System-Level Innovations and Measurements for Infant & Toddler Early Childhood Education

CCEEPRC 2019
Session Goals

• Emphasize raising early childhood education (ECE) quality for infants and toddlers

• Recognize of importance of adopting a system-level approach

• Provide details around design, implementation, measurement, and sustainability
Presenters

Christina Kasprzak
Franklin Porter Graham Child Development Institute

Dale Epstein
Child Trends

April Crawford
University of Texas Health Science Center

Bentley Ponder
Georgia Department of Early Care & Learning
A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs

Child Care and Early Education Policy Research Consortium, April 2019
Why a System Framework?

• **State Infrastructure matters:**
  - All states have infrastructure to support provision of services at the local level
  - State infrastructure is essential to ensuring high-quality services are delivered
  - State infrastructure includes important functions such as personnel requirements, planning for fiscal sustainability, providing policy and procedural guidance, and delivering TA to local programs

• If state infrastructure matters, then we must define what quality state infrastructure means

Ecological theory and system infrastructure influence on service delivery and the developing child (based on early work of Bronfenbrenner, 1979)
Why a System Framework?

• Provides common definitions and understanding of high quality EI and ECSE systems
• Identifies components and elements of a high quality system
• Provides states with a framework (and self-assessment) for evaluating and improving their system
• Data from the self assessment provides focus for program planning and information to track improvement over time
What does a state need to put into place to support implementation of effective practices?

Building High-Quality State Systems

- Governance
- Quality Standards
- Accountability & Quality Improvement
- Data Systems
- Finance
- Personnel / Workforce

Implementation of Evidence-based Practices

Result

Positive outcomes for children with disabilities and their families

http://ectacenter.org/sysframe/
Purpose: to guide states in evaluating their current Part C/619 system, identifying areas for improvement, and providing direction on how to develop a more effective, efficient Part C and Section 619 system that requires, supports, and encourages implementation of effective practices.

Audience: the key audience is state Part C and state Section 619 coordinators and staff, with acknowledgement that other key staff and leadership in a state will need to be involved.
Iterative validation process: the framework was developed through an iterative process among national and state experts in the field.

Partner states: the framework was developed with 6 states (DE, ID, MN, NJ, PA, WV), so that it reflects (and is applicable to) the diversity of state systems (e.g. Lead Agency, eligibility criteria).

Technical Work Group (TWG): a TWG with experts in the field advised the Center by providing early input on the elements, and later reviewed and gave input on drafts, as well as contributed resources to support states on various elements.

Collaborating Partners: the OSEP-funded DaSy Center developed the Data System component; the OSEP-funded ECPC collaborated with ECTA to develop the Personnel/Workforce Component; the work of the Early Childhood Systems Work Group was critical to the work.
Structure of Each Component

- Subcomponent 1
  - Quality Indicator 1.1
    - Element of Quality 1.1a
  - Quality Indicator 1.2
    - Element of Quality 1.2a
Subcomponent 4: Inservice Personnel Development

Quality Indicator PN7: A statewide system for inservice personnel development and technical assistance is in place for personnel across disciplines.

Elements of Quality

a. A statewide system for inservice personnel development is aligned to national professional organization personnel standards across disciplines.
b. A statewide system for inservice personnel development is aligned to state personnel standards across disciplines.
c. The statewide system for inservice personnel development provides a variety of technical assistance opportunities to meet the needs of personnel.
d. The inservice personnel development component of the CSPD plan is guided by updated needs assessments of the capability of the workforce in relation to the desired knowledge and skill competencies.
e. Inservice personnel development is coordinated across early childhood systems and delivered collaboratively, as appropriate.
f. Inservice personnel development employs evidence-based professional development practices that incorporate a variety of adult learning strategies including job embedded applications such as coaching, reflective supervision and supportive mentoring.
g. Inservice learning opportunities are individualized to the needs of the participants and the objectives of the personnel development.
h. Families and/or parent organization participate in the design and delivery of inservice personnel development.
Stakeholders rate the Elements of Quality

- 4-point scale
- Stakeholders…
  - Read each element
  - Discuss and write down evidence
  - Based on the evidence, determine a rating

<table>
<thead>
<tr>
<th>Element of Quality Rating Scale</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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</tbody>
</table>
Quality Indicator Rating Scale

- 1-7 point scale
- Stakeholders must rate all Elements of Quality in the Quality Indicator
- Rating is **not** selected by the stakeholder group but rather auto-calculated based on the element ratings

<table>
<thead>
<tr>
<th>Quality Indicator Rating Scale</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
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<td>4</td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
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</tbody>
</table>
ECTA/DaSy Self-Assessment Tool

<table>
<thead>
<tr>
<th>Governance</th>
<th>Table of Contents</th>
<th>Show Evidence</th>
<th>QI 1</th>
<th>QI 2</th>
<th>QI 3</th>
<th>QI 4</th>
<th>QI 5</th>
<th>QI 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Indicator Rating (Calculated)</td>
<td>Hide Evidence</td>
<td>QI 7</td>
<td>QI 8</td>
<td></td>
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</tr>
<tr>
<td>1</td>
<td>None of the elements are yet planned or in place.</td>
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<td></td>
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<td>2</td>
<td>Most of the elements are not yet planned or in place.</td>
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<tr>
<td>3</td>
<td>Some elements are in place, a few may be fully implemented.</td>
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<tr>
<td>4</td>
<td>At least half of the elements are in place, a few may be fully implemented.</td>
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<tr>
<td>5</td>
<td>At least half of the elements are in place, some are fully implemented.</td>
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<tr>
<td>6</td>
<td>At least half of the elements are fully implemented, the rest are partially implemented.</td>
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<tr>
<td>7</td>
<td>All elements are fully implemented.</td>
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</tbody>
</table>

### QI 1: Vision, mission and/or purpose

**Core values, beliefs, guiding principles and current evidence-based practices are the foundation for public statements of vision/mission/purpose.**

**Evidence:** We are planning to re-write our public documents to reflect our values.

**Rating:** 4

<table>
<thead>
<tr>
<th>Element Rating</th>
<th>PRIORITY</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>L</td>
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</tbody>
</table>

**These public statements are consistent with The Individuals with Disabilities Education Act (IDEA).**

**Evidence:** A few of our public documents are not consistent with IDEA.

**Rating:** 3

<table>
<thead>
<tr>
<th>Element Rating</th>
<th>PRIORITY</th>
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<tbody>
<tr>
<td>3</td>
<td>L</td>
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</tbody>
</table>

**These public statements address who the program serves, what the program does and the intended outcomes for children and families.**

**Evidence:** Our documents do address these features.

**Rating:** 4

<table>
<thead>
<tr>
<th>Element Rating</th>
<th>PRIORITY</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>L</td>
</tr>
</tbody>
</table>

**These public statements are developed with input from all stakeholders.**

**Evidence:** Most of our documents were developed with stakeholder input.

**Rating:** 3

<table>
<thead>
<tr>
<th>Element Rating</th>
<th>PRIORITY</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>M</td>
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</tbody>
</table>

**These public statements are readily available (e.g. on the website, in a parent handbook, etc.) and effectively communicated to all stakeholders including practitioners, families, and community partners.**

**Evidence:** All of our documents are on our website. Evaluation data shows they are perceived by stakeholders as

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# ECTA/DaSy Self-Assessment Tool: Summary Tab

## GV (Governance)

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Rating</th>
<th>Priority</th>
<th>QI Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vision, mission and/or purpose guide decisions and provide direction for quality</td>
<td>4</td>
<td>L</td>
<td>9</td>
</tr>
<tr>
<td>comprehensive and coordinated Part C and Section 619 statewide systems.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Legal foundations (e.g. statutes, regulations, interagency agreements and/or</td>
<td>7</td>
<td>L</td>
<td>8</td>
</tr>
<tr>
<td>policies) provide the authority and direction to effectively implement the</td>
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<tr>
<td>Part C and 619 statewide</td>
<td></td>
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</tr>
<tr>
<td>3. Administrative structures such as state and regional and/or local system</td>
<td>5</td>
<td>M</td>
<td>5</td>
</tr>
<tr>
<td>entities are designed to carry out IDEA and related federal and state</td>
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<tr>
<td>mandates to ensure statewide implementation of the system including provision</td>
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<tr>
<td>of services.</td>
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<tr>
<td>4. State and regional and/or local entities enforce roles and</td>
<td>4</td>
<td>L</td>
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<tr>
<td>responsibilities for implementing IDEA and other federal and state mandates.</td>
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<tr>
<td>5. State and regional and/or local system entities are designed to</td>
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<td>4</td>
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<tr>
<td>maximize meaningful family engagement in the development and</td>
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<tr>
<td>implementation of the system.</td>
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<tr>
<td>6. State leadership advocates for and leverages fiscal and human resources to</td>
<td>3</td>
<td></td>
<td>4</td>
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<tr>
<td>meet the needs for implementation and oversight of the statewide system and</td>
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<tr>
<td>services.</td>
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<tr>
<td>7. Leaders use written priorities with corresponding strategic plan(s) and</td>
<td>6</td>
<td>L</td>
<td>8</td>
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<tr>
<td>evaluation to drive ongoing system improvement.</td>
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<tr>
<td>8. Part C and 619 state staff or representatives use and promote strategies</td>
<td>2</td>
<td>H</td>
<td>6</td>
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<tr>
<td>that facilitate clear communication and collaboration, and build and</td>
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<tr>
<td>maintain relationships between and among Part C and Section 619 stakeholders</td>
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<tr>
<td>and partners.</td>
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</tr>
</tbody>
</table>

## FN (Finance)

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Rating</th>
<th>QI Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Part C and Section 619 state staff conduct finance planning to identify</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>adequate resources at the state, and regional and/or local levels to meet</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>program infrastructure and service delivery needs.</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>2. State and regional and/or local entities use strategic finance planning to</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>forecast a long-term and annual proposed budget to ensure a strong base of</td>
<td></td>
<td></td>
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<tr>
<td>financial support is formed.</td>
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</tr>
<tr>
<td>3. State and regional and/or local entities have access to fiscal data for</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>program planning.</td>
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<td></td>
</tr>
</tbody>
</table>
### ECTA/DaSy Self-Assessment Comparison Tool

#### Governance

**Quality Indicator Rating (Calculated)**

<table>
<thead>
<tr>
<th>QI</th>
<th>Vision, mission and/or purpose guide decisions and provide direction for quality comprehensive and coordinated Part C and Section 619 statewide systems.</th>
<th>Rating</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Time 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI 1</td>
<td>Legal foundations (e.g., statutes, regulations, interagency agreements and/or policies) provide the authority and direction to effectively implement the Part C and 619 statewide systems.</td>
<td>Rating</td>
<td>M</td>
<td>L</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td>QI 2</td>
<td>Administrative structures such as state and regional and/or local system entities are designed to carry out IDEA and related federal and state mandates to ensure statewide implementation of the system including provision of services.</td>
<td>Rating</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>QI 3</td>
<td>State and regional and/or local entities enforce roles and responsibilities for implementing IDEA and other federal and state mandates.</td>
<td>Rating</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>QI 4</td>
<td>State and regional and/or local system entities are designed to maximize meaningful family engagement in the development and implementation of the system.</td>
<td>Rating</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>QI 5</td>
<td>State leadership advocates for and leverages fiscal and human resources to meet the needs for implementation and oversight of the statewide system and services.</td>
<td>Rating</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td>QI 6</td>
<td>Leaders use written priorities with corresponding strategic plan(s) and evaluation to drive ongoing system improvement.</td>
<td>Rating</td>
<td>H</td>
<td>M</td>
<td>H</td>
<td>M</td>
</tr>
</tbody>
</table>

#### Table of Contents

- QI 1
- QI 2
- QI 3
- QI 4
- QI 5
- QI 6
- QI 7
- QI 8

#### Hide Elements

#### Show Elements
Suggested Process for Getting Started with Self-Assessment

1. Select the component(s) for which the self-assessment will be completed.
2. Identify the appropriate stakeholders for the self-assessment process for those components/subcomponents.
3. Gather stakeholders and complete the self-assessment.
4. Review the self-assessment results and determine priorities for improvement planning.
5. Develop a plan for improvement.
6. Implement the plan for improvement.
7. Establish and maintain a continuous cycle of reassessment and improvement planning, that is, re-administer the self-assessment, identify areas of progress and new or ongoing areas for improvement, and revise the plan accordingly.
What we know about framework use?

Landscape analysis:
• At least 35 states have used the Framework
• More Part C, fewer 619
• TA initiatives encourage use
• Most states used 1-2 components

Uses:
• Build understanding of systems
• Assess and plan for improvement
• Evaluate/Track changes over time

TA Efforts to incorporate use:
• Cohort TA has successfully used components and self-assessment
• Fiscal Initiative is using finance component with all states
• Individualized SSIP TA includes framework components and self-assessment
Part C Fiscal TA Initiative

- Cross-state intensive TA
- Involves 2 face-to-face cross-state meetings and ongoing TA support
- Participant states complete the self-assessment for the Finance component between the 1st and 2nd face-to-face meetings to inform action planning; repeated self-assessment allows for tracking changes over time
- Comparison of state scores provides TA staff with an overview of the status of the fiscal health of the participating states
- Use the Finance Component to inform curriculum content
## Finance Self-Assessment Results

### Median, Maximum, and Minimum Self-Assessment Scores by Quality Indicator

<table>
<thead>
<tr>
<th>Quality Indicator Topics</th>
<th>Quality Indicator Rating (Auto-Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 1 Conduct finance planning</td>
<td>1 None of the elements planned or in place.</td>
</tr>
<tr>
<td>Q1 2 Forecast a long-term and annual proposed budget</td>
<td>2 Most of the elements not yet planned or in place.</td>
</tr>
<tr>
<td>Q1 3 Have access to fiscal data</td>
<td>3 Some elements are in place; a few may be fully implemented.</td>
</tr>
<tr>
<td>Q1 4 Use fiscal data</td>
<td>4 At least half of the elements are in place; a few may be fully implemented.</td>
</tr>
<tr>
<td>Q1 5 Secure funds and resources</td>
<td>5 At least half of the elements are in place; some are fully implemented.</td>
</tr>
<tr>
<td>Q1 6 Coordinate and align resources and funding</td>
<td>6 At least half of the elements are fully implemented; the rest are partially implemented.</td>
</tr>
<tr>
<td>Q1 7 Equitably allocate funds</td>
<td>7 All elements are fully implemented.</td>
</tr>
<tr>
<td>Q1 8 Use funds and resources</td>
<td>8 Some elements are in place; a few may be fully implemented.</td>
</tr>
<tr>
<td>Q1 9 Disperse funds</td>
<td>9 At least half of the elements are in place; some are fully implemented.</td>
</tr>
<tr>
<td>Q1 10 Monitor finances and resources</td>
<td>10 All elements are fully implemented.</td>
</tr>
</tbody>
</table>

### Score (1-7) Frequency

- 1: 0
- 2: 5
- 3: 10
- 4: 14
- 5: 16
- 6: 5
- 7: 10

### Highlights

- There is a wide range of scores across states for most quality indicators but especially Q12 and Q17.
- “7” is attainable but, in general, most states have work to do as the most common scores were “5” and “4.”
- Q1 1 & 3 have low medians (middle number of a set of numbers) and the smallest ranges.
- Q1 5 & 9 have the highest minimums and relatively small ranges.
- Some states did not document evidences, either at all or for several elements.
QI-1: A cross-sector leadership team is in place that can set priorities and make policy, governance, and financial decisions related to the personnel system

QI-7: A statewide system for in-service personnel development and TA is in place for personnel across disciplines

QI-8: A statewide system for in-service personnel development and TA is aligned and coordinated with higher education program and curricula across disciplines
State Example Self-Assessment Ratings: Data Use

QI-4: Part C/619 state and local staff or their representatives disseminate data products to users to meet their needs

QI-5: Part C/619 state and local staff use data to inform decisions

QI-6: Part C/619 state staff or representatives support the use of data at state and local levels

https://dasycenter.org/
Considerations

• Complex, but then so are state systems
• Reasonable to use part of the framework without using all the components
• Reasonable to use (or not use) the self-assessment tool
• Recommended for use at the component or subcomponent level; potentially at the QI level
• A resource to proactively support a more comprehensive effort to build a quality system
  • OR
• A resource to responsively support a more targeted issue/challenge

Recent Publication:
The ECTA Center is a program of the FPG Child Development Institute of the University of North Carolina at Chapel Hill, funded through cooperative agreement number H326P170001 from the Office of Special Education Programs, U.S. Department of Education. Opinions expressed herein do not necessarily represent the Department of Education’s position or policy.
National Collaborative for Infants and Toddlers: Outcomes Framework

Dale Epstein
Overview

Overview of NCIT

Development

Development of the Outcomes Framework

Outcomes Framework

Outcomes Framework: measuring and tracking indicators of well-being

Next Steps

What are the next steps for rolling out the Framework?
National Collaborative for Infants and Toddlers (NCIT)

➢ Funded by the Pritzker Children’s Initiative, NCIT has a goal of supporting the healthy development of 1,000,000 infants and toddlers in states and communities across the country.

➢ NCIT is committed to advancing promising PN-3 practices and programs to support families in three key areas:
  ➢ Healthy Beginnings
  ➢ Supported Families
  ➢ High-Quality Child Care & Learning

https://www.thencit.org/
Child Trends was asked to develop a set of metrics for charting progress toward school readiness and well-being for infants, toddlers and their families.

Metrics were developed based on a review of key resources such as:

- Child Trends DataBank, The Youngest Americans report, Center for the Study of Social Policy- Metrics identification with the Early Learning and Innovation Network for Communities (EC-LINC)
The Framework is designed as a roadmap to support the assessment of progress towards the vision of having more children on track for kindergarten readiness.

States and communities can make progress toward assessing the conditions and processes that we know from research are factors for kindergarten readiness:

- Developing a prenatal to three system with a focus on equity
- Supporting families’ access to high quality services
- Promoting outcomes for infants, toddlers and their families
The PN-3 goal areas and key outcomes are targets states/communities can work towards in building supports for infants, toddlers and their families.

Each outcome is associated with a set of indicators that states/communities can select to track their progress. States and communities have flexibility to choose one or more of the selected indicators.

A data guidebook provides an operational definition and guidance on data sources for each of the indicators.
Guiding Principles for the Selection of Key Outcomes

✓ Research-based, valid data points that can be tracked over time
✓ Comparable and reliable across states/communities and diverse families
✓ Sensitive to interventions
✓ Feasibility is important but also considered reach
NCIT Outcomes Framework
With a focus on equity, states and communities can build and sustain prenatal to three systems, programs, and policies that meet the unique needs of their families, infants, and toddlers.
Measuring Success: Healthy Child Development By Age 3
### PN-3 Systems: Progress Indicators

<table>
<thead>
<tr>
<th>SYSTEM COMPONENTS</th>
<th>PLANNING</th>
<th>IN PROCESS</th>
<th>ADVANCED IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Systems</strong></td>
<td>Scan existing data sources, potential and process for creating linkages, and development of data governance team or structure</td>
<td>Develop plans for cross-sector data system integration and initial use of data to inform decision making</td>
<td>Invest in integrated data system that allows for examination of cross-sector service use and outcomes over time</td>
</tr>
<tr>
<td><strong>Coordinated Planning and Financing</strong></td>
<td>Conduct community assessment; vision setting; leadership support and capacity building; Identify funding gaps and opportunities</td>
<td>Establish prenatals-to-three governance and cross-system metrics; Document funding streams and funding shortfalls for child family support services; Invest in monitoring and addressing disparities</td>
<td>Secure new and leverage existing funding streams for child and family support services</td>
</tr>
<tr>
<td><strong>Political Will and Engagement</strong></td>
<td>Engage prenatals-to-three key stakeholders, champions, and funders</td>
<td>Engage in prenatals-to-three advocacy efforts, marketing and communication;</td>
<td>Commit resources to prenatals-to-three priorities; develop plan for sustained investment</td>
</tr>
<tr>
<td><strong>Continuous Quality Improvement</strong></td>
<td>Engage stakeholders to identify PN-3 systems strengths and challenges, including issues of equity</td>
<td>Use data to examine challenge(s) and track progress towards improvement</td>
<td>Develop a community wide continuous quality improvement plan and plan to sustain improvements</td>
</tr>
<tr>
<td><strong>Coordinated Intake and Referral of Family Services</strong></td>
<td>Develop a collaborative network of early childhood services; identify models for coordinated intake</td>
<td>Develop policies, procedures and technology solutions related to data entry and sharing</td>
<td>Launch coordinated intake and referral system</td>
</tr>
<tr>
<td><strong>Workforce Development</strong></td>
<td>Engage stakeholders to identify PN-3 workforce needs, strengths, and challenges</td>
<td>Assess strengths and gaps in current workforce policies and practices, (i.e., professional standards, career pathways, articulation, financing, and data availability); Develop specific goals related to the workforce</td>
<td>Implement targeted strategy(ies) to address identified PN-3 workforce development goals and needs</td>
</tr>
</tbody>
</table>
# Program and Policy Expansion Indicators

Families have access to...

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>Prenatal Care</th>
<th>Preventative and Comprehensive Health Care</th>
<th>Universal Family Connection and Referral Home Visiting</th>
<th>Affordable care options that meet infants', toddlers' and families' needs</th>
</tr>
</thead>
</table>
| INDICATORS | Increases in:  
  - Pregnant women who receive timely prenatal care | Increases in:  
  - Children who have access to a medical home and/or receive regular well child visits  
  - Families with access to mental health services  
  - Children receiving developmental screening and referral |  
  - Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community  
  - Increased availability of evidence-based home visiting models that are designed to provide ongoing supports to newborns who have been identified by specific risk factors such as having a first-time teen mother or children who are at-risk for abuse and neglect |  
  - Access to affordable care in settings meeting recommended guidelines for:  
    - Caregiver: child ratios  
    - Caregiver competencies  
    - Developmentally appropriate activities and curriculum  
    - Health and safety provisions  
    - Linkage to child and family supports and resources  
  - All infant toddler teachers and caregivers have opportunities to build competencies through education, training, coaching, and other effective forms of professional learning that are appropriate for the setting of care  
  - Financial supports and incentives are provided to increase the viability of infant and toddler caregiving as a career  
  - The family share of care is less than 7% of household income |

---

**Outcomes Framework**

---

**Trends**

**Child**

**National Collaborative for Infants & Toddlers**
## Child and Family Outcomes

Infants, toddlers, and families experience...

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>Healthy Births</th>
<th>Optimal Health &amp; Development</th>
<th>Nurturing and Responsive Child-Parent Relationships</th>
<th>Nurturing and Responsive Care in Safe Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDICATORS</strong></td>
<td>Reduced in incidence of: • Low birth weights • Pre-term births • Prenatal exposure to drugs/alcohol/smoking</td>
<td>Increases in: • Children who have received the appropriate services identified by screening • Children who have a healthy BMI • Children who are reported to be in good or excellent health</td>
<td>Increases in: • Children who receive warm, attentive and responsive caregiving • Children who benefit from regular reading and storytelling Reduced incidence of: • Maternal depression • Parenting stress • Incidence of abuse and neglect</td>
<td>Increases in: • Children who experience interactions with teachers and caregivers who respond to children’s individual needs and caregivers who respond to children’s individual needs and promote their self-regulatory skills • Children who experience language-rich environments that stimulate their learning and engagement Reduced incidence of: • Children injuries, death and health issues</td>
</tr>
</tbody>
</table>
Let’s take an example…

L’Enfant County provides many community programs and services to support infants, toddlers, and their families. County staff are interested in increasing the number of mothers receiving timely prenatal care through a healthy mom, healthy baby initiative.
### Program and Policy Expansion

*Families have access to...*

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Prenatal Care</th>
<th>Preventative and Comprehensive Health Care</th>
<th>Universal Family Connection &amp; Referral</th>
<th>Affordable care options that meet infants’, toddlers’ and families’ needs</th>
</tr>
</thead>
</table>
| **Indicators** | **Increases in:** | **Increases in:** | **Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community** | **Access to affordable care in settings meeting recommended guidelines for:**
| |  ❑ Pregnant women who receive timely prenatal care |  ❑ Children who have access to a medical home and/or receive regular well child visits |  ❑ Increased availability of evidence-based home visiting models that are designed to provide ongoing supports to newborns who have been identified by specific risk factors such as having a first-time teen mother or children who are at-risk for abuse and neglect. |  ❑ Access to affordable care in settings meeting recommended guidelines for:
| |  ❑ Families with access to mental health services |  ❑ Families with access to mental health services |  ❑ Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community |  ❑ Caregiver: child ratios, |
| |  ❑ Children receiving and referral through surveillance, screening, or assessment |  ❑ Children receiving and referral through surveillance, screening, or assessment |  ❑ Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community |  ❑ Caregiver competencies, |
| |  |  |  ❑ Increased availability of evidence-based home visiting models that are designed to provide ongoing supports to newborns who have been identified by specific risk factors such as having a first-time teen mother or children who are at-risk for abuse and neglect. |  ❑ Developmentally appropriate activities and curriculum |
| |  |  |  ❑ Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community |  ❑ Health and safety provisions, and |
| |  |  |  ❑ Increased availability of evidence-based home visiting models that are designed to provide ongoing supports to newborns who have been identified by specific risk factors such as having a first-time teen mother or children who are at-risk for abuse and neglect. |  ❑ Linkages to child and family supports and resources |
| |  |  |  ❑ Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community |  ❑ All infant toddler teachers and caregivers have opportunities to build competencies through education, training, coaching, and other effective forms of professional learning that are appropriate for the setting of care. |
| |  |  |  ❑ Increased availability of evidence-based home visiting models that are designed to provide ongoing supports to newborns who have been identified by specific risk factors such as having a first-time teen mother or children who are at-risk for abuse and neglect. |  ❑ Financial supports and incentives are provided to increase the viability of infant and toddler caregiving as a career. |
| |  |  |  ❑ Implementation of a universal family connection and referral strategy (such as Family Connects), which provide initial screening and referrals for maternal depression, early care and education, and child health and developmental services to all newborns in a community |  ❑ The family share of care is less than 7% of household income. |
# Prenatal-3 Data Guidebook

**Indicator**

<table>
<thead>
<tr>
<th>Increases in pregnant women who receive timely prenatal care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td>Late or no prenatal care is defined as care received only in the third trimester of a pregnancy or not at all. This indicator, measured at the mother level, can be calculated as the number of women who report they received prenatal care starting in their first or second trimester, divided by the total number of women who have given birth in the last year in a state/community.</td>
</tr>
</tbody>
</table>

| **Research Rationale** |
| Prenatal care is important for both the health of the baby and the mother. Mothers who receive late or no prenatal care are more likely to have babies with health problems. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die. However, some health researchers have concerns about the value of prenatal care as an indicator. Women who seek prenatal care are more likely to have higher incomes and intended pregnancies, which makes it difficult to measure the unique effects of prenatal care. Adequacy of care (defined by the frequency and timing of visits), however, has been correlated with positive outcomes and may also confer benefits such as reduced likelihood of postpartum depression and infant injuries. |

- Excerpted from *Child Trends Databank*

| **National and State Estimates** |
| Beginning in 2003, states began using a revised version of the standard birth certificate that asks for the date of the first prenatal visit. By 2014, all states had adopted this revised birth certificate. The National Center for Health Statistics collects information about prenatal care using data from birth certificates, which is available to the public. Data available include the date of the first prenatal visit, the total number of prenatal visits for the pregnancy, and a variable that records the data to determine in which trimester the prenatal care began. |

The *Kids Count Data Center* provides national-, state- and city-level estimates of the number of births to women receiving late to no prenatal care. You can search this online tool to review data in your state. Additionally, the Data Center provides data for the top 50 cities in the United States.

| **Community Estimates** |
| Population estimates at the community level are available at: |
| The *Kids Count Data Center* provides data for the top 50 cities in the United States. |
| The *City Health Dashboard* provides data at the city level for a number of indicators, including the percent of mothers who received prenatal care (found under Clinical Care). |
| For other communities interested in estimates of pregnant women who receive timely prenatal care, it is recommended that they contact their state and/or county vital statistics office to request this information from birth certificate data. Contact information for state and county vital statistics offices can be found on the *Center for Disease Control and Prevention’s website*, as well as through *vitalrec.com*. States or counties may have restrictions on accessing individual-level birth certificate data. However, a community member could request an aggregate number of children who were born in a given year or other time period, for a specific county, and how many of those children received prenatal care before their mother’s third trimester of pregnancy. |
NCIT Resources

• NCIT website
• Outcomes Framework
• Prenatal-3 Data Guidebook
Roll out of Framework

• All NCIT communities (29) submitted Action Plans identifying which Framework outcomes and indicators they will work to advance.
  • These will be used to measure and track progress

• NCIT states will be asked to align their work with indicators in the Framework.

• Hope is for the Framework to be adopted for other PN-3 efforts.
Questions?
The CIRCLE Infant & Toddler Teacher Training Program

April Crawford, Ph.D.,
Children’s Learning Institute
at The University of Texas Health Science Center
Thank You

Supporters
Texas Workforce Commission (CCDBG Administrator)
Elkins Foundation
Herman H. Fleishman Foundation
W.K. Kellogg Foundation

The Meadows Foundation
Rainwater Charitable Foundation
The Miles Foundation

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Texas Workforce Commission
Texas State Center
Integrated Approach

1. **Evidence-based content:** Professional development courses
2. **Framework for continuous improvement:** Observation & goal-setting tools
3. **Tracking children’s development:** Developmental checklists
4. **Quality learning experiences:** Digital curriculum
5. **Individualized teacher support:** Coaching framework

The program is freely accessible to all early childhood education settings thanks to continued state support of the CLI Engage platform.
Professional Development Courses

- Talk with Me: Language Development (3 courses)
- Read with Me: Early Literacy (2 courses)
- Connect with Me: Social & Emotional Development (5 courses)
- Learn with Me: Cognitive Development (3 courses)
- Move with Me: Physical Development (2 courses)
- Grow with Me: Understanding Developmental Screening and Early Intervention (1 course)
CIRCLE Activity Collections

• 110 classroom and 64 family activities in a digital curriculum format
• Alignments to Early Head Start guidelines
• Authentic video exemplars
• Available in English and Spanish
Sample Developmental Checklists

**0–3 months Developmental Checklist**

**Cognitive**
- Looks at people
- Smiles at people
- Shows interest in objects
- Follows moving objects
- Responds to voice
- Shows interest in sounds
- Follows 2–3 different people
- Follows finger
- Responds when spoken to

**Language & Literacy**
- Speaks in short phrases
- Uses gestures to communicate
- Copies simple sounds
- Shows interest in books
- Talks to self
- Sings songs

**Health & Safety**
- Eats solid foods
- Stays seated
- Drinks from a cup
- Eats with hands
- Makes gestures with hands
- Walks
- Drinks
- Uses a spoon
- Holds a thin spoon
- Drinks from a cup
- Eats with hands
- Makes gestures with hands
- Walks
- Drinks
- Uses a spoon
- Holds a thin spoon

**Social-Emotional**
- Shows interest in family
- Shows interest in people
- Plays alone
- Plays with toys
- Responds to comfort
- Shows interest in others
- Show interest in toys
- Expresses needs
- Shows interest in family
- Shows interest in people
- Plays alone
- Plays with toys
- Responds to comfort
- Shows interest in others
- Show interest in toys
- Expresses needs

**Red Flags**
- Delayed development
- Failure to meet developmental milestones
- Difficulty with self-care
- Refusal to eat
- Lack of interest in toys
- Difficulty with speech
- Lack of social interaction

**0–3 meses Lista de Desarrollo**

**Cognitivo**
- Mira a personas
- Sonríe a personas
- Mostrar interés en objetos
- Sigue objetos en movimiento
- Responde a voz
- Muestra interés en sonidos
- Sigue 2–3 personas diferentes
- Sigue objetos con la mano
- Responde cuando hablan

**Lenguaje & Lectura**
- Habla en frases cortas
- Usar gestos para comunicarse
- Copia sonidos simples
- Muestra interés en libros
- Habla para sí mismo
- Canta canciones

**Salud & Seguridad**
- Come alimentos sólidos
- Se quedará sentado
- Bebe de un vaso
- Come con las manos
- Hace gestos con las manos
- Anda
- Bebe
- Usa una cuchara
- Usa una cuchara delgada
- Bebe de un vaso
- Come con las manos
- Hace gestos con las manos
- Anda
- Bebe
- Usa una cuchara
- Usa una cuchara delgada

**Social-Emocional**
- Muestra interés en familia
- Muestra interés en personas
- Juega solo
- Juega con juguetes
- Responde a confort
- Muestra interés en otros
- Muestra interés en juguetes
- Expresa necesidades
- Muestra interés en familia
- Muestra interés en personas
- Juega solo
- Juega con juguetes
- Responde a confort
- Muestra interés en otros
- Muestra interés en juguetes
- Expresa necesidades

**Señales de Alerta**
- Retardada el desarrollo
- Falta de logro de hitos del desarrollo
- Dificultades con el autoconocimiento
- Refusa comer
- Pérdida de interés en juguetes
- Dificultades con el habla
- Pérdida de interés en interacciones sociales

**Children’s Learning Institute**

Texas State Center for Early Childhood Development
### Language and Communication

#### Providing Rich Language

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Observed</th>
<th>Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labels objects, concepts, and actions throughout the day.</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>Describes objects (how they look, feel, smell, etc.), experiences</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>experiences (e.g., &quot;that was a long walk&quot;), or feelings or internal</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>states (e.g., &quot;she looks tired&quot;).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes comparisons by talking about how things are the same (or not the</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>same) and by talking about opposites (e.g., big/small).</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>Explains how things work or why things are done a certain way (e.g.,</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>&quot;We are going to walk quietly because the babies are sleeping&quot;).</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>Links new objects, ideas, or concepts by making connections</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>to something the child already knows or has experienced (e.g.,</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>&quot;That cat is black, just like the one we read about in the book</td>
<td></td>
<td></td>
</tr>
<tr>
<td>yesterday&quot;).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrates what is happening (e.g., &quot;Ava is eating green peas</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>today. Here comes the spoon!&quot;).</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>&quot;Thinks aloud&quot; by saying his or her perspective out loud (e.g.,</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>&quot;My favorite fruit is banana. I wonder if there will be bananas in</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>this story?&quot;).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Eliciting Language

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Observed</th>
<th>Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elicits language from children by asking a variety of both</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>closed- and open-ended questions.</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>Encourages two-way conversation by pausing, making eye contact,</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>asking questions, and allowing children to both initiate and respond</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
<tr>
<td>to conversational topics.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides opportunities for children to participate both verbally and</td>
<td>□ OB</td>
<td>□ OB</td>
</tr>
<tr>
<td>nonverbally in group activities.</td>
<td>□ NS</td>
<td>□ NS</td>
</tr>
</tbody>
</table>

---

Language & Communication Behaviors from the CIRCLE Teacher Goal-Setting System
Alignment with QRIS

• Alignment of strategies and resources to standards of the QRIS assessment tool
• Development of coaching protocols to support meeting QRIS standards
• Use of CLI professional development resources to more clearly define expectations for QRIS measures
## Sample Alignment with QRIS

<table>
<thead>
<tr>
<th>CLI Courses</th>
<th>QRIS Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using effective language building strategies: Label &amp; Describe</td>
<td>P-LFS-03 Uses language to add meaning/expand on child(ren)’s interests or agenda</td>
</tr>
<tr>
<td></td>
<td>P-LFS-05 Uses descriptive language (specific labels such as “It’s time to drink your bottle” versus “Here, take this”)</td>
</tr>
<tr>
<td>Encouraging students to talk</td>
<td>P-LFS-06 Provides children with frequent opportunities to talk with caregivers (small group, whole group, outdoor play, mealtimes)</td>
</tr>
<tr>
<td></td>
<td>P-LFS-08 Engages children in conversations (3-5 turns) about a variety of topics (their likes, dislikes, family, books)</td>
</tr>
<tr>
<td></td>
<td>P-LFS-10 Extends children’s language and/or models for children how to express complete ideas or sentences (child gestures and says ball” and adult says “you see the red ball.”)</td>
</tr>
<tr>
<td>Maximizing responsive teacher-student interactions</td>
<td>P-WRS-04 Notices and attends to children’s needs and signals</td>
</tr>
<tr>
<td></td>
<td>P-WRS-05 Responds promptly and sensitively to children’s cognitive and affective signals</td>
</tr>
<tr>
<td></td>
<td>P-LFS-01 Listens to children attentively and responds appropriately to their language, vocalizations, and nonverbal attempts at communication.</td>
</tr>
</tbody>
</table>
Recent CCDBG Dissemination

- Regional TOTs for specialists: Recruited QRIS staff, as well as Early Head Start, resource and referral agencies, and DFPS licensing. Six events across the state with 275 specialists trained.
- Mailout of print infant toddler resources (e.g., activity guides, course workbooks) to mentors at all 28 local boards (over 15,000 materials distributed)
- Ongoing webinars with QRIS staff, as well as newsletters and other e-communications
2019 QRIS Staff Regional Trainings

• All 28 local workforce development boards
• Focus: Coordinated Quality Improvement for Infants and Toddlers (4 topics):
  – Overview of birth to 3 resources
  – Goal-setting for caregivers
  – Coaching strategies
  – Putting it all together
Pilot

• 40 teachers in Dallas and Houston (20=target, 20=control)
  – 5% 4-year degree, 8% associates, 75% high school only; 13% other
  – 8% Caucasian, 58% African-American, 25% Latino, 10% other

• Up to children per classroom, ages 24-36 months

• Target teachers received:
  – the language, literacy, and social-emotional online courses;
  – a face-to-face kickoff training;
  – classroom kits that support skill-building; and
  – four hours of individualized remote coaching per month.

• To promote self-reflection, teachers were assigned activities to film and upload for coaching feedback.
Course Satisfaction (Pilot)

Total of 67 course surveys completed. Results:

• “Content presented clearly”
  – 87% strongly agree, 13% somewhat agree
• “Improved my interactions with children”
  – 88% strongly agree, 12% somewhat agree
• “Would recommend this course to others”
  – 100% strongly agree
Measures

Child Measures:
• Early Communication Indicator
• Brief Infant Toddler, Social Emotional Assessments
• Expressive One Word Picture Vocabulary Test (EOWPVT)
• MacArthur Bates CDI

Teacher Measures:
• Book Reading Practices
• Texas Rising Star, Category 2 (Caregiver-Child Interactions)
• Arnett Caregiver Interaction Scale
Preliminary Results – Book Reading Practices

Global Style:
- Contingent responsiveness (e.g., noticing child signals, pacing)
- Enthusiasm and engagement (e.g., positivity/praise, dramatic reading voice)

Book Comprehension
- Comments/Techniques (e.g., linking children’s experiences, making predictions)
- Questions/Elicitations (counted)

Results:
- n = 18 (10 target, 8 control)
- $p = .003$, $d = 1.35$
Email: April.Crawford@uth.tmc.edu

For more information:
Visit: cliengage.org
Under “Tools and Resources,” select CIRCLE Infant & Toddler Teacher Training