Acknowledgments

This statewide strategic plan would not be possible without the contribution of many stakeholders and partners. We wish to acknowledge the leadership of Governor Larry Hogan, Maryland State Superintendent of Schools Karen B. Salmon, Ph.D., Maryland State Department of Health Secretary Robert R. Neall, and Maryland State Department of Human Services Secretary Lourdes R. Padilla.

The Division of Early Childhood Executive Leadership Team under Assistant State Superintendent Steven Hicks, and the State Early Childhood Advisory Council provided ongoing feedback on this plan’s development.

This project was led by Rachel Demma, Director of Early Childhood Systems Development, Maryland State Department of Education, with support from the Mid-Atlantic Equity Consortium (MAEC) Together Juntos Project Team, including Project Director: Maria del Rosario (Charo) Basterra; Principal Author and Project Manager, Heather Tomlinson; Project Consultant, Judie Jerald; Together Juntos/MAEC Evaluator, Kasia Razynska; and Johns Hopkins University Evaluator, Steven Sheldon.

This project is supported by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0009-01-00, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Child Care, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

A Message from Governor Larry Hogan

I am pleased and excited to announce the release of Maryland Ready: A Path to School Readiness and Success, a new five-year strategic plan for the State’s early childhood system from the prenatal period through age eight.

With the early years as the most critical period for brain development, the investments we make to support our youngest learners provide the foundation for lifelong learning and achievement. Even as Marylanders continue to navigate the challenges of our statewide response to the COVID-19 crisis guided by my Maryland Strong: Roadmap to Recovery, this strategic plan provides the way forward for the state.

During my tenure as Chair of the National Governors Association, I oversaw an initiative to support states develop and implement programs for children and their families from before birth to age three. Maryland continues to serve as a national model in ensuring equitable opportunities for families and their young children to take part in high-quality early care and learning experiences that prepare them for school and overall success.

As a geographically and demographically diverse state, Maryland has a robust mixed-delivery system of early childhood programs and services to support families and their young children, empower parental choice and family engagement, and ensure successful transitions throughout the early years and into the early grades.

I would like to commend the Maryland Departments of Education, Health, and Human Services, as well as the parents, early childhood community leaders, and stakeholders for developing this guide and for the hard work they do every day to support our youngest Marylanders.

I look forward to accomplishing the goals and aspirations set forth in Maryland Ready: A Path to School Readiness and Success and giving our children the greatest opportunities Maryland has to offer.

Larry Hogan
Governor
Table of Contents

Governor Hogan’s Commitment to Maryland Ready 1
Executive Summary 4
Introduction 10
The Science of Brain Development 10
The Economic Sense in Investing in Early Childhood 10
Celebrating Diversity and Promoting Equity 11
Foundations for Success: Policies, Parent Choice and Programs in Maryland’s Mixed-Delivery System 11
Support for Early Childhood Professionals and Program Quality 15
Overview of Maryland Ready: A Path to School Readiness and Success 15
Listening to Voices from the Field 16
Conducting the Needs Assessment and Developing the Strategic Plan 16
Getting Off to a Good Start: The Need to Improve Kindergarten Readiness for Vulnerable Children 17
Alignment between the Needs Assessment and the Strategic Plan 17
Charting Maryland’s Path Forward 17
Maryland’s Vision for Young Children and Families 17
Guiding Principles: Maryland’s Pillars for ECE System Building 18
Realizing the Vision: Maryland’s Goals, Action Steps and Measures of Progress 16
Overview of Six Goals that Will Move Maryland Forward 18
Goals, Strategies, Action Steps and Indicators 20
In Closing: Our Charge and Call to Action 34
Glossary of Terms 35
Appendix, Stakeholders 38
Executive Summary

From the Atlantic coastline, across the shores of the Chesapeake Bay, to the mountains of Western Maryland, Maryland is home to over 660,000 young children from birth to age 8 and their families. Maryland’s families and children come from a wide range of racial, cultural, linguistic, socioeconomic, and geographic backgrounds—yet the universal needs of young children remain the same regardless of setting, family composition, or racial, cultural or linguistic backgrounds. Using the opportunity provided by the Prechool Development Grant Birth through Five (PDG B-5) award, Maryland has taken steps to further expand and improve its service and program infrastructure for children from the prenatal period through age 8.

Maryland plans to further expand and enhance its service and program infrastructure for children from the prenatal period through age 8.

The Science of Brain Development

The science is clear. Children’s brains develop at their fastest pace during the early years, when synapses form at a rate of 1 million new neural connections per second. This intense period of learning and development means that the youngest brains are highly flexible and responsive to the environment as their fundamental architecture is established. This sensitivity to experiences, environments, and interactions levels off as we age and as the brain starts to prioritize efficiency over expanding connections. Continuing advances in neuroscience research reinforces what we now know—the early years are the most effective time to influence brain development and put children on a path to healthy development, life-long well-being, and achievement.

Based on clear evidence that early supports and intervention lead to the most favorable outcomes for young children—especially children experiencing adversity—Maryland plans to further expand and enhance its service and program infrastructure for children from the prenatal period through age 8. By strengthening evidence-based programs for this population, providing resources for new services, and expanding the reach in high-need communities, Maryland aims to improve early care and learning experiences for families and their young children.

The Economic Sense in Investing in Early Childhood

Maryland’s leaders agree that investing in ECE makes financial sense. The economic benefits of investing in young children through high-quality ECE programs for all children have been shown to lead to a return on investment to society of approximately $7 for every $1 spent; for children experiencing adversity, the return has been shown to be as high as $12 for every $1 spent. Significant investments in the health and educational development of Maryland’s youngest learners positively impacts the future workforce and productivity. Business leaders in Maryland also understand the importance of a robust child care system to a thriving economy. Employee absence and turnover due to child care issues for working parents cost Maryland employers $2.41 billion in 2016, and lowered the state’s economic output by $1.28 billion in one year.

Maryland has backed its belief in ECE with the funding to finance expansions, for example, by increasing spending on prekindergarten by $94 million dollars from SFY 2019 to SFY 2021, doubling the income eligibility for child care scholarships to 65% of the state median income in SFY 2018, and passing a law to increase child care provider reimbursement rates to the 60th percentile of the cost of child care rates reported in the latest market rate survey by SFY 2021.

Celebrating Diversity and Promoting Equity

Maryland is one of the most racially diverse states in the nation, ranking 6th out of 50 in 2018 in terms of diversity. Less than half (40%) of children under age 5 are White, 30% are Black, 18% are Hispanic, 6% are Asian, and the remainder identify as Native American, mixed race or other. Maryland’s families also vary widely in their ethnicity, home language, socioeconomic background, geographic area, religious affiliation and family composition. This diversity enriches our state and creates additional opportunities for learning and growing, highlighting the importance of applying an equity lens to all dimensions of our work with children and families.

Maryland is committed to deploying a strengths-based approach with a focus on equity as we strive to ensure access and affordability to high-quality programs for all families and children regardless of their socioeconomic status or geographic location, deepen cultural and linguistic responsiveness within programs, and support an effective and well-compensated early childhood workforce that is representative of the children and families throughout the state.

Foundations for Success: Policies, Parent Choice and Programs in Maryland’s Mixed-Delivery System

As a geographically and demographically diverse state, Maryland has developed a robust mixed-delivery system of early childhood programs and services to support families and their young children, empower parental choice and family engagement, and ensure successful transitions throughout the early years and into the early grades. In Maryland, the term mixed-delivery incorporates an array of services and programs that are offered by various agencies that complement and are coordinated with each other to serve children and families holistically. The Maryland State Department of Education (MSDE), Maryland Department of Health (MDH) and Maryland Department of Human Services (MDHS) partners to ensure comprehensive, connected, and high-quality services are available across all the geographic areas of the state.

Support for Early Childhood Professionals and Program Quality

Recognizing that an important aspect of parent choice is having access to high-quality programs and services—and facing a shortage of qualified providers and teachers—Maryland is committed to investing in the ECE professional workforce. A key strategy to improve the quality of ECE teachers and administrators is the Child Care Credentialing Pathway, a voluntary credentialling system with financial rewards intended to support continued professional development related to child development, curriculum, health, safety and nutrition, professionalism, as well as community and special needs. In addition, the state has many accredited colleges and universities, including 15 institutions that offer an Associate’s (2-year) degree and 12 that offer a Bachelor’s degree. Setting
the bar on professional qualifications, public prekindergarten programs require teachers to have a 4-year degree and Maryland certification in early childhood education; and Head Start and Early Head Start teachers are required to have a CDA credential or an Associate’s or Bachelor’s degree with a focus on early childhood. 4 To support the ECE workforce, Maryland continues to increase funding for the Child Care Career and Professional Development (CCCPD) program, providing financial support for educators to obtain an Associate’s or Bachelor’s degree. Expanding access to professional development opportunities, increasing the alignment between institutes of higher education, enhancing opportunities for professionals to grow using a well-developed career lattice, and improving compensation are important to continuing to strengthen Maryland’s ECE system.

To ensure that ECE programs are offering the quality of care and developmental and educational activities that families look for in a program, Maryland recognizes various accrediting agencies, such as the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC), and encourages all programs to participate in the statewide Quality Rating Improvement System (QRIS) called Maryland EXCELS. Maryland EXCELS is a voluntary, portfolio-style system that awards ratings from 1 (lowest) to 5 (highest) based on a program’s implementation of nationally recognized standards and best practices. The system provides programs with a roadmap that encourages and rewards improvement of services, promotes Maryland’s definition of quality, and offers a framework and supports designed to increase the quality of programs. In addition, Maryland’s Child Care Resource Centers (CCRCs) provide guidance, leadership and services designed to improve the quality, availability, and affordability of ECE in every community across the state.

Maryland’s enduring commitment to parent choice and mixed-delivery options will broaden the opportunities and experiences Maryland’s Vision for Young Children and Families

Maryland has a simple vision, a comprehensive mission, and a set of principles that provide 10 pillars for the ECE system. An essential component of the mission is serving children experiencing adversity and otherwise vulnerable children.

Maryland’s Vision

Maryland’s vision is that all young children and their families will thrive.

In collaboration with a multitude of stakeholders, the state has developed the following comprehensive mission statement for its ECE system:

**Maryland promotes a well-coordinated and integrated system of programs, supports and services where each child has equitable access to high-quality early childhood experiences to develop a healthy body, healthy mind, and the foundational knowledge and skills needed to succeed, and where every family has access to the resources needed to be effective as their child’s first and most important teacher and advocate.**

This vision and mission responds to what we know about brain development and early learning, creating systems that value all children, and the power of strategic investments. The vision and mission are designed to protect families’ right to have options in the environments and services experienced by their young children. With its commitment to equity, all children in Maryland means regardless of income, race, home language, zip code, culture or background, and ability level.

Guiding Principles: Maryland’s Pillars for ECE System Building

Foundational to Maryland’s goals and action plans is a set of principles that state, school, and program leaders hold to be true and universal. Maryland believes that children and families across Maryland thrive when we work across sectors according to these ten principles:

1. Expand on the successes that Maryland has already created with its mixed-delivery system and strong state and local infrastructure that empowers both systemic and community driven strategies.
2. Adopt a child- and family-centered approach to program and service delivery that emphasizes prevention and the importance of starting early, including during the prenatal period.
3. Ensure access to affordable ECE services for all young children throughout the state.
4. Provide high-quality care and education programming for all young children and their families that supports all developmental domains, including foundational skills for demonstrating school readiness and physical, social-emotional, mental, and behavioral health.
5. Prioritize the needs of families experiencing adversity or disadvantage, or who are otherwise vulnerable.
6. Engage communities and families through equitable, culturally and linguistically responsive, and 2-generational approaches grounded in evidence-based models.
7. Invest in systems building coordination and collaboration, leveraging federal, state, and local funding, as well as public-private partnerships.
8. Provide regular and ongoing public forums and feedback loops, transparent communication channels, and consistent messaging.

Getting Off to a Good Start: The Need to Improve Kindergarten Readiness for Vulnerable Children

When children experience adversity in their early years, children can fail to thrive. Maryland’s vulnerable children are even less likely to show kindergarten readiness. Although 47% of all Maryland children began the 2019-20 school year demonstrating readiness, some groups showed significantly fewer children exhibiting readiness skills than others. For example, only 19% of children with disabilities were ready, compared to 50% of non-disabled peers. Only 18% of Multi-Language Learners were ready, compared to 52% of English fluent peers. Just over one-third (34%) of children from low-income households showed readiness, whereas 50% of other children showed readiness. And, while 60% of white children were ready, only 42% of African American children and 26% of Hispanic children were ready.5

A vital element of Maryland’s focus on equity seeks to ensure resources are available among those families and communities where they are most needed. Based on feedback from the Needs Assessment, the vulnerable populations for which Maryland will prioritize resources and services include:

- Children from birth-age 3
- Children and families living in or near poverty
- Children from a racially or ethnically diverse family
- Children experiencing homelessness and migrant families
- Children in rural areas
- Children and families with special needs
- Children in foster care or involved in the child welfare system
- Children with incarcerated parents
- Multi-Language Learners, also called multilingual learners
- Children exposed to substance abuse and addiction
- Children of families in the military
- Children exposed to toxic stress, trauma or multiple adverse early childhood experiences

Maryland will ensure that sufficient resources and attention go toward providing these children and families with the services and opportunities they need to thrive.

**Maryland’s Vision for Young Children and Families**

Maryland has a simple vision, a comprehensive mission, and a set of principles that provide 10 pillars for the ECE system. An essential component of the mission is serving children experiencing adversity and otherwise vulnerable children.

Maryland’s Vision

Maryland’s vision is that all young children and their families will thrive.

In collaboration with a multitude of stakeholders, the state has developed the following comprehensive mission statement for its ECE system:

**Maryland promotes a well-coordinated and integrated system of programs, supports and services where each child has equitable access to high-quality early childhood experiences to develop a healthy body, healthy mind, and the foundational knowledge and skills needed to succeed, and where every family has access to the resources needed to be effective as their child’s first and most important teacher and advocate.**

This vision and mission responds to what we know about brain development and early learning, creating systems that value all children, and the power of strategic investments. The vision and mission are designed to protect families’ right to have options in the environments and services experienced by their young children. With its commitment to equity, all children in Maryland means regardless of income, race, home language, zip code, culture or background, and ability level.

Guiding Principles: Maryland’s Pillars for ECE System Building

Foundational to Maryland’s goals and action plans is a set of principles that state, school, and program leaders hold to be true and universal. Maryland believes that children and families across Maryland thrive when we work across sectors according to these ten principles:

1. Expand on the successes that Maryland has already created with its mixed-delivery system and strong state and local infrastructure that empowers both systemic and community driven strategies.
2. Adopt a child- and family-centered approach to program and service delivery that emphasizes prevention and the importance of starting early, including during the prenatal period.
3. Ensure access to affordable ECE services for all young children throughout the state.
4. Provide high-quality care and education programming for all young children and their families that supports all developmental domains, including foundational skills for demonstrating school readiness and physical, social-emotional, mental, and behavioral health.
5. Prioritize the needs of families experiencing adversity or disadvantage, or who are otherwise vulnerable.
6. Engage communities and families through equitable, culturally and linguistically responsive, and 2-generational approaches grounded in evidence-based models.
7. Invest in systems building coordination and collaboration, leveraging federal, state, and local funding, as well as public-private partnerships.
8. Provide regular and ongoing public forums and feedback loops, transparent communication channels, and consistent messaging.
Executive Summary

Six Goals that Will Move Maryland Forward
Maryland’s six goals and key strategies are as follows:

1. **Strengthen availability and access** by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs in inclusive settings, and improving coordination between ECE and health services.

2. **Improve and support program quality** by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants’ and children’s mental health needs.

3. **Deepen family engagement** by increasing families’ awareness of high-quality programs, expanding 2-generational programming, and enhancing families’ opportunities to engage.

4. **Ensure successful transition experiences** by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.

5. **Expand and enhance workforce development** by improving professional development opportunities, strengthening equity, coordination and alignment efforts, and improving compensation for ECE professionals.

6. **Improve systems for infrastructure, data and resource management** by improving coordination across agencies, modernizing the data system, using resources in ways that promote equity, and streamlining funding mechanisms.

Our Charge and Call to Action

A broad group of Marylanders came together several times over many months to think deeply about and discuss needs and priority actions to improve the lives of young children and their families. Maryland’s Path to School Readiness and Success reflects the collective wisdom of parents, educators, child care providers, health providers, state agencies staff, and community partners. More than ever in the context of a pandemic that is causing suffering to Maryland’s families—vulnerable families in particular—the state is eager to get to work to implement the strategies and actions outlined in the plan.

One of the most pressing needs is to continue to modernize and streamline the use of data throughout the implementation process to ensure that decision makers are able to understand how rapidly changing contexts impact families and early childhood professionals, and respond adaptively. It is also critical to consider how to continue to make services accessible and high quality for families of young children including by increasing access to two-generational programs. As Maryland’s leaders make difficult funding decisions, this plan emphasizes that prioritizing equity and support for vulnerable children and families will be essential for keeping Maryland on the path to school readiness and success for all children.

In order to achieve the 6 goals outlined in this plan, it is important that all voices and stakeholders remain engaged in helping to move the plan to action. The strong governance structures that Maryland already has in place will keep implementation moving forward regardless of circumstances, and alignment between the statewide and local Early Childhood Advisory Councils will ensure ongoing communication about changes for cohesive implementation of priority strategies. Maryland’s mixed-delivery system will grow stronger and be more easily accessible to all of Maryland’s diverse families, and more connected across services and programs. With a singular vision and multiple entry points for achieving its goals, Maryland can make things better not just for some of Maryland’s children and families, but for all of them.

A renewed commitment to Maryland’s vision is now needed from various stakeholders, including policymakers, service providers, educators, health care workers, business leaders, foundations, families and others. Moreover, a commitment to act from people and groups throughout the state, in support of these goals, is a contribution to the renewal and well-being of Maryland’s children, families, and communities. All of Maryland’s children deserve the best that we can provide so they can thrive, no matter the circumstances.

---

The universal needs of young children remain the same regardless of setting, family composition, or racial, cultural or linguistic backgrounds.

Introduction

From the Atlantic Coastline, across the shores of the Chesapeake Bay, to the mountains of Western Maryland, Maryland is home to over 660,000 young children from birth to age 8 and their families. Maryland’s families and children come from a wide range of racial, cultural, linguistic, socioeconomic, and geographic backgrounds—yet the universal needs of young children remain the same regardless of setting, family composition, or racial, cultural or linguistic backgrounds. Using the opportunity provided by the Preschool Development Grant Birth through Five (PDG B-5) award, Maryland has taken stock of our early childhood care and education (ECE) system and created Maryland Ready: A Path to School Readiness and Success, a strategic plan that puts forward our vision, goals, and strategies to improve the state system over the next 5 years. To put forward our vision, goals and strategies to improve the system over the next 5 years, Implementation of this plan will create a systemic foundation that puts a focus on equity, and prioritizes evidence-based models and program effectiveness. It will also allow the state to expand and improve our early childhood workforce, and infuse the system with continuous quality improvement strategies.

Despite careful planning and elements of an ECE system solidly in place, state and local environments can change quickly in the face of catastrophic emergencies such as the COVID-19 pandemic, natural disasters, or dramatic economic downturns. Maryland’s strategic plan is intended to be evergreen, adaptable to families’ changing needs and priorities in the moment while staying course to its long-term vision. Maryland Ready: A Path to School Readiness and Success is a commitment to ensure that young children and families thrive and that flexible decision-making about strategies to meet changing needs and contexts can evolve. Maintaining this focus and dynamic approach gives Maryland the tools necessary to put all of our young children on a path to healthy development, school readiness, and long-term success.

The Science of Brain Development

The science is clear. Children’s brains develop at their fastest pace during the early years, when synapses form at a rate of 1 million new neural connections per second.1 This intense period of learning and development means that the youngest brains are highly flexible and responsive to the environment as their fundamental architecture is established. This sensitivity to experiences, environments, and interactions levels off as we age and as the brain starts to prioritize efficiency over expanding connections. Continuing advances in neuroscientific research reinforces what we now know—the early years are the most effective time to influence brain development and put children on a path to healthy development and life-long well-being and achievement.

Based on clear evidence that early supports and intervention lead to the most favorable outcomes for young children—especially children experiencing adversity—Maryland plans to further expand and enhance its service and program infrastructure for children from the prenatal period through age 8.2 By strengthening evidence-based programs for this population, providing resources for new services, and expanding the reach in high-need communities, Maryland aims to improve early care and learning experiences for families and their young children.

The Economic Sense in Investing in Early Childhood

Maryland’s leaders agree that investing in ECE makes financial sense. The economic benefits of investing in young children through high-quality ECE programs for all children have been shown to lead to a return on investment to society of approximately $7 for every $1 spent, for children experiencing adversity, the return has been shown to be as high as $12 for every $1 spent.3 Significant investments in the health and educational development of Maryland’s youngest learners positively impacts the future workforce and productivity. Business leaders in Maryland also understand the importance of a robust child care system to a thriving economy. Employee absence and turnover due to child care issues for working parents cost Maryland employers $2.41 billion in 2016, and lowered the state’s economic output by $1.28 billion in one year.4 Maryland has backed its belief in ECE with the funding to finance expansions, for example, by increasing spending on prekindergarten by $94 million dollars from SFY 2019 to SFY 2021, doubling the income eligibility for child care scholarships to 65% of the state median income in SFY 2018, and passing a law to increase child care provider reimbursement rates to the 60th percentile of the cost of child care rates reported in the latest market rate survey by SFY 2021.5

Celebrating Diversity and Promoting Equity

Maryland is one of the most racially diverse states in the nation, ranking 6th out of 50 in 2018 in terms of diversity.6 Less than half (40%) of children under age 5 are White, 30% are Black, 18% are Hispanic, 6% are Asian, and the remainder identify as Native American, mixed race or other. Maryland’s families also vary widely in their ethnicity, home language, socioeconomic background, geographic area, religious affiliation and family composition. This diversity enriches our state and creates additional opportunities for learning and growing, highlighting the importance of applying an equity lens to all dimensions of our work with children and families.

Maryland is committed to deploying a strengths-based approach with a focus on equity as we strive to ensure access and affordability to high-quality programs for all families and children regardless of their socioeconomic status or geographic location, deepen cultural and linguistic responsiveness within programs, and support an effective and well-compensated early childhood workforce that is representative of the children and families throughout the state.

Foundations for Success: Policies, Parent Choice and Programs in Maryland’s Mixed-Delivery System

As a geographically and demographically diverse state, Maryland has developed a robust mixed-delivery system of early childhood programs and services to support families and their young children, empower parent choice and family engagement, and ensure successful transitions throughout the early years and into the early grades. In Maryland, the term mixed-delivery incorporates an array of services and programs that are offered by various agencies that complement and are coordinated with each other to serve children and families holistically. The Maryland State Department of Education (MSDE), Maryland Department of Health (MDH) and Maryland Department of Human Services (MDHS) partner to ensure comprehensive, connected and high-quality services are available across all the geographic areas of the state.

A Supportive Policy Environment

ECE in Maryland has benefited from longstanding support across both executive and legislative leadership. In 2011, Maryland received one of nine Race to the Top-Early Learning Challenge (RtT-ECLC) awards, a 4-year, $50 million grant designed to support the development of a seamless birth to age 5 reform agenda and ensure the state supported all young children and families to overcome school readiness gaps. Through this grant, Maryland created 24 Local Early Childhood Advisory Councils (LECACs), implemented its tiered Quality Rating Improvement System called Maryland EXCELs, aligned early childhood assessments and standards, and developed a family, school and community engagement framework, among other initiatives.

Notes:

1 The term “parents” in this document includes family members and other adults who are the primary family caregivers for young children, such as grandparents, aunts, uncles, foster parents, guardians, parent partners or others serving as parent figures.

2 Maryland has backed its belief in ECE with the funding to finance expansions, for example, by increasing spending on prekindergarten by $94 million dollars from SFY 2019 to SFY 2021, doubling the income eligibility for child care scholarships to 65% of the state median income in SFY 2018, and passing a law to increase child care provider reimbursement rates to the 60th percentile of the cost of child care rates reported in the latest market rate survey by SFY 2021.

3 Significant investments in the health and educational development of Maryland’s youngest learners positively impacts the future workforce and productivity. Business leaders in Maryland also understand the importance of a robust child care system to a thriving economy. Employee absence and turnover due to child care issues for working parents cost Maryland employers $2.41 billion in 2016, and lowered the state’s economic output by $1.28 billion in one year.

4 Maryland has backed its belief in ECE with the funding to finance expansions, for example, by increasing spending on prekindergarten by $94 million dollars from SFY 2019 to SFY 2021, doubling the income eligibility for child care scholarships to 65% of the state median income in SFY 2018, and passing a law to increase child care provider reimbursement rates to the 60th percentile of the cost of child care rates reported in the latest market rate survey by SFY 2021.

5 Maryland is one of the most racially diverse states in the nation, ranking 6th out of 50 in 2018 in terms of diversity. Less than half (40%) of children under age 5 are White, 30% are Black, 18% are Hispanic, 6% are Asian, and the remainder identify as Native American, mixed race or other. Maryland’s families also vary widely in their ethnicity, home language, socioeconomic background, geographic area, religious affiliation and family composition. This diversity enriches our state and creates additional opportunities for learning and growing, highlighting the importance of applying an equity lens to all dimensions of our work with children and families.

6 Maryland is one of the most racially diverse states in the nation, ranking 6th out of 50 in 2018 in terms of diversity. Less than half (40%) of children under age 5 are White, 30% are Black, 18% are Hispanic, 6% are Asian, and the remainder identify as Native American, mixed race or other. Maryland’s families also vary widely in their ethnicity, home language, socioeconomic background, geographic area, religious affiliation and family composition. This diversity enriches our state and creates additional opportunities for learning and growing, highlighting the importance of applying an equity lens to all dimensions of our work with children and families.
Maryland’s RTI-ELC advances were based on a strong foundation of a mixed-delivery system built over time. In 2000, the Maryland General Assembly, recognizing the effectiveness of offering comprehensive, integrated, full-day and full-year care and education, enacted the legislation and offered the funding to support Judy Center Early Learning Hubs (Judy Centers), a 2-generational model to ensure parents can access programs and services that they and their children need to thrive and succeed. This legislation also supported the development of a network of 24 Family Child Care Networks throughout the state, which provide free, comprehensive services to parents and their children from birth through age 3. Building on that commitment, the Assembly enacted the Bridge to Excellence in Public Schools Act in 2002 (it was fully phased in by 2008), which required local Boards of Education to provide at least a half-day of prekindergarten to low-income families (up to 185% of the Federal Poverty Level Guideline or FPL). As a result, prekindergarten attendance rose 46% by 2011.

The 2016 Federal Preschool Development Grant provided $15 million in federal funds for prekindergarten expansion to serve children living at 200 percent of the federal poverty line (FPL) or below, in full-day public schools and community-based child care programs. In 2018, the Prekindergarten Expansion Act provided $4.3 million to fund state prekindergarten expansion to children meeting the income eligibility criteria of 300 percent of the FPL or below in half- or full-day public schools and community-based child care programs. Most recently, the state-funded Prekindergarten Expansion Grant for FY 2021 expands access to high-quality prekindergarten for 3 and 4-year-olds from families with household incomes up to 300 percent FPL.

The Child Care Scholarship program (formerly the Child Care Subsidy program) is also an important Maryland program that eases financial burdens on families to enable them to enroll their children in child care. In 2018, Governor Larry Hogan called for an increase in child care subsidy provider reimbursement rates from the 99th percentile of the cost of care in Maryland based on the market rate survey to the 20th percentile of the market rate, and supported legislation raising that rate to the 60th percentile by SFY 2022. In 2019, the legislature passed a bill making the 60th percentile the reimbursement rate effective in SFY 2021. In addition, the State Board of Education doubled the annual income eligibility limits for scholarships to families for pay for early care and education programs. This raised the eligibility threshold for a family of 4 from about 29 percent of state median income ($36,000) to 65% of state median income (approximately $71,500), substantially increasing the number of families able to get financial help to pay for care and education during their children’s early years. These policy changes have resulted in a rapid increase in the number of children receiving scholarships – from 13,000 in 2018 to over 20,000 today.

An important aspect of Maryland’s ECE system is its strong and coordinated governance structure that connects state and local leadership and stakeholders. Maryland’s State Early Childhood Advisory Council (ECAC) includes early childhood educators, policymakers, practitioners and community advocates from across the state. The purpose of the ECAC is to coordinate efforts among ECE programs, conduct needs assessments, and support statewide strategy development for the ECE system. In addition, there are 24 Local Early Childhood Councils (LECACs), which include professionals in the ECE field from each jurisdiction in Maryland. LECACs exist to establish annual benchmarks of school readiness skills of children entering kindergarten; conduct periodic local needs assessments regarding the quality and availability of programs and services; develop action plans for increasing participation of children in existing programs, including outreach to underrepresented and special populations; coordinate initiatives and reforms locally; and report progress or challenges to the statewide ECAC. Local councils meet quarterly, at a minimum, and provide leadership and feedback loops for the system.

A Commitment to Parent Choice and a Mixed-Delivery System

A core value of Maryland’s ECE system is to promote family choice in ECE program enrollment options. The state’s history of supporting a mixed-delivery system has ensured that families can choose between ECE programs provided by child care centers, family child care homes, Head Start and Early Head Start, or within a public school setting (see Figure 1). A growing number of programs also provide inclusive early intervention services to support children with special needs. Judy Center Early Learning Hubs and Family Support Centers are unique and important components of Maryland’s mixed-delivery system as well.

• Child Care Centers are licensed, out-of-home group settings for care and education services for part or all of any day, at least twice a week. They may be operated by private entities, non-profit organizations, or faith-based organizations, such as churches, synagogues or mosques. Some child care centers cater specifically to infants and toddlers while others serve preschoolers or a mix of ages. As of August 14, 2020, there were 2,675 child care centers licensed by the MSDE Office of Child Care with the capacity to serve 174,918 children, representing 35% of the total providers and 62% of the state total capacity.

• Family Child Care Homes are also licensed through the MSDE Office of Child Care and may provide care up to 8 children, with large family child care homes caring for up to 12 children. In these settings, providers take care of 1 or more children who are not related to them in their own home. As of August 2020, there were 5,022 family child care homes with a total capacity of 39,036 children. Of this total capacity, 10,901 slots (28%) were reserved for children under the age of two years old, which accounts for 41% of the state’s total capacity for this age group.

• Head Start and Early Head Start are federal programs that promote school readiness for 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, including 19 Head Start programs and 35 Early Head Start Programs, which serve children from 6 weeks to age 3. Altogether, these programs enrolled 8,574 children in Head Start and 2,428 children in Early Head Start. The program also serves 183 pregnant women through Early Head Start (Maryland Head Start Association, 2018).

• Public Prekindergarten Programs are primarily provided to 4-year-olds and some 3-year-olds. Programs are developed and administered through local jurisdictions, which create their own policies and procedures in accordance with state guidelines. All jurisdictions are required by law to provide free, voluntary, half-day prekindergarten to 4-year-olds who are economically disadvantaged, with 4 jurisdictions—Baltimore City, Somerset, Garrett, and Kent Counties—offering full-day public prekindergarten to all 4-year-olds. To be eligible for half-day prekindergarten, a student must be 4 years old and from low income families, receiving public assistance, homeless, or receiving 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, 2019). Public prekindergarten programs may operate in a school or child care setting. In addition, local school systems and community based providers may apply for the competitive Prekindergarten Expansion Grants. Child care programs and school-based programs funded through these grants must be rated at the highest level of Maryland EXCELS. In FY 2019, the state began funding each local school system an additional amount based on the number of 4-year-olds served in full-day prekindergarten the previous year. In the 2019-20 school year, 32,062 children were enrolled in public prekindergarten.

• Individuals with Disabilities Education Act (IDEA) Services. Approximately 10,370 children, birth through age 4 with developmental delays or disabilities receive early intervention in their homes or in early childhood settings under the Maryland Infants and Toddlers 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

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Public Prek</th>
<th>Employer Sponsored Centers</th>
<th>Head Start</th>
<th>Infant-Toddler Programs</th>
<th>Family Child Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2025</td>
<td>30,945</td>
<td>3,969</td>
<td>9,205</td>
<td>11,598</td>
<td>45,317</td>
</tr>
<tr>
<td>Public Prek</td>
<td>102,951</td>
<td>45,317</td>
<td>11,598</td>
<td>45,317</td>
<td>102,951</td>
</tr>
</tbody>
</table>

Data Source: Maryland Family Network. Child Care Demographics, (2019). Data does not reflect an undisputed count.
Act (IDEA) Part C. Maryland also provides special education and related services to approximately 12,300 children ages 3 to 5 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 (high-poverty) school districts across the State. Judy Centers, unique to Maryland, promote school readiness through collaboration with community-based agencies, non-profit organizations, and businesses that provide social services, healthcare, Healthy Families programs, Family Support Centers, adult education, parenting education classes, family literacy, and public library programs. In 2018 there were 54 Judy Centers across Maryland, serving over 15,400 diverse children either through public school or a community program (see Figure 2). The number of Judy Centers statewide increased in 2020 to 60. Approximately 77% of children in Judy Centers receive special services, which include special education services, language support for Multi-Language Learners, or free and reduced lunch.

- **Family Support Centers**. Maryland has 26 Family Support Centers (FSCs) across 14 jurisdictions: Baltimore City, Baltimore County, and Caroline, Carroll, Cecil, Dorchester, Frederick, Kent, Montgomery, Prince George’s, Queen Anne’s, Talbot, Washington, and Wicomico Counties. FSCs offer free educational and health-related services to parents and their children ages birth through age 5. 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. FSCs serve approximately 2,000 households per year and 2,200 children. In 2020, six additional FSC will be added.

- **Home Visiting Programs**. Maryland offers several avenues for families to experience home visits. These programs are voluntary and take place in families’ homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the risk for child maltreatment. Established by the Affordable Care Act in 2010, and administered through the MDH Maternal and Child Health Bureau, the federally funded Maternal, Infant and Early Childhood Home Visiting (MIECHV) program provides individualized and culturally competent services for at-risk expectant parents, young children and their families. MIECHV models in Maryland include Nurse-Family Partnership, Healthy Families America, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters (HIPPY). Additional home visiting models used across programs in Maryland, such as MITP, include Early Head Start, Family Connects, and Attachment Bio-Behavioral Catch-Up. Statewide, there are approximately 66 home visiting programs serving 4,108 families.

Figure 2. School Readiness Impact of Judy Centers

- **Maryland State**
- **Title I Schools without Judy Centers**
- **Title I Schools with Judy Centers**


- **Support for Early Childhood Professionals and Program Quality**

Recognizing that an important aspect of parent choice is having access to high-quality programs and services—and facing a shortage of qualified providers and teachers—Maryland is committed to investing in the ECE professional workforce. A key strategy to improve the quality of ECE teachers and administrators is the Child Care Credentialing Pathway, a voluntary credentialing system with financial rewards intended to support continued professional development related to child development, curriculum, health, safety and nutrition, professionalism, as well as community and special needs. In addition, the state has many accredited colleges and universities, including 15 institutions that offer an Associate’s (2-year) degree and 12 that offer a Bachelor’s degree. Setting the bar on professional qualifications, public preschool programs require teachers to have a 4-year degree and Maryland certification in early childhood education; and Head Start and Early Head Start teachers are required to have a CDA credential or an Associate’s or Bachelor’s degree with a focus on early childhood. To support the ECE workforce, Maryland continues to increase funding for the Child Care Career and Professional Development (CCCPDF) program, providing financial support for educators to obtain an Associate's or Bachelor's degree. Expanding access to professional development opportunities, increasing the alignment between institutes of higher education, enhancing opportunities for professionals to grow using a well-developed career lattice, and improving compensation are important to Maryland’s ECE system.

To ensure that ECE programs are offering the quality of care and developmental and educational activities that families look for in a program, Maryland recognizes various accrediting agencies, such as the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC), and encourages all programs to participate in the statewide Quality Rating Improvement System (QRIS) called Maryland EXCELS. Maryland EXCELS is a voluntary, portfolio-style system that awards ratings from 1 (lowest) to 5 (highest) based on a program’s implementation of nationally recognized standards and best practices. The system provides programs with a roadmap that encourages and rewards improvement of services, promotes Maryland’s definition of quality, and offers a framework and supports designed to increase the quality of programs. In addition, Maryland’s Child Care Resource Centers (CCRCs) provide guidance, leadership and services designed to improve the quality, availability, and affordability of ECE in every community across the state.

Maryland’s enduring commitment to parent choice and mixed-delivery options broadens the opportunities and experiences for children across the state, and ultimately improve school readiness outcomes.

Overview of Maryland Ready: A Path to School Readiness and Success

Maryland is well positioned to enhance and expand its mixed-delivery system for young children and families over the next 5 years by relying on the science of brain development and program effectiveness, empowering parent choice, and celebrating the rich diversity of Maryland’s families.

Maryland Ready: A Path to School Readiness and Success presents Maryland’s vision, mission and principles for serving children and families in the prenatal to age 8 years. It then outlines Maryland’s six goals for early childhood over the next 5 years:

1. Strengthen availability and access
2. Improve and support program quality
3. Deepen family engagement
4. Ensure successful transition experiences
5. Expand and enhance workforce development
6. Improve systems for infrastructure, data and resource management

This document explains how information was gathered from a range of stakeholders and sources to inform the strategic plan. It then presents Maryland’s vision, mission and principles guiding the state ECE system; and lays out details about Maryland’s six goals and accompanying strategies, action steps, and measurable indicators of progress that will be used to ensure accountability and continuous improvement.
The Needs Assessment that shaped this strategic plan was developed after listening to voices from the field. This section outlines how the Needs Assessment was developed, how it informs this strategic plan, and how equity—seeking input from and serving the most vulnerable families—was central to both the Needs Assessment and strategic plan development processes.

Conducting the Needs Assessment and Developing the Strategic Plan

To inform the development of Maryland Ready: A Path to School Readiness and Success, Maryland conducted a comprehensive Needs Assessment across every region of the state which gathered input across a wide range of stakeholders about the strengths of Maryland’s ECE system and its opportunities for improvement. In 2019, MSDE received an initial PDG B-5 award to support continued enhancement of the state’s mixed-delivery system. That initial grant provided Maryland the opportunity to analyze its ECE landscape and plan for improvements.

The results of that analysis, called the Together Juntos Needs Assessment: A Systematic Review of Early Childhood Care and Education Needs in Maryland, conducted by the Mid-Atlantic Equity Consortium (MAEC) in collaboration with MSDE, MDH and MDHS, indicated strengths and opportunities for improvement across Maryland’s ECE system. Maryland Ready: A Path to School Readiness and Success is based on information learned from the Needs Assessment and additional input from families, practitioners, and other stakeholders.

Listening to Voices from the Field

The Needs Assessment included input from families, child care providers, child and family advocates, and school and community partners from each of Maryland’s 24 jurisdictions (see attached infographic). There were four methods of data collection:

- **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 conducted in the last 15 years. Over 100 documents (10%) were identified and reviewed as a part of the document review.
- **Town Hall Meetings.** There were 18 Town Hall meetings conducted across nine sites in Maryland. For each site, a Town Hall meeting was held in the morning and evening to provide as much access as possible. A total of 686 people attended Town Hall meetings.
- **Stakeholder Survey.** Surveys were administered to parents and caregivers, providers, and community partners during Town Hall meetings, and to the wider ECE community through listservs, other stakeholder meetings and word of mouth. The survey assessed constituents’ experiences and perceptions of ECE programs in Maryland. In total, there were 1,281 valid responses to the survey. The survey was translated into the four most commonly spoken languages in Maryland, including Spanish.
- **Focus Group Discussions.** 17 regional focus groups were conducted with key stakeholder groups including parents and caregivers, providers, and community partners. 3 groups were conducted in Spanish. In total, 179 stakeholders participated in groups held in 4 regions of Maryland (Western Maryland, Eastern Shore, Baltimore City and Southern Maryland).

This strategic plan was also developed in collaboration with representatives from state partnering agencies, as well as individual stakeholders from across the state. Through 7 strategic planning Community Roundtables with dozens of participants at each event, the process further solicited and incorporated input from a broad range of stakeholders. Written feedback through an online platform was also folded into the development of this plan. Community Roundtables were held in 5 jurisdictions across the state to be accessible to rural, suburban and urban stakeholders. Weekday, weekend and evening events were offered in order to reach a range of stakeholders, including direct service providers and working parents.

Getting Off to a Good Start: The Need to Improve Kindergarten Readiness for Vulnerable Children

When children experience adversity in their early years, they can fail to thrive. Maryland’s vulnerable children are even less likely to show kindergarten readiness. Although 47% of all Maryland children began the 2019-20 school year demonstrating readiness, some groups showed significantly fewer children exhibiting readiness skills than others. For example, only 19% of children with disabilities were ready, compared to 50% of non-disabled peers. Only 18% of Multi-Language Learners were ready, compared to 52% of English fluent peers. Just over one-third (34%) of children from low-income households showed readiness, whereas 50% of other children showed readiness. And, while 60% of white children were ready, only 42% of African American children and 26% of Hispanic children were ready.

A vital element of Maryland’s focus on equity seeks to ensure resources are available among those families and communities where they are most needed. Based on feedback from the Needs Assessment, the vulnerable populations for which Maryland will prioritize resources and services include:

- Children from birth-age 3
- Children and families living in or near poverty
- Children from a racially or ethnically diverse family
- Children experiencing homelessness and migrant families
- Children in rural areas
- Children and families with special needs
- Children in foster care or involved in the child welfare system
- Children with incarcerated parents
- Multi-Language Learners, also called multilingual learners
- Children exposed to substance abuse and addiction
- Children of families in the military
- Children exposed to toxic stress, trauma or multiple adverse early childhood experiences

Maryland will ensure that sufficient resources and attention go toward providing these children and families with the services and opportunities they need to thrive.

Alignment between the Needs Assessment and the Strategic Plan

The Needs Assessment presented findings according to 7 domains, while this strategic plan is organized around 6 goals. The domains and goals overlap, and the differences are the result of consensus around areas of priority. The domains framing the Needs Assessment included:

1. Availability and access
2. Quality
3. Transitions
4. Infrastructure and coordination
5. Parent needs and family engagement
6. Data system needs
7. Costs and funding

The key findings that emerged for each domain shaped the 6 goals agreed upon by stakeholders, which are presented in the next section.

Charting Maryland’s Path Forward

Maryland’s Vision for Young Children and Families

Maryland has a simple vision, a comprehensive mission, and a set of principles that provide 10 pillars for the ECE system. An essential component of the mission is serving children experiencing adversity and otherwise vulnerable children.

Maryland’s Vision and Mission

Maryland’s vision is that all young children and their families will thrive. In collaboration with a multitude of stakeholders, MSDE developed the following comprehensive mission statement for its ECE system:

**Maryland promotes a well-coordinated and integrated system of programs, supports and services where each child has equitable access to high-quality early childhood experiences to develop a healthy body, healthy mind, and the foundational knowledge and skills needed to succeed, and where every family has access to the resources needed to be effective as their child’s first and most important teacher and advocate.**

This vision and mission responds to what we know about brain development and early learning, creating systems that value all children, and the power of strategic investments. The vision and mission are designed to protect families’ right to have options in the environments and services experienced by their young children. With its commitment to equity, all children in Maryland means regardless of income, race, home language, zip code, culture or background, and ability level.
1. Strengthen availability and access by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs across agencies to improve access, quality, family engagement, and health services.

2. Improve and support program quality by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants’ and children’s mental health needs.

3. Deepen family engagement by increasing families’ awareness of high-quality programs, expanding 2-generational programming, and enhancing families’ opportunities to engage.

4. Ensure successful transition experiences by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.

5. Expand and enhance workforce development by improving program quality, expanding 2-generational approaches grounded in evidence-based models, demonstrating school readiness, including physical, social-emotional, mental, and behavioral health.

6. Engage communities and families through equitable, culturally and linguistically responsive, and 2-generational approaches grounded in evidence-based models.

7. Invest in systems building coordination and collaboration, leveraging federal, state, and local funding, as well as public-private partnerships.

8. Provide regular and ongoing public forums and feedback loops, transparent communication channels, and consistent messaging.

9. Maximize data systems capacity and use, including application to policy and program decision-making.

10. Continually evaluate state progress based on metrics and measures of success that reflect stakeholder input and systemic collaboration, and revise as needed.

These principles guide the development of our regulations, systems, investments and actions to benefit all of Maryland’s families and communities.

Realizing the Vision: Maryland’s Goals, Action Steps and Measures of Progress

The following section presents Maryland’s goals for the next 5 years of serving children in their early years across intersecting areas of the mixed-delivery system. A key starting point for putting strategies to work is enhancing families’ access to services. Yet not all programs and services are equal. It is clear that the quality of programs is essential to outcomes, and Maryland aims to raise the quality of services—and awareness of the importance of quality—across program types and geographic areas. The need to address equity and implicit bias across agencies to improve access, quality, family engagement, governance, and the workforce is also critical to carrying out Maryland’s vision. Closing achievement and school readiness gaps so that children can transition smoothly into kindergarten and get off to a fair and strong start remains central to our work. Improving systemic issues related to coordination, infrastructure, data systems and funding mechanisms will elevate the positive outcomes for young children of diverse backgrounds throughout Maryland.

Maryland’s process for conducting the needs assessment and developing a strategic plan

- **Document Review**: 107 documents were identified and reviewed as part of the systematic document review.
- **Survey**: A survey was administered to parents, caregivers, providers, and community partners. In total there were 1,281 valid responses to the survey.
- **Town Hall**: 18 meetings were conducted across nine sites in Maryland making for a total of 686 people who attended.
- **Focus Groups**: 17 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.

**Needs Assessment Reports**

- **Together Juntos Report**: The first report, Together Juntos Needs Assessment: Early Care and Education in Maryland, is a discussion of the overall findings of the needs assessment.
- **Voices from the Field**: The second report, Voices from the Field: Stakeholder Perspectives on Maryland’s Early Childhood Care and Education System, provides an in-depth summary of the Town Hall meeting feedback.

**Guiding Principles: Maryland’s Pillars for ECE System Building**

Foundational to Maryland’s goals and action plans is a set of principles that state, school, and program leaders hold to be true and universal. Maryland believes that children and families across Maryland thrive when we work across sectors according to these ten principles:

1. Expand on the successes that Maryland has already created with its mixed-delivery system and strong state and local infrastructure that empowers both systemic and community driven strategies.

2. Adopt a child- and family-centered approach to program and service delivery that emphasizes prevention and the importance of starting early, including during the prenatal period.

3. Ensure access to affordable ECE services for all young children throughout the state.

4. Provide high-quality care and education programming for all young children and their families that supports all developmental domains, and foundational skills for demonstrating school readiness, including physical, social-emotional, mental, and behavioral health.

5. Prioritize the needs of families experiencing adversity or disadvantage, or who are otherwise vulnerable.

6. Engage communities and families through equitable, culturally and linguistically responsive, and 2-generational approaches grounded in evidence-based models.

7. Invest in systems building coordination and collaboration, leveraging federal, state, and local funding, as well as public-private partnerships.

8. Provide regular and ongoing public forums and feedback loops, transparent communication channels, and consistent messaging.

9. Maximize data systems capacity and use, including application to policy and program decision-making.

10. Continually evaluate state progress based on metrics and measures of success that reflect stakeholder input and systemic collaboration, and revise as needed.

These principles guide the development of our regulations, systems, investments and actions to benefit all of Maryland’s families and communities.

**Overall of Six Goals that Will Move Maryland Forward**

Maryland’s six goals and key strategies are as follows:

1. Strengthen availability and access by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs in inclusive settings, and improving coordination between ECE and health services.

2. Improve and support program quality by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants’ and children’s mental health needs.

3. Deepen family engagement by increasing families’ awareness of high-quality programs, expanding 2-generational programming, and enhancing families’ opportunities to engage.

4. Ensure successful transition experiences by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.

5. Expand and enhance workforce development by improving program quality, expanding 2-generational programs that the quality of programs is essential to outcomes, and Maryland aims to raise the quality of services—and awareness of the importance of quality—across program types and geographic areas. The need to address equity and implicit bias across agencies to improve access, quality, family engagement, governance, and the workforce is also critical to carrying out Maryland’s vision. Closing achievement and school readiness gaps so that children can transition smoothly into kindergarten and get off to a fair and strong start remains central to our work. Improving systemic issues related to coordination, infrastructure, data systems and funding mechanisms will elevate the positive outcomes for young children of diverse backgrounds throughout Maryland.
This section presents Maryland’s 6 goals for its ECE system through 2025, and lays out the strategies and action plans to accomplish those goals. Each strategy is followed by a table displaying measurable indicators of progress and data sources.

## GOAL

### STRATEGY 1

**Increasing Availability and Choice**

- Increase parent choice and build access across all setting types within Maryland’s mixed-delivery ECE system.

**Action Steps**

- a. Increase the number of slots in prenatal programs for expectant parents.
- b. Increase the number of slots in ECE programs for children from birth through age 2.
- c. Increase the number of slots in ECE programs for children ages 3 to 5 across Maryland’s mixed-delivery system, including in family child care programs.
- d. Increase enrollment in public prekindergarten, particularly for 3 and 4 year-olds from low-income families.
- e. Provide programs and services with support for Multilingual Learners.
- f. Increase the number of slots in home visiting programs, including in rural areas.
- g. Expand the number of slots in Judy Center Early Learning Hubs and Family Support Centers.

### STRATEGY 2

**Decreasing Barriers**

- Reduce families’ ECE-related costs by increasing the eligibility threshold for child care scholarships, supporting tax credits, and implementing other financial supports for ECE.

**Action Steps**

- a. Reduce eligibility threshold for child care scholarships, Maryland state tax credits, and other financial supports for ECE.
- b. Increase public awareness of available services and eligibility requirements by conducting a communications campaign and implementing parent navigator programs statewide.
- c. Ensure access to transportation to ECE programs in partnership with the Maryland Department of Transportation.
- d. Expand access to services and enrollment in programs by reducing administrative hurdles for families.

### Measurable Indicators

**Indicators for Goal 1 Strategy 1**

- Increased percentage of slots available in prenatal parenting and health programs.
- Increased percentage of parents served by prenatal programs overall and disaggregated across jurisdiction.
- Increased number of ECE programs licensed or approved to serve infants and toddlers (Birth-2 years).
- Increased percentage of children in ECE and family child care centers.
- Increased number of available Pre-K programs.
- Increased percentage of low-income 3 and 4 year-old children enrolled in Pre-K programs.
- Increased percentage of all 3 and 4 year old children enrolled in Pre-K programs.
- Increased percentage of MSDE-sponsored professional development training sessions provided to ECE teachers and administrators about culturally responsive teaching and learning.
- 80% of educators attending MSDE-sponsored trainings on culturally responsive teaching and learning reported learning new information.
- 80% of educators attending MSDE-sponsored trainings on culturally responsive teaching and learning reported the experience as satisfactory.
- Increased percentage of multilingual learners participating in ECE programs.
- 80% of multilingual learners reported satisfactory program supports and services.
- Increased the percentage of programs conducting home visits.
- Increased number of Judy Center Early Learning Hubs.
- Increased number of Family Support Centers.
- 80% of families using Judy Centers and Family Support Centers reported being satisfied with the center.

**Indicators for Goal 1 Strategy 2**

- Increased percentage of eligible families who benefit from child care scholarships, Maryland state tax credits, and other financial supports for ECE.
- Reduced eligibility threshold for families to qualify for child care scholarships, tax credits, and financial supports.
- Communications campaign conducted through MSDE program offices, local media, and ECE infrastructure.
- Established a parent navigator program in each jurisdiction.
- Increased percentage of rural families reporting the transportation infrastructure improved ECE access.
- Increased percentage of affordable ECE programs in rural areas.
- Increased percentage of families eligible for free or subsidized public transportation.
- Increased percentage of families reporting satisfaction with the public transportation options connecting them to ECE programs.
- Increased percentage of families using MSDE support services.
- 80% of families reporting satisfaction in accessing state services.
GOAL 1 STRATEGY 3
Serving More Children with Special Needs in Inclusive Settings

Increase the number of children with special needs served in high-quality, inclusive ECE programs and settings.

**Action Steps**

a. Increase access to programs leading professionals to become certified inclusion specialists in ECE programs.
b. Improve systems coordination so that increased numbers of children with special needs are connected with and enrolled in available programs and services.
c. Ensure all programs and services are supported in meeting screening, referral, and access needs for children with special needs.

**Measurable Indicators**

- Indicators for Goal 1 Strategy 3
  - Increased percentage of ECE programs with trained and certified inclusion specialists.
  - Increased percentage of children with special needs enrolled in programs or getting services.
  - 80% of program coordinators and administrators reported improved ability to work with other groups or agencies.
  - Decreased time between referrals and services received for families with children who have special needs.
  - Increased percentage of children with special needs accessing programs or supports based on ECE referrals.
  - Increased percentage of program and service staff who can serve children with special needs.

- Provided at least one training per jurisdiction to existing ECE teachers about inclusion and working with children who have special needs.

b. Convene a task force to identify strategies and integrate Medicaid, public health programs, including home visiting, and ECE programs.
c. Expand access to prenatal services and medical homes for young children.
d. Increase access to therapeutic nurseries and programs for medically fragile children.
e. Expand program use of healthy food and nutritional support programs.

**Measurable Indicators**

- Indicators for Goal 1 Strategy 4
  - Increased number of hospital visits for children with special needs.
  - Increased number of families who report receiving a hospital kit and understanding child development milestones.
  - Increased number of families using prenatal services.

- Provided at least one training per jurisdiction to existing ECE teachers about inclusion and working with children who have special needs.

**STRATEGY 4**
Improving Coordination between ECE and Health Services

Expand families’ awareness of and access to ECE and health services through stronger coordination and communications.

**Action Steps**

a. Partner with healthcare providers to provide information to families on local ECE programs, including by MSDE and through equity initiatives.
b. Increase provider participation in quality-improvement initiatives and apply information gathered to inform program-improvement strategies.
c. Expand public and family awareness of Maryland EXCELS, program accreditation, professional credentialing, and other quality assurance initiatives.

d. Continue to provide equity training for state-level staff across agencies.
e. Ensure that grants supporting children and families address equity.
f. Examine quality across geographic settings and program types to understand whether families have equitable access to high-quality programs.

**GOAL 2 STRATEGY 2**

Focusing on Equity

Enhance the statewide focus on equity and ECE.

**Action Steps**

a. Launch a messaging campaign to support a strategic, statewide focus on equity.
b. Strengthen equity-focused collaboration across state and local agencies.
c. Continue to provide equity training for state-level staff across agencies.
d. Ensure that grants supporting children and families address equity.
e. Disaggregate state and local jurisdiction data to identify and address equity and diversity trends across programs and services.
f. Examine quality across geographic settings and program types to understand whether families have equitable access to high-quality programs.

**GOAL 2 STRATEGY 1**

Increasing Quality across Sectors

Increase the quality of ECE programs and services across sectors including education, health, and social services.

**Action Steps**

a. Increase provider participation in quality-improvement initiatives and apply information gathered to inform program-improvement strategies.
b. Increase the number of MSDE Quality Assurance Specialists (QAS) to provide technical assistance to service providers, program directors, school administrators, healthcare workers and other relevant professionals serving children and families.
c. Expand public and family awareness of Maryland EXCELS, program accreditation, professional credentialing, and other quality assurance initiatives.

**Indicators for Goal 2 Strategy 1**

- Increased percentage of ECE programs participating in Maryland EXCELS.
- Increased number of Maryland EXCELS rated programs at level 3 or higher.
- Increased number of Quality Assurance Specialists.
- Implementation of an information campaign to increase awareness of Maryland EXCELS.
- Increased number of visits and searches on the Maryland EXCELS website.
- Increased percentage of families reporting that Maryland EXCELS was a resource they used to help decide on child care.
- Increased percentage of families reporting that program accreditation, professional credentialing, and other quality assurance initiatives influenced their decision about using child care.

**Desired Outcomes**

Tackled together, the 4 strategies described above to improve availability and access for families are expected to lead to these outcomes:

1. Increased percentage of families reported having at least 2 affordable ECE provider options from which to choose, including for each group of families identified as vulnerable or experiencing adversity.
2. Increased percentage of families experiencing adversity that needed support reported having access to affordable, high-quality health services options, including for medical, dental and mental health care.

**Improve and Support Program Quality**

Maryland has an advanced quality improvement system and strong licensing requirements, as well as effective models for comprehensive service provision that make a positive impact on children's readiness for kindergarten. Moreover, stakeholders are generally satisfied with the ECE facilities across the state. However, there are areas to grow when it comes to program quality:

- Providers find participation in Maryland EXCELS to be challenging, and many programs struggle to move beyond the lowest levels of quality ratings.
- Families lack awareness about Maryland's quality-rating system.
- Maryland could better streamline quality-improvement initiatives.

**Measurable Indicators**

- Indicators for Goal 2 Strategy 1
  - Increased percentage of ECE programs participating in Maryland EXCELS.
  - Increased number of Maryland EXCELS rated programs at level 3 or higher.
  - Increased number of Quality Assurance Specialists.
  - Implementation of an information campaign to increase awareness of Maryland EXCELS.
  - Increased number of visits and searches on the Maryland EXCELS website.
  - Increased percentage of families reporting that Maryland EXCELS was a resource they used to help decide on child care.
  - Increased percentage of families reporting that program accreditation, professional credentialing, and other quality assurance initiatives influenced their decision about using child care.
GOAL 2

Measurable Indicators

Indicators for Goal 2 Strategy 2
- 80% of providers reported having increased knowledge and skills to support families experiencing adversity.
- Increased percentage of providers with policies in place that explicitly mention practices to ensure equity among their families.
- Increased number of MSDE professional development trainings focused on ways to ensure or improve equity.
- 80% of state and local agencies serving families experiencing adversity reporting improvements in their ability to collaborate with one another.
- Increased number of equity trainings for state-level staff across state departments and local agencies.
- Increased state-wide reporting examining equity and diversity trends across ECE programs and services using disaggregated data.
- 100% of local jurisdictions reporting disaggregated data to assess equity and diversity trends across their ECE programs and services.
- Increased number and diversity of ECE programs with Maryland EXCELS ratings of 3, 4 and 5.
- 80% of families reporting satisfaction with the quality of the ECE program in which they are enrolled or using.

Indicators for Goal 2 Strategy 3
- Curriculum for 3-year-olds developed and piloted by 2022.
- Curriculum for 4-year-olds aligned with curriculum for 3 year old children.
- Increased percentage of children participating in ELA and KRA assessments.
- Increased percentage of professionals taking part in WIDA Early Years online and on-site trainings.
- Increased use of multilingual early identification assessment tool by child care and Pre-K programs.
- Increased number of trainings MSDE provided on administering the early identification assessment of Multi-Language Learners.
- Increased percentage of all children are ready for kindergarten.
- Increased percentage of vulnerable children who are ready for kindergarten, including multilingual children and children with special needs.

Indicators for Goal 2 Strategy 4
- Created a statewide IECMH framework to guide resource provisions and feedback to providers.
- Increased number of licensed early childhood mental health consultants statewide.
- Increased number of provider trainings based on the Pyramid Model.
- 80% of IECMH professional development training attendees reporting access to support and additional resources.
- IECMH goals and measures embedded into Maryland EXCELS assessment.

GOAL 2 STRATEGY 3

Increasing Kindergarten Readiness for All Children
Increasing kindergarten readiness, especially among vulnerable children and children experiencing adversity.

Action Steps
a. Expand and improve the application and alignment of standards, curricula, assessment, instruction, and coaching across the birth to age 8 range.
b. Develop and implement curricula for 3-year-olds and birth to age 3 that align with curricula for 4-year-olds.
c. Ensure that programs and classrooms use a census approach to assessment data collection and that all children enrolled in ECE and kindergarten programs benefit from the use of the Early Learning Assessment and Kindergarten Readiness Assessment to experience individualized instruction.
d. Enhance supports for Multi-Language Learners, including by developing and piloting an early identification Multi-Language Learners assessment tool and providing training on strategies to teach and assess Multi-Language Learners.

d. 6. Reduced percentage of students suspended or expelled from kindergarten, including for families experiencing adversity.

Desired Outcomes
The 4 strategies to improve program quality are expected to lead to these outcomes:
1. Increased percentage of families reporting their child care program is high quality.
2. Increased percentage of providers earning at least a level 3 rating of quality in Maryland EXCELS.
3. In each jurisdiction, increased percentage of children deemed ready for kindergarten.
4. Reduced kindergarten readiness gaps between vulnerable children/children experiencing adversity and other children.
5. Reduced amount of time between referral to mental health services and receipt of needed services.
6. Reduced percentage of students suspended or expelled from kindergarten, including for families experiencing adversity.
GOAL 3

Deepen Family Engagement
Maryland has a strong family engagement framework to encourage families, schools and communities to work together to support children’s growth and learning. An important part of this framework and Maryland’s programs are 2-generational programs that serve children and family members together.

Areas for growth include the following:
- Families struggle to navigate the ECE system because parents often do not know about programs and services available to them, and costs to participate remain problematic.
- Families are not aware of program quality-ratings systems and do not usually make enrollment decisions based on program quality; many families rely on unregulated care.
- Barriers to program participation disproportionately impact low-income families, families of children with special needs, families in crisis, rural families, immigrants and Dual Language Learner families.

GOAL 3 STRATEGY 1
Increasing Families’ Awareness of High-Quality Programs
Increase families’ awareness of available programs and services and the importance of quality.

Action Steps
a. Conduct a communications campaign to ensure families know about local ECE, 2-generational and family support programs and services.

b. Conduct a communications campaign for families about the importance of ECE program quality and how to recognize high-quality ECE programs.

c. Produce materials, information and announcements, in multiple languages, on how to promote healthy child development through play and learning at home.

d. Strengthen capacity among staff at MSDE Regional Child Care Offices, Family Support Centers, Judy Center Early Learning Hubs, and other agencies serving families and children to be family-oriented and designed to connect families with comprehensive programs, services and resources.

e. Improve employers’ capacity to connect families with ECE programs.

GOAL 3 STRATEGY 2
Expanding Two-Generational Programming
Expand participation in 2-generational programs that serve or support children, parents, grandparents and other family members.

Action Steps
a. Establish a statewide parent navigator system to connect families with 2-generational programs, including for teen parents, grandparents, incarcerated parents and foster care families.

b. Partner with programs to increase engagement among families.

c. Enhance the Maryland child.gov consumer website to include links to 2-generational programs and services.

d. Produce and promote materials that show a variety of family types and compositions, including those showcasing grandparents and great-grandparents, foster parents, teenage parents and families of various racial and sexual orientation backgrounds.

GOAL 3 STRATEGY 3
Enhancing Families’ Opportunities to Engage
Deepen family engagement in children’s development and learning, and strengthen families’ leadership roles in programs, schools and advocacy efforts.

Action Steps
a. Provide technical assistance to educators, healthcare workers and other professionals to enhance families’ understanding of how to best support children’s development and learning.

b. Provide professional development opportunities for educators and other professionals to learn from and engage with families, including hosting an annual statewide Family Engagement Summit.

c. Create leadership and advocacy opportunities for families and community members, including ensuring family representation on governing bodies such as the statewide ECAC, local advisory councils, and the Family Engagement Coalition.

Measurable Indicators

Indicators Goal 3 Strategy 1
Increased messaging and communications regarding the availability and quality of ECE programs and services via websites, social media, radio, local television, billboard, and printed materials.

80% of families indicating awareness of programs in their community that can help them meet family needs.

Increased percentage of children enrolled in ECE programs with a Maryland EXCELS rating of 3 or higher.

Increased messaging and communications about healthy child development via websites, social media, radio, local television, billboard, and printed materials.

At least 4 of the most common languages spoken in Maryland used in informational announcements and materials.

80% of staff at ECE centers and programs reporting high levels of efficacy for helping families find needed community services.

80% of families reporting staff at ECE centers and programs helped them gain parenting skills.

80% of families reporting staff at ECE centers and programs helped connect them to community programs and/or services.

Increased percentage of families served by ECE programs, including Judy Center Early Learning Hubs, Family Support Centers, and family child care programs.

Measurable Indicators

Indicators Goal 3 Strategy 2
Increased overall parent participation in navigator programs.

Increased participation in navigator system for teen parents, incarcerated parents, grandparents raising young children, and foster care families.

Increased participation of fathers in engagement programs.

Increased messaging and communications regarding the importance of ECE program quality and how to recognize high-quality ECE programs.

Increased participation of families in ECE programs or using ECE services reporting better understanding and confidence in parenting and supporting their child’s learning.

Increased overall parent participation in navigator programs.

Materials produced reflect diversity of families including related to race and sexual orientation.

Increased number of professional development trainings on family engagement provided to ECE child care educators and professionals across all regions.

Increased participation of fathers in engagement programs.

Increased participation of families who participated in trainings about effective leadership and advocacy skills.

Increased percentage of ECAC members who are parents and represent parent concerns.

Measurable Indicators

Indicators Goal 3 Strategy 3
Increased number of professional development trainings provided to ECE educators and professionals across all regions.

80% of families in ECE programs or using ECE services reporting better understanding and confidence in parenting and supporting their child’s learning.

Increased participation of families in ECE programs or using ECE services reporting better understanding and confidence in parenting and supporting their child’s learning.

Increased participation of families who participated in trainings about effective leadership and advocacy skills.

Increased overall parent participation in navigator programs.

Increased percentage of ECAC members who are family members and represent family concerns.

Desired Outcomes
The strategies and action steps put forward above will help Maryland realize the following family engagement outcomes:

1. Increased percentage of families participating in programs to support children’s development and learning.

2. Increased percentage of families participating in 2-generational programs.

3. Increased percentage of families reporting that they feel capable of supporting their children’s education and development.

Maryland Ready: Maryland’s Path to School Readiness and Success Prenatal to Age 8 Strategic Plan 2020-2025
Ensure Successful Transition Experiences

Most parents and providers surveyed for the Needs Assessment reported that their ECE programs provided children with the skills they need to succeed in kindergarten. Nonetheless, some areas in which the system could do better in supporting children, families and educators with transition experiences were highlighted:

• Some families feel unprepared for the transition between ECE programs and kindergarten, especially families experiencing adversity, including those in racial minority groups and families with children with special needs.

• There could be better communication between professionals in ECE systems and those in elementary school systems.

Strategy 1
Strengthening Institutional Support for Transitions

Ensure children successfully transition between ECE settings, and into kindergarten and the early grades through systemic and organizational support.

Action Steps

a. Support the development of collaborative transition frameworks and plans that engage schools, ECE providers, and families.

b. Ensure that children being cared for at home or in informal settings receive transition and school-readiness information.

c. Strengthen MOUs between local school systems and ECE programs to promote better transitions, including by addressing chronic absenteeism, transfer of records, and communication among ECE and school-based educators.

d. Ensure transition plans and activities are in place for Multi-Language Learners and immigrant families.

e. Ensure transition plans and activities are in place for children with special needs, disabilities, and developmental delays.

Strategy 2
Supporting Families through Transitions

Strengthen family engagement in preparing for transitions between ECE settings and into kindergarten and the early grades.

Action Steps

a. Provide families with information, in multiple languages, about the importance of kindergarten readiness and their role in transitions.

b. Ensure that children being cared for at home or in informal care receive transition and school-readiness information.

c. Create culturally and linguistically responsive transition plans and activities for Multi-Language Learners and immigrant families.

d. Ensure transition plans and activities are in place for children with special needs, disabilities, and developmental delays.

Strategy 3
Improving Transition-Focused Professional Development Opportunities

Incorporate transition planning in professional development and training opportunities.

Action Steps

a. Implement joint professional development opportunities such as Leadership Academies for child care directors and elementary school principals or child care teachers and kindergarten teachers that focus on coordinating transition planning.

b. Provide targeted learning opportunities related to early childhood development and developmentally appropriate practices for early childhood, prekindergarten, and elementary educators and leaders.

c. Ensure that pre-service and in-service activities enhance educators’ knowledge of and skills in creating culturally responsive, family-centered transition plans to benefit all children.

Measurable Indicators

Indicators Goal 4 Strategy 1
Jurisdictions participated in the development and implementation of a transition framework.

Transition frameworks created by each jurisdiction to guide schools, ECE providers, and families by 2024.

Increased communication and information shared between schools and ECE providers about incoming kindergartners.

School systems reduced rates of chronic absenteeism among Pre-K and kindergarten students.

Indicators for Goal 4 Strategy 2
Increased percentage of family members receiving information about how to support their child’s transition to kindergarten.

Increased percentage of family members across groups, including multilingual families, engaging in practices supportive of their child’s transition to kindergarten.

Increased percentage of parents and family members who care for their children at home or in informal settings receiving information about their child’s transition to kindergarten.

Increased percentage of schools with plans outlining how they will support families and children who speak different languages and/or are from diverse cultures as they enter kindergarten.

All children with special needs have IEPs or other written plans to address needs.

Indicators for Goal 4 Strategy 3
Increased percentage of pre-service ECE or elementary school teachers.

Increased number of professional development sessions about children’s transitions to kindergarten offered to ECE directors and elementary school principals.

Increased number of professional development sessions about children’s transitions to kindergarten offered to ECE and elementary school teachers.

Increased number of professional development sessions about children’s transitions to kindergarten offered to ECE and elementary school teachers.

Increased percentage of ECE professionals engaged in joint professional development and training opportunities.

Desired Outcomes

The three strategies described above are expected to lead to the following outcomes related to transition experiences:

1. Increased percentage of Pre-K and kindergarten programs having written plans to support children’s transitions into their program.

2. Increased percentage of Pre-K and kindergarten programs with practitioners trained in effective family engagement practices.

3. Increased percentage of families reporting satisfaction with their child’s transition into kindergarten.
GOAL 5

Expand and Enhance Workforce Development Opportunities

Maryland’s ECE workforce is comprised of dedicated, knowledgeable and caring professionals across setting types and regions of the state. However, they do not always have the support or environments they need to stay in the field and grow professionally. In particular, the Needs Assessment highlighted these areas for improvement:

- ECE professionals face barriers to accessing teacher preparation and professional development programs, a problem leading to a shortage of qualified staff across the state.
- Not all ECE degree programs adequately prepare future ECE professionals for success in the program or classroom.
- Compensation for ECE professionals is inadequate and negatively impacts recruitment and retention.

Strategy 1
Improving Professional Development Opportunities

Increase the number of highly qualified ECE educators by improving pre-service preparation and in-service professional development opportunities.

Action Steps

a. Develop a statewide professional development plan that includes a competency-based framework and articulated career lattice.

b. Coordinate with higher education partners to increase access to ECE degrees at all levels, including by developing an online Bachelor’s ECE degree program.

c. Partner with the Council on Professional Development to increase the number of CDA training programs in high schools and the number of CDA-accredited teachers, including those accredited as bilingual teachers.

d. Implement training on critical competencies related to infant and toddler services.

e. Ensure the state’s ECE workforce is representative of the population they serve.

Measurable Indicators

Indicators Goal 5 Strategy 1

- Increased number of people entering an ECE career.
- Increased percentage of providers achieving their CDA.
- Increased number of trainings and higher education courses about critical competencies for infant and toddler professionals.
- Increased number of visits to an MSDE website outlining the competency framework and career lattice.
- Increased communication and information shared between schools and ECE providers about incoming kindergartners.
- Increased number of students graduating with an ECE degree.
- Increased percentage of students enrolled in online ECE degree programs.
- Increased percentage of CDA-accredited teachers who are bilingual.
- Increased number of trainings and higher education courses about critical competencies for infant and toddler professionals.

Strategy 2
Strengthening Equity, Coordination and Alignment Efforts

Strengthen equity, coordination and alignment in the statewide professional development system.

Action Steps

a. Strengthen culturally responsive and equity-focused professional development opportunities focused on serving diverse populations, including children experiencing adversity.

b. Implement innovative professional development experiences for ECE educators, including by increasing opportunities for coaching, peer-to-peer learning and leadership development.

c. Support the portability of qualifications and credentials across states.

d. Ensure the state’s ECE workforce is representative of the children and families served.

Measurable Indicators

Indicators for Goal 5 Strategy 2

- 80% of attendees at professional development trainings about serving culturally diverse populations and children experiencing adversity reporting increased knowledge and skills.
- Increased percentage of CDA-accredited teachers who are bilingual.
- Increased number of visits to an MSDE website outlining the competency framework and career lattice.
- Increased percentage of providers achieving their CDA.
- Increased number of trainings and higher education courses about critical competencies for infant and toddler professionals.
- Increased number of CDA-accredited teachers who are bilingual.
- Increased number of trainings and higher education courses about critical competencies for infant and toddler professionals.

Strategy 3
Improving Compensation for ECE Professionals

Improve compensation, both salary and benefits, for ECE professionals.

Action Steps

a. Increase salary parity for ECE educators through direct increases and targeted incentives.

b. Increase ECE educators’ access to health and retirement benefits.

Measurable Indicators

Indicators for Goal 5 Strategy 3

- MSDE contributed data and made recommendations to increase ECE educators’ salaries, financial incentives, or both.
- MSDE contributed data and made recommendations to increase ECE educators’ access to health and retirement benefits.

Desired Outcomes

The 3 workforce strategies described above are expected to lead to the following outcomes:

1. Increased percentage of ECE providers having participated in culturally responsive training.

2. Increased percentage of credentialed ECE providers.

3. Increased percentage of a diverse group of credentialed ECE teachers and providers representative of the population they serve.

4. Reduced turnover among ECE professionals.
Improve Systems for Infrastructure, Data and Resource Management

There are strengths of Maryland’s ECE infrastructure and systems, such as a strong governance structure that includes stakeholders at the local level; data sources, such as the Kindergarten Readiness Assessment, that provide rich information for educators and policymakers; and continuous investment in ECE systems and initiatives. Areas for improvement exist as well:

- Despite efforts to improve coordination of programs, the system is still fragmented.
- Data-driven decision making is made difficult by gaps in the coordination of data systems.
- There is a need to update Maryland’s data collection systems.
- A lack of systemic funding mechanisms contributes to a range in program quality, which leads to variable experiences and outcomes for children.

GOAL 6 STRATEGY 1
Improving Coordination across Agencies

Increase integration and coordination of early childhood services among agencies.

**Action Steps**

a. Using Maryland’s existing statewide Early Childhood Advisory Council as the lead agency, strengthen and broaden effective governance structures that ensure equitable, inclusive membership across and within state and local agencies and partners, and maintain effective, ongoing communication.

b. Encourage local coordination of strategic planning initiatives, supporting best practices for program integration, and create plans to achieve state and local priority goals.

c. Strengthen ongoing, collaborative systems-building initiatives within and across agencies.

GOAL 6 STRATEGY 2
Modernizing the Data System

Modernize and coordinate data systems to improve services for and communication with educators, families and the public.

**Action Steps**

a. Design and implement a system that assigns each child with a unique identifier that tracks their participation in programs and services beginning at birth.

b. Create a universal application process that allows families to apply for multiple services and programs across state agencies with a single application.

c. Migrate data systems to the Maryland Total Human-Services Integrated Network (MD THINK) platform to enhance data sharing, professional collaboration and services for families and to reduce redundancies and costs.

d. Support user capability among educators and other professionals working with children and families through ongoing professional development opportunities that multiply the benefits of a cloud-based information system.

Measurable Indicators

- Revised ECAC and other ECE governance bodies’ bylaws language requiring membership that includes diverse representation of state and local agencies.

- 80% of ECAC and other ECE governance bodies engaged in regular and routine communication practices with state and local agencies that deliver and receive information and feedback.

- 100% of LECACs participate in annual strategic planning opportunities in partnership with DEC.

- 80% of state and local agencies reporting working more closely with schools, community service organizations and healthcare providers.

GOAL 6 STRATEGY 3
Using Resources in Ways that Promote Equity

Improve the use and sustainability of resources to promote equity.

**Action Steps**

a. Conduct a statewide facilities study and use findings to apply targeted improvement strategies.

b. Target spending on evidence-based, preventative approaches, including for prenatal and infant-toddler services, to improve equity across geographic settings and family groups, particularly Dual Language Learner families and families experiencing adversity.

c. Ensure contracts meet state and association equity guidelines.

**Measurable Indicators**

- 70% participation rate in MSDE Facilitation Study.

- 80% of vulnerable families and families experiencing adversity reporting improved ECE facilities.

- Reduction in infant-toddler health problems for all children including vulnerable children and children experiencing adversity.

- 100% of DEC contracts met DEC equity guidelines.

GOAL 6 STRATEGY 4
Streamlining Funding Mechanisms

Streamline funding sources and mechanisms to increase funding efficiencies.

**Action Steps**

a. Leverage local, state and federal funding streams to improve system access and quality.

b. Link funding to quality initiatives and state priorities, including through Maryland EXCELS, credentialing and accreditation systems, and other existing quality control and assurance state frameworks.

c. Partner with philanthropic foundations and the private sector to increase revenue for ECE services.

**Measurable Indicators**

- 80% of MSDE/DEC grantees reporting satisfaction with the ability to find funding opportunities.

- Increased percentage of families reporting their providers were highly skilled.

- Increased percentage in philanthropic and private partner investments in ECE services.

**Desired Outcomes**
The strategies described above are expected to lead to the following systems-focused outcomes:

1. Improved systems for providing grants, tracking the spending of grant funds, and ensuring the agency goals are met.

2. Increased ability among providers to track participation in state-provided services and programs.

3. Increased number of providers reported satisfaction with Maryland’s early childhood data system.
In closing: our charge and call to action

A broad group of Marylanders came together several times over many months to think deeply about and discuss needs and priority actions to improve the lives of young children and their families. Maryland Ready: Maryland’s Path to School Readiness and Success reflects the collective wisdom of parents, educators, child care providers, health providers, state agencies, staff, and community partners. More than ever in the context of a pandemic that is causing suffering to Maryland’s families—vulnerable families in particular—the state is eager to get to work to implement the strategies and actions outlined in the plan.

One of the most pressing needs is to continue to modernize and streamline the use of data throughout the implementation process to ensure that decision makers are able to understand how rapidly changing contexts impact families and early childhood professionals and respond adaptively. It is also critical to consider how to continue to make services accessible and high quality for families of young children including by increasing access to 2-generational programs. As Maryland’s leaders make difficult funding decisions, this plan emphasizes prioritizing equity and support for vulnerable children and families in particular—the state is eager to get to work to implement the strategies and actions outlined in the plan.

In order to achieve the 6 goals outlined in this plan, it is important that all voices and stakeholders remain engaged in helping to move the plan to action. The strong governance structures that Maryland already has in place will keep implementation moving forward regardless of circumstances, and alignment between the statewide and local Early Childhood Advisory Councils will ensure ongoing communication about changes for cohesive implementation of priority strategies. Maryland’s mixed-delivery system will grow stronger and be more easily accessible to all of Maryland’s diverse families, and more connected across services and programs. With a singular vision and multiple entry points for achieving its goals, Maryland can make things better not just for some of Maryland’s children and families, but for all of them.

A renewed commitment to Maryland’s vision is now needed from various stakeholders, including policymakers, service providers, educators, health care workers, business leaders, foundations, families and others. Moreover, a commitment to act from people and groups throughout the state, in support of these goals, is a contribution to the renewal and well-being of Maryland’s children, families, and communities. All of Maryland’s children deserve the best that we can provide so they can thrive, no matter the circumstances.

Glossary of Terms

**Availability**
In Maryland, availability is the licensed capacity of the 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.

**Child Care Center**
Full- or part-time care in a non-residential setting—that is, not in a family child care home—for more than 8 children. This setting type may include Pre-K programs, and can occupy a variety of settings including in a faith-based location, an employer-provided venue or a school setting.

**Child Care Scholarship Program**
Formerly known as the Child Care Subsidy, this program provides financial assistance to eligible working families in Maryland to cover part of their care and education costs in programs that participate in Maryland EXCELS, with the scholarship amount determined by household income and family co-payments based on a sliding scale. Beginning in 2018, families living at 65% of the state median income were eligible for participation. Provider reimbursement rates will increase to the 60th percentile of the cost of child care as reflected in the most current market rate survey.

**Early Learning Assessment (ELA)**
A voluntary formative assessment tool that measures progress of learning in young children, 36 to 72 months, across 9 levels in 7 domains, available to all Maryland programs. It is used in child care programs, Head Start programs, and public Pre-K classrooms throughout the state.

**Early Care and Education (ECE) Program**
For the strategic plan, an ECE program is any type of registered or licensed care and educational program that serves children before kindergarten including in settings such as infant and toddler programs, child care centers, family child care homes, Judy Center Early Learning Hubs, Head Start or Early Head Start programs, and prekindergarten (Pre-K) programs. They may be funded publicly, privately or through a combination of funding sources.

**Equity**
An approach that ensures that each person has access to the resources needed to be successful, including by safeguarding the opportunity for every child to access the developmentally appropriate care and educational resources needed to thrive and ensuring that access to care, high-quality programs, services and necessary resources occurs regardless of ability (cognitive, social/emotional, and physical), ethnicity; family structure, gender identity and expression, language, national origin, nationality, race, religion, sexual orientation; and socio-economic(s) status.

**Extended Individualized Family Services Plan (IFSP)**
For children with a disability, Maryland’s Extended IFSP option offers families the choice to continue to have an IFSP beyond their child’s third birthday, if their child is determined eligible for preschool special education and related services. The extension of IFSP services beyond age 3 incorporates the strength of the special education preschool education program with the existing infants and toddlers family-centered model.

**Families Experiencing Adversity**
Families experiencing adversity are those who face stressors that impact the well-being of the family unit or young children in the family in ways that lead or are likely to lead to negative outcomes. These negative outcomes tend to be worse in the face of cumulative, chronic or toxic stress. Conditions contributing to negative outcomes or putting children at risk of falling behind their peers in various developmental domains include poverty or financial stress, being an immigrant, living with trauma, having a special need, being homeless, participating in the foster care or welfare system, or living with addiction or substance abuse.

**Family Child Care Provider**
A person who offers care in her or his own home to one or more children who are not related to the provider. To ensure a safe environment, Maryland limits the number of children in a family child care home to 12 children (which may include the provider’s own children), with no more than 4 children under the age of 2.

**Family Co-Payments**
Providers must obtain a certificate of registration from the state, which signifies that the program meets the state’s child health and safety requirements and allows eligibility for tax deductions, certain food subsidies, and liability insurance.

**Families of Young Children**
Under the age of 8 in 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.

**Homeless Children**
Children who are not related to the provider. To ensure a safe environment, Maryland limits the number of children in a family child care home to 12 children (which may include the provider’s own children), with no more than 4 children under the age of 2.

**Homeless Families**
Families with at least one adult and any number of children who are living in circumstances that limit the ability of the family to secure and keep a regular and stable living situation. Homeless families may exist in specific Title I school zones, which are areas with high concentrations of poverty, although they may be used by families of all income levels. They are vehicles for collaboration and coordination in the state, charged with coordinating prekindergarten, early intervention, and preschool special education, center-based and family child care, as well as family support services to deliver a wide spectrum of Early Childhood Education and family support. There are currently 60 Judy Centers Early Learning Hubs

34 Maryland Ready: Maryland’s Path to School Readiness and Success Prenatal to Age 8 Strategic Plan 2020-2025
Implement evidence-based, voluntary family support programs.

Maternal, Infant, and Early Childhood Home Visiting

The MIECHV Program supports voluntary, evidence-based home visiting for at-risk pregnant women and parents with children up to kindergarten entry. MIECHV is funded by the Health Resources and Services Administration, in partnership with the Administration for Children and Families. These federal dollars fund states, territories, and tribal entities to develop and implement evidence-based, voluntary family support programs that best meet the needs of their communities.

Kindergarten Readiness Assessment (KRA)

A developmentally appropriate kindergarten entry assessment tool administered to incoming public school kindergartners that measures school readiness across four learning domains: language and literacy, mathematics, social foundations, and physical well-being and motor development. The assessment contains selected response items, observational items and performance tasks. Administered by kindergarten teachers by October 10th, the KRA provides child outcome data relevant to knowledge, skills, and behaviors found to be necessary for success in kindergarten.

Low-income

Low-income families are those living at or near the Federal Poverty Line (FPL), although definitions vary by program. For example, families living at up to 300% of the FPL (the national average is an annual income of $78,600 for a family of 4 in 2020) are eligible for Maryland’s Child Care Scholarship program whereas families living at 185% of the FPL are eligible to enroll in public preschool programs.

Maryland Infants and Toddlers Program

The Maryland Infants and Toddlers Program (MITP) is the state’s family-centered system of early intervention services for young children with developmental delays and disabilities and their families. State regulations specify that a child birth through age 2 is eligible for early intervention if the child has a 25% delay in at least one or more of five developmental areas (cognitive; physical, including vision and hearing; communication; social or emotional; adaptive), manifests atypical development or behavior in one or more of the five developmental areas, interferes with current development, and is likely to result in a subsequent delay (even when diagnostic instruments and procedures do not document a 25% delay), or has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

The MIECHV Program supports voluntary, evidence-based home visiting for at-risk pregnant women and parents with children up to kindergarten entry. MIECHV is funded by the Health Resources and Services Administration, in partnership with the Administration for Children and Families. These federal dollars fund states, territories, and tribal entities to develop and implement evidence-based, voluntary family support programs.

Mixed-Delivery System

The structure through which early childhood care and education services are delivered through a combination of programs, providers, and settings, such as licensed family and center-based child care programs, public schools, faith-based programs, employer-based programs, Head Start, Judy Center Early Learning Hubs, Family Support Centers and community-based organizations, that is supported by a combination of public and private funds.

Multi-Language Learners

Multi-Language Learners are variously called English Learners (ELs), English language learners, bilingual children, multilingual learners, multilingual children, English as a second language (ESL) children, English to speakers of other languages (ESOL) children and English for special purposes (ESP) students. While there are nuances in the emphasis of these terms, this report uses Multi-Language Learners to represent those children for whom the primary language spoken at home is a language other than English. The goal is to preserve and enhance services to protect literacy in the home language and English for these children and families.

Quality

Maryland’s Quality Rating Improvement System is Maryland EXCELS, which is a voluntary program that measures ECE program quality on a scale from 1 (lowest quality) to 5 (highest quality). Programs are considered high quality when they achieve a rating of Level 3 or higher. A rating of level 5 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.

Rural

Defined by statute under the Annotated Code of Maryland, rural areas have 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, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne’s, Somerset, St. Mary’s, Talbot, Washington, Wicomico, and Worcester. Any child living in these counties is considered to be living in a rural area.

Vulnerable Children

While all young children are highly dependent on the supervision and care of adults, vulnerable children have more potential than other children for poor outcomes or danger due to exposure to greater risks than their peers. They can be vulnerable in terms of deprivation (for example, lack of healthy nutrition, adult care, social or cognitive stimulation), exposure to abuse, neglect, trauma or adverse experiences, or have particular fragility due to age, physical or mental (dis)ability, unstable primary relationships, or lack of infrastructure that impedes access to services. Children facing adversity are included in the broader category of vulnerable children. Maryland considers vulnerable children to include children from birth-age 3, living in or near poverty, experiencing homelessness; living in migrant families; living in rural areas; having special needs; in foster care or the welfare system; having incarcerated parents; Multi-Language Learners/ multilingual learners; living with exposure to substance abuse or addiction; living in a military family; exposed to toxic stress, trauma or multiple adverse early childhood experiences.
Appendix

Stakeholders

The following organizations and family members were represented in the process of developing this strategic plan with substantial participation and inputs, including through feedback providing during the Needs Assessment process.

Organizations Involved in Assessment, Planning and Implementation of Activities

- Children and Youth division of the Governor's Office of Crime Prevention, Youth, and Victim Services
- Homeless Education/Neglected Delinquent/Air-Risk Programs of MSDE
- Family Child Care Provider
- Mid-Atlantic Equity Consortium
- Prince George's Community College
- T. Rowe Price Foundation and Harvard University
- State Superintendent's Office, MSDE
- Maryland State Department of Education - Office of Child Care (MSDE - OCC)
- Maryland General Assembly
- Carroll County Library
- Maryland Association of Elementary School Principals (MAESP) / Beaver Run Elementary School
- Department of Minority Health and Health Disparities Administration
- Maryland Family Network (MFN)
- Office of Teaching and Learning, MSDE
- Head Start Collaboration Office
- LENA Group
- Assistant Superintendent's Office, MSDE
- Maryland Chapter of American Academy of Pediatrics
- University of Maryland School of Medicine
- Family Child Care Provider
- Office of Child Care, MSDE
- Maryland Developmental Disabilities Council
- WDA Early Years
- The Wilkes School
- Play Centers, Inc.
- Office of Child Care, MSDE
- Community Action Agency, Montgomery County
- Judy Center, Queen Anne's County
- Maryland State Child Care Association
- Maryland General Assembly
- State Superintendent's Office, MSDE
- Carroll County Library
- Beaver Run Elementary School
- Department of Minority Health and Health Disparities Administration
- Maryland Family Network
- Assistant Superintendent's Office, MSDE
- Anne Arundel County

Organizations Represented on the Maryland Early Childhood Advisory Council

- Homeless Education and Neglected Delinquent and Air-Risk Programs, Maryland State Department of Education
- Service Employees International Union
- Teacher Education, Prince George's Community College
- Mid-Atlantic Equity Consortium, Inc. (MAEC)
- T. Rowe Price Foundation and Harvard University Advance Leadership Initiative
- Archdiocese of Baltimore
- Howard County Public School System
- Maryland State Department of Education, Office of Child Care, Special Education/Early Intervention
- Maryland State Family Child Care Association
- Greenbelt Children's Center and Maryland Association for the Education of Young Children
- Small Business Financing and Department of Business and Economic Development
- Interagency Steering Committee for Managing for Results
- Maryland State Department of Education / Division of Early Childhood / Head Start Collaboration
- Maryland State Department of Education (MSDE)
- Maryland Chapter, American Academy of Pediatrics (NDAAP)
- University of Maryland School of Medicine
- Ready at Five
- Maryland General Assembly
- Social Services Administration of Maryland Department of Human Resources
- Maryland Developmental Disabilities Council
- The Wilkes School
- Maryland School-Age Child Care Alliance / Play Centers, Inc.
- Judy Center, Queen Anne's County
- Community Action Agency, Montgomery County / Head Start Agency
- Home Visiting Alliance / Kent Co. Department of Social Services

Organizations and Positions Represented on Local Early Childhood Advisory Councils by Jurisdiction

Allegany County

- Executive Director for APPLES for Children, Inc.
- Coordinator, Infants and Toddlers Program, Allegany County Public Schools

Anne Arundel County

- Executive Director, Anne Arundel County Partnership for Children, Youth & Families
- Chair, Early Childhood Community Resource Initiative Care Team

Baltimore City

- Program Director of School Readiness, Family League of Baltimore
- Director of Early Learning Programs, Baltimore City Public Schools
- Director of Joshua's Place Early Learning and Education Center, Baltimore City Child Care Coalition Leadership Team

Baltimore County

- Baltimore County (Birth to Five UCC [Local Interagency Coordinating Council])
- Birth to Five Supervisor for Baltimore County Public Schools

Calvert County

- Coordinator, Calvert County Public Schools Head Start
- Youth Services Coordinator, Calvert County Library
- ECAC Liaison for Calvert County Public Schools

Caroline County

- Supervisor, Judy Center and Family Support Center

Carroll County

- CCC Childcare Director
- CCPs Judy Center Community Specialist
- CCPs Early Childhood Consultant
- CCPs Early Childhood Supervisor
- EXCELs Specialist for Howard/Carroll

 Cecil County

- Early Childhood Instructional Coordinator, Cecil County Public Schools

Charles County

- Co-Founder, Pure Play Every Day, Inc.
- Special Ed in Early Childhood, Charles County Public Schools

Frederick County

- Youth Services Manager, Frederick County Public Libraries
- Program Administrator Judy Center

Garrett County

- President, Garrett County Community Action Committee

Howard County

- Director of Early Childhood / Elementary Education, Garrett County Public Schools

Harford County

- Early Childhood Literacy Coach, Office of Curriculum, Instruction and Assessment
- Coordinator of Early Childhood Programs, Harford County Public Schools

Prince George's County

- Instructional Supervisor, Infants and Toddlers Program, Judith P. Hoyer
- Program Manager, Adelphi Judy Center
- Executive Director, Prince George's Child Resource Center, Inc.

St. Mary's County

- Operations Specialist, MedStar St. Mary's Hospital
- Executive Director, The Promise Resource Center

Somerset County

- Early Childhood/Judy Center Coordinator, Somerset County Public Schools

Talbot County

- Reading and Early Childhood Coordinator, Talbot County Public Schools
- Special Education Inclusion Facilitator, Talbot County Public Schools & Talbot County Infants & Toddlers

Washington County

- Coordinator, Judy Center of Washington County

Wicomico County

- Director Local Management Board, Wicomico Partnership for Families & Children
- Supervisor, Early Childhood Title I, Wicomico County Public Schools
- Birth to Five Supervisor, Wicomico County Public Schools

Worcester County

- Early Education Specialist, Worcester County Public Schools
Needs Assessment Family Participants by Characteristic

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>147</td>
<td>31.0</td>
</tr>
<tr>
<td>Asian</td>
<td>15</td>
<td>3.2</td>
</tr>
<tr>
<td>Latinx</td>
<td>34</td>
<td>7.2</td>
</tr>
<tr>
<td>White</td>
<td>226</td>
<td>47.8</td>
</tr>
<tr>
<td>More than One Race</td>
<td>37</td>
<td>7.8</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Child with Special Needs

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>53</td>
<td>11.2</td>
</tr>
<tr>
<td>No</td>
<td>420</td>
<td>88.8</td>
</tr>
</tbody>
</table>

Child is a Dual Language Learner

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>87</td>
<td>18.4</td>
</tr>
<tr>
<td>No</td>
<td>385</td>
<td>81.6</td>
</tr>
</tbody>
</table>

Regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baltimore</td>
<td>12.4</td>
</tr>
<tr>
<td>Capital Region</td>
<td>30.2</td>
</tr>
<tr>
<td>Central Region</td>
<td>21.7</td>
</tr>
<tr>
<td>Eastern Shore</td>
<td>20.9</td>
</tr>
<tr>
<td>Southern Maryland</td>
<td>7.8</td>
</tr>
<tr>
<td>Western Maryland</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Annual Family Income

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>81.20%</td>
</tr>
<tr>
<td>$25,000 - $49,999</td>
<td>22.2%</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>10.2%</td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
<td>10.5%</td>
</tr>
<tr>
<td>$100,000 - $124,999</td>
<td>14.5%</td>
</tr>
<tr>
<td>Over $125,000</td>
<td>22.4%</td>
</tr>
</tbody>
</table>

Home Language

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amharic</td>
<td>1.0%</td>
</tr>
<tr>
<td>English</td>
<td>92.1%</td>
</tr>
<tr>
<td>French</td>
<td>1.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>3.0%</td>
</tr>
<tr>
<td>Other</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Type of ECE Program Used

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prekindergarten Program</td>
<td>15.8%</td>
</tr>
<tr>
<td>Nursery School</td>
<td>13.0%</td>
</tr>
<tr>
<td>Licensed Childcare Center</td>
<td>63.5%</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>7.9%</td>
</tr>
<tr>
<td>Family Childcare Center</td>
<td>15.2%</td>
</tr>
<tr>
<td>Informal or Care of a Relative</td>
<td>14.3%</td>
</tr>
<tr>
<td>Home Visiting Program</td>
<td>2.4%</td>
</tr>
</tbody>
</table>


