

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

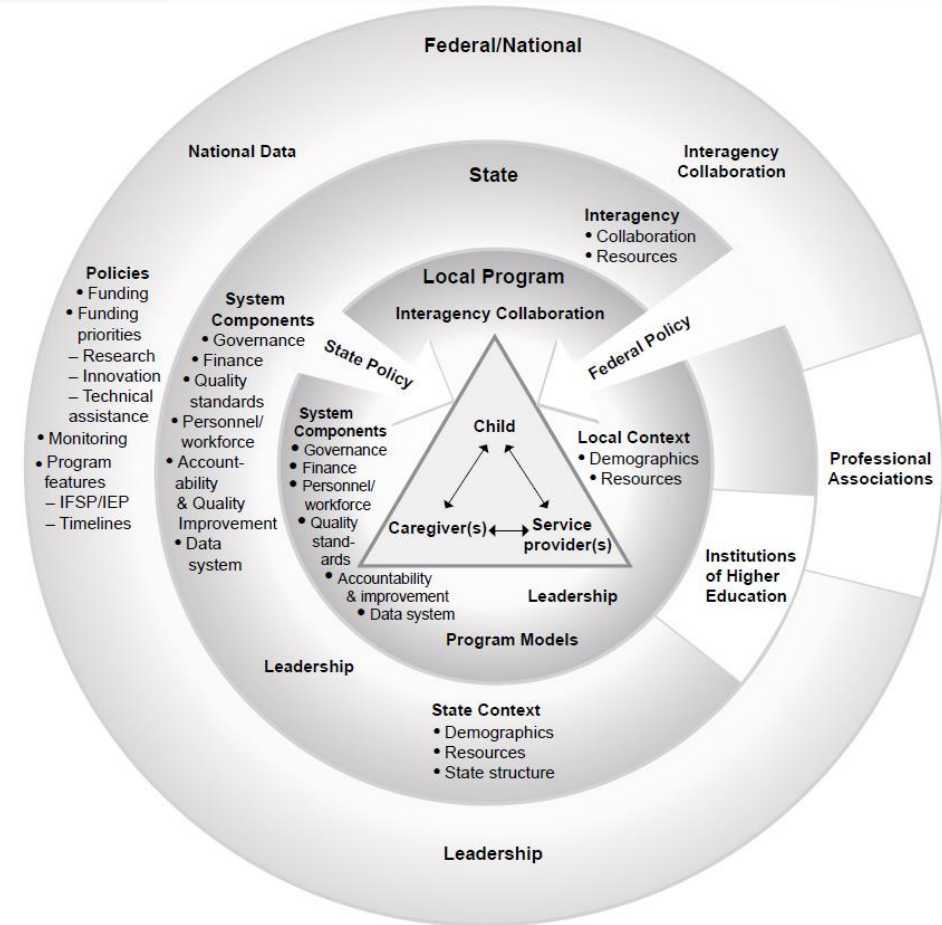


A System Framework for Building High-Quality Early Intervention and Preschool Special Education Programs

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

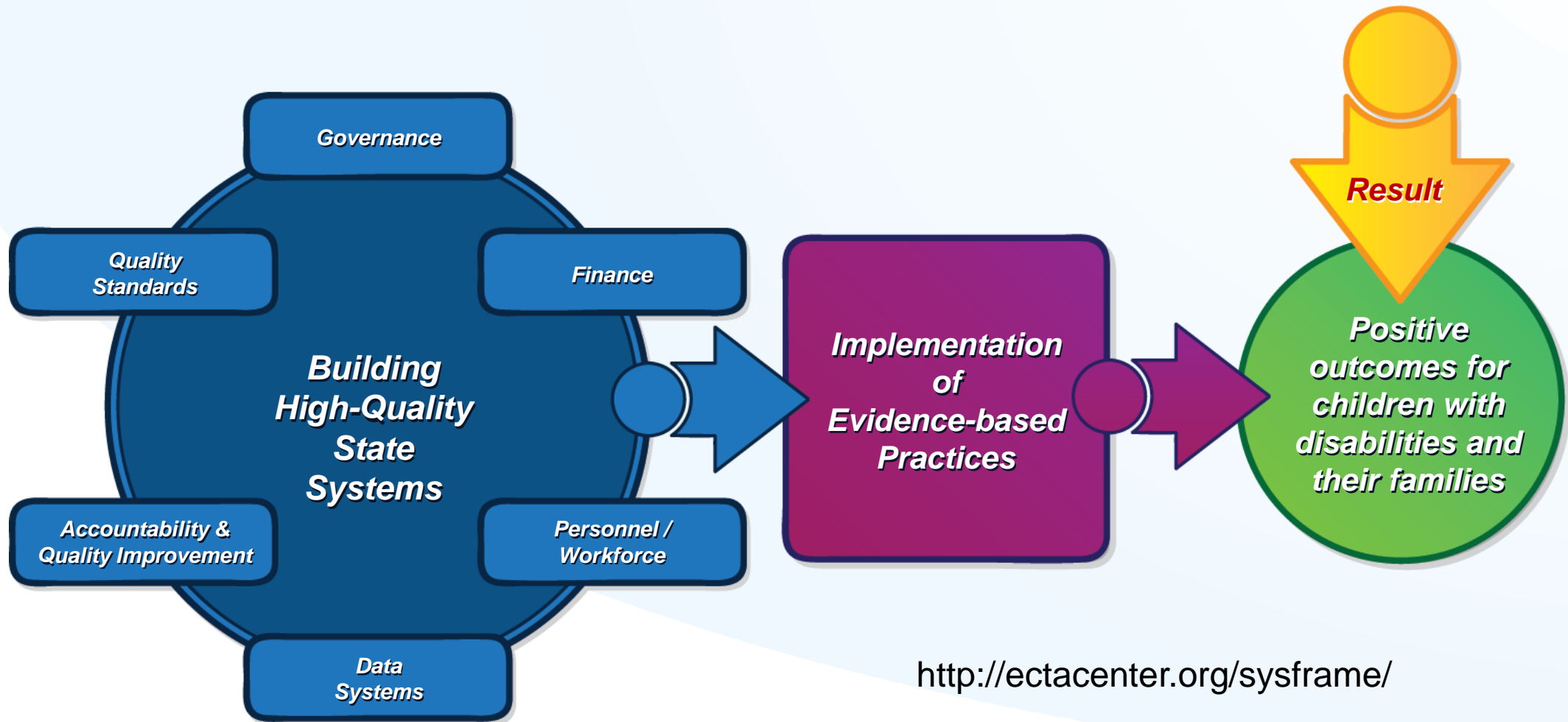


Ecological theory and system infrastructure influence on service delivery and the developing child (based on early work of Bronfenbrenner, 1979)

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?



System Framework: Purpose and Audience

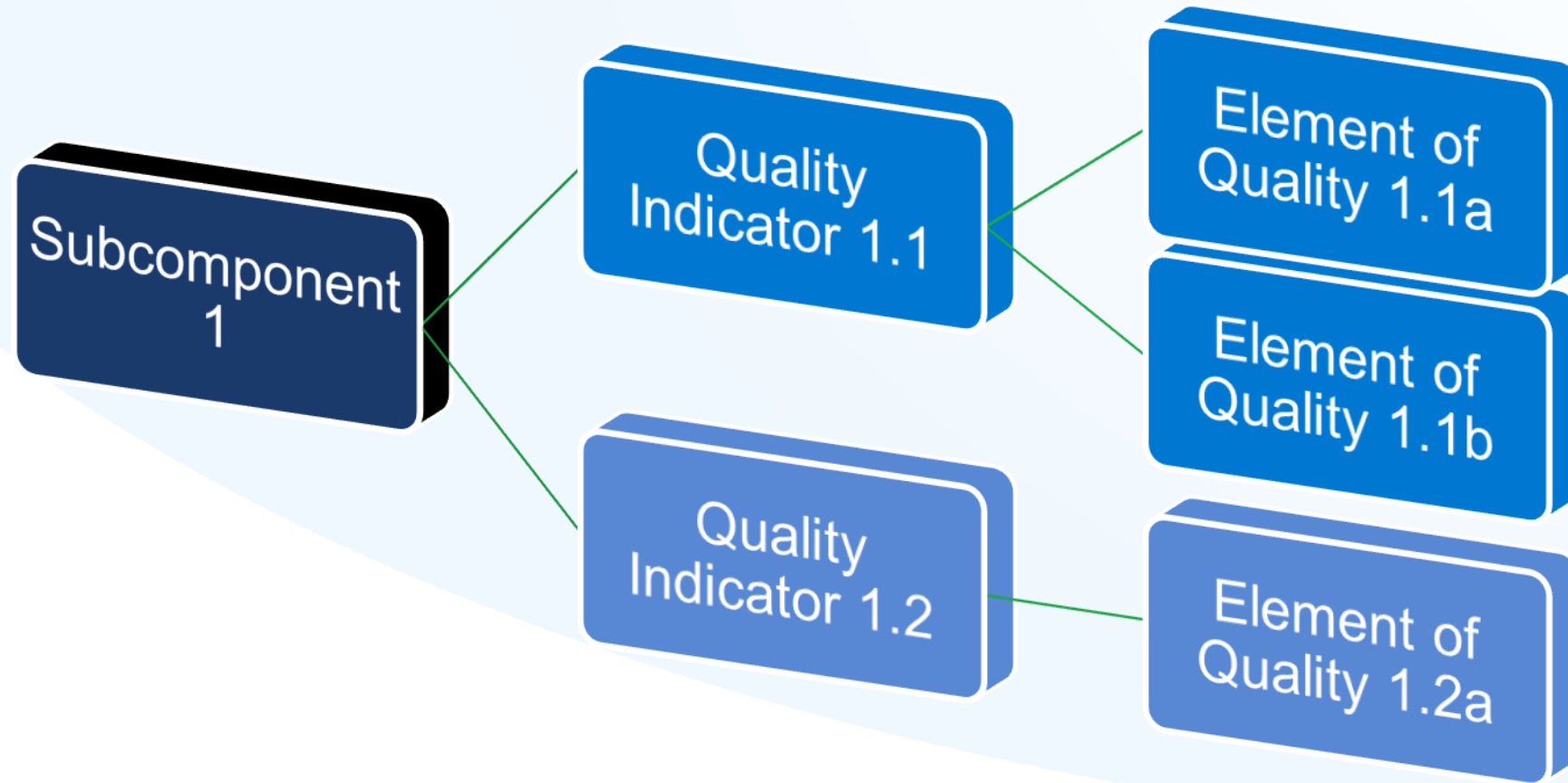
Purpose: to guide states in **evaluating** their current Part C/619 system, **identifying** areas for improvement, and **providing direction** on how to develop a more effective, efficient Part C and Section 619 system that requires, supports, and encourages implementation of effective practices.

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.

System Framework: Process and Partners

- **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 4 of Personnel/Workforce



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

Element of Quality Rating Scale		
1	No	No - element not in place <u>and</u> not planning to work on it at this time
2	No, planning	No - element not in place <u>but</u> planning to work on it or getting started
3	Yes, partially	Yes - element partially implemented
4	Yes, fully	Yes - element fully implemented

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

Quality Indicator Rating Scale	
1	None of the elements are yet planned or in place
2	Most of the elements are not yet planned or in place
3	Some elements are in place, a few may be fully implemented
4	At least half of the elements are in place; a few may be fully implemented
5	At least half of the elements are in place; some are fully implemented
6	At least half of the elements are fully implemented, the rest are partially implemented
7	All elements are fully implemented

ECTA/DaSy Self-Assessment Tool

	D	E	F	G	H	I	J	K	L	M	N	O								
1	Governance																			
2																				
3	Quality Indicator Rating (Calculated)																			
4	1	None of the elements are yet planned or in place.																		
5	2	Most of the elements are not yet planned or in place.																		
6	3	Some elements are in place, a few may be fully implemented.																		
7	4	At least half of the elements are in place, a few may be fully implemented.																		
8	5	At least half of the elements are in place, some are fully implemented.																		
9	6	At least half of the elements are fully implemented, the rest are partially implemented.																		
10	7	All elements are fully implemented.																		
11																				
12	QI 1 Vision, mission and/or purpose guide decisions and provide direction for quality comprehensive and coordinated Part C and Section 619 statewide systems.											<table border="1"> <thead> <tr> <th></th> <th>Rating</th> <th>PRIORITY</th> </tr> </thead> <tbody> <tr> <td>QI Rating:</td> <td>4</td> <td>L</td> </tr> </tbody> </table>		Rating	PRIORITY	QI Rating:	4	L		
	Rating	PRIORITY																		
QI Rating:	4	L																		
13	a	Core values, beliefs, guiding principles and current evidence-based practices are the foundation for public statements of vision/mission/purpose.											<table border="1"> <tbody> <tr> <td>Element Rating:</td> <td>2</td> <td>L</td> </tr> </tbody> </table>	Element Rating:	2	L				
Element Rating:	2	L																		
14		Evidence: We are planning to re-write our public documents to reflect our values.																		
15	b	These public statements are consistent with The Individuals with Disabilities Education Act (IDEA).											<table border="1"> <tbody> <tr> <td>Element Rating:</td> <td>3</td> <td>L</td> </tr> </tbody> </table>	Element Rating:	3	L				
Element Rating:	3	L																		
16		Evidence: A few of our public documents are not consistent with IDEA.																		
17	c	These public statements address who the program serves, what the program does and the intended outcomes for children and families.											<table border="1"> <tbody> <tr> <td>Element Rating:</td> <td>4</td> <td>L</td> </tr> </tbody> </table>	Element Rating:	4	L				
Element Rating:	4	L																		
18		Evidence: Our documents do address these features.																		
19	d	These public statements are developed with input from all stakeholders.											<table border="1"> <tbody> <tr> <td>Element Rating:</td> <td>3</td> <td>M</td> </tr> </tbody> </table>	Element Rating:	3	M				
Element Rating:	3	M																		
20		Evidence: Most of our documents were developed with stakeholder input.																		
21	e	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.											<table border="1"> <tbody> <tr> <td>Element Rating:</td> <td>4</td> <td>L</td> </tr> </tbody> </table>	Element Rating:	4	L				
Element Rating:	4	L																		
		Evidence: All of our documents are on our web site. Evaluation data shows they are perceived by stakeholders as																		
	<div> <div>Table of Contents</div> <div>Show Evidence</div> <div>QI 1</div> <div>QI 2</div> <div>QI 3</div> <div>QI 4</div> <div>QI 5</div> <div>QI 6</div> <div>Hide Evidence</div> <div>QI 7</div> <div>QI 8</div> </div>																			
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ECTA/DaSy Self-Assessment Tool: Summary Tab

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH
1	Jump to:	GV	FN	PN	AC	QS	PV	DG	SE	SD	DU	SU	Wrap Text			Narrow Rows			Total # of Elements			# of Elements in this QI				# of Elements in this QI								
2																		with RATING...				with PRIORITY...												
3	Quality Indicator												Rating	Priority	1	2	3	4				5	6	7	1	2	3	4	Low	Medium	High			
4	GV (Governance)												QI Rating																					
5	1	Vision, mission and/or purpose guide decisions and provide direction for quality comprehensive and coordinated Part C and Section 619 statewide systems.											4	L								9			3	4	2	5	3	1				
6	2	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											7	L								8				8								
7	3	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.											5	M								5				3	2							
8	4	State and regional and/or local entities enforce roles and responsibilities for implementing IDEA and other federal and state mandates.											4	L								4				4		4						
9	5	State and regional and/or local system entities are designed to maximize meaningful family engagement in the development and implementation of the system.											2	H								4			4					4				
10	6	State leadership advocates for and leverages fiscal and human resources to meet the needs for implementation and oversight of the statewide system and services.											3									5			3	2			2	3				
11	7	Leaders use written priorities with corresponding strategic plan(s) and evaluation to drive ongoing system improvement.											6	L								8				4	4							
12	8	Part C and 619 state staff or representatives use and promote strategies that facilitate clear communication and collaboration, and build and maintain relationships between and among Part C and Section 619 stakeholders and partners.											2	H								6		4	2									
14	FN (Finance)												QI Rating																					
15	1	Part C and Section 619 state staff conduct finance planning to identify adequate resources at the state, and regional and/or local levels to meet program infrastructure and service delivery needs.											5									8			3	2	3							
16	2	State and regional and/or local entities use strategic finance planning to forecast a long-term and annual proposed budget to ensure a strong base of financial support is formed.											7									5					5							
	3	State and regional and/or local entities have access to fiscal data for program planning,											4									9												
		Instructions		Participants		Table_Contents		GV	FN	PN	AC	QS	PV	DG	SE	SD	DU	SU	CompData	QI Summary		+												

ECTA/DaSy Self-Assessment Comparison Tool

Governance

Table of Contents

[QI 1](#)
[QI 2](#)
[QI 3](#)
[QI 4](#)
[QI 5](#)
[QI 6](#)

[QI 7](#)
[QI 8](#)

Hide Elements

Show Elements

Quality Indicator Rating (Calculated)

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Element of Quality Rating (EQR) [Imported from T1, T2, T3]

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Quality Indicator Ratings

QI	Description	TIME1			TIME2			TIME3		
		Date: 1/1/14	2/1/15		1/1/14	2/1/15		1/1/14	2/1/15	
QI 1	Vision, mission and/or purpose guide decisions and provide direction for quality comprehensive and coordinated Part C and Section 619 statewide systems.	3	4		M	M				
QI 2	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.	2	3		M	L				
QI 3	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.	5	6		L	L				
QI 4	State and regional and/or local entities enforce roles and responsibilities for implementing IDEA and other federal and state mandates.	4	2		H	L				
QI 5	State and regional and/or local system entities are designed to maximize meaningful family engagement in the development and implementation of the system.	4	3		H	H				
QI 6	State leadership advocates for and leverages fiscal and human resources to meet the needs for implementation and oversight of the statewide system and services.	3	4		L	L				
QI 7	Leaders use written priorities with corresponding strategic plan(s) and evaluation to drive ongoing system improvement.	3	2		H	H				
QI 8	Part C and 619 state staff or representatives use and promote strategies that facilitate clear communication and collaboration, and build and maintain relationships between and among Part C and Section 619 stakeholders and partners.	4	4		H	M				

Governance

Quality Indicator Ratings

QI	1/1/14	2/1/15
QI 1	3	4
QI 2	2	3
QI 3	5	6
QI 4	4	2
QI 5	4	3
QI 6	3	4
QI 7	3	2
QI 8	4	4

Instructions | ImportPanel | Table_Contents | **GV** | FN | PN | AC | QS | PV | DG | SE | SD | DU | SU | (+)

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

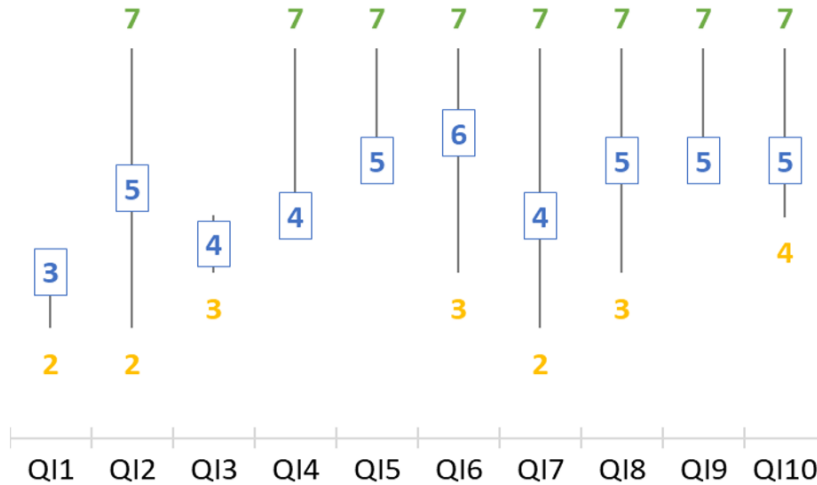
Part C Fiscal TA Initiative

- 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



Quality Indicator Topics

QI 1	Conduct finance planning
QI 2	Forecast a long-term and annual proposed budget
QI 3	Have access to fiscal data
QI 4	Use fiscal data
QI 5	Secure funds and resources
QI 6	Coordinate and align resources and funding
QI 7	Equitably allocate funds
QI 8	Use funds and resources
QI 9	Disperse funds
QI 10	Monitor finances and resources

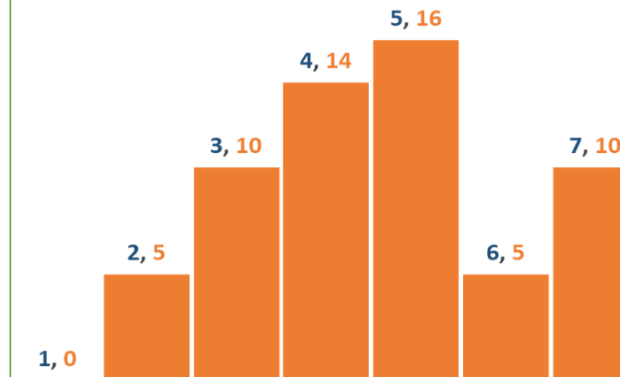
Quality Indicator Rating (Auto-Calculated)

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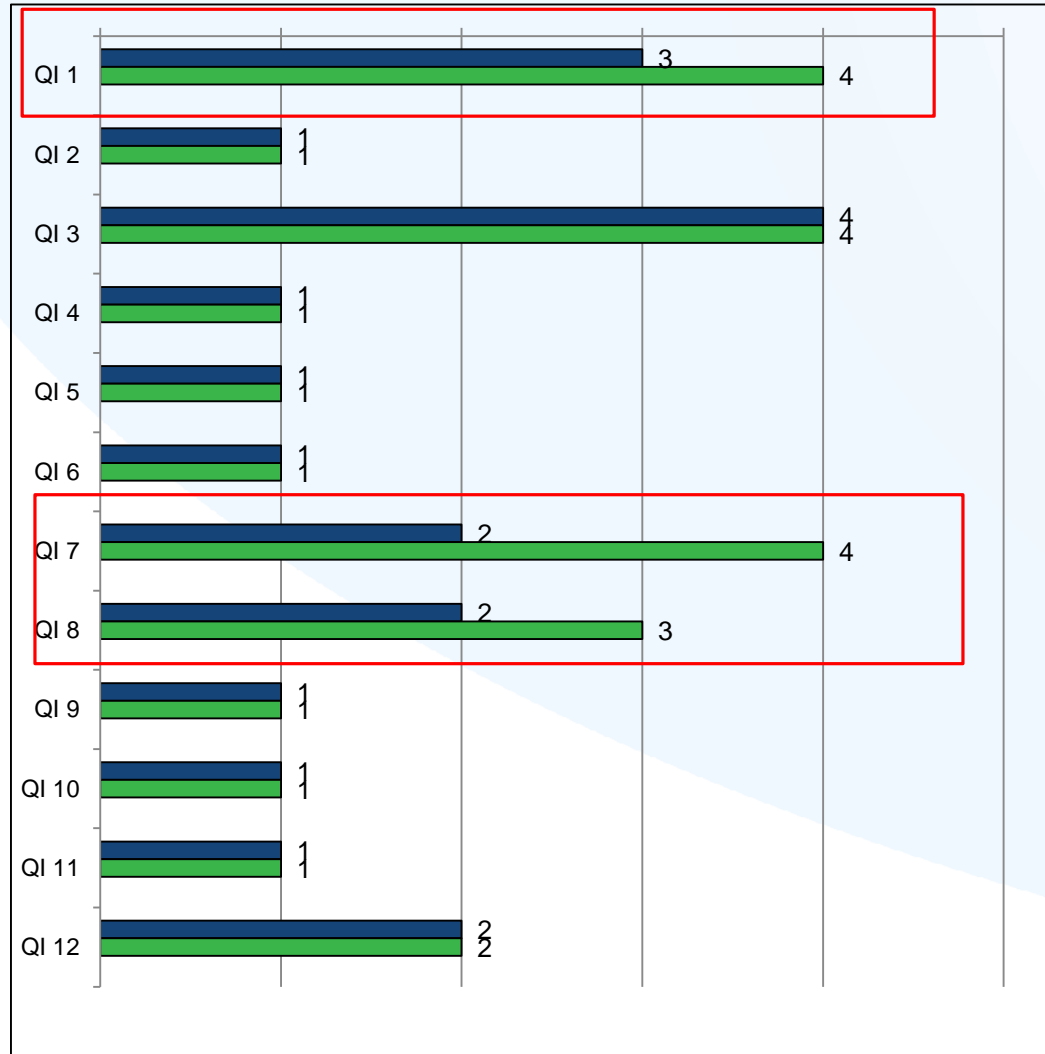
Highlights

- There is a wide range of scores across states for most quality indicators but especially QI2 and QI7.
- "7" is attainable but, in general, most states have work to do as the most common scores were "5" and "4."
- QI 1 & 3 have low medians (middle number of a set of numbers) and the smallest ranges.
- QI 5 & 9 have the highest minimums and relatively small ranges.
- Some states did not document evidences, either at all or for several elements.

Score (1-7) Frequency



State Example Self-Assessment Ratings: Personnel



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

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

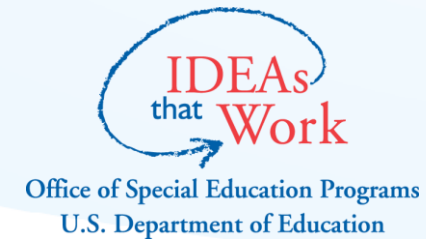
Recent Publication:

Kasprzak, C., Hebbeler, K., Spiker, D., McCullough, K., Lucas, A., Walsh, S., ... Bruder, M. B. (2019). A State System Framework for High-Quality Early Intervention and Early Childhood Special Education. Topics in Early Childhood Special Education. <https://doi.org/10.1177/0271121419831766>

ecta Early Childhood Technical Assistance Center

Find out more at ectacenter.org

- 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

Agenda

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



Developing the Outcomes Framework



Development

- 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)

NCIT Outcomes Framework Partners

Development



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RESEARCH FOUNDATION, INC.



Dr. Joan Lombardi



Purpose of the Outcomes Framework

- 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

Outcomes and Indicators

- 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

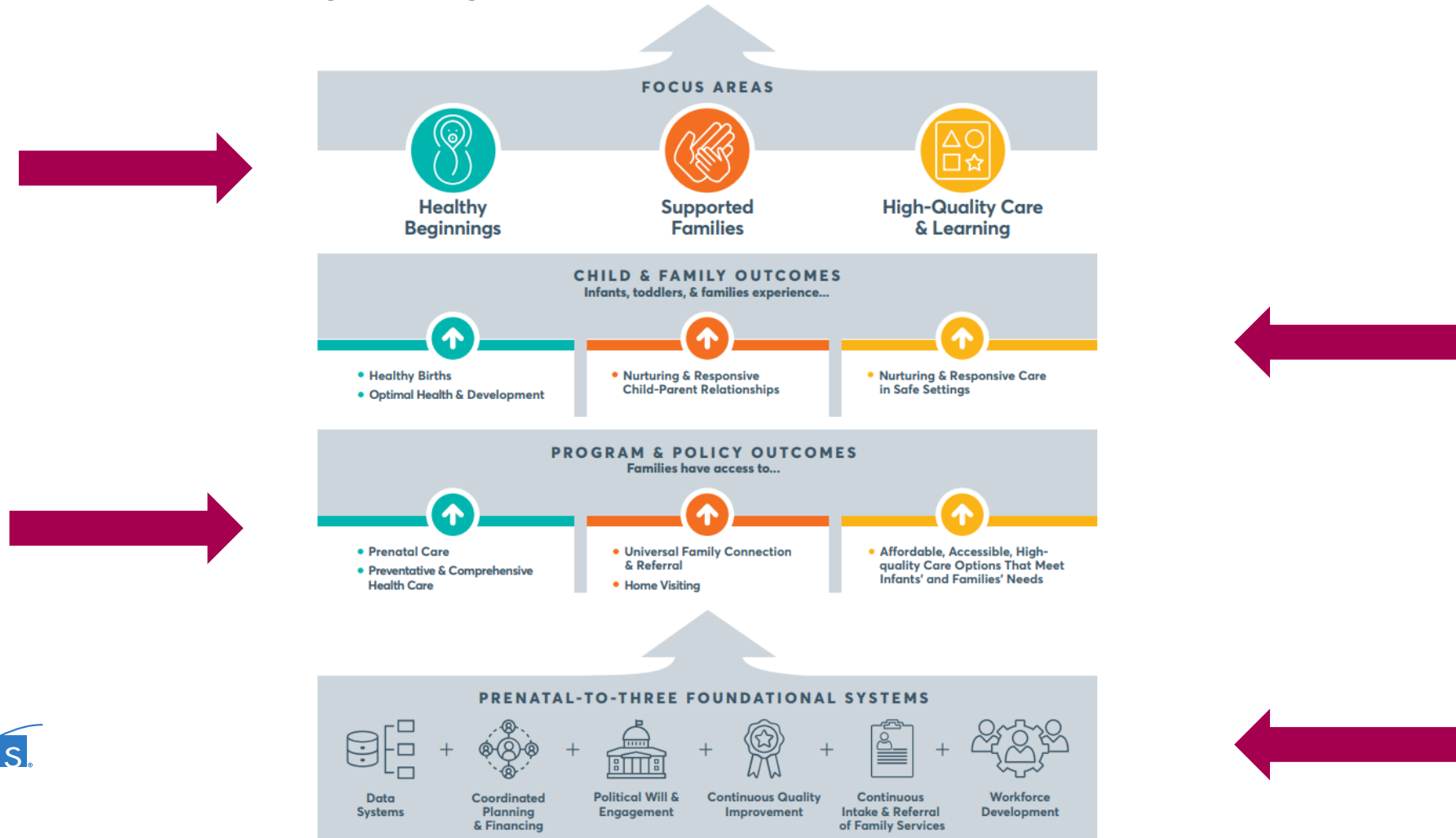


NCIT Outcomes Framework

The Charge

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

Outcomes Framework

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

Outcomes Framework

Program and Policy Expansion Indicators

Families have access to...

OUTCOMES	Prenatal Care	Preventative and Comprehensive Health Care	Universal Family Connection and Referral Home Visiting	Affordable care options that meet infants', toddlers' and families' needs
INDICATORS	<p>Increases in:</p> <ul style="list-style-type: none"> Pregnant women who receive timely prenatal care 	<p>Increases in:</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Access to affordable care in settings meeting recommended guidelines for: <ul style="list-style-type: none"> 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

Child and Family Outcomes

Infants, toddlers, and families experience...

Outcomes Framework

OUTCOMES	Healthy Births	Optimal Health & Development	Nurturing and Responsive Child-Parent Relationships	Nurturing and Responsive Care in Safe Settings
INDICATORS	Reduced in incidence of: <ul style="list-style-type: none">• Low birth weights• Pre-term births• Prenatal exposure to drugs/alcohol/smoking	Increases in: <ul style="list-style-type: none">• 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	Increases in: <ul style="list-style-type: none">• Children who receive warm, attentive and responsive caregiving• Children who benefit from regular reading and storytelling Reduced incidence of: <ul style="list-style-type: none">• Maternal depression• Parenting stress• Incidence of abuse and neglect	Increases in: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Children injuries, death and health issues

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...

Outcomes	Prenatal Care	Preventative and Comprehensive Health Care	Universal Family Connection & Referral Home Visiting	Affordable care options that meet infants', toddlers' and families' needs
Indicators	<p><i>Increases in:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pregnant women who receive timely prenatal care 	<p><i>Increases in:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Children who have access to a medical home and/or receive regular well child visits <input type="checkbox"/> Families with access to mental health services <input type="checkbox"/> Children receiving and referral through surveillance, screening, or assessment 	<ul style="list-style-type: none"> <input type="checkbox"/> 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 <input type="checkbox"/> 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. 	<ul style="list-style-type: none"> <input type="checkbox"/> Access to affordable care in settings meeting recommended guidelines for: <ul style="list-style-type: none"> ▪ caregiver: child ratios, ▪ caregiver competencies, ▪ developmentally appropriate activities and curriculum ▪ health and safety provisions, and ▪ linkages to child and family supports and resources <input type="checkbox"/> 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. <input type="checkbox"/> Financial supports and incentives are provided to increase the viability of infant and toddler caregiving as a career. <input type="checkbox"/> The family share of care is less than 7% of household income.

Prenatal-3 Data Guidebook

Indicator	Increases in pregnant women who receive timely prenatal care
Definition	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.
Research Rationale	<p>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.ⁱⁱ 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.ⁱⁱⁱ Prenatal care does not always address, and may not be as effective among, women with specific social and medical risks.^{iv} 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.^v</p> <p>-Excerpted from Child Trends DataBank</p>
National and State Estimates	<p>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 recodes the data to determine in which trimester the prenatal care began.</p> <p>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.</p>
Community Estimates	<p>Population estimates at the community level are available at:</p> <ul style="list-style-type: none">➤ 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



Resources

- [NCIT website](#)
- [Outcomes Framework](#)
- [Prenatal-3 Data Guidebook](#)

Roll out of Framework

Next Steps

- 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?





Texas State Center
for Early Childhood Development

The CIRCLE Infant & Toddler Teacher Training Program

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

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

Contributors

April Crawford, Ph.D.
Cathy Guttentag, Ph.D.
Ursula Johnson, Ph.D.
Janelle Montroy, Ph.D.
Beth Van Horne, Ph.D.
Shauna Spear, M.A.
Reese-Anna Cummins, M.A.

Sonya Coffey, M.Ed.
Mary Ellen Douglas, M.A.
JT O'Neal
Nirmin Elbjairmi
Joe Wozny
Tyler Sanders

Thank You



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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.



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Item	Child demonstrates behavior	Notes
Health & Motor		
1. Holds head steady, unsupported <i>Puede sostener su cabeza sin apoyo</i>	<input type="radio"/> Child is able to do this	<input type="text"/>
2. Rolls from back to tummy and tummy to back <i>Se da vuelta de boca abajo a boca arriba y viceversa</i>	<input type="radio"/> Child is able to do this	<input type="text"/>
3. Pushes up on forearms when lying on tummy <i>Se empuja hacia arriba con los antebrazos cuando se encuentra boca abajo</i>	<input type="radio"/> Child is able to do this	<input type="text"/>
4. Begins to sit with support <i>Empieza a sentarse con ayuda</i>	<input type="radio"/> Child is able to do this	<input type="text"/>

Assessments

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)



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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

CIRCLE ACTIVITY COLLECTION


INFANT/TODDLER

Home About Early Learning Find Activities My Activities Help Ticket

Bird Nest Play

Children will practice using imagination and props to act out the behaviors of birds in a nest.

Primary Domain: Cognitive | Primary Subdomain: Imitation and Make-Believe
Secondary Domain: Cognitive | Secondary Subdomain: Exploration and Discovery



Setting
Small Group, One-On-One

Materials

- large cardboard box, laundry basket, or plastic kiddie pool
- brown blanket, towel, or pillows
- material to line the nest, such as long strips of newsprint, shredded paper, cardboard, hay, or long, soft scarves
- optional: stuffed toy birds, toy eggs, real bird nest

Let's Play

Introduce children to the idea of birds and their nests by reading a book, such as *Nest* by Jorey Hurley, *A Nest Full of Eggs* by Priscilla Belz Jenkins, *In My Nest* by Sara Gillingham, or *Bird Nests* by Therese Hopkins. If possible, show children a real bird nest. Let children help you build a bird nest to play in by placing "nesting materials" into a cardboard box or laundry basket, and then let children climb in and pretend to be birds in the nest. If possible, make your nest large enough for several children to fit in at a time.

Talk about mommy and daddy birds, eggs, hatching, baby birds, sleeping and waking up, feeding baby birds, and learning to fly. With your help, these scenarios can lead to lots of pretend play.

ADD TO MY ACTIVITIES

INSTRUCTIONAL PLANNING

ACTIVITY AGE GROUP(S)
24-36 months

EARLY HEAD START ALIGNMENT
Goal IT-C.1: Child actively explores people and objects to understand self, others, and objects.

KEYWORDS
bird, nest, egg, hatch, fly, sleep, wake up

VER ACTIVIDAD EN ESPAÑOL



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Sample Developmental Checklists

**0-3 months**
DEVELOPMENTAL CHECKLIST

Child's Name:
Administrator's Name:
Date(s) of Administration:
Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ☐ Stretches legs out and kicks when lying on stomach or back
- ☐ Raises head and chest up when lying on tummy
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ Begins to make smoother movements with arms and legs by 3 months old
- ☐ Opens and shuts hands
- ☐ Brings hands to mouth
- ☐ Grasps with entire hand when finger or rattle is placed in palm
- ☐ Focuses on objects up close (6-12 inches away)
- ☐ Prefers to gaze at black-white contrast and human faces
- ☐ Tracks slow moving objects with eyes

SOCIAL-EMOTIONAL

- ☐ Likes to be held close and cuddled
- ☐ Turns head toward familiar voice
- ☐ Enjoys looking at faces
- ☐ Begins to smile and coo at people
- ☐ Enjoys playing with people and might cry when playing stops
- ☐ Enjoys playing hungry, uncomfortable, tired, or unhappy
- ☐ Cries when hungry, uncomfortable on hand or pacifier
- ☐ Can briefly calm self by sucking on hand or pacifier
- ☐ Is comforted by voice, sight, smell, and touch of familiar caregiver

COGNITIVE

- ☐ By 3 months, spends more time awake and alert
- ☐ Tracks or follows objects with eyes
- ☐ Looks back and forth briefly from one object to another

LANGUAGE & LITERACY

- ☐ Startles at loud sounds
- ☐ Quiets or smiles when spoken to
- ☐ Starts to turn eyes or head toward sounds
- ☐ Cries; by 3 months will start to make different cries for different needs (hungry, tired)
- ☐ Makes pleasure sounds (coos and goos)
- ☐ Listens to and looks at a book for brief periods of time

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

**0-3 meses**
LISTA DE DESARROLLO

Nombre del niño/a:
Nombre del administrador:
Fecha(s) de administración:
Recomendación: Si realiza varias veces (por ejemplo, una vez al mes), utilice un bolígrafo de diferente color para cada administración.

SALUD Y MOTRICIDAD

- ☐ Estira las piernas y da pataditas cuando está acostado boca abajo o boca arriba
- ☐ Levanta su cabeza y su pecho cuando está acostado boca abajo
- ☐ Presiona sus piernas hacia abajo cuando sus pies están en una superficie dura
- ☐ Empieza a hacer movimientos más suaves con sus manos y piernas a la edad de 3 meses
- ☐ Cierra sus manos
- ☐ Agarra las manos a la boca
- ☐ Agarra el dedo de un adulto o un sonajero con la mano
- ☐ Agarra objetos cercanos (6-12 pulgadas de distancia)
- ☐ Agarra contrastes negros y blancos y rostros humanos
- ☐ Agarra objetos que se mueven lentamente

COGNITIVO

- ☐ A los 3 meses, pasa más tiempo despierto y alerta
- ☐ Sigue objetos con los ojos
- ☐ Brevemente mira de un lado para otro entre un objeto y otro

LENGUAJE

- ☐ Se asusta cuando escucha sonidos repentinos fuertes
- ☐ Sonríe o se calma cuando se le habla
- ☐ Empieza a voltear sus ojitos hacia los sonidos que escucha
- ☐ Lloro; a los 3 meses empezará a hacer llantos dependiendo de sus diferentes necesidades (hambre, cansancio)
- ☐ Hace sonidos de satisfacción (balbucea)
- ☐ Escucha y ve libros por tiempos breves

SEÑALES DE ALERTA

Los maestros deben hablar con los padres o tutores si observan uno o más de estos signos de posible retraso en el desarrollo. Los padres deben hablar sobre las señales de alerta con sus pediatras o llamar a Intervención Temprana en la Infancia para solicitar una evaluación del desarrollo.

- ☐ No responde a sonidos fuertes
- ☐ No mira las cosas mientras se mueven
- ☐ No sonríe hacia la gente
- ☐ No se lleva las manos hacia la boca
- ☐ No puede mantener la cabeza levantada cuando empuja hacia arriba mientras esta boca abajo



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LANGUAGE AND COMMUNICATION

PROVIDING RICH LANGUAGE

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

ELICITING LANGUAGE

2	Elicits language from children by asking a variety of both closed- and open-ended questions.	<input type="checkbox"/> OB <input type="checkbox"/> NS	<input type="checkbox"/> OB <input type="checkbox"/> NS			
2	Encourages two-way conversation by pausing, making eye contact, asking questions, and allowing children to both initiate and respond to conversational topics.	<input type="checkbox"/> OB <input type="checkbox"/> NS	<input type="checkbox"/> OB <input type="checkbox"/> NS			
3	Provides opportunities for children to participate both verbally and nonverbally in group activities.	<input type="checkbox"/> OB <input type="checkbox"/> NS	<input type="checkbox"/> OB <input type="checkbox"/> NS			

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



CHILDREN'S
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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



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Sample Alignment with QRIS

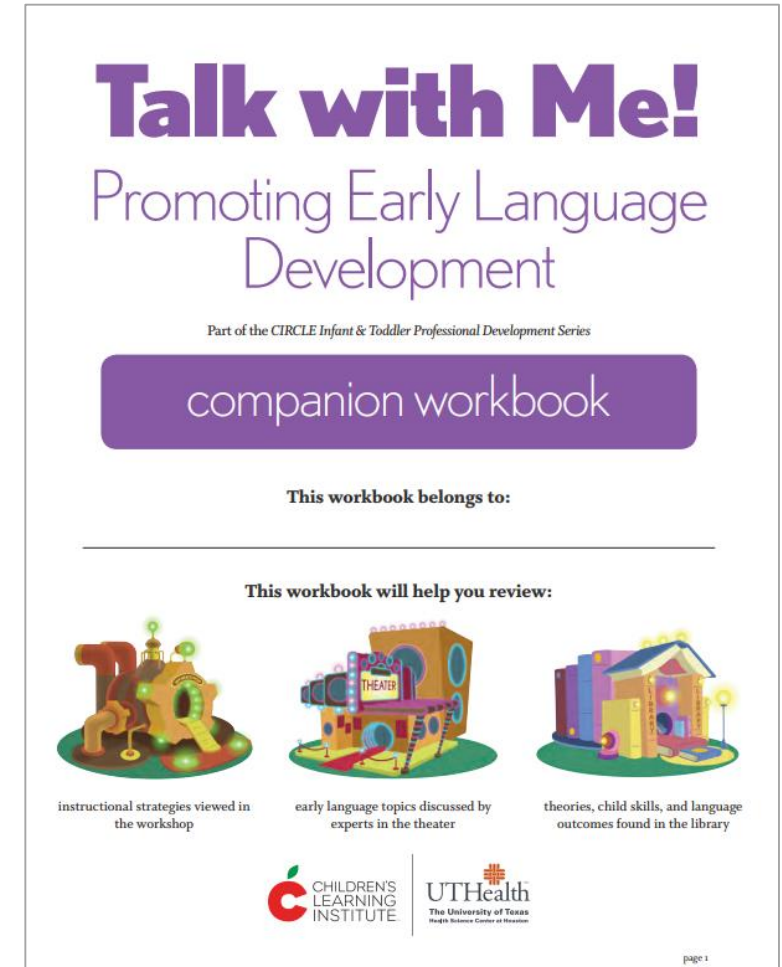
CLI Courses	QRIS Standards
Using effective language building strategies: Label & Describe	<p>P-LFS-03 <i>Uses language to add meaning/expand on child(ren)'s interests or agenda</i></p> <p>P-LFS-05 <i>Uses descriptive language (specific labels such as "It's time to drink your bottle" versus "Here, take this")</i></p>
Encouraging students to talk	<p>P-LFS-06 <i>Provides children with frequent opportunities to talk with caregivers (small group, whole group, outdoor play, mealtimes)</i></p> <p>P-LFS-08 <i>Engages children in conversations (3-5 turns) about a variety of topics (their likes, dislikes, family, books)</i></p> <p>P-LFS-10 <i>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.")</i></p>
Maximizing responsive teacher-student interactions	<p>P-WRS-04 <i>Notices and attends to children's needs and signals</i></p> <p>P-WRS-05 <i>Responds promptly and sensitively to children's cognitive and affective signals</i></p> <p>P-LFS-01 <i>Listens to children attentively and responds appropriately to their language, vocalizations, and nonverbal attempts at communication.</i></p>



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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



Texas State Center
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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



CHILDREN'S
LEARNING
INSTITUTE

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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.



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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



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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



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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)
- $p = .003$, $d = 1.35$



Texas State Center
for Early Childhood Development

Email: April.Crawford@uth.tmc.edu

For more information:

Visit: cliengage.org

Under “Tools and Resources,” select CIRCLE Infant & Toddler Teacher Training



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