

Appendix A
Phase I States: Side-by-Side Comparisons of initiatives and APRs

| Phase I state | Health and/or Family Engagement | | |
|----------------------|--|--|---|
| California | Health | Initiatives Specified in Application | Initiative Completed in APR? |
| | Sub-criteria | | |
| | C(3)(a) | <p>promote screening for health, behavioral, and developmental needs in early childhood setting through...</p> <p>- partnering with California LAUNCH to develop state standards on screening, services and supports for a comprehensive and integrated system promoting California's best practice standards in screening and referral with the RLC participants and their cross agency county partners offering screening, referral, assessments, and treatment expanding implementation of annual development</p> | <p>early care and education provider screening toolkit developed, distributed in Jan. 2015; survey launched to determine providers' screening abilities and needs in assistance with screenings and data collection</p> |
| | C(3)(a) | <p>Incorporate California's Desired Results (DR) system, Curriculum Frameworks, and Program Guidelines in the QRIS; the DR system emphasize the coordination of programs and services to support the continuum of children's developmental progress from 0-13, with the 4 desired results for the healthy development of children being:</p> <ol style="list-style-type: none"> 1. Children are personally and socially competent 2. Children are effective learners 3. Children show physical and motor competence 4. Children are safe and healthy <p>CA will require programs to align with QRIS and utilize it;</p> <p>use more rating tools as part of QRIS system that incorporate health and safety, physical activity, social-emotional development, etc. (i.e., Environment Rating Scales; Classroom Assessment Scoring System (CLASS), which Head Start and Early Head Start uses)</p> | <p>Elements of ERS and CLASS added to TQRIS</p> |
| | C(3)(a) | <p>Use the implementation of QRIS to further increase the number of early childhood programs that use the Environment Ratings Scale (ERS) and Classroom Assessment Scoring System (CLASS) as components of quality improvement; CA will provide training and technical assistance on the</p> | <p>CLASS and ERS are integral to adopted Hybrid Rating Matrix and are aligned with overarching program quality improvement within TQRIS framework and RTT-ELC goals; these tools serve as foundations for quality improvement work across larger programs and local consortia</p> |

| | | | |
|--|---------|--|---|
| | | use of ERS and CLASS to Consortia participants | |
| | C(3)(b) | California Preschool Instructional network will begin broader training on the <i>I am Moving, I am Learning</i> program; currently this training program is only offered to Head Start Educators | unclear in APR |
| | C(3)(b) | Partner with California's Home Visiting Program through MCAH to develop curriculum and a model on the "3Rs" program, with follow-up coaching, specifically targeted to home visitors and Consortia participants; Three R's of Early Childhood: Relationships, Resilience, and Readiness is a short DVD describing the importance of a strong social and emotional foundation for school readiness that presents 2 decades of research on the importance of children's first few years | not clear in APR |
| | C(3)(b) | expand knowledge of early childhood educators in supporting children's healthy development, with a focus on early childhood mental health through expanding and supporting the implementation of CSEFEL, targeting RLCs by creating a system of identification and reauthorization of reliable and validated CSEFEL trainers and coaches build a network of interconnected regional trainers and coaches whose impact can radiate out to neighboring communities for expanded access and sustainability provide training and coaching to identified programs for increased quality and sustainability support and expand the cadre of local CSEFEL implementation sites with an increase in the number of partner and mentor sites throughout California analyze data from implementation sites in order to identify mentor sites, provide appropriate support to partner sites, and explore the relationship between quality ratings and the pyramid model | California State Screening Collaborative seems to be working on these but doesn't give more specific outcomes |
| | C(3)(c) | Incorporate health and nutrition in programs via the use of ERS and the Foundations, both of which address health, nutrition, and physical activity; incorporate these aspects into the QRIS as well | not mentioned in APR aside from box checked |

| | | | |
|--|-----------------------|---|---|
| | C(3)(d) C(3)(d)(1) | Work jointly with agency partners to develop and promote interagency best practices that weave together prevention, early identification, and treatment services. Training, best practices guidelines and protocols will be provided to ensure that quality screening and referral activities are in place and formalized linkages are in place with existing local systems of screening, referral, and treatment | included in TQRIS through both the Rating Matrix's element 2 and the Pathways |
| | C(3)(d) C(3)(d)(1) | Include many of the California Power of Preschool (PoP programs as part of the regional leadership consortia in order to help provide guidance on screening, follow-up, and other health practices to participants | unclear in APR |
| | C(3)(d) C(3)(d)(1) | 4 counties (Orange, Alameda, Fresno, and L.A.) that are implementing home visiting programs will also be provided with opportunities to develop local <i>Help Me Grow</i> systems | unclear in APR |
| | C(3)(d) C(3)(d)(1) | formalize relationships with county assessment and referral initiatives to ensure that children and their families are connected to services as quickly as possible | Consortia members worked to build their cadre of trained and reliable assessors in the ERS and CLASS tools. In 2014, F5CA received a contract to RTT ELC contract to work with consortia to develop assessor management practices and build a cadre of trained and reliable ERS anchors, ERS assessors, and CLASS assessors. Consortia agreed to roles, responsibilities, and qualifications for the State master anchors, local/regional anchors, and local assessors on the CLASS and ERS tool. |
| | C(3)(d) C(3)(d)(1) | QRIS and state-funded child development programs will work collaboratively with local key early childhood county stakeholders to stay informed on available community services and supports | To obtain a Tier 5 ranking, providers are required to offer information on community-based resources including SF protective factors related to social and emotional competence of children |
| | C(3)(d)(1) | year 1 target number of children with high needs screened: 128,707 | Actual = 157,008 (underreported) |
| | C(3)(d)(1) | year 2 target number of children with high needs screened = 230,000 | actual = 186,429 (underreported) |
| | C(3)(d)(1) | year 3 target number of children with high needs screened = 234,600 | actual = 196,644 (underreported) |
| | C(3)(d)(1) | year 4 target number of children with high needs screened = 239,292 | actual = not available |
| | C(3)(d) C(3)(d)(2) | Provide partner agencies with training, best practice guidance, and protocols to ensure that quality screening and referral activities and | The Implementation Team provided the Consortia with relevant and timely research regarding nationwide TQRIS implementation and provided summaries about the advances in the science of early |

| | | | |
|--|-----------------------|--|--------------------------|
| | | formalized linkages are in place with existing local systems of screening, referral, and treatment | childhood education. |
| | C(3)(d) C(3)(d)(2) | Include PoP programs as part of RLC to help provide guidance and support on screening, follow-up, and other health practices to participants in local QRIS | PoP not mentioned in APR |
| | C(3)(d) C(3)(d)(2) | Align prevention, early identification, and referral and treatment with the work of California project LAUNCH and Help Me Grow, two state-level initiatives focusing on early identification, linkages to services, and cross-agency coordination and collaboration | unclear in APR |
| | C(3)(d) C(3)(d)(2) | CA will create learning consortium for counties interested in implementing <i>Help Me Grow</i> . | unclear in APR |
| | C(3)(d)(2) | year 1 target number of children with high needs referred for services who received follow up/treatment = 44,201 | Actual = 87,836 |
| | C(3)(d)(2) | year 2 target number of children with high needs referred for services = 48,621 | actual = 88,713 |
| | C(3)(d)(2) | year 3 target number of children with high needs referred for services who received follow up/treatment = 49593 | actual = 76,749 |
| | C(3)(d)(2) | year 4 target number of children with high needs referred for services who received follow-up/treatment = 50,584 | actual = not available |
| | C(3)(d) C(3)(d)(3) | use California project LAUNCH (and several stakeholders) to develop a school health center at a preschool site inside an elementary school; center will also focus on incorporating mental health consultation in the school clinic setting | unclear in APR |
| | C(3)(d) C(3)(d)(3) | Screening results will be forwarded to the child's primary care physician along with referrals made on behalf of the family; referrals will be made to agencies better able to help coordinate care for children with complex needs and partnerships will be developed to support the family as they seek services | unclear in APR |
| | C(3)(d)(3) | year 1 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 1,157,902 | Actual = 1,149,408 |
| | C(3)(d)(3) | year 2 target number of children with high needs | Actual = 1,149,408 |

| | | | |
|--|------------|---|------------------------|
| | | participate in ongoing health care as part of well child care schedule = 1,175,270 | |
| | C(3)(d)(3) | year 3 target number of children with high needs who participate in ongoing health care = 1,187,022 | Actual = 1,149,408 |
| | C(3)(d)(3) | year 4 target number of children with high needs who participate in ongoing health care = 1,198,892 | actual = not available |
| | C(3)(d)(4) | year 1 target percentage of aforementioned children who are up to date on schedule of well child care visits = 94 | actual = 93 |
| | C(3)(d)(4) | year 2 target percentage of children of aforementioned children up to date on schedule of well child care visits = 94 | actual = 95 |
| | C(3)(d)(4) | year 3 target percentage of children of aforementioned children up to date on schedule of well child care visits = 94 | Actual = 95 |
| | C(3)(d)(4) | year 4 target percentage of children of aforementioned children up to date on schedule of well child care visits = 95 | actual = not available |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: California, 2014
Race to the Top Early Learning Challenge Application, State of California, 2011.

| Phase I State | Health and/or Family Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|---------------|----------------------------------|--|---|
| Delaware | Health | | |
| | Sub-Criteria | | |
| | C(3)(a) | Align Stars ratings with Delaware's Early Learning Foundations (ELFs), which "contain specific provisions related to meeting children's physical and social and emotional needs" and require programs at ECE Center Star Level 2 to implement a supplemental curriculum to support healthy lifestyles, including healthy eating and physical activity, and this curriculum and activities should be linked to the Physical Development and Health Domain of the Early Learning Foundations | 2014 Delaware Stars initiative implemented with a new set of essential standards to be met by Star 4 and Star 5 programs by year 3; star 4 and 5 programs must demonstrate at the next verification the use of a child development screen and star 5 programs must demonstrate the use of an integrated, individualized teaching process Stars programs conducted more than 3,000 early childhood developmental screenings using the ASQ 3 SE in Year 3 |
| | C(3)(a) | Help Me Grow Grant will build on the strength of existing partnerships and provide a framework for a centralized point of information/referral and interagency coordination and collaboration. | screenings increased but not clear if they came from HMG |
| | C(3)(a) | Help Me Grow will support the most appropriate referral, service provision, and follow up to meet the full developmental needs of young children. It will help to coordinate and streamline developmental screening, home visiting, early intervention, and special education services as well as provide vital linkages to primary care (through medical homes), refer providers to specific initiatives, and offer families a mechanism for locating child care. | Training on ASQ includes information on how to make informed referrals and how to talk to families about screen results and any referrals no information in APR on streamlining services to offer families a mechanism for locating medical providers (not child care), a website launched in year 3 to provide parents information about the Parents Evaluation of Developmental Status (PEDS) screening initiative, which provides information about young child developmental milestones and prompts parents to ask their physicians about the types of developmental screening tools used; site includes a locator that enables parents to find physicians that use the PEDS tool within their zip code |
| | C(3)(a) | Help Me Grow will participate in data collection and follow up to ensure families are connected with and receive appropriate services [and] will bring a greater level of coordination to screening practices currently taking place in Delaware and will provide a means to ensure families and programs are referred to the most appropriate evidence-based service available | unclear in APR |
| | C(3)(b) | use grant funding to scale up promising practices, | Nemours, Dept. of Ed, Delaware Institute for Excellence in |

| | | | |
|--|---------|--|---|
| | | such as the nutrition training initiative begun by Nemours; 500 will be trained in a year, 1250 in year 2, and 250 in year 3; will also contract with a vendor to create an online version of the training that will be available to 100% of early childhood educators statewide. | Early Learning, and the Office of Early Learning used RTT ELC to create free online product that offers free professional development modules that are self-paced and childhood professionals who complete modules will receive credit for licensing and Delaware Stars; current modules offered include: CACFP Regulations for Nutrition, Active Bodies Build Active Minds, CACFP-Child and Adult Care Food Program, and Preventing Obesity and Promoting Wellness in Early Childhood Settings |
| | C(3)(b) | give grant funds to DIEEC to hire a Health Consultant for all 4 years of the grant in order to help coordinate trainings and work in conjunction with the vendor to provide on-site technical assistance and programs serving high needs children | unclear in APR |
| | C(3)(b) | require data to be captured by the DIEEC Early Childhood Professional Registry; DIEEC will be able to track the number of educators participating in the different types of trainings and use this information to set goals for future trainings (153) | unclear in APR |
| | C(3)(b) | scale up Early Child Mental Health Consultation program, which has proven successful in training educators to meet children's social and emotional needs and be aware of early child mental health; scale-up will happen in 2-prong approach: 1. build educator capacity by supporting ECMHC clinicians to work directly with educators to build their own capacity to meet the needs of children exhibiting challenging mental health or behavioral health issues; grant will allow doubling of the capacity of ECMHC program and will allow all licensed programs to access services 2. build family capacity by training 32 additional clinicians statewide on evidence based Parent Child Interactive Therapy to work directly with families to help them meet the needs of their developing child | All Delaware Stars programs have access to ECMHC program and more than 800 child-specific consultations were provided during year 3; consultants also provided professional development opportunities with more than 415 individuals completing the 6 hour Child Adult Relationship Enhancement (CARE) training for non-clinicians in 2014, reaching nearly 1,100 over the first 3 years of the grant 27 more community clinicians completed the PCIT training and 8 clinicians from local mental health provider agencies were certified as PCIT trainers after completion of advanced training |
| | C(3)(d) | Use of HMG framework to bring greater coordination to early childhood services to ensure that families have access to information that will encourage their participation in the well care and the value in developmental screening for their children | unclear in APR |
| | C(3)(d) | use of HMG to define clear entry points to meet families specific home visiting needs and ensure | unclear in APR |

| | | | |
|--|------------|--|--|
| | | they are referred to the program with the most appropriate level of intensity and focus for their specific needs; central intake provided by the framework will provide quality information and follow-up to families | |
| | C(3)(d) | use funding to support HMG in its ability to outreach to physicians around the importance of developmental screening as part of a well care schedule as well as engage families through community liaisons (see below) | 33 practices across state at nearly 75 physicians are using the PEDS screen (parent evaluation of Developmental Status); RTT ELC has also allowed health providers to receive training on the use of PEDS; unclear how HMG is used |
| | C(3)(d) | Community liaisons will outreach to families to introduce HMG and enhance health literacy by providing information about health, developmental, and behavioral screenings and the promotion of healthy nutrition and physical activity | Health Ambassadors/community health outreach workers Health Ambassadors/community health outreach workers host events in "high needs geographic areas" and have reached 42,000 people help families identify needed services and link families to community providers as needed development of the Help Me Grow 211 line provides answers to families' questions about services and child development |
| | C(3)(d)(1) | year 1 target number of children with high needs screened: 23,200 | actual number: 27,650 |
| | C(3)(d)(1) | Year 2 target number of children with high needs screened: 23,650 | Actual Number: 27,881 |
| | C(3)(d)(1) | Year 3 target number of children with high needs screened: 24,100 | Actual Number: 27,776 |
| | C(3)(d)(1) | Year 4 target number of children with high needs screened: 25,000 | Actual = N/A |
| | C(3)(d)(2) | Year 1 target number of children with high needs referred for services who received follow-up/treatment: 5,000 | Actual Number: 4,841 |
| | C(3)(d)(2) | Year 2 target number of children with high needs referred for services who received follow up/treatment: 5,100 | Actual Number: 4,962 |
| | C(3)(d)(2) | Year 3 target number of children with high needs referred for services who received follow up/treatment: 5,200 | Actual Number: 5,070 |
| | C(3)(d)(2) | Year 4 target number of children with high needs referred for services who received follow up/treatment: 5400 | Actual = N/A |
| | C(3)(d)(3) | year 1 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care: 31,200 | Actual Number: 31,200 |

| | | | |
|--|------------|--|----------------------------------|
| | C(3)(d)(3) | year 2 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care: 31,200 | Actual Number: 40,765 |
| | C(3)(d)(3) | year 3 target number of children with high needs who participate in ongoing health care as part of a schedule fo well child care: 31,200 | Actual Number: 43,593 |
| | C(3)(d)(3) | year 4 target number of children with high needs who participate in ongoing health care as part of a schedule fo well child care: 31200 | Actual = N/A |
| | C(3)(d)(4) | year 1 target number or percentage of these children who are up-to-date in a schedule of well child care: 27,650 | Actual Percentage: 0.78; unclear |
| | C(3)(d)(4) | year 2 target number/percentage of these children who are up-to-date in a schedule of well child care: 0.8 | Actual Percentage: 0.78 |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Delaware, 2014
Race to the Top – Early Learning Challenge Application for Initial Funding, State of Delaware (2011).

| Phase I State | Health and/or Family Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|---------------|----------------------------------|--|---|
| Maryland | Health | | |
| | sub-criteria | | |
| | C(3)(b) | new feature to support the Early Childhood Mental Health Certificate Program (ECMHC) called ECMH Child Outcomes Monitoring System, which will interface with MD's Longitudinal Data System/Early Childhood Data Warehouse | unclear in APR |
| | C(3)(d) | by 2013, require use of state-recommended developmental screening instruments for all licensed child-care programs; use screenings to trigger "red flag" (skills/behavior outside developmental limits) or "concerns" (inconsistent screening results that may warrant further observation and future follow up) | Maryland will put in regulation that all child care providers must administer developmental screenings for children in their care from birth to age five beginning July 1, 2016. Maryland has established a review process to recommend the use of five developmental screening instruments. One of the instruments, Best Beginnings, developed by the University of Maryland - School of Psychiatry, was piloted through the RTT-ELC grant and met the validity and reliability standards which were established by the review committee; red flag/concerns approach detailed in application is missing from APR |
| | C(3)(d) | online and print info on referrals and guidance in using screening data for child care programs | not clear in APR |
| | C(3)(d) | in 2013, train pediatricians on developmental screening practices along with early learning staff; train pediatricians in identifying early mental health issues | With RTT-ELC, for the first time, Maryland developed formal mechanisms to coordinate early childhood services with pediatricians and family practitioners through the training of physicians on developmental screens and offering physicians early childhood mental health consultation. One Child Development Innovations strategy provided pediatricians with training on recommended developmental screening tools for use with young patients. Maryland also developed a plan to train primary care providers to participate in the early childhood mental health consultation was completed in partnership with the University of Maryland-Child and Adolescent Psychiatry and the Maryland Chapter of the American Academy of Pediatrics (AAP), Training for 20 primary care providers from across Maryland started in February 2013. Established statewide early childhood mental health consultation hotline to provide immediate consultation to pediatricians and family practices for young children, birth to age 8, with social/emotional/behavioral concerns including psychotropic medication consultation and referrals to ECMH resources and services. The phone consultation line is operational. |

| | | | |
|--|------------|---|--|
| | C(3)(d) | by August 2012, train behavior specialists in using ECMHC Child Outcomes Monitoring System | unclear in APR |
| | C(3)(d) | use data system to inform CSEFEL's professional development | The Institute for Innovation and Implementation at the University of Maryland/School of Social Work has launched a new and improved Social Emotional Foundations in Early Learning (SEFEL) website that offers professional development training modules, resources developed for parents and for those teaching or implementing SEFEL in early learning programs across the state; not clear if these changes made were specifically to professional development modules, or how data were used to inform changes |
| | C(3)(d)(1) | Year 1 target number of children with high needs screened = 9,130 (revised from 47,344) | Actual = 9153 |
| | C(3)(d)(1) | Year 2 target number of children with high needs screened = 9,130 (revised from 47,344) | Actual = 9443 |
| | C(3)(d)(1) | Year 3 target number of children with high needs screened = 9,130 (revised from 47,344) | actual = 9721 |
| | C(3)(d)(1) | Year 4 target number of children with high needs screened = 9,130 (revised from 47,344) | Actual = not available |
| | C(3)(d)(2) | Year 1 target number of Children with High Needs referred for services who received follow-up/treatment = 3,571 (revised to 5,623) | actual = 5,390 |
| | C(3)(d)(2) | Year 2 target number of Children with High Needs referred for services who received follow-up/treatment = 3,571(revised to 5,623) | actual = 5,562 |
| | C(3)(d)(2) | Year 3 target number of Children with High Needs referred for services who received follow-up/treatment = 3,571 (revised to 5,623) | actual = 5,687 |
| | C(3)(d)(2) | Year 4 target number of Children with High Needs referred for services who received follow-up/treatment = 3,571 (revised to 5,623) | Actual = not available |
| | C(3)(d)(3) | Year 1 target number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care = 12,009 | actual = 12,051 |

| | | | |
|--|--------------------------|---|---|
| | C(3)(d)(3) | Year 2 target number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care = 12,009 | actual = 12,434 |
| | C(3)(d)(3) | Year 3 target number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care = 12,009 | actual = 12,727 |
| | C(3)(d)(3) | Year 4 target number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care = 12,009 | Actual = not available |
| | C(3)(d)(4) | Year 1 target number of children who are up to date in a schedule of well child care = Blank | Blank |
| | C(3)(d)(4) | Year 2 target number of children who are up to date in a schedule of well child care = Blank | Blank |
| | C(3)(d)(4) | Year 3 target number of children who are up to date in a schedule of well child care = Blank | Blank |
| | C(3)(d)(4) | Year 4 target number of children who are up to date in a schedule of well child care = Blank | Blank |
| | Family Engagement | | |
| | sub-criteria | | |
| | C(4)(b)/C(4)(c) | create an engagement group of parent and practitioner representatives from programs that have at least some articulated parent involvement | Maryland Coalition of Family Engagement formed; one of many RTT-ELC workgroups consisting of relevant stakeholders and representing all constituency groups in early childhood education; |
| | C(4)(b)/C(4)(c) | Coalition of Family Engagement will be charged to develop a plan for customizing the Parent, Family, and Community Framework to the needs of Maryland, specifically its inclusion in... -guide to Maryland EXCELS -standards for implementing High Quality Early Childhood Programs -family communication component of the Maryland Model for School Readiness | CFE developed <i>The Early Childhood Family Engagement Framework: Maryland's Vision for Engaging Families with Young Children</i> over a series of meetings; is based on Head Start Parent, Family, and Community Engagement Framework and designed to support intentional thinking and action regarding the implementation of family engagement policies and practices at the state level and among early childhood service providers and educators; <i>Framework</i> was disseminated to Coalition members and their constituents, and is also available on Maryland State Dept. of Education's (MDSE) website not clear how <i>Framework</i> includes EXCELS, Workforce Competency Framework, Maryland Model for School Readiness |

| | | | |
|--|------------------|--|--|
| | | <ul style="list-style-type: none"> -Workforce and Competency Framework -Guidelines for federally and state funded quality improvement grants | |
| | C(4)(b)/C(4)(c) | All 24 local early childhood advisory councils will be oriented to the Maryland Framework and adopt specific strategies to support the content of the framework | 24 councils created; 15 counties and Baltimore City selected Reach Out and Read as a literacy strategy in their school readiness action plans that were submitted by their local early childhood advisory council (ROR is in Framework); Parent Cafés and Learning Parties also implemented and used statewide |
| | C(4)(b)/C(4)(c) | <p>Coalition of Family engagement will develop the following...</p> <ul style="list-style-type: none"> -Resource guide to family engagement (online, on print, and through social media) -training program on all of the seven content outcomes, including the identification of outcome measures and a process by which Maryland can gauge the success of its family engagement practices -series of informal meetings (e.g. Community Cafes, Learning Parties) with families as a way to engage them in an ongoing discourse on how to become engaged in their children's learning, how to become an advocate for their children, and how to become engaged in learning about parenting and child rearing | <i>The Framework</i> describes seven content outcomes and provides some resources; training on these outcomes not specified |
| | C(4)(c) | Coalition of Family Engagement will confer regularly with Local Early Childhood Councils on their implementations of the Framework, and to help them develop policies and practices that will improve the conditions for families with young children; will also be responsible for developing a mechanism for referral and intervention for families with children with disabilities and challenging behaviors | MSDE and the Coalition members are now developing Phase 2 of the Family Engagement Framework - <i>The Effective Practices Toolkit</i> . Local early childhood councils are soliciting contributions from programs in their respective jurisdictions. |
| | C(4)(c) | statewide expansion of Reach out | Program is expanding; still too early to determine if all children receiving ROR |

| | | | |
|--|----------|---|--|
| | | and Read, where, by Dec. 2015, all families of children from 6 months to 5 years who are low income and Medicaid eligible will receive early literacy resources and literacy related consultation at their periodic pediatric check ups | |
| | C(4)(c) | will provide access to ROR program through a "hub and spoke" model of book distribution and program implementation, where local coalitions of key stakeholders recruit additional ROR sites and implement the program locally, with oversight provided by the central office and national ROR program; local coalitions would also recruit practice sites and cultivate public private partnerships and identify additional external resources to sustain the program | Both Reach Out and Read, an early literacy and book distribution campaign by pediatricians across the state and Raising a Reader, a family literacy program in Title 1 schools, have exceeded their programmatic milestones and are highly praised by their participants. Fifteen counties and Baltimore City selected Reach Out and Read as a literacy strategy in their school readiness action plans that were submitted by their local early childhood advisory council. Currently, approximately 30,300 children are enrolled in Reach Out and Read through 32 pediatric/medical practices. |
| | C(4)(c) | By Dec. 31, 2015, all county libraries serving title I school districts will have a Library Family Advisory Council, which will establish a draft set of goals and objectives aligned with the Maryland Model for School Readiness and Maryland Healthy Beginnings; these libraries will designate a "Family Information Center" at the library, which will focus on family engagement and info as outlined in the ELC state plan | Public libraries have organized Library Learning Cafes in 18 libraries to bring in families to network on early childhood topics in Title I school districts and to receive information on valuable early childhood and family resources. As of December 2014, 28 Library Parent Cafés have been held and 16 libraries have created Family Resource/Parent Information Centers. |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Maryland, 2014

Race to the Top – Early Learning Challenge Application for Initial Funding, State of Maryland, 2011.

| Phase I State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|---------------|--------------------------------|---|---|
| Massachusetts | Family Engagement | | |
| | C(4)(a) | <p>Create and apply a uniform set of culturally and linguistically appropriate standards for family engagement activities in early ed. and care settings by...</p> <ul style="list-style-type: none"> -documenting best practice strategies to to guide the support of families and children whose first language is not english -implement evidence based English Language Development and train CFCE grantees to target use in informal programs -implement evidence based literacy-based practice with informal early learning programs and activities -translate materials in at least 5 languages -translate the <i>Guidelines for Preschool Early Learning Experiences</i> | <p>EEC contracted with the University of Massachusetts Boston (UMB) to develop learning standards in the domains of Social-Emotional Development and Approaches to Play and Learning for preschool and kindergarten. The standards will align and connect to the Massachusetts Early Learning Guidelines for Infants and Toddlers, Massachusetts Curriculum Frameworks, the Head Start Child Development and Early Learning Framework (HSCDELDF), Pre-K and Kindergarten Science, Technology and Engineering Standards (STE) and the World Class Instructional Design and Assessment (WIDA) English Language Development Standards (K-12) and the Early English Development Standards.</p> <p>UMB also in process of accompanying guidelines that demonstrate the inter-connection and integration between the new Social-Emotional Development and Approaches to Play and Learning standards with existing state standards; will also connect to topics such as family engagement, children with disabilities and those who are dual language learners, curriculum and instructional practices, and assessment practices. Furthermore, the guidelines will indicate how the new standards connect with other EEC and ESE initiatives such as family engagement, bullying intervention and prevention, safe school climate, and Early English Language Development Guidelines. The guidelines will also address accommodations for diverse learners such as students with disabilities and dual language learners.</p> <p>No translations yet, but will be translated into Spanish, Portuguese, Chinese, and Haitian Creole after final draft of the standards are approved and adopted</p> |
| | C(4)(b) | Establish a cohort of trainers in 6 regions defined by EEC to provide ongoing coaching and guidance to frontline practitioners working with diverse families | A cohort of ten child care health consultants and early education coaches were recruited and trained to serve as MCAP (MA Children at Play Early Childhood Obesity Prevention Initiative) mentors to child care programs across five out of the six regions of the state, representing the second cohort funded by the RTT-ELC grant. |
| | C(4)(b) | Partner with national Head Start to train 320 individuals in parent, family, and community engagement by 2014 | unclear in APR |
| | C(4)(b) | Develop 6 courses in native languages for paraprofessionals by June 2012, with a focus on | unclear in APR |

| | | | |
|--|---------|--|---|
| | | the role of paraprofessionals in literacy and oral language development | |
| | C(4)(b) | Starting June 2012, EPS grantees will be asked to develop a workforce strategy that includes training on promoting anti-bias curricula, culturally and linguistically appropriate practices and maintaining and expanding the diversity and cultural and linguistic competence of the workforce itself | unclear in APR |
| | C(4)(c) | Strengthen statewide network of 107 Coordinated Family and Community Engagement (CFCE) grants to support families of children with high needs by incorporating the use of evidence based models | Massachusetts supports a comprehensive system of family engagement and support through its local Coordinated Family and Community Engagement (CFCE) grantees. Supported through state funds, each CFCE organization covers a region of the state, ensuring that their services reach every town and community. The work of CFCE's is grounded in the Strengthening Families Protective Factor Framework and includes: universal and targeted outreach strategies; linkages to comprehensive services; family education (e.g. child development education and screening, evidence-based early literacy, and family literacy opportunities); and transition support with specific focus on kindergarten |
| | C(4)(c) | Share information in multiple languages on children's learning and development and available state resources through a statewide public awareness campaign aimed at the families with children from birth to age 5 | unclear in APR |
| | C(4)(c) | EEC will design a plan to add to the number of projects that reach out to families with linguistically and culturally appropriate information about early childhood development by making grants to support child development and cultural integration work in the 17 high need communities and at least | unclear in APR |

| | | | |
|--|----------|---|---|
| | | 10 additional rural communities by FY 2014 | |
| | C(4)(c) | use existing structures to provide more educators with effective family engagement strategies | <p>In partnership with Boston Children's Hospital, EEC offered in depth training on the Brazelton Touchpoints model to the CFCE grantees to support families in promoting positive child development.</p> <p>Partnership between EEC and DCF; DCF provided mandatory training for all new caseworkers that includes information on early childhood development, the effects of trauma on early development, and the resources that are available for families with new children; also created and distributed "Welcome Baby Bags" for social workers to distribute to families with infants under 6mo during home visits; DCF trained 29 Area Offices on Supportive Child Care New Data Management Tool and developed a training on Supportive Child Care for the Child Care Coordinators</p> |
| | C(4)(c) | expand Wraparound Zones' partnerships with schools, communities, and state agencies to birth to 5, organizing access to existing state and local services vs. providing new services | Unclear in APR |
| | C(4)(c) | design a plan to add to the number of projects that reach out to families with linguistically and culturally appropriate information about early childhood development by making grants to support this kind of work in other settings, all based either in the 17 high need communities and at least 10 additional rural communities by 2014 | Standards are being translated into different languages (Spanish, Portuguese, Haitian Creole, and Simplified Chinese) in different regions and mixed-delivery systems, but not clear how the high needs communities are specifically being targeted |
| | C(4)(c) | Spend 11 million over 3 year period to implement an evidence based early literacy program in each of the 17 communities identified by the MA Home Visiting Needs Assessment Team as communities with the highest needs | <p>RTT-ELC funds were used to enhance existing literacy programming with evidence-based early literacy models by CFCE grantees to help parents promote early literacy skill development in their children. EEC is funding programs that can integrate the use of evidence-based early literacy models into their existing practice and provide ongoing/year round opportunities for parents and children to learn and practice early literacy skills together. CFCE grantees are implementing one or more the following evidence-based literacy models/practices in their communities:</p> <ul style="list-style-type: none"> · Raising A Reader |

| | | | |
|--|----------|---|--|
| | | | <ul style="list-style-type: none"> · Every Child Ready to Read @ your Library · CELL model (Center for Early Literacy Learning) · Read and Rise (Scholastic model) · Dialogic and Interactive reading models- using PEER and CROWD sequences <p>Not clear what specific communities are being targeted</p> |
| | C(4)(c) | allocate funds to expand adult literacy activities funded by ESE or others to include a focus on early childhood literacy development when adult literacy programs have more than 50% enrollment of families w/ children under 6 | EEC partnered with the Massachusetts Community Action Programs (MASSCAP) to develop a Financial Literacy Education online course (with a training module) to support families in gaining long-term economic independence and self-sufficiency skills, in efforts to provide stable and healthy learning environments for young children. Since the launch of this project in 2012, over 394 community agencies participated in the financial education initiative and have provided financial literacy education to over 1,200 families. |
| | C(4)(c) | DPH with EEC will offer one time universal home visiting to all families of newborns in select high need communities. This home visit will provide screening for maternal and infant health, including social emotional health | unclear in APR |
| | C(4)(c) | increase the number of highest need communities serviced by the Children's Trust Fund's successful Healthy Families Massachusetts home visiting program from 5 to 17 and bolster services to reach more families in the 5 communities involved in the program | <p>EEC leveraged partnership with MA Children's Trust by taking steps to strengthen and support programs in implementing SF framework by providing comprehensive PD to Program Quality Specialists</p> <p>role of Children's Trust fund in Healthy Families Massachusetts program is unclear; increase in number of highest need communities served by Children's Trust also unclear</p> |
| | C(4)(c) | spend 30,000 per year to train staff from all 107 CFCE grantee organizations, resulting in over 800 CFCE staff members trained to deliver financial literacy services over the 4 year period | <p>EEC partnered with the Massachusetts Community Action Programs (MASSCAP) to develop a Financial Literacy Education online course (with a training module) to support families in gaining long-term economic independence and self-sufficiency skills, in efforts to provide stable and healthy learning environments for young children. Since the launch of this project in 2012, over 394 community agencies participated in the financial education initiative and have provided financial literacy education to over 1,200 families</p> <p>Over 196 participants across multiple national, state, and local agencies that</p> |

| | | | |
|----------|--|--|---|
| | | | <p>work with parents of young children in supporting financial education attended <i>The Promising Practices in Financial Education for Parents of Young Children Symposium</i> in Oct. 2014</p> <p>Number of CFCE grantee orgs. and staff trained is unclear</p> |
| C(4)(c) | | <p><i>Brain Building in Progress</i> public awareness campaign expansion, through...</p> <ul style="list-style-type: none"> -public TV ads, print ads, -Boston Children's Museum training staff on campaign and how to teach development language and activities to parents -5 public libraries to provide info to parents -digital hub of media based tools specifically designed for use by and with parents of children ages 0-5 -produce videos for parents that explain important developmental milestones and recommend activities and conversation for supporting children's learning -messages tailored to suit different media (ie, texts and email newsletter) | <p>The state's transportation agency ran a 10 week advertising campaign "Build your child's brain on the train" to promote early learning as part of Brain Building In Progress.</p> <p>During December 2014, the Registrar of Motor Vehicles locations across the state became "Brain Building Zones", where they distributed a "License to Learn" poster to all caregivers with tips for parents on how to spark interactive conversations with their children to promote early literacy.</p> <p>Partnership with the Boston Children's Museum, Massachusetts expanded resources to parents and communities by engaging 56 museums and 119 libraries across the state to provide STEM, early literacy and school readiness activities to children and families.</p> <p>Enhancements of the Brain Building in Progress website (www.brainbuildinginprogress.org) included: access to informational materials listed above, organized by stakeholder category (legislative, educator, family, etc.), a "Brain Building Zone Finder", a calendar of "Brain Building" events that is searchable by community, and Brain Building materials for parents and caregivers.</p> <p>Expansion of the Brain Building in Progress Facebook page.</p> <p>Media partnership with the Massachusetts Bay Transportation Authority (MBTA) to run the "Build your child's brain on the train" ten week ad campaign on the subway and buses, included donated placement space from the MBTA and an event with the Secretary of Education, Commissioner of EEC, and MBTA General Manager, as well as legislators and families, where brain building materials were provided to the public.</p> <p>#IAmABrainBuilder social media effort on Twitter and Facebook which engaged parents and early education providers in turning everyday moments with children into engaging interactions that support brain development</p> <p>Development of an "I Am A Brain Builder" parent workshop.</p> <p>BCM introduced the Brain Building core area for museums and libraries,</p> |

| | | | |
|--|--|--|--|
| | | | <p>working in partnership with Nikki Darling-Kuria, using her book, Brain-Based Early Learning Activities: Connecting Theory to Practice to create a practical theory to practice training for the project. Eight sessions of the Museums/Libraries focused on Brain Building in Progress and literacy</p> <p>Coverage of the Brain Building in Progress initiative on several major Boston area media outlets including WCVB-Channel 5 morning EyeOpener, and Fox25 "Zip Trip" to Jamaica Plain (Boston).</p> |
|--|--|--|--|

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Massachusetts 2014
From Birth to School Readiness: The Massachusetts Early Learning Plan, 2012 – 2015.
Grant Proposal: Race to the Top – Early Learning Challenge., State of Massachusetts, 2011

| Phase I State | Health and/or Family Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|----------------|----------------------------------|---|--|
| North Carolina | Health | | |
| | sub-criteria | | |
| | C(3)(d) | <p>Two-Tiered approach to addressing health, behavioral, and developmental needs of Children with High Needs to improve school readiness:</p> <p>Tier 1: statewide strategies that leverage existing resources to increase the number of Children with High Needs who are screened, referred, receive services, and participate in ongoing health care</p> <p>Tier 2: implementing strategies in the Transformation Zone to families of children with high needs; TZ is rural and economically disadvantaged geographic region with a high percentage of children with high needs</p> | <p>North Carolina Partnership for Children (NCPC) has expanded use of Ages Stages Questionnaire (ASQ) or the Parents Evaluation of Developmental Skills (PEDS) in screenings. Medical professionals are also taught to use the Modified Checklist for Autism in Toddlers (MCHAT). great progress was made working with NC Department of Public Instruction (DPI) Exceptional Children's Program to finalize changes to their process of receiving notification of children from the medical home and providing feedback about their service eligibility.</p> <p>All Transformation Zone counties are implementing services and have worked with their agencies and stakeholders to identify child care centers and homes prioritized for intensive health and safety consultation.</p> |
| | C(3)(d) | statewide, require children in ELD programs receive annual health assessments (in Tier 1/statewide) | unclear in APR |
| | C(3)(d) | establish new nutrition standards based on recommendations from the American Academy of Pediatrics (in Tier 1/statewide) | unclear in APR |
| | C(3)(d) | Child Care Health Consultant model; used to target promotion of medical home for ongoing preventive health care and promotion of health literacy; 2 regional coaches will receive intensive training from NC Child Care Health and Safety Resource Center and will, in turn, train staff (in Tier 1/statewide) | <p>CPC, in partnership with University of North Carolina at Chapel Hill's NC Child Care Health and Safety Resource Center (NCCCHSRC) is also building statewide capacity and effectiveness for child care health consultation. The project has established a regional coaching model for Child Care Health Consultants (CCHCs) targeting promotion of a medical home for ongoing preventive health care and promotion of health literacy.</p> |
| | C(3)(d) | Expand the Assuring Better Health | The North Carolina Partnership for Children (NCPC) has continued efforts |

| | | | |
|--|---------|---|---|
| | | and Child Development (ABCD) model to cover the entire state by providing funds to hire seven additional ABCD coordinators to local partnerships in areas not covered by existing ABCD coordinators; regionalize ABCD services (Tier 1/statewide) | in 2013 to expand the Assuring Better Child Health and Development (ABCD) model; NCPC's goals are to leverage existing ABCD programs and link with Community Care Network of NC (CCNC) to expand ABCD statewide. |
| | C(3)(d) | Expand CCHC in TZ by adding 2 additional CCHCs to train and coach center staff to integrate children's connection to a medical home into the center's routines and policies, as well as overall health promotion coaching, including health literacy (TZ/Tier 2) | Three regional coaches were hired and received intensive training and supervision from the NCCCHSRC in the coaching model. These regional coaches will train CCHCs across the state, who will then utilize the coaching approach during their consultation visits with child care providers. The training for regional coaches was completed late 2013, and the Transformation Zone counties were prioritized in a regional roll out plan which began in early 2014. To date, all CCHC have been trained in the coaching model and are utilizing coaching in their consultation visits with child care facilities. All Transformation Zone counties are implementing services and have worked with their agencies and stakeholders to identify child care centers and homes prioritized for intensive health and safety consultation. Local partnerships with support of CCHC Coaches have worked to align CCHC services. A cross-project collaboration has developed with the Eastern Regional CCHC Coach supporting the development of a Transformation Zone Early Literacy Coaching presentation, based on the CCHC Coaching module and training |
| | C(3)(d) | Establish NorthEast Connects in TZ, a short-term community based nurse home visiting program; provides 4-7 nurse intervention contacts to each enrolled family, beginning with a visit during the hospital stay after the child's birth; continues with 1-3 home visits during weeks 3-8 of infancy (TZ/Tier 2) | The NC Division of Public Health (DPH) is working with the Center for Child and Family Health, and local county health departments to implement Family Connects, a universal nurse home-visiting program for newborns and their families, in the Transformation Zone. During 2014, all staff for the project were hired, trained, and the program began to provide services to families in September 2014, including home visiting, screening, referral and other services in the Transformation Zone. Arrangements were made for the Division of Public Health (1) to house Family Connects data on a secure HIPPA compliant server and local office space was secured in Plymouth, NC, (2) to provide and support all the computer hardware, software and IT support for the program, and (3) to provide daily referrals of all newborns in the Transformation Zone. Local office space was secured in Plymouth, NC. Family Connects staff worked with local county teams to identify local family support resources and recruitment strategies that would be effective in their respective communities. In addition, a Family Connects Community Outreach and |

| | | | |
|--|------------|--|--|
| | | | Communications plan was developed to support program awareness and recruitment in the Transformation Zone counties. During 2014, 117 home visits were provided in the four counties |
| | C(3)(d) | online and print info on referrals and guidance in using screening data for child care programs | Unclear in APR |
| | C(3)(d) | in 2013, train pediatricians on developmental screening practices along with early learning staff; train pediatricians in identifying early mental health issues | Developmental screening group met to establish guidelines for Developmental Screening Initiative; established criteria for selecting screening tools and made recommendations to early care centers; training curriculum forthcoming |
| | C(3)(d) | by August 2012, train behavior specialists in using ECMHC Child Outcomes Monitoring System | Unclear in APR |
| | C(3)(d) | use data system to inform SEFEL's professional development | Unclear in APR |
| | C(3)(d) | online and print info on referrals and guidance in using screening data for child care programs | Unclear in APR |
| | C(3)(d) | in 2013, train pediatricians on developmental screening practices along with early learning staff; train pediatricians in identifying early mental health issues | Developmental screening group met to establish guidelines for Developmental Screening Initiative; established criteria for selecting screening tools and made recommendations to early care centers; training curriculum forthcoming |
| | C(3)(d) | by aug. 2012, train behavior specialists in using ECMHC Child Outcomes Monitoring System | Unclear in APR |
| | C(3)(d) | use data system to inform SEFEL's professional development | Unclear in APR |
| | C(3)(d)(1) | Year 1 target number of children with high needs screened = 316,724 | Actual = 349,155 |
| | C(3)(d)(1) | Year 2 target number of children with high needs screened = 323,967 | Actual = 340,310 |
| | C(3)(d)(1) | Year 3 target number of children with high needs screened = 329,648 | Actual = N/A |
| | C(3)(d)(1) | Year 4 target number of children with high needs screened = 333,673 | Actual - N/A |
| | C(3)(d)(2) | Year 1 target number of children with high needs referred for services | N/A |

| | | | |
|--|------------|---|------------------|
| | | who received follow up/treatment: BLANK | |
| | C(3)(d)(2) | Year 2 target number of children with high needs referred for services who received follow up/treatment: BLANK | N/A |
| | C(3)(d)(2) | Year 3 target number of children with high needs referred for services who received follow up/treatment: BLANK | N/A |
| | C(3)(d)(2) | Year 4 target number of children with high needs referred for services who received follow up/treatment: BLANK | n/a |
| | C(3)(d)(3) | Year 1 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = BLANK | N/A |
| | C(3)(d)(3) | Year 2 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = BLANK | N/A |
| | C(3)(d)(3) | Year 3 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = BLANK | N/A |
| | C(3)(d)(3) | Year 4 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = BLANK | N/A |
| | C(3)(d)(4) | Year 1 target number of children who are up to date in a schedule of well child care = 355,102 | Actual = 341,406 |
| | C(3)(d)(4) | Year 2 target number of children who are up to date in a schedule of well child care = 363,674 | Actual = 337,956 |
| | C(3)(d)(4) | Year 3 target number of children who are up to date in a schedule of | N/A |

| | | | |
|--|---------------------------------------|--|--|
| | | well child care = 374,021 | |
| | C(3)(d)(4) | Year 4 target number of children who are up to date in a schedule of well child care = 381,268 | N/A |
| | Family Engagement sub-criteria | | |
| | C(4)(c) | Use Head Start programs as regional hubs for coaching, mentoring, and TA to early childhood partners in their service areas. 20 NC Head Start grantees across the state will provide guidance, share info, and demonstrate best practices for their early childhood partners that support children's school readiness based on the head start PCFE (Tier 1/statewide) | The NC Head Start State Collaboration Office is engaged in a statewide family engagement training/coaching initiative designed to build the capacities of early childhood educators in a range of settings (including private child care, local education agencies, religious-sponsored child care and military child care) to work with the families they serve to support their children's development. This initiative leverages the expertise of high quality Head Start and Early Head Start programs in the State to lead the training/coaching efforts. 22 Head Start/Early Head Start training hubs were initially selected in two phases to provide training on family engagement strategies, technical assistance, demonstration and coaching, and follow-up as needed to the early childhood workforce in ELD programs regulated by the State Child Care Administrative Agency. |
| | C(4)(c) | Head Start Family and Community Partnerships managers and staff will provide support by... -sharing processes and strategies for family goal setting -sharing strategies for parent involvement outreach -offering shadowing experiences for family home visiting -modeling parent leadership and program governance -demonstrating effective parent education for self and to support child development and transitions (tier 1/statewide) | A well-coordinated information-sharing campaign is in place to disseminate news of available family engagement activities for early childhood programs in NC that includes direct mailings and press releases, and referrals by partners like Child Care Resource and Referral agencies and local Smart Start partnerships. Professional Learning Community Technical Assistance Support meetings have continued throughout 2014 on a regional basis to provide support to the hubs and will continue to convene twice a year regionally. |
| | C(4)(c) | In the Transformation Zone, implement a continuum of evidence based family strengthening services designed to meet the needs of families with different levels of needs; community will lead selection process to identify which programs would best meet the needs of that community; programs would | The NC Division of Public Health (DPH), with support from Triple P America, is building on its experience in counties currently implementing Triple P (Positive Parenting Program), to expand to include the Transformation Zone and additional counties in northeastern North Carolina. Triple P is a multi-level, evidence-based parenting and family support system designed to prevent or reduce the severity of behavioral, emotional, and developmental problems in children. DPH has developed a statewide Triple P Learning Collaborative that will allow 19 counties in Northeastern NC (including the Transformation Zone counties) to learn from and with |

| | | | |
|--|--|--|--|
| | | <p>be delivered with full implementation support, including support for planning, pre service, and in service training, clinical consultation, coaching, program evaluation, and quality assurance (tier 2/TZ)</p> | <p>current Triple P coordinators. During 2014, the eight county clusters began to provide services through local health departments.</p> <p>The North Carolina Partnership for Children (NCPC) is building the capacity of Transformation Zone counties to improve the literacy skills of young children by reaching out to families using the “Motherhead” and “Reach Out and Read” programs.</p> |
|--|--|--|--|

Source: Race to the Top – Early Learning Challenge Annual Performance Report: North Carolina 2014

Race to the Top – Early Learning Challenge Application for Initial Funding, State of North Carolina, 2011

| Phase I State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|---------------|--------------------------------|--|---|
| Washington | Family Engagement | | |
| | Sub-criteria | | |
| | C(4)(b) | Strengthening Families requirement in the TQRIS Program Standards will ensure that 60% of all eligible program will have completed this training by 2015 | Training is required at Early Achievers TQRIS facilities, but 60% target has not been reached; have achieved 85% of intended target (as of APR submission) |
| | C(4)(b) | Adapt 6 hour introductory Strengthening Families training to an online format that provides interactive elements, an opportunity for reflection, and an embedded training assessment. This online training will be available to additional staff at participating TQRIS facilities and will assist in implementing the expansion of TQRIS and ensure that all staff has an opportunity to complete the training. This will be available in 2nd quarter of 2012 | A six-hour introductory Strengthening Families training is required for all Early Achievers (TQRIS) facilities and points can be earned toward rating by completing the Strengthening Families Self-Assessment, developing a plan of action based on the results, and involving parents and families in long-term planning. 48 state-approved trainers deliver this training statewide and more than 2,457 facility administrators have completed the training. |
| | C(4)(c) | initiate Early Learning Fellowship program, where Early Learning Fellows will both assist families with early learning needs/issues and advocate with the public on the importance of early learning investments. Program will begin in Nov. 2011 with 13 fellows representing Washington's cultural and geographic diversity | DEL contracts with the Washington State Association for Head Start and ECEAP (WSA) to bring together a group of parents who train other parents on quality care and education, Early Achievers, and the Washington State Early Learning and Development Guidelines in peer-to-peer networks. What we learn from this work with Parent Navigators about effective outreach will inform future outreach and communication with parents and families. This program is not called Early Learning Fellowship, but attempts to do similar work; not clear how many navigators have been trained |
| | C(4)(c) | Special focus in "Love. Talk. Play." Parent Campaign will be given to reaching vulnerable families with children birth to age 3 | In 2014, the campaign was integrated more thoughtfully and strategically into family engagement efforts happening throughout the state as part of the work of the Early Learning Regional Coalitions. The campaign strategy was focused on high-quality, repeat interactions that are found to be more impactful in increasing parents' understanding about early learning and their role as their children's first and most important teachers. In 2014, there was a clear shift in the number of such interactions with parents, as well as a focus on families furthest from opportunity. Through the work of the coalitions, the campaign reached more than 4,000 |

| | | | |
|--|--|--|---|
| | | | caregivers with repeat events, and more than 79% were identified as furthest from opportunity, based on risk factors used by state agencies. Another 10,000 caregivers were reached with one-time events or distribution of “Love. Talk. Play.” materials. Among the audiences reached are family, friend, and neighbor (FFN) caregivers, ECEAP and Head Start families, families involved in the child welfare system, pregnant and parenting teens, and second-language learners. |
|--|--|--|---|

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Washington, 2014
Race to the Top – Early Learning Challenge Application for Initial Funding, State of Washington, 2011

Appendix B
Phase II States: Side-by-Side Comparisons of Initiatives and APRs

| Phase II State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|----------------|--------------------------------|--|---|
| Oregon | Health | | |
| | sub-criteria | | |
| | C(3)(d) | Determine appropriate means and settings for using screening tools | The Early Learning Council adopted the Ages & Stages Questionnaire (ASQ) as the statewide instrument for developmental screening by the early learning system. ASQ will also be the primary screening tool used by Oregon's health care system. |
| | C(3)(d) | Identify training needs and curriculum for target audiences who will administer screening tools | Field testing of TQRIS began in 2013; results of field testing being used to revise initial gateway training and increase focus on quality improvement |
| | C(3)(d) | Assess community capacity and resources in accountability hub areas for developmental screening implementation | <p>Early Learning Hubs work in local settings to connect local families with nearby services; communities have flexibility to design their own operational model and set of strategies to identify children who are at risk for arriving at kindergarten unprepared, work with families to identify special needs, and connect families to services to meet those needs.</p> <p>Early Learning Hubs, which are the regional coordinators of early learning services, have built stakeholder involvement into their governance structures. Many of the Hubs have parent councils and work to make sure parent voice is helping to drive strategic decisions around early learning services</p> |
| | C(3)(d) | Develop referral protocols for follow ups to screenings | <p>The Early Learning Division has been working with the University of Oregon and the Oregon Health Authority to develop a shared approach for developmental screening and subsequent referrals across health, child care and other community-based settings.</p> <p>Shared metrics were created for the TQRIS between the Early Learning Hubs and Child Care Resource and Referral System.</p> |
| | C(3)(b) | Use online registry to document completion of developmental screening training | Oregon has a well-established professional development system with a Career Lattice Registry that connects with state licensing to track and document ongoing training requirements and degree attainment; part of D(2) |

| | | | |
|--|------------|--|---|
| | C(3)(d) | OR health authority (pub. Health division) will work with early learning council, center for career development, and health policy board and other orgs. to promote use of standard screening throughout the state; facilitate workforce training in referrals and follow up protocols | ELC and Health Policy Board created joint subcommittee to work together; have integrated health and early learning policies Early Learning Division works with Health Authority's Transformation Center, which assists with screenings |
| | C(3)(d)(1) | Year 1 target number of children with high needs screened = 13,723 | actual = 37,500 |
| | C(3)(d)(1) | Year 2 target number of children with high needs screened = 14,080 | actual = 16,427 |
| | c(3)(d)(1) | Year 3 target number of children with high needs screened = 14,445 | Not available |
| | c(3)(d)(1) | Year 4 target number of children with high needs screened = 14,821 | Not available |
| | C(3)(d)(2) | Year 1 target number of children with high needs referred for services who received follow up/treatment = 12,937 | actual = 10,406 |
| | C(3)(d)(2) | Year 2 target number of children with high needs referred for services who received follow up/treatment = 13,273 | actual = 9,514 |
| | C(3)(d)(2) | Year 3 target number of children with high needs referred for services who received follow up/treatment = 13,618 | Not available |
| | C(3)(d)(2) | Year 4 target number of children with high needs referred for services who received follow up/treatment = 13,972 | Not available |
| | C(3)(d)(3) | Year 1 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 314,062 | actual = 339,315 |
| | C(3)(d)(3) | Year 2 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 314,062 | actual = 267,143 |
| | C(3)(d)(3) | Year 3 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 314,062 | Not available |
| | C(3)(d)(3) | Year 4 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 314,062 | Not available |
| | C(3)(d)(4) | Year 1 target number of participating children who, are up to date in a schedule of well child care = 269,588 | actual = 297,699 |
| | C(3)(d)(4) | Year 2 target number of participating children who, | actual = 7845 |

| | | | |
|--|------------|---|---------------|
| | | are up to date in a schedule of well child care = 276,597 | |
| | C(3)(d)(4) | Year 3 target number of participating children who, are up to date in a schedule of well child care = 283,788 | Not available |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Oregon, 2014
Oregon Race to the Top – Early Learning Challenge Phase II Application, State of Oregon, 2012

| Phase II State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|----------------|--------------------------------|---|---|
| Wisconsin | Family Engagement | | |
| | sub-criteria | | |
| | C(4)(a) | Hire a 1.0 FTE DCF (Department of Children and Families) family engagement consultant to develop family engagement program for Young Star and training curricula in support of standards; these standards will be aligned to Head Start engagement standards and the Strengthening Families framework | unclear in APR; Coordination of family engagement and parent outreach efforts is proceeding with frequent opportunities for dialogue among existing systems such as the DCF Family Engagement plan and the DPI K-12 Family/Community Partnership efforts; whether family engagement consultant is doing this work or other DCF staff is doing this work is unclear |
| | C(4)(a) | Hire a 0.5 FTE DPI (Department of Public Instruction) family engagement consultant to facilitate utilization of the family engagement standards used in Head Start/Early Head Start and YoungStar in 4K and 5K programs; will provide assistance in supporting families during transition from early learning settings to kindergarten and support development of a comprehensive birth-to-third-grade early learning and development system; will also coordinate efforts with the DCF family engagement consultant, the DPI K-12 family/community partnership coordinator, and DHS to integrate family engagement strategies into other early learning and development programs | consultant was hired at DPI but delayed until late spring of 2014; work has proceeded since then but whether the family engagement consultant did this work or other staff in DPI is unclear |
| | C(4)(a) | provide professional development training to child care providers on the YoungStar family engagement program standards in each of the 5 YoungStar regions of the state; each region will provide 20 trainings a year | Contracted with an outside consultant to develop a family engagement training curricula that encompasses best practices and YoungStar's family engagement standards. The training will be offered state-wide in coordination with Supporting Families Together Association (SFTA) and Wisconsin Early Childhood Association (WECA). SFTA and WECA will facilitate the training sessions and some additional on-site coaching and mentoring in order to prepare all YoungStar participating programs to meet the |

| | | | |
|--|---------|--|--|
| | | | <p>new standards. Approved trainers from both SFTA and WECA will participate in a train-the-trainer event in order to increase their professional development around family engagement and provide them with the knowledge needed to support programs</p> <p>Amount of trainings and locations are not clear in APR</p> |
| | C(4)(a) | convene a work group of parents, early childhood educators, and community members | Workgroups of internal and external stakeholders have formed around the Wisconsin Model Early Learning Standards (WMELS), professional development, and family engagement. The cross-agency, cross-sector family engagement workgroup was hired by DCF in 2014 to draft the family engagement standards that will be required for YoungStar starting in 2017 for 3, 4, and 5 star programs |
| | C(4)(b) | assess current available training and TA plan for family engagement training and design a staff development plan accordingly and develop and pilot cross discipline training on culturally competent trauma informed family engagement and support strategies (2013-2014); train staff and administrators in 2014 onward | <p>Family engagement work group created Guiding Principles document that highlights research-based best practice for engaging families; SFTA and WECA facilitate training sessions with on-site coaching and mentoring</p> <p>RTT staff are engaged in and participating in stakeholder activities outside RTT specific activities.</p> <p>creation of PD plan for staff unclear in APR</p> |
| | C(4)(b) | Each of the 5 regions will have one Community of Practice to build on the professional development training for child care providers. The Community of Practice meetings will occur monthly (both face-to-face and technology-supported); COP will embed family engagement and support in the YoungStar Program | <p>Coaches coordinated Community of Practice in each region to support consistency of regional coordination, improve coordination of training delivery, provide networking opportunities, and share information, updated materials, evidence-based practices, and related resources. These Communities of Practice grew in 2014 to include one-day events with practices meetings for Wisconsin Model Early Learning Standards approved trainers in the morning and Pyramid model trainers in the afternoon. Some regions included screening and assessment stakeholders for additional networking.</p> <p>statewide community of practice event took place March 3-4, 2014 to showcase implementation of WMELS in child care settings</p> |
| | C(4)(c) | target a media outreach campaign to high needs communities (31); Develop a plan for promoting the message of the importance of early learning via targeted methods such as billboards, bus plaques, health care providers (physical, mental and behavioral), faith-based organizations, homeless shelters, | 3 videos highlighting YoungStar (that explained system and emphasized the importance of early brain development) were created, improvements were made to the YoungStar website, and a paid media campaign will begin in the spring of 2015. Outreach efforts to continue to increase participation of 4KCA (four-year-old kindergarten community approaches models), Head Start, tribal child care providers, and Licensed Day Camps in YoungStar to help ensure that all children have access to high-quality early care. As part of the media campaign a number of focus groups were conducted that asked parents across the state questions about what was important to them when it came to child care and how they made |

| | | | |
|--|--|---|---|
| | | domestic violence shelters, WIC sites, child welfare agencies, hair and nail salons, barber shops, laundry mats, grocery stores, and community center | decisions about which child care providers they selected Contracted a well-known local marketing firm with experience promoting social brands to bring their marketing expertise to YoungStar and help create and implement a communication and media campaign plan will target parents and families |
|--|--|---|---|

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Wisconsin, 2014
Race to the Top – Early Learning Challenge Application for Initial Funding, State of Wisconsin, 2012

Appendix C
Phase III States: Side-by-Side Comparisons of Initiatives and APRs

| Phase III State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|-----------------|--------------------------------|--|--|
| Georgia | Family Engagement sub-criteria | | |
| | C(4)(a) | Convene state and national experts on cultural and linguistic competency to conduct a review of the Quality Rated Program Standards to ensure alignment with national indicators of cultural and linguistic appropriateness; include review of Family Engagement standards to ensure alignment with nationally recognized indicators of quality and family engagement and alignment with the standards with the Head Start Parent, Family, and Community Framework | In year 1, Georgia Department of Early Care and Learning convened a task force to review and make recommendations on the ways to strengthen the Quality Rated standards on family engagement. DECAL leveraged an existing partnership with the BUILD initiative to facilitate and provide strategic guidance on the task force's work. Composed of individuals representing higher education, K-12 education, libraries, museums, community organizations, families, and state agencies, the Family Engagement Task Force met five times in 2014. The task force succeeded in generating a state definition of Family Engagement, identifying statewide family engagement strategies and promising practices, and developing draft recommendations for a revised Quality Rated family engagement standard. |
| | C(4)(b) | expand Quality Rated (Georgia's TQRIS) to increase the number of early childhood educators completing trainings | The increase in participation in Quality Rated is one of the state's Year One success stories. In 2014, approximately 617 of programs enrolled in Quality Rated and the state more than doubled the number of programs rated. |
| | C(4)(c) | statewide campaign focused on increasing knowledge of parenting and child development implemented through use of existing community collaboratives, available in every county | 13 "Play to Learn" spots, each covering a specific skill outlined in the Georgia Early Learning and Development Standards (GELDS) were created and are airing across the state on Georgia Public Broadcasting network through June 2015; specifically targeting community collaboratives is unclear in APR |
| | C(4)(c) | first year: train collaboratives on family engagement strategies during regional training events across the state, with a focus on the Strengthening Families framework as well as CDC's Learn the Signs Act Early materials; provide Family Community Collaboratives with resources for distribution in their communities | unclear in APR |

| | | | |
|--|---------|--|---|
| | C(4)(c) | first year: train collaboratives' community partners during regional training events to acquaint members to assist them with embedding family engagement strategies into activities | unclear in APR |
| | C(4)(c) | first year: provide each collaborative with quantities of the resources for distribution in their communities | DECAL has promoted broad stakeholder awareness and understanding of the GELDS through increased print resources, presentations at key national and regional conferences, and broadcasts through public and social media channels; specific targeting of Collaboratives is unclear |
| | C(4)(c) | 2nd year: incentivize the local Family Collaboration Collaboratives in the 4 Early Education Empowerment Zones to embed family engagement strategies into their existing plans | Community Coordinators in 2 Zones and the Business Operations specialist began connecting with fellow participating state agencies to identify important next steps in establishing local economic incentive packages to encourage high quality child care programs to either expand or open in the zones; unclear if these incentives are related to family engagement strategies |
| | C(4)(c) | 2nd year: groups will develop community based strategies to reach out to the families in their communities to encourage and support the use of developmental tools, activities, and information to enhance their ability to support children's development | unclear in APR |
| | C(4)(c) | implement Great Start Georgia home visiting framework in Early Learning and Development programs, with evidence-based voluntary home visiting as a service strategy for families and children with high needs | Georgia began the process to implement the Great Start Georgia (GSG) framework and evidence-based home visiting in the Early Education Empowerment Zones. |
| | C(4)(c) | provide GSG to 400 children in each E3Z zone | unclear in APR |
| | C(4)(c) | GSG will partner with families of newborn and young children with home visitors who deliver voluntary prevention services in the early care and education center as well as the family's home | Implementation of home visiting services not yet complete, will start in mid-2015; steps taken so far include: webinar to introduce GSG to the Birth to Eight Teams and organizations in the E3Zs that will implement the project; identification of child care learning centers interested in implementing GSG/evidence-based home visiting and a developed community plan proposal and budget outlines for the four E3Zs; |
| | C(4)(c) | GSG will provide all children 0-5 in the Early Learning Development Program with periodic | Not yet fully implemented; in 2014, Georgia began planning for the inclusion of developmental screening across the program to assist in accurately identifying children who may need more supports prior to kindergarten entry; held discussions |

| | | | |
|--|---------|--|---|
| | | developmental screening and resource coordination activities | with stakeholders (including federal agency representatives) about large scale screening efforts and the use of the Survey of the Wellbeing of Young Children (SWYC) in the Georgia's Pre-K Program developmental screening pilot. |
| | C(4)(c) | GSG will train early childhood educators in use of developmental screening and resource coordination in order to build the early childhood educators' skills and the capacity of the early learning and development programs; will also provide training in Strengthening Families, cultural and linguistic competence, inclusion of children with disabilities , and the Georgia Early Learning and Development Standards | The developmental and formative subcommittees of Comprehensive Assessment Task Force started meeting in 2014; regarding current practices in the state which includes disseminating a survey instrument to determine formative and developmental screening practices among partners. The full task force and subcommittees will continue to meet through 2015 to conduct and analyze the survey on assessment practices in the state and move forward with a more comprehensive review of national best practices. Ultimately, the task force will develop a set of guidelines and support for using a common set of assessments statewide; ECE Teacher Team has formed to involve stakeholders in developing resource development for GELDS; trainings on SF, linguistic and cultural competence, and involving students with disabilities unclear in APR |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Georgia, 2014
Race to the Top – Early Learning Challenge Application for Initial Funding, State of Georgia, 2013

| Phase III State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|-----------------|--------------------------------|---|---|
| Kentucky | Family Engagement | | |
| | sub-criteria | | |
| | C(4)(c) | <p>use the Strengthening Families framework to work with other partner agencies and programs in order to build protective factors in families; these agencies/programs include...</p> <p>Community Early Childhood Councils Head Start HANDS - KY's home visiting program/MIECHV First Steps Stars for Kids Now (TQRIS) Family Resource Youth Service Centers</p> | <p>Kentucky has adopted the five protective factors nationally recognized as part of the Strengthening Families Framework, as well as developed a sixth protective factor: Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Childhood Development, Social-Emotional Competence of Children and Nurturing and Attachment.</p> <p>KY All STARS seeks a wide range of stakeholder input in its plan to integrate the Strengthening Families Framework of into a wide variety of public programs and early learning and development programs. The Kentucky Strengthening Families Leadership team's work is focused on providing a framework for State and local agencies to integrate the use of protective factors into their daily practice, providing families with opportunities to work together to build protective factors, and providing early care and learning programs with high quality training on how to integrate protective factors into their family engagement strategies.</p> |
| | C(4)(c) | STARS for KIDS NOW will require participants to have family engagement activities at all levels | The current STARS quality rating system is an important part of the continuum of support and requires participants to organize and conduct activities to give families the opportunity to engage in their children's education. As early learning and development programs progress up the scales to higher quality in the redesigned STARS rating system, requirements for the integration of family supports will increase. Participants in STARS are required to have, at a minimum, one Family Engagement activity per year. At the highest level (STARS level 4), participants are required to have a minimum of four family engagement activities per year |
| | C(4)(c) | Expand Toyota bornlearning Academies (workshops aimed at giving families the opportunity to learn together and providing information necessary to make every moment in their child's life a teachable moment) | In June 2014, 24 schools were notified that they would receive funding and training to implement a United Way Born Learning Academy in their community. This represents \$144,000 of support that goes directly to local agencies to support parents. This is the first step in a four year, \$1.4 million expansion to more than 150 academies statewide. |
| | C(4)(c) | Hire a TBLA coordinator in year 1 to work closely with the United Way of Kentucky for in-depth training to ensure continuity through the program | United Way Born Learning Academy® Coordinator hired in 2014 and added to the Cabinet for Health and Family Services (CHFS) |

| | | | |
|--|---------|--|--|
| | | expansion and plan and execute the recruitment of new schools and the retention of old schools, as well as serve as the technical assistance and training coordinator for all participating elementary schools | |
| | C(4)(c) | Within the first 2 years, recruit 25 additional schools to TBLA and an additional 50 schools subsequently; for a total of 150 TBLAs by 2017 | 24 schools awarded funds to implement TBLA in respective communities; another 26 planned to be awarded by the end of March 2015 (still too early to determine number actually done in year 2) |
| | C(4)(c) | create detailed trainings for new and veteran TBLA schools | The curriculum for the Academies was developed in a partnership with Northern Kentucky University and United Way of Greater Cincinnati. The training for schools that were awarded funding was provided by the United Way of Kentucky. The plan also calls for administration of the program (including training and technical assistance) to be migrated from the United Way of Kentucky to the Division of Family Resource and Youth Service Centers (FRYSC) by the end of the grant period. |
| | C(4)(c) | throughout grant period, support and provide TA to existing TBLA academies | administration of the program (including training and technical assistance) will be migrated from the United Way of Kentucky to the Division of Family Resource and Youth Service Centers (FRYSC) by the end of the grant period. |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Kentucky, 2014

Kentucky ALL STARS: Accelerated Learning Statewide through an Advanced Ratings System, State of Kentucky, 2012

| Phase III State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|-----------------|--------------------------------|--|--|
| Michigan | Health | | |
| | sub-criteria | | |
| | C(3)(a) | Gap analysis of Great Start to Quality program standards (Michigan's early learning system) vs. Stepping Stones to Caring for our Children (national program) health and safety standards | unclear in APR |
| | C(3)(b) | Pilot Child Care Health Consultants (CCHCs) to work with home-based providers; hire and train 7 health care consultants over 4 years | plans for CCHC mentioned in APR, but not yet implemented |
| | C(3)(b) | establish CCHC state coordinator position at the Dept. of Community Health; will be maintained throughout grant duration in order to train and provide ongoing TA and coaching to assure fidelity to CCHC model of consultation, set up mechanisms to produce data about the efficacy of the approach, and facilitate development of recommendations to support statewide implementation | unclear in APR |
| | C(3)(c) | develop and implement training for home based providers so they can promote healthy habits in child care programs and at home; training will be based on Great start to Quality (GSQ) standards and state's Health and Wellness 4 x 4 plan and the MI Healthier Tomorrow Initiative | this goal reiterated in APR, but not yet implemented |
| | C(3)(d) | develop screening, referral, and well child care training and train home based providers so they can more fully support children and families | this goal reiterated in APR, but not yet implemented |
| | C(3)(d)(1) | year 1 target number of children with high needs screened = 18,113 | actual = 56,763 |
| | C(3)(d)(1) | year 2 target number of children with high needs screened = 21,736 | not available |
| | C(3)(d)(1) | year 3 target number of children with high needs screened = 25,358 | not available |
| | C(3)(d)(1) | year 4 target number of children with high needs screened = 28,981 | not available |
| | C(3)(d)(2) | year 1 target number of children with high needs referred for services who received follow-up/treatment = TBD | not available |
| | C(3)(d)(2) | year 2 target number of children with high needs referred for services who received follow-up/treatment = TBD | not available |
| | C(3)(d)(2) | year 3 target number of children with high needs referred for services who received follow-up/treatment = TBD | not available |
| | C(3)(d)(2) | year 4 target number of children with high needs referred for services who received follow-up/treatment = TBD | not available |
| | C(3)(d)(3) | year 1 target number of children with high needs who | actual = 165,214; unclear if this number is |

| | | | |
|--|--------------------------|---|--|
| | | participate in ongoing health care as part of a schedule of well child care = 76% | higher than the percentage |
| | C(3)(d)(3) | year 2 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 77% | not available |
| | C(3)(d)(3) | year 3 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 78% | not available |
| | C(3)(d)(3) | year 4 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 79% | not available |
| | C(3)(d)(4) | year 1 percentage of participating children who are up to date in a schedule of well child care = 76% | actual = 165,214 |
| | C(3)(d)(4) | year 2 percentage of participating children who are up to date in a schedule of well child care = 77% | not available |
| | C(3)(d)(4) | year 3 percentage of participating children who are up to date in a schedule of well child care = 78% | not available |
| | C(3)(d)(4) | year 4 percentage of participating children who are up to date in a schedule of well child care = 79% | not available |
| | C(3)(e) | Develop training for Social-Emotional consultants and hire and train 7 social-emotional consultants over the course of grant period (with 2 hired by 2015) | commitment to social-emotional health reiterated, but this goal not yet implemented; at time of APR, interagency agreement on the project to promote physical and social-emotional health was still being finalized between the Michigan Departments of Education and Community Health |
| | | | |
| | Family engagement | | |
| | C(4)(a) | Identify and convene Great Start to Quality program standards review team to consider incorporation of protective factors in GSQ program standards and produce a report by 2015 to provide recommendations for revisions to the GSQ standards | reiterated in APR; not yet implemented |
| | C(4)(b) | pilot use of Family Engagement Consultants to work closely with providers who struggle to engage families and build protective factors into their work with children and families | reiterated in APR; not yet implemented; as a step towards this goal, a Family Engagement Specialist position was developed in the Office of Great Start in order to lead RTT-ELC efforts focusing on increasing family engagement |
| | C(4)(b) | Develop training modules about the Family and Community Partnership standards | reiterated in APR; not yet implemented |

| | | | |
|--|----------|---|---------------------------------------|
| | C(4)(b) | provide orientation to Family Engagement Consultants on Parent/Community Cafes and develop Parent/Community Café Content | missing from APR; not yet implemented |
| | C(4)(b) | Family Engagement Consultants will use Parent/Community Cafes to engage families and providers in robust discussions about the importance of protective factors | missing from APR; not yet implemented |
| | C(4)(c) | Develop competitive grant fund for Great Start Parent Coalitions and implement program to strengthen local trusted advisor system | unclear in APR |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Michigan, 2014

Race to the Top – Early Learning Challenge Application for Initial Funding, State of Michigan, 2013

| Phase III States | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|------------------|--------------------------------|--|--|
| New Jersey | Health | | |
| | sub-criteria | | |
| | C(3)(a) | Grow NJ Kids sites complete self-assessment to determine their status in addressing the health standards, and health and safety needs of their center (year 1) | TQRIS has health component at each rating level no matter what program parents choose, children are exposed to some components of health education |
| | C(3)(a) | Quality improvement specialist will review Quality Improvement plans, ID sites' health issues and needs and connect centers to relevant trainings (year 1) | unclear in APR |
| | C(3)(a) | expand network of Central Intake Hubs (county-level hubs that streamline access to health care resources social services, and other community supports) to encompass all 21 counties in NJ | Hubs currently operate in 15 counties, but additional hubs will be established in year two of RTT-ELC; significant work went into the creation of RFPs for Hubs in the 6 additional that the Department of Health released in January. The notice of grant award will be made by DOH in April. |
| | C(3)(a) | early childhood educators participating in Grow NJ Kids will receive orientations to Central Intake Hubs describing comprehensive health care linkages for parents/families (year 1) | unclear in APR |
| | C(3)(b) | Training Academy will include menu of health-related trainings for early childhood educators and other community partners working with infants, toddlers, and young children and their families starting prenatally | The Academy has begun to provide targeted training opportunities that reflect the components of Grow NJ Kids, but APR does not mention what specific trainings are/aren't offered |
| | C(3)(b) | Training Academy training offerings will include input from state agency personnel, university experts, and other health professionals and will integrate nationally recognized evidence based curricula and guidelines, including Bright Futures (Developed by the American Academy of Pediatrics), Stepping Stones: Caring for our Children, NJ Infant Mental Health Endorsement, and NJ Pyramid Model | Academy creates a cadre of of certified and endorsed trainers who are experts in the components of Grow NJ Kids; including some of the curricula mentioned in application (though not all) |

| | | | |
|--|------------|--|--|
| | C(3)(b) | Training Academy will hire 3 Health Coordinators (child health experts) to design health curriculum modules that align with the progression of health standards (by March 2014) | unclear in APR |
| | C(3)(b) | train at least 400 early childhood educators serving high needs children and participating in Grow NJ Kids in the health program standards in Year 1 and 800 per year in Years 2-4 | health standards promoted across all 5 levels of the Grow NJ Kids TQRIS, training in these standards is unclear in APR |
| | C(3)(d)(1) | Year 1 target number of Children with High Needs screened = 75,399 | actual = 86,880 |
| | C(3)(d)(1) | Year 2 target number of Children with High Needs screened = 79,169 | not available |
| | C(3)(d)(1) | Year 3 target number of Children with High Needs screened = 83,128 | not available |
| | C(3)(d)(1) | Year 4 target number of Children with High Needs screened = 87,284 | not available |
| | C(3)(d)(2) | Year 1 target number of Children with High Needs referred for services who received follow-up/treatment = 7,104 | actual = 9,991 |
| | C(3)(d)(2) | Year 2 target number of Children with High Needs referred for services who received follow-up/treatment = 7,549 | not available |
| | C(3)(d)(2) | Year 3 target number of Children with High Needs referred for services who received follow-up/treatment = 7,832 | not available |
| | C(3)(d)(2) | Year 4 target number of Children with High Needs referred for services who received follow-up/treatment = 8,224 | not available |
| | C(3)(d)(3) | Year 1 target number of Children with High Needs who participate in ongoing health care as part of schedule of well child care = 73,648 | actual = 85,142 |
| | C(3)(d)(3) | Year 2 target number of Children with High Needs who participate in ongoing health care as part of schedule of well child care = 77,330 | not available |
| | C(3)(d)(3) | Year 3 target number of Children with High Needs who participate in ongoing health care as part of schedule of well child care = 81,197 | not available |

| | | | |
|--|------------|---|---|
| | C(3)(d)(3) | Year 4 target number of Children with High Needs who participate in ongoing health care as part of schedule of well child care = 85,257 | not available |
| | C(3)(d)(4) | Year 1 target number of Children with High Needs who are up to date in a schedule of well child care = 72,239 | actual = 82,536 |
| | C(3)(d)(4) | Year 2 target number of Children with High Needs who are up to date in a schedule of well child care = 75,851 | not available |
| | C(3)(d)(4) | Year 3 target number of Children with High Needs who are up to date in a schedule of well child care = 79,644 | not available |
| | C(3)(d)(4) | Year 4 target number of Children with High Needs who are up to date in a schedule of well child care = 83,626 | not available |
| | C(3)(e) | Training Academy core curriculum will include content on infant and young children's social and emotional development, and address infant/early childhood mental health needs, services and resources (using Bright Futures, NJ Infant Mental Health Curriculum, and NJ Pyramid Model curriculum) | Of the many responsibilities for the Academy, one notable focus is the extensive training and supports that focus on infant and young child mental health and social-emotional development. Academy includes Infant and Young Child Mental Health Endorsement, Pyramid Model, and supporting young children with disabilities |
| | C(3)(e) | build upon the work of evidence based models (ie., Early Head Start/Head Start and Home Visiting) to incorporate the principles of infant/early childhood mental health and expand the use of the Ages and Stages Questionnaire screening tool to help identify delays/deficits in the social emotional status of infants/young children, and link infants/young children and their families earlier to appropriate supportive services | The Academy has begun to provide targeted training opportunities that reflect the components of Grow NJ Kids. The initial focus of the Academy is on Child Care, Family Child Care, Early Head Start/Head Start, and Preschool settings. However, the long-range vision for this unified approach to workforce development will be to offer shared training opportunities across sectors to include Home Visiting, Family Outreach Workers, and other community programs that have a focus on families from pregnancy/infancy to age eight. |
| | C(3)(e) | Central Intake Hubs will serve as a vehicle to link callers to social emotional screening providers to help identify social-emotional development | unclear in APR |

| | | | |
|--|---------------------------------------|--|---|
| | C(3)(e) | DCF will sponsor a series of local Infant/Early Childhood Mental Health trainings for early childhood educators, community partners, and child welfare workers in 10 counties affected by Superstorm Sandy | DCF's Keeping Babies and Children in Mind (KBCM) infant/early childhood mental health (IECMH) training is currently scheduled to run through August 2015. This training has been extremely well received by cross-sector early childhood partners. DCF is requesting to use \$54,660 in unspent Year 1 funding to continue training sessions through December 2015 and expand the training statewide. The Training Academy will not be equipped to provide this funding in 2015, but it should have sufficient capacity to do so in Year 3 of the grant no mentions of specifically targeting areas affected by Sandy |
| | Family engagement sub-criteria | | |
| | C(4)(a) | Each Grow NJ Kids site will complete the Strengthening Families self-assessment to determine their status in addressing Family Engagement standards (year 1) | Enrollment in Grow NJ Kids took longer than anticipated, so programs did not have enough time to complete their self-assessments in time to request incentives during Year 1 of the grant. However, important conversations with Year 1 programs helped identify ways in which to make incentive offerings more responsive to programs' needs. |
| | C(4)(a) | Programs in Grow NJ Kids will receive orientation about local County Councils for Young Children (CCYCs) to promote parent/family and site participation (year 1) | Not completed; RFP process for the 20 new CCYCs was also delayed, with 17 grants awarded in November 2014 and the remaining 3 awarded in January 2015. |
| | C(4)(a) | QIS review site specific Quality Improvement Plans to identify connect and connect sites to training and resources to reach next level in Grow NJ Kids | Quality Improvement Specialists funded to assist programs with self-assessments and current technical assistance staff in each early care and education setting with the tools they need to work within their settings; only funded in year 2, since state believes need is temporary Grow NJ Kids providers will be eligible to apply for quality enhancement funds at any of the five levels, including Level 1, as long as their request is tied to the program's quality improvement plan. Over the four-year grant period, New Jersey has allocated just over \$2.5 million of RTT-ELC funds for these quality enhancements. Providers have access to free and high quality professional development offered through the Academy, but providers need support with accessing the full breath of incentives. Providing support to spent incentives dollars will be a focus of year two. |
| | C(4)(a) | Provide program quality data (through licensing and Grow NJ Kids), a "Consumer Report," to families. Data will be accessible by building upon existing points of contact | unclear in APR |

| | | | |
|--|---------|---|---|
| | | with families and will be an additional platform for family engagement | |
| | C(4)(b) | Training Academy will develop family engagement modules and train at least 400 early childhood educators participating in Grow NJ Kids (based on 56 new sites) (year 1) | APR says Family and Community Engagement Committee has developed modules that will help train families in standards, rather than Academy; CCYCs will serve as vehicles for implementation of modules, and will have direct link to the NJ Council for Young Children through the Family and Community Engagement Committee |
| | C(4)(b) | Training Academy will refine family engagement modules and train at least 800 early childhood educators (based on 417 new sites) (year 2) | unclear in APR |
| | C(4)(b) | Training Academy will review available Family Engagement training tools and resources that are responsive to child/parent/family socio-demographic, cultural, and linguistic diversity (by 3/2014) | unclear in APR |
| | C(4)(b) | Training Academy will develop and implement uniform curriculum for family engagement that integrates research based principles and practices from expert national sources (by 6/2014) | unclear in APR |
| | C(4)(b) | Training Academy will complete crosswalk between Strengthening Families, Head Start Parent, Family, and Community Engagement Framework, and Family Development Empowerment Skills for Family Workers to align messages about family engagement and reduce redundancy and duplication in Grow NJ Kids assessment tools (by 9/2014) | unclear in APR; long term goal of Academy is to serve as a "unified approach to workforce development will be to offer shared training opportunities across sectors to include Home Visiting, Family Outreach Workers, and other community programs that have a focus on families from pregnancy/infancy to age eight," so this initiative not be fully implemented yet |
| | C(4)(b) | Training Academy will build in state Train the Trainer capacity within Academy (by 6/2014) | Starting in 2015, the Academy staff will use a Train the Trainer model to equip current technical assistance staff in each early care and education setting with the tools they need to work within their settings. |
| | C(4)(b) | Provide universal access to early learning and development partners for the <i>online</i> SF Protective Factors training as a foundational training to introduce concept of family | Grow NJ Kids team is making efforts to provide the Directors Orientation Training in an online format to encourage providers/programs to participate in a more timely fashion. The online training will move participants into Tier 2 faster; universal access and training for other providers is unclear in APR |

| | | engagement (from 2014-2018) | |
|--|----------|---|--|
| | C(4)(c) | Creation of statewide network of 21 local County Councils for Young Children (CCYCs) will serve as local advisory boards comprised of parents/families, health care providers, early childhood educators, social services agencies, and other local stakeholders; CCYCs will extend to all related early childhood/family programs in NJ and will actively seek family engagement, mentor parents in leadership roles, and promote community action to improve the health, education, wellbeing of children. CCYCs will be inclusive and reflective of the different races, languages, and cultures of the families with young children in the county | RFP process was for 20, rather than 21 CCYCs; grants awarded in late 2014 to 17 CCYCs, remaining 3 awarded in early 2015 |
| | C(4)(c) | By 3/2014, NJ will issue RFPs to identify local lead agencies to establish CCYCs in each county that build working relationships between families, early learning programs, health, early intervention, and other community services | See above |
| | C(4)(c) | CCYCs will recruit parents directly and include outreach that engage hard to reach parents and caregivers (ie, fathers, grandparents, immigrants, military service members, and migrant workers) (year 1) | Priorities for CCYCs include implementing a shared leadership model that supports parents in leadership roles and brings parents and providers together as partners and recruiting parents to promote their active participation as a voice for change at the family, community, and state level, including ongoing outreach to engage and retain hard-to-reach parents/caregivers (e.g. fathers, grandparents, immigrants, migrant workers, military service members, etc.) |
| | C(4)(c) | CCYCs will provide parents with an orientation, ongoing mentoring, and leadership training opportunities through both a Parent Leadership Institute and Peer Leader Network (ongoing 2014-2018) | unclear in APR |
| | C(4)(c) | CCYCs will provide concrete supports to enable parent/family participation, such as child care, transportation, | concrete supports listed as priorities for CCYCs; unclear whether or not they have actually been implemented |

| | | | |
|--|----------|--|--|
| | | meals, and/or other incentives | |
| | C(4)(c) | By 2014, CCYC participation will include local stakeholders and at least 20% of participants are parents who reflect community's diversity | priority for CCYCs includes promoting growing parent/family participation over the three-plus years of the project that reflects the cultural diversity of the community |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: New Jersey, 2014

Race to the Top – Early Learning Challenge Application for Initial Funding, State of New Jersey, 2013

| Phase III State | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|-----------------|--------------------------------|--|---|
| Pennsylvania | Family Engagement sub-criteria | | |
| | C(4)(a) | convene stakeholder group to review and make recommendations to ensure the applicability of use of Program Partnership standards across program types, in particular home visiting, early intervention, and family child care; align standards to the seven common elements identified in the Pennsylvania Family Engagement Crosswalk; updated Program Partnership Standards, will be included within both the Infant/Toddler and Pre-kindergarten Standards. | Pennsylvania aligned the Program Partnerships section of its 2014 Early Learning Standards with Pennsylvania's Family Engagement Crosswalk including 1) supporting families in time of need; 2) families have affirming, reciprocal relationships with community partners that build upon their strengths; and 3) families have the support and information they need to encourage their child's learning and development. The Crosswalk outlines the connections between several nationally-recognized research-based family engagement frameworks such as Strengthening Families and the national Parent Teacher Association framework. |
| | C(4)(a) | ensure that Keystone STARS (TQRIS system) addresses the seven common elements of family engagement and encourage providers to use the resources available, specifically Head Start Parent, Family, and Community Engagement Framework and the Strengthening Families Protective Factors Framework | No revisions made to standards in 2014, but considerations for revisions is underway; UPenn staff collected data and information on Keystone STARS Standards starting in 2014 to determine potential areas and standards for revision; t the time of this first RTT-ELC grant Annual Progress Report submission, UPenn is reviewing and analyzing data sets to create a report of findings and recommendations. The report was originally slated to be released in February 2015, but has been delayed |
| | C(4)(c) | Implement Family Engagement Project in the Early Childhood Education (ECE) Community Innovation Zones (CIZ) as one of three integral components to support positive outcomes for Children with High Needs. | Pennsylvania introduced the ECE CIZ grants, awarding 12 exemplar grants in 2014. Grantees were awarded up to \$75,000 a year for three years to strengthen and implement local strategies to help reduce the achievement gap by grade three. Specifically, grantees are required to work collaboratively with early childhood programs and local school districts to align their work around standards, family engagement and community partnerships. |
| | C(4)(b)/C(4)(c) | Local communities will develop teams of relevant stakeholders and create opportunities for the communities in the ECE Community Innovation Zones to mobilize, identify their current | ECE CIZ applicants were required to have a partnership between at least one early childhood education provider and school that will be serving the children in the target neighborhood. Local Interagency Community Councils have also formed and shown interest in RTT ELC project. The family engagement activities of the CIZs are as diverse as the communities themselves |

| | | | |
|--|-----------------|---|---|
| | | strengths and resources, and create action plans to build a comprehensive, coordinated approach to family engagement to support school readiness and success; teams will receive training in frameworks and related resources as well as support from OCDEL and the Family Engagement Consultant | |
| | | <p>Communities will use Innovation Grants to support activities such as: PD specific to family engagement; development of materials/resources; development of events and activities to support families to have the knowledge and information they need to support their child's learning and development, and family leadership development and family support activities.</p> <p>Teams will be expected and supported to develop these activities/events in cooperation with local libraries. A priority of the teams will be to focus on outreach to family, friend, and neighbor caregivers. After implementation of community-led action, self-assessment will be completed at the end of the project period as an evaluative tool to measure progress</p> | <p>One of the three objectives of the ECE CIZs is to engage families. All grantees are required to complete Pennsylvania's family engagement self-assessment. Each of the 12 grantees awarded in 2014 are implementing unique strategies to engage families, such as training parents to become leadership trainers for other parents and expanding a technology that allows children to send texts and photos to their parents while in preschool.</p> |
| | C(4)(b)/C(4)(c) | | |
| | C(4)(c) | statewide scale up of Family Engagement Project | FEP promoted through Community Innovation Zones; 12 CIZ grants awarded in 2014; plans to have at least 50 CIZ by end of grant period |
| | C(4)(c) | Promote learning network of ECE Community Innovation Zones through an annual summit, which will provide an opportunity for | PA hosted its first Family Engagement Summit in October 2014 for over 200 attendees. The Summit started with an overview of Pennsylvania's RTT-ELC goals and objectives provided by the Secretary of the Department of Human Services and Deputy Secretary of the Office |

| | | | |
|--|---------|--|--|
| | | communities to share their successful strategies, materials, and resources | of Child Development and Early Learning. The Summit focused on strategies and practices related to the PA Early Learning Program Partnership Standards and family engagement initiatives. Succeeded at bringing together individuals who came from across Pennsylvania and represented a variety of roles, including family leaders, early intervention personnel, school district personnel, Head Start, home-visiting, child care and preschool programs |
| | C(4)(c) | Upgrade Keystone Families First web page by allowing an online user to create an account and personal profile, so families can save tips and resources that they can review and use to promote their children's early learning; could also download developmental checklists and check off skills children have learned, upload photos and notes to track children's development | Pennsylvania contracted with a vendor and began work on Keystone Families First, a web-based interactive tool that helps families make informed choices about their young child's development and choosing a quality child care/early learning program. Development of the English web-based version began in September 2014 with expected release in April 2015. A Spanish language version is planned for release in 2016 in response to Pennsylvania's growing Latino population. |
| | C(4)(c) | Upgrade Keystone Families First web page by providing local resources based on the user's county so families can receive information on local supports such as family activities and activities offered through their school district, libraries, and family centers | Website promotes family support and engagement activities statewide and in the updated version, families can save activities they want to do with their children |
| | C(4)(c) | Provide an online assistant on KFF webpage to respond to family questions and refer them to the appropriate resources | families answer up to 10 questions about their baby, toddler or preschooler. After the family answers a question, they receive helpful tips and links to reliable resources. Several questions address understanding developmental milestones and focus on their child's abilities. |
| | C(4)(c) | add additional content to KFF, such as a virtual site visit of an early learning program and a video and accompanying video <i>Be Your Child's Champion</i> , which offers scenarios and guides on how to talk to providers about child's early learning | Based on feedback from focus groups, the new KFF app will include short video tips with the option to read text, as well as the option for families to sign up for email tips in the web based version and notifications through the app version |
| | C(4)(c) | Accumulate metrics to help Pennsylvania's Promise for | Strategies related to the Partnership Standards, Community Innovation Zones and Keystone Families First are informed by a wide variety of data; |

| | | | |
|--|------------------|---|---|
| | | Children determine how visitors are answering the questions (in aggregate), which resources are being used, and to what extent visitors are using them. | as well as, information gathered through technical assistance, monitoring, client surveys and participant evaluations. Pennsylvania will contract a researcher in 2015 to further develop metrics and identify that work to support a community based approach to family engagement. |
| | C(4)(b)/C(4)(c) | Revise Pennsylvania Early Learning Standards in terms of family and community outreach and engagement; disseminate standards after revision and offer PD to ensure Standards are being upheld | Pennsylvania posted the 2014 Infant/Toddler and Pre-kindergarten Early Learning Standards online in July 2014. The revisions include incorporation of the Pennsylvania Core Standards in English Language Arts and Mathematics; new Early Learning Partnership Standards informed by a crosswalk of several national family engagement frameworks; addition of Science, Technology, Engineering and Math (STEM) supportive practices; and revised language relevant to all types of early learning providers, including home visiting and early intervention. |
| | C(4)(c) | Conduct focus groups among Family Engagement Pilots and LEARN partners on features, and content using beta Keystone Families First | In June and July 2014, PA conducted 5 focus groups for feedback on the beta version of KFF with families from different parts of the state and from different income levels; used information from focus groups to update KFF |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Pennsylvania, 2014
Race to the Top – Early Learning Challenge Application for Initial Funding, State of Pennsylvania, 2013

| Phase III States | Health and/or Fam. Engagement? | Initiatives Specified in Application | Initiative Completed in APR? |
|------------------|--------------------------------|--|---|
| Vermont | Health | | |
| | sub-criteria | | |
| | C(3)(a) | initiate or expand the following evidence based home visiting models: Nurse Family Partnership Parents as Teachers (PAT) Maternal Early Childhood Sustained Home visiting (MECSH) Early Start Early Head Start ensure fidelity to these programs through training, TA, and quality assurance | Vermont increased the number of Head Start and Early Head Start programs. Negotiated contract to purchase and implement MECSH and training will start in May; also developed contract to purchase and implement PAT and training will start in June or July; APR does not mention Nurse Family Partnership |
| | C(3)(a) | track outcomes via ongoing data collection and analysis for 6 benchmark areas of home visiting: maternal and infant health non accidental and accidental injury prevention domestic violence prevention kindergarten readiness economic self-sufficiency referral to community resources | Vermont C3 team meets monthly to assure collective work to meet the goals of C3 in the RTT-ELC grant are aligned and connected. Primary focus of this group is to align... 1. home visiting 2. developmental screening including data repository and HMG implementation 3. Health and Safety Consultation in childcare with special emphasis on nutrition and physical activity 4. Early MTSS approach to the socioeconomic needs of high needs children in early care and education settings this team addresses some of these benchmarks, but not all; perhaps hasn't started yet, due to newness of program |
| | C(3)(a) | hire home visiting data analyst in 2014 | full time data analyst hired in the Vermont Department of Health |
| | C(3)(a) | hire home visiting coordinator at DCF in 2014 | full time home Visiting Coordinator in Child Development Division of the Department for Children and Families (DCF) hired |
| | C(3)(a) | sign agreements with Early Start and MECSH in 2014 | MECSH contract will start in March 2015, on-site training in May 2015 |
| | C(3)(a) | bring early start and MECSH trainers to Vermont to train trainers from identified host organizations in 2014 | On-site training for MECSH will start in May 2015 |
| | C(3)(a) | in 2015, roll out Early Start and MECSH in 4 additional regions | MECSH will be implemented through the home health agencies, starting in 6 agencies |
| | C(3)(b)/C(3)(c) | By 2014, develop a warm-line call option for general health, safety, and nutrition consultation available to all Vermont early care and education | Following a successful November HMG National Center staff site visit at Vermont 2-1-1, planning is well underway for the 2-1-1 HMG call center and for hiring and training three HMG care coordinators. The call center will provide personalized model care coordination - offering a "go-to" place for |

| | | | |
|--|------------------|--|---|
| | | programs, capable of providing 750 encounters per year | family members and providers seeking information, support, community resources and referrals. Staff will answer family's questions about their child's development and behavior and offer parent education resources, developmental screening when appropriate, and linkages to community resources and programs. The plan is for a hard launch of the call center July 2015. |
| | C(3)(b)/C(3)(c) | By 2014, increase the number of Child Care Health Consultants trained in the National Training Institute model of child care health consulting to 4 statewide consultants to provide 600 encounters per year | unclear in APR |
| | C(3)(b)/C(3)(c) | during each year of funding period, increase the number of early childhood educators by 20% from baseline (2013) who are trained by CCHC to successfully implement health, safety, nutrition, and physical activity standards as required by licensing and promoted through VT STARS | unclear in APR |
| | C(3)(b)/C(3)(c) | during each year of the funding period, increase the number of high needs children in early learning and development programs that use CCHC services by 20% from baseline (2013) | unclear in APR |
| | C(3)(b)/C(3)(c) | implement a web-based platform that will help providers and families navigate the different agencies, partners, and coordinating systems for regulations, best practices, and referrals | In November 2014, Building Bright Futures launched Vermont Insights, a web platform for the collection and integration of early childhood data systems. Vermont Insights will acquire, connect, and compile data across the early childhood system to inform essential policy questions. It will help Vermonters leverage meaningful data to guide policies that improve the well-being of children, families and communities. Each Building Bright Futures regional council now has a website page; publishes a monthly newsletter; uses Google drive to coordinate with the work of other regional councils; and is undertaking regional asset mapping to diversify Council membership, including parents; and developed a shared scope of work. |
| | C(3)(b)/C(3)(c) | provide coordinating support and oversight for the web-based platform, warm line and CCHC consulting services by providing appropriate coordination staff to be house in the MCHD | planning has begun for Building Brighter Futures to house the Help Me Grow Vermont website, which will offer a clearinghouse of early childhood information and resources, an online portal connection to the VT 2-1-1 HMG call center, and national, web-based and text parent education resources unclear how CCHC services are involved |

| | | | |
|--|------------------|--|---|
| | C(3)(b)/C(3)(c) | link CCHC services to current state initiatives supporting nutrition and physical activity in early development and education settings (i.e., CACFP, Hunger Free Vermont, I am Moving I am Learning, etc.) | unclear in APR |
| | C(3)(d) | provide regional PD to early childhood educators and other related professionals to administer, interpret, use, and communicate results of the Ages and Stages Questionnaire | <p>Agency of Education conducted a Train-the-Trainer session on the Ages and Stages Questionnaire (ASQ) with over 20 early childhood professionals; locations of these events unclear, and APR says no RTT ELC funds used for this activity</p> <p>Partnership with Vermont Child Health Information Program (VCHIP) trained child health providers to administer the Ages and Stages Social Emotional Questionnaire and enter screening results in the Registry. The first cohort of early care and education (ECE) centers have been trained in developmental screening, talking with parents about concerns, and in helping parents track their own child's developmental milestone.</p> |
| | C(3)(d) | support the setup and training of an additional tab for developmental screening on the Department of Health Child Health Profile (which currently contains immunizations, lead, newborn screening and hearing results); and make available for multiple providers to use as a central repository for developmental screening results | Health Department has made great progress in the development of our developmental screening registry (part of immunization registry) that will include screening results for the Ages and Stages Questionnaire(ASQ), Ages and Stages Questionnaire-Social Emotional (ASQ-SE), and the Modified Checklist for Autism in Toddlers (M-CHAT). Now in the test phase (nearing completion), the developmental screening registry will offer a state-wide data collection system with reporting features for primary care providers including: a screening history report, screening follow up status, and practice children due for screening. The intent is for primary care providers to use the registry features to help them improve developmental screening rates overall for children in their practice and to utilize the data to get credit for improved screening rates (under the Vermont Blueprint for Health Care Reform). The State will additionally import developmental screening data from Early Head Start programs, beginning with Champlain Valley Head Start. |
| | C(3)(d) | create cross-agency work group on developmental screening to coordinate training and communication | <p>An Early Childhood Interagency Coordinating Team with members from the Agency of Education, the Agency of Human Services, the Governor's Office, the Early Learning Challenge grant, and Building Bright Futures to further enhance cross agency and organization collaboration. This group meets monthly</p> <p>cross-agency group specific to screening is not mentioned in APR</p> |
| | C(3)(d) | raise public awareness of children's social emotional well-being and early identification and intervention of children with high needs, inclusive of | unclear in APR |

| | | | |
|--|------------|---|---|
| | | children with disabilities | |
| | C(3)(d) | use Vermont Project LAUNCH to provide specific training to providers in administering developmental and behavioral screenings to children who are linguistically and culturally diverse so providers can provide screenings in diverse settings in order to reach underserved populations | Vermont is using VCHIP to leverage resources and align with Project LAUNCH for training in developmental screening for HMG health and education provider outreach. VCHIP training will educate providers about the role of HMG care coordinators for referrals and connection to resources. Additionally, VCHIP will assist with training and piloting new Health Department Developmental Screening Registry (spring 2015 under Project LAUNCH). |
| | C(3) (d) | project LAUNCH will use CDC's child development resource <i>Learn the Signs: Act Early</i> Program, and translate it into several refugee languages | The first cohort of early care and education (ECE) centers have been trained in developmental screening, talking with parents about concerns, and in helping parents track their own child's developmental milestone. The Center for Disease Control and Prevention's "Learn the Signs. Act Early." program resources and materials are being utilized no mention of translation of <i>Learn the Signs</i> into refugee languages |
| | | | |
| | C(3)(d)(1) | year 1 target number of children with high needs screened = 13,326 | Actual = 12,789 |
| | C(3)(d)(1) | year 2 target number of children with high needs screened = 13,770 | not available |
| | C(3)(d)(1) | year 3 target number of children with high needs screened = 14,214 | not available |
| | C(3)(d)(1) | year 4 target number of children with high needs screened= 14,659 | not available |
| | C(3)(d)(2) | year 1 target number of children with high needs referred for services who received follow-up/treatment = 7976 | Actual =7417 |
| | C(3)(d)(2) | year 2 target number of children with high needs referred for services who received follow-up/treatment = 8375 | not available |
| | C(3)(d)(2) | year 3 target number of children with high needs referred for services who received follow-up/treatment = 8794 | not available |
| | C(3)(d)(2) | year 4 target number of children with high needs referred for services who received follow-up/treatment = 9234 | not available |
| | C(3)(d)(3) | year 1 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 19,878/ 91% | Actual = 18923 |
| | C(3)(d)(3) | year 2 target number of children with | not available |

| | | | |
|--|-----------------------------------|--|--|
| | | high needs who participate in ongoing health care as part of a schedule of well child care = 20,211/ 93% | |
| | C(3)(d)(3) | year 3 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 94% | not available |
| | C(3)(d)(3) | year 4 target number of children with high needs who participate in ongoing health care as part of a schedule of well child care = 95% | not available |
| | C(3)(d)(4) | year 1 percentage of participating children who are up to date in a schedule of well child care = 75% | actual =76% |
| | C(3)(d)(4) | year 2 percentage of participating children who are up to date in a schedule of well child care = 78% | not available |
| | C(3)(d)(4) | year 3 percentage of participating children who are up to date in a schedule of well child care = 80% | not available |
| | C(3)(d)(4) | year 4 percentage of participating children who are up to date in a schedule of well child care = 82% | not available |
| | C(3)(e) (NEW TO PHASE III) | raise public awareness by 35% from baseline (2014) regarding the importance of children's social emotional well-being and early identification of children with high needs inclusive of children with disabilities | unclear in APR |
| | C(3)(e) | build the capacity and effectiveness of the Building Bright Futures Regional Councils to support targeted early learning and development programs within each region to implement the Foundations for Early Learning (FEL) pyramid (a professional development initiative geared to early childhood practitioners' knowledge and use of evidence based practices to support young children's social and emotional competence and confidence) | BBF, the State Early Childhood Advisory Council, and its twelve partnering Regional Councils hired a full time Regions Manager, eleven full time Regional Council Coordinators, and a full time Communications Manager since July 2014. Building Bright Futures now has a firm foundation upon which to serve communities and help to improve child outcomes throughout the state. |

| | | | |
|--|---------|---|--|
| | C(3)(e) | convene a RTT Early Multi-Tiered System of Support (MTSS) Leadership Team to scale up and expand current the State Personnel Development Grant (SPDG) Early MTSS and K-12 MTSS projects | To ensure implementation and sustainability of evidence based practices supporting young children's social and emotional competence and well-being, we have conducted a series of meetings at the state, regional and local levels to build the capacity for leadership and organizational systems design in Early MTSS. Early MTSS cohort 1 leadership teams and program administrators are receiving training and systems coaching focused on systems building which aligns with the Agency of Education K-12 MTSS initiative. Cohort 1 site early childhood practitioners are receiving content training through a train-coach-train model that is based on the Pyramid Model, The Early MTSS state cadre of trainers and coaches are receiving on-going professional development by contracted national experts in systems design, implementation science and practice-based coaching to fulfill their requirements as trainers and coaches. |
| | C(3)(e) | each regional Building Bright Futures council will ID at least 2 local high quality early learning and development programs and determine each program's 'readiness' for Early MTSS adoption and implementation of Pyramid Model Practices | meetings have begun at the state level between Early MTSS and the Building Bright Futures state director to support systems design in each of Vermont's 12 Building Bright Futures Councils in order to develop a shared understanding and readiness to adopt and implement Early MTSS and its processes |
| | C(3)(e) | recruit, select, and train a group of state level RTT Early MTSS trainers, BBF system coaches, and site based practice coaches to increase the capacity and expertise of providers in each BBF region | See above |
| | C(3)(e) | Provide initial and ongoing training to regional practice coaches regarding the reliability of the Teaching Pyramid Observation Tool (TPOT), an evaluation tool that measures teacher implementation evidence based practices at each tier of the Pyramid Model | unclear in APR |
| | C(3)(e) | Conduct Train-Coach-Train Professional Development series using Early MTSS Pyramid Model | Early MTSS utilizes a Pyramid Model train-coach-train model that is delivered by a state cadre of Early MTSS trainers and is completed over a two year period. These 'Mini Module' trainings are provided to Early MTSS cohort site personnel with opportunities to learn, practice, receive practice-based coaching and reflect between training sessions. |
| | C(3)(e) | Conduct Parent Workshops at regional and program level | unclear in APR |

Source: Race to the Top – Early Learning Challenge Annual Performance Report: Vermont, 2014

Application for Initial Funding Under Race to the Top – Early Learning Challenge, State of Vermont, 2013

