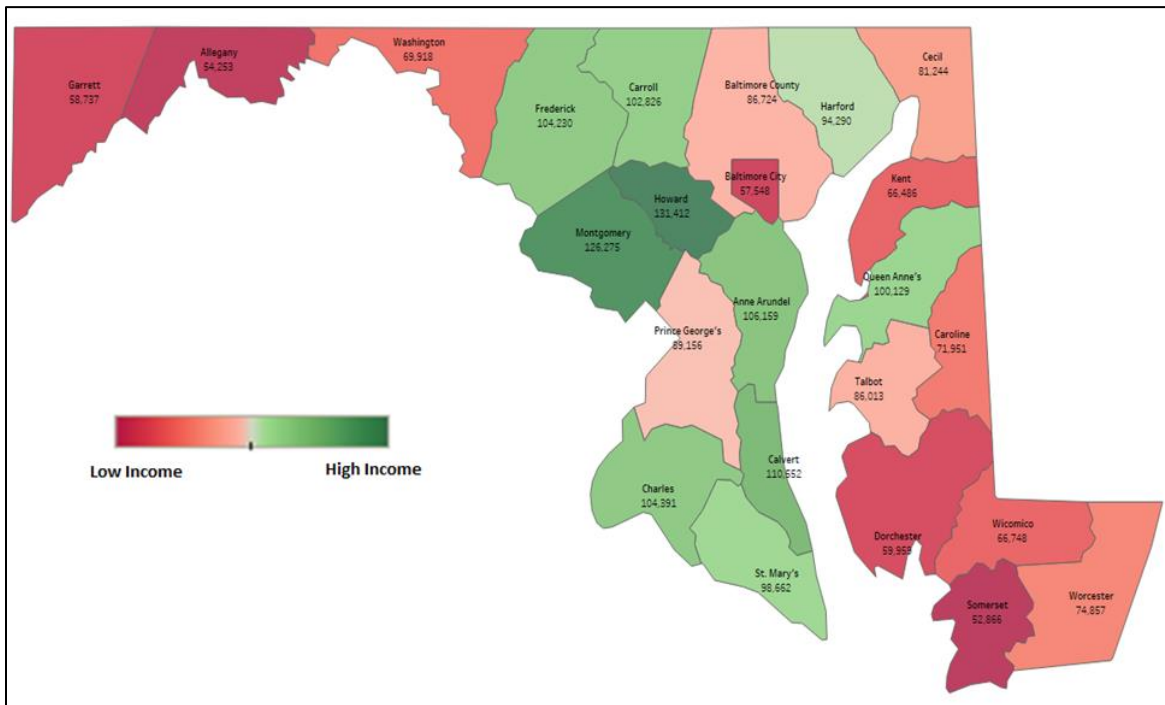
Note: Data sourced from *child care demographics*, by Maryland Family Network (2019). There might be duplication of students across programs.

Other Measures and "At Risk" Counties. In addition to all the factors listed previously, this section considers other factors and measures related to the outcome and wellbeing of children birth through 5. Compared to other states, the 2018 Kids Count Data Book by the Annie E. Casey Foundation ranked Maryland 14th out of the 50 states on indicators of child well-being, which include economic well-being (Maryland ranked 15th), education (ranked 9th), health (ranked 17th), and family and community (ranked 22nd).

In 2012, Child Trends, a nonprofit research organization focused on improving the lives and prospects of children, youth, and their families conducted a Maryland Early Childhood Risk and Reach Assessment. Looking at ten factors that affect developmental outcomes for children, the report attached a risk level to Maryland's 24 jurisdictions on a scale from 1 to 3 with 1 being low risk and 3 being high risk. The factors assessed included:

- percentage of children under age 5 living in families below the poverty level,
- percentage of births to unmarried mothers,
- percentage of births to teenage mothers,
- percentage of births to mothers with less than 12 years of formal education,
- percentage of low birth weight infants,
- percentage of births to mothers who did not receive prenatal care,
- uninsured children,
- children not ready for kindergarten, and
- Title I School Status and Title I schools with school improvement plans.

Figure 7 shows counties in Maryland by their risk level according to this analysis (Daily, Welti, Forry, & Rothenberg, 2012). Baltimore City, Dorchester, Prince George's, Kent, Somerset, and Wicomico counties all received a high average risk level. These communities were identified as being at the highest risk of negative outcomes for young children.

Figure 7. Counties in Maryland by Risk Level

High Risk Level		Moderate Risk Level		Low Risk Level	
County	Risk	County	Risk	County	Risk
Baltimore City	2.9	Allegany	2.2	Washington	1.8
Dorchester	2.8	Baltimore County	2.2	Montgomery	1.7
Prince George's	2.6	Caroline	2.2	Queens Anne's	1.7
Kent	2.5	Talbot	2.2	St. Mary's	1.6
Somerset	2.4	Worcester	2.1	Calvert	1.4
Wicomico	2.3	Cecil	2.0	Fredrick	1.4
		Charles	2.0	Harford	1.4
		Garret	2.0	Howard	1.4
				Anne Arundel	1.3
				Carroll	1.3

Note. Data sourced from *Maryland's early childhood risk and research assessment,* by Daily, Welti, Forry, & Rothenberg (2012).

Maryland's Mixed-Delivery System: Overview of the Number of Children Being Served and Awaiting Service

Direct Service Programs

Maryland's mixed-delivery system includes a range of early care and education program settings and options. The state's mixed-delivery system provides childcare slots available to serve 46% of the population of children from birth to age 5 across the full family income continuum within a variety of settings (Maryland Family Network, 2018). Figure 8 shows the distribution of children and families across various components of Maryland's mixed delivery system. Data about children being served by direct programs in Maryland comes from Maryland's Child Care Resource Network, operated by the Maryland Family Network. Information about number of children being serviced by supplementary programs comes directly from those programs. Because of limitations in Maryland's current data system, data about children awaiting services is kept through individual programs, and not collected by MSDE with the exception of the Child Care Scholarship Program.

Figure 8. Distribution of Children across Maryland's Mixed-Delivery System
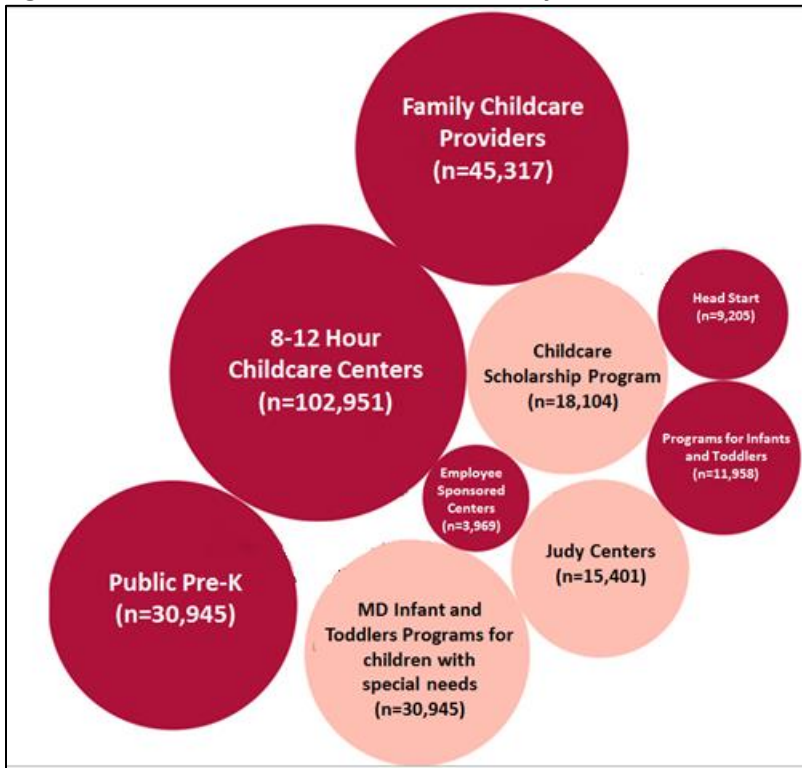
Note: Data sourced from *Child care demographics*, by Maryland Family Network (2019). There might be duplication of students across programs.

The following types of direct service early care and education programs may be found in Maryland.

- **Public Pre-Pre-K programs** are primarily provided to 4-year-olds and some 3-year-olds. Programs are developed and administered through local school systems (LSSs) or jurisdictions, which create their own policies and procedures in accordance with state guidelines. Currently, most LSSs offer free, voluntary half-day Pre-K to 4-year-olds based on income criteria, with four jurisdictions—Baltimore City and Somerset, Garrett, and Kent Counties—offering full-day public Pre-K to all 4-year-olds (Maryland State Department of Education, 2018). To be eligible for half-day Pre-K, a student must be 4 years old by September 1 of the school year for which they will be enrolled and meet the following criteria: 1) be low income or receive public assistance, 2) be homeless, or 3) receive special needs services. If vacancies remain after a program serves all children who are economically disadvantaged, the program may then enroll 4-year-old children who do not meet the income requirements but who represent a student population that exhibits a lack of readiness in foundational skills, knowledge and behaviors (Maryland State Department of Education, 2018l). In 2018-19, 30,947 children were enrolled in public Pre-K, including 4-year olds and 3-year olds. State Pre-K Expansion Grants are included in this grant category.

- **State Pre-K Supplemental Grants**
  The Purpose of this grant is to expand free access to public Pre-Kindergarten for four-year olds from families with household incomes up to 300 percent of Federal Poverty

Guidelines (FPG). Applicants eligible to receive the grant are local public school system or qualified vendors (as defined in COMAR 13A.06.02.), with a published Maryland EXCELS score at Level 4, with a plan in place to publish at Level 5 in one year; or published at Level 5 at the time of application.

- **Head Start/Early Head Start** is a federal program authorized by the Improving Head Start for School Readiness Act of 2017. The program promotes school readiness of children from prenatal to age 4 in low income families, enhancing their cognitive, social, and emotional development. By July 2018, there were 54 Head Start Programs in Maryland. This included 19 Head Start programs and 35 Early Head Start Programs. Altogether, these programs enrolled 8,574 children in Head Start and 2,428 Children in Early Head Start. The program also caters to 183 pregnant women through Early Head Start (Maryland Head Start Association, 2018). Maryland also has three Early Head Start- Child Care Partnership programs.

- **8-12 Hour Child Care Centers** are licensed through the MSDE Office of Child Care. They are centers run by an individual, agency or organization that offer care and education services for part or all of any day, at least twice a week. Most are regulated as "licensed child care centers," while some operate as "letter of compliance facilities," indicating they are operated by tax-exempt faith-based organizations, such as churches, synagogues or mosques. Some child care centers are licensed to exclusively cater to infants and toddlers; about 11,598 children are cared for by such programs. Child care centers may also cater to preschoolers or a mix of ages. Centers operated through a letter of compliance may provide care to children over the age of 2 years old (Maryland State Department of Education, 2019). In total, the 873 Maryland child care centers licensed by the Office of Child Care have the capacity to serve 181,403 children (Maryland Child Care Resource Network, 2018a).

- **Family child care homes** are also licensed through the MSDE Office of Child Care and may provide care to up to eight children or, in the case of programs designated as large family child care homes, between nine to 12 children. In these settings, providers take care of one or more children who are not related to them in their own home. Maryland law requires providers to obtain a "certificate of registration" before operating a family child care home. Family child care homes account for about 22% of Maryland's current capacity to serve children birth to age 5 (Maryland Family Network, 2018). They account for only about 8.8% of capacity for four year olds. However, there is a great diversity of programs in this category. For example, of the 7,226 privately operated programs in Maryland that serve children of pre-school age (3 and 4 year olds), approximately 71% of the providers are family child care homes (Workman, Palaich, Wool, & Mitchell, 2016).

Supplemental Programs

Maryland's ECE system is also made up of several types of supplemental programs and services which support early care and education programs and providers. Statewide public programs are primarily administered by the Maryland State Department of Education, the Maryland Department of Health and the Maryland Department of Human Services. Several jurisdictions also offer local supports, programs and resources for those living within their county.

Early Care and Education Support Programs and Services within the Maryland State Department of Education (MSDE)

- **Maryland Infants and Toddlers Program (MITP) – IDEA Part C/Early Intervention.** Approximately 9,000 children birth through age 4 with developmental delays or disabilities receive early intervention in their homes or in other early childhood settings through the Individualized Family Service Plan (IFSP) under the Maryland Infant and Toddler Program (MITP). MITP is an interagency program that provides a coordinated, comprehensive system of family-centered services for young children through the Individuals with Disabilities Education Act (IDEA) Part C (Maryland State Department of Education, 2017). Maryland continues to be one of only a few states in the country offering families the choice to remain in the early intervention program until the beginning of the school year following the child's fourth birthday (Maryland State Department of Education, 2016b). Furthermore, Maryland provides special education and related services to approximately 12,300 children, ages 3 to five, who are eligible for services under IDEA Part B, Section 619. These students receive a full continuum of services through an Individualized Education Program (IEP).

- **Judy Center Early Learning Hubs.** Judith P. Hoyer Early Child Care and Family Education Centers (known as "Judy Centers") provide services to children from birth through kindergarten in specific Title I school districts across the State. Title I schools are those with high concentrations of students living in poverty. Judy Centers are unique to Maryland and they promote school readiness through collaboration with community-based agencies, organizations, and businesses. Agencies and organizations that typically partner with the Judy Centers include social services, health departments, Healthy Families programs, Family Support Centers, adult education, and public libraries. Judy Centers provide assistance and services a family may need either on onsite or nearby, including health care, adult education, identification of special needs, and early intervention, care and education, parenting classes and family literacy (Maryland State Department of Education Division of Early Childhood, 2019). In 2017, there were 47 Judy Centers serving approximately 15,401 children either through public school or a community program (Maryland State Board of Education, 2017). About 80% of children in Judy Centers receive special services, which include special education services, language support for English learners, or free and reduced lunch (Maryland State Board of Education, 2017). Judy Center programs are not a separate category of capacity and are already counted under public programs in the capacity estimates in Table 15. Figure 9 shows the ethnic composition of children served by the Judy Centers.

Figure 9. Distribution of Children Served by Judy Centers by Ethnicity
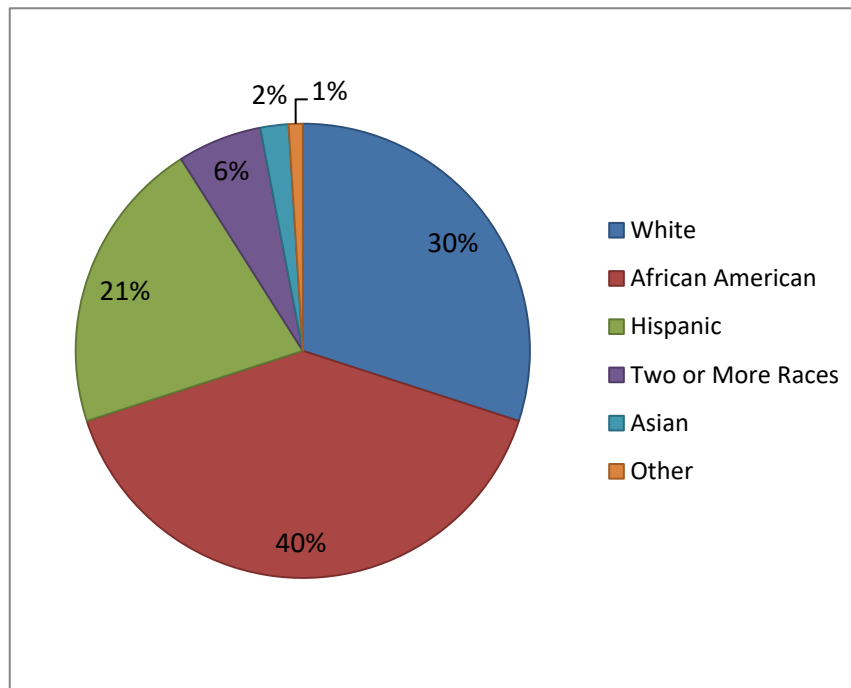
Note: Data Sourced from *Judy Centers* by Maryland State Department of Education Division of Early Childhood, 2019

- **Family Support Center (FSC) Network.** Maryland has 26 centers in 14 counties, including Baltimore City and Baltimore, Caroline, Carroll, Cecil, Dorchester, Fredrick, Kent, Montgomery, Prince George's, Queen Anne's, Talbot, Washington, and Wicomico Counties, that offer free educational and health-related services to parents and their children ages birth through age 3. These two-generation programs offer a range of services, including quality infant/toddler care and assessments, parent education, adult education, family literacy and job readiness training programs, health education, referrals for services, home visits for some services, and peer support. The networks also coordinate services between agencies (Maryland State Department of Education, 2018j). The Family Support Centers serve approximately 2,000 households per year and 2,200 children (Maryland Family Network, 2018).

- **Child Care Resource Center (CCRC) Network.** Maryland has 12 regional Child Care Resource Centers that serve as an important service to providers. These centers exist through a private-public partnership between MSDE and the Maryland Family Network (MFN). They are designed to provide leadership and services to improve the quality, availability, and affordability of care and education in communities across the state (Maryland Family Network, 2019b).

- **Child Care Scholarships.** Formerly known as Child Care Subsidy vouchers, the Child Care Scholarship (CCS) program provides financial assistance for care and education costs to eligible working families in Maryland. The program is managed through the centralized vendor Child Care Subsidy Central. Eligible families receive a scholarship from CCS Central to cover part of their care and education costs. The scholarship amount is determined by a sliding scale based on household income, and participating families have a co-payment.

Providers participating in the Maryland EXCELS Program are eligible to accept these scholarship funds (Maryland State Department of Education, 2018a). Effective August 1, 2018, the annual income eligibility limits of the Child Care Scholarship doubled to 65% of the state's median income (Maryland State Department of Education, 2018a). In FY19, the provider reimbursement rate rose from 20% of the market rate to 60% of the market rate. As of July 2019, 19,080 children are befitting from the Child Care Scholarship fund. Since the increase in the annual income eligibility, this number has increased by over 4,000 new participants.

Figure 10.Total Counts of Children Participating in the Child Care Scholarship between August 2018 and May 2019
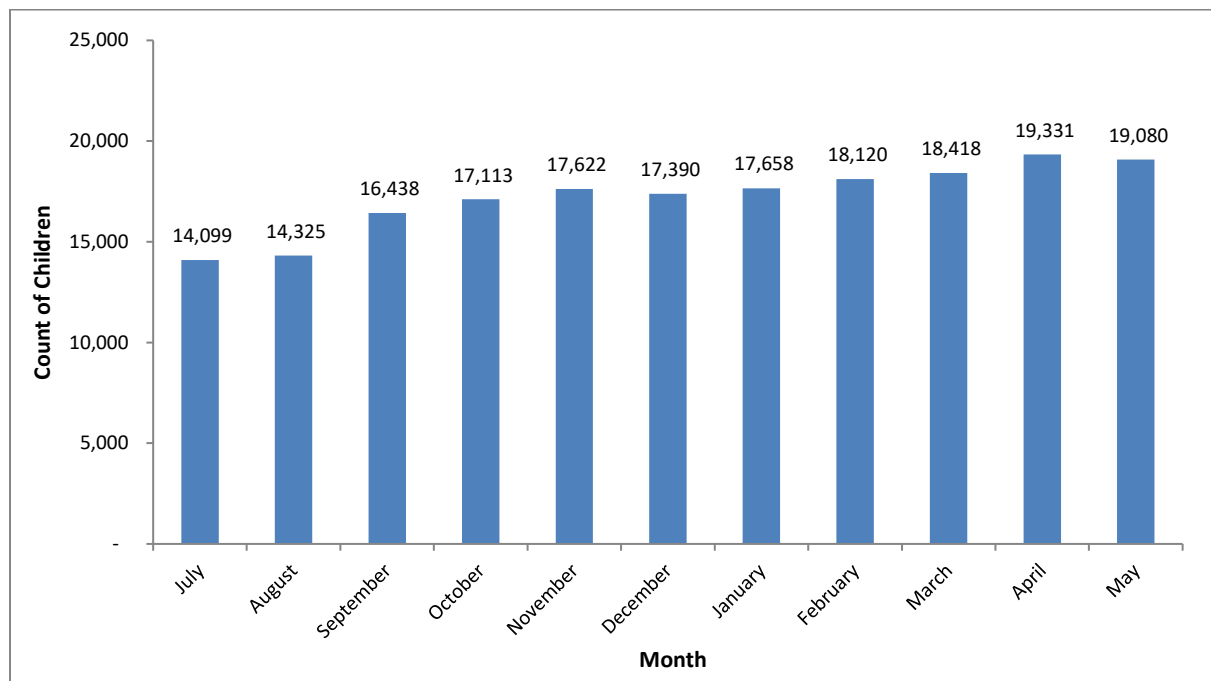
Note: Data sourced from Division of Early Childhood Data by Maryland State Department of Education (2019): https://earlychildhood.marylandpublicschools.org/data.

- **Infant and Early Childhood Mental Health Consultation (IECMHC).** IECMHC promotes positive social-emotional development and addresses behavioral concerns in young children. MSDE funds 11 ECMHC programs through the CCRC. In FY 2018, 577 children received supportive intervention services to promote more positive behavior. A majority (84%) of ECMHC services are provided in care and education centers. Children receiving services ranged from two months to six years, with 15% under the age of three. Their racial and ethnic diversity reflects the state demographics (Maryland State Department of Education, 2018e).

- **Pre-K Child and Adult Care Food Program.** This program is funded by the U.S. Department of Agriculture and administered by the Office of School and Community Nutrition Programs (OSCNP). It provides nutritionally balanced meals contributing to the wellness, healthy growth, and development of young children, as well as older adults and chronically impaired disabled persons. It also reimburses child and adult care agencies for meals and snacks**.**

Early Care and Education Support Programs and Services within the Maryland Department of Health (MDH)

- **Maternal, Infant and Early Childhood Home Visiting (MIECHV) and State Home Visiting Programs.** MIECHV is a program established by the Affordable Care Act (ACA) that serves at-risk communities and families by providing programs and activities, and improving coordination of services for at-risk communities. As a part of the initiative, a comprehensive statewide needs assessment was conducted in 2010, which identified 46 at-risk communities in six jurisdictions: Baltimore City, Dorchester, Washington, Wicomico, Prince George's, and Somerset Counties. Maryland MIECHV supports 18 home visiting sites that utilize two programs: Healthy Families America and Nurse-Family Partnership (Maryland Department of Health, 2017). In 2017, this program served about 1,326 households and conducted 14,610 home visits. Out of those served, 52.5% of the households were low income, 18.2% included someone who used tobacco products in the home, and 16.3% of the households included pregnant teens (Maryland Department of Health and Mental Hygiene, 2010).

Figure 11. Home Visiting Programs in Maryland
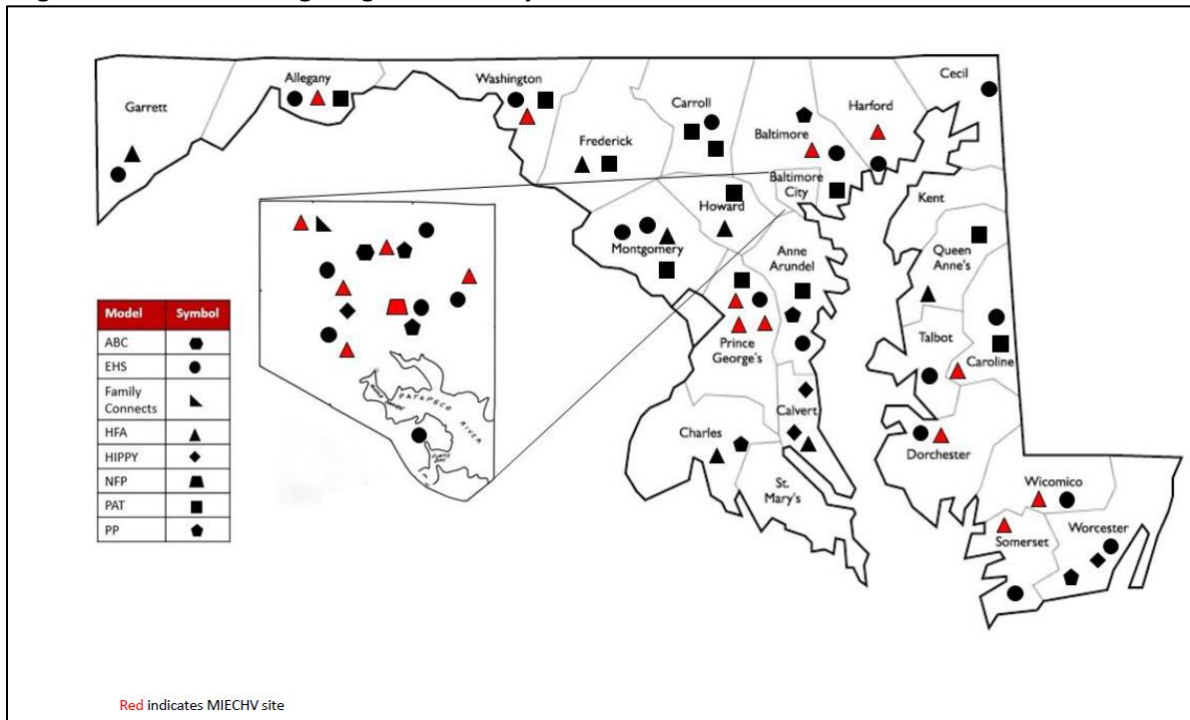
Note: Reprinted from *Maternal, Infant and Early Childhood Home Visiting in Maryland* by Maryland Department of Health (2017).

The MIECHV programs are a part of wider network of home visiting programs offered in each jurisdiction in Maryland. In total, there are five prevailing evidence-based home visiting models. They include Early Head Start, Healthy Families America, Home Instruction Program for Preschool Youngsters, Nurse-Family Partnership, and Parents as Teachers (See Figure 11). In 2017, there were a total of 83 programs in the state with 58 Home Visiting Program Sites reporting to the Maryland Department of Health. Of these programs, 17% are only state funded, while the majority report being funded by several sources, including state, federal and local funds. These programs served 3,947 children (Maryland's Children's Cabinet, 2017). Home visiting programs serve children three years and under, with the majority (67%) serving children between 13 and 60 months (Maryland's Children's Cabinet, 2017). The majority (52%) of children served by home visiting programs are Black (see Figure 13)

Figure 12. Child Age of Children in Home Visiting Programs
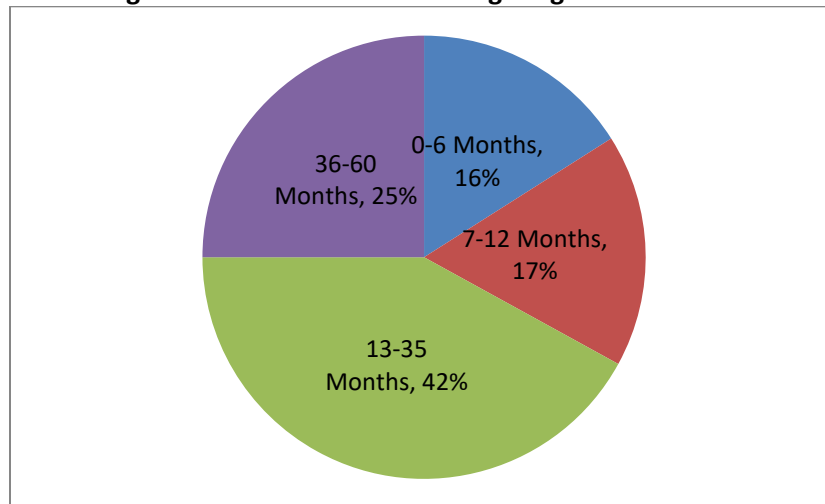
Note: Data sourced from *Maternal, Infant and Early Childhood Home Visiting in Maryland* by Maryland Department of Health (2017).

Figure 13. Race and Ethnicity of Children in the Home Visiting Program
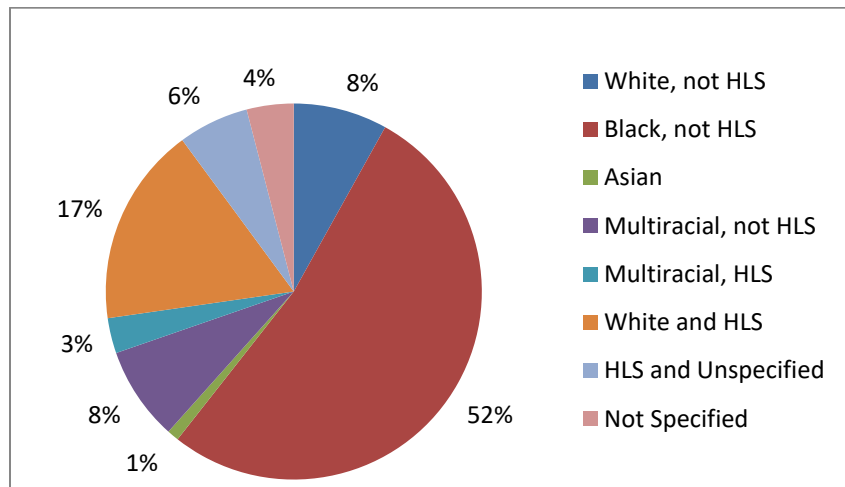
Note: HLS pertains to Hispanic, Latinx, Spanish, Data sourced from from *Maternal, Infant and Early Childhood Home Visiting in Maryland* by Maryland Department of Health (2017).

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Maryland Children's Health Program (MCHP). MCHP is Maryland's Medicaid program that gives full health benefits for children up to age 19. MCHP enrollees obtain care from a variety of Managed Care Organizations (MCOs) through the Maryland Health Choice Program. MCHP is available to uninsured children under age 19 whose household modified adjusted gross income is at or below 211% of the FPL for their family size. In 2019, this is $4,527 a month for a family of four (Maryland Department of Health, 2019). Maryland Medicaid data for 2013 estimate that one third (555,000 of 1.5 million) of Maryland children are enrolled in the Medicaid Program In 2016, at the time of the last Health Needs Assessment, an estimated 95.6% of Maryland children were insured, and about 4.4% or 58,000 were uninsured (Maryland Department of Health and Mental Hygiene, 2016). Medicaid and ACA expansions have improved the rate of health insurance coverage in Maryland. In the 2016 needs assessment for Title V, only 8% of parents reported that their child was currently uninsured or had experienced periods of no coverage over the past year. However, more than one in five (23.5%) reported that their child's insurance was inadequate (Maryland Department of Health and Mental Hygiene, 2016).

- **Title V Maternal and Child Health.** Title V Maternal and Child Health is a block grant that provides funds to states to improve the health of mothers and children. The program is authorized under Title V of the 1935 Social Security Act and, federally, the grant is administered by the Maternal and Child Health Bureau of the Health Resources and Services Administration of the U.S. Department of Health and Human Services. At the state level in Maryland, the grant is administered by the Prevention and Health Promotion Administration of the Maryland Department of Health. Programs are offered on issues related to immunization, injury prevention, mental health care, medical assistance, oral health care, substance abuse, and smoking secession (Maryland Department of Health and Mental Hygiene, 2016). In Maryland Title V funds have been used to "were utilized for home visiting strategies, paraprofessional case management services for high-risk women and infants, expansion of preconception care and family planning services, screening and referrals for mental health and substance use, and preconception/prenatal nutrition support as well as to support infant mortality reduction activities in local health departments across the state" (Maryland Department of Health and Mental Hygiene, 2016). Title V funds also support the Maryland Perinatal Neonatal Quality Collaborative initiative to standardize the care of infants born with NOWS/NAS. Support included access to the Vermont Oxford Network Neonatal Abstinence Syndrome Implementation Package for hospitals statewide, which includes evidence-based education modules and resources for improving outcomes and increasing the quality and safety of care provided to infants with NAS. Furthermore, using Title V funding, local health departments provided education to families of young children about developmental screening through home visiting programs, case management of children with elevated blood lead levels, and case management for children in the Infants and Toddlers Program. Because of the broad range of programs supported with the funding, exact numbers of children and families served are hard to estimate.

- **Title X Family Planning.** The mission of the Maryland State Title X Family Planning and Reproductive Health Program (MFPRH) is to reduce unintended pregnancies and to improve pregnancy outcomes by assuring that comprehensive, quality family planning services are available and accessible to Maryland citizens in need. Administered by the

Maternal and Child Health Bureau, this program assures statewide availability and accessibility to high quality comprehensive reproductive health care. This program is tied to Early Childhood Care, because one of its major goal is to reduce maternal, infant, and child mortality and morbidity, with a focus on low-income populations. The Title X Program served 64,004 women and 7,819 men in 2016 (Maryland Department of Health and Mental Hygiene, 2016).

- **Women, Infant and Children (WIC).** WIC is a supplemental nutrition program for women, infants, and children under age 5. To qualify for this benefit program, one must be a resident of the state of Maryland and meet the following qualifications: be a pregnant, breastfeeding and/or postpartum woman; be an infant or child up to 5 years of age; and be individually determined by a health professional to be at nutrition risk. (Benefits.gov, 2019) This program is federally funded and provides healthy supplemental food and nutrition counseling. WIC serves over 135,000 women, infants, and children in Maryland each month.

Programs of the Maryland Department of Human Services

- **The Supplemental Nutrition Assistance Program (SNAP).** SNAP is called the Food Supplement Program (FSP) in Maryland, and is informally known as food stamps. This program helps low-income households buy nutritious food. Applicants must file an application, be interviewed, and meet all financial and technical factors for eligibility of a gross monthly income under 130% of the FPL (Maryland Department of Human Services, 2018). Those with little to no money can qualify for Expedited Food Supplement benefits right away after an interview and after their identity becomes verified.

- **In-home Social Services.** These services offer a continuum of non-entitlement service programs designed to promote the safety and wellbeing of children and their families, enhance a parent's ability to create a safe and stable home environment, and help families maintain permanency while preserving family unity. While the Department of Human Services offers these services, there is very little public information as to what the actual services include (Maryland Department of Human Services, 2019a). During FY 2018, there were 10,736 Children and Adolescents Needs and Strength-Family (CANS-F) assessments completed for children age 0-5 receiving in-home services. Some children had multiple assessments during the year, so only their most recent assessment was included for analysis. This led to a sample size of 7,263 children, 6,973 caregivers, and 4,980 families. The majority of children (87.9%, n=6,385) did not have any actionable needs identified on the Child Functioning section of the CANS-F assessment, while 11% of children (n=801) had 1-3 actionable needs. An actionable need is a rating of 2-3. The number of children, caregivers, and families who had an actionable need on select CANS-F items are presented in Table 8. The Child Behavioral/ Emotional Needs section is a sub-module which is completed only if the child has a rating of 2-3 on the Child Functioning section's Mental Health Needs item. Similarly, the Child Risk Behaviors section is a sub-module, completed only if the child has a rating of 2-3 on the Child Functioning section's Risk Behaviors item.

Table 8. Number of Children (0-5) with Actionable Needs on Select CANS-F Items, FY18

CANS-F Section*	CANS-F Item	Frequency	Percent
Child Functioning (n=7,263)	Relationship with Biological Father	451	6.2%
	Medical/Physical	257	3.5%
	Relationship with Biological Mother	195	2.7%
	Speech Language Delay	126	1.7%
	Mental Health Needs	76	1.0%
	Adjustment to Trauma	63	0.9%
	Relationship with Siblings	50	0.7%
	Relationship with other Family Adults	47	0.6%
	Social Functioning	46	0.6%
	Relationship with Primary Caregiver	39	0.5%
	Autism Spectrum/PDD	36	0.5%
	Intellectual (IQ only)	35	0.5%
	School Attendance	33	0.5%
	School Behavior	27	0.4%
	School Achievement	26	0.4%
	Risk Behaviors	18	0.2%
Child Behavioral/ Emotional Needs (n=76)	Attn Deficit/Impulse Control	23	30.3%
	Oppositional Behavior	14	18.4%
	Anxiety	13	17.1%
	Anger Control	12	15.8%
	Depression/Mood Disorder	11	14.5%
	Attachment Difficulties	11	14.5%
	Conduct/Antisocial Behavior	9	11.8%
	Substance Abuse	7	9.2%
	Eating Disturbance	7	9.2%
	Psychosis	6	7.9%
Child Risk Behaviors (n=18)	Self-injurious Behaviors	10	55.6%
	Danger to Others	9	50.0%
	Suicide Risk	8	44.4%
	Reckless Behaviors	8	44.4%
	Sexually Reactive Behaviors	8	44.4%
	Bullying	8	44.4%
	Sexual Aggression	7	38.9%
	Runaway	7	38.9%
	Delinquent Behavior	7	38.9%
	Fire-setting	7	38.9%
	Intentional Misbehavior	7	38.9%
	Exploited	7	38.9%

*Sample size varies for different sections of the CANS-F.
Note: Source of data Maryland Department of Human Services, 2019a

Table 9. Number of Caregivers of Children (0-5) with Actionable Needs in Caregiver Assessment, FY18 (n=6,973)

CANS-F Section	CANS-F Item	Frequency	Percent
Caregiver	Substance use	678	9.7%
	Mental health	646	9.3%
	Marital/Partner conflict	525	7.5%
	Supervision	307	4.4%
	Caregiver criminal behavior	225	3.2%
	Involvement with care	212	3.0%
	Post-traumatic reactions	179	2.6%
	Physical health	170	2.4%
	Emotional responsiveness	160	2.3%
	Discipline	137	2.0%
	Boundaries	125	1.8%
	Developmental	31	0.4%

Note: Source of Data Maryland Department of Human Services, 2019a

Table 10. Number of Families of Children (0-5) with Actionable Needs in Family Functioning, FY18 (n=4,980)

CANS-F Section	CANS-F Item	Frequency	Percent
Family Functioning	Financial resources	434	8.7%
	Family conflict	369	7.4%
	Parental-Caregiver collaboration	354	7.1%
	Residential stability	309	6.2%
	Safety	238	4.8%
	Family communication	227	4.6%
	Extended family relations	175	3.5%
	Social resources	129	2.6%
	Family role appropriateness	97	1.9%
	Relations among siblings	56	1.1%

Note: Source of Data Maryland Department of Human Services, 2019a

- **Temporary Cash Assistance (TCA) and Maryland's Temporary Assistance to Needy Families (TANF).** These programs provide cash assistance to families with dependent children when available resources do not fully address the family's needs while preparing program participants for independence through work. In order to be eligible, a family must cooperate with child support, participate in work activities, comply with substance abuse provisions, meet financial and technical eligibility requirements, and have earned and unearned income that does not exceed the benefit level paid for the assistance unit size. The program is administered by local Departments of Social Services (Maryland Department of Human Services, 2019b).

- **Maryland Energy Assistance Program.** The Office of Home Energy Programs (OHEP) assists low-income households in Maryland with bills making energy costs more

affordable. The office also helps to prevent the loss of services and assists with their restoration. The office offers four separate grants, including the Maryland Energy Assistance Program that provides financial assistance with home heating bills, the Electric Universal Service Program that provides financial assistance with electric bills, and the Arrearage Retirement Assistance which helps customers with large, past due electric and gas bills. If eligible, customers can receive a forgiveness of up to $2,000 toward their past due bills (Office of Home Energy Programs, 2019).

Other Programs

- **Maryland Libraries.** Maryland's 24 public library systems and the Maryland Library for the Blind and Physically Handicapped are critically important in the state's ECE system. They act as connection points to vulnerable children who are not yet in a formal ECE setting, offering a range of programs and services for pregnant women, parents, caregivers, and young children. They currently collaborate with schools, Head Start, Judy Centers, FSCs, and others. Libraries are funded by local jurisdictions, intermittent state grants, and private sources. All libraries in Maryland provide free Wi-Fi access, and about 60% of Maryland's residents belong to a public library (Maryland State Library, 2019).

- **Housing Choice Voucher Program.** This program is a federally-funded, locally-administered rental assistance program that subsidizes the rent of lower-income families, the elderly, and the disabled to help these populations afford housing in the private market. The program is administered through the Maryland Department of Housing and Community Development in parts of the Eastern Shore and Western Maryland (Maryland Department of Housing and Community Development, 2019).

- **LOCATE: Child Care** is run by the Maryland Family Network. It is a free Community Line Telephone Service that assists parents in locating and selecting child care best suited to their needs, preferences, and ability to pay. Two additional services, LOCATE: Child Care Assist and Maryland After-School Activities, are web-enabled databases that parents use to search for child care and after-school activities for their children. In FY 2018, 3,066 parents accessed the LOCATE: Child Care telephone services and 7,541 users conducted 24,709 searches for child care and 1,933 searches for after-school activities (Maryland Family Network, 2019a).

Components of Maryland Quality Improvement System and Measurable Indicators of Progress

Early Learning Standards

Early learning standards are benchmarks that serve as guides for administrators, providers and teachers to make educational and programming decisions related to what children might know and be able to do at various points in a child's development. These standards help communicate goals, expectations and shared language for student learning statewide. They represent the learning goals and developmental goals, and though progress of each child towards these goals varies depending on a various factors, the standards serve as a guide for pedagogical and

programmatic decisions o ECE programs and providers (Maryland State Departmentof Education: Division of Early Childhood Development, 2016).

Maryland has a set of rigorous standards that are explained in detail in two sources:
   (a) Healthy Beginnings, which outlines desired development and learning from birth to age 3. This document is intended to be used by families as well as early childhood practitioners living or working with infants or very young children. (Maryland State Departmentof Education: Division of Early Childhood Development, 2016); and
   (b) Maryland College and Career-Ready Standards, which includes Pre-K standards (Maryland State Department of Education, 2018p). These standards align to the K-12 Common Core standards that were adopted in 2010. The standards address child development across eight comprehensive domains of development in early childhood:

- Language and literacy,
- Mathematics,
- Social studies,
- Science,
- Health,
- Physical education,
- Fine arts, and
- Social foundations.

These standards start with a content standard—a broad statement that is measurable—and are followed by an indicator statement that provides a level of specificity and information about what children would have learned to meet the standard (Tirrell-Corbin, et al., 2016).

Because providers across Maryland come from diverse backgrounds, having a set of standards is helpful in supporting children in all the various geographic settings and types of care to achieve a relatively uniform set of goals, regardless of setting, that will lead to school readiness and long-term success for all children. Administrators have noted that providers need training in applying and maintaining the standards and "places to send people for training" (Tirrell-Corbin, et al., 2016). Other administrators made suggestions that standards around executive function skills could be enhanced, including indicators related to perspective taking, self-directed learning, making connections, focus and self-control (Tirrell-Corbin, et al., 2016).

Curriculum

Maryland offers ECE program administrators a list of recommended curricula to use in their programs, usually designed for either birth to age 3 or programs serving 3-, 4- and 5-year-children. In addition to recognizing curricula of long-standing merit such as High/Scope, Montessori and Waldorf, examples of MSDE recommended curricula include Teaching Strategies' Creative Curriculum, Pearson's Opening the World of Learning (for preschoolers) and The Ounce Scale (for infants and toddlers), Success for All's Kinder Corner, Baby Investigators by Robert-Leslie Publishing, or McGraw Hill's Little Treasures, among many others. In line with Maryland's mixed-delivery system is a desire for programs to choose a curriculum that fits well for the families in a given program.

Programs operated by local (as opposed to state) Boards of Education are not required to select one of the recommended curricula; they may submit independent curricula for review—but MSDE mandates that all curricula must be certified as comprehensive and aligned with Maryland's Early Learning Standards. Individually developed curricula must undergo evaluation and approval by MSDE (Maryland State Department of Education, 2019).

A curriculum worth highlighting is one designed specifically for the needs of EL's: Vocabulary Improvement and Oral Language Enrichment Through Stories (VIOLETS). VIOLETS is an oral language, literacy curriculum that is designed for preschoolers who are EL's or who have low expressive language skills. MSDE used RTT-ELC funds to expand the use of the curriculum throughout the state. According to an evaluation of this curriculum conducted by MSDE, participating in the VIOLETS program can help children make gains in vocabulary, and children who are EL's tend to make greater grains to helping close the gaps between them and their English-proficient peers. (Tirrell-Corbin, et al., 2016). VIOLETS is currently implemented in all 24 jurisdictions in Maryland.

Another key curriculum is Children Study their World (CSW), which was supported by funds from the current round of the PDG B-5 grant. MSDE collaborated with the University of Maryland and the Smithsonian's National Museum of American History to develop this new comprehensive curriculum for Maryland's 4-year-olds (University of Maryland College of Education, 2019). CSW uses an inquiry- or project-based approach that provides opportunities for children to co-plan the curriculum with teachers, nurturing and responding to children's innate sense of curiosity. Eight project areas are available on topics such as how bodies work, caring for little ones, modes of transportation, and planning and building together, each designed to be meaningful and relevant to children's immediate lives and each allowing for interdisciplinary study. Inquiry unit topics and pedagogy are rooted in science, social studies and social foundations and facilitating deep learning and growth in language and literacy, mathematics, the fine arts, physical education and other domains of development. This curriculum also fosters family and community engagement through home visits, field trips and conversations with experts, which are designed to pave the way for partnerships that extend throughout the school year. In FY 2018-19, Children Study Their World was piloted in 65 four-year old classrooms in 2018-19. In FY 2019-20, it will be implemented it in 223 classrooms. Programs just applied for and were notified of their FY 2019-20 implementation and training support participation.

Use of curricula is an important tool for ECE providers to help them prepare children for kindergarten. In focus groups of Center Directors and Family Child Care Providers, participants reported using a range of curricula. However, there was a wide variation among the type of curricula used by providers. While three out of the eleven curricula reported by center directors were recommended by MSDE, none of the Family Child Care providers reported using an MSDE-recommended curriculum. Instead, Family Child Care providers discussed making up their own curricula, using Montessori-based curricula, or using activity books purchased from chain stores, such as Wal-Mart. In the same focus groups both directors and family child care providers expressed concern regarding the high costs of curricula (Forry & Wessel, 2012).

Access to curricula came up as a topic of discussion during the focus groups. A provider in Somerset shared:

> *"There are certain curriculums they [MSDE] want you to use. For a smaller childcare center, you're talking about $1500 per curriculum. For me $1500 is six months of my care.*

So I don't know about anybody else, but that's a big chunk for curriculum. If we're going to be accredited then we need help to do that. We're all creative in getting things done, and our kids are learning, but if there's a way that they want us to do it that would be more efficient, then yeah we want that. Because trying to get like things of learning aspects of all the different areas of learning, and you're trying to do it yourself, like going to Pinterest or Google to get some things, ideas, to help children learn." (Provider, Somerset Focus Group)

In the Town Halls, one participant said:

"Curriculum is a big one, the only improved curriculum for family child care is now 1,500 dollars. The quality incentive grant only gives one thousand, so they can't even, it doesn't even cover that, so they need additional things, it's not there…" (Participant, Wicomico, Worcester, and Somerset Counties Town Hall)

Assessment

The Ready for Kindergarten (R4K) Assessment System: Maryland is one of 40 states that administer assessment tools to gauge children's readiness for success in kindergarten. The state's Ready for Kindergarten system has two components: 1) the Early Learning Assessment (ELA); and 2) the Kindergarten Readiness Assessment (KRA). Together, these assessments aim to measure the skills, behaviors, and knowledge that determine a student's potential success in kindergarten.

- **ELA:** The Early Learning Assessment (ELA) tool is a formative assessment that intends to illustrate and track the process of learning in young children ages 36-72 months, across nine levels in seven domains. The ELA is a voluntary assessment, only required for children receiving special education services through the Individualized Education Program (IEP). It may be administered in a range of early learning programs, including care and education, Head Start, and Pre-K (Tirrell-Corbin, et al., Evaluation of the efficacy of Maryland's race to the top early learning challenge grant, 2016). Because of the formative nature of the ELA assessment, there is very little information about the tool and how students are performing on it.

- **KRA:** The Kindergarten Readiness Assessment is a developmentally appropriate assessment tool administered to incoming kindergarteners to determine their school readiness. It consists of 50 items and utilizes response items, performance tasks, and observations of children's work and play in order to holistically measure a child's readiness level. All items are administered by the teacher using a test administration manual; 17 of the items are administered through an app which allows students to select responses using a tablet or computer.

The KRA observes children's performances across four domains: Language & Literacy, Mathematics, Social Foundations, and Physical Well-Being and Motor Development. According to the U.S. Department of Education, all these domains are considered 'essential' for a student's readiness:
- **Social Foundations:** Expressing, understanding, and responding to feelings (emotions) of self and others; following routines and multistep directions; sharing materials and

equipment with other children; or demonstrating the ability to delay gratification for short periods of time.

- **Language and Literacy:** Listening; asking and answering questions; identifying, blending, and segmenting syllables in spoken words; recognizing rhyming words; speaking or expressing thoughts, feelings, and ideas clearly; participating in conversations with adults and peers; printing letters of own name; describing persons, animals, places, events, actions.
- **Mathematics:** Counting to 20; naming written numerals and pairing them with concrete objects; sorting multiple groups by one attribute; comparing and describing two objects with a measurable attribute; ordering objects by measurable attributes; matching similar shapes; or naming two-dimensional shapes.
- **Physical Well Being and Motor Development:** Using large muscles to perform a variety of physical skills (e.g., running, hopping, jumping), and demonstrating these skills with control, coordination, and balance; identifying and following basic safety rules; independently completing personal care tasks; using classroom and household tools independently with eye-hand coordination to carry out activities (e.g., using a three-finger grasp of dominant hand to hold a writing tool).

The KRA reveals three different levels of school readiness: demonstrating readiness, approaching readiness, and emerging readiness. Children are considered as demonstrating readiness when they have shown foundational skills and behaviors that prepare them for the kindergarten standards of the Maryland College and Career Ready Standards. A child demonstrating some or minimal skills and knowledge required for success in kindergarten falls into the approaching and emerging readiness categorizes, respectively. To capture school readiness across the state of Maryland, kindergarten teachers administer the KRA to children from the first day of the school year through October 10th. KRA results are an important indicator of progress towards making sure every child is school ready by the time they enter kindergarten.

Early Childhood Experiences and Achievement: Differential Experiences and Achievement Outcomes

According to KRA data for 2018-2019, only 47% of Maryland's kindergarteners demonstrate readiness entering kindergarten, meaning more than half of kindergartners are not demonstrating key behaviors and abilities necessary for a successful start in their formal education.

Ensuring that all Pre-K students are ready to enter into their formal schooling career is and should always be a priority for the state of Maryland. KRA data collected in the year 2018-2019 school year shows that 53% of Maryland students are not demonstrating required skills to be successful in kindergarten. Of those not ready, 33% are approaching readiness, while the remaining 20% have a status of 'emerging' readiness. A year ago the percent of children considered as 'emerging' readiness was 18%, meaning that the number of students who are least prepared for kindergarten is increasing.

Table 11. Average Domain Scale by Gender

Domain Name	Boys	Girls
Social Foundations	268.42	277.10
Language and Literacy	267.13	269.57
Mathematics	267.13	268.80
Physical Well-Being and Motor Development	271.32	279.47

Note. Data from Readiness matters: Kindergarten Readiness Assessment Report 2018-19, by Maryland State Department of Education (2019).

As seen in

Table 11Table 11 in 2018-2019, students, on average scored higher in Social Foundations and Physical Well-Being as compared to Language & Literacy and Mathematics. This suggests that student's may benefit from academic support in the areas of language and literacy and mathematics across the state of Maryland.

Table 12also shows that girls scored higher than boys across all domains. As seen in Table 12, White students scored higher than students from other ethnic and racial backgrounds across all domains.

Table 12. Average Domain Scale Score by Race/Ethnicity

Domain Name	African American	Asian	Latinx	Two or more	White
Social Foundations	269.80	274.22	269.11	274.28	276.34
Language and Literacy	267.50	271.07	261.03	270.67	271.96
Mathematics	265.90	272.25	260.81	269.97	272.33
Physical Well-Being and Motor Development	272.83	278.08	272.30	276.47	278.19

Note. Data from *Readiness matters: Kindergarten Readiness Assessment Report 2018-19*, by Maryland State Department of Education (2019).

While more academic skills measured by the KRA tend to get a lot of attention, the importance of the Social Foundations domain should not be underestimated. A study conducted by the Baltimore Education Research Consortium (BERC) tracked a kindergarten cohort through grade three and looked at the relationship between social and behavioral readiness and outcomes that are costly for schools. These include being identified for additional services and supports through special education, being suspended or expelled from school, and having to repeat a grade. The study found that by third grade those students who were assessed as not socially and behaviorally ready in kindergarten were more likely to "be retained in grade, receive services and supports through an IEP or 504 plan, and be suspended or expelled" (Bettencourt, Gross, & Ho, 2016). The study also found that boys were more likely than girls to be assessed as not ready in the social foundations domain.

While in 11 of the 24 jurisdictions student results surpassed the statewide average, levels of readiness in 13 jurisdictions are below the state average. Figure 14 shows the range of kindergarten readiness across counties. Not surprisingly, there is a relationship between school readiness levels and "at-risk" factors in areas across the state of Maryland (see Figure 7). The counties performing below state average are the same counties classified as "at-risk," including Baltimore City, Dorchester, Prince George's, and Wicomico. Moreover, counties where students performed above average were also identified as having the lowest risk, including Fredrick, Carroll, Howard, and Queen Anne's.

There is also a strong connection between school readiness and access to care and education services. Fifty-one percent of Maryland citizens live in a care and education desert. Washington County, Prince George's county, St. Mary's, Caroline, Wicomico, Dorchester, Cecil, Baltimore City, and Baltimore County, have more than three children per available space at regulated care and education services. Those same counties reported below state average levels in school readiness. The figures and numbers show a correlation between access to ECE in a given county and the county's kindergarten readiness.

Figure 14. Average KRA Achievement by County
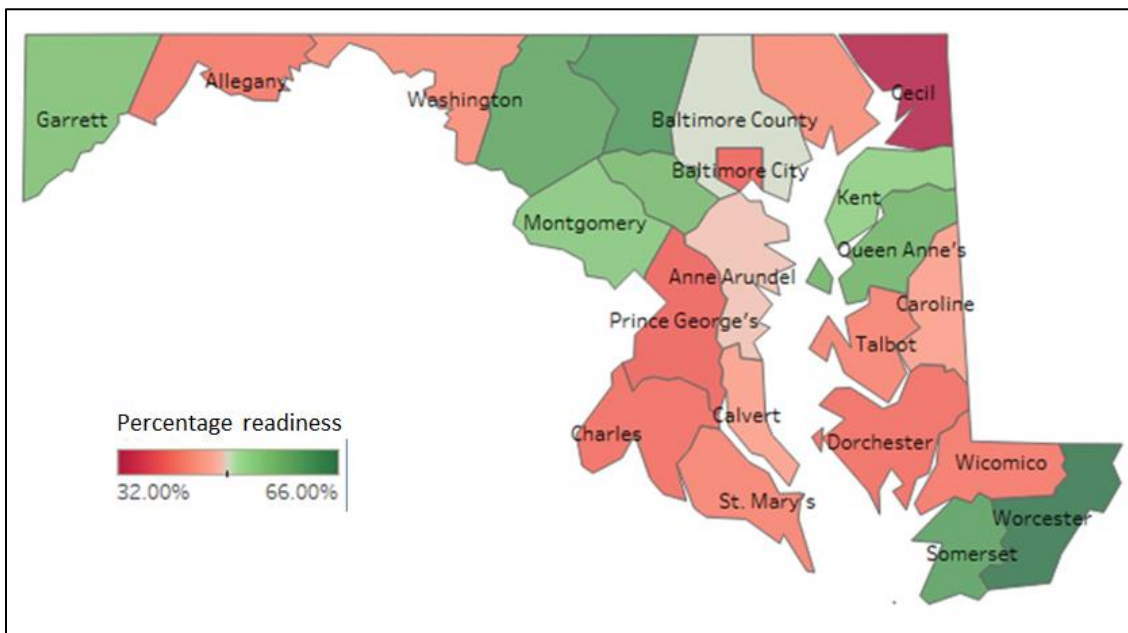
Note. Data sourced from *Readiness matters: Kindergarten Readiness Assessment Report 2018-19*, by Maryland State Department of Education (2019).

As seen in
Table 13 , kindergarten readiness is correlated with a student's race/ethnicity, household income, language status, and disability status. Black and Latinx students, students from low income families, students who were English Learners, and Students with Disabilities 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.

Disparities among Racial Minorities: According to MSDE's 2018-2019 Readiness Matters report, 42% of African American kindergartners demonstrate readiness compared to the 58% of White kindergartners (Maryland State Department of Education, 2019). This leaves a 16-percentage point gap between African American students and their White peers. Overall, Latinxs were the lowest performing group on the assessment. Latinx students perform at lower levels than their White peers, with only 29% of Latinx students demonstrating the proper skills for a successful start in school. A report published by MSDE in 2010-2011 found that the percentage of Latinx children at age 4 enrolled in an ECE program was only 14.4%, compared to 41.8% participation by Whites and 33.1% participation by African Americans (Maryland State Department of Education, 2019).

Table 13. Differences in KRA Performance by Race, Household Income, Language Status, and SWD Status

Group/Status	Percent Demonstrating Kindergarten Readiness
Race/Ethnicity	

White	58%
African American	42%
Asian	57%
Hispanic/Latinx	29%
Household Income	
Low-income	33%
Mid-to-high	58%
Language Status	
English fluent	52%
English Language Learners	22%
Disability Status	
Students with Disability	19%
Students without a Disability	51%

Note. Data from *Readiness Matters: Kindergarten readiness assessment report*, by Maryland State Department of Education (2019).

Socioeconomic Status: MSDE's annual Readiness Assessments report states that, in 2018-2019, at least 28,500 (44%) kindergartners lived in low-income households. These students are much more likely to experience "parent stress, economic disadvantage, and childhood exposure to violence, affecting their achievement level" (Bettencourt, Gross, & Ho, The costly consequences of not being socially and behaviorally ready for kindergarten: Association with grade retention, receipt of academic support services and suspension/expulsion, 2016, p. 2). 2018-2019 KRA data for children of parents with low SES shows that only 33% of kindergartners with low SES were considered ready, compared to the 58% of children from mid-to-high income households. Duncan, et al., (2007) found that the achievement gap between students of low SES and their more affluent peers only widens as students progress through school. Low-income families are less likely to be able to afford formal early childhood care, meaning children living at or below the poverty line often do not have the option for improving readiness by enrolling in high quality ECE programs. Supporting low-income families can enhance children's academic success and kindergarten readiness. A Harvard University study focusing on a scientific-based framework for early childhood policy found employment-based boosts in family income can produce achievement gains in young children (Center for the Developing Child, 2007).

English Language Learners: Maryland is among the top 25 states with the largest growing population of ELs (Maryland State Department of Education, 2019b). Only 22% of EL's demonstrate kindergarten readiness, compared to the 52% of English fluent peers. As the ELs' population continues to grow, the state of Maryland needs to address how the early childhood education system can serve the needs of English Learner kindergartners. One particular challenge is that Maryland currently does not have a system for identifying ELs prior to Kindergarten. One participant of focus groups in Wicomico, Worcester and Somerset Counties observed: "[*Many ELs] don't receive series or are unidentified as ELs until they get to Kindergarten when it's time to take the KRA, which is only administered in English*."

Children with Special Needs: According to KRA data, 19% of children with a disability have demonstrated skills and qualities necessary to become successful in kindergarten, compared to the 51% of their non-disabled peers. Continuous support to families with disabled children could

potentially address this growing achievement gap (Maryland State Department of Education, 2019).

There are many pathways children take between birth and kindergarten that can include anywhere between 0 to 4 transitions between various ECE programs before entering kindergarten. Due to the financial instability that characterizes many low-income families, their children often have more transition experiences before kindergarten, which, compounded by low-quality programming, can lead to lower readiness to other families.

Figure 15 shows the performance of children on the KRA depending on where they were enrolled the year prior to Kindergarten. When interpreting these results it is important to point out that prior care represents demographically different populations and that most participants in Head Start and in Public Pre-K are low income.

Figure 15. Percent Demonstrating Readiness by Prior Year Enrollment
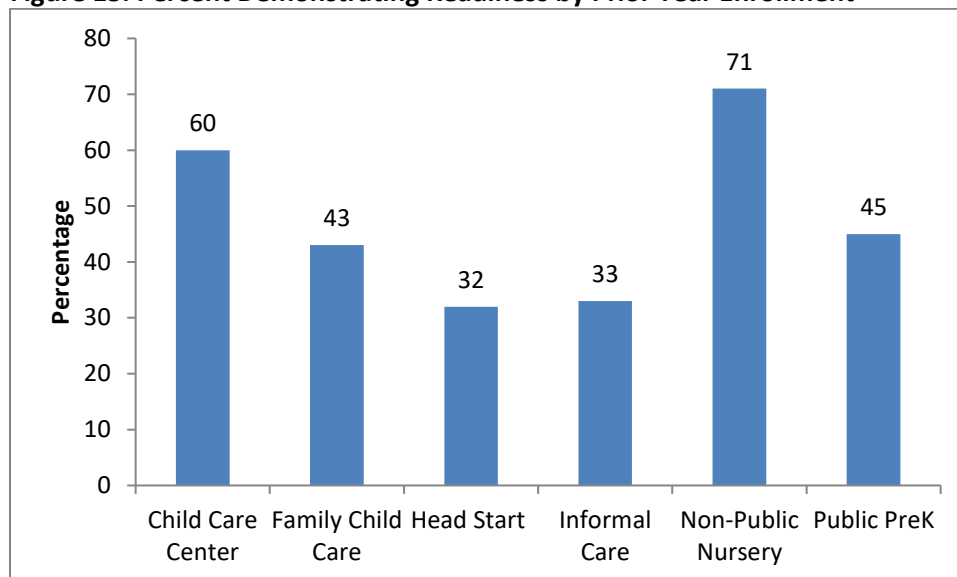
Note. Data from *Readiness matters: Kindergarten Readiness Assessment Report 2018-19*, by Maryland State Department of Education (2019).

A 2015 study focused on understanding the early childhood care system in Baltimore City mapped out the pathways between various public programs taken by children and their families as they transition from birth to formal education.[24] Researchers found that most (36%) of the children born in Baltimore City never enrolled in any formal program, while 21% of students enrolled in Pre-K followed by kindergarten, and 10% of students enrolled in Pre-K, then kindergarten, then first grade (Connolly, Grigg, Cronister, & Souza, 2015). Around 1,017 students in Baltimore enrolled in kindergarten without any prior early childhood education experiences (Connolly, Grigg, Cronister, & Souza, 2015). Figure 16 shows all the pathways for children born between September 3, 2007 and September 1, 2008 (Connolly, Grigg, Cronister, & Souza, 2015). Various pathways a child can take before reaching kindergarten, ranging from going directly to

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[24] Programs included those run by the Baltimore City Health Department, Baltimore City Public Schools, The Ark, Baltimore City Head Start, Family League and Maryland Family Network

kindergarten, to attending five different programs before kindergarten, including Head Start, and Public Pre-K are shown.

Figure 16. Pathways of Children Born in Baltimore September 2, 2009 through September 1, 2008
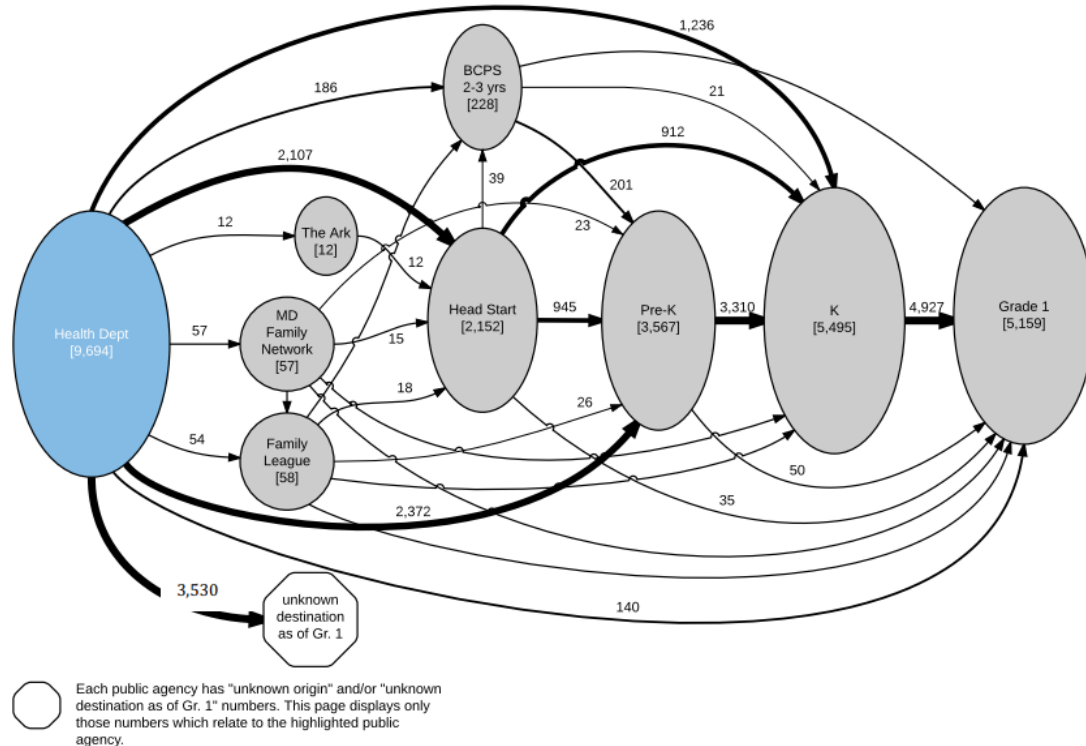
Note. Reprinted from *Born in Baltimore*, by Connolly, Grigg, Cronister, & Souza (2015).

Measuring Program Quality: National Accreditation Systems and Maryland EXCELS

Maryland Accreditation is a voluntary process in which programs commit to continuous quality improvement that is designed to benefit children, families and staff. A program chooses to pursue self-appraisal, program improvement, and external program review to achieve and publicly confirm that they meet high quality state standards.

The accreditation process guides child care providers through quality enhancement standards that go above and beyond licensing requirements. To achieve accreditation, the program must offer the kind of care, attention, and educational activities parents look for in quality child care programs. It must offer activities and experiences that will aid in a child's growth and development, and that will help them prepare for school. MSDE recognizes several different accrediting agencies as aligning with the overall mission and high standard for child care programs and providers in the state of Maryland. The Online Maryland Accreditation Portal is a part of the broader Maryland EXCELS system.

Accreditation Standards were updated July 1, 2016 when Maryland Accreditation became an online system. The Standards define quality program practices and assist programs in the process of continuous improvement.

Maryland Accreditation System does the following:

- Developing and publicizing the Maryland Accreditation Standards that define quality program services in program administration, program operation and home and community partnerships;
- Provides technical assistance, so programs can identify areas of improvement and enhance their quality to meet state standards;
- Accredits licensed child care centers and public Pre-Kindergarten programs; and
- Assists with the cost of pursuing accreditation through the Accreditation Support Fund.

Beyond meeting basic licensure and regulation requirements, programs may choose to participate in Maryland EXCELS, the overarching quality assurance system for ECE programs across the state. Within that system, programs can go through a quality rating through Maryland EXCELS, be accredited by a national accreditation system, or both. Accreditation and quality evaluation are voluntary and should lead to continuous program improvements that benefit children and families by assuring that programs meet Maryland or nationally approved standards. The national accreditation systems that Maryland recognizes include:

- Advance Education, Inc. (AdvED)
- American Montessori Internationale/USA (AMI/USA)
- American Montessori Society (AMS)
- Association of Independent Maryland Schools (AIMS)
- Association of Waldorf Schools of North America (AWSNA)
- Council on Accreditation - After-School Accreditation (COA/ASA)
- Middle States Association of Colleges and Schools Commission on Elementary and Secondary Schools (MSA-CESS)
- National Accreditation Commission (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

Of these, only NAFCC accredits family child care programs. (Maryland State Department of Education, 2019)

Maryland EXCELS was created using funds from the RTR-ELC grant as Maryland's validate statewide Quality Rating and Improvement System (QRIS). Administered by MSDE, Maryland EXCELS is a voluntary, portfolio-style program used to evaluate program quality. The system awards ratings from 1 (lowest) to 5 (highest) to ECE programs based on nationally recognized standards and best practices. One of the goals of Maryland EXCELS is to provide programs with a roadmap that encourages and rewards improvement of services (Maryland State Department of Education, 2019d). By rating ECE programs and sites, Maryland EXCELS provides Maryland's definition of quality, codifies the quality of programs and provides a framework and supports designed to increase the quality of programs (Workman, Palaich, Wool, & Mitchell, 2016).

Maryland EXCELS offers a variety of resources to support and empower programs to be successful, build the capacity of early childhood care providers, so that they are able to deliver high quality child care and early education experiences for all children through both informal and

formal learning experiences and in online and face-to-face formats. The Maryland EXCELS framework is based on five core disciplines:

1. **Compliance for Child Care Centers, Family Child Care Homes and School-Age Only Programs:** Licensing requirements ensure that all child care programs operating in the state of Maryland provide care to infants and children with consideration for their health and safety. Maryland has rigorous standards and regulations for licensure that cover:
- Basic health and safety practices;
- Minimum criteria for training, professional development, and background checks;
- Prevention of communicable disease transmission;
- Minimum practices required to maintain licensure; and
- Violations related to staff qualifications, supervision and treatment of children, ratios, and group sizes.

2. **Professional Development:** Ongoing training helps teachers, child care providers and staff members continue to follow best practices and provide evidence-based care to children. Training builds knowledge and skills in areas such as child development, inclusive practices, learning environments, curriculum, health and safety, and assessment practices. Program managers, owners, and operators are also encouraged to obtain proper training in the areas of program administration and business practices to enhance the quality of their programs.

3. **Accreditation and Rating:** Maryland utilizes and accepts accreditation from an outside source to validate and recognizes the quality of a program's practices. Programs seeking accreditation demonstrate a commitment to continued progress toward increasing levels of quality within Maryland EXCELS. Accredited programs are also a sign of quality to parents and community members, which serves as a valuable marketing tool for programs. The environment is another indicator of a program's quality. Environment and classroom rating scales provide consistent, reliable, and comprehensive measures of learning environments, program practices, and teacher/child interactions. In Maryland EXCELS, rating scales provide the groundwork for program improvement plans.

4. **Developmentally Appropriate Activities:** Maryland's early childhood system supports and promotes developmentally appropriate activities. Children learn best when they receive instruction, guidance, and support to meet challenges and gain new knowledge. High-quality child care and early education programs identify each individual child's needs, interests, and abilities, and create learning experiences to support a child's growth and development. When teachers and staff members follow developmentally appropriate practices, they examine and consider children's needs and set reasonable expectations and goals for each individual child. Programs that are high quality, developmentally appropriate, and inclusive serve every child, including children with disabilities or special health care needs. Inclusive programs implement practices and policies that optimize the learning experiences for all children in the program.

5. **Administrative Practices:** Maryland EXCELS promotes sound policies and practices to help programs run smoothly and deliver the services families and staff expect and deserve. Early childhood professionals connected to Maryland EXCELS commit to and understand the practices and policies that govern the program.

Maryland utilizes and Accreditation Portal (O-MAP), which is a part of the Maryland EXCELS Quality Rating and Improvement Online System (QRIOS). This system was designed to allow for ease of use by programs participating in both the Maryland Accreditation process, as well as the Maryland EXCELS QRIS. Specifically, the tool allows a program participating in both initiatives to share documents and files that have been uploaded as evidence in support of either Accreditation or Maryland EXCELS to be easily repurposed as evidence toward the other initiative when appropriate. At the same time, the Online Maryland Accreditation Portal, allows for programs to participate in either Maryland EXCELS or Accreditation independently, without obligation to be in both initiatives in order to still gain the full benefits of this online system. The guiding design principal has been to make the process of participating in these valuable initiatives, both designed to recognize and promote high-quality care, as seamless and supportive as possible. MSDE and its partner in both Maryland EXCELS and Maryland Accreditation, the Johns Hopkins University, Center for Technology in Education (JHU CTE), have been committed to building systems and processes that recognize all stakeholders ensuring Maryland children receive the high-quality care and education they deserve, including providers, validators, parents and guardians, policy makers, technical assistance providers, experts, and researchers.

Maryland EXCELS uses a three-tiered participation model:
- Published participating programs: those that have achieved a quality rating that has been verified by MSDE and partnering organizations.
- Unpublished participating programs: those that have entered Maryland's EXCELS and are working to achieve a published quality rating within a year from application acceptance.
- Non-participating programs: those in the QRIS data system that have exceeded their one year deadline to publish or relinquish a quality rating (Swanson, et al., Maryland EXCELS Validation Study.)

Participating programs (i.e., those in the first two tiers) are eligible to receive care and education subsidy payments and other benefits. In 2016, these incentives included increased care and education subsidy reimbursements for programs with ratings over 3, discounts from various organizations and vendors, professional activity units that can be used in Maryland's Child Care Credentialing Program, free marketing and advertising opportunities, targeted technical assistance, training, access to curricula, and instructional materials. As of July 2019, 4576, or 55% of all eligible programs, participate in EXCELs (Maryland State Department of Education, 2019d). EXCELS ratings are an indicator of progress of provider quality.

Professional Preparation and Qualifications

Recognizing the importance of strengthening the ECE workforce, both in terms of numbers and qualifications, and facing a shortage of qualified providers and teachers, Maryland policymakers commissioned MSDE and the Maryland Higher Education Commission to create a workforce in 2015 to generate a plan to address the shortages. The workforce made the following recommendations:
- MSDE collaboratively plan and develop with institutes of higher education 4-year degree programs with dual certifications in special education and general early childhood education for children from birth to Grade 4.
- MSDE develop a professional development program for skill development and training for working with infants and toddlers.

- MSDE work with high schools to align Career and Technology Education programs with requirements for the Child Development Associate credential and community college ECE programs.
- Early Learning Leadership academies continue and focus on supporting children with disabilities, including infants and toddlers.
- A statewide job board be established to advertise internships and paid positions designed to enhance administrators' efforts to attract qualified applicants (Grafwallner & Hunter-Cevera, 2015).

Although many aspects of the plan have been implemented, the state continues to need capacity building of the ECE workforce as the number of slots and students increase across the state. The issues related to credentialing, recruitment and retention of educators and staff—all issues of critical importance still today, according to the 2019 interim report of the Kirwan Commission (Commission on Innovation and Excellence in Education, 2019).

At present, Public Pre-K teachers have the most stringent requirements for qualification: a 4-year degree and Maryland certification in early care and education. Head Start and Early Head Start teachers also need to meet relatively high qualifications: a Child Development Associate credential or an Associates or Bachelor's degree with a focus on early childhood. Providers and teachers in other settings have less rigorous requirements. Child care center teachers, for example, do not need a degree but 90 hours of training and 45 hours of experience caring for infants and toddlers. To become a family child care provider, one needs 24 hours of pre-service training. There continue to be shortages of certified teachers and providers in many types of programs across Maryland, with programs serving infants and toddlers being particularly salient.

There are many reputable colleges and universities in Maryland that offer an early childhood or elementary degree. The MSDE website lists 15 institutions that offer an Associate's (2-year) degree and 12 that offer a Bachelor's degree. However, most of them focus on Pre-K and higher grades only, rather than the younger years. For example, the University of Maryland, Frostburg State University, Salisbury University and Towson University all offer a bachelor's degree in ECE/elementary education, but the focus area begins at Pre-K. Of those programs, only Towson offers a degree focusing on birth to Grade 3. Special education certification is available for children from birth to age 8 (Maryland State Department of Education, 2015).

Maryland's main strategy to improve the quality of teachers and professionals working in the ECE sphere is the Child Care Credentialing Pathway, a voluntary credentialing system intended to support continued professional development of the care and education workforce in the state. The system offers career pathways for both teachers and administrators. The system encompasses six domains of core knowledge: child development, curriculum, health safety and nutrition, professionalism, community, and special needs (Maryland State Department of Education, 2018). MSDE issues certification in Early Childhood Education, but it covers Pre-K to Grade 3, and not the infant and toddler years. There are also endorsements for Mathematics instructional leaders, but these too start with Pre-K (and go through Grade 6). The state offers six levels of certification, with each tier representing greater levels of education, experience and professional development. Table 14 provides an overview of the credentialing requirements at each level of the system. MSDE offers financial incentives such as tuition remission and training vouchers for those who are credentialed at level 2 and higher. Those credentialed also receive one-time and annual achievement bonuses (Maryland State Department of Education, 2016).

Table 14. Maryland's Child Care Credentialing Program Requirements

Level	Requirement	Professional Opportunity
1	None	• Family Child Care Provider • Child Care Aide
2	45 clock hours	• Family Child Care Provider • Child Care Aide
3	90 Clock hours	• Family Child Care Provider • Child Care Aide • Child Care Teacher
4	135 clock hours	• Family Child Care Provider • Child Care Aide • Child Care Teacher • Child Care Center Director (20 children or less)
4+	Family Child Care accreditation and some college	• All professional opportunities would be appropriate at the Admin Level Credential
5	Associate of Arts Degree and or some college	• Family Child Care Provider • Child Care Aide • Child Care Teacher • Child Care Center Director • Nursery School Teacher • **Public School Paraprofessional**
6	Bachelor's , Master's or PhD	• Family Child Care Provider • Child Care Aide • Child Care Teacher • Child Care Center Director • Nursery School Teacher • Nursery School Administrator • **Public School Pre-K**

Public positions are bolded.
Note. Reprinted from Maryland State Department of Education (2015a) and Maryland State Department of Education (2016a).

The Kirwan Commission recommends continued focus on improving staff qualifications and requiring high-quality professional development for all staff. For publicly funded Pre-K staff, the Commission would require teachers to hold certification for teaching in ECE or a bachelor's degree with coursework, clinical practice, and demonstrated knowledge of content and pedagogy related to ECE. It would further require teaching assistants to have at least a Child Development Associate credential or an Associate's degree. Staff salaries and benefits would be made comparable to those for public K-12 staff, an important consideration for retaining experienced staff and reducing turnover (Commission on Innovation and Excellence in Education, 2019).

State and Local Governance Infrastructure

There are two main advisory councils at the state level that advise MSDE: the Maryland Early Childhood Advisory Council (ECAC) and the Child Care Advisory Council. These groups are composed of key stakeholders that guide MSDE on the development of policies and procedures

in all facets of early childhood development and education. There is some duplication in staffing of these groups to ensure a transfer of knowledge across the groups. These groups serve an advisory role, rather than being decision making bodies.

The Maryland Early Childhood Advisory Council (ECAC). The ECAC is an important coordinating body in the state's mixed delivery system by "promoting coordination, collaboration, efficiency and quality enhancements across the state" (Maryland State Department of Education, 2018m). Chaired by the State Superintendent, the ECAC is comprised of thirty-four early childhood educators, policymakers, and community advocates from around the state including representatives of child-serving agencies, General Assembly, provider community, philanthropic organizations, advocacy groups, training and technical assistance providers, school districts associations and other stakeholder groups. The purpose of the ECAC is to coordinate efforts among early care and education programs, conduct needs assessments concerning early childhood education and development programs, and develop a statewide strategic report regarding early childhood education and care.

Office of Child Care Advisory Council. By reviewing proposed regulations related to the care of children, recommending policy priorities, and identifying issues of importance to care and education providers and consumers, this office helps guide and shape the goals and operations of MSDE.

These two groups are assisted by the **Research Advisory Group**, which was started in 2012 with support from the RTT ELC grant. This group's membership consists of 30 individuals best qualified to advise the state on its research issues and research agenda, as nominated by Research Advisory Group members, and approved by the majority of the group. Membership consists of MSDE staff, early childhood experts from local universities and research organizations, and advocates and representatives of practitioner organizations. As a part of its responsibilities, the group receives briefings on Division of Early Childhood initiatives and policies, advises the Division of the most important research issues concerning Division initiatives, and aids the Division in developing and maintaining a research agenda that will inform potential Division policies and initiatives and help evaluate existing programs and policies.

In addition to these state advisory groups, there are twenty-four **Local Early Childhood Advisory Councils (LECAC's),** one in each jurisdiction, which replicate the responsibilities of the Maryland ECAC at the local level. They were created to assist in implementing the RTT-ELC State Plan with the aim of developing a local action agenda in each jurisdiction to support the goals of the plan. Under the RTT-ELC grant, the LECACs received funding to provide support for overcoming local school readiness achievement gaps for children with high needs, including children from low-income families, children with disabilities, and English Language Learners. LECACs also promote participation in Maryland EXCELS, disseminate professional development in state's early learning standards and assessments, and assist in coordinating services for children with high needs. The LECACS of the 24 schools systems are comprised of 15 to 30+ relevant local early childhood stakeholders. In many counties memberships includes:
- the local Superintendent of Schools,
- local government representative(s),
- representatives of local education agencies,
- early childhood general and special education teachers,

- Infant and Toddlers Program and Preschool representatives,
- Head Start representatives or centers,
- family care and education providers,
- local departments of social services,
- care and education licensing agents,
- early childhood non-profit agencies, and
- partners that are particular to the local jurisdiction.

Needs Assessment Findings

This section of the report synthesizes the findings from all sources of data for this Needs Assessment including the Document Review, Town Hall meetings, Focus Group discussions, and surveys. Findings are organized according to the five domains that shape the landscape of Maryland's early care and education system: (1) availability and access; (2) quality (at both the program and systems levels); (3) transitions; (4) systems infrastructure and coordination; and (5) costs and funding (6) parent needs and family engagement and (7) data system. Guiding questions from PDG B-5 grant guidance relevant to Maryland's current landscape frame the discussion points and findings.

I.   Availability and Access

Maryland offers a mixed delivery system of state and federally supported early childhood programs for children birth to age 5 to meet a wide range of family needs. These include school readiness programs such as public Pre-K programs, federally funded Head Start and Early Head Start, and the state Child Care Scholarship program. In addition, there are a wide range of support programs, including home visiting programs and special education services, Family Support Centers, and Judy Centers.

Many of Maryland's ECE programs target a specific population and are not designed to serve all vulnerable young children. For families not eligible to participate in those targeted programs within their geographic area, who do not know where to get information about their ECE program options and who have no access to subsidized programs, access is a distinct problem. Child age is also a factor. The state has made strides toward meeting the needs of 4-year-olds, whereas access to ECE programs is extremely limited for infants and toddlers. Full-day programs are particularly limited in scope. Many of Maryland's ECE programs offer mostly part-day slots, despite a demand for full-day services, which is challenging for working families. Furthermore, few of Maryland's ECE programs are available during the nontraditional hours that many low-income working parents need. These issues are discussed in more detail below.

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.

Evidence from the Document Review
Maryland has a rich mixed-delivery infrastructure of privately and publicly funded early care and education services for children from birth to age 5, intended to give families choices about the types of care they can select for their young children. In total, there are approximately 204,000 (Maryland Family Network, 2018) slots offered through the system statewide to serve the 440,206 children from birth to age five (The Annie E. Casey Foundation, 2018b). This accounts for about 46% of the population 0-5. The majority of children participate in center-based care, whether funded by families, employers, the state, or Head Start.

Table 15. Overview of Maryland's Early Care and Education Mixed Delivery System

Service	Age Range	Estimated Capacity
8- to 12-Hour Child Care Centers	0-5	102,951
Programs for Children under 3	0-2	11,598
Family Child Care Providers	0-5	45,317
Employer-Sponsored Centers	0-5	3,969
Head Start (including Head Start, Early Head Start and Home-based Head Start)	0-5	9,205
Public Pre-K	3-5	30,945*

*Represents actual enrollment, not capacity.
Note: Estimates reprinted from Maryland's Child Care Resource Network (Maryland Family Network, 2018).

The state continues to work towards creating a more coordinated, efficient and impactful mixed-delivery system of high-quality early care and education programs and services for children under age 5 and their families (Maryland State Department of Education, 2018). However, the currently available slots are not evenly distributed across ages, and there are few programs for children from birth through age three. In addition, there are barriers to access and availability of services. Families have options in the type of care they can select only when they know about them, can reach them, can use them during the hours they need them, and can afford them.

Finding 1B. Maryland has increased access to Public Pre-K for vulnerable children.

Evidence from the Document Review

In recent years, Maryland has made great strides to expand Public Pre-K access throughout the state through legislation such as the 2014 Pre-Kindergarten Expansion Act and a federal 2014 Preschool Expansion Grant. As of 2016, there were 638 sites offering Pre-K serving approximately 52,908 children which represents 77% of 4-year-olds (Workman, Palaich, Wool, & Mitchell, 2016). Although Maryland does not currently have the capacity to offer universal Pre-K to all of Maryland's 4-year-olds, it is targeting vulnerable families as priority to receive available slots (Workman, Palaich, Wool, & Mitchell, 2016). Table 16 shows the breakdown of children's care and education experiences in the year prior to kindergarten, as reported by their parents. Enrollment in publicly funded Pre-K accounted for the largest share of children (40%) prior to kindergarten.

Table 16. Prior Care Type based on Parent Self-Report

Prior care the year before Kindergarten	Percentage
Publicly funded Pre-K	40%
Home-based and informal care	23%
Nursery School (private)	13%
Licensed child care center	14%
Head Start	4%
Family Child Care	4%
Repeating kindergarten	2%

Note. Reprinted from *Readiness matters: Kindergarten readiness assessment report*, by Maryland State Department of Education (2019).

Counties vary widely in capacity to serve its population of 4-year-olds (see
Figure 17). Garrett County, for example, has capacity for only 52% of its 4-year-olds, whereas Somerset
(163%) and Caroline (118%) have excess capacity and more spaces available than 4-year-olds in the
population (Workman, Palaich, Wool, & Mitchell, 2016). Four counties, Somerset, Garret, Kent and
Baltimore City currently offer full day universal Pre-K to all their four year olds.

Figure 17. Estimated Unmet Need for Four-Year Old Pre-K Slots by Jurisdiction

County	Capacity as % of Population
Garrett	52%
Anne Arundel	61%
Carroll	61%
Cecil	70%
Harford	72%
Baltimore City	73%
Queen Anne's	73%
Calvert	74%
Montgomery	74%
Prince George's	74%
Washington	74%
Dorchester	76%
Frederick	77%
Kent	78%
Howard	80%
Charles	82%
Wicomico	84%
Worcester	87%
Allegany	88%
St. Mary's	93%
Talbot	95%
Baltimore County	100%
Caroline	118%
Somerset	163%
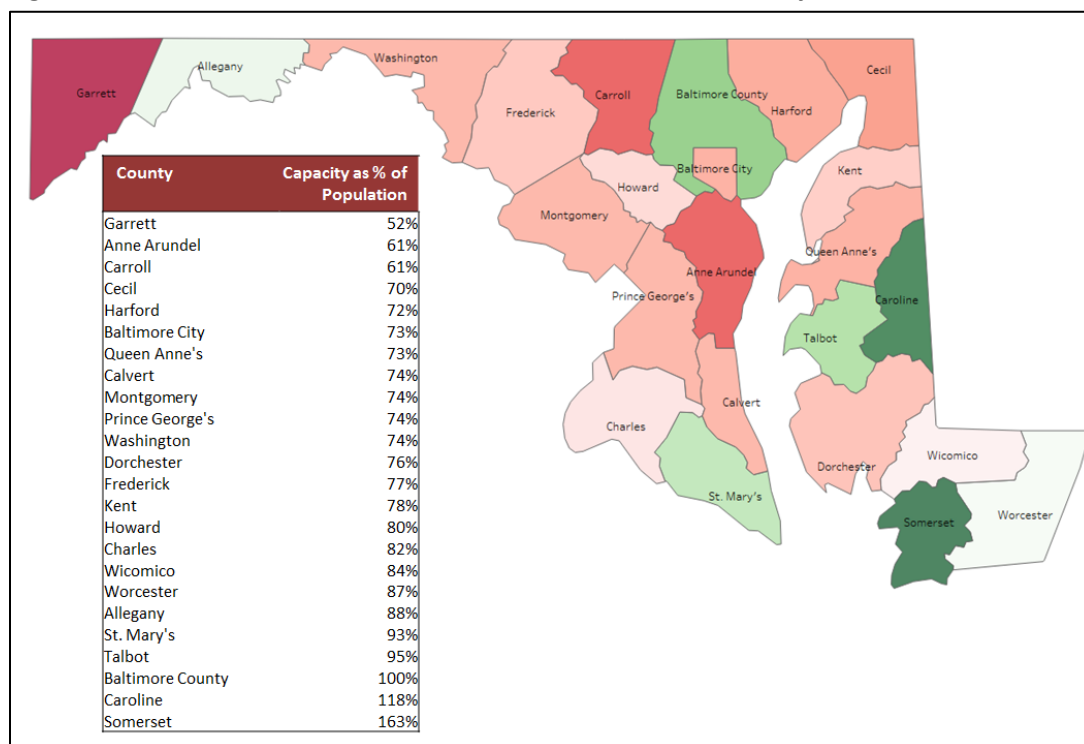
Note. Data Sourced from *A comprehensive analysis of Pre-Kindergarten in Maryland,* by Workman, Palaich, Wool,
& Mitchell (2016).

Evidence from Focus Groups
In Somerset, community partners emphasized the importance of Pre-K for preparing children to start
school. They attributed the community's high KRA scores to the fact that free Public Pre-K is offered
and suggested that is a big reason why so many families were moving into the area.

Guiding Questions 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.

Evidence from the Document Review
Although ECE is a necessity for many families, the high costs of care prevent many families in Maryland
from enrolling children ages 0 to 5. The average cost of infant care in the state is higher than the cost of
in-state college tuition at a public university (Maryland Family Network, 2019a). According to the most
recent estimates from 2017, about 73% of parents who have children under six in Maryland work and
have a need for care and education arrangements (Annie E. Casey Foundation, 2018). In addition, some

parents need to participate in workforce training programs or have time to look for work, requiring access to ECE programs. Other families value the benefits of early care and education programs that foster children's social-emotional, cognitive and physical development and therefore want to enroll their children in ECE programs. Access to affordable, high-quality ECE allows parents to pursue their careers, work longer hours, or attend school, which benefits society (Workman & Jessen-Howard, 2018).

However, early care and education costs in Maryland are high and above the recommended maximum for family expenditure (See Figure 18). At the same time financial assistance for families is limited. In fact, Maryland ranks nationally as the fifth most expensive state in terms of child care costs (Im, 2018). Center-based care for a four-year-old child on average costs a family in Maryland $10,009 per year (Child Care Aware of America, 2018). Infant and toddler care costs are even higher; costing on average $14,970 per year, representing roughly 15% more than costs for preschool for children ages 3-5 (Child Care Aware of America, 2018). For families with infants, the average weekly cost for a fulltime care arrangement is $207.36 at a family child care program and $280.98 at a center-based program (Maryland Family Network, 2019a).

Figure 18. Child Care Costs as Percentage of Family Expenditure
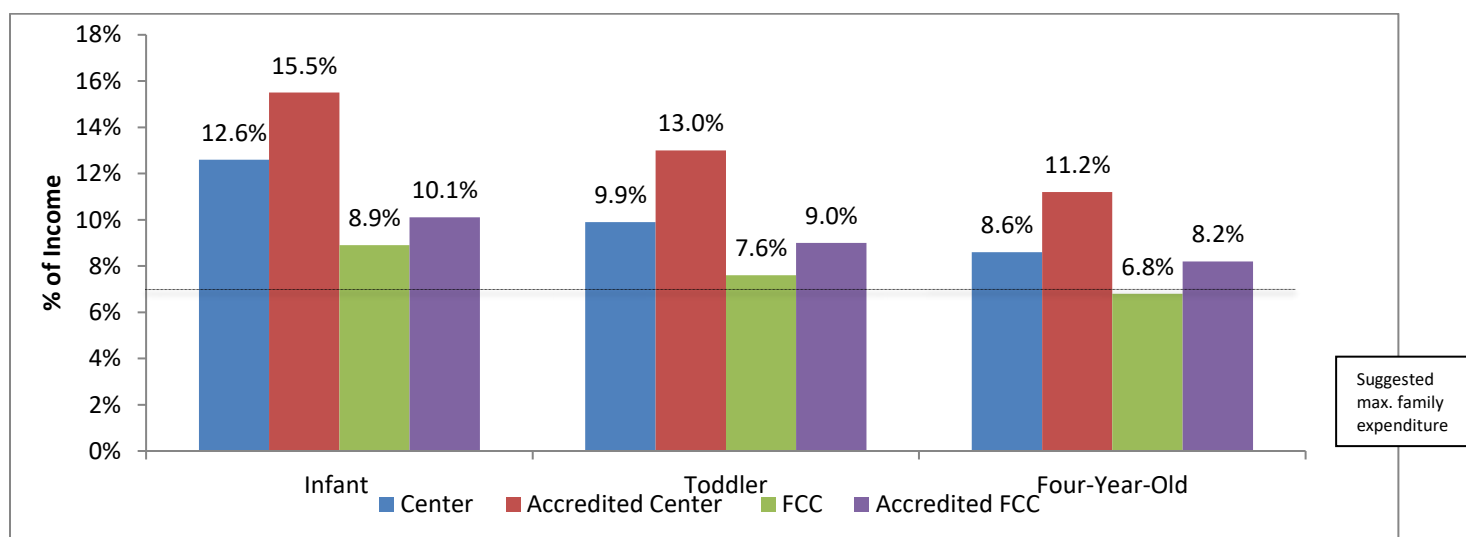
Note: Source Data sourced from 2019 Maryland State Child Care Facts by Child Care Aware of America (2019). https://cdn2.hubspot.net/hubfs/3957809/State%20Fact%20Sheets%202019/Maryland%202019.pdf.

In comparison, one year of undergraduate tuition in a public college in Maryland in 2018 cost, on average, $9,260 (Maryland Higher Education Commision, 2018). Therefore, parents of young children incur higher costs for early childhood arrangements than parents of university students. At the same time, parents of young children tend to be at the beginning of their professional careers and have not yet reached their total earning potential and are therefore not only paying more than parents of university-age children, but also likely earning less. In addition, many young families have not had time to save for ECE tuition, and financial systems are not yet in place to incentivize ECE savings accounts.

Figure 19 shows the average percentage of a family's income spent on care and education by county; Baltimore City, Baltimore County, Harford County, and Montgomery County are the counties where

families spend the most on care and education. For all counties throughout Maryland, ECE costs are the second or third highest expense for a family of four with two children.

Figure 19. Percentage of Income Families Spend on ECE Programs

County	% of income spent on Childcare
Baltimore City	30.05%
Baltimore County	23.36%
Harford	22.61%
Prince George's	22.50%
Montgomery	22.14%
Somerset	21.95%
Allegany	21.89%
Kent	21.37%
Dorchester	20.89%
Wicomico	20.52%
Washington	20.50%
Cecil	20.48%
Anne Arundel	20.31%
Howard	20.10%
Worcester	20.07%
Frederick	19.91%
Garrett	19.50%
Carroll	19.28%
Talbot	19.17%
Charles	18.27%
St. Mary's	18.18%
Caroline	17.75%
Queen Anne's	17.42%
Calvert	16.98%
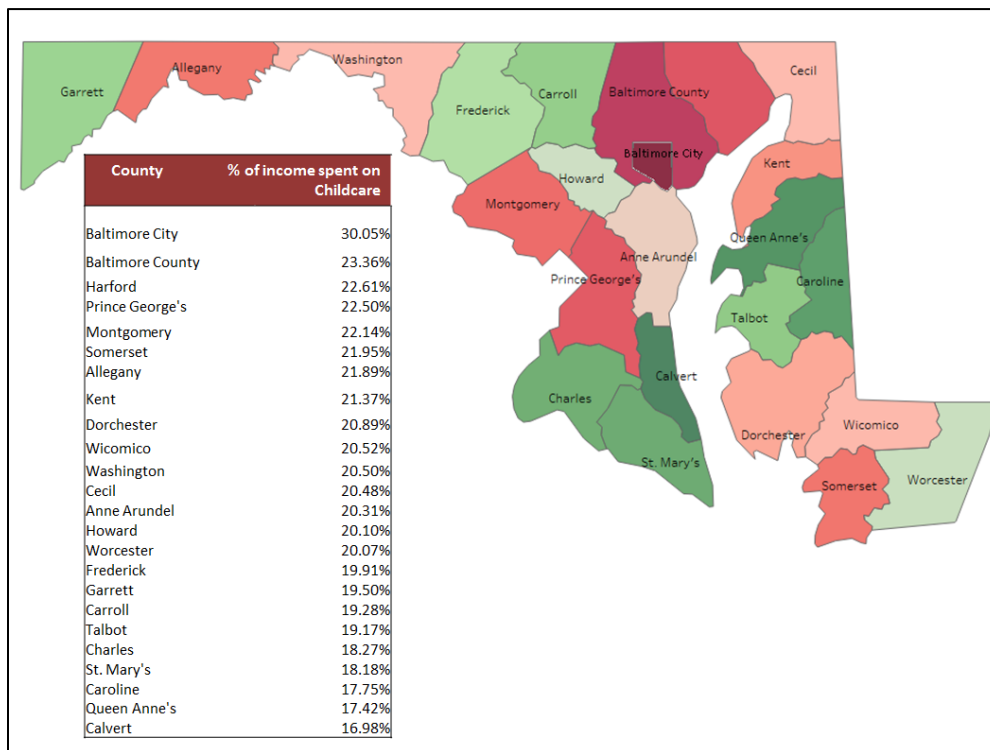
Note. Data sourced from *Child care demographics*, by Maryland Family Network (2018).

Evidence from Town Halls

In the Town Halls, the cost of childcare was discussed as a barrier to access. Participants noted the large number of families that cannot afford high-quality care but had incomes that did not allow them to qualify for assistance programs. One parent explained:

> *"So it's like we're balancing the needs of our kid and…trying to get those services…that you guys are providing freely to some other groups. But we're kind of stuck in that weird limbo of not being able to access some good, high-quality programs that are available because of the income barrier. And there's a lot of programs that, unfortunately, parents like me fall in that middle income where we have to choose between, okay, can I do this out of my income, but I can't get any help…."* (Participant, Cecil and Harford Counties Town Hall).

Another Town Hall participant expressed a similar concern:

> *"They make just too much money… So, our concern moving forward is alright, it's great that we're getting these children to full day Pre-K programs, which is excellent. But how are we going to assist the [other] parents because the limits on the state scholarship are really too low, not necessarily helping the… families that it could be helping. And there's a lot of families that 300% at 400% even of the poverty level, they can barely afford a high-quality childcare. With both parents working, let alone if they have two children…"* (Participant, Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties Town Hall)

Evidence from Focus Groups

Across all of the constituent groups (parents, providers, and community partners) participants reported that finding childcare was a significant challenge in their community. Individuals described the challenge of finding early childcare as, "very difficult (Baltimore)," "impossible to find (Calvert)," "incredibly challenging (Hagerstown)," and "arduous (Somerset)." In many cases, waiting lists may have 10-20 people on them, with an expected wait of at least a year. The lack of supply is one reason why the cost of early childcare is high. Early childcare and education for children under the age of three was described as even more challenging than for children ages three to five years old. The high cost of early childcare creates a tension where families are forced to choose between ECE program quality and affordability. In several focus groups, parents described how access to affordable daycare was impossible and as a result, one parent or a family member quit work in order to assume daycare responsibilities. One mother in Calvert County described this dilemma and her eventual choice to stop working,

> *"[Y]you're either getting an in-home daycare, which is the most affordable, in all honesty, or these preschool ones - that are actually going to help build your children - are way above budget. You're going to put more money out than you are going to get at a job. And it's sad because two incomes, my husband's and my income, if I put them in that said child care, preschool child care, we end up putting out more than we make. So, it's not, well in my case, because I have three, …but it's not worth it." (Parent, Calvert County Focus Group)*

Another parent, on the Eastern Shore, expressed a similar story describing the impact of childcare on her ability to work,

> *"I've actually had to cut back my hours at work because I can't get into a daycare for her. Because we don't qualify for any of the programs because my husband…makes a little bit over the cost of what it comes to. So I've actually had to cut back my hours so I work like next to nothing." (Parent, Somerset County Focus Group)*

The cost of early childcare and education was also a significant issue for Spanish speaking parents. One mother from Montgomery County commented, "*There are many centers that can take care of children and all that, but sometimes your pocket is not large enough to pay so that can take care of our children.*" Even when the supply of providers is adequate, the cost of childcare makes it inaccessible for many families.

The high cost of ECE programs is a significant hurdle not only preventing many children from being enrolled in high quality programs, but from being enrolled in any licensed childcare setting. Parents understand that their children may not be exposed to the most enriching environment or early childhood curricula, but are forced to compromise because of economic realities.
As one community partner explained:

> *"And most of the parents I work with, English isn't their first language or they're young, they are teen parents. All of them qualify for like public assistance that are low income. And unfortunately, I think it's just what can I get in? And what can I afford? They don't always have the luxury of being able to go meet a provider and ask the questions, then be choosy about the environment. It's like I have to work to keep the house. And even if I might have some doubts about this provider, like they're right here, I can afford it. That's somebody to go with it. I think*

a lot of the families don't have the luxury to be super choosy about what their options are."
(Community Partner, Hagerstown Focus Group)

Evidence from Survey

The high cost of childcare was found to be a significant hardship for families the stakeholder survey. According to the survey one in three parents said they would change providers if costs were not an issue.

Parent responses on the survey indicated that, while there may be available options for early childcare and education, they are not necessarily affordable. Two-thirds of the parents (64.25%) disagreed with the statement that the early care and education options available to them are affordable. Also, as shown in the figure below, families with children under the age of three were less likely than those with children between three and five years old to report that ECE was affordable (34% vs. 42%, respectively). Families of children with special needs, too, were less likely than others to state that the ECE programs available are affordable (28% vs. 38%).

Figure 20. Affordability of Programs by Family Demographics
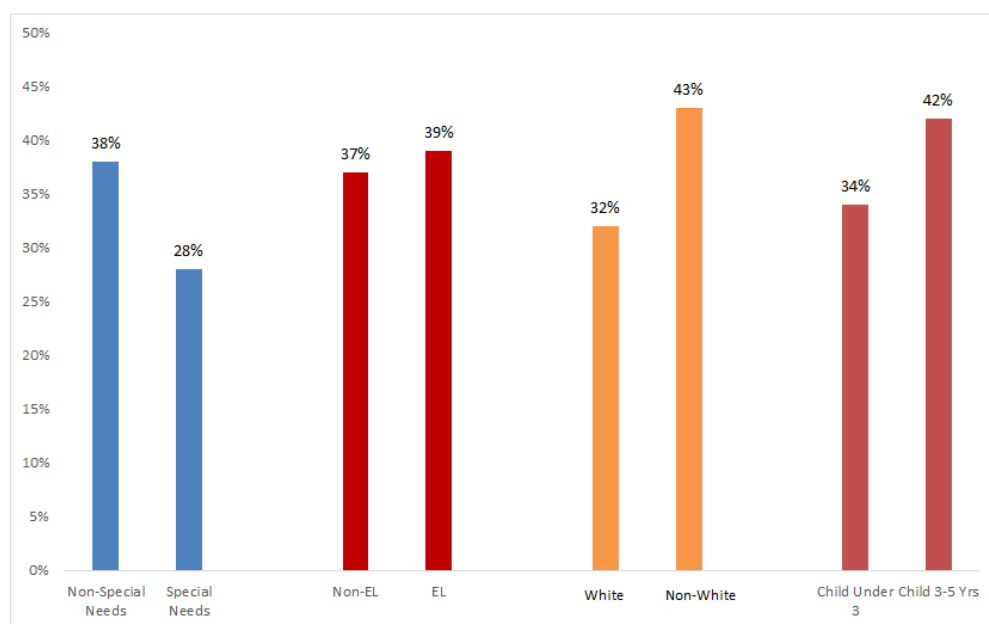
Parents further elaborated on the high cost of childcare in the comments of the survey:

> *"The cost of child care is really expensive! African American single mother's in Baltimore City are suffering because of the cost of child care and not all of us receive child support even though it is court ordered. If the other parent is not working, we receive no assistance. The state needs to step in and provide grants for child care not just vouchers! Vouchers are only for parents who make below a certain income. Grants should be for working mothers in school part to full-time, associate or degree-seeking! We need help with our children while we better ourselves and in-turn produce a better working class in the city"* (Parent Survey).

Finding 2B. There is a shortage of slots available for infant and toddler care for all types of families, and especially for families in rural areas.

Evidence from the Document Review

There is a shortage of programs available for infant and toddlers throughout Maryland. Maryland provides very few public services to children from birth to age 3, and those services that are available are often limited to specific vulnerable populations such as infants with disabilities and families from at-risk communities. This approach to service provision means that most families with infants and toddlers have very few slots for care and have to pay the highest fees for accessing those slots, as compared to services for children in other age groups.

According to the Center for American Progress, there are roughly 215,000 infants and toddlers in Maryland, and only 35,557 slots for infants and toddlers in regulated child care arrangements (Jessen-Howard, Malik, Workman, & Hamm, 2018). This means that there are roughly 6 infants to every regulated slot. In other words, child care capacity is available for only roughly 16.7% of the infant-toddler population. According to the study, the situation is even more critical in rural communities. In Maryland, the five counties with the highest scarcity of infant spots are Harford, Anne Arundel, Worcester, Montgomery, and Queen Anne's; all but Montgomery County are considered rural counties (Jessen-Howard, Malik, Workman, & Hamm, 2018). In addition, as noted previously, infant and toddler care is often prohibitively expensive for middle- and low-income families.

The shortage of care and education sites for infants and toddlers can have negative consequences on working parents who are often forced to make career sacrifices to take care of their young children. In a recent national survey of registered voters, 77% of parents with children under five reported that having a young child negatively affected the career of someone in their family (Halpin, Agne, & Omero, 2018). As stated by Malik, et al., "Even if parents stay in the workforce, they often must weave together a patchwork of care arrangements that lacks the quality assurances of licensed care" (2018).

Infant care is also the most expensive form of care because of the low adult-to –child ratios for this group of children. It is difficult for parents to absorb these costs, so providers, particularly in large centers, often offer care at prices below actual cost by averaging expenses across all ages, and supplementing parent fees with funds from a range of public and private sources (Child Care Aware of America, 2018). However, the recent expansion of Pre-K in the state has led to decreased enrollment of older students in private care and education centers as more public options become available. With the expansion of state-funded Pre-K, more four-year olds are in school-based programs, straining providers and making infant and toddler care even more expensive and difficult to find. A study of the consequences of universal Pre-K in New York found that providing universal Pre-K has led to a 20% decrease in spaces for children under the age of 2 in private care and education centers throughout the state (Brown, 2018).

Evidence from Town Halls

In the Town Halls the supply of infant and toddler care was expressed as a serious concern among parents and practitioners across the State.

> *"…from the center or the family child care perspective, very often it's your older children that are paying for the program to be able to afford you to give an affordable rate to the infants, if you didn't have the older children, then that means the infant care would go up…"(*Participant, Calvert, Charles, and St. Mary's Counties Town Hall)

A second Town Hall participant noted:

> *"…there's the zero-to-two piece. We hear that [from parents] all the time and our waiting list shows it because we serve eight weeks to four years. And so that's always our longest wait list. And we hear parents all the time saying, we can't find care, period. But then high-quality care…"* (Participant, Baltimore City/Baltimore County Town Hall)

Other participants agreed:

> *"…my son is 19 months old now, but getting care for that first few months was next to impossible in that area. There was nothing…that met my personal standards."* (Participant, Baltimore City/Baltimore County Town Hall Participant)

> *"One of the issues is that a lot of places…there's a high need for infant care… parents don't realize they have to start calling very early, you know, when they first get pregnant…"* (Participant, Calvert, Charles, and St. Mary's Counties Town Hall)

Evidence from Focus Groups

In focus groups, constituents discussed how access to childcare for infants and toddlers was a problem. This issue was discussed in all groups, but came up most notably in rural parts of Maryland. In Somerset County constituents discussed how the needs were most critical for infants and toddlers as there are currently no licensed 0-3 services in the south end of the county. There are many informal/unlicensed child care arrangements that parents use because they often cannot find other options. In Washington County, focus groups participants discussed the high costs for infants and toddler programs, and how they cause parents to choose informal/unregulated options.

> *"In Washington County from Head Start, our perspective, we see that because of the cost issue with our parents [of infants], they might be giving up to neighbor today, brother tomorrow, sister the next day. It's not that continuity of care."* (Community Partner, Washington County Focus Group)

> *"If you can't send your child to a center, particularly in impoverished areas they are with your uncle or your neighbor… also you have informal childcare… I work for The Judy Center, my child goes to an informal arrangement, that's the ultimate sin in our world."* (Community Partner, Washington County Focus Group)

Family Child Care providers in Montgomery County felt that one solution that could alleviate some of the costs for infant programs was to change the definition of an infant from a child of 0-2 years to a child from 0 -18 months. As one provider explained:

> *"The State of Maryland says that an infant is a child from 0 to 2 years of age. When a child turns 12 months… most children that are 12 months are already walking, at 18 months (if the child has no disability) the child is already running, he or she is an active child. So, we have always asked the State of Maryland to classify in the same way other states do, so that an infant would not go from 0 to two years, but from 0 to 18 months, because people are always calling us for infants… So, the answer is that there is no space for an infant because he or she has to be 2 years of age… So, if they were to give us that kind of flexibility, there would not be that problem. Now, parents choose to go with non-regulated providers, with the baby sitters*

Evidence from Survey

When comparing constituents' ratings of program availability for families with children birth to 3 years old to those for children ages 3-5 years old, survey results revealed, all three groups of respondents felt that it was harder to find ECE programs and providers for younger children (See Figure 21). Additionally, community partners were less likely than parents or providers to report that early childcare and education was accessible for families with children younger than 3 years ($F = 13.04$, $p < 0.001$). Only 41.2% of community partners believed ECE providers were accessible for families with the youngest children, compared to 56.5% of families and 63.7% of providers. There were no differences between constituent groups in terms of their reports about the accessibility of ECE programs for children three to five years old.

Figure 21. Ratings of Accessibility of ECE Programs for 0-3 and 3-5 Across Groups
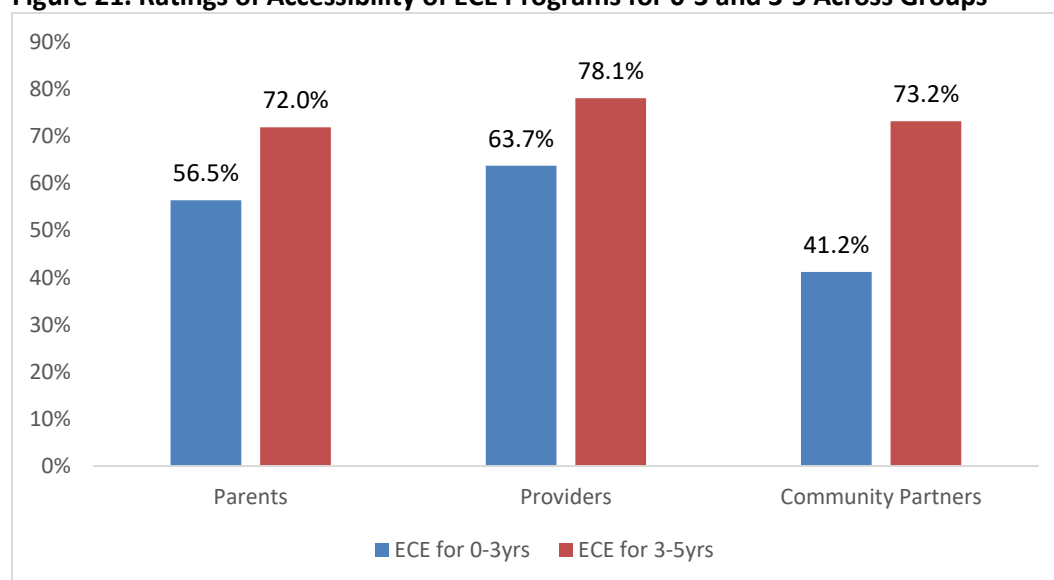
In the Survey comments, many participants talked about the high cost of infant care. As one parent described it:

"It is hard to find care for a child under the age of two. When we called around most places had a least a two year waiting list, in essence she couldn't start until she turned two. We were just told by the center director that since minimum wage is going up each year until it hits $15 per hour that we should expect an annual tuition increase of around $20 per week per child per year. As my income goes up with the minimum wage (I currently make $11.05 per hour) my subsidy amount will decrease. I will then have less subsidy coverage but will have to pay more out of pocket to cover the difference in the cost. The extra $1 per hour will be gone before I ever get an opportunity to use it. This will happen each year! Most of my friends were not able to find care. Two have lost their jobs because they couldn't find stable care. Three others use whoever they can find that will watch their child. Most pay cash out of pocket even though they qualify for subsidy. Subsidy won't pay for unlicensed care (which, in my opinion is good) but

they can't find licensed care. Three of my friends are getting ready to move out of state where they are able to better find care and support themselves. A couple of us have looked into Head Start but they are only operating 6 hours per day and not in the summer. How am I supposed to work full time if the care isn't full time? Once the kids reach three or four you can send them to school for free but that doesn't help me for the first four years of my child's life. Why is the state of Maryland punishing parents of young children? Why are so many providers and centers closing?" (Parent Survey)

Finding 2C. The number of family child care providers is declining.

Evidence from the Document Review
Many parents prefer FCC settings or primarily have access only to family child care settings, in the case of rural families for example. FCC providers provide care for a small group of children in their own home and often accept young children of all ages, from birth to age 5. Parents often consider family child care more personal, less institutional and, by design, "homier" than a center-based setting, and therefore more desirable. In rural areas, where residents are physically more spread out, center-based care is less often available than FCC programs because of the numbers of children available in a given area. Maryland has historically wanted to protect this type of offering in its mixed-delivery system, which is designed to give families options for the kind of care they can choose for their young children. However, family child care slots have been steadily decreasing and are projected to continue to decrease in the coming years.

Specifically, in 2013, there were about 7,332 family care and education providers in the state; in 2018, there were only 5,690(see Figure 22). If this trend continues, by 2020 there will only be 4,305 family care and education providers in the state (Maryland Family Network, 2018).

In addition to the decline in FCC programs, the numbers of center-based care not offered through the Maryland public school system (i.e., non-public Pre-K center-based care) is staying steady but not increasing. The supply of center-based, full-day care and education centers in the state has been constant, fluctuating around 15,700 for the last 5 years.

Figure 22. Predicted Decrease in Family Child Care Providers
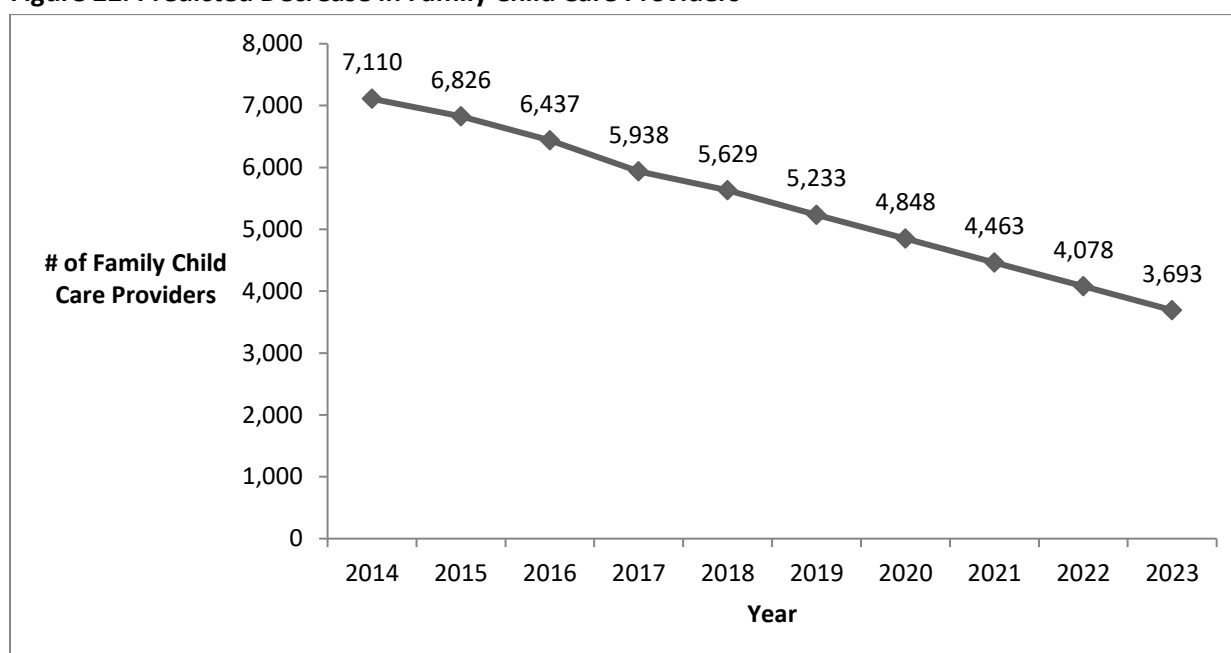
Note: Reprinted from Child care demographics, by Maryland Family Network (2019).

One reason for these trends—the decline in FCCs—is the reliance of low-income families on subsidies. As Maryland Family Network (MFN) states in their Public Policy Handbook, "In areas of the state with high concentrations of low-income families, the care and education market is heavily driven by the subsidy program. When subsidy availability contracts, the number of [care and education] programs falls" (Maryland Family Network, 2019a). As low- and middle-income parents struggle to pay for care and education, or lose their subsidies, FCCs find it difficult to continue to serve these families. They go out of business because their revenue does not keep up with the expenses of operating the program.

Wages are also an important consideration in the balance of available slots. On the one hand, many programs report having difficulties finding qualified employees who will work for the low wages provided for ECE workers—the wages paid to ECE workers are well below cost of living levels for a single adult with no children. On the other hand, the expected and much-needed increase in minimum wage levels is likely to further decrease the number of FCC providers in Maryland, as employers find themselves unable to pay for the staff necessary to achieve sufficient adult-child ratios. Recently, Maryland passed legislation to increase the minimum wage from $10.10 to $15 by 2025 (Wood, 2019). With the average hourly wage for a care and education worker being $11.11 (Bureau of Labor Statistics, 2018), most FCCs and other community providers will incur higher costs as the salaries of their employees increase. This will result either in care and education costs rising across the state, and in some ECE providers going out of business.

Often care and education fees charged by ECE providers are lower than what it costs to operate care and education to begin with (Maryland Family Network, 2019a). Many small family care and education providers operate at a loss and stay in business because of a passion for taking care of children (Child Care Aware of America, 2018). Yet, if providers are charging less than what it costs to provide care and education, even an adequate percentage of reimbursement will never be enough for the program to

break even, causing many small family-based programs to go out of business (Child Care Aware of America, 2018).

Evidence from Town Halls

The issue of a decline in FCC providers across the state was raised at the Town Halls. Many FCC providers talked about using the costs from older students to subsidize the costs of taking care of infants and toddlers. With the expansion of public Pre-K, and fewer students to help subsidize the cost of infant and toddler care, many programs are forced to close their doors or decrease the overall supply of child care in some communities.

> "…*in Wicomico County we lost 57% of our family child care providers in the last nine years. And a lot of the reason behind that is that the threes and fours are going into publicly funded programs. And so the family child care provider can't stay in business because again, the numbers were limited [to two children] under two, and so the rest of our children have to be over two. Well, the [older] children are in free programs, we can't compete with free. And so, they run out of business and then you lose infant and toddler spot*" (Participant, Wicomico, Worcester, and Somerset Counties Town Hall).

> "*We can say for over 10 years that we [have been] creating a birth-to-age-two crisis… What's happening in Wicomico County is that core of the city where the Title I schools are has literally had family child care providers wiped out and the majority of the infant and toddlers were in family child care. When you pull the four-year-olds away from them, they can't afford to do the infants. Well, we can't afford to live on that...*"(Participant, Wicomico, Worcester, and Somerset Counties Town Hall)

Guiding Question 3: What programs or supports does Maryland have available to serve vulnerable populations? What are the strengths and needs of these programs?

Finding 3A. Many Marylanders experience limited access to ECE services. Vulnerable families including families of children with special needs, families of ELs, immigrant families, low-income families, and families living in rural areas and families in crisis, experience particular barriers to access.

Evidence from the Document Review

The Center of American Progress defines a care and education desert as "any census tract with more than 50 children under age 5 that contains either no childcare providers or so few options that there are more than three times as many children as licensed childcare slots. This represents roughly a ratio of three young children for every licensed childcare slot" (Malik, et al., 2018). According to this definition, approximately 51% of people in Maryland live in an early care and education desert (see

Figure **23**).

In a 2018 survey sent to members of Early Childhood Advisory Councils, respondents were asked: "What are the barriers to funding and provision of high-quality early childhood care and education services and supports?" Ten of the 18 jurisdictions who responded to the survey reported lack of slots

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and the availability of care and education spaces as the main barrier. One community said, "In our southern portion of the county, care and education is very limited so there is not enough support for the population for early start and social needs" (Local Early Childhood Advisory Council Chair, Local Early Childhood Advisory Council Survey, 2018p). Another respondent said, "We have very few child care programs in our area, so funding that supports quality care and even subsidy does not help our community." (Local Early Childhood Advisory Council Chair, Local Early Childhood Advisory Council Survey, 2018p).

Figure 23. Number of Children 0-5 Years Per Regulated Care and Education Space by County
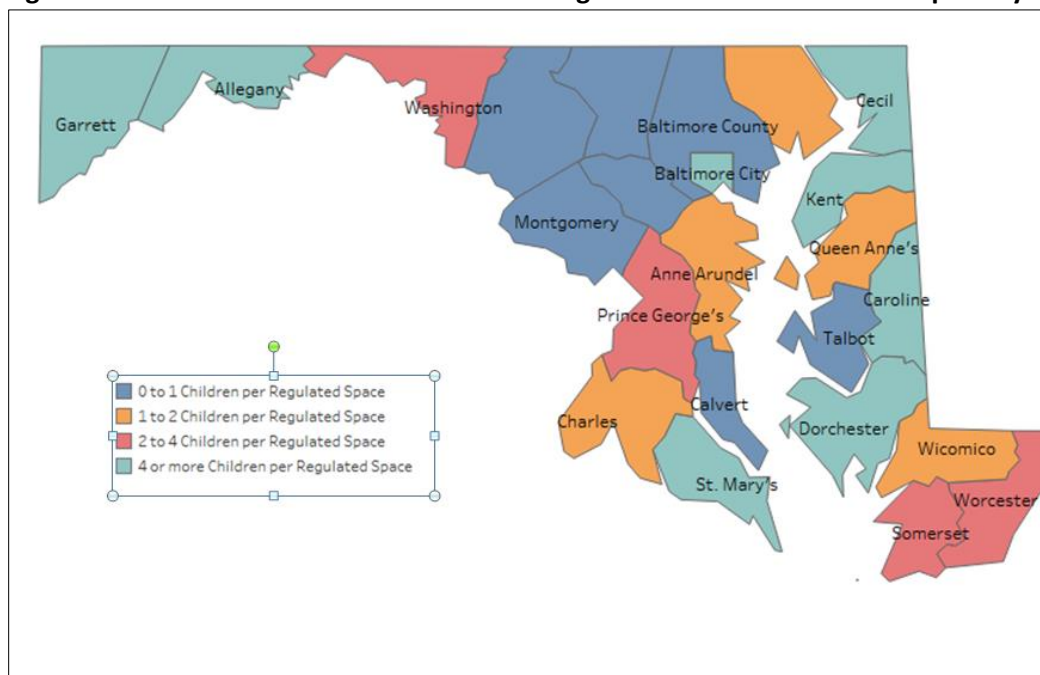
Note: Data from child care demographics, by Maryland Family Network (2019).

Services are most scarce for vulnerable populations, particularly Hispanic and African American children, children from low-income families and those living in rural areas. While care and education is scarce in the entire state, care and education supply is especially low for certain populations, including 51% of Hispanic families, 53% of African American families, 52% of rural families, and 70% of low income families who live in a care and education desert (Malik, et al., 2018).

Evidence from Survey
Survey data collected confirm that there is a shortage of slots available for children in ECE programs. Data collected from families, providers, and community members indicate a high level of agreement with the statement that the programs in their jurisdiction have waiting lists for families (See **Error! Reference source not found.**). There was a statistically significant difference among constituent groups (F = 5.29, p < 0.005). Post hoc analyses indicated that parents were the most likely to report that ECE programs in their jurisdiction have waiting lists. Ninety-one percent of parents reported that ECE programs near them had a waiting list, compared to 85% of providers and 81% of community partners. Moreover, this shortage in slots for children was reported in all regions across the state of Maryland.

Special Needs Children. Children with special needs are served through the Maryland Infants and toddlers program, through head start and early head start, through the Judy Centers, through home visiting programs and through public Pre-K programs, all of which have slots reserved to work with students with special needs. However, in the survey, parents of children under 3 years old with special needs reported the least access to child care and education options. Only 37% of these families agreed with the statement that early childcare and education programs are available for children under the age of three. About half (51%) of families of children with special needs reported that there were ECE options for children between three and five years old (See Table 17).

Table 17. Access to Programs Based on Special Needs

Program Capacity	Non-Special Needs	Special Needs
There is childcare and education for children under 3 years old	59%	37%
There is childcare and education program for children between 3 and 5 years old	75%	51%

In the focus groups providers and community partners expressed sever concern that the ECE system in Maryland odes not adequately serve the families of children with special needs. One mother in Western Maryland described her experience:

> *"And I called everywhere looking for someone that would-and my son is sever on the Autism spectrum and nobody would take him. That was defiantly a challenge. My mother-in-law ended up retiring, family stepped in to help. But my husband and I both work full time and there just wasn't anything in Washington County to serve him." (Parent, Washington County Focus Group)*

Many parents also reported that they are often pushed out of the system. This finding is corroborated by data from a 2016 survey of ECE providers conducted by MFN, where 199 respondents (66%) indicated that they have terminated a child's care due to a child's challenging behavior (Maryland Family Network, 2017). One mother expressed how frustrated she was that she keeps on being pushed out of services for her son with special needs:

> *"Well, obviously I am using in-home daycares because I can't afford facility, but it's to the point where she's got so many kids in all different age ranges and he's a hitter when he gets upset or it doesn't feel comfortable, and she feels that's he's a danger to other children. So, I've gone through maybe four or five places and I just got kicked out of one this week again."* (*Parent, Calvert County Focus Group*)

Finding any program willing to accept children with special needs is the first hurdle but if parents do not believe the provider can offer quality care than the program is not an available option. Although all parents are looking for quality childcare programs, for those of children with special needs, program quality and access appear to be more strongly associated with one another.

Parents also shared that they were dissatisfied with the infants and toddlers change from a direct service model to the parent coaching model. They felt the parent coaching model limited time their child spent with a trained professional and halted progress. As an example, under the old system a child with various speech needs would get direct services from a trained specialists for each specific

need. In the new model, parents often get coaching for a child's diverse needs from one person who might not be trained in the individual specialized needs. As one parent noted:

> *"I've been here to see both. I was here under the old model and then I had to rethink everything for the new model. And we don't do that OT, PT, speech anymore. It's a single service provider now for most families. And the thought was that wouldn't be overwhelming to families as maybe all these other people coming in. But when you have a child that has some needs like that, you might, you might be comforted by having somebody coming out week."* (Parent, Washington County Focus Group)

In the Town Halls, participants discussed that while the Head Start programs are required to serve families with developmental delays, families not eligible for Head Start have a difficult time finding care. One Town Hall participant noted:

> *"…the families that we work with, whose kids have developmental delays and diagnosed disabilities can't even get into the door to get those services or get that information. So, we did a report a few years ago now that found that 72% of the families couldn't get child care in any area of the state if their child had a diagnosed developmental delay or disability..."* (Participant, Anne Arundel and Howard Counties Town Hall)

Participants from other Town Halls had similar comments, such as:

> *"And as a parent of a child with a learning disability, I didn't meet any of the income criteria for any of your wonderful programs. There is a huge gap for parents like me who are supporting their children but need access to high-quality programs that may not be able to afford it." (Participant,* Cecil and Harford Counties Town Hall)

Immigrant Families and English Language Learners. Many immigrant children, especially those who are EL's or those from low incomes qualify for Head Start, Public Pre-K and receive support from the Judy Centers. However, one constant finding is that few immigrant families and families of EL's take advantage of ECE services. A need assessment of ECE needs among Latino Families in Montgomery County found that of the 148 stakeholders who took a survey asking them if they have ever enrolled their child in formal day care, the overwhelming majority (64%) expressed that they have never attempted to enroll their child in formal day care. Of these children, approximately 70% were being cared for at a home by a parent or a relative. The remainder were cared for by informal babysitters, 86% of whom were paid to provide childcare services. Of these non-family member babysitters, 80% had less than a high school diploma. Thirty percent have never finished high school, twenty percent of them never attended school and another 20% had not completed elementary school. Barriers to access for this group included cost, transportation and lack of trust of early care programs. Seventy-six percent of parents in survey sample felt more comfortable caring for their child by themselves of leaving them in the care of a babysitter, and 40% reported having hearing of negative experiences in formal care settings (Identitiy Inc., 2019).

Mistrust of formal education facilities was one of the themes that arose in Focus Groups for Spanish speaking parents both in Prince George's County and in Somerset County. As one parent put it:
> *"That is what I think, you pay a lot of money for a child care place but I have seen that they hit the kids, they pull them, they sit them down, they throw them, they kick them, and I am paying for this, and working hard for my son to receive this type of treatment? That is why I did not*

want to leave my children in a child care place… though we make less money because I am not working, but I am there with my children." (Parent, Prince George's County Focus Group)

Community Providers also discussed how immigrant parents have a hard time trusting the ECE system, and can lead to trauma for the children:

"[An immigrant] mother filled out paperwork for WIC. Maybe later that week, her husband was picked up by ICE. She connected that paperwork to her husband being picked up by ICE. But then, it's worse than that. Her husband was calling her to return to Honduras and she told the Judy Center coordinator and the friend she didn't want to do that because he was abusive. She has a newborn and a three-year old so, who knows what the three-year old has witnessed. That's trauma right there." (Community Member, Baltimore City Focus Group)

Another Spanish Speaking parent expressed that methods used for teaching at childcare facilities do not reflect her culture, and values. She explained:

"I have a girl, but I take care of her better [than a childcare center], because I want to educate her better, so that she will be a good person in the future, I read to her, I teach her many things. I know that they are going to teach her at the child care place, but they are not going to educate her as I want." (Parent, Prince George's County Focus Group)

In Somerset County, Spanish speaking parents reported that the quality of services they received is affected by a communication barrier with ECE professionals. Parents in Queen Anne's County report receiving more communication in Spanish than before, because the school recently hired someone bilingual. However most of the events through the schools and the Judy Center are for "parents who speak English." One mom reported that her children are being sometimes asked to translate between parents and the children, and this is something she doesn't like, especially when she is trying to talk about something that affects the child., stating, "*I don't like that my child translates, when I am worried about something to do with him.*"

In the Town Halls, participants also discussed the lack of trust of the ECE system immigrant families experience. One participant noted:

"[Immigrant] families are afraid to access any service, including public education. So we've seen a drop in SNAP. We've seen a drop in accessing health services, which is a direct impact on whether our children are getting immunizations and if they're getting the kinds of services they need just in general wellbeing. Because if you're trying to get another family member into the country, if you're trying to get yourself, in terms of moving from having a green card to citizenship, or asylum to green card to citizenship…there are some real fears." (Participant, Montgomery County Town Hall)

Participants also stressed how language is one of the main barriers to access. While efforts have been made to create awareness of services and applications processes in other languages, these issues still pose significant barriers, as one participant expressed:

"One of the challenges our families have is access to resources because either they don't read or write in English, they don't have transportation or they may not have child care if they need to go to an agency, which will require them to spend a few hours at that location. So transportation, childcare and language." (Participant Montgomery County Town Hall)

Low-Income Families. There are many programs aimed at families of low income, most importantly the Maryland Child Care Scholarship. Parents also have access to Head Start, public Pre-K and the Judy

Centers. However, counties with more parents of low SES are also some of the counties where parents pay the highest proportion of their income on ECE. It is alarming is that in Baltimore City, one of the poorest and most "at risk" jurisdictions, parents spend the highest percentage of their income, over 30%, on ECE costs--more than they spend on housing, income taxes or food. Most burdensome care and education costs in Baltimore City are clustered west and northwest of the Inner Harbor—an area where most families are Black and have incomes below 185% of the federal poverty line. These vulnerable families pay up to 38% of their income on care and education—the highest in the state (Child Care Aware of America, 2018).

Low-income families are most likely to experience transitions due to unstable financial situations at home. A study found that across all arrangements subsidized by the state in Maryland, children at accredited centers stayed in their arrangements for shorter periods than children in non-accredited centers. Findings from this study suggest that low-income families may face a tradeoff between high-quality child care and stable child care (Madill, et al., 2016). Black children, families with low subsidy copays (an indicator of very low SES) and families receiving temporary cash assistance were overrepresented in non-accredited arrangements. The study also found that, "If the high cost of quality care is passed on to parents, it may be difficult for parents to afford these arrangements long term." (Madill, et al., 2016) Maryland offers grants, such as the Child Care Quality Incentive Grant to professionals in areas with high concentrations of poverty to become credentialed or increase their level of credentialing. This program is designed to incentivize providers to achieve greater levels of knowledge and professional development, thereby increasing access to high quality programs (Maryland State Department of Education Division of Early Childhood, 2018).

Results from the Survey present an interesting picture where the lowest income families (those earning less than $25,000 annually) reported the greatest access to ECE options for children under three years old, as well as for those between the ages of three and five years old (See Figure 24). They were also the most likely to perceive early childcare and education programs as affordable. In contrast, families making more than $25,000 annually rated access to early childcare and education options as low and unaffordable. These data suggest families with the lowest income are being well-served by MSDE supports and subsidies, however families with slightly higher incomes or those in the middle-class are experiencing economic strain as a result of needing to find early childcare and education services. It is important to remember that the Survey was administered mostly to parents connected to the ECE system, and findings might be not representative of all parents living in Maryland.

Figure 24. Access to Quality of ECE Options by Income
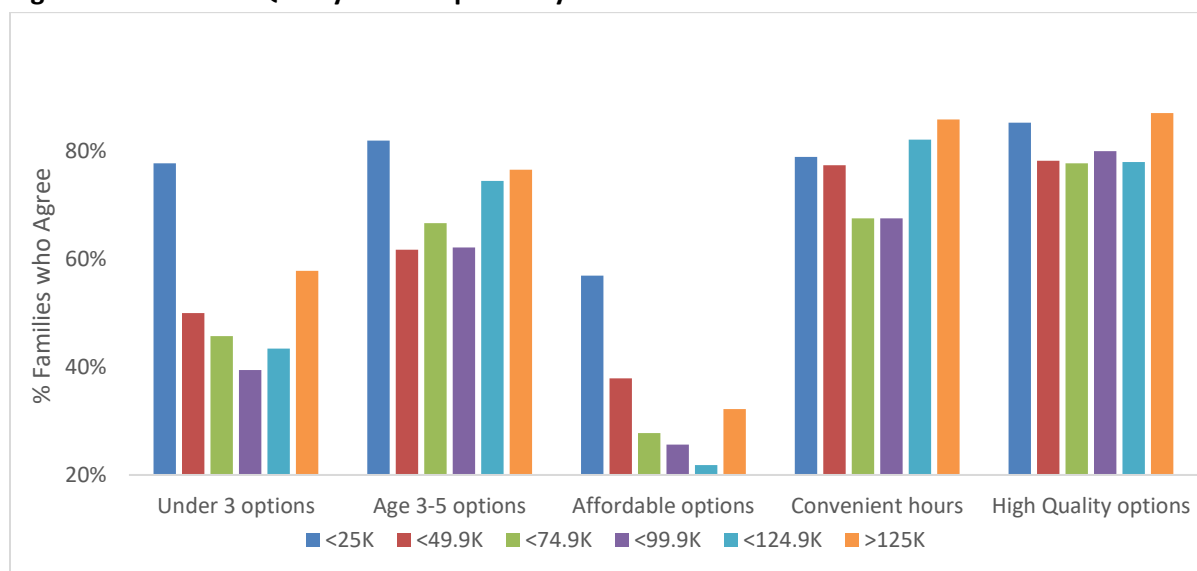
Rural Areas. As a result of low population densities in Maryland's rural areas, health care, social, and educational services can be more difficult to access. Participants in the need assessment from rural areas discussed the dearth of services overall, and spoke specifically about the lack of medical and mental health services

> *"We don't have enough doctors. And not just mental health or things along those lines. That's just the dearth. That's kind of like what we live with on a daily basis."* (Participant, Calvert, Charles, and St. Mary's Counties Town Hall)

> *"As a note for services locally, there is just a long wait for anything. I think my daughter, my 14 year old who's having some mental health issues, has waited over three months for mail and wraparound to do an intake. On the shore, you can expect a wait. Nothing moves quickly. I don't know how that is in other areas or if it's just the system in general seems like it's a wait more or go to Baltimore."* (Parent, Somerset Focus Group)

> *"A dental appointment is so hard to get, even if there is an issue. Never skip annual exam because if you do, next time will be in a year. Pediatricians is even worse. Only 2-3 doctors that may call themselves so are covering the area between Salisbury, Berlin, West OC, Ocean City and Pine. The nearest hospital where they do offer ALL pediatric specialists would be Baltimore's Hopkins or DC' Children's."* (Parent Survey)

Another issue faced by rural citizens is the lack of transportation services. According to the Maryland Rural Health Plan, while bus services are available in most rural counties, routes and stops tend to be limited to city centers, preventing citizens living in the most rural communities from using them. Instead, rural communities rely on solutions such as taxi services and for-hire personal drivers such as Uber (Maryland Rural Health Association, 2018). During the community partner focus group in Somerset, a participant expressed, "*Transportation is a major issue. If a family does not have a car, the only option is a taxi which can cost as much as $40 to take them to services*." Parents also expressed frustration about having to take their children "across the bridge" for most services. As one parent in Somerset phrased it:

"It's so frustrating because it's not just the gas, but it's also the wear and tear on the car and you have to choose between that and other things that are necessary. Like do I take my child to this appointment or...do I eat, or pay the bills." (Parent, Somerset County Focus Group)

Families Affected by the Opioid Crisis. Town Hall Participants discussed how the strain of drug addiction places on the ECE system and additional services needed for these families.

"And the impact of this drug crisis on the infant toddler program is dramatic. First of all, we know that the infant toddler programs in the state of Maryland are not fully funded. …the impact of trying to find the services for these children who are born drug addicted, which has increased significantly, is very hard… And oftentimes our first evaluation of these children, they need physical therapy from the beginning, which we have a shortage of those kinds of providers…. So they're not getting services that they need, crucially need, very early on."
(Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

"In Harford County, we are dealing with a major crisis as everyone else is. And we've had a substance abuse exposed newborn group that's actually working because the percentages of mothers that are having babies that are opioid addicted, it's just skyrocketed. ….Just to be clear that in the next five or six years, the school system maybe dealing with the backlash from that and the challenges that we have, and how do we get the supports into place now." (Participant, Cecil and Harford Counties Town Hall)

"I've also had to do more [Child Protective Services] complaints than I ever have before for worrying about children and trauma, including, you know, some incidents where we do believe that parents have been under the influence and possibly opioid use. I also think that it's that opioid use and drug use is impacting children's executive functioning, which is why we are seeing the rise in challenging behaviors. So that's another, you know, issue." (Participant, Calvert, Charles, St. Mary's Counties Town Hall)

In Focus Groups, community partners shared that most healthcare providers are overwhelmed at the number of referrals. This was particularly severe in the Western Maryland region, where according to community partners, the opioid crisis had created a much greater need in recent years for mental health support for children in their communities. As a community partner serving this area mentioned:

"…between the weight clinic and healthy families and infants and toddlers, they are making a lot of referrals. But like you say they're overwhelmed. And of course like everybody else with the opioid crisis, there are more and more and more kids coming to us. And then that brings us to the mental health issue with children. We don't have the providers. I think we have one mental health provider in Allegheny county…" (Community Partner, Hagerstown Focus Group)

Guiding Question 4: What opportunities are there for improving 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

Evidence from Focus Groups

Focus Group participants recommended that the State of Maryland develop systems to ensure effective dissemination of information. In particular, one parents set forth the idea of having a book/information regarding early childhood care disseminated at the hospital at the time of birth.

> *"You can't leave the hospital unless they do your checklist of, do you have a car seat? Are you okay? They asked you all those questions before you leave the hospital. Then you're just- on your own. They give you some breastfeeding advice and stuff. But daycare resources would be-a huge help."* (Parent, Calvert County Focus Group)

Evidence from Town Halls

Given the conversation across the Town Hall meetings, awareness was a large barrier to accessing services, and finding new ways to create more public awareness about important state services was a key area of concern for Maryland early childhood stakeholders. Town Hall participants suggested more social workers and funding for libraries to support this population. They discussed librarians as non-threating sources of information that families may feel more comfortable accessing services through. One suggestion from the Town Halls involved providing additional training dollars to train librarians in how to help parents access services. Town Hall participants also saw pediatrician's offices as an underutilized resource for providing information to families. A representative of the Maryland chapter of American Academy of Pediatrics (AAP) discussed the issue of using pediatricians to connect parents to services and an innovative program created by the Maryland AAP. She noted that pediatricians do try to connect parents to services, however:

> *"Families come in for a visit, we throw a lot of information at them. We say "this is what we think you should do next, here's the information." They come back six months later and they haven't done anything because either they didn't understand why it was important, they lost the piece of paper, they made a phone call and nobody called them back, et cetera…."*
> (Participant, Baltimore City/Baltimore County Town Hall)

She went on to explain a new program she was working on to support access to services:

> *"…we have been working with Parents' Place of Maryland on training parent partners in the healthcare setting…. The parent partners are our parents from the community. In our program, they are parents with children with disabilities because that's what we're focused on. So [patients]…can talk to parents, parent to parent about, yes, my child was in early intervention and it was fine having these people come to my house and it really helped my child. Or talk to them about what barriers they have. Do they need transportation? Are they facing food insecurity? Housing insecurity? So, they've been very helpful in increasing getting parents connected to the services that we're recommending."* (Participant, Baltimore City/Baltimore County Town Hall Participant)

II.   Quality

Due to the complexity of the ECE system, programs adhere to a variety of quality standards and improvement efforts, which are important to ensure that children have access to high-quality programs. Maryland's ECE programs are subject to differing regulations, creating programs of varying quality. Additionally, program quality is made vulnerable by workforce instability, an outcome of low provider wages. In the face of the rapid growth of QRIS in Maryland, participation in these voluntary systems is low and work remains to ensure they effectively support quality improvement among providers. Some programs must provide standards based and developmentally appropriate curriculum, while demonstrating how they implement the curriculum to fidelity, whereas other providers are not legally required to have a curriculum.

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

Finding 1A. High-quality ECE programs help decrease the achievement gaps for vulnerable populations.

Evidence from the Document Review
As highlighted in
Table 13, performance on the KRA is correlated with Race, income, EL and SWD status. Students from these vulnerable populations who are in high-quality programs show greater levels of readiness than children with similar characteristics without access to such programs. Research consistently shows that investing in children before they start formal education ensures they have a solid foundation that can help shape their futures, and this finding is revealed for Maryland students. A study done in Baltimore City of kindergarten readiness and attendance in kindergarten for children enrolled in publicly provided early education programs, as well as those who entered kindergarten without prior enrollment in such programs, found that children who did not participate in publicly funded programs were less likely to be kindergarten ready and were more likely to miss more school (Griff, Connolly, D'Souza, & Mitchell, 2016). Furthermore, those children who enrolled in kindergarten without prior enrollment in any early childhood programing were the least likely to be kindergarten ready, and the most likely to be chronically absent—or miss more than a month of school (Griff, Connolly, D'Souza, & Mitchell, 2016).

Judy Centers, which have historically served vulnerable populations cross the state of Maryland, are an example of the impact quality early childhood education has on closing the achievement gap in kindergarten readiness. Students who had access to Judy Centers prior to enrolling in kindergarten were more likely to be kindergarten ready. Overall, 42% of children with Judy Center experience prior to entering kindergarten were demonstrating readiness for school, compared to 33% of the children who entered kindergarten without this experience (Maryland State Board of Education, 2017). A 2015 study comparing KRA scores of students who had accessed Judy Center services and those who did not have such experiences found that students accessing Judy Center services outperformed those who did not, regardless of special needs, English learner status, and Free and Reduced Meals Status (FARMS, a program that often serves as a proxy for SES). Whereas 37% of students with special needs who had access to Judy Centers demonstrated readiness, only 25% of special need students without such access demonstrated readiness (Maryland State Department of Education, 2015c). For English learner children, those who accessed Judy Center services were more likely to be rated Demonstrating Readiness than those who did not access Judy Center services (20% vs. 11%, respectively). For FARMs

students, those with access to Judy Center had a 12 percentage point higher rate of showing kindergarten readiness (Maryland State Department of Education, 2015c). The findings of this study suggest that Judy Centers are positioned to address the needs of vulnerable populations in Maryland. Judy Center services have a positive relationship with student performance on the KRA (Maryland State Department of Education, 2015c).

In addition to program quality, two other factors that affect a program's effectiveness are the program's duration and the consistency of service. Children who attend partial-day programs have less opportunity for exposure to various learning experiences than those who attend full-day programs (Maryland State Department of Education, 2019b). Four jurisdictions in Maryland provide full-day Pre-K programs to all of their four-year-olds: Baltimore City, Garrett, Kent, and Somerset County, and three of these jurisdictions (Garrett, Kent, and Somerset) exceeded the state demonstrating readiness average (Maryland State Department of Education, 2019b).

Evidence from Town Halls

In focus groups participants felt that the Judy Centers provide critical services needed to help parents deal with the opioid crisis and additions. As noted by one participant:

> *"What would we suggest that the state could do as an intervention or as a support? I'm going to just again say, put weight and time and effort behind the Judy Centers. I mean honestly they are the key to becoming hubs in our communities and providing resources for families. They could have the capacity to, you know, to help families become connected with opioid resources and interventions and programs and things like that."* (Participant, Cecil and Harford Counties Town Hall)

Participants also expressed worry that the funding for Judy Centers was being cut. As noted by one participant

> *"If you're in Judy Center, then within that school district, the majority of parents or at least someone they know knows to call a Judy Center. But, Judy Centers were cut this year. So you know, [funding] for services…are suddenly [80,000] thousand dollars less…that's typically what we see. …you find something awesome and instead of seeing it grow, stay around, [it gets cut]. …people… move to a community so that they can be in a Judy Center. So they can figure out where to go and what to do."* (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

Town Hall participants also discussed the important role of the Judy Centers in supporting families as they navigate across the B-5 system, as well as their role in providing critical trainings and community supports. Participants highlighted how families benefitted from Judy Centers' work in navigating the system to provide tailored services and supports to meet family needs.

> *"I would say our county Judy Center is a strong collaborator… we have a model… where there's education piece of the Judy Center and the family support piece."* (Participant, Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall)

In fact, participants saw the Judy Centers as the main hub for coordinating services in the community. As one participant noted:

"So they're kind of the link. The Judy Center really has that flexibility . …[They] really identified the most needy families and pull together the resources, …reaching that Birth-to-Five populations that's not in programs, so, I think it's really going back to your Judy Centers…having them form…partnerships with lead agencies and pulling those groups together to have this conversation because it's hard for Head Start, public schools, health department, social services, to make the time to do that, but the Judy Center can" (Participant Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall).

Evidence from Focus Groups

Parents and community members expressed strong support and gratitude for the Judy Centers and their staff. Community members, in response to being asked what they would change first to improve families' access to quality ECE programing, stated that they would like to see more Judy Centers. Judy Centers provide children and families access to not only education and care services but also medical, dental, and mental health services.

A parent from Prince George's County expressed her feelings for the Judy Center this way:

"Yeah, for me it's good because [the Judy Center] is the first place I have felt comfortable to leave my child… Because on the first day, I was afraid, because it was the first time I left her with other people. But then I realized that I'm learning that kids need their space too. Kids need to learn things. It's not to be with Mommy all the day, and the 24 hours a day." (Parent, Prince George's County Focus Group)

A parent from Western Maryland, who also happens to work in early childhood education, described some of the services to which they have access through that Judy Center:

"They have playgroups for special needs children a couple of times a week and it went all year. They help us with funding and staffing for some summer camp activities to keep parents and families connected, literacy activities, community events." (Parent, Hagerstown Focus Group)

Across all areas of Maryland, all three constituent groups enthusiastically rated the Judy Centers as essential to connecting some of the most vulnerable families to services. In some areas, participants reported the Judy Centers were the only organization that were doing this work. Unanimously, expansion of Judy Centers was supported by focus group participants.

Finding 1B. Maryland has an advanced quality improvement system and strict licensing requirements

Evidence from the Document Review

Maryland has strict licensing requirements for providers that ensure the safety and well-being of Maryland's children under the age of five in licensed care. Anyone caring for an unrelated child for pay outside of the child's home for more than 20 hours per month is operating illegally (Maryland Family Network, 2019a). The State allows for informal care is child care that is provided:
- by a relative,
- in the child's own home, or
- by a non-relative in the non-relative's home for less than 20 hours a month.

Maryland is able to monitor and improve the quality of ECE programs through a robust quality improvement system, which consists of EXCELs, credentialing, accreditation and associated trainings and professional development. MSDE's other quality improvement initiatives focusing on child care provider professional development include: the Maryland Child Care Credential Program, Training Vouchers/Reimbursement, Accreditation Support Awards, the Child Care Career and Professional Development Fund, and Child Care Training Approval. These initiatives ensure that child care providers and facilities are recognized and compensated for achieving quality improvements and that child care providers have access to quality training opportunities (Maryland Family Network, 2019a).

The National Institute for Early Education Research created ten quality standards benchmarks that are used to gauge the quality of state-funded preschool programs (The National Institute for Early Education Research, 2018). They include:
1. Having comprehensive early learning and development standards that are "vertically aligned with the state's infant and toddler standards and college and career ready standards, as well as horizontally aligned with preschool child assessment, and in addition are supported and culturally sensitive" (The National Institute for Early Education Research, 2018).
2. Having state policies that provide guidance or have an approval process for curriculum selection and provide support for curriculum implementation
3. Requiring all classroom teachers are required to have a bachelor's degree
4. Requiring teachers to have a specialization in preschool education
5. Requiring assistant teachers in all classrooms to have at least a Child Development Associate (CDA) or equivalent credential based on coursework,
6. Requiring both teachers and assistant teachers have at least 15 hours of annual in-service training and individualized, annual professional development plans.
7. Limiting class size to 20 children at most,
8. Limiting the staff- child ratio to no more than 10 children per classroom teaching staff member
9. Requiring vision and hearing screenings and at least one additional health screening
10. Having a state continuous quality improvement system (CQIS) that uses data to support planning and support for improvement of policy or practice at local and state levels and requires an annual systematic collection of classroom observation data for continuous improvement.

Of the ten standards, Maryland meets seven. Of the three benchmarks not met by Maryland two have to do with professional development. Maryland does not meet standard 5 (which nationally was met by 17 of 61 state funded Pre-K initiatives and standard 6 (which was met by only 9 state funded Pre-K initiatives). In Maryland assistant teachers are only required to have a High School Diploma, whereas professional development requirements ask for 6 credit hours each five years for teachers and 24 hours a year for assistants. Maryland also does not meet the class size requirement, because it requires that the average class size for 3 and 4 year olds is 20 students. This standard was met by 46 of the 61 State-funded Pre-K initiatives.

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 lead to a shortage of qualified staff across the state. Not all ECE degree programs prepare professionals for success in the classroom.

Evidence from the Document Review

Maryland requirements for working in the private sector of the ECE system are less stringent than in the public sector. To be a public school Pre-K teacher, minimum requirements include a 4-year Bachelor's degree, pass the state-mandated exams for educators, and obtain a Maryland teaching certificate (Maryland State Department of Education, 2015b). Requirements for working in federally funded Early Head Start and Head Start programs in Maryland are also stringent. However, working in community operated centers or family child care programs requires only clock hours rather than a degree and certification.

In the state of Maryland, the successful completion and conferring of an approved degree or credential program aligns directly with certification requirements for those preparing to teach in the public-school setting. For public school teachers, pre-service preparation is typically followed by induction and ongoing professional development.

According to the Maryland State Department of Education (2019), In order to keep a Maryland teaching certification current, public school teachers must meet MSDEs Continuing Professional Development (CPD) requirements. This requires in-service teachers to develop an individualized professional development plan. Teachers must complete six hours of approved CPD every five years to renew their teaching certificate. School systems typically offer CPD courses to teachers through a CPD liaison.

Educational requirements are relatively uniform across the state for public school system Pre-K or early childhood special education, which includes IDEA Part C and B programs. These teachers are required to have at minimum a bachelor's degree and provisional or standard professional teaching certification before they begin teaching. Public school teacher preparation programs, as required by policy includes:

1) Focus on pedagogy and subject matter content (e.g., early childhood, Special education, math, science, and literacy); and
2) Supervised field and student-teaching experiences.

Conversely, childcare provider qualification requirements vary widely across the state, based on program type and funding requirements – from little or no education to a bachelor's degree. Individual state teacher certification is uncommon for non-public center-based settings, except for those who work in public Pre-K programs or Head Start Programs that are grantees under the state of Maryland's public school system.

Nonpublic early childhood provider "professional development" is a wide-ranging phrase and covers almost the entire continuum of education and training. This can include preliminary training, to informal workshops or other continuing education, to college-level work for credit or a degree.

The gap in required qualifications between the private and public sectors is not unique to Maryland. In many states, roles in the private care and education setting are not aligned or comparable to the public education system. According to a study by the Maryland Longitudinal Data System Center, this can lead to "inconsistent patterns of regulation, licensure, and credentialing across states" (Klein, et al., 2016). As a result, the ECE workforce shows a big range in qualifications, from those with little to no formal training to those with highly specialized skills, training and post graduate degrees (Klein, et al., 2016). The quality of early learning programs for children is fundamentally connected to the early care and education workforce. Research has demonstrated the correlation between early childhood workforces who are more educated and have specialized training to the provision of children with better quality

care and children in their care have been found to make greater developmental gains than their counterparts. (Kelly & Camilli, 2007) In spite of the clear correlation between teacher qualifications and child outcomes, only a small percentage of ECE professionals in Maryland have an appropriate credential. Moreover, credentialing is unevenly distributed. Over 40% of the teachers credentialed work in just three of Maryland's 24 counties (2015).

Table 18 displays what percentage of the Maryland ECE workforce, including both administrators and staff had achieved what certification level by 2018, with level 4 for administrators and level 6 for staff representing the highest levels of education and experience. Among all certified 8,140 professionals, 205 were administrators and 7,935 were staff (i.e., teachers or child care providers). Among certified staff, one-quarter (25.3%) of staff had achieved a medium level of certification (staff certification level 3), one-fifth (19.8%) had achieved level 4, and 17.2% had achieved level 6, the highest level of certification. Among administrators, 84 had achieved the highest level of administrator certification, representing 1.0% of the Maryland ECE certified workforce. The number of teachers achieving the higher levels of credentialing has been steadily increasing over recent years (Tirrell-Corbin, et al., 2016).

Table 18. Number of ECE Credentials Awarded in 2018 by Certificate Level

Credential Level	Number of Credentialed Staff	Percent
Admin Level 1	101	1.2%
Admin Level 2	15	0.2%
Admin Level 3	5	0.1%
Admin Level 4	84	1.0%
Staff Level 1	887	10.9%
Staff Level 2	841	10.3%
Staff Level 3	2,056	25.3%
Staff Level 4	1,610	19.8%
Staff Level 4+	287	3.5%
Staff Level 5	854	10.5%
Staff Level 6	1,400	17.2%
Total	**8,140**	**100%**

Note. Data provided by MSDE, 2018.

In spite of the positive trajectory showing increasing numbers of credential staff, a closer examination of patterns shows geographical inequities. In 2016, most credential teachers came from Montgomery County, followed by Baltimore County (14.4%) and Anne Arundel County (9.9%). These three counties accounted for over 40% of all credentialed ECE professionals. Conversely, the Upper Shore (Cecil, Kent, and Queen Anne's Counties) and Lower Shore (Dorchester, Wicomico, Somerset and Worcester counties) achieved the lowest rates of credentialing (2.4% and 3.7% respectively) among ECE professionals. In other rural counties, such as Harford and Cecil Counties as well as Western Maryland (Garrett, Allegany, and Washington Counties), only 4.2% of ECE professionals were credentialed (Tirrell-Corbin, et al., 2016). Differences across local school systems may be affected by the credentials already held by staff, specific professional development and training opportunities, a focus on EXCELS participation, or some other jurisdiction-specific emphasis (Tirrell-Corbin, et al., 2016). While the reasons for the differences are not clear, the patterns do show varying credentialing practices differ across the state.

In addition to overall increasing credential levels, another promising finding is that Maryland has worked across state lines with neighbors to increase the number of available qualified ECE professionals by streamlining the portability of credentials. Administrators across the region have identified a common approach to identifying qualified ECE technical assistance professionals and developed a crosswalk that identifies shared pre-service standards for education level, class content, work experience, and professional and technical skills. The region therefore now has common entry-level requirements, which states can supplement with state-specific orientations. The states in this Region III agreement include Maryland, Delaware, the District of Columbia, Pennsylvania, Virginia and West Virginia (Limardo, Sweeney, & Taylor, 2016).

There are several types of ECE-related degrees available in colleges across the state, but there is no uniform system to support professionals to gain traction in moving up a career ladder or across a career lattice. Each institution has its own policies and agreements with other institutions about which coursework could transfer for credit. ECE-based degrees are usually an Associate's degree—typically the equivalent of a 2-year degree, including an Associate of Arts (AA) or Associate of Arts in Teaching (AAT) degrees—or a 4-year Bachelor of Arts (BA) degree. Some, albeit few, ECE professionals go on to obtain a Masters or Doctoral degree. There is also the Child Development Associate (CDA) credential, required or permissible for many programs, including Head Start. Yet, working ECE professionals who have obtained the CDA credential may not have access to an affordable local college, given the low wages associated with child care work. Moreover, articulation agreements between Associate degree programs and Bachelor's programs are not made transparent for professionals to figure out and often only a few credits transfer, meaning that moving from a 2-year to a 4-year degree includes more than 2 additional years of schooling.

Evidence from Town Halls
These varying requirements can lead to perceptions of different levels of respect. Participants in the Town halls discussed that certain segments of the early care and education workforce were more respected than others. Specifically, early childhood educators working in the public schools with the Maryland Pre-Kindergarten program seemed to receive more respect than early childhood educators in child care programs in the community. As one Baltimore City/Baltimore County Town Hall participant noted, "*We are kind of the, please I hope I don't offend anybody, we're like the ugly step children within MSDE. And it's hurtful because we work really, really hard*." Similarly, when discussing training, one participant from the Anne Arundel and Howard Counties Town Hall noted, "*We're asking them to take away time from their families and we're not getting the…respect, [or] the same platform that we get in the public school teachers*." This was also expressed in the Wicomico, Worcester, and Somerset Counties Town Hall where one participant said that "*Respecting those of us in the child care area and knowing that we know what we're talking about and stop looking down on us*" was the most important issue to her.

Town Hall participants also talked about not being able to find teachers who had credentials that went beyond the training that was needed for basic licensing. While many early childhood professionals take advantage of Maryland's tuition assistance program, the Child Care Career and Professional Development Fund (CCCPDF), to obtain a college degree, the child care programs still face a significant shortage of credentialed teachers. One Town Hall participant noted:

> "*Quality initiatives require staff that has levels that go beyond the basic licensure level. I'm having, and my colleagues in Anne Arundel County, are having a very difficult time, almost impossible time finding staff who meet those qualifications. And to speak to it from a higher ed*

perspective. There aren't enough people to go around. Our graduates in our department have multiple offers before they even graduate. So early childhood degree folks are getting, you know, two, three or more offers when they haven't even finished school. And here we are in the field trying to find these people. There's a gap."(Participant, Anne Arundel and Howard Counties Town Hall)

Town Hall participants discussed the pre-service preparation of early childhood educators. Participants discussed the strong partnerships and programs that have been developed across Maryland's higher education system with colleges that included Allegany College, Chesapeake College, Montgomery College, Townson, Johns Hopkins, the University of Maryland and other institutions of higher education. However, a number of needs and issues came up during the discussion on pre-service preparation. Most notably, the center directors raised the issue that many early childhood educators who successfully obtain a degree fail to demonstrate core competencies necessary to support children in the classroom. As one Town Hall participant from the Allegany, Carroll, Frederick, Garrett, & Washington Counties noted, *"…And I don't think the young teachers coming out of college have any clue what those are like and I'm talking totally destroyed classrooms with an energy that is unbelievable for a four-year-old.*" In addition to the overall issues with preparing providers for the classroom experience, participants noted the lack of preparation for caring for children under the age of three and children with disabilities:

> *"I hope that we are concentrating at higher ed. and in some of our other agencies to turn this… our early childhood educators to really focus on birth to two and prenatal to two, to really be able to get these kids off the ground as soon as we can, when we're leaving some of our workforce behind…"* (Participant, Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall)

Findings from Focus Groups
Having a highly trained teaching staff is an important step to providing children and families high quality ECE programs. When asked how ECE programs can improve, many providers stated that getting teachers with more training and education about child development would be important. Providers also added that many well-trained professionals do not want to work at early childcare centers and that when they do get highly qualified teachers it is very challenging to keep them.
As one participant described:

> *"So Fredrick county and Hagerstown Community College both have Early Child Care Programs, we have the matriculation process and students will come with their AA to us. But I would say most of those students are going to get hired in the public school because there's such as desperate need for early childhood educators. But that's where the highest paying jobs will be. So they're not going into childcare providing, day care providing, because they can go get a better paying job with the school system. We're getting them for the amount of time that they're required to be in child care. So you have to be a provider then your center, and however long it takes you to get that degree, so let's say two years, we have them for two years and then there's a high possibility that they're gonna transfer to a higher paying public school job."* (Community Partner, Hagerstown Focus Group)

In the Focus Groups, providers and community partners discussed that the most common type of professional development they receive is single topic, one-session trainings. Participants reported that in-depth, multi-session trainings and professional conferences were rarely available. Research suggests

trainings with a strong mentoring/coaching component are the most effective over time (Snyder, et. Al, 2012). Unfortunately, only Head Start teachers reported this type of training and support.

Focus Group participants discussed a desire for more coaching-based trainings. Many strongly believed they were too often not receiving supports or follow-up after training. Adding to this, providers said that the distance to attend trainings out-side of normal business hour was not opportune, which oftentimes lead them to choose trainings based on convenience, not on content. One participant explained the coaching model used by her program:

> *"Yeah so we have one person specifically that works with our Frederick Headstart and she teaches the training, she coaches them, she goes into the classrooms weekly and works with them. She also is a part of the resiliency program so its kind of an on-going thing. They take the class, they see what it is and then she watches them do it, comes back with feedback, so they're learning as they go along with every incident that happens…This system of training works better, cause they watch her do it, they watch her practice it, then they try it she observes it and says that worked really well, maybe try this for this situation. They can also come back to her with specifics and it just takes them through the whole process. But we can only do that with the Head Start programs right now."* (Community Partner, Hagerstown Focus Group)

Focus Group participants also talked at length about the lack of preservice and in-service training for providers, combined with an influx of children with behavior and developmental issues, which puts incredible pressure on providers. Focus Group participants emphasized limited access to academic programs that offer education tracks that focus on children with special needs and children with behavior issues.

It was suggested that Maryland Higher Education Commission (MHEC) COMAR 13B.02.03 Academic Program Proposals regulations for Degree-Granting Institutions Authorized to Operate in the State of Maryland may create barriers for educational opportunities that address their needs. Specifically, participants discussed section D of the state guidelines for academic program proposals for degree-granting institutions. These guidelines apply to new academic degree programs, new stand-alone certificate programs, as well as any program that wants to male substantial modifications. Section D states that an institution of higher education must:

- Identify similar programs in the State and/or same geographical area.
- Discuss similarities and differences between the proposed program and others in the same degree to be awarded.
- Provide justification for the proposed program.

Participants believed that the state's efforts avoid the duplication of programs limits their access to needed coursework when seeking training in certain parts of the state. For instance, there are several universities on the eastern shore in Maryland; however, one may not be able to access the only program that offers coursework to meet their needs due to proximity and duplication.

Finding 2B. Compensation for ECE professionals is inadequate and negatively impacts program quality

Evidence from the Document Review
Maryland is experiencing a shortage of highly qualified teachers, and one reason is compensation. 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 professions. A study by the Maryland Longitudinal Data System Center showed that, of teachers who entered ECE upon graduating with a bachelor's degree, only 52% were still teaching 5 years after graduation. For those entering the field without a bachelor's degree, only 33% were still in the field after 5 years (Klein, et al., 2016). As previously noted, low wages are particularly problematic in infant and toddler care (Maryland State Department of Education, 2015b), and, unless addressed, the shortages will be further exacerbated by the expansion of the Pre-K system.

The compensation of ECE professionals is low. The average teacher salary in 2015 for a teacher working in a care and education center was $26,173 for 12 months. Conversely, a public school teacher earns $64,248 for 10 months of work on average (Maryland State Department of Education, 2015b). The salary of someone in the ECE profession with no degree and five years of experience on average is $19,802, versus $48,585 for someone with a degree and that same experience (Klein, et al., 2016). In a survey conducted in 2007 by the Maryland Committee for Children, 54% of the centers that responded (about 159 centers) indicated that compensation was a significant factor in the decision of their employees to leave their job (Maryland Child Care Resource Network, 2018b). Low salaries for ECE professionals are a national issue. The initial findings from the National Survey of Early Care and Education found that wages in the ECE sector were closely tied to education as in other parts of the U.S. economy; however, wages for college-educated ECE teachers and caregivers were much lower than for comparably educated workers in the overall economy (National Survey of Early Care and Education Project Team, 2013).

Evidence from Town Halls
Town hall participants talked about the poor compensation and benefits and benefits in the profession. Town Hall participants noted that in many cases, providers are making near poverty wages. As a participant from the Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall noted, "…it's a very thin line between what the staff make, you know, and being eligible for those same services themselves." Given how hard they work, providers in the Town Hall meetings couldn't understand why there was not more value placed on the work that they do. As one participant noted from the Wicomico, Worchester, and Somerset Counties Town Hall, "we're expecting these teachers to build the birth-to-five [continuum] but then they can go to McDonald's and make more money [than] they can as a teacher. Yeah...it doesn't make sense."

Another participant noted:
> *"Four-year institutions wouldn't take any of my credits and wanting me to go back and start over and at 48 years old I was not going to do that. I obtained their degree from online, from an out-of-state institution, but I'm now paying $200 a month in student loans and I make less than $20,000 a year"*(Participant, Wicomico, Worcester, and Somerset Counties Town Hall).

These respect and compensation issues have significant implications for Maryland's B-5 ECE system, particularly in the ability to recruit and retain qualified early childhood educators. Several program

directors shared experiences of having high-quality staff leave their programs for better-paying jobs and paid benefits in the public school system or other fields. In many cases, early care and education was considered by the teacher as a "side job" as they worked to obtain a better paying job or degree. As one center director noted:

"…in four years I've graduated three nurses from my …center that I adore, and one of them at least had said, if you could just pay me what I'll make as a nurse, I would stay here because she adored working with the kids. She loved our center, you know" (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall).

Another center director from the same Town Hall followed:
"And young people that are going into child care…they may start out with thinking that's a career, but there's no incentive for them…. They're not getting salary increases, they're not getting bonuses. Then you know, what they started out with is pretty much [what] they could [are] guarantee[d] to make, regardless of the level of education" (Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall Participant).

Evidence from Focus Groups
The low wages of ECE professionals were discussed as a reason that ECE professions are not attracting qualified candidates. As a community partner in Somerset explained,

"It is very difficult to find qualified staff to fill vacancies in the system. Childcare providers (including Head start) often loose potential employees to the public school system, which pays higher salaries. Higher Salaries in the Child Care field could help attract better candidates." (Community Partner, Somerset Focus Group)

Increasing the pay of childcare professionals, however, may have the unintended consequence of reducing affordable childcare. While providers were in wide agreement that pay for their teachers is too low, they also discussed the fact that increasing teacher salaries would increase the cost for families. All constituent groups recognized the tension that exists between childcare costs to families and fair pay for providers, although none saw a solution to the problem

Finding 2C. Many programs struggle to move beyond Level 1 on Maryland EXCELS.
Of all the programs in Maryland, less than half participate in Maryland EXCELS, and of those that do participate, the majority achieves only the lowest levels of quality (levels 1 and 2). Furthermore, very few programs in the state (only 7%) are accredited. High-quality programs are particularly scarce in urban and suburban jurisdictions. Out of the more than 8,600 licensed programs in Maryland, fewer than 600 (7%) are accredited in some form. Moreover, as seen in Table 19, the percentage of accredited programs varies greatly across counties. Garrett County has the highest rate of accredited programs with 42% accreditation, whereas in Baltimore City only 3% of the licensed programs are accredited.

Out of the 8,642 accredited programs in the state, roughly 46% participate in the Maryland EXCELS program. As seen in Table 19 Saint Mary's County has the highest percentage of programs in Maryland EXCELS, followed by Garrett County, while Somerset and Queen Anne's Counties have the lowest percentage of programs participating. Of all programs participating, 69% demonstrate the lowest

quality level (level 1) and only 7% demonstrate the highest possible quality rating (level 5). Some jurisdictions, such as Cecil County, have no programs demonstrating high-quality programming

In November 2016, roughly 169,829 children were enrolled in programs participating in Maryland EXCELS and roughly 25,949 staff members participated in these programs. Out of these children and staff, roughly 75% were in programs published at a quality rating of 1 or 2 (Swanson, et al., Maryland EXCELS validation study, 2017). An analysis of accreditation by counties shows that counties with smaller populations, which tend to be rural, have a higher percentage of children attending programs rated at higher Maryland EXCELS Levels 3, 4, or 5. These include Kent, Garrett, Talbot, Queen Anne's, and Dorchester County. At the same time, jurisdictions enrolling a greater proportion of children in programs with lower quality ratings tended to be large and predominately urban or suburban. These counties include Baltimore, Baltimore City, Prince George's, Harford, and St. Mary's (Swanson, et al., Maryland EXCELS validation study, 2017). An analysis of the data revealed that the number of children with high needs served in programs in the top tiers of Maryland EXCELS is relatively low (Tirrell-Corbin, et al., 2016). Furthermore, a study of differences between accredited and non-accredited programs found that Black children, families with very low income, and families receiving Temporary Cash Assistance were overrepresented in non-accredited arrangements (Madill, et al., 2016). Children from Prince George's County, Baltimore Country, and Baltimore City were also overrepresented, reflecting the fact that availability of accredited care varies greatly across counties (Madill, et al., 2016).

Maryland EXCELS was designed to be an important component to drive the improvement of ECE program quality throughout Maryland. Although there is evidence that Maryland EXCELS has led to some improvements in the overall quality of programs in Maryland, the majority of programs thus far have simply maintained their initial rating rather than improving. For example, in the validation study of the Maryland EXCELS system, two cohorts of care and education centers and family providers were followed over three cycles. Over the course of the study, nearly 63% of participating programs had no change in Maryland EXCELS rating, while 27% of the programs improved their ratings. By type of program, 30% of the center-based programs improved their quality ratings while 60% remained the same, and 20% of the family providers improved their score while 72% remained the same (Swanson, et al., 2017). In other words, most programs showed static rates of quality.

However, of the programs that did improve their quality ratings over time, it was the programs that received care and education subsidy payments (such as the child care scholarship) that increased their average Maryland EXCELS rating. This trend occurred even though programs that did not receive care and education subsidy payments had started at higher quality rating levels than programs that received the subsidy payments (Swanson, et al., 2017).

Table 19. Number and Percentage of Accredited Programs by County

Jurisdictions	Number of Programs Accredited by Maryland Program Accreditation February 2018	Number of Programs Accredited by National Accrediting Organizations Recognized by MSDE June 2017	Total Accredited Programs by Jurisdiction	Number of Licensed Programs by Jurisdiction	% of Programs Accredited (by a State or National System)
Allegany	22	0	22	76	29%
Anne Arundel	13	34	47	731	6%
Baltimore City	22	10	32	849	3%
Baltimore County	21	22	43	1226	4%
Calvert	8	5	13	158	8%
Caroline	7	0	7	86	8%
Carroll	15	8	23	221	10%
Cecil	4	0	4	127	3%
Charles	7	7	14	280	5%
Dorchester	7	0	7	65	11%
Frederick	20	15	35	455	8%
Garrett	13	0	13	32	41%
Harford	9	15	24	375	6%
Howard	18	16	34	519	7%
Kent	4	0	4	25	16%
Montgomery	47	95	142	1378	10%
Prince George's	23	35	58	1203	5%
Queen Anne's	3	4	7	94	7%
Somerset	5	0	5	31	16%
St. Mary's	5	4	9	223	4%
Talbot	8	0	8	57	14%
Washington	17	6	23	241	10%
Wicomico	9	0	9	140	6%
Worcester	8	3	11	50	22%
Total	**315**	**279**	**594**	**8642**	**7%**

Note: Reprinted from Building a High-Quality Early Childhood Education System in Maryland (2018)
http://www.marylandpublicschools.org/stateboard/Documents/02272018/TabF-EarlyChildhood.pdf.

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Table 20. Maryland EXCELS Number of Published Programs by Level by County

Jurisdiction	Quality Rating 1	Quality Rating 2	Quality Rating 3	Quality Rating 4	Quality Rating 5	Number of Licensed Programs by Jurisdiction	Total EXCELS Participating Programs	% Participating in Maryland EXCELS
Allegany	37	0	3	2	5	76	47	70%
Anne Arundel	152	25	58	3	17	731	255	42%
Baltimore City	429	43	62	7	22	849	563	83%
Baltimore County	515	45	68	7	16	1226	651	52%
Calvert	46	12	5	3	7	158	73	49%
Caroline	19	2	8	0	5	86	34	48%
Carroll	54	10	17	2	15	221	98	47%
Cecil	42	4	8	1	0	127	55	50%
Charles	92	7	7	0	8	280	114	50%
Dorchester	18	2	9	1	7	65	37	62%
Frederick	86	17	15	6	14	455	138	36%
Garrett	11	1	2	1	11	32	26	88%
Harford	114	20	16	1	12	375	163	47%
Howard	137	35	17	1	18	519	208	44%
Kent	5	0	1	1	3	25	10	40%
Montgomery	353	56	101	14	61	1378	585	47%
Prince George's	480	71	47	6	20	1203	624	57%
Queen Anne's	15	3	2	1	4	94	25	30%
Somerset	32	2	4	0	3	31	41	94%
St. Mary's	17	2	5	0	4	223	28	23%
Talbot	14	3	1	0	8	57	26	49%
Washington	63	18	9	2	23	241	115	55%
Wicomico	56	7	11	4	8	140	86	66%
Worcester	12	2	5	1	6	50	26	58%
Grand Total	**2799**	**387**	**481**	**64**	**297**	**8642**	**4028**	**47%**

Note: Reprinted from Building a High-Quality Early Childhood Education System in Maryland (2018)
http://www.marylandpublicschools.org/stateboard/Documents/02272018/TabF-EarlyChildhood.pdf.

Evidence from Town Halls

Measuring the aspects of quality that matter most was a topic of conversation across several Town Hall meetings. At the center of this conversation was Maryland EXCELS. While state ECE quality measurement systems should measure the most important aspects of quality and distinguish among programs of different quality, Town Hall participants spoke about how Maryland EXCELS ratings do not always provide an accurate picture of ECE settings in Maryland.

While most of the dimensions of quality that Town Hall participants discussed (e.g., teacher quality, interactions, family engagement, etc.) are included in Maryland EXCELs, participants offered a number of reasons why they believed the system did not always offer an accurate rating of ECE providers. One reason for the inaccurate rating is the shortage of raters. This shortage meant that programs must wait for long periods of time to receive an updated rating even though their quality had significantly improved. In particular, there is a shortage of raters that speak Spanish and other languages, and accordingly, language poses a significant barrier to providers when trying to understand the policies and procedures of Maryland EXCELS. As one Town Hall participant noted:

> *"…there needs to be more monitoring and more [raters] going out to programs… that's not happening right now because [name] is one person. She has all Harford and Cecil County. There is no way she can do that. And…we know that…this is a problem. We also know that we…want more quality assurance specialists. We're just trying to figure out ways to get that."* (Participant, Cecil and Harford Counties Town Hall)

Another common reason for an inaccurate measure is that providers don't see the value of getting re-rated to obtain a higher rating. Once providers are in the Maryland EXCELS system and have the rating necessary to participate in the state child care scholarship program, many do not see the benefit in being evaluated again for a higher rating. As one participant noted:

> *"…I noticed a couple of them were at level two, and I'm like there's no way you're a level two because I've been credentialed for almost 11 years… you can make so much more money by literally just taking a couple more classes or you know, turning this [form] in…. And so I had [the EXCELS rater] come out and sure enough, she went up two levels…"* (Participant, Cecil and Harford Counties Town Hall)

Finally, Town Hall participants discussed that Maryland EXCELS' focus on accreditation also makes obtaining higher ratings difficult. For example, in order for a center to achieve a level five on Maryland EXCELS, the center must have an "*accreditation awarded by an organization recognized by MSDE…*" In order for a center to be accredited by the state of Maryland, lead early childhood educators in the center must have at least an associate degree. In many cases, this requirement precludes a center from obtaining a level five even though they are providing high-quality care. As one participant from the Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall noted, "*it is impossible to get teachers to go back to school to get their degree because who wants to work for nothing? Why would you go to school…if you're not going to get paid a living wage?*" A Town Hall participant from the Baltimore City/Baltimore County Town Hall noted, "*We have staff in our program who have been there for 20 years. They are not going to go back to school and get degrees. Their life does not allow that. They are not online learners. It's not going to happen.*" Participants from the Baltimore City/Baltimore County Town Hall and Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall meetings also discussed the need for an alternative to accreditation in Maryland EXCELS:

"And we struggle every time with EXCELS and every time with accreditation because our staff don't meet all of those levels. They're talented, they're skilled and they're hard workers. I want them to stay here doing great work and we'll take the time and time again and struggle, struggle, struggle to hit our goals. But I do wish there was a way to look at alternative pathways to prove their work." (Participant, Baltimore City/Baltimore County Town Hall)

"It's also the biggest dilemma or challenge we have for the higher levels of EXCELS because those require accreditation which requires within two years a degree…" (Participant, Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall)

Other feedback on Maryland EXCELS included the lack of birth-to-age three standards and the fact that licensing and EXCELS try to make every program "cookie cutter" with a monitoring and measurement system that doesn't do enough to respect and highlight program differences. One participant noted:

"When we're talking about the brainpower of birth to three, our quality rating systems don't have any specific standards for infants and toddlers. So just something to really think about there and how do we really support that quality, especially for infants and toddlers." (Participant, Baltimore County/Baltimore City Town Hall)

Evidence from Focus Groups
In the focus groups parents reported that trust for the provider was important for families to feel as though they had access to a high quality early childcare options. For Spanish speaking families, program quality is intimately connected to communication. Outside of Montgomery and Prince George's County, however, only a few providers mentioned that they or their staff could speak Spanish. In Somerset County, parents reported that often their children had to serve as interpreters. This became especially problematic, one parent explained, when the provider wants to talk to the parent about the behavior or development of that child.

It is parents' desire for improved communication with providers that motivates them to use childcare and education services in the community. Parents described Judy Centers, in particular, as especially helpful. One Spanish-speaking parent from Montgomery County explained why,

"Well! because we have small children, that is why, because in this program they allow us to bring our small children and thus it is convenient for us. There are other English classes, certainly, there are classes in the afternoon and during the day; I have heard that in Casa de Maryland, but we cannot leave our children. Hence, since here there is help with our child, we come here." (Parent, Prince George's County Focus Group)

While other community organizations offer adults the opportunity to improve their English language skills, families valued the Judy Centers in particular because of their focus on supporting both the children and the parents.

Evidence from the Survey
The surveys for all of the constituent groups (parents, providers, and community partners) asked respondents to indicate the extent to which they agreed with the statement, "In the jurisdiction where my child attends/I work the early care and education programs are of high quality." As shown in Figure 25, parents and providers were far more positive about the quality of ECE programs than were those working in community organizations. For both parents and providers, at least 80% felt that the ECE program in the jurisdiction where

their child attends an ECE service or program (for parents) or where they work (for providers) is "high quality" (83% & 80%, respectively). Only 54% of community partners indicated that the ECE programs in their area were "high quality," a statistically significant difference (F = 27.16, p < 0.001).

Figure 25. Respondents Who Believe ECE Programs are of High Quality

Parents n=789; Providers = 940; Community n=272
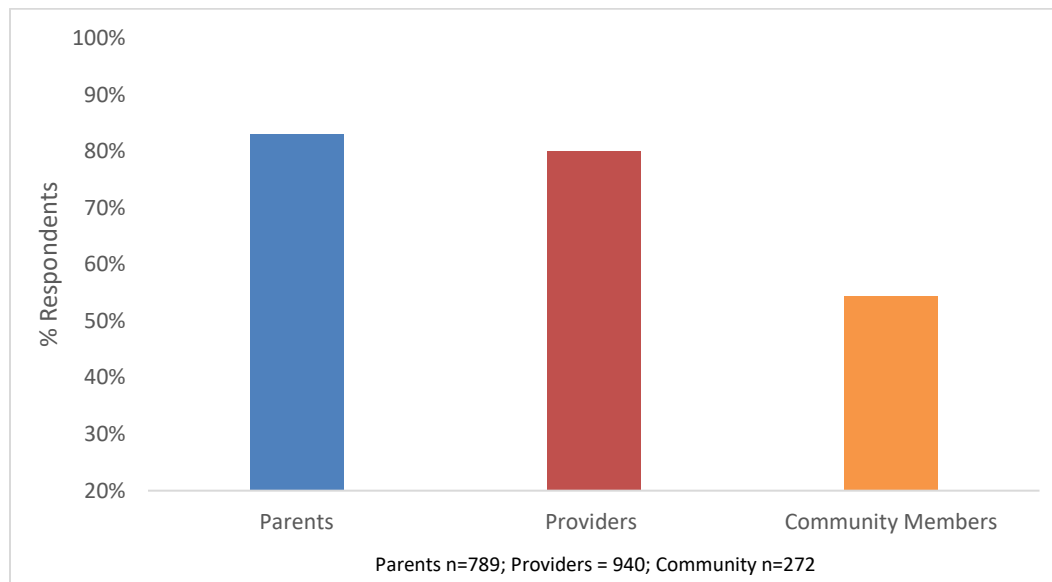
Parents. Overall, parents rated the quality of their ECE provider high. Every item related to ECE program quality had at least 80% of parents agreed with the statement (See figure 2). The elements of program quality with the greatest percentage of agreement were that the ECE provider: provides materials and information in a language the parents can understand (96%), uses developmentally appropriate activities (95%), provides a nurturing and healthy environment (95%), and provides a safe and age appropriate facility for addressing the developmental needs of my child (95%). The lowest areas of quality were parents' ratings that their ECE provider: providers me with opportunities to learn how to support my child's learning and development at home (81%), uses activities that represent different cultures to teach (84%), and communicates with me about my child's progress and areas of development (85%). The areas where parents rated providers weakest tended to involve the nature and extent to which ECE providers are engaging with families and implementing culturally responsive practices.

Providers. There were very small differences between providers' highest and lowest ratings on program quality items. The lowest rated elements of program quality was related to the use of activities representing families' culture in their teaching (85% agreed they were doing this) and whether their ECE Program provides families information in a language families can understand (90% agreed they were doing this). Nearly all providers (97%) agreed that they were providing children a nurturing and healthy environment, as well as providing children a safe and age-appropriate environment.

Comparisons between parents and providers were conducted on the program quality items. As shown in Figure 3 (below), both groups tended to rate the quality of their ECE program highly. Analyses comparing the two groups on the individual items found that parents and providers rated their ECE programs especially high in terms of having appropriate facilities for children (95.1% & 94.1%, respectively); providing children

developmentally appropriate activities (94.7% & 93.3%); and having qualified staff working with children (92.7% & 95.0%).

There were some areas of program quality, however, where parents and providers had statistically different perceptions. Providers, for example, rated their programs higher than parents in terms of providing a variety of educational materials to support children's learning (94.7% vs. 91.5%, t = 2.08, p = 0.038). Also, providers were more likely to report they were communicating children's progress to parents and sending home information about how parents can support learning at home than parents (93.5% vs. 83.4% t = 4.30, p < 0.001 & 90.8% vs. 80.9%, t = 3.72, p < 0.001 respectively).

Figure 26. Comparison of Parent and Provider Ratings of Program Quality

N = 478 parnets N = 645 providers
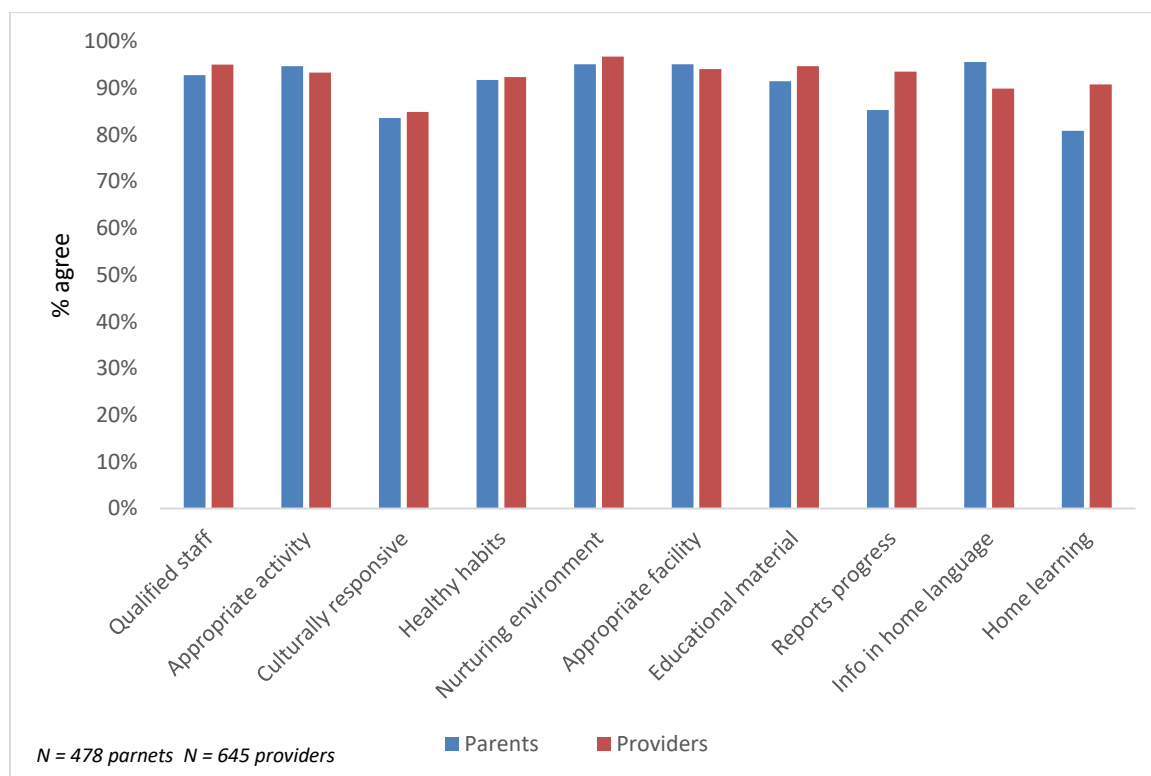
Parents were, however, more likely than providers to report that information and materials are provided in a language they can understand (95.6% vs. 89.9%, t = 3.72, p < 0.001). Given that over 90% of families reported that they spoke English in their home, for this sample of families this issue may not resonate as strongly than if the sample had more non-native English-speaking families.

Finding 2D. Providers find participating in Maryland EXCELS to be challenging and families lack awareness of this system.

As a part of the RTT-ELC evaluation, evaluators administered a survey to EXCELS participants in center-based care and education, family care and education centers, and public Pre-Kindergarten programs. Only 216 (4%) of the participating programs completed the survey, but the results can be seen in Table 21, which shows the

percentage of providers and their responses to each of the items on the survey. Most respondents said that Maryland EXCELS had a positive effect on their program, but there were a high number of ambiguous (N/A or Not Applicable) responses, a very low response rate and a possible self-selection bias wherein only those who felt positively about the process participated in the survey--making survey conclusions about the impact of Maryland EXCELS on care and education provider quality unclear.

Table 21. EXCELS Survey Responses (n=216)

Question	Very positive	Positive	Negative	Very Negative	N/A
Q1. What effect has participating in EXCELS had on the overall quality of your program?	20.6%	39.7%	3.1%	1.6%	19.1%
Q2. What effect has participation in EXCELS had on your staff's knowledge of child development and developmentally appropriate practices?	16.0%	31.1%	1.2%	0.8%	35%
Q3. What effect has participation in EXCELS had on your staff's implementation of developmentally appropriate practices?	15.6%	30.6%	0.8%	1.2%	36.6%
Q4. What effect has participation in EXCELS had on your center's communication and outreach to parents?	15.6%	36.6%	0.8%	0.8%	30.4%
Q5. What effect has participation in EXCELS had on your staff's communication and coordination?	12.5%	30%	0.8%	1.2%	39.7%
Q6. What effect has participation in EXCELS had on the quality of staff hires in your program?	12.8%	22.2%	0.8%	0.8%	47.5%
Q7. What effect has participation in EXCELS had on the credentialing of the staff in your program?	13.2%	26.8%	3.1%	2.7%	37.7%

Note. Reprinted from *Evaluation of the efficacy of Maryland's race to the top early learning challenge grant*, by Tirrell-Corbin, et al., 2016.

Other sources, however, such as focus group discussions and town hall meetings, left facilitators with a strong impression that administrators and staff find participating in the Maryland EXCELS process a burden. There are redundancies with applying to Maryland EXCELS and to other accreditation processes, for example, and the EXCELS framework presents challenges for public programs, such as those available through LEAs and through Head Start. In short, administrators and staff report that it is difficult to participate in more than one quality rating system, as their comments conveyed.

The survey administrated as part of the RTT-ELC evaluation revealed some of the frustrations providers feel with Maryland EXCELS. Many participants expressed that Maryland EXCELS created a lot of additional paperwork, taking time away from other duties. One participant stated, "Center directors have an incredibly high work load each day. Maryland EXCELS participation added to this. I have not had one parent inquire about our EXCELS rating so just like accreditation, I have a hard time justifying the time and expense" (Tirrell-Corbin, et al., Evaluation of the efficacy of Maryland's race to the top early learning challenge grant, 2016, p. 134). Another participant stated, "EXCELS has pretty much been a thorn in my side! I spent a lot of time jumping

through your hoops to 'make our program better' but our program was already at the top of the game. Instead of being in the classroom, encouraging my teachers, making sure everything was copasetic, making sure my 175 children were healthy and happy, I spent hours on hours jumping through your hoops. So we have an excellent program-never been written up by your LS for anything and we can only get a rating of 2 because of credentialing and for years we have been sending in our credentials packets and hearing nothing back. Now we are again waiting for responses in order to get a higher rating! I know many directors are demoralized, frustrated and about to give up" (Tirrell-Corbin, et al., Evaluation of the efficacy of Maryland's race to the top early learning challenge grant, 2016, p. 134).

Other participants expressed that Maryland EXCELS standards are redundant with other accreditations such as the National Association for Family Child Care and that it would be helpful if receiving a comparable accreditation could automatically qualify providers for a five-star rating.

Finally, some felt that including public programs in Maryland EXCELS was not appropriate because parents were only eligible to attend the local school in their neighborhood—therefore, even if the school received a poor rating, there are no alternative public local school options. At the same time, the process for enrolling in a public program is much different, because parents' choice is often limited to the school they are zoned to, so taking up teacher and administrators time with Maryland EXCELS did not seem like time well spent (Tirrell-Corbin, et al., Evaluation of the efficacy of Maryland's race to the top early learning challenge grant, 2016).

A similar sentiment was expressed by directors of Head Start programs in their annual needs assessment. Many directors reported "a difficult process for [Head Start] programs to become approved or reach [higher] levels [of accreditation], especially for programs with multiple sites." Some respondents expressed that Head Start programs should begin at a level higher than one since these programs are governed by many external federal requirements such as the Head Start Performance Standards. Respondents felt that allowing Head Start programs to start at a higher level would ease the workloads to meet the Maryland EXCELS requirements. Respondents also reported that programs are having trouble accessing training and support (Maryland Child Care Resource Network, 2018a).

Evidence from Survey
The surveys asked parents, providers, and community members to rate if they knew about the EXCELS rating of the ECE program in which they are involved. In responding to whether their child's ECE provider is rated in the EXCELS system or whether it is accredited, almost one-in-three (31%) parents responded, "I don't know." Eighteen percent of community partners did not know whether the providers in their community use the EXCELS quality rating system, and only 10% of providers did not know this information. The high percentage of parents who do not know if their provider participates in the EXCELS quality rating system suggests that EXCELS is not especially relevant to families in deciding where to send their children.

Of those constituents who did respond to the question of whether the ECE provider is participating in the EXCELS system, a large majority of parents and providers indicated that they were (92% and 89%, respectively). Community partners were less certain about EXCELS, only 70% indicated the ECE programs with which they work use the EXCELS system, a statistically significant difference (F = 22.92, p < 0.001) from parents and providers (See Figure 27).

Comparison of parents' awareness of whether their provider participates in EXCELS indicated no difference across the state regions.

Figure 27. Awareness of ECE Provider Participation in Maryland EXCELS

N = 789 Parents, N = 940 Providers, N = 272 Community
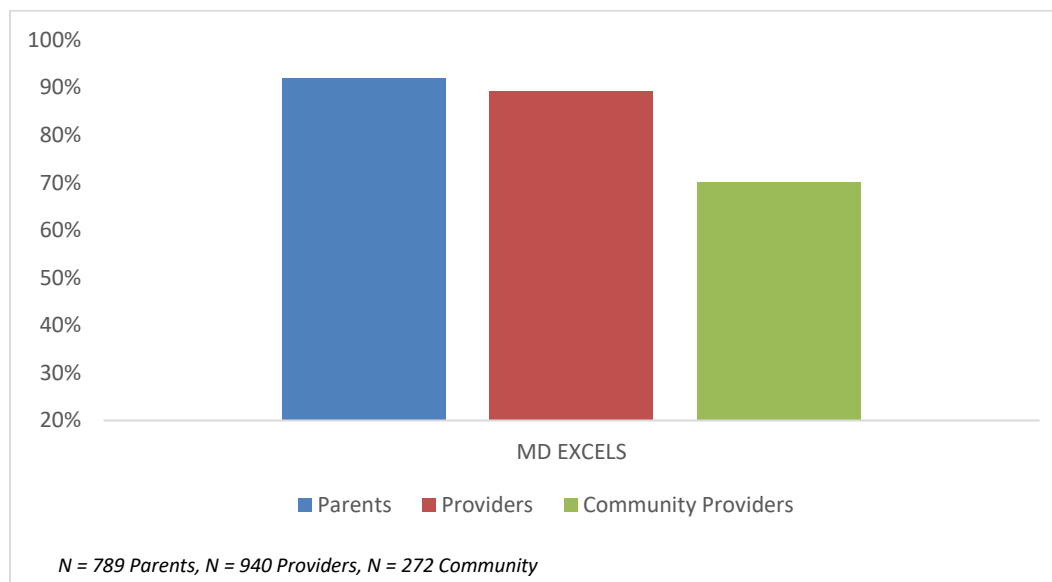
Evidence from Focus Groups

In focus groups across Maryland, providers expressed significant frustration and confusion related to the Maryland EXCELS and state accreditation process. In several focus groups, providers recalled stories of having to overcome significant obstacles related to filing paperwork for their own recertification, and commented that the state office in charge of accreditation is often unresponsive. A provider in Calvert County commented that being accredited and participating in Maryland EXCELS ends up being twice the amount of work,

> "If you're accredited then you're doing excels. So it was double when I worked at an accredited center because [Name withheld] used to be assistant director of a large accredited center. I did double work. I had to do everything for accreditation."(*Provider, Calvert County Focus Groups*)

In Somerset County, one provider expressed her frustration with the Maryland EXCELS and accreditation process saying it was, "*a lot of paperwork*" and that "*Your computer skills have to be good*…" Greater support from the state helping people navigate the bureaucracy, according to these individuals, would significantly improve their experiences with Maryland EXCELS.

Spanish speaking providers shared that because there is no support in Spanish for providers, they often have to work together with other providers to help each other to fill out the paperwork, and help each other get support. They also shared that the lack of support in Spanish often makes it impossible for Spanish speaking providers to move past level 3.

> *I had to form a group with other providers [to help other Spanish Speaking providers with EXCELS but of course the other providers do not go beyond level 3, because of their limitations with the English language. Because there is no person at the state level that would support them with EXCELS in Spanish, I have sat with them and filled out all the forms with them in English. That is why these providers don't progress in Maryland EXCELS. EXCELS is a program for people that, more or less, know what they are doing {filling out the paperwork}, it is meant for large providers but not for Family Child*

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Care providers. Johns Hopkins put a lot of work into EXCELS, and it is an expensive program, because computerized programs cost money, and having an EXCELs specialists in Maryland cost money too." (Spanish Speaking Provider, Montgomery County Focus Group)

Community partners also talked about the costs for informal childcare providers associated with becoming licensed. They expressed that having to be in Maryland EXCELS in above being licensed adds an extra burden for providers. As one participant explained:

"I know when you were talking about the informal families and how we're missing that piece, we struggle with getting informal childcare providers licensed because of the extreme cost that is required to become like the trainings that they're needing, the requirements that are being added to. And we worked with an informal provider and through basically begging different organizations to help her with her training, we finally need to get her registered. But if we're missing that piece, those kids aren't getting those services because they're in informal care. But we're not making becoming licenses doable. It's expensive; the requirements are continuing to grow. To get purchase of care they have to be in the Excels program but they may not have the ability to be ... It all kind of builds. So how do you reach those kids when we have informal providers that are ... They don't want to be licensed because they can't afford it, and what is the point then to go through it? So it kind of is... its overwhelming and daunting." (Community Partner, Hagerstown Focus Group)

Evidence from Town Halls

Some Town Hall participants saw these initiatives as "duplicating" quality improvement efforts in the state. Other participants discussed confusion in the provider community created by these three different efforts to acknowledge and incentivize quality:

"And there seems to be a significant amount of confusion on what Maryland EXCELS is, what credentialing is, what accreditation is, what they're supposed to be doing… We find that a lot of people think that accreditation, EXCELS, and credentialing are all the exact same program. And they'll be enrolled in one program and think that they're enrolled in another and then, you know, so there'll be in credentialing but not in EXCELS. And then we get a lot of questions where I'm enrolled in this program but I'm not getting the benefits, what, what's going on?' …but trying to figure out how to provide more clarity on all of these programs and opportunities for providers because of it seems there is a lot of confusion from the ones that we've worked with." (Participant, Anne Arundel and Howard Counties Town Hall)

"But they all really are giving their heart to this and yet it becomes a very complicated web because there is credentialing, there is accreditation, there is all those things. And in my center, we struggled really hard to stay on top of all those things." (Participant, Anne Arundel and Howard Counties Town Hall)

"…one of the things that we hear from our child care providers that's frustrating is that they have to go through EXCELS and accreditation that it seems like there's two things that are very similar but yet they apparently are different enough that they have to do two things which is a lot of work…" (Participant Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall)

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

Finding 3A. Consistently high-quality programs can serve as models for other programs.

Some programs, such as Head Start centers and Judy Centers have consistently shown high quality. These programs were highly praised by the focus groups and in the town hall meetings. Specifically Judy Centers were praised as hubs that connect families to community services. They provide parents with parent education. Parents particularly praised the Adelphi Judy center that offered classes to parents while simultaneously providing childcare. Judy centers also provide referrals for children with special needs. Parents appreciated the multigenerational approach of the Judy Centers, and the community they created with other parents. The 2019 Kirwan Commission Interim Report called for additional Judy Centers to be implemented across the state. These programs could serve as models for other programs and could be studied for which aspects of their design or implementation contribute significantly to their effectiveness and high quality.

Finding 3B. Maryland can streamline quality improvement initiatives.

Maryland has one of the most advanced quality improvement systems in the country. EXCELS, credentialing, accreditation and the associated training and professional development make for a robust quality improvement system. Stakeholders noted that one drawback of the extensive quality improvement initiatives is the complexity of the different components of the quality improvement system. Accordingly, efforts to build on the quality improvement system in the strategic plan must work to streamline and integrate the different system components in order for the state to better understand the distinctions between them.

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:

> "About the grants. We are family child care providers. We need a lot of help. We need help because like you can only apply for, maybe computer or something to do. Not like…playground stuff or something."
> (Participant, Prince George's County Town Hall)

During the Focus Groups, providers in Baltimore City talked about a big problem with lead in the environment.

> "Baltimore has a large lead problem. The parents have lead, then they have children, and they passes this lead poisoning on to their children, and this is what's causing a lot of this stuff that's going on. The

behavior problems, the learning problems. It's like flint with the water. It's Baltimore with the lead. We didn't know what's going on. This isn't something that's just happened. This has been happening for decades." (Provider, Baltimore City Focus Group)

Another stakeholder explained that lead is everywhere in the environment in Baltimore *"[Lead is in] old houses, paint. Not only that, it's abandoned houses that's painted with lead. It's flaking off and blowing in the air*."

Lead appears to be a prevalent problem in Baltimore City. Of the 2,049 cases of children found with lead in their blood in 2017, almost 40% occurred in Baltimore City (Maryland Department of the Environment, 2018).

III.   Transitions

The state, along with federal government organizations are developing programs to enhance the school readiness of young children, especially children from economically disadvantaged homes and communities and children with special needs. These programs are designed to enhance social, language, and academic skills through responsive early care and education.

Ready for Kindergarten (R4K) is Maryland's Comprehensive Early Childhood Assessment System, and is aligned with the Maryland Early Learning Standards and is used as a tool to help identify the supports children need to be successful in school. The state has identified the need to implement systems to collect valid and reliable child assessment data in order to provide key stakeholders with valuable transition data.

As the state invest more in high-quality Pre-K, sustaining these benefits as children transition from early childhood programs to kindergarten continues to be a need. Research shows continuity between Pre-K and kindergarten combined with family involvement is critical for effective transitions throughout a child's education. Transition activities that promote continuity are being further explored.

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

Evidence from Focus Groups
Community partners had shared the strong work that the Judy Centers are doing to prepare children for kindergarten and beyond. One Community Partners commented that, in contrast to many other programs she has seen, the Judy Centers supports children's transitions to the next grade up, stating, *"So, I do know, for the Judy Centers, that they do have a transition plan and that they do work with the Pre-K, kindergarten, first grade teachers to help those babies transition over." (*Community Partner, Baltimore City Focus Group)

Community partners also shared that, to their knowledge, although MSDE-accredited child-care centers must also have a transition plan to work with schools, the centers are not necessarily implement those plans. As one mentioned, *"But just the regular, average child care center, regular average child care provider, there is no real transition plan in place."* (Community Partner, Baltimore City Focus Group)
Evidence from Survey
Figure 28 presents the comparison of constituent group responses related to children's transitions. Providers were more likely to respond that they delivered information to families about what to expect for the next year's early childhood program or kindergarten than parents were (91% vs 74%, t = 7.20, p < 0.001). Providers were also more likely to respond that they provided information to families about what parents need to do to register children for the next year's early childhood program or kindergarten than parents were to say they received this information from their child care provider (90% vs 80%, t = 4.63, p < 0.001). Providers and parents were just as likely to respond that their early child care or education program provided children with the skills they need to succeed in kindergarten. However, community partners were less likely than both

providers and parents to respond that children were being provided the necessary kindergarten skills (73% vs 92% of providers and 90% of parents, F = 21.72, p < 0.001). The disparity in stakeholder perceptions and the results from the KRA which found only 47% (Maryland State Department of Education, 2019b) of students demonstrating kindergarten readiness may reveal a lack of clarity from stakeholders about what it means to be ready for kindergarten.

Figure 28. Support For Transition to Kindergarten
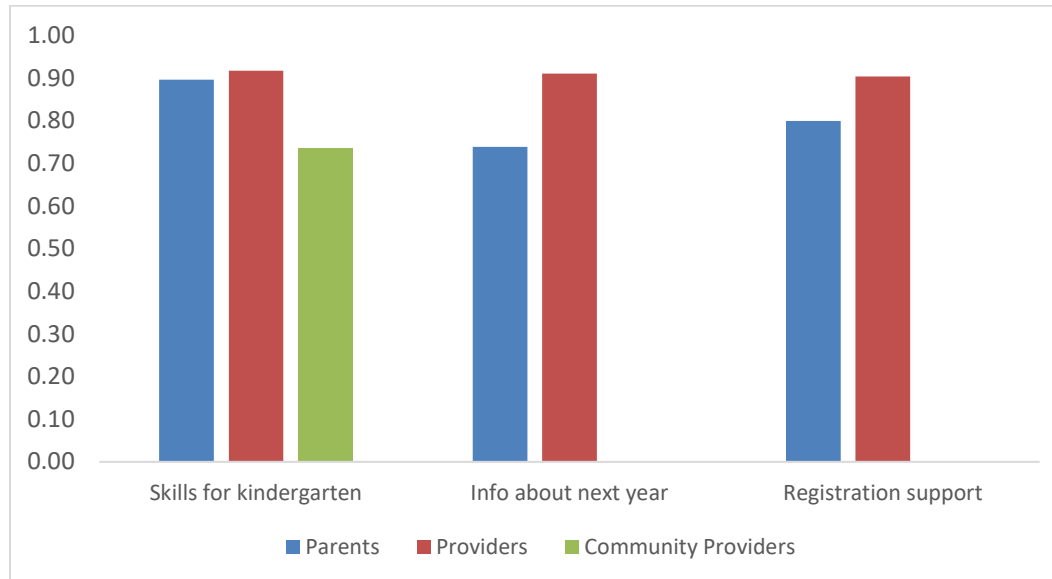
Finding 1B. Some parents report feeling unprepared for the transition between ECE programs and kindergarten

Evidence from Focus Groups

In a focus group of center directors and administrators conducted by Child Trends, many participants expressed that parents want their children to be ready for school and that parents expect child care providers to be primarily responsible for their children's school preparation (Forry & Wessel, 2012). These parental expectations often pose a challenge to providers, who perceive parent expectations to sometimes be unrealistically high, especially when it comes to preparing the child academically for kindergarten. Providers described feeling parental pressure to foster pre-academic skills, to the exclusion of other skills. Interestingly, while parental expectations were high, providers expressed they had difficulty getting parents involved in their children's learning (Forry & Wessel, 2012).

Parents and providers did not have a lot of comments related to how the ECE system helps children transition between programs and could not come up with suggestions for improvements, but they did have strong praise for the work that the Head Start and Judy Center programs were doing to get children ready for kindergarten. Parents in Baltimore City and Somerset County, in particular, commented that these programs had specific programming that was preparing children academically and socio-emotionally for kindergarten. A parent in Baltimore City said:

> *"[The Judy Center] also helps transition the kids. They just did something for the children that's in Head Start. They just did a…? Mock kindergarten, Pre-K. So they just did it. That way they'll be able to know.*

Hey, this is what it's going to be like when I come to regular school." (Parent, Baltimore City Focus Group)

Evidence from Survey

Almost 30% of parents disagreed or strongly disagreed that the child care program their children are enrolled in provided them with information about what to expect for the next year's early childhood program or kindergarten. As seen in Figure 29, there was little variation in how parents felt their providers prepare their child for transitions by setting type, with parents of children in Head Start reporting most likely to agree with the provider sharing information with them about kindergarten registration.

Figure 29. Parent Satisfaction with Transitions by Provider Setting
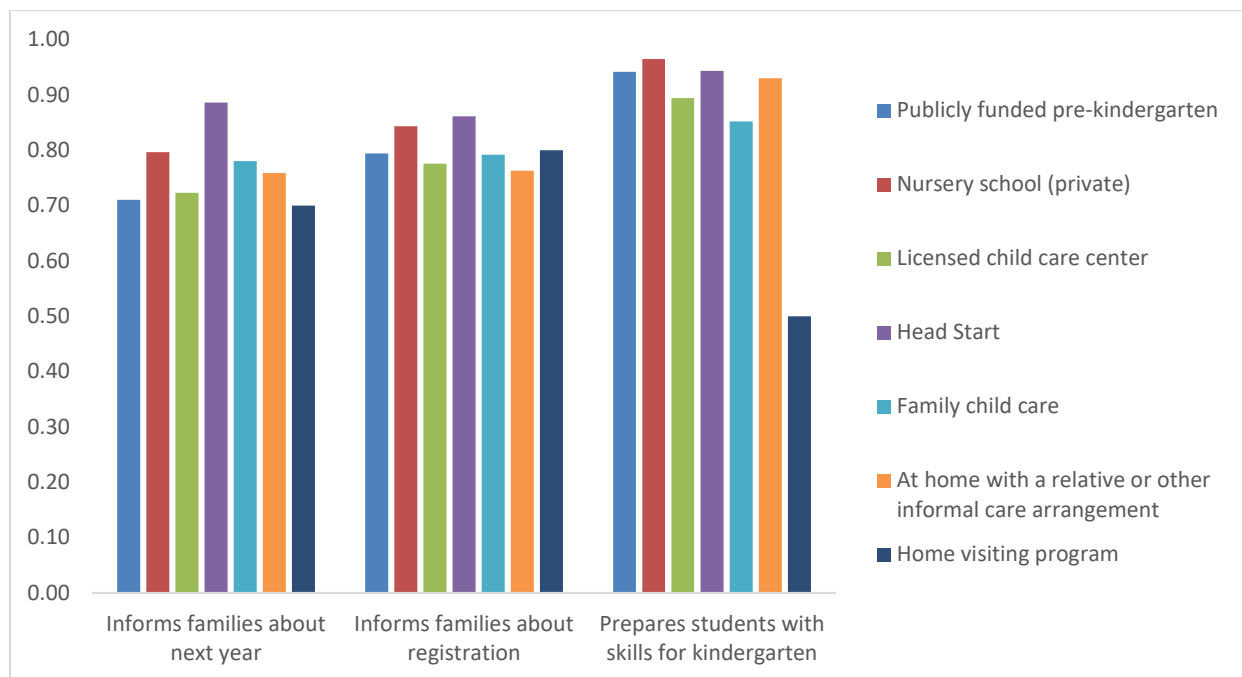
Guiding question 2: How effective is the communication between early care and education provider and school systems? What could be done to improve that communication?

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.

Currently there is little formal connection between the ECE system and Kindergarten. In a focus group of conducted by Child Trends, kindergarten teachers reported gaining most information about the type of care children in their classroom were in the prior year from conversations with parents. Conversations between the kindergarten teachers and the ECE providers were uncommon (Forry & Wessel, 2012). Communication was more likely when the ECE provider was located in the same school as the kindergarten as is the case with public Pre-K and with Head Start programs. Some kindergarten teachers expressed concern that obtaining this information could bias their views and option of the students (Forry & Wessel, 2012).

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Evidence from Town Halls

Town Hall participants noted that there was great variation in the relationship between early childhood programs and schools by locality and even by school. As one participant noted, "transition is only as good as the local principals," meaning that it was the relationship with and willingness of the principal that makes all the difference in these transitions. However, in general participants did not feel that there was a strong connection between ECE programs and schools across the state, and in some cases, the relationship could be described as somewhat adversarial.

From the perspective of ECE providers, the competition for children, funding and pay inequities, and different pedagogical approaches were discussed as sources of tension between the providers and schools. With regard to competition for children, one provider noted:

> *"Well [the schools]… almost put me out of business. You know. Public schools have taken it. At first, they…started taking the fives, we had fives when we started. Then they chose the fours. Now they want to take the threes, that's going to leave us with twos and infants. Yeah. And the staff ratio, that is so high that we can't afford it. I cannot continue."* (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

Similarly, another provider noted:
> *"I think that one of the bigger impediments is the trust issue and the fact that we're perceived to be at cross purposes in terms of you've got for profit centers that are just trying to make a living. You've got public school and you got Head Start and there seems to be this perceived competition to take kids…"*
> (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

Another issue causing tension was the different pedagogical approaches used by ECE providers and schools, particularly regarding expectations for children and around developmentally appropriate practice. As one provider explained:

> "*I think the expectations that public school is putting our early childhood childcare providers is not… reasonable… [D]evelopmentally appropriate practices are just that—they're developmentally appropriate… There's different ways to teach letters, numbers, colors… So just because we're not teaching it to what I think some public schools deem as the right way to be teaching it or what they should know when they come in…. [It is] something that we really need to talk about too between early childhood programs and public schools because I think that if we built those transitions effectively, I think that the childcare providers could benefit and the public schools can benefit too. But right now it seems like…there's been a divide in these two systems that's so, [we]…need to be talking to each other and [have] much, much more…respect for what each brings to the table. And I think if we can work on doing that, that that's when we're going to see children succeeding more…*"
> (Participant, Cecil and Harford Counties Town Hall)

Other providers discussed the desire and efforts to "push up" developmentally appropriate practice into the school system. As a provider noted,

> "*We've worked really, really hard over the last couple of years to not be pushed down upon the expectations, but to start to push up what is developmentally appropriate of growth mindset.*"
> (Participant from Cecil and Harford Counties Town Hall)

Finally, one provider noted that if the state showed more respect to the provider community, that would help in achieving more respect from the schools:

> "*I think that the issue becomes how the state recognizes providers like us…. And unless we are looked at as kind of a peer of the school, as a principal. We don't get the level of coordination I guess what we're looking for. If the state were to give us sort of a level [of respect] that we could reach where we would be recognized by the school as a partner.*" (Participant, Montgomery County Town Hall)

There were participants that highlighted transition success stories:

> "*I just want to say here in Calvert County. We have a really good transition to school program. …There's a person at the Board of Education who sends a letter to the child care center and says, you can go during this week. You contact your schools that you're servicing and make that connection. And we do, set it up. And then we go in and the children get to go in and spend an hour in the classroom with the teacher. So we get to talk to the teachers about what they're doing. We get to actually see it, and they do a project and get to see the playground and all that.*"(Participant, Calvert, Charles, and St. Mary's Counties Town Hall)

Guiding Question 3: Are there targeted supports for vulnerable or underserved children, supports across age spans and children with special needs? What are the strengths and gaps in these 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. Many Judy Centers Early Learning Hubs offer some targeted supports for these children to help with transitions.

Certain vulnerable populations including Latinx parents, parents of ELs and parents of children with Special Needs reported particular challenges related to transitions. ELs and Latinx parents reported receiving information helping them prepare for a child's transition to kindergarten at lower rates than other groups. 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.

Evidence from Town Halls
Problems with transitions explored during the town halls focused on children with special needs. Communication and information sharing between early intervention programs and the school system is critical to ensuring that public school teachers are prepared to handle the unique needs of young children with disabilities and developmental delays after they transition into the school system. For families who are enrolled in the Maryland Infants and Toddlers Program when their child turns three, their Individualized Family Service Plan (IFSP) team will help them develop a transition plan to work with the preschool program to

determine if their child is eligible for preschool special education. Families with children who are considered eligible can either begin receiving preschool special education services through an Individualized Education Plan (IEP) at age three or continue early intervention services through an extended IFSP until the beginning of the school year following their child's fourth birthday.

During the Town Halls, Head Start programs discussed the IEP process as a coordination issue with schools. For Head Start programs, federal law requires that 10 percent of currently enrolled children be children with disabilities. To obtain an IEP, the Head Start program must work with the local school district in the IEP process. Head Start programs perceived that the process took too long, losing valuable time to support the child. A Head Start provider from Baltimore City/Baltimore County Town Hall noted: "*It's always we have 30 days to do this, we have 30 days to do that… Or… because [the child doesn't]… meet all the criteria, we're going to wait more and see [if there is a]… development delay… This is too much*." Town Hall participants spoke about a similar lack of connection between child care programs and schools, placing the burden of forming connections largely on the family's capacity to advocate for their child. One participant from Montgomery County Town Hall said there is "*no connection whatsoever with child care unless a parent advocates for the child care provider to be at IEP, 504 meetings, things like that.*" Others cited issues with data sharing that stem from the confidential nature of IEP data and student privacy. Many child care providers who are not located at a school-based setting may not be aware of the rules around information sharing or may not be involved in a child's IEP meeting unless a parent or caregiver requests their participation. As a result, there is no formal consistent process for information on the child's development prior to school entry to be strategically shared with educators in the public school system.

> "*As a Pre-K teacher, I've had students come in my classroom day one that are nonverbal. Don't know how to play, don't how to follow a direction, running around my classroom. And I wonder where has this child been and why hasn't someone in the community been aware of this child's trauma and this child's need? So along with ___ too, with coordinating services, as an educator, that's horrifying to me that this child has somehow had shots, has seen the doctor, is out, you know, getting services with, but someone hasn't noticed this child is in significant need.*" (Participant, Cecil and Harford Counties Town Hall Participant)

Findings from Focus Groups
In the Spanish Speaking focus groups parents reported problems in understanding what their children are learning, especially when they transition to kindergarten. These problems exist across different subject matters, not only in English instruction. One mom said "*math should be math. They don't teach them [my children] like they taught me*". Parents reported being confused that their children do not get homework. One mom explained :

> "*I want to see homework so I have something to do with my son at at home. I talked about this with the teacher, but the teacher told me that at this young of an age, there isn't a lot of homework, but for me it was important, because homework helps me know what my child is learning. I wants to be more involved in the learning. This would be easier with homework or with something to do at home. The only homework they really have is a presentation (project) they do once a year.*" (Parent, Somerset Focus Group)

Parents expressed they would like more information and training about what is expected of children and parents in kindergarten, and stressed, that the expectations and requirements might be obvious to other

parents, but for them they are often very new, as for many of them their children entering kindergarten is the family's first contact with the formal education system in the United States. They also stressed the importance of providing this information in Spanish. Through the Judy Center, Somerset offers extra time for children in vulnerable populations including ELs by offering several weeks of summer classes prior to kindergarten to help them with transitions. Spanish speaking parents were very appreciative of this opportunity.

Findings from Survey

Comparisons of survey responses from EL and non-EL families (See **Error! Reference source not found.**) about transition services by ECE providers shows that EL families feel as though they are receiving less information about what will happen next year and about how to register for kindergarten.

Figure 30. Ratings of ECE Transition Services by EL Families and Non-EL Families
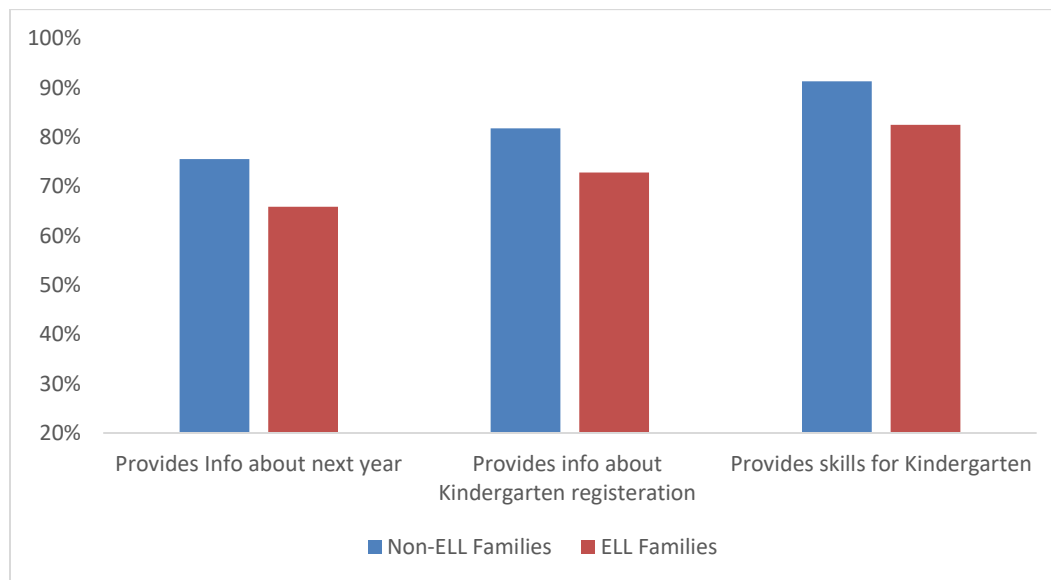
Furthermore, tests for differences in parents' perceptions of transition support by their racial and ethnic group showed a statistically significant difference across groups for the provision of information to parents regarding next year's program or kindergarten (F = 3.46, p = 0.033). Post hoc analyses suggested that Latinx parents were least likely to have received this type of information.

IV. Infrastructure and Coordination

The following findings represent some of the critical issues regarding Maryland's ECE infrastructure systems, coordination and collaboration uncovered by the data. Maryland is exploring how the various early childhood programs intersect and how to coordinate services to better serve families. Along with localities, the state is exploring ways to coordinate services to maximize resources, avoid duplication of effort, improve the quality of programs, and offer quality EC programs. There is a need to explore state and local approaches to coordination and collaboration of early care and education services and share lessons learned.

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.

Maryland has developed governance structures to coordinate and advise about Early Childhood Initiatives both at the state and local level through groups like the Maryland State ECAC, the LECACs and other initiatives.

LECAC's, created through funding from the RTT-ELC grant, provide an infrastructure to allow for collaboration and coordination among different parts of the ECE system at the local level. Each individual LECAC is chaired by a representative of the school system or the local government.

During the course of the RTT-ELC grant the LECACs began numerous initiatives such as:
- Combining local resources by forming subcommittees to work on specific issues such as childhood mental health or parent engagement;
- Providing professional development around specific curricula (for example the Vocabulary Improvement and Oral Language Enrichment Through Stories (VIOLETS), issues such as SEFEL, or specific content areas (math and English);
- Developing marketing plans to help increase knowledge and awareness of early childhood education throughout the community;
- Forming partnerships to provide activities, events, and resources such as the reach out and read partnership, a nonprofit organization that gives young children a foundation for success by incorporating books into pediatric care and encouraging families to read out loud together;
- Hosting "interactive hands on parent/child parties that promote the development of school readiness" (Tirrell-Corbin, et al., Evaluation of the efficacy of Maryland's race to the top early learning challenge grant, 2016, p. 178); and
- Providing activities and resources directly through the LECAC, such as parent cafes, which are two hour, structured get-togethers that engage parents and other adults in meaningful conversations about what matters most to families with young children and how to build protective factors at home and in early childhood settings.

At the end of the grant cycle, many LECAC's offered ideas of needs and challenges in their annual report. Primarily LECAC's had difficulty determining processes in overcoming achievement gaps for children with high needs. Some LECAC's also had difficulty accomplishing their goals in the original timeframe, and others, for example, Charles County—a rural county—indicated that their geographical make up makes it hard to reach families who are low income, or ELs and children with disabilities (Tirrell-Corbin, et al., 2016). After the RTT-

ELC grant many LECACs have continued to work locally to lead, advice and coordinate ECE initiatives. Funding from the PDG B5 grant is being used to help fund the work of LECAC's and to help each one conduct their own needs assessment.

Finding 1B. Despite efforts to improve the coordination of Maryland's ECE programs, the system is still fragmented.

There are many parts to the Maryland ECE system and while each may individually serve its purpose, there is insufficient support for communication and cohesion across the program in ways that benefits most families. For example, program eligibility requirements vary greatly between programs. A lack of coordination across programs makes some of them inaccessible to certain parents. Transportation between programs is not typically provided to support access to wraparound care.

In the last decade there has been an effort to unify the coordination of public early childhood education services under the leadership umbrella of MSDE. Accordingly, the Office of Child Care was moved to MSDE from MDHS, which included licensing of early care and education facilities and the administration of the Child Care Subsidy program. This effort has helped coordinate programs and services and has led to the streamlining of many services.

However, despite the efforts to streamline services, many of the services targeted at most vulnerable families are still offered in piecemeal fashion (Connolly, Grigg, Cronister, & Souza, 2015). For example, some home visiting programs are coordinated by the Department of Health, others are coordinated by the LEAs at the local level, and a handful is offered through MSDE. A low income family may qualify for WIC, TAFN and the Child Care Scholarship, however, currently the coordination of these three programs is conducted through three separate government agencies (MDH, MDHS and MSDE), and therefore the requirements for participation, documentation required to qualify and the application processes are different and not coordinated. According to one study, "A consequence of this uncoordinated system is that preschool-aged, low-income children may participate in incongruent public programs over the course of multiple years" (Connolly, Grigg, Cronister, & Souza, 2015).

One such inconsistency is the definition of vulnerable populations across the ECE system. From a system coordination perspective, vulnerable population refers to those children and families who are eligible to access the different programs and services in Maryland, which is often defined by income thresholds. However, eligibility thresholds differ across the system. For example, Head Start serves children from families at or below 100 percent of the FPL, as well as different categories of children and families including homeless children, children in foster care, children with disabilities, and children receiving Temporary Assistance for Needy Families (TANF). Conversely, Maryland's child subsidy program serves families who are working or employed in an approved training program or attending school who are also recipients of TANF, or with income under 65% of state median income (285% of the FPL). At the same time, local school systems provide a minimum half-day Pre-K to children at 185% FPL. This lack of consensus and different eligibility requirements makes the system difficult to maneuver.

Certain counties (for example, Montgomery and Howard) operate phone lines that help connect parents to services, but this service is not offered consistently across the state. Programs like Judy Centers and the Family Support Centers are geared to link families with services; However their reach is limited to their catch areas. A

parent in need, who often times does not have the time to investigate the range of available services across numerous departments and divisions, can easily be lost in the system.

Findings from Town Halls

The most troubling coordination issue for Town Hall meeting participants involved the impact of the state Pre-K program on ECE programs and providers across state. Stakeholders discussed how state-funded Pre-Kindergarten took away from other parts of the B-5 system. Providers commented that it was difficult to compete with a program offering free early education to four-year-olds and how difficult it was to sustain a business by only providing care to younger children that required lower ratios and group sizes. Participants felt that MSDE needed to do more to ensure that the Pre-K program was coordinated with other programs so that communities and providers can better understand the need for slots:

> "…*whatever we do to proceed with universal Pre-K in the state of Maryland, [it is important to know] that there are family child care providers, child care centers, that are going out of business because there's not a coordination of where services are going… We don't know in advance that there's going to be a new Pre-K class somewhere, etc… so we can plan, or [help] the small businesses in child care that we need to assist in helping maintain that quality but really not compete with them as we expand Pre-K in the state…*"(Participant Allegany, Carroll, Frederick, Garrett, and Washington Counties Town Hall)

The coordination is such an important issue that one Town Hall participant described it as: *"…it's almost like there's these two parts of MSDE…*" Participants saw the collaboration between schools and community-based providers as a "win-win" and could not understand why there wasn't more collaboration. One participant from Allegany, Carroll, Frederick, and Washington Counties Town Hall asked, "I think the challenge is the school systems don't have the space all the time. And so don't they need to reach out and have collaborations with community-based partners?"

> "*I think we also need to partner more. I've had situations here one childcare center doesn't have a vehicle and another does. I think we need to just do a lot more as a community. And the only way that we can do it, it's very difficult for me as an individual to get the data. …there has to be some other way for us to share information so that we can assist the parents.*" (Participant, Cecil and Harford Counties Town Hall Participant)

> "*Montgomery County has a ton of nonprofits, like a lot of you do. That there's so many people that help, but it's confusing about who helps who and what their waitlist is and everyone is different criteria. It's hard for the professionals to understand it, let alone explain it….I think some kind of data systems are needed that families get entered into the system so that we can kind of talk to each other because we don't. You spend so much time trying to figure out where they are, so I think of a way to, and that takes a lot, but I feel like different agencies, the public schools, we could work better together to figure it out because….because sometimes you make 15 phone calls over the course of a week and you've gotten nowhere.*" (Participant, Montgomery County Town Hall)

Evidence from Focus Groups

According to the Focus Groups, there is room for improvement with respect to community collaboration and coordination of services. The availability of services was a significant issue raised in more geographically isolated areas (e.g., Eastern Shore and Western MD). However, across the state, parents of children with special needs did not feel as though community or health care resources were as prevalent or available.

On the Eastern Shore and Western Maryland, community services for children and families are hard to come by. Families who have children with severe special needs (autism, mental health, etc.) are forced to travel to Baltimore to receive high quality services and/or sit on a long waiting list. Somerset, it created a choice between paying for the travel to an appointment or paying gas, plus the amount of time.
Parents in both settings did not like the system created to serve children with special needs. Having one person provide more than one type of service was perceived to be shortchanging the child. Getting services from someone without expertise in that area.

During the parent focus groups, many parents mentioned the important and critical role that local public offices and community resources have played in helping them support their children. In Somerset County, for example, several parents commented that the libraries are an especially important resource to them. One mother commented, "I don't know what they have for resources but they do a bang up job with programming and provider support for all age groups." Another mother described how the library has been a resource for the whole family:

> *"I do know that the programs here have probably made a dramatic difference in how healthy our families is. I was even able to connect with other parents and make friendships with other families. I can't emphasize enough the quality of life difference for the kids that having the access and being able to come to the library."* (Parent, Somerset County)

This comment is also indicative of other comments made by parents in other locales that talked about the importance of family groups. Parents described how family groups not only provide children playgroup opportunities, but also provide them opportunities to meet one another and develop friendships and community. Also, parents and providers throughout the focus groups added that programming through the Judy Centers provide parent education classes and playgroups for children that helped them connect to other families and build friendships.

Evidence from Survey
In the Survey, parents and community partners were consistent in identifying collaboration and coordination of services as an area of improvement. Only about 45% of community providers agreed or strongly agreed that the early care and education programs in their communities collaborate and coordinate services with each other. Interestingly, 63% of parents agreed or strongly agreed that the early care and education programs connect them to community organizations and services that support families.

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V. Parent Needs and Family Engagement

Thought leaders in the field of early childhood have been pioneers in recognizing the importance of and synergizing family and provider collaboration to support children's well-being, and ECE leaders in Maryland have long been part of these advances. Maryland has a strong network of stakeholders and resources to encourage and strengthen family engagement in education, including in early care and education settings. As such, Maryland provides a strong platform of support for families and has been considered a leader among states in this aspect of ECE. Even so, there are challenges and areas for improvement that administrators and policymakers could address to improve parents' experiences, particularly for certain groups of parents.

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.

The Maryland State Department of Education fully endorses and acts to put theory into practice related to family engagement in its early childhood state system, as outlined in *The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children* (Maryland Family Engagement Coalition, 2019). The framework identifies goals that should be common across the system and providers throughout Maryland and identifies strategies and resources to strengthen providers' ability to serve young children and families in ways that truly support parents and other family members. It is clear that federal policy shaped Maryland's family engagement work. The framework notes, for example, that the RTT-ELC grant it received created an important opportunity to coordinate the state's family engagement practices and identify common goals. The Office of Head Start's *Parent, Family and Community Engagement Framework* and a framework drafted by the U.S. Department of Education also informed Maryland's strong vision for family engagement (Maryland Family Engagement Coalition, 2019).

Maryland's vision for family engagement is commendable and comprehensive. It is viewed as a shared responsibility among stakeholders, is continuous from birth into the school-age years, and is to occur across settings where children are. It aims to support not only children's well-being, but also family well-being. It acknowledges the importance of cultural competence and universal design approaches, is to be supported by adequate resources and effective strategies, and should meaningfully impact children's learning and achievement. The state's family engagement vision also recognizes the need to facilitate ongoing learning and development for parents as well as children.

There are several programs in which Maryland families can participate as part of the effort to support and engage families. These include programs such as Maryland's Family Support Center network, which is designed to strengthen families and link family economic success strategies for parents with high-quality ECE programs. Judy Centers, highlighted above, are an important hub for families and unique to Maryland. These programs are located at or near schools in areas with high concentrations of poverty (i.e., Title I schools) and they

provide high-quality ECE programs as well as comprehensive family support services. There are 27 Judy Centers and three satellites in Maryland. Reach Out and Read is another program that provides education services to both children and families. In this initiative, schools partner with doctors to disperse books and encourage families to read together. Maryland Ready At Five created Learning Parties on the foundational belief that parents are lifelong educators of their children. Learning Parties teach parents how to make everyday activities learning moments through playing, singing, talking, reading and engaging in fun activities. A signature initiative of public libraries in Maryland is Every Child Ready to Read @ Your Library. This early literacy outreach program puts library resources into the hands of parents, and it provides parents with effective strategies for developing young children's literacy skills. Head Start programs originated with a strong emphasis on family engagement, and the Head Start model served as a model for Maryland's family engagement framework. Head Start programs meet all of the goals of Maryland's vision, including supporting the educational aspirations of families and developing family members as advocates and leaders in their communities. In addition, Child Care and Parent Cafés are mostly offered by private entities to respond to the needs of working parents and parents in school themselves. The initiative supports groups of parents to hear from speakers or go through guided conversations designed to allow families to share the collective knowledge among them and to build a network of community support. These programs address many of the needs families of young children have and foster stronger families in the early childhood years. However, a remaining challenge is ensuring that the families that most need these programs connect with them.

Guiding Question 2: What do you know 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. Costs are a barrier for low- and middle-class families to access ECE programs.

Although Maryland has a mixed delivery system that offers an array of options, parents find it difficult to find services they need and often feel in the dark about what the available programs are, where there are actually 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 and in other cases, the problem is lack of knowledge of the existence of those programs. Either way, the result is a population of families across Maryland who find it difficult to navigate the early years with their young children.

Town Hall meeting participants across the state identified several issues that cause challenges to their ability to engage with the ECE system, including lack of awareness of programs and the full range of services the state provides; social stigma associated with using some of the services or fear of interacting with government agencies; transportation-related, bureaucratic and language/literacy barriers; eligibility requirements that are opaque or that leave needy families unable to use services they might need; and not enough spots and services to support families when they need them. Some of these issues create challenges for vulnerable families in particular, a topic discussed further below.

One of the most salient themes emerging from Town Hall participants is that parents are simply not aware of the range of services available for them. Therefore, even when the state or private entities provide needed services, parents do not know about them, including appropriate child care or education programs nearby. In other words, it appears that there is a mismatch between what system leaders provide and what parents know

about. For example one study focused in Montgomery County found that while the LEA offers an information and referral service for parents of young children called ChildLink, through which parents of the county can call for information, referrals to child care programs and parenting help, a majority of parents don't know about this resource (Montgomery County Early Advisory Council, 2015). This disconnect between services provided and families' knowledge of them proves a fundamental barrier to program use.

Stakeholders indicated that there are too many families across Maryland who do not connect with the state's early care and education system at all. In some cases, even targeted groups are not informed of their options. For example, a study looking at use of publicly funded programs in Baltimore City found that a substantial number of kindergarteners who qualified for priority seating in Pre-K did not enroll. Sometimes parents assume a child could enroll only to find the program is full: 91% of parents reported that ECE programs near them had a waiting list—and 85% of providers agreed with them. Participants expressed concern that the lack of connection to unreached families not only leaves children out of ECE programs but also to the many comprehensive services available from which families could benefit, because ECE programs are often a gateway to other services that children and families might need.

In some cases, parents might have an idea of how to go about looking for a program, but the process is so onerous that parents can't easily navigate it. For example, the Maryland EXCELS website may list EXCELS-participating programs available in a given zip code area but provides no information on how much the program costs, whether it provides scholarships, what its hours are, whether there is a waiting list and when spots might become available, and so forth, and it assumes that parents know what EXCELS is, along with various accreditation systems. It requires parents to have access to the internet and be adept at calling multiple programs to gather and evaluate information. Having a system that seems daunting to parents creates an inequitable system that favors the more educated families and is challenging for almost all families. Families who are savvy in navigating online resources are likely to have a better ability to find appropriate and available programs.

Parents also need more information about where to find support for children's holistic development. Maryland is a leader for parent engagement among states and has a strong parent-services support framework. Yet parenting education and services continue to operate as siloes, with each program operating relatively independently in achieving its goals, defining populations served, finding funding sources and delivering services—which often leaves parents in the dark about what services are available and where to find them. The default professional for many parents of young children is the family pediatrician, who may not be qualified to answer questions or provide services on many aspects of child development and learning. Although Maryland may give parents some guidance on early care and education decisions, information about other vital services needed to help raise healthy children are offered in a piecemeal fashion—particularly to families in vulnerable populations. Parents of both at-risk and typically developing children appear to want more help and information.

Research shows that parents who have a basic understanding of child development can raise children who are more likely to be successful, and that strong parenting skills can result in more beneficial brain development. Parents who have an understanding of child development raise children who are more likely to be successful in adulthood. Parents who understand child development and developmentally appropriate behaviors are also less likely to abuse and neglect their offspring. These parents are also more likely to notice behaviors that could result in their children being identified for early intervention services and as children with special needs.

However, critical parenting education is not currently offered in an organized systematic fashion (Maryland Family Network , 2019), and is targeted mostly at parents from vulnerable populations. For example, most of the publicly available comprehensive programs are only available to parents of children with special needs, or parents with low SES.

Participation in comprehensive programs that focus on family needs beyond just child care does help reduce barriers. For example, a focus group conducted by Montgomery County Department of Health and Human resources found that parents connected to a Judy Center or CentroNia program felt they had more preparation and assistance in finding and accessing resources related to early care and education than those not connected to these services. However, these families were already connected to the program and it is not clear that families outside the programs benefit equally. In sum, a lack of information on available options for ECE programs, lack of knowledge of comprehensive or supplemental services and a lack of time to navigate the system are barriers for families (Montgomery County Early Advisory Council, 2015).

In spite of the public investments in early care and education services in Maryland, families struggle to afford those services. Because low-income families are eligible for child care scholarships, Head Start, and other subsidized services, it is often near-poor and middle-class families who have the least access to affordable services. Survey results show that there are differences in parents' perceptions of access to ECE programs across families by income group. Parents from the lowest income group (household income under $25,000) reported the greatest access to care and education both for children under age 3 and for young children in general. Families making more than $125,000 per year also perceived higher levels of access to ECE programs. However, families in the middle range of incomes perceived significantly less access to affordable care, creating a U-shaped pattern in the data. Families of all income levels reported infant and toddler care to less affordable than options for children ages 3 to 5. Interestingly, families making more than $100,000 per year perceived care and education to be less affordable than families making less within the middle-income range, which may reflect greater awareness of the importance of high-quality care, which costs more than lesser-quality care.

As seen in in, all forms of childcare in Maryland cost families more than they should; families pay above the recommended household expenditure levels, with the exception of Family Child Care programs for 4-year-olds. The data also shows that there is a tradeoff between cost and quality, as high-quality programs (as measured by accreditation) tend to cost significantly more than non-accredited ones.

Cost concerns and barriers for families was discussed in some detail in the access section. In addition to parent-level investment costs discussed in the Availability and Access section, there are also system-level investment costs that result from the overall high cost of care and education in the state, one of them being the cost of care and education vouchers and subsidies. While a high percentage of parents in Maryland struggle to pay for care and education, according to the Maryland Family Network (MFN), "relatively few are eligible for childcare subsidies, and fewer receive them" (Maryland Family Network, 2018). According to MFN, only 11% of children below the federal eligibility requirements and fewer than 10% of children who met the federal guidelines received federally funded subsidized care. The income ceiling for eligibility for subsidies increased dramatically on August 1, 2018 (from $35,702 to $71,525 for a family of four). This legislation marks a turning point in terms of dollars invested in early care and education subsidies in Maryland. Because this legislation is recent, the impacts are not yet known, but policymakers expect the program to greatly expand access to early childhood education in the state (Maryland State Department of Education, 2018k).

In a survey of the LECAC's 15 of the 18 jurisdictions who responded to the survey reported funding for early care and education as a critical issue for their jurisdiction. One jurisdiction survey participant said: "There are limited funds to support the county's growing and diverse population—particularly related to child care subsidies and services for at risk children and families" (Local Early Childhood Advisory Council Chair, Local Early Childhood Advisory Council Survey, 2018).

In Maryland, care and education providers can charge families the difference between the subsidy provided by the state, and the regular center rate. Providers, in general, report that a major challenge in supporting subsidized children is the lack of continuity in these children's care due to loss of subsidy. One possible explanation for this lack of continuity might be that if the high cost of quality care is passed on to parents, it may be difficult for parents to afford these arrangements long term (Madill, et al., 2016)

Lack of availability of services uniquely affects families trying to access scholarships, previously called vouchers and subsidies. A 2016 national study looking at the percent of potentially eligible children served by subsidies found Maryland to be among the bottom five states in the country, with only 4% of those eligible receiving these subsidies. Maryland also scored as one of the worst performing states for Black, Latinx and Asian racial groups receiving these subsidies (Ulrich, Schmit, & Cosse, 2019).

Parents themselves indicate the cost is a problem; only about one-third (37%) of parents participating the report survey felt that affordable child care is available in their area, according to survey data conducted for this report. Parents, providers and community partners agreed that it is especially difficult for parents of infants and toddlers to find available, affordable child care.

Guiding Question 3: What system does Maryland have in place to inform parents and families about available and affordable childcare options, as well as about what constitutes high-quality child care centers and how different centers match up in terms of quality?

Finding 3A. Families are not aware of program quality ratings and do not typically base program choice on Maryland EXCELS or accreditation ratings. Many turn to informal and unregulated care because of a lack of knowledge and/or access to other options.

Evidence from the survey and town hall meetings conducted for this report show that parents do not generally know about the Maryland EXCELS rating system or a given program's accreditation status and do not typically use those systems to make child care and education choices. Moreover, many parents expressed that they did not understand what it means for a child care provider to be licensed. This was true across the various regions of Maryland. This finding does not imply that parents do not care about program quality, but rather they are not aware of the formal systems in play or what various ratings indicate. Moreover, because child care costs, discussed below, are a major barrier to ECE setting options, parents have few degrees of freedom to choose a program based on quality alone.

Additionally, many parents expressed that they take care of their children by themselves, while some described using informal care not because of choice, but because of a lack of other options. In fact, about 23% of children come into kindergarten from informal care. There are no current requirements for informal providers to

provide learning opportunities, and children cared for by informal providers have fared poorly in Maryland's annual assessments of school readiness among incoming kindergartners. (Maryland Family Network, 2019) By not understanding rules governing childcare, some children in informal care, are actually breaking the law by using illegal child care. Illegal/Unregulated child care poses serious threats to the health, safety, and development of young children. Between 2010 and 2014, at least 13 Maryland children died in illegal child care settings. Over that same period, the number of illegal care complaints increased from 265 to 330. (Maryland Family Network, 2019).

Evidence from Town Halls

One role of Maryland EXCELS, Maryland Accreditation, and the Maryland Child Care Credentialing Program is to provide information to parents about the quality of care when searching for an ECE arrangement. These quality initiatives are also important to providers because they help them market their programs to parents and help parents understand why they should pay a higher price for their care. While this may be true in theory, Town Hall participants discussed a lack of public awareness about these initiatives that minimized their impact on parental decision-making when choosing care. Participants discussed the need for greater public awareness across all of these initiatives and the fact that this lack of awareness does not make provider participation in the initiatives worthwhile. For example, one participant noted:

> *"I mean the extra steps, extra classes that we take, [parents] need to be educated on. I have a sign in my yard, nobody asks about the Maryland EXCELS. Nobody asks about credentialing. Nobody asks about being accredited. Any of those things. There should be a way that the information gets out there to the parents, and then we, who [are] taking the time and worn out getting all this extra education…we should be compensated some kind of way for us constantly taking steps to improve."* (Participant, Baltimore County/Baltimore City Town Hall)

Participants in Cecil and Harford Counties agreed:

> *"…also want to say that I truly believe that, you know, Maryland EXCELS is our quality rating and improvement system. And I believe that we need to have a campaign, a marketing campaign that is directly reflected to parents about what quality is and what quality looks like so that they understand and it's more widespread. I think that we've reached the provider community very, very well, but I don't think we have reached the parents as well as we have the provider community…"* (Participant, Cecil and Harford Counties Town Hall)

Evidence from Focus Groups
Parents in focus groups often reported they do not know how to evaluate the quality of a program, and reported not knowing what to look for when making judgements about the program's quality. Parents expressed they would like a list of rules and regulations, benchmarks and best practices they should ask about and look for when looking for childcare. One parent said:

> *"It would be helpful to have a list of rules that each county-is supposed to follow… [It] would be helpful for me to have that right now and be able to say, "Do they actually have a schedule?" I don't know, and I don't have enough knowledge on the subject to even know if that a real thing. I don't know what I should be looking for." (Parent, Calvert County Focus Group)*

A similar sentiment was summarized by another parent this way:

> *"You [can] look at Maryland state laws online and you put childcare in it, it'll list them. But that's another thing that [MSDE] should do with the [PDG-B5] grant is inform parents. We're so shut in the dark that we don't know what's right and wrong."* (Parent, Calvert County Focus Group)

Very few parents report having heard of Maryland EXCELS. In all Focus Groups across the state, the only parents who seemed to consistently know what Maryland EXCELS was were parents who participated in the child care scholarship program. Furthermore, parents expressed that while they would like for their child's program to be accredited, they were more interested in their own feelings about the quality of the program than about formal accreditation. In addition, parents equated structure (e.g., having routines) and the use of a curriculum focusing on perceived academic content (e.g., learning colors, letters) with quality.

Findings from Survey

Based on the findings of the survey, Maryland EXCELS is not a factor or is only a minor factor impacting how parents choose an early care and education provider. When asked if the childcare provider currently used by the family is enrolled in Maryland EXCELS, while 39% of respondents answered yes, the second highest response was I don't know (34%). Out of all the items on the survey asking parents about the quality of their child care arrangement, the item "*My childcare and early education provider is enrolled in Maryland EXCELS*" was the only one to have such a high percentage (almost one-third) of all respondents saying they did not know.

Furthermore, when they were asked to indicate their top three reasons for choosing an early childcare and education provider; consistently across all groups only about 12-18% of families mentioned Maryland EXCELS as an important factor in choosing a ECE provider. Maryland EXCELS was, in fact, the least likely reason endorsed by parents for choosing an early care and education program (13.73%).

This may be in part because program administrators may choose to become accredited through one of the nationally recognized accreditation systems, of which there are nine in Maryland. Because fewer than half of Maryland's ECE programs participate in EXCELS and, of those, only 7% achieve the highest quality rating, not many programs can use Maryland EXCELS as a "selling point" for families to enroll in their program. Since parents seem to not know about the program, one of the only incentives for providers to enroll in the program is to be able to participate in the child care scholarship program, but after this they have little incentive in raising their Maryland EXCELS rating.

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, families in crisis, immigrant families, and families of ELs.

Vulnerable populations by definition need greater amounts and types of support services than others, but families of concern to Maryland are not always able to receive the comprehensive help they need. In the needs assessment 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. Moreover, only 18% of community partners agreed with this statement, and it was the lowest rated item.

Low-income Families: Poverty, instability and homelessness are problems for families across the state, and these problems, which sometimes feel intractable to parents and system administrators alike, pose unique challenges for families with young children. Town Hall participants spoke of the need to stabilize families before providers can focus on children's school readiness per se. Issues of housing, food security, health care and transportation are closely intertwined with financial poverty, and the convergence can leave parents feeling hopeless and providers feeling overwhelmed. Yet, providers recognize the centrality that a comprehensive ECE program can offer:

> *"...Not only are the children coming to their programs hungry, tired...they don't have clean clothes...so we're talking really basic needs here and social emotional needs, especially, these children really need to feel that their days are spent with people who they can trust and who love them, who are trying to do the best for their families, which I believe the providers really are...but...[school readiness] doesn't have a whole lot of meaning to families who are struggling for survival." (*Participant, Baltimore City/County Town Hall)

Low-income families need support beyond what a child care provider or classroom teacher can be expected to provide, but Maryland's system is not yet where it needs to be in supporting low-income families comprehensively. When the Kirwan Commission compared conditions in Maryland with conditions in top-performing education systems in the world, it found that children in Maryland are much more likely to be hungry, homeless, subject to frequent eviction from their home, sick, in need of dental care, traumatized, or limited by very small vocabulary than their counterparts from top performing countries. This finding held in spite of comparable parent income levels, suggesting that the supports and holistic resources provided to families deeply impact children's ability to perform (Maryland Commision on Innovation and Excellence in Education, 2017)*.*

The gap between the supports offered to parents of young children in Maryland and the supports offered to parents in top countries around the world was so profound that the Commission cited the gap as one of the critical issues affecting Maryland's education system:

> "The Commission has concluded that it has an inescapable obligation to make a recommendation designed to strengthen not only the early childhood education system but also the system that provides other vital services in communities, especially those that serve mainly low-income residents because, in the Commission's view, the health education and social service systems at the least, are inextricably and directly related to the functioning of the schools and to their capacity to do their job, both in early childhood and throughout student's schooling." (Maryland Commision on Innovation and Excellence in Education, 2017)

Families of Children with Special Needs: While many services are targeted at parents with special needs, even these parents who have access to these services report greater need for additional services. In the 2018-19 annual Part B Indicator Parent Survey for the 2017-18 school year, completed by parent/guardians of children who receive special education services in preschool during the 2017-18 school year, three of the lowest-scored questions had to do with having access to parent training, parent support, and access to other services such as care and education and food stamps. Whereas the average "agree" response to the 24 items on the survey was 77%, fewer parents agreed to the following three items, which scored 67%.

- People from preschool special education, including teachers and other service providers provide me with information on how to get other services (e.g., care and education, parent support, respite, regular preschool program, WIC, food stamps). (Average agreement with this statement was 65%.)
- People from preschool special education, including teachers and other service providers, give me information about organizations that offer support for parents (e.g., Parent Resource Centers, disability groups). (Average agreement with this statement was 67%.)
- People from preschool special education, including teachers and other service providers offer me information regarding parent training. (Average agreement with this statement was 65%.) (ICF, 2018a)

In the survey completed specifically for this report, the most consistent finding across all analyses was the fact that families of children with special needs do not see the Maryland ECE system as meeting their needs. These families reported that accessing programs with appropriate care was especially challenging, regardless of the age of their young child, and they reported the hours of care were insufficient. They were less likely than other parents to report having adequate access to community resources and services; to see their community as having organizations to help support their food, housing, medical or other supplemental needs; and to report adequate home visiting programs. They also were less likely than other parents to state that programs and teachers were of high quality, that programs used developmentally appropriate and culturally responsive activities, and that programs provided a nurturing and healthy environment and facilities were appropriate for the needs of their children. Lastly, they were less satisfied with their provider than were other parents and were more likely to say they would change providers if cost were not a barrier. In short, parents of children with special needs struggle to find care that feels truly beneficial and supportive for their family.

Families in Crisis, Especially Affected by Addiction: Town Hall participants discussed social stigma associated with receiving services, especially those related to drug addiction and mental health.
> *"A lot of families are not accessing mental health services, …SNAP and other benefits because they are under the impression that they have to name the father and have some kind of resistance to naming [him] and asking the father for the legal child support…[there may be] possible violence…or [the father saying] I'll just stop paying then."* (Participant, Prince George's County Town Hall)

Rural Families: Of 24 jurisdictions across Maryland, 18 are considered rural areas. By definition, rural areas are those that are geographically isolated and lack of health services and transportation are characteristic of these areas. In addition, some of Maryland's rural areas include growing numbers of immigrants who seek jobs in migrant and seasonal agricultural work. Whereas Maryland's urban and suburban areas may offer sufficient numbers of programs and spots, the rural areas are often described as "child care deserts," areas where services are sparse.

Immigrants and Parents of EL's: Maryland's vision for families indeed recognizes the importance of culturally and linguistically responsive services for all families, but the reality of providing resources and services for immigrant families is complex, and parents from immigrant families face many challenges as they attempt to navigate the systems and people in their new communities. These challenges include language and literacy barriers, fears of engaging with government agencies, isolation and lack of knowledge about how to find services, and lack of trust. Moreover, many immigrant families have lived through traumatic experiences. The adverse experiences faced by young children and their families was cited as a major stressor among Town Hall and Focus Group participants.

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.

Maryland's comprehensive Ready for Kindergarten assessment system (R4K) was designed to ensure that policymakers are equipped with informative data intended to guide them in enhancing early childhood education and teachers are equipped with information to individualize learning for each student. Because this data is consistently collected across the state, in all jurisdiction, the KRA provides an opportunity for the state to use this data to make improvements to the ECE system, while simultaneously providing data about the level of school readiness at the school level.

To capture school readiness across the state of Maryland, the KRA is administered from the first day of the school year through October 10th by kindergarten teachers in each jurisdiction. During the first years of its administration, between 2014 and 2015, the KRA was administered to every student in the state. Legislation passed in 2016 allows school districts to choose to administer the KRA to a random sample of students in each kindergarten classroom or to conduct a census administration, where every student in the county is assessed. In 2018, fourteen of the 24 counties completed a census approach, while 10 counties used the random sample approach. MSDE determines the minimum sample size to ensure that county demographics are accurately represented in the data. The following ten counties elected to complete a random sample administration of the KRA:
- Anne Arundel (21 % assessed)
- Calvert (27% assessed)
- Carrol (31% assessed)
- Frederick (31% assessed)
- Garrett (37% assessed)
- Harford (31% assessed)
- Howard (31% assessed)
- Montgomery (12% assessed)
- Prince George's (12% assessed)

Stakeholders report that the data from the KRA regarding the 64,000 children entering kindergarten in Maryland in 2018-2019 has been invaluable in guiding student and program-level decision making. The KRA (and ELA) equip policymakers and community leaders with information that helps guide their major decisions related to funding, policy, and program creation. Crystal Francis, Director of Early Learning Programs in Baltimore City Public Schools, expressed that, "The KRA provided us with information on all incoming students, which teachers and administrators can use to plan for instruction and address the needs of all learners. We have created a toolkit that allows Pre-K and kindergarten teachers to work together to analyze data to identify trends and create responsive instructional plans based on their actual student data" (Tirrell-Corbin, et al., 2016).

Creating tool kits, and developing partnerships between educators across the ECE sector are just some of the ways the information provided by the KRA bolsters the effectiveness of the education system. The emphasis the KRA tool places on observing children across four learning domains helps establish an inclusive, holistic approach to student assessment practices. When the assessment is administered to all students in the census administration, this methodology paves the way for an equitable assessment. Howard County kindergarten teacher Laura Brown noted that KRA developed a common language between teachers and early childhood providers: "This common language has improved communication across county jurisdictions, as well as across disciplines" (Tirrell-Corbin, et al., 2016). Laura Barbee-Mathews, coordinating supervisor of Early Childhood Programs in Prince George's county, echoed Ms. Brown's sentiments about the KRA tool saying "[KRA was utilized to] establish an 'early childhood task force that can address the areas of need.' KRA is [also] especially important because early childhood education provides the foundation for lifelong learning" (Tirrell-Corbin, et al., 2016).

While the KRA has proven to be successful in providing key stakeholders with valuable data, there are some challenges related to administering the test. Currently, a significant portion of the KRA method relies on data gathered from observations. Observational data depends greatly on the ability of the teacher collecting it. The KRA is also labor-intensive for teachers and requires them to pull their attention away from managing the classroom to be able to assess each child. Also, in a survey of those who administer the KRA (see Table 22), teachers reported being less comfortable with how to administer the survey to children with disabilities and children who are English Language Learners (ICF, 2018b). Furthermore, in many counties teachers are asked to administer the KRA along with other assessments, including Amplify, Developmental Reading Assessment (DRA), DIBLES, Fountas and Pinnell, and the Kindergarten Literacy Assessment. According to the same survey, out of the 1,473 teachers who responded, about 40% administer local assessments, which at least in part are duplicative of the KRA. Continuing to offer training for teachers on how to best administer the KRA, along with adding diverse means of collecting data for the assessment, could potentially improve reliability of the KRA tool (ICF, 2018b).

Table 22. Teacher-Reported Levels of Confidence and Ability with Aspects of KRA Administration

KRA Administration Aspects	1 (least comfortable)	2	3	4	5 (most comfortable)
Observing children (administering observational items) (n=1358)	0.3%	1%	6%	25%	68%
Using the Universally Designed Allowance (N=1,316)	1%	4%	17%	40%	38%
Administering the KRA to children with disabilities	4%	9%	26%	35%	26%
Administering the KRA to children who are English Language Learners (n=1,324)	6%	7%	24%	35%	29%
Knowledge of all domains measured on the KRA	0.3%	2%	8%	33%	57%
Using KRA to inform instruction (n=1,350)	7%	6%	17%	31%	40%
Communicating KRA results with families (n=1,348)	9%	9%	21%	30%	31%

Note. Reprinted from *Summary of responses to the kindergarten readiness assessment (KRA) survey administered to Maryland kindergarten teachers*, by ICF (2018).

As previously mentioned, local school systems are allowed to choose if they want to administer the KRA to all children or only to a sample, with 10 jurisdictions currently choosing a sample administration. Administering the survey to a sample of students limits the usability of the assessment for various purposes. Jurisdictions that use the sample approach do not have the critical baseline academic information for every child enrolled, limiting how much teachers know about the needs of all children in their classrooms. Furthermore, families that are not assessed may not be aware of their child's readiness level and what they can do to support their child's education (Maryland State Department of Education, 2018c).

Table 23 shows the differences between valid uses of the results of the KRA when it is administered to a sample as compared to a census. As the table shows, while administering the assessment to a sample decreases the administrative burden on teachers, it significantly limits the uses of results obtained from the assessment.

Table 23. Valid Uses of the Kindergarten Readiness Assessment Results for Sample and Census Administration.

Valid Use	Sample administration	Census administration
Informing prior education and care stakeholders of early learning standards and experiences that promote kindergarten readiness	Yes	Yes
Identifying individual children's needs and providing necessary support to children and teachers	Assessed sample only	Yes
Assisting teachers in data-driven instructional decision making at the child and classroom level	No	Yes
Providing families with information about their children's learning development	Assessed sample only	Yes

Note. Reprinted from *Readiness matters: Informing the future*, by Maryland State Department of Education (2017).

In a survey of kindergarten teachers who administered the KRA in 2018, those who administered the KRA to all students in their class showed higher agreement with the statement that "the KRA data enhances my ability to identify challenges that a student may be experiencing" as compared to teachers who only administered the survey to a sample of students (ICF, 2018b). There were also differences in whether teachers found the assessment useful, depending on whether they participated in a sample or a census administration. Of the 659 teachers who administered the KRA to their whole class, 73% either agreed or strongly agreed with the statement that the KRA is a useful tool (ICF, 2018b). Conversely, of the 709 teachers who administered the survey to a sample (n=709), only 55% found the survey to be useful. Teachers who administered the survey to a sample also noted that the students selected for the assessment were not always the ones who would benefit most from the assessment. For example, students who might be candidates for additional services were not selected for assessing. Teachers also noted that administering to a sample limits the usability of the results (ICF, 2018b).

Absence of census data also limits certain ECE programs that have been using KRA scores as a measure of their success. In 2017, 14 districts were assessing all entering kindergartners using the KRA. The number of LSSs

using a census administration rose to 18 in the fall of 2018, however, the absence of census data at school districts affects the way Judy Centers measure their success for their Result Based Accountability, since data is not available for every child in the program. Much funding of Judy Centers is provided as a result of the exemplary data and the lack of such data limits the center's ability to receive funding (Maryland State Board of Education, 2017). Because KRA data is consistently collected in some form across each jurisdiction, the state has an opportunity to tie this data to other important ECE metrics using a unique identifier.

Finding 1B. Data driven decision making is made more difficult by gaps in coordinated data systems.

A lack of a uniform data system across the state makes it difficult to track the performance of children on the KRA and provide that data back to ECE programs. For the most part, information about the ECE a child attended prior to taking the KRA is self-reported by the parents. Parents report data on the last program the child attended prior to starting formal school, and not necessarily all the programs the child was involved with throughout their K-5 journey. ECE providers report challenges trying to use KRA results to improve their practices, as data on the KRA only captures the ECE arrangement attended by the child immediately prior to kindergarten and not the full scope of programs a child might have attended. Often children are enrolled in more than one program. For example, a child might attend half-day public Pre-K and be with an afterschool family child care provider. However, it is not currently possible to disaggregate KRA results to account for multiple providers.

According to the KRA results, only 33% of Head Start children are demonstrating readiness at kindergarten. During a needs assessment of Head Start programs, program directors expressed concern that children are not being captured as Head Start students when they attend both Pre-K and Head Start. Respondents expressed that issues lie with the data collection method for the KRA. Head Start students do not receive a state identifier number as children who attend Pre-K do. This number allows students to be tracked in the state system before they enter kindergarten, identifying prior care providers. Instead, to recognize a student as attending Head Start, the parent or staff must transfer a document to the public schools through a process that is not standard across the state (Maryland Head Start Association, 2018).

Furthermore, data systems and reporting requirements used by individual programs vary greatly. While some programs capture the details of services provided and length, other simply indicates yes or no to program participation (Connolly, Grigg, Cronister, & Souza, 2015). Within one program, there is also great variation in data use—in the Head Start Needs Assessment, while 100% of programs report the use of a management information system, many do not use the systems to their full potential (Maryland Head Start Association, 2018). With much of the ECE data being stored in the data systems of individual programs, there is little standardization about what data to collect, how often to collect it and how to report it so that it can best be used to inform other agencies who might interact with the same child or family (Connolly, Grigg, Cronister, & Souza, 2015). With heightened data collection and analysis requirements imposed by different funders, some programs are experiencing increased workloads. A bridge between systems would help to reduce the workload when children transfer between programs like, for example, transferring from Head Start programs to the Local Education Authority.

Evidence from Town Halls
Several town hall participants talked about the value of developing a unique identifier for children. A unique ID would help with the issue of transiency by following children across different jurisdictions while also reducing

disruption in access/delivery of early childhood services. Participants also spoke about the issue of parents having to report the same information in multiple places to get access to services and suggested this information be shared across agencies. A Baltimore City/Baltimore County Town Hall Participant said, "Once you get that information, I don't understand why all of the agencies don't have it. Why [do] we have to continuously present the information." Other Town Hall participants noted:

> *"I have a frustration with the fact that we can't get a state ID in place for students…the first time they access service anywhere. Because I think that [will] address… the transiency. If they had a state ID and the benefits and things followed them from Baltimore City to Baltimore County or within one or the other jurisdictions, …we could much more quickly get kids back into what they need if there was a state ID."* (Participant Baltimore City/Baltimore County Town Hall)

> *"As a Judy Center…we look at a lot of data and some of the data we're missing… I think most of it could be cleared up with a statewide ID that's assigned shortly after birth. Because we're doing things like give them massage or even doing prenatal massage, playgroups, Pre-K, we're trying to figure out what works best and what is the most helpful. And so if there is a statewide ID, we can just click it in there. When the child starts kindergarten, we can look at that real data and see exactly what they've been doing. The kindergarten teacher can know what's been happening, everything would be so much smoother and easier connected."* (Participant Baltimore City/Baltimore County Town Hall)

Others brought up the need for data/information sharing as part of coordination and planning for transitions (e.g., when a child moves from early childhood programs to the school system, in between programs, etc.) and to track outcomes over time for families who accessed services. The participants noted:

> *"But, it really would be helpful to find a way to actually get the data for the Head Start programs so that we can start to see actual, how many children are transitioning from Head Start into the public school."*
> (Participant, Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties Town Hall)

> *"…we took…key agencies in Anne Arundel County—school, health, DSS, Head Start—and we had a universal shared data system through 'efforts to outcomes' software. Each agency could enter families with their control and permission into the database… And the software then allows different agencies to connect with each other to say heads up, I finished my piece, it's your turn now."* (Participant, Anne Arundel and Howard Counties Town Hall)

> *"I am a Director of the Family Support Center at Frederick County and that's something I've been wishing for, for a very, very long time. It would be great to be able to know how the children have done that started out at a family support cente.r"* (Participant, Allegany, Carroll, Frederick, Garrett, & Washington Counties Town Hall)

Finding 1C. There is an urgent need to modernize Maryland's data collection systems.

Maryland's early childhood data system is in significant need of modernization as it neither facilitates data-driven decision-making nor has the capacity to assign unique identifiers to support an unduplicated count of children in early childhood system.

The Child Care Assistance Tracking System (CCATS), Maryland's current childhood data system, is aging and built on a custom data platform that limits its ability to adapt to new federal regulations and the Maryland's evolving data needs. The current data system severely limits the capabilities of the ECE system by being cumbersome and inefficient and not allowing for the storage and integration of the many pieces of information associated with licensing, subsidy eligibility, reimbursement, educator qualifications, and quality.

MSDE is in the process of revamping their data collection system. They have recently signed an MOU to join Maryland's Total Human-services Information Network, or MD THINK. This is a cloud-based data repository is designed to break down traditional silos and data barriers between state agencies. It already provides integrated access to programs administered by several State agencies including Department of Human Resources, the Department of Health and Mental Hygiene, the Department of Juvenile Services, and the Department of Labor, Licensing, and Regulation. Joining this platform will not only allow MSDE to create a unique identifying number for students, it will also allow for better tracking of unduplicated counts of students receiving and awaiting services. Maryland is also looking at Pennsylvania's data system, Pennsylvania's Enterprise to Link Information for Children Across Networks (PELICAN) as a successful data system model.

VII. Costs and Funding

One of the biggest challenges in accessing ECE across the state and the country is cost, and one of the biggest considerations for states is how to fund programs for young children. Various federal, state, and local agencies support different ECE programs, making the system complex to navigate. Many of Maryland's EC programs are partially supported by federal and state funds and, consequently, are subject to oversight by multiple agencies. This complexity can create confusion and increase the burden of administrative and reporting requirements for providers and families.

Because services for young children and families span a range of activities from health and nutrition to parenting education to child care to education to social work supports and more, organization and funding for pieces of the early childhood puzzle can be fragmented and insufficient for vulnerable families. In Maryland, three state agencies financially support and oversee the bulk of services for children from birth to age 5: Department of Health, Department of Human Services, and Department of Education. Some of the pieces of the puzzle to consider include funding for infant and toddler services, Pre-Kindergarten, services for children with special needs, workforce support and compensation, and program quality assurances. This section reviews findings related to both costs for families and funding from a systemic perspective.

Guiding Question 1: Have there been successful efforts in the state at implementing strategies that have improved the efficient use of resources?

Finding 1A. Maryland continuously invests in ECE systems and initiatives.

Maryland does invest in its early care and education system: It has increased spending on Pre-K for 3 and 4-year-olds by $16 million in 2017-18, which resulted in an increase of $500 per child. Prior to that, the Pre-Kindergarten Expansion Act added $4.3 million annually to increase access for children from families living at up to 300% of the federal poverty line (FPL). Maryland also was awarded a Preschool Development Grant, receiving $15 million per year from the federal government, and 2018 legislation allows for sustaining that funding once the federal PDG money runs out. It used this money to support enrollment for 4,272 children in 2017-2018, which included 1,571 new seats and 2,701 enhanced seats. Maryland spent $1.8 million on Head Start seats last year.

The Kirwan Commission recommends that Maryland expand its access to free, full-day preschool for all 3- and 4-year-olds in families living up to 300% of the poverty line. In addition, the Commission recommends providing full-day Pre-K to 4-year-olds between 300% and 600% FPL on a sliding scale, with the full plan to be phased in over 10 years. In response, the Maryland General Assembly has already put forward a fiscal and policy report called *The Blueprint for Maryland's Future*, which calls for sustained and coordinated effort around early support and interventions for young children, including by phasing in universal full-day Pre-K for 3- and 4-year-olds. This report would mandate supplemental Pre-K funding in FY20 in the amount of $31.7 million and in FY21 in the amount of $53.6 million (Department of Legislative Services, Maryland General Assembly, 2019).

Per child (of 31,474 children enrolled), across Pre-K and Head Start programs, the state invested $3,963 in 2017-2018. Adding local, federal and TANF contributions into the mix, total spending per child was $8,166 (for comparison, total kindergarten to Grade 12 spending per child was $16,280).

It can be difficult to take stock of trends related to the full birth-through-age-5 resource allotment for early childhood care and education services because data are typically provided by program rather than as a cohesive whole. Current document reviews indicate that spending on infants and toddlers is inconsistent and data are sparse; whereas financing data are more readily available for preschool-aged children (ages 3 and 4). In 2018, Maryland spent approximately $125 million on Pre-K; it is ranked 31st out of the 50 states in its state spending on preschool for 3- and 4-year-olds (National Institute for Early Education Research, 2019).

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

Because programs rely on different funding streams, some of which are more robust than others, funding levels vary and are differentially predictable. Public funds, whether from local, state or federal monies, allow for longer-range planning and investments in quality in general, whereas programs relying on the open market and private sources of funding may not be as reliable and, in the case of lower-income areas, provide less revenue if families are paying the lion's share of costs. Moreover, because Maryland uses property taxes in its equations for school funding, public programs in low-income districts have less funding to work with to invest in quality programming. As a result, program quality is not equitably distributed: children in low-income areas at times have access to only the lower quality ECE programs. Publicly funded programs such as Head Start and Judy Centers, which are located in high-risk areas, counter that situation by providing high-quality programs to families with less income; but in general, vulnerable families have less access to high-quality programs. Moreover, near-poor families who do not qualify for subsidies but who cannot afford full ECE costs are left out of the system altogether and can be underserved.

There is also a lack of coordination in how different services are funded. The chair of another LECAC reported, "Funding is disjoined and not streamlined. Various sources are available from different agencies to support early childhood care and education services; however systematic reform needs to occur in order to ensure collaboration and communication from the federal, state and local levels" (Local Early Childhood Advisory Council Chair, Local Early Childhood Advisory Council Survey, 2018p). Furthermore, different sources of funding come with different externally imposed rules and the lack of programming flexibility rules out the possibility of creating a unified application for services that would allow a family to apply and be determined eligible for multiple services across agencies at one time.

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

Finding 3A. Removing administrative hurdles for parents can improve access to affordable care.

There is also a lack of family understanding about subsidies and scholarship systems that would reduce cost burdens for families; as a result, eligible families do not use them to the extent they could. The state Child Care

Scholarship or voucher program specifically was criticized by families in the focus groups. Parents reported the scholarship system is confusing for families and not clear about what is covered. In Baltimore, for example, one mother thought a scholarship would cover all program costs and was not aware of a co-pay requirement. Parents also criticized the program for requiring employment to be eligible for a scholarship when they can't secure employment without child care arrangements being in place. Expanding eligibility to parents who are pursuing education or engaging in language or vocational training was seen as a necessary improvement to the system from a family perspective. In addition, adults' relationship issues, including child support access, can impact funds available for ECE enrollment.

Finding from Focus Groups

One example of an administrative hurdle offered during the focus groups is that a single parent is required to show demonstrated efforts to obtain financial support for child care from the child's other parent, but some parents are reluctant to pursue such arrangements for safety or relationship reasons, such as putting stress on an already fragile relationship—thereby putting the stability of the child's home environment at odds with child care and education needs. One parent stated:

> *"The only other thing is with the affordability thing. I looked into the voucher program to get a second chance... and I don't qualify because our income together does not qualify. But that does not mean we can afford childcare. I was told by lots of different people who run daycares that I could just lie. Just don't mention him. Even though we live together, we're not married, but we live together, our income is shared, they told me just don't mention him. But in the paperwork, it tells you that you have to be willing to seek child support, to be able to receive that. I don't think that is fair. That's not fair to men who are stand up fathers, because that does not mean that we can afford it just because both of our incomes are dual and we both provide for our children. Trying to take money out of everything else we do for our children to put it into the daycare services takes away from our kids as well."* *(Parent Calvert County Focus Group)*

Another parent added:

> *"We looked into childcare vouchers as well and we actually do qualify but there's a huge wait list, even if you do qualify it, but the problem with that is, is that financially we qualify. But there's certain qualifications as far as you have to be working X amount of hours during this certain amount of time. I can't physically get the job until I have the vouchers to put the kid in daycare so that way I can go to work. That's a catch 22."* (Parent, Calvert Focus Group)

Evidence from Town Halls

Town Hall participants also spoke at length about how difficult it is to apply for Maryland's Child Care Scholarship program. The participants discussed issues with the amount of paperwork, verifications, communication with state, applications being rejected, and delays with payments. In many cases, providers took on the role of becoming the liaison for the parents with the MSDE. Regarding the Maryland Child Care Scholarship, Town Hall participants noted:

> *"We're sending the documentation over [for the parents],…had conference calls…[with MSDE] with parents sitting in the office and we're on speaker to try to assist them with the questions that they're asking the parents to help expedite the process, which is a service that we're technically offering in addition to child care. And we make them aware that we can help them all the way through to the end*

because the parents get frustrated from start to finish and, and some of them never, never do finish." (Participant Baltimore City/Baltimore County Town Hall)

"I don't know what can be done about the voucher system, it has to be made easier for…these families because they don't have the ability to scan, email, all of those things. We providers will do that…also as [parents] move, things happen with the vouchers. We have a lot of absenteeism because of that. So again, I don't know what the answer is, but something needs to be done with that voucher system to make it much, much easier. 98 to 99% of my families are families on scholarship."(Participant Baltimore City/Baltimore County Town Hall)

"We have a family that has a high functioning college degree and they couldn't figure out how to apply for the voucher system because it's so burdensome." (Participant Baltimore City/Baltimore County Town Hall)

Town Hall participants had specific experiences and stories with parents struggling with the system. One participant discussed a father who appears to be in an endless cycle of trying to renew the subsidy:

"He's been in the voucher system for years and this last time they kept asking for more and more information. It was more paystubs more this, more that. He's self-employed. …the process took so long that his voucher was terminated." (Participant Baltimore City/Baltimore County Town Hall)

MSDE noted that the state had recently changed to year-long eligibility for child care subsidies which should reduce some of the administrative burden associated with the Child Care Scholarship Program.

One strand of the conversation involved the advantages and disadvantages of using technology to support the application process. Increasingly, the forms and processes associated with accessing services for children and families in Maryland rely on the use of technology. Maryland agencies are also relying on technology to make families aware of the services that are available and for the application process (i.e., submitting electronic forms). Town Hall participants talked at length about technology barriers to accessing services:

"So sometimes…even though we have technology and social media, …I still like hard copy. Sometimes you've got to think about all the ways of communication, you know, TV, social media, hard mail, you know, just everything." (Participant, Prince George's County Town Hall)

Town Hall participants discussed the importance of having a "human touch" to support families through the application process, particularly those families that have higher need:

"They need that one-on-one, face-to-face and when [the child care caseworkers] were pulled out of our county social services offices, the damage started and we really need to go back to we are human beings, we are not computers, we are not fax machines that scan and email and we need to go back to, 'Hi I'm Holly, how can I help you today?' I'm doing that every day to my parents, that's what our parents need and we really need to take a step back and say, hey people come first and this is what this is about. This is about people coming first." (Participant, Baltimore City /Baltimore County Town Hall)

Recommendations, Next Steps and Conclusions

The needs assessments conducted by MAEC suggests that Maryland's early childhood education system is comprehensive and follows many identified best practices to provide access and ensure quality. However,

despite efforts to centralize the ECE system, many components continue to be fragmented. Also, while there is substantial programing available for children ages 3 and 4, access to public programs for infants and toddlers continues to be very limited. Furthermore, the 2018-19 KRA data indicates that only 47 percent of Maryland's kindergartners demonstrate overall kindergarten readiness, and that troubling gaps exist by race/ethnicity, income, English proficiency, disability, and county (Maryland State Department of Education, 2019b).

By consolidating data already gathered through numerous needs assessments and strategic planning processes across the state, this report highlights findings that suggest possible system improvements that promote equity for children who are vulnerable or underserved, including low-income families, children with disabilities and developmental delays, those who are English Learners, and those who live in rural areas. What follows are principles that guide these recommendations and the recommendations themselves.

Principles Guiding Recommendations

In addition to findings emerging from the various sources cited in the report, the following nine principles were instrumental in shaping the recommendations that follow. It is beneficial to children, families, providers, and schools, as well as the economic health of Maryland's overall workforce to:

1. Build on the successes that Maryland has already created with its mixed delivery system.
2. Emphasize prevention and the importance of starting early during the prenatal period and beyond.
3. Ensure access for all children birth through age five throughout the state to affordable care and education services.
4. Provide high-quality services for all young children and their families.
5. Prioritize vulnerable families when there are limited resources.
6. Engage communities and families using an equitable and culturally responsive approach.
7. Focus on a two-generational approach.
8. Invest in coordination and collaboration systems at all levels.

Recommendations

There many ways to approach the challenges that exist within and around the ECE system in Maryland. The following recommendations not meant to serve as an exhaustive list but rather as a set of possibilities that may be expanded upon according to state priorities. Recommendations are organized by domain.

I. Availability and Access
1. Increase the availability of affordable spaces or slots to reach a greater share of the birth to age 5 population, especially those living in current child care deserts, and children under3;
2. Continue to increase support for mixed delivery Pre-K to reach universal enrollment, ensuring first that targeted vulnerable populations have priority access to available spaces before serving the general population;
3. Reduce the cost of ECE programs for families—including middle-class families— through increased subsides or scholarships, tax credits and other innovative funding methods;
4. Increase the number of home visiting programs and better advertise them to ensure reach to families not currently participating in any ECE program, particularly in rural areas;
5. Address transportation issues, especially in rural areas;
6. Reduce administrative hurdles for families;

7. Improve public awareness and knowledge of eligibility and available services and EC; programs, particularly among vulnerable children and their families; and
8. Promote two-generation initiatives and program models that lead to lifting families out of poverty.

II. Quality
1. Address issues related to the current ECE provider and teacher shortage by:
    b. Increasing access to pre-service and in service professional development for all ECE professionals;
    c. Increasing the number of teacher preparation programs that focus on infant and toddler care;
    d. Improving "real-world" experiences in programs;
    e. Providing coaching and mentoring;
    f. Improving articulation between Associate's and Bachelor's degree programs credentialing;
    g. Strengthening understanding of how to engage families in culturally responsive ways; and
    h. Increasing understanding of how to best service children with special needs and English Language Learners.
4. Create agreements with neighboring states and District of Colombia to facilitate employment of qualified ECE professionals coming from outside Maryland.
5. Target support and training to providers and teachers who work with vulnerable populations.
6. Identify and study high-quality programs to determine what makes them effective, and use the findings as models for developing and improving early childhood programs.
7. Address barriers stakeholders experience using Maryland EXCELS by:
    a. Simplifying participation for providers and reducing the redundancy that exists with other quality measures;
    b. Expanding public and family awareness of Maryland EXCELS; and
    c. Systematically using the information gathered across the state for program improvement.
8. Increase compensation for ECE professionals through direct increases and/or incentives.

III. Transitions
1. Develop systems to systematically increase communication between early care and education providers, include community providers, and school systems, particularly family child care providers.
2. Develop systems locally to help parents understand their role in school readiness.
3. Promote annual school and public and community provider meetings to design transition activities.
4. Focus on inclusiveness of vulnerable families in transition to schools.
5. Develop a system for identifying, assessing and supporting English Learners prior to/at kindergarten entry.
6. Ensure that families of children not participating in any ECE program receive outreach regarding school readiness, procedures and services well ahead of school enrollment.

IV. Systems Infrastructure and Coordination
1. Reduce the fragmentation that impedes integration of early childhood services among relevant state and local agencies.
2. Address systemic needs that may vary by geographic area, including transportation and facilities upgrades.
3. Continue to leverage the state's local governance infrastructure through local ECAC's.

V. Parent Needs and Family Engagement
1. Expand the two-generational programming that exists across early childhood models.
2. Increase access to home visiting programs aligned with family needs.
3. Create public awareness opportunities to inform parents of services available to them.
4. Be intentional about linguistically and culturally appropriate outreach and application processes, particularly for vulnerable families.

VI. Data System Needs
1. Develop a results-based accountability system that includes a unique identifier for tracking services and outcomes for children birth through 5.
2. Modernize the Maryland data system to allow for making data-driven decisions.
3. Encourage jurisdictions to use the census data collection approach for the Kindergarten Readiness Assessment, and support school leaders and staff to apply KRA results in supporting student achievement outcomes.

VII. Costs and Funding
1. Focus spending on interventions to improve equity and quality in geographic areas and programs with high concentrations of vulnerable children.
2. Increase funding for children birth to 3.
3. Continue and expand state support for early childhood scholarships, quality initiatives, and Judy Center Early Learning Hubs.
4. Create better alignment among funding streams.
5. Remove administrative hurdles and obstacles for providers and parents that impede access to affordable care.
6. Increase public awareness of funding available to parents.

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Appendices

APPENDIX A- Protocol for Systemic Document Review

Protocol for systematic analysis of existing needs assessments in MD for PDGB5

1. Name of Reviewer

2. Type of Report

3. Name of Document being reviewed

4. Authors (Organization authoring the report, not individual authors)

5. Year Published

6. Data Collection Methods

7. Approximate Sample size

8. Georgraphy Covered

Protocol for systematic analysis of existing needs assessments in MD for PDGB5

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5. Year Published

6. Data Collection Methods

7. Approximate Sample size

8. Georgraphy Covered

9. Jurisdiction

___ Allegany

___ Anne Arundel

___ Baltimore

___ Calvert

___ Caroline

___ Carroll

___ Cecil

___ Charles

___ Dorchester

___ Fredrick

___ Garrett

___ Harford

___ Howard

___ Kent

___ Montgomery

___ Prince George's

___ Queen Anne's

___ St. Mary's

___ Somerset

___ Talbot

___ Washington

___ Wicomico

___ Worcester

10. Does the study address service providers?

[   ]

2

APPENDIX A- Protocol for Systemic Document Review

11. Target Providers

____ Public Pre-Kindergartens

____ Private Child Care Centers

____ Family homes (Family Childcare providers)

____ Other (please specify, and explain how the other setting is defined)

_____

_____

12. Does the study address a specific student population

[ ]

13. What age group?

____ No specific age group identified   4

____ Less than 3   5

____ 3

____ Other (please specify)

_____

_____

14. Target student population

____ Students with disabilities/special needs   ____ Children of urban areas

____ Immigrant children   ____ Head start students

____ English Learners   ____ Low SES

____ Children in rural areas   ____ Racialy disenfanchised

____ Other (please specify)

_____

_____

15. The study addresses Parent

[ ]

3

APPENDIX A- Protocol for Systemic Document Review

16. Parents of Target student Populations

___ Less than 3 year old

___ 3 year old

___ 4 year old

___ Students with Disabilities/ special needs

___ Immigrants

___ English Language Learners

___ Other (please specify)

_____

_____

___ Children in Rural Areas

___ Urban Areas

___ Head Start

___ Low SES

___ Racially disenfranchised

17. Critical issues identified

___ Access issues

___ Quality issues

___ Kindergarten/school readiness issues

___ Family engagement issues

___ Other (please specify)

_____

_____

___ Systematic issues (funding, accountability, governance)

___ Issues related to coordination and collaboration with other systems (nutrition, welfare, health)

___ Data issues (about students and programs)

18. Findings

Findings related to access

_____

Findings related to quality

_____

Finings related to readiness

_____

Findings related to family engagment

_____

Systematic Issues

_____

Barriers to coordination and collaboration

_____

Data Issues

_____

Other

_____

4

APPENDIX A- Protocol for Systemic Document Review

19. Recommendations

Recommendations related to access

_____

_____

Recommendations related to quality

_____

_____

Recommendations related to school readiness

_____

_____

Recommendations to improve family engagement

_____

_____

Recommendations related to systems (Funding/Accountability/ Governance)

_____

_____

Recommendations related to collaboration and coordination

_____

_____

Recommendations related to data issues

_____

_____

Other Recommendations

_____

5

APPENDIX B- Town Hall Protocol

Maryland Preschool Development Grant Birth through 5 Town Hall Meetings

Facilitation Guide

Introduction

We just heard an overview from three state agencies about the work they are doing to support young children and their families in Maryland. Now we want to hear from you.

This conversation should last about an hour, and we are interested in hearing about the joys and challenges of supporting young children in Maryland to be happy, healthy and ready for success in school and beyond. There are no right or wrong answers in a Town Hall, just your perspectives and your experiences. The information you provide will help create a plan that helps Maryland's state agencies and local communities to coordinate and provide high-quality early care and education services for all families with young children across the state.

We will be recording the Town Hall so we can transcribe the session to make sure that we are accurately capturing your thoughts and feedback. The information from the meeting will be combined with input from other Town Hall meetings across the state and the findings will be put in a report with recommendations to help state agencies and programs be more responsive to the needs of Maryland families. We may use quotes from the Town Halls in the reports but we won't attribute quotes to specific persons.

Also, as part of the Town Hall, I'm going to ask you to take a few minutes to fill out a survey. We will do that toward the end of the session. This way we will have information on a specific set of questions and you will have the opportunity to give input even if you don't have a chance to talk, or would rather express your opinions in writing. There is a code on your agenda and we'll project a code on the screen that you can scan with the camera on your smart phone or complete on paper.

People may share opinions with which you disagree, but it is important to be respectful of the person talking, even if you might have a different perspective or experience. We ask that you let the person speaking finish and to raise your hand if you want to say something. I promise to do my best to make sure that everyone who wants to speak has a chance to do so. We are looking forward to hearing about your experiences and having an engaging dialogue. We have folks to bring a microphone to you so be sure to wait so everyone can hear your remarks.

Does that sound ok to everyone? Are there any questions before we begin?

APPENDIX B- Town Hall Protocol

Questions

1) **I wanted to start by getting your reaction to the overview that the speakers provided about how the different agencies work to support children and families? Tell me what you were thinking as they discussed the different initiatives and their work?**
   a. Were you aware of the programs and services they discussed? If so, which ones?
   b. Were there things you thought that were missing, or wanted them to say?
   c. What questions did you have?

2) **What do you feel are the greatest challenges faced by families with young children in your community?**
   a. Why is it a challenge?
   b. What supports and services would be most helpful in overcoming the challenges?
   c. If there was one person, service, program, or other resource that could be offered or created that would help, what would it be?

3) **When you as a parent – or parents with whom you work – are looking for child care arrangements, what are they looking for?**
   a. What would a high-quality program look like?
   b. What is the single most important aspect of quality from your perspective?
   c. How hard is it to find high-quality early care and education in your community?
   d. Why do you think it is so hard?

4) **What do you see as the biggest factor needed to improve the quality of child care in your community?**
   a. Better teachers?
   b. Better facilities?
   c. Better curriculum?
   d. More in tune with the language and culture of the families in the community?

5) **What is the hardest thing about getting service for the children and families in the community? What makes access to services hard? What would make it easier?**
   a. Would someone be willing to share their experience attempting to get services?
   b. What about services for families who don't speak English?
   c. If a parent was concerned that her child had a developmental delay or disability, where could she go or what could she do?
   d. What services or programs would you like to have access to that you don't right now?

6) **What do you think the community is doing well to support children and families that might be helpful for other communities to do?**
   a. What is the secret to their success?

7) **If a family in your community needs help—with finding child care, housing, or paying bills—where would they go?**
   a. How well coordinated are the services that families need? There are a number of different state agencies that work to support children and families—we heard from three of them earlier—what can they do to better coordinate the services they provide?

8) **The goal of an early care and education program is to prepare children for success in school. I was wondering if we could talk for a few minutes about how much connection there is between the early childhood programs and the schools in your community? What does the level of connection mean for children and families in the transition from early childhood programs into elementary schools?**
   a. Children can also move from program to program, or from a child care program into state prekindergarten. We are all interested in how often children transition from one program to another in your community. Do children move between child care arrangements a lot?
   b. What happens when a child transitions to a new program? Are there records that are transferred? Is there any system?

9) **What information would be helpful to this community to better understand the services that children and family need? Are there systems in place to collect information about how the community may be changing over time and the impact that programs are having on children and families?**

10) **What else should state and local leaders know about the needs of families and children in your community?**

Conclusion

Thank you so much for being a part of this conversation. Before we close this part of the program, I want to give everyone an opportunity to complete our short survey. We have projected a QR code on the screen. If you have a smart phone you can open the camera and point it toward the screen or to the code on your agenda. We also have paper surveys. If you'd like a paper survey, please put up your hand and we'll get one to you. This is an opportunity for you to share anything you wanted to talk about related to early care and education that I did not give you the opportunity to talk about or expand your thoughts. I want to thank you in advance for providing this critical input and being part of planning a better future for Maryland's children.

And now I'm going to turn the program back over to Keri from Ready At Five.

APPENDIX C- Focus Group Protocol

Parent/Caregiver Focus Group Protocol (English and Spanish Family Members)

Introduction:

Dear parents, thank you for participating in this focus group. My name is_____and I will be running this focus group. I would like to start by saying "thank you" for participating. We know that each one of you are busy and we truly appreciate that you are taking time for this. We have asked you here to tell us about your experiences with, and perceptions about, early childcare here in Maryland. This focus group is part of a grant provided to the State of Maryland to conduct a needs assessment about early childcare and education throughout the state. The information you share with us will be used to help improve early childcare and education throughout the state. Today's focus group will be recorded to help us write a report summarizing our conversation today. **It is important that you know <u>your names will never be used</u> in any reporting for this project. We may use quotes in our report, however, we promise to <u>keep your identities secret</u>. Also, you do not have to answer any question you feel uncomfortable answering; your <u>participation is voluntary</u>.**

General direction: On your first comment, could you please tell us your first name and the age of your child?

<u>Access</u>

I would like to begin by asking you what kind of childcare you currently use with your young child (birth to five years old).

   1) How easy or difficult was it to find childcare options for your family?
   2) What were the 2 or 3 most important issues to you when looking for childcare?
   3) To what extent do you feel like you had good childcare

options? <u>Quality</u>

Next, I would like to ask you about how satisfied or happy you are with your childcare provider.

   1) Can you please tell me whether and why you feel like the early childcare provider you are using is providing a quality experience for your child or children?

      Probe: What are some of the things that make you feel better or that worry you about the quality of care your young child is getting?

   2) What is your opinion about your childcare provider's facilities? (e.g. safety , special provisions for children with disabilities, classroom environment, outdoor environment)
   3) Are you familiar with Maryland EXCELS, if so when you were looking for early childcare how much did professional accreditation or the center's EXCELS rating influence your decision about which provider to choose for childcare?

<u>Transition to Pre-K and Kindergarten</u>

One of the goals for early childcare and education is to get children ready for the transition to kindergarten and elementary school, but there may be moves and transitions that happen before kindergarten:

APPENDIX C- Focus Group Protocol

1) Can you tell us about the types of transitions that you and your child have experienced prior to entering kindergarten (e.g. from one classroom or program to another—continuity of care)
2) How much is your childcare provider and/or program helping you understand your child's development in terms of being ready for kindergarten?

<u>Collaboration and Coordination with other partners</u>

We would talk about the available resources in your community:

1) Has your childcare provider and/or program ever offered you information about resources in the community? For example clothing, food banks, financial assistance, references for specialized services for your child (e.g., special education services) or learning activities (e.g., library programs).
2) Who or where do you go to get additional information or support about parenting, childcare, or child development?
    a. Does this program or organization ever connect with your childcare provider/program?

APPENDIX C- Focus Group Protocol

Provider Focus Group Questions (Family Care Centers, Community-based Providers, Public Centers)

Dear Providers, thank you for participating in this focus group. My name is_____and I will be running this focus group. I would like to start by saying "thank you" for participating. We know that each one of you are busy and we truly appreciate that you are taking time for this. We have asked you here to tell us about your experiences with, and perceptions about, the early childcare system here in Maryland. This focus group is part of a grant provided to the State of Maryland to conduct a needs assessment about early childcare and education throughout the state. The information you share with us will be used to help improve early childcare and education throughout the state. This focus group will be recorded to help us write a report summarizing today's conversation. **It is important that you know _your names will never be used_ in any reporting for this project. We may use quotes in our report, however, we promise to _keep your identities secret_. Also, you do not have to answer any question you feel uncomfortable answering; your _participation is voluntary_.**

General direction: On your first comment, could you please tell us your name and the organization in which you work?

Access

1) I'd like for us to start by having you say where you work and whether it is a state supported or privately-funded early childcare and education facilities.
2) How easy or difficult is it for families in your area to find high quality childcare options?
3) Where do you see the greatest needs for childcare services?
   Probe: For example 0-3 or 4-5? Children with special needs or English Learner?

Quality

Now I'd like us to talk about issues related to the quality of early childcare and education:

1) What are your top concerns in providing quality services to the children in your program?
   a. Possible probe: If you had additional funding for your center, how would you invest that money and why?
2) What qualities are families looking for when they are looking for early childcare or education?
   a. Possible probe: How important are the facilities (e.g. safety provisions for children with disabilities, classroom environment, outdoor environment)?
3) How much does professional accreditation and the EXCELS rating system contribute to how you develop or maintain a high-quality childcare center?
4) Do you feel there are enough resources available for you to meet the needs of your center?

Transition to Pre-K and Kindergarten

Getting children ready to be successful in kindergarten and throughout school is a major goal for the state:

1) What strategies are you using to encourage children to be successful in their transitions to other programs prior to kindergarten?

APPENDIX C- Focus Group Protocol

2) What strategies are you using to encourage children to be successful in their transitions to kindergarten?
    a. Possible probe: Are you familiar with the KRA assessment? How helpful is it to you?
    b. Do you work with the local school system to help prepare families for this

transition? Collaboration and Coordination with other partners

1) How do you collaborate and coordinate with other early childhood programs, agencies or providers in the community?
2) What does, or what would, make this kind of collaboration more effective?
3) Do you think it would be helpful to have a system that keeps track of the services children are receiving?
    a. If so, how?
    b. If not, why not?

APPENDIX C- Focus Group Protocol

Community Organization Focus Group Questions

Dear community partners, *My name is _____ and I will be running this focus group. I would like to start by saying "thank you" for participating. We know that each one of you are busy and we truly appreciate that you are taking time for this. We have asked you here to tell us about your experiences with, and perceptions about, the early childcare system here in Maryland. This focus group is part of a grant provided to the State of Maryland to conduct a needs assessment about early childcare and education throughout the state. The information you share with us will be used to help improve early childcare and education throughout the state. This focus group will be recorded to help us write a report summarizing today's conversation.* **It is important that you know <u>your names will never be used</u> in any reporting for this project. We may use quotes in our report, however, we promise to <u>keep your</u> <u>identities secret</u>. Also, you do not have to answer any question you feel uncomfortable answering; your <u>participation is voluntary</u>.**

General direction: On your first comment, could you please tell us your name and the organization in which you work?

<u>Access</u>

1) How easy or hard it is for families to find early childcare and education options for their young children?
    a. Ages 0-3 vs. 4-5?
    b. Children with special needs?
    c. English Learners?
2) How much access do families have to a range of services in the community to help their children thrive?
    Possible probe: How do you help families identify early care?
    Possible probe: How do you help families identify and/or access services to support their needs?
    Do you provide services to families to support their needs?

<u>Quality</u>

1) In general, how would you describe the quality of childcare providers available in your community?
2) If there were additional funding to improve the quality of childcare and education in your community, how should it be spent?

<u>Collaboration and Coordination with providers</u>

1) Can you tell us how much you are working with other community organizations or childcare programs to support young children and their families?
    Probe: What kind of improvements are needed?
2) If you had more funding for this kind of work, how could it be used?
3) Do you think it would be helpful to have a system that keeps track of the services children are receiving?If so, how? If not, why not?

APPENDIX D- Survey

Parent and Caregiver Survey

This is a survey for parents/caregivers who have a child from birth to age five in an early child care and education program prior to kindergarten. **Your responses will help to guide efforts to improve services and results for children, and families.** For each statement below, please select one of the following response choices: strongly agree, agree, disagree, strongly disagree, or I don't know. In responding to each statement, think about your experience with the program attended by your child. **IMPORTANT!** Please complete this survey for the <u>youngest</u> child you have in an early childhood program. Your responses are strictly confidential and anonymous.

My early child care and education program/setting:	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
1. has qualified staff to teach my child.	4	3	2	1	0
2. uses developmentally appropriate activities (activities designed for my child's age and abilities) to teach my child.	4	3	2	1	0
3. uses activities that represent different cultures to teach my child.	4	3	2	1	0
4. promotes the development of good nutrition and healthy habits for my child.	4	3	2	1	0
5. provides a nurturing and healthy environment.	4	3	2	1	0
6. provides a safe and age appropriate facility for addressing the developmental needs of my child.	4	3	2	1	0
7. provides a variety of educational materials to support my child's learning.	4	3	2	1	0
8. communicates with me about my child's progress and areas of development.	4	3	2	1	0
9. provides materials and information to me in a language I can understand.	4	3	2	1	0
10. provides me with information about what to expect for the next year's early childhood program or kindergarten.	4	3	2	1	0
11. provides me with information about what I need to do to register my child for the next year's early childhood program or kindergarten.	4	3	2	1	0
12. provides my child with the skills he/she needs to succeed in the next year's early childhood program or kindergarten upon exiting this program.	4	3	2	1	0
13 provides me with opportunities to learn how to support my child's	4	3	2	1	0
14. that provides me with opportunities to connect to other organizations that provide support to families.	4	3	2	1	0
15 is enrolled in Maryland EXCELS, the state's quality rating and improvement system or is accredited by the Maryland State Department of Education or other entity.	4	3	2	1	0

In the jurisdiction where my child attends a child care and education program:

16.	there are many early care and education options for children under the age 3.	4	3	2	1	0
17.	there are many early care and education options for children between the ages of 3-5.	4	3	2	1	0
18.	the early care and education programs available are affordable.	4	3	2	1	0
19.	the early care and education programs have convenient hours for families.	4	3	2	1	0
20.	the early care and education programs are of high quality.	4	3	2	1	0
21.	the early care and education programs have waiting lists of parents hoping to access services.	4	3	2	1	0
22.	I am aware of home visiting services.	4	3	2	1	0
23.	there are enough home visiting programs to meet the needs of families in the community.	4	3	2	1	0
24.	there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services).	4	3	2	1	0
25.	there are sufficient health resources and health professionals in the community to meet everyone's needs.	4	3	2	1	0

Which of the following are the most important reasons you chose your early care and education program? (circle up to three choices):

Cost	State accreditation	Distance from home or work	EXCELS rating	Physical space (cleanliness and/or square footage)
Administration	Friends have a child enrolled at the center	Hours of operation	Teacher quality	Other:

26. If there are things that you could change about your current child care provider, what would they be? (circle one)

Improve the facility/make physical space nicer	Change the curriculum	Provide the teachers with more training	Make the teachers more sensitive to my child's needs	Provide more information about my child's development and what I can be doing at home

27. If the cost of child care was not an issue, would you change your current child care provider to a different one? (circle one)

Yes   No

APPENDIX E- Survey

Demographics

1. **Please circle the county in which the early child care and education program attended by your child is located.**

Allegany County	Anne Arundel County	Baltimore City	Baltimore County	Calvert County	Caroline County
Carroll County	Cecil County	Charles County	Dorchester County	Frederick County	Garrett County
Harford County	Howard County	Kent County	Montgomery County	Prince George's County	Queen Anne's County
St. Mary's County	Somerset County	Talbot County	Washington County	Wicomico County	Worcester County

2. **How many children do you have between 0-5?**

Number of children: _____

3. **What is the age of your youngest child?**

Age of child: _____

4. **Please circle the language that you primarily speak in your home.**

English	Spanish	French	Mandarin	Amharic

Other:_____

5. **Please circle your race/ethnicity**

Black/African American	Asian	Hispanic	White/Caucasian	American Indian or Alaskan	More than one race

Other:_____

6. **Please circle the type of early care or education program you use for your child?**

Publically funded Pre-K	Nursery school (private)	Licensed child care center	Head Start	Family child care	At Home with a relative or in informal care	Home visiting program

7. **Does your child have any special needs (circle one)?**

Yes   No

8. **Is your child an English Learner? In other words, does your child currently speak any language better than they speak English? (circle one)**

Yes   No

9. **What is your annual household income? (circle one)**

I prefer not to answer	Less than $25,000	$25,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $124,999	Over $125,000

10. **Is there anything else you want to share with us about the needs of families and children in your community?**

Thank you for your participation!

Teachers', Child Care Providers' and Administrators' Survey

This is a survey for teachers, child care providers, administrators and other staff who work in an early child care and education program prior to kindergarten. **Your responses will help to guide efforts to improve services and results for children, and families.** For each statement below, please select one of the following response choices: strongly agree, agree, disagree, strongly disagree, or I don't know. In responding to each statement, think about your experience with the program where you work. Your responses are strictly confidential and anonymous. Thank you for your cooperation in completing this form.

The early child care and education program where I work:	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
1. has qualified staff to teach children.	4	3	2	1	0
2. addresses the cognitive developmental needs of children.	4	3	2	1	0
3. addresses the social emotional developmental needs of children.	4	3	2	1	0
4. addresses the physical development needs of children.	4	3	2	1	0
5. addresses the language development needs of children.	4	3	2	1	0
6. uses developmentally appropriate activities to teach children.	4	3	2	1	0
7. uses activities that represent different cultures to teach children.	4	3	2	1	0
8. promotes the development of good nutrition and healthy habits in children.	4	3	2	1	0
9. provides a nurturing and healthy environment.	4	3	2	1	0
10. addresses the needs of children who are English Learners.	4	3	2	1	0
11. addresses the needs of children with special needs.	4	3	2	1	0
12. provides a safe and age-appropriate facility for working with children.	4	3	2	1	0
13. provides a safe and appropriate facility for working with children of different abilities.	4	3	2	1	0
14. provides a variety of educational materials to support children's learning.	4	3	2	1	0
15. communicates with families about their children's progress and areas of development.	4	3	2	1	0
16. provides materials and information to families in a language they can understand.	4	3	2	1	0
17. provides families with information about what to expect in their child's next early childhood program or in kindergarten.	4	3	2	1	0
18. provides families with information about what they need to do to register for their child's next early childhood program or	4	3	2	1	0

		Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
19.	provides children with the skills they need to succeed in	4	3	2	1	0
20.	provides families with opportunities to learn how to support child development at home.	4	3	2	1	0
21.	provides families with opportunities to connect to other organizations that provide support to families.	4	3	2	1	0
22.	is enrolled in Maryland EXCELS, the state's quality rating and improvement system or is accredited by the Maryland State Department of Education.	4	3	2	1	0
In the jurisdiction where I work:		Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
23.	there are many early child care and education programs for children under the age 3.	4	3	2	1	0
24.	there are many early child care and education programs for	4	3	2	1	0
25.	the early child care and education programs available are affordable.	4	3	2	1	0
26.	the early child care and education programs have convenient	4	3	2	1	0
27.	the early child care and education programs are of high quality.	4	3	2	1	0
28.	the early child care and education programs have waiting lists of	4	3	2	1	0
29.	I am aware of home visiting services in the community.	4	3	2	1	0
30.	there are enough home visiting programs to meet the needs of	4	3	2	1	0
31.	there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services).	4	3	2	1	0
32.	there are sufficient health resources and health professionals in the community to meet everyone's needs.	4	3	2	1	0

Which of the following are the most important reasons families choose an early care and education program? (circle up to three choices):

cost	state accreditation	distance from home or work	EXCELS rating	physical space (cleanliness and/or square footage)
administration	friends with a child at the center	hours of operation	teacher quality	other:

Demographics

11. Please circle the response which best describes your role:

Family child care provider	Teacher/care giver at a private child care center	Teacher at a public child care center	Administrator at a private child care center	Administrator at a public child care center	Home Visiting program provider

Other:_____

12. Please circle the highest level of education that you completed:

Less than high school diploma	High school diploma or GED	Associate's degree or some college	Bachelor's degree	Master's degree	Doctorate or professional degree

Other:_____

13. Please circle the county in which the early child care and education program where you work is located:

Allegany County	Anne Arundel County	Baltimore City	Baltimore County	Calvert County	Caroline County
Carroll County	Cecil County	Charles County	Dorchester County	Frederick County	Garrett County
Harford County	Howard County	Kent County	Montgomery County	Prince George's County	Queen Anne's County
St. Mary's County	Somerset County	Talbot County	Washington County	Wicomico County	Worcester County

14. Approximately how many children are enrolled in your early care and education program?

Ages under 3 _____   Ages between 3 and 5_____

15. Is there anything else you want to share with us about the needs of families and children in your community?

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Thank you for your participation!

Community Partners Survey

This is a survey for community partners and service providers who work with or advocate for at least one early child care and education program. **Your responses will help to guide efforts to improve services and results for children and families.** For each statement below, please select one of the following response choices: strongly agree, agree, disagree, strongly disagree, or I don't know. In responding to each statement, think about your experience with the early child care and education program(s). Your responses are strictly confidential and anonymous. Thank you for your cooperation in completing this form.

The early child care and education program(s) in my community:	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
1. have qualified staff to teach children at **public** child care centers.	4	3	2	1	0
2. have qualified staff to teach children in **private** child care centers.	4	3	2	1	0
3. have qualified staff to teach children at **family** child care centers.	4	3	2	1	0
4. provide children with the skills they need to succeed in kindergarten.	4	3	2	1	0
5. collaborate with community partners to address the needs of children who are English Learners.	4	3	2	1	0
6. collaborate with community partners to address the needs of children with special needs.	4	3	2	1	0
7. collaborate with community partners to support families' ability to meet their needs.	4	3	2	1	0
8. collaborate with community partners to support children and families' health and wellness.	4	3	2	1	0
9. collaborate with community partners to provide families with educational opportunities.	4	3	2	1	0
10. participate in Maryland EXCELS or are accredited by the Maryland State Department of Education or other body.	4	3	2	1	0
11. keep track of the community services their children and families are using.	4	3	2	1	0
In the jurisdiction where I work:	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
12. there are many early child care and education programs for children under the age 3.	4	3	2	1	0
13. there are many early child care and education programs for children between the ages of 3-5.	4	3	2	1	0
14. **public** child care and education providers prepare children for success in kindergarten.	4	3	2	1	0
15. **private** child care and education providers prepare children for success in kindergarten.	4	3	2	1	0
16. **family** child care providers prepare children for success in kindergarten.	4	3	2	1	0
17. the early child care and education programs available are affordable.	4	3	2	1	0
18. the early child care and education programs have convenient hours for families.	4	3	2	1	0
19. the early child care and education programs are of high quality.	4	3	2	1	0
20. the early child care and education programs have waiting lists of parents hoping to access services.	4	3	2	1	0
21. the early child care and education programs in my community collaborate and coordinate services with each other.	4	3	2	1	0
22. I am aware of home visiting services in my community.	4	3	2	1	0
23. there are enough home visiting programs to meet the needs of families in the community.	4	3	2	1	0

24.	there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services).	4	3	2	1	0
25.	there are sufficient health resources and health professionals in the community to meet everyone's needs.	4	3	2	1	0

Demographics

16. Please circle the response which best describes your role:

Local politician	Family advocate	Community service provider	Director or employee of a local non-profit	Director or employee of a state or national non-profit

Other: _____

17. Please circle the highest level of education that you completed.

Less than high school diploma	High school diploma or GED	Associate's degree or some college	Bachelor's degree	Master's degree	Doctorate or professional degree

Other: _____

18. Please circle the county (or counties) where the early child care and education program(s) with whom you work is (are) located.

Allegany County	Anne Arundel County	Baltimore City	Baltimore County	Calvert County	Caroline County
Carroll County	Cecil County	Charles County	Dorchester County	Frederick County	Garrett County
Harford County	Howard County	Kent County	Montgomery County	Prince George's County	Queen Anne's County
St. Mary's County	Somerset County	Talbot County	Washington County	Wicomico County	Worcester County

19. Please circle the number of early child care and education programs with whom you work directly

0 programs   1 program   2-5 programs   6-10 programs   11-15 programs   16$^+$ programs

20. What types of programs do you work with directly? Circle all that apply

Family child care providers	Private child care centers	Public child care centers	Head Start or other federally funded programs	Home visiting programs

Other: _____

21. Is there anything else you want to share with us about the needs of families and children in your community?

Thank you for your participation!

APPENDIX E- Parent Data

Parent Survey Observations, Means, Standard Deviations (SD), and percent responding "I don't know"

My early child care and education program/setting:	N	Mean	SD	% I don't know
has qualified staff to teach my child.	479	0.93	0.26	0.01
uses developmentally appropriate activities (activities designed for my child's age and abilities) to teach my child.	478	0.95	0.22	0.01
uses activities that represent different cultures to teach my child.	479	0.84	0.37	0.07
promotes the development of good nutrition and healthy habits for my child.	478	0.92	0.28	0.04
provides a nurturing and healthy environment.	478	0.95	0.22	0.01
provides a safe and age appropriate facility for addressing the developmental needs of my child.	478	0.95	0.22	0.01
provides a variety of educational materials to support my child's learning.	479	0.91	0.28	0.02
communicates with me about my child's progress and areas of development.	478	0.85	0.35	0.01
provides materials and information to me in a language I can understand.	478	0.96	0.21	0.00
provides me with information about what to expect for the next year's early childhood program or kindergarten.	477	0.74	0.44	0.07
provides me with information about what I need to do to register my child for the next year's early childhood program or kindergarten.	477	0.80	0.40	0.10
provides my child with the skills he/she needs to succeed in the next year's early childhood program or kindergarten upon exiting this program.	479	0.90	0.31	0.08
provides me with opportunities to learn how to support my child's learning and development at home.	476	0.81	0.39	0.03
provides me with opportunities to connect to other organizations that provide support to families.	478	0.73	0.44	0.08
is enrolled in Maryland EXCELS, the state's quality rating and improvement system or is accredited by the Maryland State Department of Education or other entity.	477	0.92	0.27	0.31
In the jurisdiction where my child attends a child care and education program:				
there are many early care and education options for children under the age 3.	478	0.56	0.50	0.11
there are many early care and education options for children between the ages of 3-5.	478	0.72	0.45	0.10
the early care and education programs available are affordable.	476	0.37	0.48	0.06
the early care and education programs have convenient hours for families.	476	0.80	0.40	0.05

the early care and education programs are of high quality.	475	0.83	0.38	0.12
the early care and education programs have waiting lists of parents hoping to access services.	473	0.91	0.29	0.27
I am aware of home visiting services.	472	0.55	0.50	0.25
there are enough home visiting programs to meet the needs of families in the community.	472	0.49	0.50	0.55
there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services).	472	0.56	0.50	0.28
there are sufficient health resources and health professionals in the community to meet everyone's needs.	472	0.72	0.45	0.19

APPENDIX F- Provider Data

Provider Survey Observations, Means, Standard Deviations (SD), and percent responding "I don't know"

The early child care and education program where I work:	Obs	Mean	SD	% I don't know
has qualified staff to teach children.	649	0.95	0.22	0.00
uses developmentally appropriate activities to teach children.	647	0.93	0.25	0.00
uses activities that represent different cultures to teach children.	647	0.85	0.36	0.02
promotes the development of good nutrition and healthy habits in children.	650	0.92	0.27	0.01
provides a nurturing and healthy environment.	649	0.97	0.18	0.01
provides a safe and age-appropriate facility for working with children.	648	0.97	0.18	0.00
provides a safe and appropriate facility for working with children of different abilities.	649	0.91	0.28	0.01
provides a variety of educational materials to support children's learning.	649	0.95	0.22	0.00
communicates with families about their children's progress and areas of development.	650	0.94	0.25	0.00
provides materials and information to families in a language they can understand.	645	0.90	0.30	0.02
provides families with information about what to expect in their child's next early childhood program or in kindergarten.	645	0.91	0.29	0.03
provides families with information about what they need to do to register for their child's next early childhood program or kindergarten.	646	0.90	0.29	0.02
provides children with the skills they need to succeed in kindergarten upon exiting the program.	647	0.92	0.28	0.01
provides families with opportunities to learn how to support child development at home.	647	0.91	0.29	0.01
provides families with opportunities to connect to other organizations that provide support to families.	645	0.90	0.30	0.02
is enrolled in Maryland EXCELS, the state's quality rating and improvement system or is accredited by the Maryland State Department of Education.	637	0.89	0.31	0.09
addresses the cognitive developmental needs of children.	648	0.95	0.22	0.00
addresses the social emotional developmental needs of children.	649	0.90	0.30	0.00
addresses the physical development needs of children.	647	0.95	0.21	0.01
addresses the language development needs of children.	648	0.94	0.23	0.00
addresses the needs of children who are English Learners.	645	0.85	0.36	0.05
addresses the needs of children with special needs.	649	0.87	0.34	0.02

APPENDIX F- Provider Data

In the jurisdiction where my child attends a child care and education program:				
there are many early care and education options for children under the age 3.	645	0.64	0.48	0.08
there are many early care and education options for children between the ages of 3-5.	644	0.78	0.41	0.06
the early care and education programs available are affordable.	643	0.52	0.50	0.12
the early care and education programs have convenient hours for families.	643	0.84	0.37	0.09
the early care and education programs are of high quality.	645	0.80	0.40	0.12
the early care and education programs have waiting lists of parents hoping to access services.	643	0.85	0.36	0.23
I am aware of home visiting services.	612	0.74	0.44	0.14
there are enough home visiting programs to meet the needs of families in the community.	608	0.36	0.48	0.31
there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services).	612	0.43	0.50	0.18
there are sufficient health resources and health professionals in the community to meet everyone's needs.	608	0.53	0.50	0.14

APPENDIX G- Community Partner Data

Community Partner Survey Observations, Means, Standard Deviations (SD), and percent responding "I don't know"

The early child care and education program(s) in my community:	Obs	Mean	SD	% I don't know
have qualified staff to teach children at public child care centers.	161	0.78	0.42	0.07
have qualified staff to teach children in private child care centers.	160	0.75	0.43	0.09
have qualified staff to teach children at family child care centers.	160	0.63	0.48	0.12
provide children with the skills they need to succeed in kindergarten.	161	0.73	0.44	0.04
collaborate with community partners to address the needs of children who are English Learners.	160	0.63	0.49	0.13
collaborate with community partners to address the needs of children with special needs.	161	0.66	0.48	0.07
collaborate with community partners to support families' ability to meet their needs.	160	0.64	0.48	0.06
collaborate with community partners to support children and families' health and wellness.	158	0.67	0.47	0.07
collaborate with community partners to provide families with educational opportunities.	159	0.66	0.48	0.08
participate in Maryland EXCELS or are accredited by the Maryland State Department of Education or other body.	158	0.70	0.46	0.20
keep track of the community services their children and families are using.	158	0.38	0.49	0.22
In the jurisdiction where I work:				
there are many early child care and education programs for children under the age 3.	160	0.41	0.49	0.08
there are many early child care and education programs for children between the ages of 3-5.	160	0.73	0.44	0.04
public child care and education providers prepare children for success in kindergarten.	160	0.81	0.39	0.06
private child care and education providers prepare children for success in kindergarten.	160	0.79	0.41	0.08
family child care providers prepare children for success in kindergarten.	160	0.61	0.49	0.13
the early child care and education programs available are affordable.	160	0.24	0.43	0.08
the early child care and education programs have convenient hours for families.	160	0.66	0.47	0.09
the early child care and education programs are of high quality.	159	0.54	0.50	0.14

the early child care and education programs have waiting lists of parents hoping to access services.	161	0.81	0.39	0.24
the early child care and education programs in my community collaborate and coordinate services with each other.	160	0.54	0.50	0.17
I am aware of home visiting services in my community.	134	0.85	0.36	0.07
there are enough home visiting programs to meet the needs of families in the community.	133	0.20	0.40	0.16
there are enough resources in the community to meet the needs of families and children (housing, food, medical, and supplemental services).	134	0.18	0.38	0.08
there are sufficient health resources and health professionals in the community to meet everyone's needs.	134	0.25	0.44	0.06