



OCTOBER 2019

Preparing the Preschool Development Grant Birth through Five (PDG B-5) Renewal Application

Insights and Recommendations Based on an Analysis of the Initial Applications

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The BUILD Initiative would like to thank our philanthropic partners who have supported our efforts to help states maximize federal initiatives and whose funding made this work possible. Thanks especially to the Alliance for Early Success, Buffett Early Childhood Fund, the Irving Harris Foundation, W.K. Kellogg Foundation, the Perigee Fund, and the Prtizker Children’s Initiative.

The authors would like to thank the following reviewers for their thoughtful comments on earlier versions of the report:

- Susan Hibbard, BUILD Initiative
- Lori Connors-Tadros, National Institute for Early Education Research
- Harriet Dichter, BUILD Initiative
- Kelly Etter, The Policy Equity Group
- Many other members of the BUILD Team



INTRODUCTION

In December 2018, the U.S. Department of Health and Human Services (DHHS) awarded Preschool Development Grant Birth through Five (PDG B-5) funding to 44 states, the District of Columbia, and the U.S. Virgin Islands. The PDG B-5 grant is designed to support states in efficiently using federal, state, and local resources to strengthen the impact of currently existing early care and education (ECE) programs in their effort to prepare low-income and vulnerable children for kindergarten. With several federal and state funding streams available to fund ECE programs and services, states are using the one-year PDG B-5 grant to assess needs, align and coordinate services, create efficiencies in the use of federal and state funding, and strengthen collaboration among the different state agencies administering programs for children and families. As part of the grant, states are completing early childhood needs assessments, creating strategic plans, sharing best practices, funding initiatives that help parents choose high-quality ECE, and improving the quality of ECE programs. At the end of the grant year, states are expected to have made progress toward ECE systems alignment and coordination and have completed or made progress on a strategic plan that may be used to apply for PDG B-5 renewal funding.

The PDG B-5 funding is the latest in a series of federal grant opportunities designed to support state early childhood systems building as a means of promoting stronger child outcomes. The Race to the Top–Early Learning Challenge (RTT-ELC) grant program, which awarded four-year grants between 2011 and 2014, was a major federal effort to support state systems building for the purpose of increasing the number of low-income and vulnerable children in high-quality early learning programs. The Preschool Development/Expansion Grant program, a four-year grant awarded in 2014, while focused primarily on developing or expanding preschool programs, included opportunities to improve state-level infrastructure, coordinate funding, and align programs into a birth-through-third grade continuum of services. The PDG B-5 funding is allowing some states to build on the work accomplished through these other grants while for other states, it is the first federal funding received that specifically focuses on ECE systems building.¹ (**Appendix A** provides information on the funding history of the states awarded a PDG B-5 grant.)

¹ It is important to note that states have used existing funding like the Child Care and Development Block Grant and Early Head Start-Child Care Partnerships to support early childhood systems building in the absence of, or in addition to, these other federal grant programs.

This report analyzes the 2018 PDG B-5 applications to assess how the initial funding is helping states move forward in their systems-building efforts. The main goals of the analysis are to:

1. Understand where states are focusing their efforts in the initial grant year.
2. Support shared learning regarding the initiatives that states are using to address the most pressing issues in the early childhood field.
3. Help states build on their initial applications, fill gaps, and continue progress toward the ultimate goals of the grant program in their PDG B-5 renewal applications.

Key questions of the analysis include:

1. How and to what extent are states using the PDG B-5 grant to coordinate all of the programs under the definition of a “B-5 Early Childhood State System”?
2. How are states articulating their vision for the future of B-5 Early Childhood State Systems?
3. What do states consider as the most pressing issues in the early childhood field and how are these issues being addressed through the PDG B-5 grant?
4. How are states defining the vulnerable populations they are trying to serve and thinking about the connection between activities and desired outcomes for these populations?

After outlining the methodology for the analysis, the major findings are presented as four recommendations that can be used by states as they develop their PDG B-5 renewal applications. Given the volume of information generated in 46 state applications that were 75 pages in length, the body of the report provides the key takeaways from the analysis with detailed findings provided as appendices.

METHODOLOGY

To derive the findings, a content analysis was conducted of the 46 funded PDG B-5 applications. As part of the application process, states were asked to describe their mixed delivery systems and to develop a logic model connecting their vision and goals for the system to specific activities and outcomes. As such, the PDG B-5 applications are an excellent way to understand where states are in early childhood systems development,² the goals of state system-building efforts, what issues the state wants to address, and the activities deemed most important to move the state system toward its goals.

The content analysis focused on a number of key sections of the application (e.g., description of mixed delivery system initiatives to maximize parental choice, plans to share best practices, etc.). In addition to examining the different sections, content was pulled from the applications that focused on specific topic areas addressed across the applications (e.g., infants and toddlers, facilities, family child care, etc.). The application sections and topic-specific content areas were analyzed for patterns across states.

Understanding the findings of the report

There are a few things to keep in mind when considering the findings of the report. Given the amount of content that was required under the 75-page limit, the information contained in the applications presents only what could be highlighted within the page limit and time constraints of the application process. As such, the applications may not provide a comprehensive picture of all that a state wanted to accomplish. The content, initiatives, and vulnerable populations that states focused on in their applications may have been driven by what they considered to be most pressing, what they perceived might maximize the number of points scored, and/or their current understanding of the needs of the

² The term “early childhood system” rather than “ECE system” is used most often in this paper because the PDG B-5 application takes a broad view of systems development. ECE system typically refers to connections and coordination among the major early care and education programs (e.g., Head Start, Child Care and Development Fund, etc.) while “early childhood system” includes a broader set of programs, in addition to the ECE programs, that support children and their families.



field. Therefore, just because a specific initiative, goal, or population was not mentioned explicitly in a state's application does not necessarily mean that it is missing from a state's current or future work. Finally, the PDG B-5 application required a needs assessment

and strategic plan, which may uncover issues in the state not included in the initial application that will become the focus of future initiatives.

It is also important to note that a number of states receiving a PDG B-5 grant were asked by the Administration for Children and Families to reduce the overall funding request, in some cases significantly. Accordingly, a state may have had to cut specific activities contained in its application because the grant award was significantly less than the amount requested. As such, the content of the applications that were analyzed includes the activities that states intended to do with the PDG B-5 funding and not what they were funded to do.

Even considering these caveats, the PDG B-5 applications represent a unique opportunity to obtain a cross-state snapshot of systems across the country and how states want to move forward in their ECE systems development. The focus of this paper is on trends and best practices across states. While state-specific information is included, **the best way to understand any individual state's application is to read the application itself.**

FINDINGS

Four recommendations to support the development of the PDG B-5 renewal applications

The PDG B-5 applications provide a wealth of information on how states conceive of the role of state ECE systems in supporting vulnerable families, common challenges across states, and the different ways in which states are trying to promote collaboration and coordination to improve child outcomes. The fact that 46 states applied and were awarded PDG B-5 grants is a clear indication of the near universal importance of ECE across states and the need for coordinating the various federal and state programs designed to support families with young children.

Overall, states have ambitious plans for the one-year PDG B-5 grant funding, with 10 states requesting approximately \$10 million in one-year grant funding.³

The analysis of the applications revealed that states are working hard to align and coordinate different federal and state programs and address the critical issues facing the early childhood field. Four key recommendations emerged from the analysis of the initial applications that states should consider as they develop their PDG B-5 renewal applications and continue their systems-building efforts. As noted, only the top-level takeaways from the application analysis are presented below with detailed findings provided in the accompanying appendices.

³These states are: Alabama, California, DC, Kentucky, Maryland (\$10.618 million); Mississippi, New Jersey, and Ohio (\$10.486 million); Pennsylvania (\$10.55 million); and Virginia (\$9.9 million).

RECOMMENDATION 1

States should expand their coordination and collaboration efforts to include a wider range of programs within their B-5 Early Childhood State Systems and include higher-impact coordination activities.

The PDG B-5 grant takes a broad view of systems development, defining a “B-5 Early Childhood State System” as a set of “core” early care and education programs as well as a wide range of other programs and services that “strengthen, engage, and stabilize” families and their young children.⁴ The grant defines **core programs** as including:

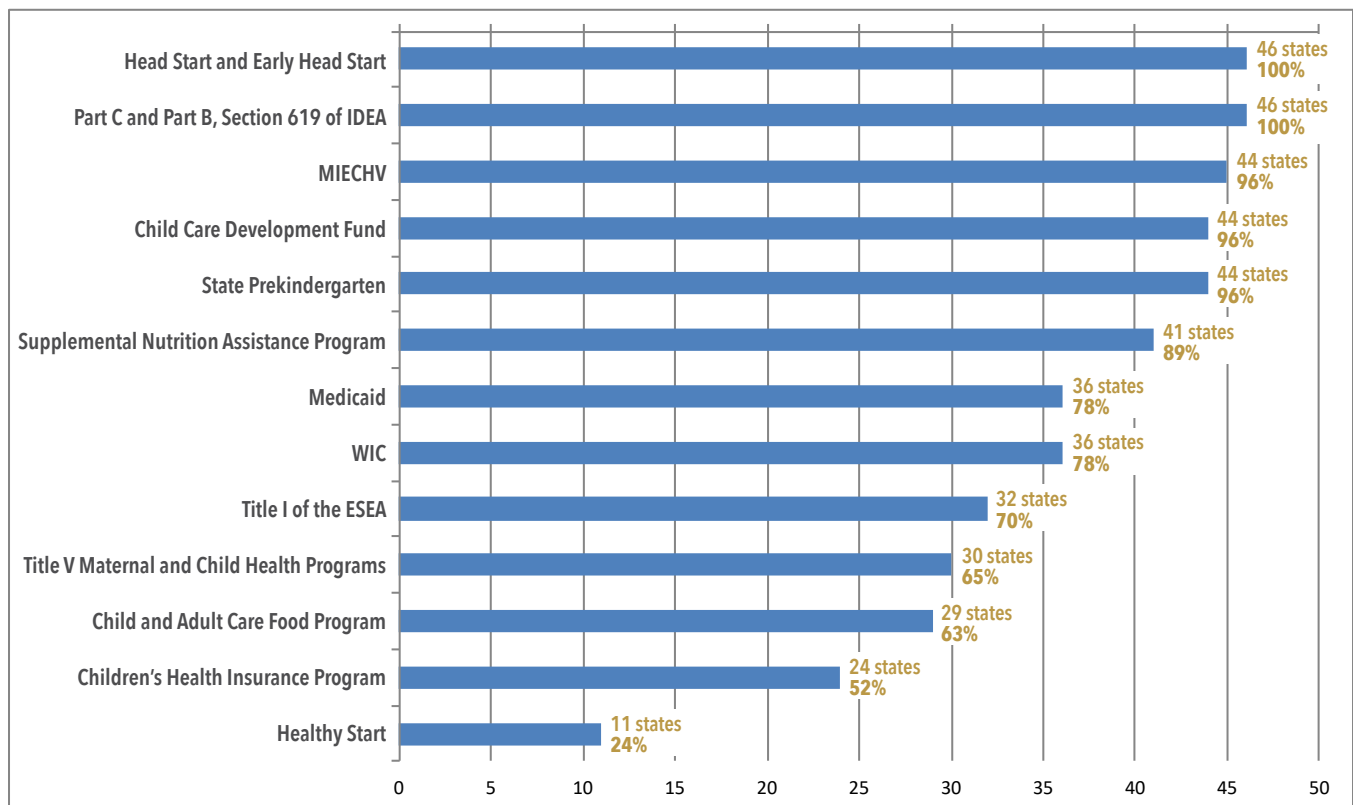
- Head Start and Early Head Start.
- Child Care and Development Fund (CCDF).
- Part C and Part B, Section 619 of the Individuals with Disabilities Education Act (IDEA).
- State prekindergarten programs.
- Title I of the Elementary and Secondary Education Act (ESEA).
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.

According to the PDG B-5 application, **additional programs** in B-5 state systems that serve to strengthen, engage, and stabilize families include:

- Medicaid.
- Children’s Health Insurance Program (CHIP).
- Title V Maternal and Child Health Programs.
- Healthy Start.
- The Child and Adult Care Food Program (CACFP).
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

⁴ The definition of B-5 Early Childhood State System can be found on page seven of the PDG B-5 application.

Figure 1. Number of States Mentioning Coordination and Collaboration of Different Programs in B-5 Early Childhood State Systems





The analysis of PDG B-5 applications reveals that most states include plans for the coordination and collaboration of the six core programs in the definition of a B-5 Early Childhood State System. However, fewer states discussed coordination and collaboration of the other programs in the definition. **Figure 1** provides the number of states that discussed each of the programs in their descriptions of coordination and collaboration efforts. A liberal standard was used in deciding whether a state was incorporating a program into its coordination and collaboration efforts.⁵ Thus, these findings might overstate coordination efforts being made by the states for each program.

Appendices B.1 to B.12 provide a more detailed analysis of how the 46 state applications described their collaboration and coordination efforts for each program. Most states simply discuss the program as part of the state system, or indicate that they will engage in coordination activities that include a specific program, with fewer states offering concrete strategies for improving coordination and collaboration. Therefore, it will be important in

the renewal applications that states move beyond committees and other similar structures to support coordination of more robust strategies, such as shared professional development and resources across programs, coordinated enrollment, local service hubs, and other similar coordination and collaboration strategies that will be considered higher impact. No state used the PDG B-5 application as an opportunity to discuss or take steps toward a more complete reorganization or re-engineering of its state system to focus on system efficiency, effectiveness, and equity.

⁵To be counted in Figure 1, a state simply had to indicate that the program is a part of the state's B-5 Early Childhood State System and will be coordinated. This could include ensuring that a program representative was included on a state advisory committee or other coordinating body. Fewer states mention each program when discussing the specific coordination activities like including the program in the state early childhood data system, creating a single point of entry system, and similar coordination efforts. Specific coordination findings are provided in the subsections of Appendix B.

RECOMMENDATION 2

States should more clearly and specifically address equity as part of their vision for the continued development of B-5 Early Childhood State Systems.

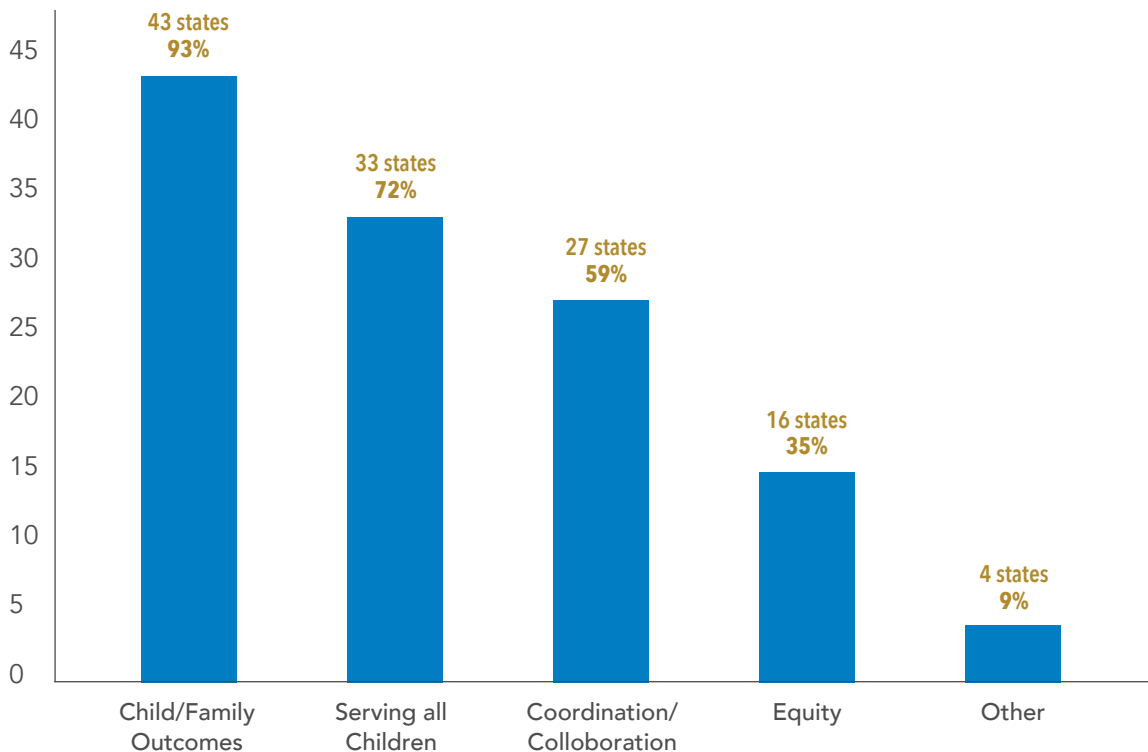
The PDG B-5 application asked each state to provide a description of its B-5 early childhood system and a vision statement for the system’s continued development. In general, a vision statement is designed to articulate the ultimate outcome that an organization, agency, or state wants to achieve. Vision statements are often aspirational and are meant to act as a road-map to guide activities and decision-making. Given that states are trying to create a coherent early childhood system by coordinating multiple state agencies and utilizing funding from different federal initiatives and programs, a clear statewide vision is essential to achieving broader early childhood system goals.

Figure 2 provides a breakdown of the major themes included in the vision statements of the applications. Across the applications, the majority of vision statements focused on four themes:

(1) improving child and family outcomes; (2) promoting the well-being of all children; (3) increasing system coordination; and (4) promoting equity. **Appendix C** provides information on which states included which themes in their vision statements. Other themes in the states’ vision statements included being responsive to parent voice (e.g., Connecticut), sustainability (e.g., New Hampshire), meeting families where they are (e.g., Kansas), and a focus on community-level systems building (e.g., Virginia).

Almost every state’s vision statement focused in some way on improving child and family outcomes or, at minimum, meeting the needs of children and families (43 states). Specific language used in the vision statements for this theme included: “preparing children for success in school and in life,” “providing a strong foundation for success,” and “supporting the

Figure 2. Major Themes in State PDG B-5 Vision Statements



Text Box 1

Virginia's Early Childhood System Goal Statement

Virginia's vision is that by 2022, every community will have a local ECCE system in which:

All children, especially those who are at risk or disadvantaged, have access to ECCE opportunities that support their healthy development and kindergarten readiness.

Families are meaningfully informed and engaged to support their children's learning and development. Parents make choices about services based on their strong understanding of child development, kindergarten readiness, and user-friendly information about their options.

Site leaders (directors and principals) understand the essential elements of quality, measure them in classrooms, support teachers with feedback and aligned tools, and continuously improve through use of data. Effective educators have access to affordable options for continuous learning and professional development and are rewarded for their achievements.

Communities' ECCE leaders collaborate to reflect on their results; share and disseminate best practices for family engagement, enrollment, and quality improvement; and ensure that all relevant revenue streams are utilized efficiently and effectively toward the common goal of delivering stable, affordable, comprehensive, quality ECCE services to support at-risk children's kindergarten readiness and families' needs.

The ECCE system is integrated with health, mental health, and nutrition services so that families are connected to a broader array of health, mental health, food security, and social services such as home visiting, medical home, developmental screening, nutrition programs, etc. For families, access to services will be seamless and provided in their language, respectful of their culture, and aware of potential trauma they may have experienced.

whole child...for lifelong success." Many states also specifically referenced supporting children's social-emotional development and/or emotional health as a part of the vision, which appears to be a clear reflection of the focus on infant and early childhood mental health nationally. Virginia had perhaps the most comprehensive goal statement of any state, highlighting outcomes for every level of the system, including the state, communities, site leaders, families, and children (See **Text Box 1**).

More than half the states (27) included system coordination/integration/continuity as part of the vision statement. Given that the overall goal of the PDG B-5 grant is system coordination, it is not surprising that it was featured prominently in the vision statements. In states where system coordination and collaboration were not the focus of the vision statement, it was often discussed in the application as a vehicle to achieve the broader vision articulated in the statement.

The analysis of the vision statements also indicates that states may need additional support thinking about and promoting equity in state-level systems building. In the majority of states (33), the vision statement referenced supporting "all children" or "every child." Although these statements often also included increasing access to services for vulnerable children, this language implies a uniform set of services or supports from which children of color and economically disadvantaged children will also benefit. However, this perspective does not provide the foundation from which to seriously address the pervasive inequities in state early childhood systems that include, for example, the disproportionate rates at which children of color are expelled, suspended, or diagnosed with disabilities, or the significantly higher child outcomes for white and economically advantaged children as they enter school compared to children who are further from opportunity who are disproportionately children of color and lower-income children. States will need to include or significantly expand their discussion of equity in the renewal application as they wrestle with how they allocate resources to achieve their vision.

In contrast, a relatively small number of states (16) expressly integrated equity (or the term "equitable")



into their PDG B-5 vision statements. A vision that includes equity takes into consideration differences in needs, values, and structures that shape life options and outcomes for different groups. When “equity” or “equitable” is included in a vision statement, it implies that the state will specifically address the needs of children of color and economically disadvantaged children through strategies that create conditions in which group status will no longer predict outcomes. For example, the vision in one state focuses on “ensuring income, race, zip code, disability, and home language are not predictors of high-quality early childhood experiences or child outcomes.”

In order to achieve this vision, states that include an equity focus will have to explore how to allocate resources in ways that move toward access to high-quality care and outcomes that are not predicted by race or income. The states with a stronger focus on equity included equity trainings of state staff as part of the PDG B-5 applications, analyzing the needs assessment through an equity lens, the development of equity ratings, and hosting convenings and summits that address implicit bias and other issues related to equity.

Given these findings, it will be important that all states continue to reflect on equity in their state systems and find ways to prioritize equity in the renewal applications, including issues of racial, socioeconomic, cultural, and geographic equity. While states may be concerned with equity issues even if equity is not expressly included in the vision statement of the initial application, it will be important for each state to review its needs assessment and strategic plan through an equity lens and focus PDG B-5 renewal application funding on initiatives that will promote equity in their state systems.

A vision that includes equity takes into consideration differences in needs, values, and structures that shape life options and outcomes for different groups.

RECOMMENDATION 3

States are using the PDG B-5 grant funding to take on the toughest issues in the field and should learn from each other's efforts.

Even without the benefit of a completed needs assessment and strategic plan, states were able to articulate and propose activities to address pressing needs in the PDG B-5 applications. In the applications, states proposed a wide range of activities to improve or address the following areas of their state ECE systems:

- The supply and quality of infant and toddler care.
- Infant and early childhood mental health.
- Family child care.
- Dual language/limited English proficiency learners.
- Immigrant children and families.
- Early childhood facilities.
- Family engagement.
- Nutrition.

Below are brief summaries of how states addressed these critical issues in the applications. Additional detail is provided in the subsections of **Appendix D**.

Addressing the supply and quality of ECE for infants and toddlers. A number of states recognized and proposed activities to address issues related to the supply and quality of ECE for infants and toddlers. Most states described specific strategies to support the infant/toddler workforce, most notably professional development to improve educators' knowledge and competencies of infant/toddler development and care. Other proposed activities were designed to increase the supply of infant/toddler care, establish or expand infant/toddler specialist networks, and develop system-level supports (e.g., coordinated enrollment, a state-level position dedicated to infant/toddler supports, etc.) to improve quality and supply. **Appendix D.1** has additional information about these activities across states, as well as the specific activities of each state.

Infant and early childhood mental health (IECMH). Many states included strategies to support IECMH through the development of cross-sector supports

and the training of educators and other professionals who work with families. The most common type of activity was professional development for the ECE workforce on trauma-informed practices to effectively support children with adverse childhood experiences (ACEs). Some states proposed the use of specific curriculum models (e.g., Center on the Social and Emotional Foundations for Early Learning's Pyramid Model, Strengthening Families, Building Flourishing Communities) and others shared plans to scale-up the use of specific toolkits or curricula. Other activities included increased access to mental health consultants/networks, cross-sector coordination, use of improvement hubs, or task forces to support coordination of IECMH Services. **Appendix D.2** has additional information about the activities designed to support IECMH across states, as well as the specific activities of each state.

Family child care. Slightly over half the states shared how they will include family child care as part of the B-5 system, noting specific barriers and challenges to this sector of the state's mixed delivery system. Activities included engaging with family child care providers as a partner or collaborator in the state's mixed delivery system, providing technical assistance or quality improvement activities targeted to family child care, or efforts to include their input and feedback in PDG B-5 planning and implementation. **Appendix D.3** has additional information about the activities for family child care providers, as well as the specific activities of each state.

Children and families who speak a language other than English at home. Nearly all states noted a need to support children and families who speak a language other than English at home, with a number of states including this population in the application's definition of "vulnerable." Both educators and families were included as intended recipients of the activities. For educators and other B-5 system stakeholders, states identified professional development opportunities to build cultural and linguistic awareness in the workforce

to support appropriate and effective interactions. For families, states mentioned the availability of materials in multiple languages, the use of translators to include families in meetings, and efforts to include their voices in the development of state plans or materials. A few states specifically proposed using or expanding WIDA Early Years to support training or systems approaches. A handful of states discussed plans to ensure state early learning standards supported children of families who spoke a language other than English at home.

Appendix D.4 has additional information about the activities for these children and families, as well as the specific activities of each state.

Immigrant families and children. Only a few states discussed children and families who were immigrants, and even fewer proposed activities to support them. Most discussions were limited to mentioning immigrants in the needs assessment or identifying them as stakeholders in the process. A few states planned to include immigrants in their definition of vulnerable or underserved populations. One state proposed parent leadership training for immigrant families. **Appendix D.5** has additional information about immigrant-focused activities in the applications, as well as the specific immigrant family engagement activities of each state.

Facilities. Despite the specific requirement that the PDG B-5 application address ECE facilities and facility-related concerns, only a little over half of the states mentioned or included plans for ECE facilities. In general, these states recognized facilities as a barrier to quality and provided brief language on the need to address ECE facilities to improve quality, but did not provide detailed information on how they planned to address the concerns. Activities included addressing facilities in the needs assessment process and ways to use non-PDG funds to support infrastructure efforts. **Appendix D.6** has additional information about how states incorporated facilities into the applications, as well as the specific facilities-related activities of each state.

Family engagement. Nearly all states acknowledged that family engagement was an important part of their state's B-5 systems work and identified ways in the applications to better communicate and engage with families. Activities described in the applications

focused on supports for the workforce to effectively engage with families, make families more aware of programs and services, support families' knowledge of child development, and support families through transitions from early childhood programs to the public school system. A few states targeted activities at the state level, sharing plans to create or expand committees, workgroups, or frameworks focused on family engagement. Other states shared how materials and trainings will be tailored to specific populations of families. Importantly, many states planned to elicit input of families for the needs assessment, using them to test tools or materials, or provide the state with other forms of feedback, with some states offering families compensation for their participation. **Appendix D.7** has additional information about family engagement activities in the applications, as well as the specific family engagement activities of each state.

Nutrition. The majority of states included some language about child nutrition in their applications. Most frequently, it was simply to recognize the importance of child nutrition or food programs for children within the B-5 system. A number of applications recognized the need to reach both educators and families with messaging about the importance of child nutrition and access to services or training related to supporting strong nutritional practices. Some states planned to address nutrition in their needs assessment or strategic plans, while others planned to implement quality improvement approaches (e.g., sharing best practices, implementing farm-to-ECE models, and expanding CACFP participation). **Appendix D.8** has additional information about the child nutrition activities in the applications, as well as the specific activities of each state.

It is clear from the analysis of the applications that some states are more advanced in their thinking about certain areas of ECE system development than other states. While every state submitting a PDG B-5 application continues to strive to improve all aspects of its system, some states focused more on proposing activities to support infant/toddler care, while others dedicated more time in their applications to IECMH or family engagement. Given that there are numerous innovative ideas in the applications, states—with the support of Administration for Children and Families—should look to learn from one another as they continue to improve their state systems.

RECOMMENDATION 4

States must continue to work on connecting current resources, activities, and anticipated outcomes in a clear system-wide Theory of Change targeted at the populations they have defined as vulnerable.

One of the most important, yet challenging, aspects of the PDG B-5 application was the development of a logic model. The application asked that the logic model explain the “logical connections” among “project goals and objectives, the target population, project inputs (resources), the proposed activities/ processes/outputs directed toward the target population, the expected short- and long-term outcomes the initiative is designed to achieve, and the evaluation plan...” Across the applications, states were able to clearly articulate the state’s vulnerable populations, activities, and outcomes, but were less precise about the linkages between the outcomes and proposed activities for the populations they had defined as vulnerable.

The populations that states defined as vulnerable are outlined below, along with the short-term state-, community-, provider-, family-, and child-level goals that the state wishes to achieve. While variation in the logic models across the applications makes it difficult to conduct a detailed analysis of how they connect input, activities, and outcomes, just looking at the activities and vulnerable populations in the aggregate provides evidence for the need for a stronger connection. This is discussed in detail below.

How states defined their vulnerable populations

The PDG B-5 application asked states to provide “a clear description of the populations of children who are vulnerable or underserved, as defined by the state...”⁶ How a state defines these populations is critically important because the groups under the definition should be those that are the “target populations” of the activities in the logic model. **Table 2** provides an overview of the vulnerable and underserved populations included across all of the applications and the states that included each population.

Similar to the way in which eligibility is defined for different social service programs, states defined vulnerable/underserved both in terms of income and family characteristics or categories. Not surprisingly, a majority of states (31) used children and families in poverty to define the vulnerable/underserved population. In some cases, states used extreme poverty. In other cases, states expanded the income threshold to include families at 150 percent, 250 percent, and even 300 percent of poverty in their definition of vulnerable/underserved. These higher income thresholds acknowledge the tenuous conditions of low-income working families in addition to those who are in poverty.

In addition, no fewer than 19 categorical definitions of vulnerable/underserved were included in the applications. Children and families experiencing homelessness and children with disabilities were the two categories most often incorporated into the state definitions of vulnerable/underserved (25 states for each category). Children in families who speak a language other than English (21 states) and children in foster care (21 states) were also frequently identified in the definition. Interestingly, children experiencing trauma was used as part of the definition of vulnerable/underserved in only 8 states, while children living in rural areas was part of the definition in 11 states. Health-related categories were also included in the definition. Five states included medically underserved children and families and another three states included pre-term/low-birthweight babies. Other important categories used less often included TANF participants, tribal members, teen and single parents, children of incarcerated parents, and families living in areas of concentrated poverty.

⁶PDG B-5 Application, page 47.

Table 2: How States Defined “Vulnerable/Underserved” in the PDG B-5 Applications

Vulnerable Population		State	Number of States
Income Definitions	Children/families in poverty or extreme poverty	Alabama, Alaska, Arizona, Connecticut, Delaware, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Vermont, Virginia	31 states
	Children/families who have low-incomes ⁷	Connecticut (significantly below the state’s median income), DC (250% FPL), Florida (150% FPL), Indiana (250% FPL), Louisiana (200% FPL), Maine (100% FPL), Nevada (200% FPL), New Mexico (100% FPL), North Carolina (below 75% of state’s median income), Ohio (200% FPL), Oklahoma (200% FPL), Pennsylvania (300% FPL), South Carolina (200% FPL), Texas (Children eligible for free or reduced lunch), Utah (Living in low-income household)	15 states
Categorical Definitions	Unstable housing/homelessness	California, Connecticut, Delaware, DC, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, Montana, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Utah, Vermont, Washington	25 states
	Special needs, disability, or developmental delay*	Arizona, California, Connecticut, DC, Florida, Hawaii, Indiana, Iowa, Kansas, Maine, Massachusetts, Minnesota, Mississippi, Montana, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Washington	25 states
	Speak a language other than English	Connecticut, Delaware, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Utah, Vermont, Virginia, Washington	21 states
	Children in foster care	Alabama, California, Delaware, DC, Florida, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, Montana, New Jersey, New Mexico, North Dakota, Oklahoma, Pennsylvania, Vermont, Washington	21 states
	Living in a rural community	Alaska, California, Delaware, Illinois, Kentucky, Louisiana, New York, Ohio, Oklahoma, Vermont, Washington	11 states
	Children experiencing trauma	Arizona, Kentucky, Montana, North Carolina, North Dakota, Oklahoma, Virginia, Vermont	8 states
	Migrant/seasonal workers	Connecticut, Illinois, Louisiana, Minnesota, New Jersey, Pennsylvania, Vermont	7 states
	Children of teen parents	Connecticut, Delaware, Illinois, Iowa, Montana, Nebraska, New Mexico	7 states
	Domestic violence	Connecticut, Delaware, Florida, Indiana, Mississippi, New Jersey	6 states
	Refugees, asylees, or individuals with mixed immigration status	Illinois, Massachusetts, New Mexico, New York, Oklahoma, Vermont	6 states
	TANF participation	Connecticut, DC, Illinois, Kansas, Maryland, New Jersey	6 states
Medically underserved children and families	Colorado, Indiana, Kentucky, Mississippi, Ohio	5 states	

continued...

⁷The income definitions are not mutually exclusive. States mentioned children and families in poverty and children and families who are low-income separately and are therefore included in both income definition categories.

Table 2: How States Defined “Vulnerable/Underserved” in the PDG B-5 Applications

Vulnerable Population	State	Number of States	
Categorical Definitions	Military families	Connecticut, Delaware, Montana, New Jersey	4 states
	Children of incarcerated parents	Connecticut, Iowa, Oklahoma, Vermont	4 states
	Minority/ethnic groups	Maryland, New York, Oklahoma, Washington	4 states
	Children who are pre-term/low birth weight	Indiana, Nebraska, New Mexico	3 states
	Tribal families	Minnesota, Montana, North Dakota	3 states
	Single-parent households	Arizona, Connecticut	2 states
	Families living in areas of concentrated poverty	Connecticut	1 state
	Other	Agricultural services (Alabama), children in unlicensed child care programs (Alabama), health care needs (Montana), infant age 0-19 months (Montana); historically underserved/not enrolled in a high-quality ECE (Oregon); children at risk of not meeting developmental milestones (Georgia)	4 states
	No specific definition	Arkansas, New Hampshire (part of needs assessment process), U.S. Virgin Islands	3 states

Based on how states defined their vulnerable populations and their proposed activities in the aggregate, there does not appear to be a clear linkage between these two aspects of the applications. For example, 21 applications define children who speak a language other than English as a vulnerable population, but 34 applications offer activities targeted to this population. Similarly, 8 states define children who experience trauma as a vulnerable population, while 36 states discuss activities related to supporting infant and early childhood mental health.

Anticipated short-term outcomes proposed in the PDG B-5 applications

The PDG B-5 application asked states to identify “the outcomes to be derived by the project.” These outcomes are intended to move each state toward its vision by outlining what it will accomplish during the grant period. These outcomes are important to analyze and understand as they provide an indication of the expected results of the grant activities and provide the foundational outcomes on which states will build in their renewal applications.

To get a better sense of what states proposed to achieve with the funding, the short-term outcomes

of the application logic models were analyzed. In most cases, these short-term outcomes represented the impact the state thought the funded activities will have over the grant year. **Appendix E** provides information on the areas in which states specified that they will achieve an outcome. These areas include state-level changes, community-level impacts, and provider, family, and child-level outcomes. It is important to note that these outcome areas reflect what was proposed in the application and may change based on each state’s needs assessment and strategic planning process. In addition, states may have also proposed activities in these areas that are not reflected as short-term outcomes. This may be due to inconsistencies within the applications, or the fact that the proposed activity was designed to achieve a longer-term outcome.

These outcomes are important to analyze and understand as they provide an indication of the expected results of the grant activities and provide the foundational outcomes on which states will build in their renewal applications.

State-level outcomes

Given the focus of the PDG B-5 grant and the fact that states only had one year to achieve the project outcomes, it is not surprising that almost every state discussed state-level outcomes in its application. In total, 42 states proposed impacting their ECE system during the grant year. The most common short-term system outcomes included a better understanding of system needs and program alignment (or misalignment) and a strategic plan with recommendations that support better system coordination, smoother ECE to K-12 transitions, and increased participation by families in the system. In addition, states commonly proposed state outcomes related to easier navigation by parents and establishing an unduplicated count of children. These short-term state-level outcomes come as no surprise as they reflect the core requirements of the grant.

In addition to these outcomes, a number of states focused on more effective uses of data as a state-level outcome (e.g., Delaware, Maryland, Oregon, Pennsylvania, Vermont, Virginia, and Washington). These outcomes included either creating a plan to update and/or integrate state data systems, providing additional training to staff to improve their use of data, or conducting the initial work necessary to modernize the state data system to support data integration.

A number of states included an increase in state capacity as an important short-term outcome. These short-term capacity outcomes included adding new staff to support state initiatives like family engagement (e.g., Arkansas) and early childhood mental health consultation (e.g., Pennsylvania), as well as training staff to better understand available services for children and families in the state (e.g., Hawaii).

Other notable and/or innovative short-term state-level outcomes included greater involvement of tribes in the state ECE system (e.g., Washington), creating fiscal maps to support the leveraging of funds (e.g., Kentucky), and creating and implementing outcome-based contracting that incentivizes the integration of B-5 services (e.g., Connecticut). Another notable short-term outcome was Maryland's commitment to achieve a more culturally and linguistically sensitive ECE system that will result from

culturally responsive leadership training to 40 high-level staff across the state's ECE system.

Community-level outcomes

In addition to the short-term state-level outcomes, a number of states also included outcomes focused on building the capacity of local/community ECE systems to better support children and families. In some cases, community-level outcomes focused on building local leadership, capacity, and engagement. For example, Indiana's application includes a short-term outcome focused on communities being



more engaged in leading local B-5 ECE system development. Pennsylvania's application included a short-term outcome on increasing the capacity of the state's local early learning resource centers to provide "relationship-based, culturally and linguistically responsive resource and referral." Nebraska's application discussed increasing the capacity of communities to understand service gaps at the local level to support children and families.

Other states included short-term outcomes focused on building or enhancing a local ECE system infrastructure. Examples include New Hampshire's creation of a "regional EC infrastructure" aligned with the state ECE governance structure; Virginia's networked group of local ECE systems; Maryland's effort to enhance its local early childhood advisory



councils; and New Jersey's desire to see that the state's central intake hubs are fully operational.

Finally, in some cases, states appear to go a step further by proposing a short-term outcome that involved devolving authority for ECE decision-making to localities. For example, Louisiana's short-term outcomes include that "communities have the authority to make changes and find investments to improve quality and access." Additionally, Nevada includes "opportunities to plan and implement community-specific innovations" as a short-term outcome.

Provider/Workforce-Level Outcomes

Improving the quality of early care and education programs is a major goal of the PDG B-5 grant with sections of the application dedicated to sharing best practices in early childhood and quality enhancement. Accordingly, most states focused on sharing best practices and improving quality in some way. Those states that did not overtly mention these areas as a short-term outcome were focused more on the system-building components related to quality or gathering information to support quality enhancements.

Short-term outcomes related to quality took many forms across the applications. A number of states focused on increased participation in the state's quality rating and improvement system (QRIS) and professional development systems (e.g., Alaska, Maryland, New York, South Carolina) with a number of states targeting specific types of providers. For example, California's short-term outcome related to provider quality included a specific reference to rural, tribal, and family child care providers, while Colorado and Louisiana included a focus on family, friend, and neighbor care and family child care, respectively.

Other states included the more general short-term outcome of improved quality of early care and education programs (e.g., Alabama, Florida, Hawaii, Mississippi, New Jersey, North Carolina, Rhode Island). In some cases, states were specific about types of care, like infant/toddler (e.g., California and Louisiana) or family child care (e.g., Pennsylvania). Other states expressed quality improvements in terms of more providers knowing and improving implementation of best practices (e.g., DC, Georgia, Illinois, Indiana, Massachusetts, Montana, Nebraska, New Mexico).

Some applications included short-term provider outcomes related to the workforce. For the most part, these short-term outcomes were general—ensuring an adequate supply and quality of ECE workers (e.g., Colorado), strengthening the early childhood workforce (e.g., Mississippi), or creating a workforce pipeline (e.g., New Hampshire). In at least one case—Pennsylvania—the outcome focused on increased enrollment in degree programs, particularly among family child care providers.

In addition to these workforce outcomes, some of the more noteworthy short-term outcomes focused on building provider capacity to blend funding (e.g., Alaska), support transitions (e.g. South Carolina), implement trauma-informed care (e.g., Arkansas), and create more inclusive classrooms (e.g., Maryland, Pennsylvania, Washington). Finally, a small number of states supported a focus on early care and education providers as businesses (e.g., Nebraska, Pennsylvania, Washington) through supporting business practices or shared services hubs.

Family-level outcomes

Given the emphasis of the grant on maximizing parent choice, family engagement, and supporting the involvement of parents in the development and education of their children, a large majority of the states included family-level short-term goals in their grant proposals. Not surprisingly, the most frequently occurring short-term goal across the applications involved increased parental awareness of child care options (e.g., Florida, Montana, New Jersey, New Mexico, New York, and Iowa) and access to resources and services (e.g., Kentucky, Mississippi, Minnesota). Another common short-term goal included enhancing parents' knowledge of child development and the impact of quality on child development (New Mexico).

Other noteworthy short-term family-level outcomes included families improving parent/child relationships and knowledge and skill (e.g., Massachusetts and Pennsylvania), increasing parent leadership (e.g., Indiana) and voice (e.g., Ohio), and increasing the extent to which quality is driving parents' decisions about their choice of care (e.g., Colorado).

Child-level outcomes

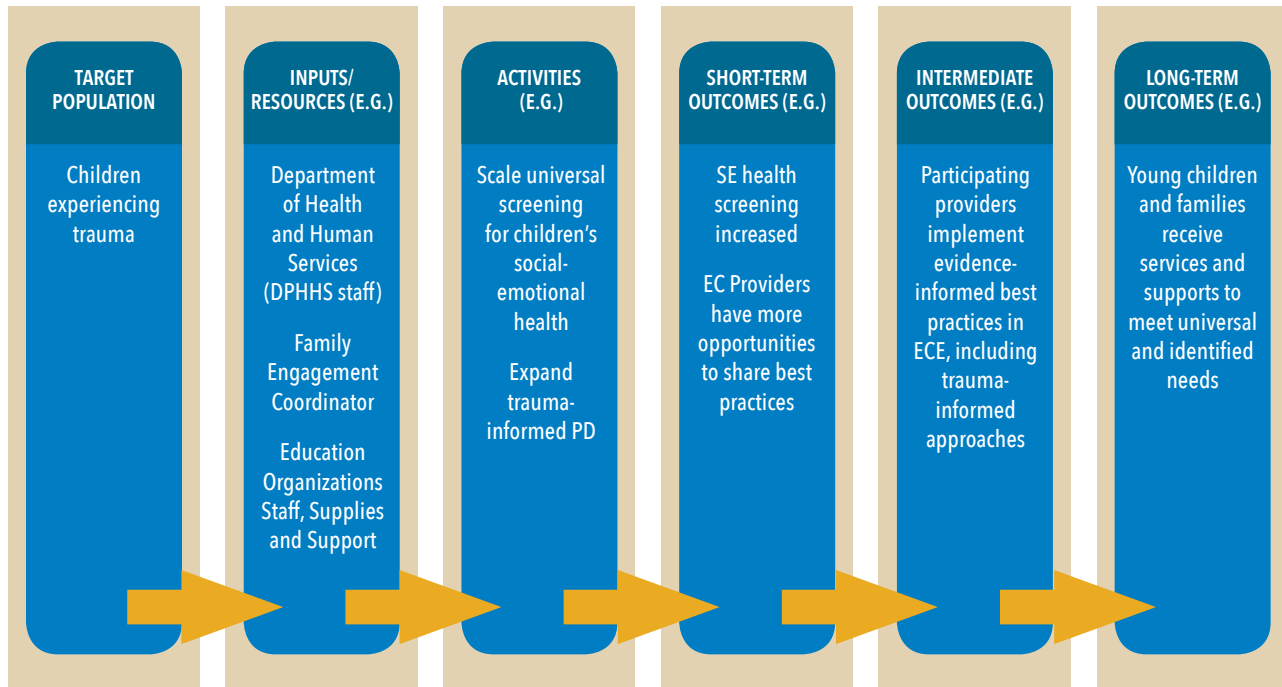
While all of the activities outlined in state applications are intended to impact child well-being, only a few states included short-term child-level outcomes. This finding makes sense given that it is difficult to achieve child-level outcomes in one year, and system and provider quality enhancements must be in place first in order for child outcomes to change for the better. Therefore, for the most part, states focused on short-term children outcomes that will be the product of system-level changes. Child-level outcomes included more children in the ECE system (e.g., Alabama, Mississippi), more children receiving the necessary supports (e.g., Massachusetts), and more children in the care of providers that are of high quality (e.g., New York) and who support social/emotional development and practice trauma-informed care (e.g., Vermont and DC). Some states included child-level outcomes regarding more children receiving screening for developmental delays and social-emotional health (e.g., Colorado, Massachusetts, New York, and Montana). Some states—like California and Pennsylvania—also included an increase in the number of children in inclusive preschool settings as a short-term child outcome.

Not surprisingly, the most frequently occurring short-term goal across the applications involved increased parental awareness of child care options.

In only a few cases did states include short-term outcomes related to child well-being or school readiness. DC, for example, included increases in social-emotional competence and decreases in disruptive behavior while some states included increases in kindergarten readiness (e.g., Alabama and Mississippi).

As states finalize the needs assessments and strategic plans conducted as part the initial PDG B-5, it will be important to reflect on these outcomes and work to make sure that there are logical connections among the needs of the target populations, the activities designed to address those needs, and the expected

Figure 3: PDG B-5 Logic Model for Children Experiencing Trauma



SOURCE: EXCERPT FROM MONTANA'S PDG B-5 APPLICATION, P. 56.

short- and long-term outcomes from those activities. **Figure 3** provides an excerpt of a logic model from one state that provides strong connections among inputs, activities, and outcomes for a target population. In the excerpt, the state includes children experiencing trauma as a target population and provides in the logic model a specific set of activities

that build off state resources to support the target population (screening for social-emotional health and trauma-informed professional development) and the short-term, intermediate, and longer-term outcomes that are directly related to the activities. States must continue to work on making these connections across their systems of supports.

CONCLUSION

The PDG B-5 grant has afforded states an important opportunity to work on coordination and collaboration within the B-5 early childhood state systems. As the detailed analyses outlined in **Appendices B and D** indicate, states have proposed ambitious plans with the first round of PDG B-5 funding and will benefit from the needs assessment and strategic planning processes as they develop the content of the renewal applications. The recommendations provided within this report are intended to support states in their thinking about next steps through the renewal applications as they work to improve the outcomes and well-being of the most vulnerable children and families in their state. The recommendations

also highlight ways in which the Administration for Children and Families, technical assistance providers, researchers, and other partners can support states as they continue their work.

Finally, this report is only a first look at state priorities and trends in how they are using federal funds for state early childhood systems building. It is hoped that the field can continue to develop a deeper understanding of state approaches through further analysis of the renewal grant applications and by tracking the impact of the initiatives funded with PDG B-5 funding over time to determine the next generation of best practices.

APPENDICES

Appendix A: Funding History of PDG B-5 States

Table A.1 organizes the states receiving a PDG B-5 grant based on whether the state received past funding for state systems-building efforts. For 14 states, the District of Columbia (DC), and the U.S. Virgin Islands, the PDG B-5 grant represents the first federal funding that has been awarded specifically for the purpose of coordinating the ECE system. For 19 states, the PDG B-5 funding will build on work funded under RTT-ELC and, for six of those 19 states,

combined RTT-ELC and initial PDG grant funding. Eleven states will be able to build on the work conducted under the initial PDG grants that the state received. Given this funding history, it is clear that states will be at very different places in their systems-building work—a fact that is important to keep in mind when assessing the work conducted under the initial PDG B-5 grants.

Table A.1: Funding History of Current PDG B-5 Grant Recipients⁸

RTT-ELC Grant (13 states)	RTT-ELC & PDG (6 states)	PDG Grant (11 states)	PDG B-5 (14 states, DC, and USVI)
California Colorado Delaware* Georgia Kentucky Michigan Minnesota New Mexico North Carolina Ohio Oregon Pennsylvania Washington	Illinois Maryland Massachusetts* New Jersey* Rhode Island Vermont	Alabama Arizona Arkansas Connecticut Hawaii* Louisiana* Maine Montana Nevada New York* Virginia	Alaska* DC Florida* Indiana* Iowa Kansas* Mississippi* Missouri Oklahoma* Nebraska New Hampshire North Dakota South Carolina Texas USVI Utah*

⁸ Early Childhood Comprehensive Systems (ECCS) grants, last awarded in 2016, also provided smaller amounts of funding to foster partnerships among different state agencies to develop seamless systems of care for children from birth to kindergarten to address child health and well-being concerns.

States with an asterisk received ECCS funding.

APPENDICES

Appendix B: Collaboration and Coordination Efforts by B-5 Program or Service

Appendix B.1: Head Start in the PDG B-5 Applications

A major purpose of the PDG B-5 grant is to encourage partnerships among Head Start providers, state and local governments, Indian tribes, faith-based and community organizations, and local education agencies. As a federal-to-local program governed by federal program performance standards, states can find it difficult to incorporate Head Start into state-level systems-building initiatives. While Head Start State Collaboration Offices work to facilitate partnerships between Head Start and other state entities, the PDG B-5 grant gives states the opportunity to expand upon this infrastructure to support increased coordination and collaboration. **Table B.1.1** outlines the major activities related to Head Start in the applications and the states that proposed the activities. **Table B.1.2** provides a summary of the instances in which Head Start is mentioned and/or activities for each state.

In the PDG B-5 applications, all states referenced Head Start as a partner and collaborator in the state B-5 mixed delivery system. Across the applications, this was expressed through specifically naming Head Start as a partner, discussing how the state will leverage partnerships with Head Start, including Head Start in PDG B-5 pilot programs or additional funding opportunities, and including Head Start representation on state-level committees. Many states described a history of partnership with Head Start through representation in State Advisory Councils, state-level leadership teams, alignment of standards and assessments, joint professional development, inclusion in the state QRIS, and the use of Head Start's expertise and resources. While this analysis focuses on future activities, it should be noted that many states documented previous partnerships and alignment efforts—like the Early Head Start-Child Care Partnerships and QRIS initiatives—that will be ongoing in the grant.⁹ A majority of state applications discussed Head Start's role in the needs assessment process through input

(e.g., committee participation) or through the use of previous Head Start needs assessments.

Including Head Start in needs assessment or strategic planning activities

Most states (34 and the USVI) noted they will use Head Start needs assessments or input from Head Start representatives, including parents, as a source of information for the PDG B-5 **needs assessment or strategic planning process**. For instance, Head Start will serve on Oregon's state Needs Assessment Advisory Committee and Rhode Island's Ambassador Design Team will include Head Start representatives.

Use of Head Start best practices and expertise

Head Start was identified as a source of **best practices or expertise** by 18 states and the U.S. Virgin Islands. States spoke about using Head Start information resources and best practices in teaching and learning and transitions services, and projects such as the Managed Care Organization Liaison Project (Pennsylvania). Of these states, most spoke to Head Start's deep expertise in family engagement. Some states discussed using Head Start's Parent Family and Community Engagement Toolkit, while others discussed expanding family leadership and leveraging Head Start's family engagement to reach families for input and feedback opportunities for the PDG grant. For instance, the Kansas Head Start Association (KHSA) plans to enhance a network of parent leaders to advocate for families and early childhood supports via a peer-to-peer training model and Kentucky will develop a family engagement partnership workgroup drawing on Head Start's knowledge and resources.

⁹ States that discussed ongoing efforts with the EHS/CC Partnerships include Alabama, Arkansas, Colorado, the District of Columbia, Delaware, Georgia, Hawaii, Louisiana, Oklahoma, New York. States that discussed continuing efforts with QRIS included Alaska, South Carolina, and Texas.

Efforts to include Head Start in the data system

Sixteen states and the U.S. Virgin Islands mentioned Head Start in discussions about data systems, including plans to develop an unduplicated count

of children and coordinated enrollment systems. Six states noted that Head Start will be intentionally included as a program option through resource and referral resources, information hubs, or other points of entry for families.

Table B.1.1. Head Start Initiatives in the PDG B-5 Applications, by State and Key Activity

Mentions/Key Activities	States	Number of States
Including Head Start in needs assessment or strategic planning activities	Alabama, Alaska, Arizona, Colorado, Delaware, Georgia, Illinois, Iowa, Indiana, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Virginia, Vermont, Washington, U.S. Virgin Islands	34 states & USVI
Use of Head Start resources/expertise	Alaska, Arkansas, California, Indiana, Kansas, Kentucky, Montana, New Hampshire, New Jersey, New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Utah, Vermont, U.S. Virgin Islands	18 states & USVI
Efforts to include Head Start in data systems	Iowa, Massachusetts, Maryland, Montana, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, U.S. Virgin Islands	16 states & USVI
Alignment of Head Start in the state system	<i>Child assessment (2):</i> Alaska, Massachusetts <i>Language/Definitions (5):</i> Delaware, Montana, New Mexico, South Carolina, Utah <i>Standards, Competencies (6):</i> Colorado, Montana, Oregon, Pennsylvania, Virginia, U.S. Virgin Islands <i>Quality activities (2):</i> Oklahoma, Texas	13 states & USVI
Including Head Start in professional learning opportunities	Alabama, Hawaii, Kentucky, North Dakota, Nebraska, New Hampshire, New Mexico, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, U.S. Virgin Islands	13 states & USVI
Including Head Start in transition/school readiness efforts	Alabama, Arizona, Indiana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Pennsylvania, Ohio, Oregon, Utah, U.S. Virgin Islands	12 states & USVI
Noted in discussion of challenges	Alaska, Arizona, Florida, Iowa, Indiana, New Mexico, North Dakota, Ohio	8 states

Aligning Head Start with other aspects of the state system

Head Start was included in discussions of **alignment activities** for 13 states and the U.S. Virgin Islands. Two states discussed aligned child screening and assessment—Alaska stated it will use the Head Start model for child assessment and Massachusetts will include Head Start in its work to secure a statewide license for the Ages and Stages Questionnaires (ASQ) to enable secure data sharing across programs. Five

states and the U.S. Virgin Islands shared plans to align child development and early learning standards or educator competency standards with Head Start. Oregon will use PDG B-5 funds to adopt the Head Start Early Learning Outcomes Framework for infants and toddlers as part of an aligned B-K standards system. Pennsylvania plans to adopt Head Start’s Relationship Based Competencies. Five states discussed aligning early-childhood-related language or definitions to support cross-sector work.

Including Head Start in professional learning opportunities

Similarly, Head Start was specifically mentioned as a potential participant in **professional learning** by 13 states and the U.S. Virgin Islands. Some of this work was built off of Early Head Start/Child Care Partnerships (Hawaii) and others were for specific training topics such as Adverse Childhood Experiences (ACEs) (South Carolina) or mental health (Oklahoma).

Including Head Start in transition and school readiness efforts

Head Start was cited in discussions about **transition and school readiness** applications for 12 states and the U.S. Virginia Islands. Two states planned to host Kindergarten Transition Summits that included Head Start participation.

Noted in discussion of challenges

Eight states mentioned Head Start in their discussion of coordination and collaboration **challenges**. Some ranged from noting issues with fragmentation and coordination among early learning providers. Some noted declining Head Start enrollment (Iowa), program waitlists (North Dakota), and lack of support for leaders managing Head Start programs (Florida). One state, New Mexico, noted issues Head Start has experienced in filling seats since the expansion of the state’s prekindergarten program.

Table B.1.2. Head Start Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Stated plans for joint professional development with other B-5 educators, noted challenges in misalignment due to differing guidelines, requirements, cost allocation rules, etc. • Included as data source for needs assessment. • Used language related to collaboration and coordination (e.g., screening and providing early intervention). • Intended to share best practices, including the Early Head Start-Child Care Partnership programs. • Promoted increased participation in Head Start.
Alaska	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Mentioned as data source for needs assessment. • Mentioned as part of best practice sharing. • Planned to award mini-grants to grow participation of Head Start programs in the QRIS system (<i>Learn & Grow</i>); will include pathways for Head Start. • Challenge in coordination questions that include Head Start. • Planned to use Head Start model as the state streamlines system for aligning child assessment. • Planned to expand referral database to include Head Start. • Will be part of expedited fingerprinting infrastructure.
Arizona	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Noted that Arizona HSSCO conducted a needs assessment. • Shared that Head Start was part of cross-sector PD Network, but that a challenge was that field continued to be fragmented and it was difficult to share best practices. • Included Head Start in discussion of best practice sharing and supports for transitions.
Arkansas	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Combined resources—will send ACEs survey through different programs, including Head Start. • Included as a resource for needs assessment. • Head Start can participate in pilot programs funded by PDG B-5. • Noted use of <i>Family Map Inventories</i> in Head Start, though this appears to be happening with funds other than PDG B-5.

State	Mentions and/or Activities
California	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Planned to include Head Start grantee parent councils as part of state-level ELC PC to serve as an advisory board.
Colorado	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as a resource for needs assessment. • Planned to encourage Head Start Policy Council parents to participate in work groups to support needs assessment and the strategic plan. • Planned to review and modify the Colorado Early Learning and Development Guidelines to align with Head Start Early Learning Outcomes Framework and the Colorado Academic Standards.
Connecticut	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Planned to include input from Head Start partners on a public health campaign.
DC	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Noted that it does not currently obtain Head Start data.
Delaware	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment. • Planned to use Head Start child-level outcomes framework to inform whole-child development language.
Florida	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Representation on the reconfigured SAC.
Georgia	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment. • Represented on the Governance Committee. • Included in list of leaders who have not yet received much intentional support. • Represented in each Early Language and Literacy Classroom grant. • Frequently mentioned Head Start when discussing previous alignment and coordination efforts.
Hawaii	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Representation on the PDG B-5 State Advisory Council. • Described several different ways interacting with Head Start in current system.
Illinois	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment.
Indiana	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment. • Included as a key stakeholder in strategic plan process. • Highlighted Head Start as important resource for best practices in quality teaching and learning, transitions, and family well-being supports.
Iowa	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment. • Noted that it will use Head Start data to obtain unduplicated count. • Included Head Start in challenges, noting declining enrollment of four-year-olds in Head Start. • Included in focus groups. • Described several existing ways Head Start coordinates and collaborates within B-5 system.
Kansas	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment. • Noted the Kansas Head Start Association will provide parent stipends so that parents can attend PDG activities.

State	Mentions and/or Activities
Kentucky	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Represented in the family engagement partnership workgroup. • Stakeholder and co-leader of blended model work group that will explore best practices in blended models and coordinate with other B-5 stakeholders to support blended models. • Stated opportunity to deepen supports for inclusion in Head Start. • Stated it will update parent guides and include Head Start Performance Standards.
Louisiana	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment. • Included Head Start frequently in narrative of work already underway in state to collaborate and coordinate.
Maine	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included Head Start frequently in narrative of work already underway in state to collaborate and coordinate.
Maryland	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included as data source in needs assessment. • Planned to obtain data from Head Start for unduplicated count. • Discussed ways Head Start is already involved in coordination and collaboration efforts.
Massachusetts	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment process. • Involved in strategic plan development. • Included in plans for data sharing of ASQ results through purchase of one statewide license. • Included in sustainability planning. • Planned to identify how to include Head Start in unduplicated numbers.
Michigan	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment process. • Planned to support improved recruitment and enrollment in early learning programs, including Head Start.
Minnesota	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment process. • Mentioned in discussion about sharing of best practices.
Mississippi	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Represented on the technical implementation team for the PDG B-5 grant. • Included in needs assessment process. • Mentioned as a contributor in the strategic planning process. • Recipient of support, coaching and training, evaluation materials, and other resources.
Missouri	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment process. • Planned to encourage Head Start programs to participate in the Quality Assurance Report.
Montana	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment process. • Represented in focus groups. • Planned to include Head Start in efforts to deduplicate data. • Stated it will look at Head Start Parent, Family, and Community Engagement Framework to inform its work with families.
Nebraska	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment process and data collection. • Included in strategic plan development. • Included in data discussions. • Included as recipient for Getting Ready train-the-trainer approach. • Involved in transition efforts (e.g., facilitating local transition agreements). • Mentioned in professional development activities.

State	Mentions and/or Activities
Nevada	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment (e.g., Head Start can help to reach parents). • Included in strategic plan development (access to families). • Mentioned as part of local coordination efforts through description of funding for local collaboration efforts.
New Hampshire	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment, including families from the statewide Head Start Parent Advisory Council. • Membership in the Workforce and Professional Development Committee that will advise work and support coordination during the grant. • Noted that strategic plan will include efforts to align with Head Start. • Included in efforts for unduplicated count. • Mentioned in discussion of addressing facilities issues. • Listed as a program that will partner to support family engagement and leadership capacity. • Discussed in narrative on professional development alignment.
New Jersey	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment.
New Mexico	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Noted challenge in filling slots in Head Start classrooms due to pre-K expansion and that need assessment will support more strategic investments in communities. • Included as data source and participant in needs assessment process. • Included in strategic plan discussion. • Noted that data system coordinator will learn from other states about how to include Head Start in data system. • Planned to develop a web portal for families to access provider information, including Head Start. • Included as possible source for video exemplars to be used to share best practices. • Planned to implement Comprehensive Consultation Models for I/ECMH, Early Literacy and Math, and Cultural and Linguistic Responsiveness to programs, including Head Start.
New York	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment. • Included in unduplicated count. • Included in strategic plan. • Represented on the ECAC, which will work with PDG B-5 staff. • Planned Kindergarten Transition Summits include Head Start. • Planned to connect child care, pre-K, and special education to local Head Start Health Services Advisory Committees.
North Carolina	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment. • Mentioned as partner in outreach to parents to include their input as part of strategic planning process. • Included Head Start families as part of the NC Family Engagement Leadership Team that will be developed. • Noted that local community planning initiative will support relationships between early learning programs, including Head Start. • Planned to include activities to support inclusion of Head Start in universal enrollment. • Planned to use Head Start Parent, Family, and Community Engagement Framework to guide family engagement work. • Noted Head Start in transition efforts.
North Dakota	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in needs assessment. • Stated need for additional Head Start programming. • Planned for data coordination including Head Start data so it is part of the state longitudinal data system. Information from the TS-GOLD assessment would be included to support transition to kindergarten. • Planned to coordinate with Head Start Association to support CLASS reliability training to increase number of coaches and assessors.

State	Mentions and/or Activities
Ohio	<ul style="list-style-type: none"> • Included as partner in B-5 system. • Included in data for needs assessment. • Included in strategic plan process. • Represented on a workgroup focused on transition supports. • Included as partner in understanding how much will be required of local Head Starts to issue an SSID. • Included in discussion of challenge in varying requirements across programs. • Mentioned as program to communicate information on digital media campaigns for families. • Proposed online-screening tool that includes Head Start.
Oklahoma	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in the needs assessment. • Included in strategic plan process as a stakeholder. Stated need to strengthen partnerships among B-5 partners, including Head Start. Mentioned focus on transition. • Planned to contract work to build in component to identify enrollment in Head Start as part of effort to obtain an unduplicated count. • Included as an expert in informing plans for maximizing parent choice and family engagement strategies. • Planned to develop a toolkit to support collaboration, including guidance for layering Head Start and pre-K funding in center-based programs. • Noted plans to expand early childhood mental health consultation network, including to Head Start. • Represented on the Evaluation Team. • Planned to use best practices from Head Start. • Described ways already collaborating and coordinating with Head Start.
Oregon	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in the needs assessment. • Represented in strategic plan process. • Included in plans for unduplicated counts of children and families. • Described plans to deliver technical assistance and disseminate resources to support programs in effectively leveraging funding, including the use of Head Start dollars. • Stated plans to adopt the Head Start Early Learning Outcomes Framework for infants and toddlers to align B-K early learning standards, which would support the transition to kindergarten. Will provide TA on the new standards to professional learning providers in the state, including Head Start. • Represented in planning to develop coordinated enrollment systems. • Described plans to address transitions, with Head Start included. • Noted anticipated data gaps in child-level data for Head Start (related to program performance evaluation plan). • Described ways already collaborating and coordinating with Head Start.
Pennsylvania	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in the needs assessment. • Included in plans to share best practices. • Stated it will adopt Head Start's Relationship-Based Competencies. • Noted it will build from Head Start Managed Care Organization Liaison Project to support an early childhood mental health project. • Included in list of programs to which grant wants to connect migrant families. • Described ways already collaborating and coordinating with Head Start.
Rhode Island	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in plans for aligned data systems. • Included in the needs assessment. • Included in strategic plan process as a stakeholder. • Included as collaborator in providing families with timely, accurate information, including enhancement of public-facing website. • Listed as a program that will participate in interdisciplinary trainings, coaching opportunities, and modules on proven programming. • Included in plans to achieve unduplicated count. • Discussed exploring partnership opportunities for networks of providers. • Addressed in performance evaluation, which includes metrics for number of slots in Head Start and Head Start enrollment by community and vulnerable population type. • Represented in workgroup to conduct research on best practices to identify ways to braid and blend funding. • Described ways already collaborating and coordinating with Head Start.

State	Mentions and/or Activities
South Carolina	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in the needs assessment. • Represented in strategic plan process. • Included in definition for children who are “at risk.” Noted as a program serving “priority populations.” • Planned to leverage parent advocacy teams in the Head Start Collaboration Office to help identify ways to engage parent leadership in the strategic planning process. • Proposed reaching Head Start for ACEs training. • Stated it will use Head Start as resource for best practices in transition. • Mentioned ways already coordinating and collaborating with Head Start.
Texas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data collection plans for activity one. • Represented in focus groups as part of strategic plan process. • Listed as a program included in a mobile database geared for families to improve awareness and access to programs. • Planned to open QRIS to all providers, including Head Start. As part of this work, will review how QRIS programs align with other programs, including Head Start. • Noted that Head Start will participate in ASQ training.
Utah	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included as a data source in the needs assessment. • Proposed universal web platform includes Head Start. • Planned activities for sharing best practices includes Head Start. PDG B-5 dollars will be used to expand Kindergarten Transition Summits.
Vermont	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included as part of unduplicated count. • Representation on local Early Childhood Partnership Councils to support dissemination of best practices and relationship-building across programs.
Virginia	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included as data source to inform approaches to maximize parent choice. • Planned PDG Pilot Communities will convene partners including Head Start to support more intentional collaboration. The parent survey will include representation from Head Start parents. • Stated that in redesign of quality standards that can be used with Head Start.
Washington	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data for needs assessment. • Noted that it will pilot a state program modeled after Early Head Start.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data for needs assessment. • Included an integrated eligibility system and partnerships to support full-day services in discussion of strategic planning. • Planned to review Head Start resource to inform best practices for transition. • Noted need to review interagency agreements between programs, including Head Start, to support sustainability. • Stated it will have representation on the Professional Development Task Force. • Planned to review Head Start Early Learning Outcomes Framework when reviewing and enhancing Infant/Toddler Development Standards.

Appendix B.2: Analysis of the Child Care and Development Fund (CCDF) in the PDG B-5 Applications

CCDF is a large source of federal funding to states that is used to improve quality and offset the high cost of child care for low-income families. States have discretion over how CCDF funding is spent within broad federal parameters. The PDG B-5 funding provides an opportunity for states to increase coordination of the program while supporting implementation of the Child Care and Development Block Grant (CCDBG) Act of 2014 that authorizes the CCDF funding. **Table B.2.1** outlines the major activities related to CCDF in the applications and the states that proposed the activities. **Table B.2.2** provides a summary of the CCDF mentions and/or activities for each state.

Discussion of coordination and collaboration with CCDF

Not surprisingly, nearly all states (44 out of the 46¹⁰) referenced coordination and collaboration activities involving CCDF in their PDG B-5 applications. Of these, most states (37 & USVI) referred to CCDF administrators as **coordinator and collaborator in the B-5 system**. For instance, Hawaii noted that the CCDF Child Care Administrator had joint responsibility for the B-5 PDG grant and North Dakota spoke extensively to the inclusion of the CCDF Lead Administrator.

Use of CCDF data to inform needs assessment or strategic plans

Nineteen states discussed the use of CCDF needs assessments and/or expertise to inform the development of **needs assessments or strategic plans**. Three states specifically identified the CCDF administrator or staff as a source of input (Hawaii, Montana, Oregon).

Including CCDF in discussions of collaboration, alignment, and resource sharing

Seventeen states and the U.S. Virgin Islands described CCDF within the context of **collaboration, alignment, and resource sharing**. These efforts included providing consistent information about CCDF across consumer websites. Three states proposed exploring braiding and blending to

maximize CCDF funds. Connecticut stated it will use PDG B-5 funds to develop an Infant Toddler toolkit to support providers who want to expand or those who want to start serving infants and toddlers, noting how it related to the focus on infants and toddlers in their CCDF Plan. Eight states discussed alignment with CCDBG in planned projects or practices. For instance, Maine stated it will review CCDBG collaboration requirements for coordination with the state's McKinney-Vento State coordinator. Missouri, New York, and Pennsylvania discussed professional development plans that aligned with CCDBG. Missouri proposed using CCDF funding for a professional development framework for the early education workforce and to support accreditation for CCDF providers. New York described plans to offer a two-day advanced course for directors that will align with CCDBG training.

Use of PDG B-5 funds to complement CCDF quality improvement initiatives

The 2014 CCDBG Act gradually increases the proportion of CCDF funds that must be used for quality initiatives and added a new three percent set-aside to improve the supply and quality of providers serving infants and toddlers. Fifteen states explicitly described efforts to **build on the quality work begun by CCDF funding**. These efforts include leveraging CCDF funds and expanding work funded by CCDF. Three states specifically tied CCDF to suspension and expulsion work planned in the PDG B-5 grant (Alabama, Arkansas, Arizona). Other states described a variety of uses to build on their CCDF plans and

¹⁰ Iowa and Kentucky mention CCDF in their applications, but did not include a description of coordination and collaboration activities.

Table B.2.1. Mentions of CCDF Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Includes CCDBG as a partner or collaborator	Alabama, Alaska, Arizona, Arkansas, California, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Vermont, Virginia, Washington, U.S. Virgin Islands	37 states & USVI
Use of CCDF data to inform needs assessment or strategic plans	Alaska, Arizona, District of Columbia, Georgia, Hawaii, Indiana, Louisiana, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia	19 states
Including CCDBG in discussions of collaboration, alignment, and resource sharing	<i>Braiding and Blending Funds to Maximize CCDF Funds (3):</i> New Hampshire, Rhode Island, Washington <i>Alignment with CCDBG (8):</i> Alabama, Colorado, Delaware, Maine, Michigan, New Hampshire, Pennsylvania, Washington <i>Professional Development (3):</i> Missouri, New York, Pennsylvania <i>Other (7):</i> Alaska, Arkansas, California, Connecticut, Montana, Nevada, U.S. Virgin Islands	17 states & USVI
Use of funds to complement CCDF plans or activities	Alabama, Arkansas, Arizona, Indiana, California, Colorado, District of Columbia, Delaware, Georgia, Indiana, Missouri, Oklahoma, Oregon, South Carolina, Washington	15 states
Use of CCDBG dollars to sustain PDG B-5 work	North Carolina, Texas, Virginia	3 states

activities. California described building on its CCDF Quality Project to support a statewide infrastructure for collaboration, coordination, and sharing best practices. The District of Columbia planned to use PDG B-5 dollars to expand a CCDF-funded program that addresses infant/toddler mental health to reduce problem behaviors in the classroom. Georgia stated it will help families identify and use services by leveraging local empowerment zones that were established under RTT-ELC and scaled

up with CCDF funds. Oklahoma will use PDG B-5 dollars for strategies and activities that support the strengthening of infant/toddler competencies—a need identified in the state CCDBG plan. Oregon is using CCDF dollars to support Focused Child Care Networks and will use PDG B-5 funds to distribute small grants to providers in them to support implementation of a CQI plan.

Use of CCDF dollars to sustain PDG B-5 work

Finally, three states shared plans to leverage CCDF funds to **sustain activities** developed during the PDG B-5 grant. North Carolina stated it will use CCDF quality funds to sustain activities from the PDG B-5 grant. Texas described how CCDBG dollars could sustain a shared services license and maintain the consumer education app and website developed under PDG B-5. Virginia identified CCDF funds as a way to sustain PDG B-5 innovations, if found effective.

Table B.2.2. CCDF Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated alignment of Alabama Developmental Standards for Preschool Children, which will address DHR Child Care Development Fund goals 2.5.5; 2.5.6; 2.6; 6.2.5; 7.1.2; 7.2.1; and 7.3. • Mentioned suspension and expulsion piece of CCDBG.
Alaska	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated the priority is to identify coordination opportunities across ESSA, CCDBG, and Head Start. The state has already been studying the use of state Pre-K funds as maintenance of effort or match for CCDF funding. • Planned for the evaluation report to summarize extent to which CCDBG informed the grant activities and was part of coordination and collaboration.
Arizona	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Discussed suspension and expulsion related to CCDBG.
Arkansas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will incorporate partner perspectives, including CCDF, into needs assessment; talked specifically about addressing facility and facility-related concerns. • Stated it will combine the resources of several multiple mixed delivery systems housed within the Division of Child Care and Early Childhood Education and external partners (CCDF, State Funded Pre-K, PDG Funded Pre-K, Early Head Start, Head Start, IDEA Part B and C) so that all programs will give ACEs survey to parents. • Discussed suspension and expulsion piece of CCDBG.
California	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will build on CCDF Quality Project to leverage outside TA partners to create a statewide infrastructure for collaboration, coordination, and sharing best practices.
Colorado	<ul style="list-style-type: none"> • Planned to strengthen indicators in Colorado Shines Brighter and support implementation of the CCDBG by improving the quality of child care services. • Stated it will build on CCDF work by aligning efforts in the strategic planning process.
Connecticut	<ul style="list-style-type: none"> • Planned to develop an Infant/Toddler toolkit to support providers who want to expand or those who want to start (related to CCDF Plan Focus on Infant/Toddlers).
DC	<ul style="list-style-type: none"> • Stated the CCDBG State Plan will be used to inform needs assessment. • Planned to expand training on Healthy Futures (which has been funded by CCDF) to provide I/T with mental health program consultation and practices to reduce problematic behaviors.
Delaware	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Proposed that the revision of the state's Early Learning Foundations have common definitions and indicators of outcomes on developmentally appropriate expectations that can be used across settings. • Planned to streamline cross-sector training and coaching for best practice sharing. • Stated CCDF plan activities support a consumer website tailored to parent needs.
Florida	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Georgia	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated that in the needs assessment the CCDF plan will be used as source of information; Noted inclusion of addressing needs of children and families from vulnerable and underserved populations and rural areas. • Proposed to leverage empowerment zones to help families access services. These zones were established under RTT-ELC and scaled up with CCDF funds.
Hawaii	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated the CCDF administrator will provide input on the needs assessment, strategic planning, and other parts of grant.
Illinois	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.

State	Mentions and/or Activities
Indiana	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will incorporate CCDF state plan in needs assessment and strategic planning process. • Planned to build on current CCDBG investment for a shared services model. • Mentioned suspension and expulsion work related to CCDBG.
Kansas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Louisiana	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will use the CCDF State Plan as a source of information for needs assessment.
Maine	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to review CCDBG Act as it builds out system. • Stated it will review CCDBG collaboration requirements for coordination with state's McKinney-Vento State Coordinator.
Maryland	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Massachusetts	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Noted that the first stage of its Learning Management System will focus on meeting CCDBG health and safety training requirements and that this stage will happen during the PDG B-5 grant period.
Michigan	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Noted plans to ensure alignment between PDG B-5 plan and the state's CCDF plan. • Stated it will enhance the CCDF consumer education website.
Minnesota	<ul style="list-style-type: none"> • Planned to use the CCDF State Plan a source of information for needs assessment.
Missouri	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will use CCDF funding to improve PD framework for early education workforce. • Planned to support CCDF providers interested in pursuing accreditation for the first time by offering one-time funding to support. • Stated it will use CCDF discretionary funds to support practicing early childhood educators in completing a child development associate's degree. • Planned to provide DHSS the opportunity to provide input on CCDF trainings administered by DSS, including trauma-informed training and Program for Infant/ Toddler Care (PITC).
Mississippi	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Montana	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated that CCDF will be a source of information for needs assessment (including focus groups). • Planned to have a "one-stop shop" website that includes housing of cross-sector PD resources (e.g., CCDF requirements).
Nebraska	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated the CCDF State Plan will be a source of information for needs assessment.
Nevada	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated the consumer education website will align with CCDF requirements.
New Hampshire	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated will consider strategies to maximize CCDF, including braided and blending funding approaches.
New Jersey	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • CCDF State Plan is a source of information for needs assessment. • Mentioned suspension and expulsion related to CCDBG.
New Mexico	<ul style="list-style-type: none"> • CCDF is a source of information for strategic plan; will look for areas of integration.
New York	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Proposed development of a two-day advanced course for directors to align with CCDBG progressive training (six locations across the state).

State	Mentions and/or Activities
North Carolina	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to use CCDF for continuing scholarships for infant/toddler teachers (part of Activity 5 in PDG B-5 grant).
North Dakota	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Ohio	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Oklahoma	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will align strategic plan with CCDBG Act. • Proposed helping to fund strategies and activities related to strengthening infant/toddler competencies, which the CCDBG plan identified as a need.
Oregon	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to include representation from CCDF on needs assessment. • Proposed to fund small grants to family child care networks so providers can implement CQI plans; this is in coordination with spending of CCDF dollars on expanding reach to providers
Pennsylvania	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will invest in a Professional Development Organization (PDO) Project, which aligns with the professional development pathways in CCDF.
Rhode Island	<ul style="list-style-type: none"> • Included CCDF State Plan as a source of information for strategic plan. • Stated it will explore braiding and blending funding. Hiring a consultant to look at alignment and optimization of funding; workgroup participants include CCDF.
South Carolina	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • CCDF State Plan is a source of information for needs assessment and strategic plan. • Planned to build upon the work in the CCDF state plan.
Texas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Identified CCDBG funding as potential way to sustain the consumer education app and website that will be developed with PDG B-5 funding. • Stated that CCDBG funding could also sustain shared services licenses.
Utah	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Identified the CCDF State Plan as a source of information for needs assessment.
Virginia	<ul style="list-style-type: none"> • Stated the CCDF State Plan will be a source of information for needs assessment and strategic plan. • Planned to use CCDF funds to sustain PDG B-5 incentives found to be effective.
Vermont	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Washington	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated it will explore funding and programming options, potentially braiding sources from Medicaid, Title IV-E, CCDF, and other sources to sustain and expand Early Childhood Intervention and Prevention Services (ECLIPSE) programming. • Planned to consider how the grant could build on CCDF activities.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated website design will be in alignment with CCDF. • Discussed development of integrated eligibility system to coordinate service delivery for families who may qualify for both Head Start and CCDF funding.

Appendix B.3: Analysis of IDEA Part B, Section 619 and Part C in the PDG B-5 Applications

The PDG B-5 grant provides an opportunity for states to better coordinate supports for young children with disabilities and developmental delays served by IDEA Part B, Section 619 and Part C. This coordination includes strengthening the transitions between the two IDEA programs and leveraging the connection families have to Part B and C services to make them aware of the full array of services available in the B-5 system. Equally important, PDG B-5 partners can play a role in supporting awareness of developmental milestones, access to screening, and referral to support the early identification of children with disabilities and/or developmental delays and an earlier connection to Part B, Section 619 and Part C services. **Table B.3.1** outlines the major activities related to IDEA in the applications and the states that proposed the activities. **Table B.3.2** provides a summary of the IDEA mentions and/or activities for each state.

Including IDEA in B-5 mixed delivery system

Thirty-five states and territories provided some discussion of inclusion of IDEA Part B, Section 619 and Part C as part of their **B-5 delivery system**.

Including IDEA in collaboration and/or coordination efforts

Twenty-seven states and territories included IDEA in some capacity in the description of their **collaboration and coordination** efforts. Some of these efforts entailed IDEA representation in statewide workgroups or meetings while others described more specific activities. For instance, California stated it will involve multiple state early education programs in a PDG B-5-funded project to support inclusion. IDEA programs will be included in Connecticut's outcome-based contracts that incentivize integration of B-5 services. Connecticut and New Mexico described plans to increase coordination and collaboration between the home visiting and special education systems. The District of Columbia noted a challenge that families face in maintaining choice because children identified under Part B 619 are required to go to a local education agency (LEA) preschool. With PDG B-5 dollars, DC plans to undertake a feasibility study to

explore the possibility of providing special education services to children enrolled in community-based prekindergarten programs. The U.S. Virgin Islands discussed collaboration and coordination of parent engagement plans, including the review and updating of interagency agreements between Early Head Start and Part C and between Head Start and Part B. Seven states outlined plans for collaboration to support improved transition processes from Part C to B or as part of transitions across the system.

Participation in needs assessment and/or strategic plan process

Thirteen states noted that IDEA data will be used to **inform the needs assessment or strategic plan** process through data collection or stakeholder involvement.

Including IDEA in data systems improvement

Ten states shared plans to include IDEA in plans to **improve data systems**. Arizona noted gaps in its data system that was found in previous work on transitions from Part C to Part B. To address this, the state proposed using PDG B-5 funds to develop a data sharing agreement to better analyze data. Similarly, Mississippi described plans to better align IDEA Part B and Part C in their data system.

Table B.3.1. Mentions of IDEA Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Including IDEA in B-5 mixed delivery system	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Montana, Nebraska, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Texas, Vermont, Virginia, Washington, U.S. Virgin Islands	34 states & USVI
Including IDEA collaboration and/or coordination efforts	Alabama, Alaska, Arizona,* Arkansas, California,* Connecticut,* District of Columbia,* Indiana, Hawaii, Kentucky,* Louisiana, Maryland, Minnesota, Nevada, New Mexico, New York,* North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina,* Utah, Vermont, Virginia, Washington, U.S. Virgin Islands * indicates the plan discussed transitions from Part C to Part B 619 or the B-5 system.	26 states & USVI
Participation in needs assessment and/or strategic plan	Colorado, Georgia, Illinois, Indiana, Iowa, Minnesota, Massachusetts, Montana, New Jersey, New Mexico, North Carolina, North Dakota, South Carolina	13 states
Including IDEA in data systems improvement	Arizona, Delaware, Georgia, Hawaii, Maryland, Massachusetts, Mississippi, New Hampshire, Oregon, Rhode Island	10 states
Mentioned in plans to support the workforce	Connecticut, Florida, Kansas, Kentucky, Maryland, Rhode Island, Washington	7 states
Included in plans to increase parental awareness of child development and programs/services	California, Connecticut, Georgia, Missouri, Nebraska, Oklahoma, Pennsylvania, Rhode Island	8 states
Identified in plans to build on previous state-level work	Alaska, California, New Mexico	3 states

Mentioned in plans to support the workforce

Seven states included Parts B and C in plans to **support the workforce**. Several of these were related to resource building. For instance, Kentucky proposed building a cross-sector clearinghouse, including information related to IDEA. Washington stated it will design a prekindergarten Inclusion Toolkit to support a State Pre-K Inclusion Policy that will be developed. Others wrote about training opportunities. Connecticut stated it will develop online training modules to support awareness of requirements for transition from Part C to Part B and how to support families during the process.

Included in plans to increase parental awareness of child development and programs/services

Eight applications described activities to **support family knowledge** of early childhood development (California, Missouri), access to programs (Nebraska, Oklahoma, Pennsylvania, Rhode Island), and familiarity with the transition process between IDEA Part C to B (Connecticut, Rhode Island). California shared efforts to ensure materials are inclusive and supportive of families with children with special needs. Connecticut stated it will develop a video for families on transitioning between Part C and Part B. Georgia planned to expand a program, Learn the Signs Act Early, to support families to increase knowledge of child development, identify concerns and individual

needs, and find programs and services for those needs. Rhode Island discussed plans to make families aware of the range of B-5 programs available, including enhancements to its consumer website to make it easier for families to find programs aligned with needs.

Identified in plans to build on previous state-level work

Finally, three states identified ways PDG B-5 funds will be used to **build on previous state-level work**.

Alaska stated it will build on existing child-assessment partnerships, including IDEA Part C early intervention programs, to ensure parents of infants and toddlers, and families who have children with disabilities, are supported. California stated that developmental screening activities that were developed through a Project Launch grant and expanded by Help Me Grow will be expanded further. New Mexico shared plans to build on its IDEA Part C program to support workforce initiatives.

Table B.3.2. IDEA Activities in PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> Discussed IDEA activities that are part of the B-5 system. (e.g., “AEIS has a strong, comprehensive Child Find System which includes promoting collaboration among Head Start, Early Head Start, early education and child care programs.) Stated it will collaborate with early intervention and IDEA preschools to support access to high-quality programs for families who have concerns about their child’s development and may suspect a developmental delay or disability.
Alaska	<ul style="list-style-type: none"> Mentioned placement of IDEA representation in different parts of B-5 system. Stated it will build on existing child-assessment partnerships, including IDEA Part C early intervention programs, to ensure parents of infants and toddlers, and families who have children with disabilities, are supported.
Arizona	<ul style="list-style-type: none"> Discussed use of the Early Childhood Quality Improvement Practices (ECQUIP) to support local planning committees build collaborative relationships with stakeholders in the early childhood system, including Part C. Mentioned as part of B-5 system and in discussion of transitions, including from Part C to Part B. Stated it will use PDG funds to develop a data-sharing agreement to better analyze data on transitions from Part C to Part B (building on previous efforts). Planned to use a guidance document created by an IDEA Partnership for the performance evaluation in its work with local planning committees.
Arkansas	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Stated IDEA will be one of the programs to receive the ACEs survey to assist parents in submitting it.
California	<ul style="list-style-type: none"> Mentioned IDEA as part of B-5 system. Discussed collaboration for Inclusive ELC Expansion, which is charged with addressing the need to ensure the inclusion of children with disabilities in ELC settings alongside their peers, when appropriate. It will ensure PDG is connected to IDEA Part B and C and that family and ELC resources developed through PDG are supportive and inclusive. Planned to expand on developmental screening activities developed by Help Me Grow to deepen family awareness of developmental milestones. Proposed to integrate resources from Head Start’s Early Childhood Learning and Knowledge Center to support current coordination work for transitions from IDEA Parts C to B.
Colorado	<ul style="list-style-type: none"> Included as a program in B-5 system. Listed IDEA Part B, Section 619 and Part C as available data sources.

State	Mentions and/or Activities
Connecticut	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Discussed that Part C is part of EC programs that collaborate and coordinate. • Stated it will use an Action Session and Action Plan model to focus on the home visiting system and the special education system (including IDEA part B and C) to identify practical, well-received ways to increase coordination and collaboration to better support families, and facilitate their participation in the early care and education system. • Stated it will provide online training modules to support to local IDEA programs to make transitions from Part C to Part B smoother. This will be informed by five regional technical assistance meetings which will include discussion of challenges and solutions to transitions (and facilitate connections). Online modules will discuss requirements of transition from Part C to Part B. The second module will specifically support Part C staff who work with families transitioning to community services. It will be available in English and Spanish. • Planned to develop a video for families on transitioning from Part C to Part B. • Proposed provision of online training modules for IDEA providers. • Stated it will design outcome-based contracts that incentivize integration of B-5 services among early learning providers, including IDEA Part B and C.
DC	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Proposed a feasibility study to explore how early intervention programs, CCR&R and Quality Improvement Network hubs can provide special education services to children in CBO pre-K programs. • Noted need to address transition from Part C to Part B.
Delaware	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to include IDEA Part B, 619 and Part C representation on a B-5 Advisory Committee that meets monthly. • Noted challenges in consolidating data, including with IDEA Part B and C.
Florida	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Proposed a cross-system cross-discipline catalog of PD offerings to support educators who work with young children with special needs and their families.
Georgia	<ul style="list-style-type: none"> • Stated that IDEA programs will be part of data that informs needs assessment. • Included IDEA in its data-system discussion. • Planned to expand a program, Learn the Signs. Act Early, to support families to increase knowledge of child development, identify concerns and individual needs, and find programs and services for those needs.
Hawaii	<ul style="list-style-type: none"> • Mentioned IDEA as part of B-5 system. • Planned to include data from Part C in its data system. • Discussed plans to collaborate and coordinate across the system.
Illinois	<ul style="list-style-type: none"> • Mentioned IDEA as part of B-5 system. • Planned to include data from IDEA for needs assessment and strategic plan.
Indiana	<ul style="list-style-type: none"> • Mentioned IDEA as part of B-5 system. • Included data from IDEA for needs assessment and strategic plan. • Discussed connecting and collaborating to strengthen alignment so families can receive high-quality services. • Stated it will use lessons learned from IDEA when considering continuous quality improvement (CQI) approach.
Iowa	<ul style="list-style-type: none"> • Mentioned IDEA as part of B-5 system. • Included data from IDEA for needs assessment, including one question that explores the experiences and outcomes for children in IDEA Parts B and C. • Planned to gather input from IDEA providers.
Kansas	<ul style="list-style-type: none"> • Proposed to expand training on reading instruction, noting it is aligned with the IDEA systemic improvement plan.
Kentucky	<ul style="list-style-type: none"> • Stated IDEA representation on a state-level transition work group. • Described dissemination of best practices through a clearinghouse. This includes IDEA resources.

State	Mentions and/or Activities
Louisiana	<ul style="list-style-type: none"> Included in planned shared service opportunities.
Maine	<ul style="list-style-type: none"> Stated IDEA representation on a state-level transition work group.
Maryland	<ul style="list-style-type: none"> Stated IDEA part of data system. Proposed training of state-level staff on culturally responsive leadership training for the Department of Education, noting IDEA Parts C and B are within this department. Planned to build capacity to provide culturally responsive family engagement that is aligned to IDEA.
Massachusetts	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Stated IDEA will be a part of data system, specifically with regard to a unique identifier system. Stated IDEA data will be used in needs assessment.
Michigan	<ul style="list-style-type: none"> Mentioned as part of B-5 system.
Minnesota	<ul style="list-style-type: none"> Planned to use IDEA data to inform the needs assessment. Mentioned as part of B-5 system. Included in discussion of collaboration and coordination.
Mississippi	<ul style="list-style-type: none"> Planned to better align IDEA Part C and Part B in the data system. Will use data to improve early screening.
Missouri	<ul style="list-style-type: none"> Planned to provide families with information to support awareness of developmental needs of infants and toddlers, importance of continuity of care, and partnership with IDEA Part C.
Nebraska	<ul style="list-style-type: none"> Mentioned as part of the mixed delivery system. Planned to support parents in knowing how to get IDEA eligible screening and how to access services and inclusive settings.
Nevada	<ul style="list-style-type: none"> Proposed funding community agencies to support local coordination efforts, with IDEA as part of the effort.
New Hampshire	<ul style="list-style-type: none"> Planned to explore how to get deduplicated data, including IDEA Part B and C data.
New Jersey	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Planned to use IDEA data for needs assessment.
New Mexico	<ul style="list-style-type: none"> Planned to use PDG B-5 dollars to implement the FIT Program (IDEA Part C). Planned to use IDEA data as part of strategic planning process. Proposed using PDG B-5 dollars to strategically align Home Visiting and IDEA Part C services.
New York	<ul style="list-style-type: none"> Discussed collaboration, including on transitions from early intervention to special education preschool. Mentioned as part of B-5 system.
North Carolina	<ul style="list-style-type: none"> Mentioned IDEA Parts B and C as a data source.
North Dakota	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Planned to have IDEA representation on state-level committee that supports PDG B-5 work. Mentioned in discussion of collaboration. Planned to use data from IDEA in needs assessment.
Ohio	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Mentioned as part of coordination efforts. Discussed a workgroup that includes IDEA representation that will recommend a cross-program, statewide best-practice guidance to support coordination and consistency for providers and families.
Oklahoma	<ul style="list-style-type: none"> Planned to use expertise of IDEA Part C programs to inform parent choice and family engagement strategies.

State	Mentions and/or Activities
Oregon	<ul style="list-style-type: none"> Planned to include IDEA in the to-be-developed coordinated enrollment system. Mentioned as part of B-5 system. Mentioned coordination, including IDEA, in professional learning system.
Pennsylvania	<ul style="list-style-type: none"> Mentioned in discussion of collaboration. Described plans to Expand Early Childhood Mental Health Project to connect children with disabilities to high-quality programs, including ECE programs.
Rhode Island	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Proposed conducting a workforce needs study that includes data on IDEA Part B. Planned to analyze how to optimize funding (e.g., braiding and blending) from diverse sources, including IDEA. Mentioned in collaboration discussion. Included in discussion about providing families with accurate information in a culturally and linguistically sensitive manner about the range of B-5 programs available. Planned to use media approach to increase parent knowledge on key development milestones to track and the associated IDEA program contact information. Planned to enhance website, including making it easier for families to find programs aligned with needs, supporting transition practices.
South Carolina	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Discussed plans to address transition-related challenges for families of children with special needs. Mentioned IDEA in discussion of needs assessment and strategic plan.
Texas	<ul style="list-style-type: none"> Mentioned as part of B-5 system.
Utah	<ul style="list-style-type: none"> Planned to coordinate web presence of ECE partners, including IDEA Part C.
Vermont	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Mentioned as part of data system. Included IDEA in discussion of collaboration.
Virginia	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Mentioned as part of coordination efforts.
Washington	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Proposed development of a new Washington State Pre-K Inclusion Policy for children served in Part B IDEA-funded services provided through educational service districts (ESD), local school districts, and ECEAP (state pre-K) and a Pre-K Inclusion Toolkit.
U.S. Virgin Islands	<ul style="list-style-type: none"> Mentioned as a part of B-5 system. Discussed collaboration and coordination related to parent engagement plans; proposed reviewing existing interagency agreements between Early Head Start and Part C and between Head Start and Part B, and expanding such agreements to include other early childhood care and education programs.

Appendix B.4: Analysis of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program in the PDG B-5 Applications

The MIECHV program funds one of a number of evidence-based home visiting models that work to support families in raising children who are physically, socially, and emotionally healthy and ready to learn. Home visits are an excellent way for families to learn about and access other B-5 programs and services. It is not surprising, therefore, that 44 states/territories discussed home visiting as **part of the state B-5 system**.¹¹ **Table B.4.1** outlines the major activities related to home visiting in the applications and the states that proposed the activities. **Table B.4.2** provides a summary of the home visiting mentions and/or activities for each state.

Efforts to increase collaboration and coordination

Thirty-one states and the U.S. Virgin Islands provided descriptions of how home visiting was involved in efforts to improve **collaboration and coordination** in the early childhood system. For example, Connecticut proposed Action Sessions (strategic planning meetings) to focus on home visiting and special education systems and ways to best coordinate between each other. Action Sessions use feedback from public forums, as well as other available data, to propose action steps that are then sent out for feedback by stakeholders. The process elicits ways to support coordination that stem from voices in the field and will be used in the strategic plan process. The U.S. Virgin Islands stated it will review and align standards, outcomes for children, professional competencies, and quality measures across agencies, including those for home visiting. North Carolina discussed efforts to promote family engagement coordination across the system and mentioned that it will build on current efforts in several programs, including home visiting. Oregon stated it will review infant/toddler early learning standards and train providers, including home visitors, when standards are updated.

Inclusion in needs assessment and strategic plan processes

Twenty-three states indicated that home visiting will be part of **needs assessment and strategic plan** processes. This includes using needs assessments from home visiting and including home visiting representation in advisory councils or focus groups (providers and parents). For example, Indiana stated that the needs assessment will gather information about availability and access to help with addressing gaps in home visiting in rural areas. Missouri planned to hold listening sessions with home visitors.

Described in supports for the workforce

Twelve states either mentioned home visiting as part of **workforce development** or identified specific plans to support home visiting staff. Illinois proposed training home visitor trainers in the Parents Interacting with Infants model, including a focus on serving bilingual families (to align with work already being done in preschool settings). Iowa shared plans to develop an Iowa-specific Early Learning Standards “dashboard” to house topics, trainings, and shared best practices to support the home visiting workforce. Nebraska posed expansion of Getting Ready, a parent engagement approach, through a train-the-trainer model that will be modified to align with MIECHV. South Carolina said it will pilot core competencies for its home visiting workforce.

¹¹ Mississippi did not include information on home visiting.

Table B.4.1. Mentions of Home Visiting Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Part of B-5 system	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Pennsylvania, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, Washington, U.S. Virgin Islands	43 states & USVI
Efforts to include in coordination and collaboration efforts	Alabama,* Arizona, Connecticut,** Delaware, District of Columbia, Hawaii, Indiana,* Kentucky, Louisiana, Maine,** Maryland, Massachusetts, Michigan,* Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey,* New Mexico,** New York, North Carolina, Pennsylvania, Ohio,* Rhode Island, South Carolina, Texas,** Utah,** Vermont, Virginia, Washington, U.S. Virgin Islands *indicates discussion related to transitions **indicated mention of inclusion on website to build parent awareness and choice	31 states & USVI
Included in needs assessment/strategic plan	Alabama, Alaska, Connecticut, Delaware, District of Columbia, Delaware, Hawaii, Indiana, Iowa, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Mexico, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia	23 states
Described in supports for the workforce	Delaware, District of Columbia, Illinois, Michigan, Missouri, Nebraska, New Mexico, New York, Oklahoma, Oregon, Rhode Island, South Carolina	12 states
Mentioned in data systems	<i>Part of data system:</i> Connecticut, District of Columbia, Hawaii, Iowa, Massachusetts, North Carolina, Texas <i>Unduplicated counts:</i> Maryland, Massachusetts, New Hampshire, New Mexico	10 states
Included in sharing of best practices	Alaska, Connecticut, Hawaii, Iowa, Kentucky, Minnesota, U.S. Virgin Islands	6 states & USVI
Included in efforts to increase capacity and/or reach of home visiting	Alabama, Colorado, Illinois, Minnesota	4 states

Mentioned in data-sharing efforts

Ten states discussed **data-sharing** activities that included home visiting. Six states discussed including home visiting as part of its data system and/or including home visiting in its unduplicated count of children.

Included in sharing of best practices

Six states and the U.S. Virgin Islands described how home visiting will be involved in **sharing of best practices**. Connecticut shared plans for a Community of Practice that will incorporate four monthly webinars using the materials from the MIECHV practicum.

Hawaii stated plans to create an infrastructure to support the sharing of best practices, including those in the home visiting field, through a Community of Practice framework. The U.S. Virgin Islands included home visiting in its Professional Development Task Force of the State Advisory Council the goal of which will be making it easier for providers to access information and resources that support best practices.

Included in efforts to increase capacity and/or reach of home visiting

Four states described **specific home visiting activities** funded by PDG B-5 to increase the capacity and/

or reach of home visiting. Alabama stated it will use funds for the Students Taking Action Against Negative Decisions program (STAAND), which will provide evidence-based home visiting services to pregnant and parenting teenage mothers and fathers. Colorado stated it will expand its Professional Development Information System to home visitors and add six home

visitors to support child care home and FFN providers. Illinois shared plans to increase access to home visiting for children with special needs, children in child welfare, and children at high risk for prematurity. Minnesota said it will use funding to implement a new or expand an existing home visiting model.

Table B.4.2. Home Visiting Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in the needs assessment. • Planned to encourage partnerships among partners, including Home Visiting. • Discussed plans to fund the STAAND program, which will provide evidence-based home visiting services to pregnant and parenting teenage mothers and fathers. • Provided supports for transitions from Home Visiting to other programs. • Included in data system.
Alaska	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Proposed to share best practices; this includes home visiting resources. • Planned to ensure Home Visiting needs assessment builds off PDG B-5 project.
Arizona	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated home visiting included in collaboration and coordination efforts.
Arkansas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Represented on an ad hoc committee that provides guidance on grant.
California	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Colorado	<ul style="list-style-type: none"> • Stated it will expand PDIS to home visitors. • Planned to add six home visitors to visit child care home and FFN providers.
Connecticut	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in strategic plan. • Indicated home visiting as part of coordination and collaboration efforts. • Proposed action sessions to focus on home visiting and special education systems and ways to best coordinate between one another. • Planned to develop an educational campaign that integrates all services, including home visiting, into a package that allows families to see all the opportunities available. • Proposed that a Community of Practice will incorporate four monthly webinars using the materials from the MIECHV practicum.
DC	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to include in longitudinal database. • Included in data collection to inform the needs assessment. • Included in data collection as part of evaluation plan.
Delaware	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data collection to inform the needs assessment. • States will use home visiting as point of entry for parent education about child care quality. • Included in the strategic plan process. • Planned to launch local public awareness campaigns that include home visitors in order to provide parents information. • Included as recipient for cross-sector training delivery models. • Included in discussion of training for coaches.

State	Mentions and/or Activities
Florida	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data system. • Included in discussion of direct service leaders who need more intentional support.
Georgia	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data system.
Hawaii	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated the needs assessment will gather information about availability and access to help with addressing gaps in home visiting in rural areas. • Included home visiting networks as stakeholders invited to participate in needs assessment, strategic planning, and other grant activities, including workforce database work. • Stated plans to create an infrastructure to support the sharing of best practices through a Community of Practice framework, with home visitors used as an example of participant.
Illinois	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Stated goal to increase access to home visiting for children with special needs, children in child welfare, and children at high risk for prematurity to health care. • Proposed training home visitor trainers in the Parent Interacting with Infants model. There will be focus on serving bilingual families. This aligns with work already being done in preschool settings. • Stated plans to create an in-person and virtual Community of Practice for Practice-Based Coaching (PBC) in home visiting.
Indiana	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to use the MIECHV needs assessment used for PDG B-5 needs assessment. • Mentioned a home visiting activity intended to communicate to parents the importance of pre-K and transition, and share strategies with them to support children reaching developmental milestones.
Iowa	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in data system conversation. • Included in needs assessment. • Discussed sharing of best practices across settings, including home visiting. Detailed expansion of Institute for the Advancement of Family Support Professionals (IELS) by providing coaches to providers. • Stated plans to develop an Iowa-specific IELS “dashboard” to house topics, trainings, and shared best practices to support the home visiting workforce.
Kansas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned will build off existing centralized intake/eligibility process, including ones used in MIECHV communities. • Mentioned potential for home visiting enhancements.
Kentucky	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included as participant in a workgroup to support an initiative that will develop and disseminate best practices for infants, toddlers, and expectant families.
Louisiana	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in discussion of collaboration and coordination with ECE programs to support better “wrap around” support.
Maine	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in needs assessment. • Included in a descriptive database that links to programs families can access on programs.
Maryland	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in list of programs for collaboration and coordination. • Included in work to obtain unduplicated count of children.

State	Mentions and/or Activities
Massachusetts	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in work to obtain unduplicated count of children. • Included in needs assessment. • Stated plans to include parents, for instance in home visiting, in planning process. • Included in narrative on codifying cross-agency collaboration by establishing long term protocols for data sharing, and developing an integrated data system to track ASQ data and referrals across programs. • Included in coordination of data systems.
Michigan	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in collaboration discussion. • Stated will have tasks to support transitions between home visiting programs and between home visiting and child care/preschool, including piloting sites. • Included in needs assessment; plans to use data from home visiting and to examine home visiting models • Stated parents in home visiting system will be part of focus groups. • Included in measures designed to improve the quality of home visiting, including transition supports and professional development.
Minnesota	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in need assessment. • Mentioned in collaboration and coordination, sharing best practices. • Family Home Visiting Advisory Group will advise on integration of evidence based home visiting into Minnesota's early childhood system. • Funding for implement a new or expanding an existing home visiting model.
Missouri	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to use MIECVH and MCH needs assessments to inform PDG B-5 needs assessment; listening sessions with home visitors will help verify needs assessment and support strategic plan activities. • Planned to conduct home visitation mapping to identify overlaps and gaps; this will also support work to enhance collaboration and communication. • Stated it will use home visiting to increase family engagement and empowerment. • Planned to encourage home visitors to emphasize and support parental access and choice.
Montana	<ul style="list-style-type: none"> • Mentioned as part of B-5 system; point of referral. • Included in discussion of coordination with other services. • Will explore expanding services, such as home visiting.
Nebraska	<ul style="list-style-type: none"> • Part of B-5 system. • Included in collaboration efforts. • Proposed expansion of Getting Ready, a parent engagement approach, through a train-the-trainer model that will be modified to align with MIECHV. This will support transitions to kindergarten by building parent competencies in working with educational systems.
Nevada	<ul style="list-style-type: none"> • Included families in home visiting as part of needs assessment work.
New Hampshire	<ul style="list-style-type: none"> • Part of B-5 system. • Included in the needs assessment discussion. • Included in work to create an unduplicated count of service utilization. • Represented on the Workforce and Professional Development Committee that will advise work done during grant (as it relates to workforce and professional development). Included MIECHV needs assessment as form of data for PDG B-5 needs assessment. • Included as part of coordination work.
New Jersey	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in discussion of transitions.

State	Mentions and/or Activities
New Mexico	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in work to create an unduplicated count of ECE workforce. • Included in needs assessment for planning purposes to meet interest and use of home visiting. • Stated need to improve collaboration between home visiting and other programs. • Included in programs to assess for integration, including on a resource and referral web portal. • Included in the pilot of the Family Engagement Assessment and Planning Tool. • Proposed implementing evidence-based practices through coaching in Family Guided Routines Based Intervention. • Planned to expand capacity in I/ECMH Comprehensive Consultation, Early Literacy and Math Comprehensive Consultation, and Culturally and Linguistically Responsive Consultation to expand early learning providers' capacity to promote these areas. A consultant will be integrated into ongoing operation of programs.
New York	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned as part of collaboration and coordination efforts. • Stated will build on previous Home Visiting Coordination Initiative work through a series of regional meetings that bring together evidence-based home visiting programs/providers. The forum will provide an opportunity for collaboration and discussions about shared trainings, referrals, and community partnerships. • Stated will work to provide further structure to home visiting services in New York, supporting parent knowledge about and access to early supports.
North Carolina	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned in discussion of collaboration and coordination in system to support family engagement. • Included in data system work to support sharing and alignment; stated intent to align HV indicators across the state.
North Dakota	<ul style="list-style-type: none"> • Mentioned as part of B-5 system.
Ohio	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned in discussion of improving transition practices.
Oklahoma	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned in needs assessment discussion. • Stated that family child care homes will be connected to trainings and opportunities identified to leverage home visiting program models.
Oregon	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Plan to use home visiting model (Family Connects®) to support informing parents of available services. • Included as feedback provider for project to inform and review state infant/toddler early learning standards. • Included in plans to train providers on infant/toddler early learning standards when they are developed.
Pennsylvania	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Planned to use needs assessment to inform PDG B-5 needs assessment. • Mentioned as participation in the Early Childhood Mental Health (ECMH) to increase access to services. • Source of data for evaluation.
Rhode Island	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned as part of coordinated professional development network.
South Carolina	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in discussion of needs assessment. • Stated will pilot core competencies for home visiting workforce. • Included in discussion of coordination and collaboration across system. • Stated will pilot an approach to home-based and FFN child care training, through the state's existing home visitation workforce.

State	Mentions and/or Activities
Texas	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in discussion of data system. • Included as stakeholder for inputs in focus groups for needs assessment. • Included in planned app and website to improve parental access and awareness of programs.
Utah	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Mentioned as part of website to support parent access and awareness of programs.
Vermont	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included as part of collaboration and coordination.
Virginia	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in coordination. • Mentioned as stakeholder in strategic plan.
Washington	<ul style="list-style-type: none"> • Included as source of data in needs assessment process. • Mentions potential of using Home Visiting technical assistance to reach families.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included as part of collaboration and coordination. • Included in the Professional Development Task Force of the State Advisory, the goal of which will be to make it easier for providers to access information and resources that support best practices. • Included in plans to review and align standards, outcomes for children, professional competencies, and quality measures across agencies.

Appendix B.5: Analysis of Title I of the Elementary and Secondary Education Act (ESEA) in the PDG B-5 Applications

Title I Part A of ESEA funds can be used by an LEA or school to operate a preschool program to improve the cognitive, health, and social-emotional outcomes of children eligible for Title I funds. Research indicates that a relatively small portion of Title I funding is used for children younger than the age of school entry. Compared to the other core early childhood programs, a smaller number of states (32) mention Title I in their applications.¹² For most of these states (21), Title I was mentioned as part of the **B-5 mixed delivery system** with little further discussion of the program beyond noting that local districts used Title I dollars to fund prekindergarten. **Table B.5.1** outlines the major activities related to Title I in the applications and the states that proposed the activities. **Table B.5.2** provides a summary of the Title I mentions and/or activities for each state.

Six states listed Title I as a program whose data they would use or one they would include as a stakeholder in **their needs assessment and/or strategic plan** process. New Jersey planned to include Title I in its definition of a vulnerable, underserved, high-needs population. Four states shared plans for Title I to

have **representation on state-level coordinating committees**. California stated intent to have a Title I representative on its PDG Stewardship Team, which will provide support in overseeing the grant. Maine’s cross-agency Birth-Third Team includes the Title I Director. New Jersey stated that Title I was a stakeholder in its Interdepartmental Planning Group (B-5) that supports collaboration and coordination across the system. North Carolina planned to include Title I on its Family Engagement Committee. Three states noted that Title I funding will be used to **sustain PDG B-5 activities**. Similarly, two states noted a role for Title I funds as part of **blending and braiding** (Rhode Island) or to **fund alignment and coordination** activities (Pennsylvania). Finally, two states mentioned Title I while discussing **training or best practice sharing**. New Mexico stated Title I programs will be involved in the piloting of a Family Engagement Tool and Florida discussed plans to involve the State Title I Office sharing best practices to improve transitions.

¹² States that did not mention Title I: Alabama, Iowa, Kansas, Kentucky, Minnesota, Mississippi, Montana, New York, Ohio, Oklahoma, Oregon, Texas, Washington, USVI

Table B.5.1. Mentions of Title I Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Part of B-5 System	Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Illinois, Indiana, Louisiana, Maryland, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, South Carolina, Utah, Vermont, Virginia	21 states
Needs assessment and/or strategic plan	Arkansas, Hawaii, Missouri, Nebraska, New Jersey, Pennsylvania	6 states
Represented on committees	California, Maine, North Carolina, New Jersey	4 states
Sustainability	Arkansas, Massachusetts, New Hampshire	3 states
Funding	Pennsylvania, Rhode Island	2 states
Training/best practices	Florida, New Mexico	2 states

Table B.5.2. Title I Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alaska	<ul style="list-style-type: none"> Included in needs assessment narrative during discussion of targeted communities.
Arizona	<ul style="list-style-type: none"> Included as part of B-5 system (noted cross-sector collaboration efforts).
Arkansas	<ul style="list-style-type: none"> Mentioned in narrative on coordination to support sustainability.
California	<ul style="list-style-type: none"> Included as part of B-5 system. Represented in Stewardship Team.
Colorado	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system (schools use Title I funds for pre-K).
Connecticut	<ul style="list-style-type: none"> Included as part of B-5 system.
DC	<ul style="list-style-type: none"> Included as part of B-5 system.
Delaware	<ul style="list-style-type: none"> Included as part of B-5 system.
Florida	<ul style="list-style-type: none"> Included as collaborator in efforts to collect and share best practices for transition to Kindergarten.
Georgia	<ul style="list-style-type: none"> Indicated as part of B-5 system (listed in organizational chart).
Hawaii	<ul style="list-style-type: none"> Indicated as part of B-5 system (noted where responsibility for Title I located). Included in needs assessment for facilities (noting that it may prioritize Title I elementary school that do not have pre-K classrooms).
Illinois	<ul style="list-style-type: none"> Indicated as part of B-5 system (noted where responsibility for Title I located).
Indiana	<ul style="list-style-type: none"> Indicated as part of B-5 system (listed in organizational chart).
Louisiana	<ul style="list-style-type: none"> Included as part of B-5 system (related to use of Title I dollars to fund pre-K spots).
Maine	<ul style="list-style-type: none"> Noted cross-agency Birth-Third Team include Title I representation.
Massachusetts	<ul style="list-style-type: none"> Noted intent to use Title I funds to fund and sustain proposed activities.
Michigan	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system.

State	Mentions and/or Activities
Missouri	<ul style="list-style-type: none"> Noted that Title I enrollment data will be used as existing data source for needs assessment.
Nebraska	<ul style="list-style-type: none"> Included as a stakeholder in strategic plan process.
Nevada	<ul style="list-style-type: none"> Included as part of B-5 mixed delivery system.
New Hampshire	<ul style="list-style-type: none"> Planned to use Title I and II funds to continue embedded coaching efforts that began with PDG B-5 funds.
New Jersey	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system. Included in the Interdepartmental Planning Group 2 – Gen Services (B-5) and also listed as a source of input for the grant. Included in vulnerable, underserved, high-needs population definition.
New Mexico	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system (schools use Title I funds for pre-K). Noted previous PD collaboration work. Included in pilot for a family engagement tool.
North Carolina	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system (collaborated on previous projects). Represented on North Carolina Family Engagement Leadership Team.
North Dakota	<ul style="list-style-type: none"> Included as part of B-5 system (related to use of Title I dollars to fund pre-K spots). Noted that the Office of Early Learning Director monitors Title I preschool. Noted existing universal enrollment that includes Title I is in practice in some counties.
Pennsylvania	<ul style="list-style-type: none"> Listed as a data source for needs assessment. Planned to, as part of strategic planning, ensure educational needs of preschool migratory children met (Title I, Part C). Planned to use Title I funding to support alignment and coordination efforts.
Rhode Island	<ul style="list-style-type: none"> Included in programs the state will explore as part of efforts to braid and blending funding (needs assessment activity).
South Carolina	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system (source of pre-K funding for LEAs).
Utah	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system (source of pre-K funding for LEAs).
Vermont	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system.
Virginia	<ul style="list-style-type: none"> Indicated as part of B-5 mixed delivery system.

Appendix B.6: Analysis of State Prekindergarten Programs in the PDG B-5 Applications

With the growth of state prekindergarten funding, state-funded prekindergarten programs have become a core ECE program in most state B-5 mixed delivery systems. Not surprisingly, therefore, nearly all states¹³ (44) mentioned state prekindergarten in their applications. Thirty-seven states and the U.S. Virgin Islands referenced state prekindergarten as part of a discussion of the **B-5 system**. For example, in building out its system, Washington proposed developing an “Early ECEAP [Early Childhood Education and Assistance Program—the state funded prekindergarten program]” to extend services down to the earlier years, using Early Head Start as a model.

Table B.6.1 outlines the major activities related to state prekindergarten programs in the applications and the states that proposed the activities. **Table B.6.2** provides a summary of the prekindergarten mentions and/or activities for each state.

Inclusion of state prekindergarten in the needs assessment or strategic planning processes

Many states (11) mentioned state prekindergarten in narratives about **needs assessment or strategic planning**. Seven states noted that state prekindergarten will be included in the needs

¹³ States who did not mention state prekindergarten: Arizona and New Hampshire (no state-funded prekindergarten).

assessment (e.g., Delaware, Georgia, Hawaii, Iowa, Missouri, South Carolina, Vermont). Four states planned to include state prekindergarten in their strategic planning process (e.g., Indiana, New Jersey, Oregon, Oklahoma). For instance, Indiana stated it will use data from the state’s prekindergarten pilot to inform the strategic plan.

Efforts to include state prekindergarten in the data system

Several states (12) noted state prekindergarten as part of **data system** reform efforts. These included efforts to create an unduplicated count/universal identification, engage in database projects, or enhance/create online tools for parents.

Supporting the ECE workforce through best practice sharing or professional development

Nine states included state prekindergarten in their plans to **share best practices or provide professional development** to support the ECE workforce. Examples include scaling the use of best practices in prekindergarten programs through prekindergarten expansion specialists (e.g., Indiana) or demonstration pilots (Virginia), supporting providers’ capacity to serve high-risk families (New Mexico), and developing guidance on layering prekindergarten funding with other sources of funding (Oklahoma, Oregon). Iowa proposed a professional training hub and training to support use of early learning standards in prekindergarten programs. Washington proposed a shared service model that will ensure state prekindergarten and child care providers had access to the same resources to support business expertise and comprehensive services. Montana stated it will,

through family engagement coordinators, determine if parts of the family engagement framework should be extended to other parts of the B-5 system, including prekindergarten. Florida shared plans to use PDG B-5 funds to support transitions, including the creation of online learning communities of ECE and district leaders who will align Voluntary Prekindergarten Program and readiness standards at the local level. This is intended to support seamless transitions through aligned expectations between early learning programs and Kindergarten.

Coordination and other prekindergarten challenges

For six states, state prekindergarten was discussed within the context of **challenges to the system**. Florida noted a challenge in the transition to Kindergarten and a need to align efforts at the local level between prekindergarten and school districts. Georgia noted challenges in changing prekindergarten teacher practices in working with dual language learners. Its application referred to evaluation of the state prekindergarten program that showed Spanish language children in prekindergarten demonstrated growth but still did not test at the same level as English-speaking peers, while they also lost proficiency in Spanish. Massachusetts discussed barriers to information sharing across programs, providing the example of a lack of sharing between private early education programs and public-school prekindergarten programs. New Mexico highlighted issues brought up by Head Start and child care providers in terms of lower enrollment in areas of the state where the prekindergarten program had expanded.

Table B.6.1. State Prekindergarten Initiatives in the PDG B-5 Applications, by State and Key Activity

Mentions/Key Activities	States	Number of States
Included in B-5 system	Alaska, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah (*pilot programs), Vermont, Virginia, Washington, U.S. Virgin Islands	37 states & USVI

Mentions/Key Activities	States	Number of States
Needs assessment or strategic planning	<i>State prekindergarten to be included in the needs assessment (7):</i> Delaware, Georgia, Hawaii, Iowa, Missouri, South Carolina, Vermont <i>State prekindergarten to be included in the strategic planning process (4):</i> Indiana, New Jersey, Oregon, Oklahoma	11 states
Data systems	<i>Unduplicated count/universal identification (7):</i> Iowa, Maryland, Massachusetts, Michigan, Pennsylvania, Texas, Vermont <i>Engage in database projects (3):</i> Arkansas, Florida, Virginia <i>Enhance/create online tools for parents (3):</i> Ohio, Rhode Island, Texas	12 states
Best practices/professional development	Florida, Indiana, Iowa, Montana, New Mexico, Oklahoma, Oregon, Virginia, Washington	9 states
Challenges	Florida, Georgia, Massachusetts, Michigan, New Mexico, Oklahoma	6 states

Table B.6.2. State Prekindergarten Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> Listed prekindergarten as part of Department of Early Childhood Education responsibility in addition to other ECE programs. Described ways in which prekindergarten was part of system.
Alaska	<ul style="list-style-type: none"> Included as part of B-5 system. Listed prekindergarten as part of Department of Education and Early Development program responsibility. Included as part of expanded referral database.
Arkansas	<ul style="list-style-type: none"> Included as part of B-5 system. Discussed work currently going on with prekindergarten and systems.
California	<ul style="list-style-type: none"> Included as part of B-5 system.
Colorado	<ul style="list-style-type: none"> Included as part of B-5 system. Discussed work currently going on with prekindergarten within the state system.
Connecticut	<ul style="list-style-type: none"> Included as part of B-5 system.
DC	<ul style="list-style-type: none"> Included as part of B-5 system.
Delaware	<ul style="list-style-type: none"> Included as part of B-5 system. Included in data collection for needs assessment.
Florida	<ul style="list-style-type: none"> Included as part of B-5 system. Included in data systems plans for unduplicated count. Included Voluntary Prekindergarten program in plans to build a school readiness provider infrastructure matrix that aims to improve understanding of access and supply of quality. This matrix will “analyze service type, proportion of intended population served, and family vulnerability status.” Will also expand the state’s Index of Child Care Accessibility, which houses early education metrics, to include state prekindergarten data. Noted challenge with transition to Kindergarten. Discussed plans to use PDG B-5 funds to support transitions, including creation of online learning communities of ECE and school district leaders to align the state’s Voluntary Prekindergarten Program and readiness standards at the local level. Discussed work currently going on with prekindergarten and systems.
Georgia	<ul style="list-style-type: none"> Planned to use information from a research study about Georgia’s Prekindergarten program waiting list. Noted challenge in changing teacher practice for working with Dual Language Learners. Discussed work currently going on with prekindergarten within the state system.
Hawaii	<ul style="list-style-type: none"> Included as part of B-5 system. Discussed work currently going on with prekindergarten and joint professional learning sessions with teachers and administrators.

State	Mentions and/or Activities
Illinois	<ul style="list-style-type: none"> • Included as part of B-5 system. • Noted challenge in development of state prekindergarten (Preschool for All) center-based programs in community-based organizations.
Indiana	<ul style="list-style-type: none"> • Included as part of B-5 system. • Planned to use data from the state's prekindergarten pilot as part of the strategic planning process. • Stated a plan to expand prekindergarten system and improve transitions. • Noted prekindergarten expansion specialist can support usage of best practices.
Iowa	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in data for needs assessment. • Identified as part of challenge in getting unduplicated count and plans to integrate information about four-year-olds, including those in the state's prekindergarten programs, before they enter kindergarten. • Included in plans for a professional training hub. • Proposed training for providers, including Statewide Voluntary Preschool classroom teachers, to support implementation of the third edition of the state early learning standards.
Kansas	<ul style="list-style-type: none"> • Included as part of B-5 system.
Kentucky	<ul style="list-style-type: none"> • Included as part of B-5 system.
Louisiana	<ul style="list-style-type: none"> • Included as part of B-5 system.
Maine	<ul style="list-style-type: none"> • Included prekindergarten in proposed training on ACEs through the grant. • Mentioned in revision of the state's quality rating system. The state plans to include public school prekindergarten programs in its quality rating system.
Maryland	<ul style="list-style-type: none"> • Included as part of B-5 system. • Mentioned as part of unduplicated count.
Massachusetts	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in plans to obtain unduplicated count. • Noted need for information-sharing across programs to coordinate information and support to families.
Michigan	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in unduplicated count. • Noted previous and ongoing work. • Noted challenge of voluntary prekindergarten not being funded at the level needed to provide universal access.
Minnesota	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as a program that will be part of a comprehensive, universal approach to transition. • Noted previous and ongoing work.
Mississippi	<ul style="list-style-type: none"> • Included as part of B-5 system.
Missouri	<ul style="list-style-type: none"> • Included as data source for the needs assessment.
Montana	<ul style="list-style-type: none"> • Mentioned in discussion of building relationships through family engagement coordinators and to determine if parts of the family engagement framework should be extended to others in the B-5 system including its state prekindergarten program. • Included the state prekindergarten program in its efforts to grow and build its early education workforce through professional development, such as apprenticeships.
Nebraska	<ul style="list-style-type: none"> • Included as part of B-5 system.
Nevada	<ul style="list-style-type: none"> • Noted flat funding for its prekindergarten program and how funding was requested from the state legislature to support PDG seats that were funded from 2016-2019. The request also asked that quality levels for state prekindergarten be amended to match PDG quality standards.

State	Mentions and/or Activities
New Jersey	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in needs assessment. • Included in strategic plans. • Noted need to support DLLs and their families in expansion of state-funded preschool.
New Mexico	<ul style="list-style-type: none"> • Included as part of B-5 system. • Noted challenge Head Start and child care providers expressed in terms of filling spots in areas of the state with prekindergarten expansion. Pointed out that data from PDG B-5 will help better coordinate spots. • Planned to use an Infant and Early Childhood Mental Health Consultation model to expand providers' (including pre-K) capacity to serve high-risk families. • Will use video-based coaching to reach rural communities.
New York	<ul style="list-style-type: none"> • Included as part of B-5 system.
North Carolina	<ul style="list-style-type: none"> • Included as part of B-5 system. • Noted previous and ongoing work.
North Dakota	<ul style="list-style-type: none"> • Included as part of B-5 system.
Ohio	<ul style="list-style-type: none"> • Noted publicly funded prekindergarten representation on the Early Childhood Advisory Committee. • Included prekindergarten programs in online tool that will help parents screen for program eligibility.
Oklahoma	<ul style="list-style-type: none"> • Included as part of B-5 system. • Representation on regional strategic planning meetings. • Included in programs eligible to receive Early Childhood Mental Health Consultation services. • Included in plans for a toolkit that provides guidance on layering prekindergarten funding in public schools. • Noted challenge in pay parity (prekindergarten providers paid more than child care and Head Start).
Oregon	<ul style="list-style-type: none"> • Included as part of B-5 system. • Mentioned in strategic plan narrative regarding plans to expand access. • Included in programs receiving professional development. This includes regional expert roundtables that focus on coordination early intervention or child care assistance with other funds (e.g., prekindergarten). • Included in evaluation efforts.
Pennsylvania	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in discussion of uniform data-collection practices for a unique identifier.
Rhode Island	<ul style="list-style-type: none"> • Included as part of B-5 system. • Noted plans to expand state prekindergarten program. • Mentioned in plans to support parent awareness and access, including a redesigned website. • Mentioned in narrative on transitions.
South Carolina	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as source of data for needs assessment.
Texas	<ul style="list-style-type: none"> • Included as part of B-5 system. • Mentioned in plans to create a parent-facing website and app to support awareness and access to programs. • Listed as program that could be part of coordinated eligibility verification. • Included in plans to explore expanded QRIS.
Utah	<ul style="list-style-type: none"> • Mentioned as part of pilot programs for prekindergarten.
Vermont	<ul style="list-style-type: none"> • Included as part of B-5 system (noted that state prekindergarten an EC program in state longitudinal data system). • Included in needs assessment process.

State	Mentions and/or Activities
Virginia	<ul style="list-style-type: none"> • Included as part of B-5 system (mentioned as a collaborator). • Included in plans to create a comprehensive classroom-level data system. • Mentioned in narrative on increasing incentives and supports for sharing best practices. Pilot Communities focused on sharing best practices and collaboration include state prekindergarten programs.
Washington	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in needs assessment process. • Proposed a plan to develop an Early Childhood Education and Assistance Program to reach young children. Will be modeled after EHS. • Included in shared services model (business expertise and comprehensive services) to build provider capacity. • Included in professional development activities.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Included as part of B-5 system.

Appendix B.7: Analysis of Medicaid in the PDG B-5 Applications

The PDG B-5 grant includes Medicaid as a program within the B-5 early childhood state system that works to strengthen, engage, and stabilize families. Historically, education and health supports in state early childhood systems have not been coordinated. However, leveraging Medicaid dollars and data hold enormous potential for supporting families. While the majority of states and territories mentioned Medicaid in their applications, relatively few provided detailed descriptions of activities that involved Medicaid. **Table B.7.1** outlines the major activities related to Medicaid in the applications and the states that proposed the activities. **Table B.7.2** provides a summary of the Medicaid mentions and/or activities for each state.

Medicaid as part of the B-5 State System

In their applications, 37 states/territories¹⁴ mentioned Medicaid as **part of the B-5 system**. Twenty-three states and territories to some extent described **Medicaid as a partner program**, whether they have included it as part of the mixed delivery system, discussed the program as a partner, or included a Medicaid representative on an advisory council of committee. For example, four states noted that a Medicaid representative will be part of a council or team that was created or assigned PDG B-5 responsibilities (Alabama, Florida, Mississippi, Nebraska).

Mention of Medicaid in needs assessment or strategic planning activities and coordination/collaboration

Nine states discussed how Medicaid will be a source

of data or be a part of the state's **needs assessment and/or strategic planning process** through data collection or stakeholder involvement.

Inclusion of Medicaid in coordination and collaboration efforts

Ten states shared how they planned to include Medicaid in **coordination and collaboration efforts**. These efforts ranged from including Medicaid personnel in culturally responsive leadership training (Alabama), including Medicaid in single-point-of-entry systems and coordinated enrollment (Florida, Oregon), and exploring use of Medicaid dollars to sustain PDG B-5 activities (New Hampshire, Washington).

Inclusion of Medicaid in data systems efforts

Nine states and territories described inclusion of Medicaid related to **data systems**. For two states (Colorado, Mississippi), data collection was identified as part of the process to create a definition of need and demand for Infant and Early Childhood Mental Health (Colorado) and to develop health and emotional indicators (Mississippi). Montana discussed how a data warehouse being built for Medicaid claims could be used for EC system data integration and to uniquely identify children and families. Maine shared how it will include links to Medicaid in descriptive database links.

¹⁴ States that did not mention Medicaid: Alaska, Arkansas, Arizona, California, Maryland, New Mexico, North Carolina, North Dakota, Pennsylvania, Texas

Increasing family awareness of Medicaid

Four states described efforts to create a better awareness of the Medicaid program and to use Medicaid to **build awareness** of child care choices and the B-5 system. Maine and Mississippi shared how families who accessed Medicaid will also receive

information on child care choices. Nebraska identified Medicaid as part of the “full array of services” families will learn about. South Carolina proposed eliciting provider feedback on provider-level digital badges that conveyed information to families; this included a potential badge for Medicaid supports.

Table B.7.1. Mentions of Medicaid Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Mentions Medicaid	Alabama, Alaska, Colorado, Connecticut, District of Columbia, Delaware, Florida, Georgia, Hawaii, Illinois,* Indiana, Iowa, Kansas,* Kentucky, Louisiana,* Maine, Massachusetts, Michigan,* Minnesota,* Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, Ohio,* Oklahoma,* Oregon, Rhode Island, South Carolina, Utah, Vermont, Virginia, Washington, U.S. Virgin Islands (States with a * only mentioned Medicaid briefly as a reference to a program within a department or a staff person)	36 states & USVI
Partner/collaborator	Alabama*, Connecticut, District of Columbia, Delaware, Florida,* Indiana, Massachusetts, Mississippi,* Montana, Nebraska,* New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Vermont, Virginia, Washington, U.S. Virgin Islands (* indicates inclusion on PDG B-5 Committees)	22 states & USVI
Needs assessment and strategic plan	District of Columbia, Georgia, Indiana, Massachusetts, Maine, Montana, Nevada, Rhode Island, South Carolina	9 states
Coordination/collaboration	Alabama, Connecticut, Florida, Indiana, Nevada, New Hampshire, New York, Oregon, Rhode Island, Washington	10 states
Data system activities	Colorado, Iowa, Indiana, Maine, Massachusetts, Mississippi, Montana, Nevada, U.S. Virgin Islands	8 states & USVI
Increasing family awareness	Maine, Mississippi, Nebraska, South Carolina	4 states

Table B.7.2. Medicaid Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner; included in PDG B-5 Committees. • Included Medicaid as potential participant in culturally responsive leadership training.
Alaska	<ul style="list-style-type: none"> • Mentioned Medicaid.
Colorado	<ul style="list-style-type: none"> • Mentioned Medicaid. • Stated it will explore Medicaid billing of mental health services to support sustained funding of early childhood mental health specialists once the PDG B-5 project period ends.
Connecticut	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Stated it will replicate the Action Session and Action Plan model. One purpose of the sessions will be to identify how to increase coordination and collaboration among the home visiting, special education, Medicaid, child welfare, and early care and education systems.

State	Mentions and/or Activities
DC	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Stated Medicaid will be a source of data (level of participation, demographics, utilization, etc.) for needs assessment.
Delaware	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner.
Florida	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner; Medicaid will be included in the reconfigured State Advisory Committee and a part of PDG B-5 Committees. • Proposed creation of a single-point-of-entry system, including Medicaid.
Georgia	<ul style="list-style-type: none"> • Mentioned Medicaid. • Medicaid data used as source of information for needs assessment.
Hawaii	<ul style="list-style-type: none"> • Mentioned Medicaid.
Illinois	<ul style="list-style-type: none"> • Mentioned Medicaid reimbursement goes towards early intervention.
Indiana	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Stated stakeholder involvement on strategic plan includes representation from Medicaid. • Included Medicaid in discussion of coordination and collaboration with B-5 programs and services. • Discussed how data from Medicaid (questionnaire) can help in understanding the needs of low-income families and how to ensure coordination and collaboration to needed programs and services.
Iowa	<ul style="list-style-type: none"> • Mentioned Medicaid • Included Medicaid data in data-integration approach.
Kansas	<ul style="list-style-type: none"> • Noted the department responsible for Medicaid.
Kentucky	<ul style="list-style-type: none"> • Mentioned staff position to facilitate collaboration, including department that administers Medicaid.
Louisiana	<ul style="list-style-type: none"> • Mentioned Medicaid.
Massachusetts	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Mentioned in needs assessment. • Medicaid as a part of activities to link data.
Maine	<ul style="list-style-type: none"> • Mentioned Medicaid. • Medicaid a source of data for needs assessment. • Will include links to Medicaid in descriptive database links. • Stated will share info on child care choices at Medicaid offices.
Michigan	<ul style="list-style-type: none"> • Listed Medicaid when discussing department responsibilities.
Minnesota	<ul style="list-style-type: none"> • Listed Medicaid when discussing department responsibilities.
Mississippi	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner; Medicaid representation on PDG B-5 technical committee. • Stated it will collect data to develop health and emotional indicators from the Departments of Medicaid, Health, and Mental Health. • Discussed how families will learn about child care option when accessing information on Medicaid.
Missouri	<ul style="list-style-type: none"> • Listed Medicaid when discussing department responsibilities.

State	Mentions and/or Activities
Montana	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Medicaid mentioned as a source of data for needs assessment. • Stated it will explore the use of a data warehouse being developed for Medicaid claims systems to integrate data across the early childhood system and uniquely identify children and families.
Nebraska	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner; Medicaid part of state management team that ensures PDG B-5 grant activities align. • Stated parents will be provided information about the full array of services, including Medicaid.
New Hampshire	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Will explore how Medicaid dollars can sustain professional development proposed in PDG B-5 grant.
New Jersey	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner.
Nevada	<ul style="list-style-type: none"> • Mentioned Medicaid. • Stated that Medicaid is a part of needs assessment related to streamlined data. • Noted that community agencies can apply for funding to support collaboration efforts that include Medicaid. • Data systems work included Medicaid.
New York	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Discussed strengthening connections between early childhood system programs and increasing parent knowledge and choice, Medicaid included.
Ohio	<ul style="list-style-type: none"> • Listed Medicaid as part of Early Childhood leadership team. • Discussed as partner.
Oklahoma	<ul style="list-style-type: none"> • Listed Medicaid as part of system. • Discussed as partner.
Oregon	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Planned to pilot partnership with Hubs on coordinated enrollment systems; Medicaid is a partner in this work.
Rhode Island	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Medicaid included in discussion on needs assessment. • Included Medicaid in list of groups for collaboration.
South Carolina	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Identified Medicaid as an active participant in needs assessment—sharing data, availability, barriers to access and quality. • Stated that provider feedback will also be sought on awarding “digital badges” to providers that indicate programs and services provided, including Medicaid.
Utah	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner.
Vermont	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner.
Virginia	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner.

State	Mentions and/or Activities
Washington	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Stated will explore braiding sources from Medicaid, Title IV-E, CCDF, and other sources to sustain certain programming.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Mentioned Medicaid. • Discussed as partner. • Included Medicaid in the data list for the performance evaluation plan.

Appendix B.8: Analysis of CHIP in the PDG B-5 Applications

Nearly 9.6 million children in the U.S. are enrolled in the Children’s Health Insurance Program (CHIP).¹⁵ The program is administered by states and provides health coverage to eligible children. Given the large reach of CHIP, better collaboration and coordination between CHIP and other B-5 partners can support the integration and awareness of child health and education programs and reduce duplication of services. However, only 24 states and territories mentioned CHIP in their PDG B-5 applications.¹⁶ Of these, 16 used language to simply indicate that CHIP was **part of the B-5 system**. **Table B.8.1** outlines the major activities related to CHIP in the applications and the states that proposed the activities. **Table B.8.2** provides a summary of the CHIP mentions and/or activities for each state.

Efforts to increase collaboration and coordination with CHIP

Seven states referred to CHIP in discussions of **collaboration and coordination**. The reference to CHIP was primarily limited to the listing of CHIP within a department identified as a collaborator. Some states provided more detail. For instance, Massachusetts stated CHIP will be included in programs that were involved in data-coordination efforts to understand enrollment. Rhode Island mentioned CHIP as a program to be included in plans to explore braiding or blending funding.

Building awareness of CHIP

Six states described how they will include CHIP as part of strategies to build **families’ awareness** of the full array of B-5 services available. For instance, Utah included CHIP in its proposed plan to align the web presence of B-5 programs to communicate with families.

Including CHIP in needs assessment/strategic plan, single point of entry plan, or definition of vulnerable population

Five states included CHIP in their **needs assessment and/or strategic planning** processes, either as a source of data or a stakeholder voice. Two states mentioned CHIP in their plans for a **single-point-of-entry system** and two states included CHIP recipients as part of their **definitions of at-risk/vulnerable population**.

¹⁵ Federal Fiscal Year (FFY) 2018 Statistical Enrollment Data System (SEDS) Reporting. Retrieved from <https://www.medicaid.gov/chip/downloads/fy-2018-childrens-enrollment-report.pdf>

¹⁶ States who did not mention CHIP: Alabama, Alaska, Arkansas, Arizona, Colorado, Connecticut, Delaware, DC, Georgia, Kansas, Louisiana, Michigan, North Carolina, North Dakota, New Hampshire, New Mexico, Nevada, Oklahoma, Oregon, Texas, Vermont, Washington

Table B.8.1. Mentions of CHIP Activities in PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Included in B-5 system	California, Florida, Hawaii, Illinois, Indiana, Iowa, Montana, Nebraska, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Utah, Virginia, U.S. Virgin Islands	15 states & USVI
Efforts to increase collaboration and coordination with CHIP	Indiana, Kentucky, Massachusetts, Minnesota, Rhode Island, South Carolina, Virginia	7 states
Included in parent awareness of services	Indiana, Minnesota, Nebraska, Ohio, Pennsylvania, Utah	6 states
Included in needs assessment/strategic planning	Indiana, Maine, Missouri, Montana, South Carolina	5 states
Included in plan for single point of entry	Florida, Maryland	2 states
Included in definition of at-risk (eligible for CHIP)	Illinois, New Jersey	2 states

Table B.8.2. CHIP Activities in PDG B-5 Applications, by State

State	Mentions and/or Activities
California	<ul style="list-style-type: none"> Included as a program in the B-5 system.
Florida	<ul style="list-style-type: none"> Included as a program in the B-5 system. Included in plan for single point of entry.
Hawaii	<ul style="list-style-type: none"> Included as a program in the B-5 system. Mentioned as a program that will be part of consolidated administration of federal entitlement programs.
Illinois	<ul style="list-style-type: none"> Included as a program in the B-5 system. Included in definition of "at risk" (eligible for CHIP).
Indiana	<ul style="list-style-type: none"> Mentioned as a partner in the B-5 system. Included as a stakeholder for strategic planning. Mentioned in collaboration regarding parent awareness and ensuring parents have information on services.
Iowa	<ul style="list-style-type: none"> Included as a program in the B-5 system.
Kentucky	<ul style="list-style-type: none"> Included as a program in the B-5 system. Discussed staff position that will be created to support coordination and facilitation for disabilities and mental health in different departments, including where CHIP is housed.
Maine	<ul style="list-style-type: none"> Stated CHIP as a source of information for needs assessment.
Maryland	<ul style="list-style-type: none"> Included as a program in a unified application.
Massachusetts	<ul style="list-style-type: none"> Mentioned as a program within a department identified as a collaborator. Included in programs that are part of data-coordination efforts to understand enrollment across programs and to identify gaps in access.
Minnesota	<ul style="list-style-type: none"> Mentioned as a program under a department that is a collaborator to maximize parent choice.

State	Mentions and/or Activities
Mississippi	<ul style="list-style-type: none"> Mentioned as a program that families may access.
Missouri	<ul style="list-style-type: none"> Stated that needs assessment will support alignment where there are current needs, including for children who are CHIP members.
Montana	<ul style="list-style-type: none"> Included as a program in the B-5 system. Identified as a source of data for needs assessment. Involved as stakeholder in strategic plan.
Nebraska	<ul style="list-style-type: none"> Included as a program in the B-5 system as a program about which parents should be aware.
New Jersey	<ul style="list-style-type: none"> Included in definition of vulnerable, underserved, high-needs populations.
New York	<ul style="list-style-type: none"> Mentioned in the narrative of the mixed delivery system (nearly 100% of eligible children enrolled).
Ohio	<ul style="list-style-type: none"> Included as a program in the B-5 system (mentioned as a program included on the state's cross-agency early childhood information site for families).
Pennsylvania	<ul style="list-style-type: none"> Included as a program in the B-5 system as a program about which parents should be made aware.
Rhode Island	<ul style="list-style-type: none"> Included as a program in the B-5 system. Stated it will be part of coordination efforts among providers and state agencies, which will be a standing agenda item at regular meetings of the Early Learning Council and Children's Cabinet. Included in list of programs for optimizing funding; the state is exploring the possibility of braiding or blending funding.
South Carolina	<ul style="list-style-type: none"> Included as a program in the B-5 system. Source of data for needs assessment. Discussed efforts to include B-5 resources from which families access applications for CHIP and other services.
Utah	<ul style="list-style-type: none"> Included as a program in the B-5 system. Included in discussion of programs that will have an aligned web presence to facilitate family access to information on all B-5 systems.
Virginia	<ul style="list-style-type: none"> Included as a program in the B-5 system, will convene leaders from CHIP as an ECCE partner. Mentioned as a collaborator.
U.S. Virgin Islands	<ul style="list-style-type: none"> Included as a program in the B-5 system. Included as data point for evaluation.

Appendix B.9: Analysis of Title V in the PDG B-5 Applications

The Title V Maternal and Child Health Block Grant (Title V) is one of the nation's largest block grant programs, providing supportive health services to a majority of pregnant woman, infants, and children in the United States and including children with special health care needs. According to the Health Resources and Services Administration, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service in 2017.¹⁷ States use Title V dollars to fund public health systems, enable health-service provision, and provide direct services.¹⁸ The focus on pregnant women means that Title V funding reaches families even before they have a child, providing an

opportunity to connect families to other programs in the B-5 system at the critical prenatal and infant stages of early childhood.

¹⁷ Title V Maternal and Child Health Services Block Grant Program. U.S. Department of Health and Human Services, Health Resources & Services Administration. Retrieved from <https://mchb.hrsa.gov/maternal-child-health-initiatives/title-v-maternal-and-child-health-services-block-grant-program>

¹⁸ Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/ Annual Report. U.S. Department of Health and Human Services, Health Resources & Services Administration. Retrieved from <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/TitleV/blockgrantguidance.pdf>

Thirty states and territories mentioned Title V in their applications.¹⁹ Of these, 12 used language to indicate that Title V was a **part of the B-5 system**. **Table B.9.1** outlines the major activities related to Title V in the applications and the states that proposed the activities. Table B.9.2 provides a summary of the Title V mentions and/or activities for each state.

Efforts to increase collaboration and coordination with Title V and inclusion in the needs assessment

Eleven states mentioned Title V when discussing plans for **collaboration and coordination**. This included advisory roles or language related to coordination with Title V (Alabama, Alaska, California, Hawaii), blended funding (District of Columbia, Rhode Island), inclusion of Title V in the web presence of aligned B-5 programs and services (Utah), and a single-point-of-entry system (Florida). Kansas identified a challenge in including some Title V and other programs in an

unduplicated count. In its discussion of funding local collaboration initiatives, Nevada listed Title V as a program to include. Ten applications identified Title V as a source of data to inform the PDG B-5 **needs assessment and/or strategic plan**.

Plans to increase parent awareness of Title V resources and services

A few applications (6) shared plans to build parent awareness, noting Title V as a program to include in **parent awareness initiatives**. For instance, South Carolina suggested a digital badge could be shared by programs with families.

¹⁹ States that did not mention Title V: Arkansas, Arizona, Connecticut, Georgia, Indiana, Massachusetts, Maryland, Maine, Michigan, Mississippi, North Carolina, New Mexico, New York, Pennsylvania, Virginia, Washington

Table B.9.1. Mentions of Title V Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Part of B-5 system	Alaska, California, Delaware, District of Columbia, Hawaii, Iowa, Louisiana, Minnesota, New Hampshire, New Jersey, North Dakota, Texas	12 states
Collaboration and coordination	Alabama, Alaska, California, District of Columbia, Florida, Hawaii, Kansas, Kentucky, Nevada, Rhode Island, Utah	11 states
Needs assessment and/or strategic plan	Colorado, Delaware, Illinois, Missouri, Montana, New Jersey, North Dakota, Oregon, South Carolina, Vermont	10 states
Parent awareness/choice	Nebraska, Ohio, Oklahoma, South Carolina, Utah, U.S. Virgin Islands	5 states & USVI

Table B.9.2. Title V Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> Planned to coordinate with Title V Program Director to share information with other programs.
Alaska	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Mentioned cross-agency advisory role on future needs assessment for Title V. Planned to build on existing partnerships, including those with Title V MCH programs.
California	<ul style="list-style-type: none"> Mentioned as a program within B-5 system. Stated will have representation on the PDG Stewardship Team.
Colorado	<ul style="list-style-type: none"> Listed as a source of data for needs assessment and strategic plan.
DC	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Planned to look at how to leverage funding to identify shared measures and metrics to sustain programs funded through PDG B-5.
Delaware	<ul style="list-style-type: none"> Mentioned as part of B-5 system. Listed as source of data for needs assessment.
Florida	<ul style="list-style-type: none"> Mentioned in single-point-of-entry plans.
Hawaii	<ul style="list-style-type: none"> Included in B-5 system; listed as a program in the Department of Health. Mentioned in discussion of collaboration.
Illinois	<ul style="list-style-type: none"> Listed as a source of data for needs assessment.
Iowa	<ul style="list-style-type: none"> Mentioned as a program within B-5 system. Listed as a source of data for needs assessment.
Kansas	<ul style="list-style-type: none"> Listed as a source of data for needs assessment. Planned to review the ECE workforce and facilities as part of alignment work. Noted challenge in collecting unduplicated counts.
Kentucky	<ul style="list-style-type: none"> Planned to hire a specialist to coordinate collaboration across programs including Title V.
Louisiana	<ul style="list-style-type: none"> Mentioned as a program within B-5 system.
Minnesota	<ul style="list-style-type: none"> Mentioned as a program within B-5 system. Mentioned in discussion of family engagement.
Missouri	<ul style="list-style-type: none"> Listed as a source of data for needs assessment. Will be used to look at gaps in data needed to understand needs of most vulnerable children.
Montana	<ul style="list-style-type: none"> Included as data source for needs assessment.
Nebraska	<ul style="list-style-type: none"> Listed as a program that is part of full array of services of which families need to be made aware.
Nevada	<ul style="list-style-type: none"> Listed as a program to include in coordination at local level (communities may apply for grants to do this).
New Hampshire	<ul style="list-style-type: none"> Included in B-5 system, noting existing collaboration/coordination efforts.
New Jersey	<ul style="list-style-type: none"> Mentioned as a program within B-5 system. Included as data source for needs assessment.
North Dakota	<ul style="list-style-type: none"> Listed as a program in the B-5 system. Included as a data source for needs assessment.
Ohio	<ul style="list-style-type: none"> Mentioned as a program that is included in a parent-facing consumer website.

State	Mentions and/or Activities
Oklahoma	<ul style="list-style-type: none"> Mentioned as a program that will be communicated to parents as part of B-5 choice.
Oregon	<ul style="list-style-type: none"> Participant in needs assessment.
Rhode Island	<ul style="list-style-type: none"> Included in discussion of plans to explore braiding and blending of funds.
South Carolina	<ul style="list-style-type: none"> Participant in needs assessment. Participant in strategic plan. Included as possible source for “digital badge” providers can share with families.
Texas	<ul style="list-style-type: none"> Mentioned as a program within B-5 system.
Utah	<ul style="list-style-type: none"> Included in list of programs to coordinate in terms of web presence.
Vermont	<ul style="list-style-type: none"> Listed as a source of data for needs assessment.
U.S. Virgin Islands	<ul style="list-style-type: none"> Included in list of programs that, to sustain PDG B-5 work, will be needed to remain committed to parent knowledge and access to services.

Appendix B.10: Analysis of Healthy Start in the PDG B-5 Applications

Healthy Start, a Maternal and Child Health Bureau initiative, offers grants to support efforts to reduce rates of infant mortality and to improve pregnancy outcomes.²⁰ Only eleven states mentioned Healthy Start in their applications (DC, Florida, Hawaii, Kentucky, Maryland, Nebraska, New Jersey, Nevada, Ohio, Oklahoma, South Carolina). **Table B.10.1** outlines the major activities related to Healthy Start in the applications and the states that proposed the activities. **Table B.10.2** provides a summary of the Healthy Start mentions and/or activities for each state.

When Healthy Start was mentioned, it was most often within a list of programs that were **part of the**

B-5 System (six states) or part of existing **parent awareness efforts** (five states). For instance, in discussing plans to create a position to facilitate coordination across programs, Healthy Start was listed as a program that was part of the system. One state, Nevada, stated that Healthy Start was represented in a stakeholder meeting to inform the strategic planning process. Another state, Florida, described plans to explore a single-point-of-entry system that will include Healthy Start.

²⁰ Health Resources and Services Administration. (n.d.). Healthy Start. Retrieved from <https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start>

Table B.10.1. Mentions of Healthy Start Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Part of B-5 system	District of Columbia, Florida, Hawaii, Kentucky, Maryland, New Jersey	6 states
Parent awareness	Florida, Nebraska, Ohio, Oklahoma, South Carolina	5 states
Strategic plan representation	Nevada	1 state
Single point of entry	Florida	1 state

Table B.10.2. Healthy Start Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
DC	<ul style="list-style-type: none"> Included as a part of the B-5 system. Noted that DC Health administers it as part of its home visiting program.
Florida	<ul style="list-style-type: none"> Included as a part of the B-5 system. Represented on relaunched State Advisory Committee. Listed as part of network of parent education initiatives it currently supports. Noted as a program to include in potential single-point-of-entry system.
Hawaii	<ul style="list-style-type: none"> Included as a part of the B-5 system.
Kentucky	<ul style="list-style-type: none"> Listed as a program that will be part of coordination efforts undertaken by a specialist who will be hired to facilitate collaboration across B-5 programs.
Maryland	<ul style="list-style-type: none"> Listed as a program under the governor in the organizational chart.
Nebraska	<ul style="list-style-type: none"> Included as a program about which to make parents aware.
Nevada	<ul style="list-style-type: none"> Represented in a stakeholder meeting for the strategic plan.
New Jersey	<ul style="list-style-type: none"> Listed under the New Jersey Council for Young Children in the organizational chart. Listed as a program that is part of state network of early-childhood-related programs and services that provide health, mental health, and wellness supports.
Ohio	<ul style="list-style-type: none"> Listed as a program that is on the Bold Beginnings website that communicates with parents.
Oklahoma	<ul style="list-style-type: none"> Listed as a program about which to make parents.
South Carolina	<ul style="list-style-type: none"> Listed as a program that may be used in digital-badge approach with providers. This will be part of a potential B-5 portal containing a web-based application and resources for families and providers.

Appendix B.11: Analysis of CACFP in the PDG B-5 Applications

The Child and Adult Care Food Program (CACFP) is a federal program that funds healthy meals and snacks for children in early childhood care and education programs. Center-based and family-based programs are eligible to access the program, and Head Start programs are required to access CACFP funding. Given that nutrition supports early development and sets the foundation for lifelong healthy habits, ensuring young children have access to healthy meals and snacks in ECE settings should be a critical goal of any state B-5 system.

Many states (29) states and territories mentioned CACFP in their applications.²¹ Of these, only 14 used language to indicate that CACFP was a **part of the B-5 system**. **Table B.11.1** outlines the major activities related to CACFP in the applications and the states that proposed the activities. **Table B.11.2** provides a summary of the CACFP mentions and/or

activities for each state.

Efforts to improve collaboration and coordination

Thirteen states and territories described **collaboration and coordination** efforts that included CACFP. This included efforts towards aligned data systems (District of Columbia, Utah), single-point-of-entry systems (Florida), hiring a staff person to oversee collaboration of programs that included CACFP (Kentucky), sharing best practices (Virginia), aligning coaching competencies (Montana), or funding for local collaboration efforts (Nevada).

Increasing parent awareness of CACFP

Eleven applications described efforts to make CACFP more **visible to parents**. Nevada described plans to

²¹ States that did not mention CACFP: Alabama, Alaska, Arizona, Colorado, Connecticut, Indiana, Kansas, Massachusetts, Michigan, Mississippi, Missouri, North Carolina, North Dakota, New Hampshire, New Jersey, Oregon, Washington

fund a Community Innovation Project to support local-level collaboration and coordination. The goal of this work is to meet community needs, including increased parent and provider awareness of B-5 programs and services, including CACFP. Three states highlighted efforts to make information about B-5 programs and services, including CACFP, more accessible to parents (Nebraska Ohio, Utah). Rhode Island noted the need for parents to be aware of CACFP and included data points to collect how many providers participate in the program. South Carolina proposed making CACFP a possible digital badge for providers to communicate with parents about featured services.

Increasing provider knowledge of and participation in CACFP

A few states (3) discussed ways to **increase provider awareness of and participation in CACFP**. Nebraska described plans to launch a pilot project to support home- and center-based providers who were new to licensing. The pilot will provide specialized supports (e.g., coaching and tailored professional development) to help them navigate the licensing process, including the CACFP process. To participate in the initiative, programs must agree to participate in CACFP.

Using CACFP data in needs assessment

Four states planned to use data from CACFP in their **needs assessment** process.

Table B.11.1. Mentions of CACFP Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Included as part of the B-5 system	Arkansas, California, Delaware, Georgia, Illinois, Iowa, Louisiana, Maryland, New Mexico, New York, Oklahoma, South Carolina, Texas, Vermont	14 states
Efforts to improve collaboration and coordination	District of Columbia, Florida, Hawaii, Kentucky, Minnesota, Montana, Nevada, New York, Oklahoma, Rhode Island, Utah, Virginia, USVI	12 states & USVI
Increasing parent awareness of CACFP	Minnesota, Nebraska, Nevada, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Utah, U.S. Virgin Islands	11 states
Using CACFP data in needs assessment	Arkansas, Georgia, Maine, South Carolina	4 states
Increasing provider knowledge of and participation in CACFP	Louisiana, Nebraska, New York	3 states

Table B.11.2. CACFP Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Arkansas	<ul style="list-style-type: none"> Included as part of B-5 system. Included in needs assessment process.
California	<ul style="list-style-type: none"> Included in B-5 system.
DC	<ul style="list-style-type: none"> Planned to contract an analyst to support integration of CACFP data into the early childhood data system.
Delaware	<ul style="list-style-type: none"> Included as part of B-5 system.
Florida	<ul style="list-style-type: none"> Included as a program to include in single-point-of-entry data system.

State	Mentions and/or Activities
Georgia	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as a data source for the needs assessment.
Hawaii	<ul style="list-style-type: none"> • Listed as potential stakeholder to invite to State Plan Steering Committee.
Illinois	<ul style="list-style-type: none"> • Included as part of B-5 system.
Iowa	<ul style="list-style-type: none"> • Included as part of B-5 system.
Kentucky	<ul style="list-style-type: none"> • Stated they will create a position to support collaboration among programs including CACFP .
Louisiana	<ul style="list-style-type: none"> • Included as part of B-5 system. • Stated it will support providers to participate in CACFP.
Maine	<ul style="list-style-type: none"> • Included as data source for needs assessment.
Maryland	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as part of quality in QRIS.
Minnesota	<ul style="list-style-type: none"> • Included in a department that collaborates with other departments to maximize parental choice.
Montana	<ul style="list-style-type: none"> • Included in plans to define common coaching competencies and certifications in the B-5 system.
Nebraska	<ul style="list-style-type: none"> • Included as a program about which to make parents aware; a consultant will explore how to maximize overall web presence of state and B-5 programs. • Described in plans to launch a pilot to support providers who are new to licensing by providing tailored professional development and coaching during the licensing process, including how to participate in CACFP. The programs must agree to participate in CACFP to take part in the initiative.
Nevada	<ul style="list-style-type: none"> • Listed as a program to include in coordination of local efforts that could be funded by state through the Community Innovation Project. This will also support increasing family awareness and access to all B-5 programs.
New Mexico	<ul style="list-style-type: none"> • Included as part of B-5 system.
New York	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as one of the programs about which the state plans to build awareness at the provider level to support coordination. • Noted plans to expand CACFP usage by licensed child care programs. • Noted need for parents to be aware of CACFP.
Ohio	<ul style="list-style-type: none"> • Mentioned as a program to include in parent-facing consumer website.
Oklahoma	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as source of expertise in planning how to maximize parent choice and family engagement.
Pennsylvania	<ul style="list-style-type: none"> • Discussed commitment to ensuring families have access to full support system, including CACFP.
Rhode Island	<ul style="list-style-type: none"> • Planned to share information on programs, including CACFP, in culturally and linguistically sensitive manner to parents. • Discussed plans for family child care (FCC) networks to share best practices. One data point is the number of FCCs leveraging resources such as CACFP.
South Carolina	<ul style="list-style-type: none"> • Mentioned as part of B-5 system. • Included in needs assessment process. • Included as possible digital badge for providers to share with families.
Texas	<ul style="list-style-type: none"> • Included as part of B-5 system.

State	Mentions and/or Activities
Utah	<ul style="list-style-type: none"> Listed as a program/service to include in aligned data system to improve family ability to access information on all B-5 services.
Vermont	<ul style="list-style-type: none"> Included in B-5 system.
Virginia	<ul style="list-style-type: none"> Stated it will work closely with the Department of Health, which administers CACFP.
U.S. Virgin Islands	<ul style="list-style-type: none"> Included in a list of programs and services that need to collaborate for sustainability purposes. Stated need to be committed to supporting parent knowledge and access to services.

Appendix B.12: Analysis of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the PDG B-5 Applications

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides services that meet the health and nutrition needs of low-income pregnant women and children ages birth through five. Young children’s health and nutrition are vital to optimal development. Thus, WIC is an important contributor to ensuring children are ready to learn.²² Given that WIC access starts with pregnancy, it is likely one of the first access points to the early childhood system. It also serves a large population of women and children (7.3 million in FY 2017). Thus, WIC poses an opportunity to share information with families on the full extent of B-5 services.

Thirty-six states and territories mentioned WIC in their applications.²³ Of the applications that mentioned WIC, 18 states and the USVI used language to indicate that it was a **part of the B-5 system**. **Table B.12.1** outlines the major activities related to WIC in the applications and the states that proposed the activities. **Table B.12.2** provides a summary of the WIC mentions and/or activities for each state.

Including WIC in needs assessment and strategic plans

Eleven states listed WIC as a program whose data they will use data or one which they will include as a stakeholder in **their needs assessment and/or strategic plan** process.

Efforts to increase parent knowledge of or access to WIC

Eight states included WIC in plans to **increase parent knowledge or access**, either planning ways to build

awareness of WIC or using WIC to share information on other B-5 services (Montana, North Carolina). Maine and Nevada stated they will include WIC on websites developed for family use. Nebraska, New York, and Oregon stated information on WIC will be disseminated to parents (e.g., in Oregon, via home visitors). Montana and North Carolina indicated that WIC providers can serve as connection points to other parts of the B-5 system.

Including WIC as a contributor or part of collaboration efforts

Seven states included WIC as program included in state **collaboration and coordination efforts**. For instance, Kentucky discussed the creation of a role to coordinate and facilitate programs at the state level, with WIC listed as a program to include in that effort. Nevada discussed funding to support coordination at the local level, noting WIC as a program to include.

Including WIC in data system efforts

A few states (4) included WIC in plans for B-5 **data-system** efforts. Maryland and New Mexico stated they will try to include WIC in their data system. Massachusetts’ data systems work focused on including WIC in unduplicated counts. Oregon mentioned WIC in its discussion of an integrated client data system.

²² USDA Food and Nutrition Services, US Department of Agriculture. (n.d.). About WIC – How WIC helps. Retrieved from <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>

²³ States that did not mention WIC: Alabama, Alaska, Arizona, Connecticut, Georgia, Louisiana, Michigan, Mississippi, Ohio, Washington

Including WIC in coordinated enrollment and single points of entry

Three states shared plans to include WIC in coordinated enrollment/single points of entry. The

District of Columbia planned to consider a universal application/enrollment process, which will include WIC. Florida and Oregon mentioned WIC in their discussions of a single-point-of-entry system.

Table B.12.1. Mentions of WIC Activities in the PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Part of B-5 system	California, Delaware, Illinois, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, U.S. Virgin Islands	18 states & USVI
Including in needs assessment and strategic plans	Arkansas, Colorado, Hawaii, Indiana, Iowa, Kansas, Maine, Montana, New Jersey, New Mexico, South Carolina	11 states
Efforts to increase parent knowledge of or access to WIC	Maine, Montana, Nebraska, Nevada, New York, North Carolina, Oregon, South Carolina	8 states
Including as a contributor or part of collaboration efforts	Kentucky, Montana, Nevada, New Jersey, New York, North Carolina, Oklahoma	7 states
Including in integrated data system	Maryland, Massachusetts, New Mexico, Oregon	4 states
Including in single- point-of-entry/ coordinated enrollment	District of Columbia, Florida, Oregon	3 states

Table B.12.2. WIC Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Arkansas	<ul style="list-style-type: none"> Listed as an entity to be represented in needs assessment and strategic plan process that is focused on Adverse Childhood Experiences.
California	<ul style="list-style-type: none"> Included as part of B-5 system.
Colorado	<ul style="list-style-type: none"> Listed as a program that will be included in analysis of initiatives and strategies for integration in needs assessment and strategic planning process.
DC	<ul style="list-style-type: none"> Included in list of programs considered for universal application/enrollment. Parents will receive survey to assess satisfaction with the process.
Delaware	<ul style="list-style-type: none"> Included as part of B-5 system.
Florida	<ul style="list-style-type: none"> Included in list of programs considered for a single-point-of-entry system.
Hawaii	<ul style="list-style-type: none"> Included in discussion of needs assessment (indicators) and strategic planning. Discusses consolidation administration of federal programs, including WIC.
Illinois	<ul style="list-style-type: none"> Included as part of B-5 system. WIC program representatives have been part of Parent and Community Cafés, which will expand under PDG B-5.

State	Mentions and/or Activities
Indiana	<ul style="list-style-type: none"> • Included as source of data for needs assessment (e.g., local services available). • Identified as key stakeholder in strategic plan process. • Used WIC to assess where parents request information to support efforts to increase parent awareness.
Iowa	<ul style="list-style-type: none"> • Included in discussion of needs assessment data.
Kansas	<ul style="list-style-type: none"> • Included in discussion of needs assessment data.
Kentucky	<ul style="list-style-type: none"> • Discussed creation of a role to coordinate and facilitate programs at state-level, including WIC.
Maine	<ul style="list-style-type: none"> • Included as a data source in needs assessment planning. • Included in descriptive database links to information on federal programs (part of activities to increase family knowledge).
Maryland	<ul style="list-style-type: none"> • Listed as a program the state will try to include in data system.
Massachusetts	<ul style="list-style-type: none"> • Listed as a program the state will try to include in unduplicated count in data system.
Minnesota	<ul style="list-style-type: none"> • Included as part of B-5 system.
Missouri	<ul style="list-style-type: none"> • Included as part of B-5 system.
Montana	<ul style="list-style-type: none"> • Included as a data source in needs assessment planning. • WIC providers will help families access other parts of B-5 system. • Included as part of strategy to reach parents (e.g., WIC provider as a connection to other services).
North Carolina	<ul style="list-style-type: none"> • Included as part of B-5 system. • Represented in efforts to collaborate and coordinate. • WIC providers will help families access other parts of B-5 system.
North Dakota	<ul style="list-style-type: none"> • Included as part of B-5 system.
Nebraska	<ul style="list-style-type: none"> • Listed as program that families should be aware of in B-5 system.
Nevada	<ul style="list-style-type: none"> • Included as resource that parents can learn about in a consumer-friendly website that will be developed for families. • Listed as a program to include in local coordination efforts (for which communities may apply).
New Hampshire	<ul style="list-style-type: none"> • Included as part of B-5 system.
New Jersey	<ul style="list-style-type: none"> • Included as part of B-5 system (e.g., on New Jersey Council for Young Children's Infant Child Health Committee, advisory body for the Early Childhood Comprehensive Systems Impact Grant). • Listed as source of data to develop indicators.
New Mexico	<ul style="list-style-type: none"> • Included in needs assessments; discusses expanding early childhood data system to include WIC.
New York	<ul style="list-style-type: none"> • Included as part of B-5 system. • Planning to disseminate information about WIC to families. • Collaboration and coordination to inform providers about available services, including WIC.
Oklahoma	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in discussion on sharing information to maximize parent choice and family engagement strategies.

State	Mentions and/or Activities
Oregon	<ul style="list-style-type: none"> • In discussion of home visiting model, notes that home visitors will refer families to programs, including WIC. • Included in evaluation plan to assess coordinated enrollment for families. • Included in discussion of integrated client data system.
Pennsylvania	<ul style="list-style-type: none"> • Included as part of B-5 system (will be accessed for increased access in performance evaluation plan).
Rhode Island	<ul style="list-style-type: none"> • Included as part of B-5 system.
South Carolina	<ul style="list-style-type: none"> • Included as source of data for needs assessment. • Included as conveyer of transition messages to families in system.
Texas	<ul style="list-style-type: none"> • Included as part of B-5 system.
Utah	<ul style="list-style-type: none"> • Included as part of B-5 system.
Vermont	<ul style="list-style-type: none"> • Included as part of B-5 system.
Virginia	<ul style="list-style-type: none"> • Included as part of B-5 system.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Included as part of B-5 system.

APPENDICES

Appendix C: Breakdown of State Vision Statements by Categories

	Equity/ Equitable	Every/ All Children	Outcomes	Coordination
TOTAL	16	33	43	27
Alabama		X	X	
Alaska		X	X	
Arizona		X	X	X
Arkansas			X	X
California	X	X	X	X
Colorado	X		X	X
Connecticut		X	X	X
DC	X	X	X	
Delaware		X	X	X
Florida			X	X
Georgia	X	X	X	X
Hawaii	X	X	X	X
Illinois	X		X	X
Indiana		X	X	X
Iowa		X	X	X
Kansas		X		
Kentucky		X	X	X
Louisiana		X	X	X
Maine		X	X	X
Maryland	X	X	X	X
Massachusetts	X	X	X	
Michigan		X	X	
Minnesota	X	X	X	

	Equity/ Equitable	Every/ All Children	Outcomes	Coordination
Mississippi		X	X	
Missouri	X	X	X	
Montana			X	
Nebraska			X	X
Nevada			X	
New Hampshire		X	X	X
New Jersey		X	X	X
New Mexico	X	X	X	
New York	X	X	X	X
North Carolina			X	X
North Dakota				X
Ohio		X	X	
Oklahoma	X			X
Oregon		X	X	X
Pennsylvania	X		X	
Rhode Island	X	X	X	
South Carolina		X	X	
Texas			X	
USVI	X	X	X	X
Utah			X	X
Vermont		X	X	
Virginia		X	X	X
Washington		X	X	

APPENDICES

Appendix D: How States Addressed Critical Issues in PDG B-5 Applications

Appendix D.1: Analysis of How the PDG B-5 Applications Address the Supply and Quality of ECE Settings for Infants and Toddlers

Federal and state policymakers are increasingly focused on families' access to affordable, high-quality ECE settings for infants and toddlers. While considered by researchers to be one of the most critical periods of human development, the quality and availability of ECE options for children under three do not meet current demand. From a system-coordination perspective, a great deal of anecdotal evidence suggests that state prekindergarten programs that take four-year-old children out of the market-based system without additional supports for infant/toddler providers can significantly reduce access to infant/toddler care by making care for this age group prohibitively expensive for providers to offer and low-income families to afford.²⁴

While infants and toddlers were not highlighted as a vulnerable population in most PDG B-5 applications, nearly every state application specifically discussed issues related to the access, affordability, and quality of ECE for infant and toddlers.²⁵ Overall, 43 states mentioned issues related to infants and toddlers in their applications with 35 states outlining specific strategies to address issues of access and quality of care for this population.²⁶ **Table D.1.1** outlines the major activities related to infants and toddlers in the applications and the states that proposed the activities. **Table D.1.2** provides a summary of the infant/toddler mentions and/or activities for each state.

Improved quality: professional development (PD) and PD networks

The most common strategy for improving the access and quality of ECE for infant and toddlers involved professional development to improve the knowledge and competencies of infant/toddler providers (23 states). Of the states using PDG B-5 funding in this way, most states are funding in-service professional

development, using several different strategies. For example, 12 states are using coaching and mentoring models for their in-service professional development, including coaching based on classroom and child assessments like the ITERS-3 and Infant-Toddler Individual Growth and Development Indicators. Other professional development models/interventions include the Pyramid Model, Play and Learn, and Roving Readers (for family child care providers), and state-specific programs like *OKFutures* and *NC Babies*.

²⁴ Research from the Alliance for Early Childhood Finance Cost Modeling studies shows that a provider's revenue is greatly impacted by the age distribution of children served, with more preschool classrooms associated with greater revenue and financial stability (Alliance for Early Childhood Finance, *Lessons from Cost Modeling: The Link Between ECE Business Management and Program Quality*, 2010.).

²⁵ Nearly every initiative proposed in the PDG B-5 applications will support access, affordability, and quality of infant/toddler ECE in some ways. This section focuses on the initiatives specifically directed to infant/toddler ECE providers and their families in the application.

²⁶ The eight states that mentioned infants and toddlers in their applications but did not include specific strategies were: Arizona, Delaware, Florida, Hawaii, North Dakota, Nebraska, Ohio, and USVI.

Table D.1.1. Infant Toddler Initiatives in PDG B-5 Applications, by Key Activity

Key Activities	States	Number of States
Professional development specifically for infant/toddler care	<i>In-service</i> (22): California, District of Columbia, Georgia, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, Oregon, Rhode Island, South Carolina, Texas <i>Coaching/Mentoring</i> (12): California, Georgia, Kentucky, Louisiana, Maryland, Montana, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina <i>Pyramid Model</i> (4): Illinois, Kansas, New Jersey, New York <i>PITC Model</i> (4): Alabama, California, Kentucky, Oklahoma <i>LENA Grow Technology</i> (2): Maryland, Oklahoma	23 states (Some states are listed in multiple categories)
Activities to increase the supply of infant/toddler care	Colorado, Connecticut, District of Columbia, Illinois, Indiana, Massachusetts, North Carolina, Oregon, Pennsylvania, Vermont, Virginia, Washington	12 states
Focus on improving parent-child interactions	Alaska, Illinois, Kansas, Louisiana, New York, Oklahoma, Utah	7 states
System-level or other initiatives to support infant/toddler providers	Kentucky, Montana, Mississippi, Oklahoma, Oregon, Virginia	6 states
Classroom or parent materials	District of Columbia, Illinois, Louisiana, Maryland, Oklahoma	5 states
Establish an infant/ toddler credential or certificate	Arkansas, California, Missouri, New Jersey	4 states

Four states proposed the *Program for Infant/Toddler Care (PITC)* program (Alabama, California, Kentucky, and Oklahoma). Of these states, Alabama and Kentucky will establish or expand infant/toddler specialist networks using the PITC program, California plans to update content and create online modules for the PITC, and Oklahoma also plans to use the PITC in addition to other training on high-quality curricula.

Two states, Maryland and Oklahoma, are using *LENA Grow*, a professional development program that uses technology to measure and improve the “talk environment” in infant/toddler classrooms. Providers are given professional development based on reports of the number of conversational turns the teacher has overall and with individual children.

Increased supply and/or affordability

Twelve states are supporting a range of activities to increase the supply of infant/toddler care. For example, Connecticut is working to develop a set of incentives to increase infant/toddler capacity. The exact nature of the incentives will be informed by the needs assess-

ment and focus groups of providers. Similarly, Indiana is issuing challenge grants for local communities to propose alternative business models that support infants and toddlers. The District of Columbia has been providing subgrants for facilities planning, improvements, and construction and hopes to increase infant/toddler capacity by 1,000 spots. Oregon is using PDG B-5 funding to pilot Baby Promise, a comprehensive initiative that works to increase the supply and quality of care simultaneously and includes contracted slots with a reimbursement rate that is aligned to the cost of quality, as well as quality improvement supports and professional development.

Improved parent/child interactions

Seven states are using PDG B-5 funding to improve parent-child interactions (Alaska, Illinois, Kansas, Louisiana, New York, Oklahoma, Utah). For example, Illinois and New York will implement the Parents Interacting with Infants (PIWI) model that provides resources on strengthening parent-child interactions and relationships, and Oklahoma plans to expand its Ready to Learn initiative to include an infant/

toddler component. Alaska will offer mini-grants to local writers to write culturally sensitive books as part of their strategy to support improved parent-child interactions. Kansas and Louisiana included this in their supports for infant/toddler care. Utah will use public awareness campaigns to support positive interactions between infants and toddlers and their parents.

System-level initiatives

A small number of states (6) are proposing system-level initiatives to support infant/toddler providers, including a cross-sector professional development plan to strengthen infant/toddler competencies (Oklahoma), piloting a coordinated enrollment system for infant/toddler contracted slots (Oregon), establishing a state-level infant/toddler position and resource clearinghouse (Kentucky), creating an apprenticeship program (Montana), creating an electronic scorecard containing progress indicators to provide information about children as they transfer out of infant/toddler programs (Mississippi), and creating quality inventories to better understand the quality landscape for infant and toddlers (Virginia).

Improved quality: classroom and parent materials

Five states proposed providing curriculum and other supplies to infant/toddler providers and families

with infants (District of Columbia, Illinois, Louisiana, Maryland, Oklahoma). The District of Columbia stated it will purchase research-based assessment, curricula, and training to support infant/toddler teachers. In Illinois, centers will apply through the QRIS for funds to purchase materials needed to upgrade classrooms to create improved learning environments for infants and toddlers; Maryland will include educational materials in hospital take-home bags for newborns. Louisiana stated it will provide funds for instructional resources, specifically noting a need to benefit infant/toddler classrooms. Oklahoma is providing curriculum and other supplies to infant/toddler providers.

Improved quality: certification and credentialing

Four states discussed developing or supporting a certificate, credential, or micro-credential for infants and toddlers (Arkansas, California, Missouri, and New Jersey). Arkansas plans to develop and implement an Infant/Toddler Certificate. Missouri plans to offer CDA certificate scholarships, with a focus on infant/toddler teachers. New Jersey is partnering with state and county colleges to offer an infant/toddler teaching certificate while California is developing a micro-credential on serving infants and toddlers.

Table D.1.2. Major Infant/Toddler Activities in PDG B-5 Applications, by State

State	Key Activities
Alabama	<ul style="list-style-type: none"> Stated it will expand IT Specialist Network and create a partnership between Department of Human Resources and Jefferson State Community College to implement the <i>Program for Infant/Toddler Care (PITC)</i> model.
Alaska	<ul style="list-style-type: none"> Discussed how the Infant Learning Program will conduct Circle of Security® Parenting training in 10 new communities with low-income and rural parents, and parents of vulnerable children identified as experiencing developmental delays.
Arkansas	<ul style="list-style-type: none"> Planned to develop Infant/Toddler Certificate to support practitioners in acquiring skills and knowledge in infant/toddler care.
California	<ul style="list-style-type: none"> Stated plans to align higher education courses with Infant/Toddler and Preschool Learning Foundations. Stated it will update content for <i>PITC</i> and create online format to serve more of the infant/toddler workforce. Proposed creation of online resources and micro-credentials on preventing expulsion, serving infants and toddlers, and Dual Language Learners.

State	Key Activities
Colorado	<ul style="list-style-type: none"> Planned to expand the current pilot program to statewide adoption of Colorado Child Care Assistance Program (CCCAP) through contracts. CCCAP subsidizes child care slots based on enrollment rather than attendance. This may potentially address supply deficits for infants and toddlers by providing guaranteed funding for enrolled children. Discussed in relation to transition from ITERS to ITERS-3.
Connecticut	<ul style="list-style-type: none"> Planned to use findings from the needs assessment, focus groups, stakeholder interviews to develop incentive package to build capacity of infant/toddler care. Proposed creation of an infant/toddler capacity incentive package potentially including monetary bonuses, support from licensing, new grants and contracts for start-up or ongoing costs, and increased infant/toddler voucher rates. Stated it will develop Infant-Toddler Toolkit to provide support to providers who are interested in serving infants and toddlers. Planned to develop metrics from existing data systems to monitor capacity of licensed infant/toddler care.
DC	<ul style="list-style-type: none"> Planned to increase infant/toddler slots by 1,000, funded through sub-grants. Stated it will purchase assessments, curricula, and training for infant/toddler centers participating in QRIS.
Georgia	<ul style="list-style-type: none"> Discussed as part of the Piloting Quality Rated²⁷ Subsidy Grants (QRSG) to serve 3,000 infants, toddler, and preschoolers. Providers who receive a QRSG are reimbursed at a higher rate for subsidy and are guaranteed a set number of slots for subsidy-eligible children for the grant year.
Illinois	<ul style="list-style-type: none"> Stated plans to enhance professional practices in home visiting, parent-child groups, and socialization in settings such as Early Intervention and Early Head Start. Will implement Parents Interacting with Infants train-the-trainer model focused on strengthening parent-child interactions and relationships. Planned to purchase materials for infant/toddler settings serving low-income families, 200 classrooms (through QRIS process). Proposed to infuse evidence-based practices into care routines in license and license-exempt home-based settings. Will implement three models: Play & Learn, Roving Readers, distribution of resources and materials.
Indiana	<ul style="list-style-type: none"> Stated it will provide local challenge grants to propose alternative business models that support infant and toddlers and study the implementation of models to determine feasibility of taking to scale
Kansas	<ul style="list-style-type: none"> Planned to train providers in evidence-based interventions and assessment practices supporting child language, early literacy, and social-emotional development using two models: <i>Infant-Toddler Individual Growth and Development Indicators</i> and <i>Teaching Pyramid Infant-Toddler Observation Scale</i>. Stated it will provide quality improvement grants focused on workforce supports, quality supports for infant/toddler care, home visiting enhancements, and community toolkits to replicate quality supports.
Kentucky	<ul style="list-style-type: none"> Proposed development of an Infant, Toddler, and Expectant Families focused initiative. Planned to create an Infant/Toddler Specialist position within the Division of Child Care, Department for Community-Based Services Shared plans to develop recommendations for a plan for specialized technical assistance and coaching. Proposed establishment of an Infant/Toddler Specialist network for the <i>PITC</i> model. Stated that the Governor's Office of Early Childhood will develop and house a state clearinghouse of best practices in early childhood, which will include an annual Early Childhood Institute and best practices in infant/toddler care.
Louisiana	<ul style="list-style-type: none"> Planned to provide grants for instructional resources for infant/toddler classrooms as well as coaching and professional development, particularly to benefit infant/toddler classrooms.

²⁷ Quality Rated is Georgia's quality rating and improvement system.

State	Key Activities
Maryland	<ul style="list-style-type: none"> • Discussed the <i>LENA Grow</i> pilot, technology that measures the “talk environment” in a classroom. • Planned to offer technical assistance for infant/toddler providers who want to participate in Maryland EXCELS. • Shared intent to provide Division of Early Childhood materials in hospital take-home bags for families with newborns.
Massachusetts	<ul style="list-style-type: none"> • Stated plans to address findings of a study showing the largest gaps in access (of 25 to 38 percent depending on the estimate of need) for infant/toddler care.
Michigan	<ul style="list-style-type: none"> • Planned to use existing Professional Development Stakeholder Group to identify and review professional development opportunities, including PD for individuals serving infants and toddlers. • Proposed to leverage existing project supported by National Association of State Boards of Education and the National Governors Association to better identify career pathways for the infant/toddler workforce.
Minnesota	<ul style="list-style-type: none"> • Stated plans to create a long-term plan that measures each child’s developmental gains while enrolled in an ECE program and creates a clear picture of the extent to which enrolled children are meeting age-expectations at exit. These efforts can be expanded to include data on infants and toddlers.
Mississippi	<ul style="list-style-type: none"> • Planned to create an electronic scorecard containing progress indicators of children as they transfer into the K-12 system. The electronic scorecard can be immediately available for children who are transferring from the infant/toddler to the early learning environment, when a child in the learning environment changes classroom, and in their last year in the early learning environment.
Missouri	<ul style="list-style-type: none"> • Described how Stronger Together Missouri (STMO) will collaborate with the state’s early intervention system, Missouri First Steps. This will ensure infants and young children who are developmentally disabled have equitable access to high-quality, inclusive early care and education settings. • Stated intent to work to develop a strong, connected, and educated workforce to address the needs for infants and toddlers by creating a career lattice for infant/toddler providers and providing funding for early childhood personnel to complete a Child Development Associate (CDA) certificate.
Montana	<ul style="list-style-type: none"> • Shared plans to offer learning communities focused on strengthening business practices, exploring shared services, and supporting cost modeling to serve infant and toddlers. • Planned to use child care apprenticeships and pre-apprenticeships to address shortages of infant/toddler slots.
New Hampshire	<ul style="list-style-type: none"> • Stated that programs seeking to participate in the higher reimbursement levels of revised QRIS system will receive onsite evaluation and tailored PD and coaching based on the Environment Rating Scales (ERS), including the Infant and Toddler Environment Rating Scale.
New Jersey	<ul style="list-style-type: none"> • Discussed efforts to fully develop New Jersey Enterprise Analysis System for Early Learning (NJ-EASEL) to operate as an ECE data warehouse that links state data systems related to infants/young children to evaluate state’s progress in achieving high-quality services and inform programs and policies. • Planned to examine factors that contribute to black maternal and infant mortality, and poor maternal outcomes for women/infants. • Stated it will review/assess the licensing requirements and practices for infant/toddler staff training. • Planned to leverage available child care services/slots through the public-private partnerships, minimizing wait time and ensuring that children/families have immediate access to available infant/child care services. • Discussed plans to partner with higher education to create an Infant/Toddler Teaching Certificate and help individuals interested in obtaining the Infant Mental Health Endorsement Credential to build consultation capacity across the state.
New Mexico	<ul style="list-style-type: none"> • Planned to move forward with its IECMH Comprehensive Consultation model which will help build capacity for current and potential consultants to ensure they have the expertise on both infant and early childhood mental health and consultation.

State	Key Activities
New York	<ul style="list-style-type: none"> Stated it will conduct twelve regional Parents Interacting with Infants trainings for parent educators in order to strengthen parent/child relationships.
North Carolina	<ul style="list-style-type: none"> Described a comprehensive quality improvement approach to increase access to high-quality, center-based early learning programs for families with infants and toddlers. Planned to expand the <i>NB Babies First Program</i> which includes: 1) weekly TA to teachers and administrators from a highly-qualified IT specialist; 2) family support and engagement activities; 3) developmental screenings for infants and toddlers using ASQ-3 and ASQ-SE with referral as necessary; 4) support for the IT workforce with improved compensation, scheduled planning times, and supportive administrators.
Oklahoma	<ul style="list-style-type: none"> Planned to provide trainings, coaching, mentoring, professional development, and grant opportunities to ensure that EC programs are inclusive, effective and responsive to the needs of infants and toddlers. Shared plans to engage Oklahoma Educational Television Authority, Department of Libraries, and Tulsa Educare to develop an infant/toddler component to Ready to Learn. Materials will be printed, and grants will be offered to up to 100 libraries to implement the infant/ toddler component of <i>Ready to Learn</i>. Proposed creation of a one-year, cross-sector professional development plan which will build upon and expand capacity to implement evidence-based practices and increase opportunities for training, coaching, mentoring and consultation to strengthen teacher infant/toddler competencies. Planned to conduct eight one-day regional trainings that will focus on infant/toddler care and other identified gaps in skills. Stated that <i>PITC</i> training will be provided to 50 infant/toddler providers.
Oregon	<ul style="list-style-type: none"> Discussed the piloting of <i>Baby Promise</i>, a strategic quality-and-supply-building model for strengthening and increasing the number of infant/toddler programs. The program will target families who qualify for child care assistance and communities with a dearth of infant/toddler care, including a focus on rural communities. It will combine an approach of quality improvement supports, professional learning, and contracted slots with reimbursement rates aligned with the cost of quality. Planned to select up to four Hubs and tribal communities to pilot coordinated enrollment systems for infant/toddler contracted slots program, Early Head Start, and IDEA-funded services. Stated it will work with community colleges that have state- or philanthropically-funded scholarships for ECE educators to align curriculum to the new infant/toddler standards.
Pennsylvania	<ul style="list-style-type: none"> Discussed the Infant/Toddler Contracted Slots Pilot, which includes 0-36 month eligibility, higher reimbursement rates per contracted space for STAR 3 and 4 programs, and higher teacher qualifications to support infant/toddler child outcomes.
Rhode Island	<ul style="list-style-type: none"> State will seek organizations and professionals to provide individualized support to providers to help them identify ways to improve quality, leverage existing funding streams, and better engage and meet family needs to sustainably add capacity to serve more children, including adding infant/ toddler classrooms. Planned to support workforce knowledge in infant mental health by encouraging providers to complete online modules to help ECE providers understand infant/toddler development, relationships as the context for development, and supporting infant/toddler development/ approaches for individualizing instruction.
South Carolina	<ul style="list-style-type: none"> Discussed creation of a cross-sector Infant and Early Childhood Mental Health Consultation Network to prevent suspension and expulsion and promote social and emotional competence for infant, toddler, and preschooler well-being.
Texas	<ul style="list-style-type: none"> Planned to build strong relationships between Early Childhood Initiative providers and child care center staff to help center staff learn various techniques to strengthen the skills and abilities of toddlers in all their classrooms.
Utah	<ul style="list-style-type: none"> Stated it will increase public awareness and support for key educational strategies, including talking to and interacting with babies and toddlers.
Vermont	<ul style="list-style-type: none"> Planned to expand access to home visiting services for pregnant women and families.

State	Key Activities
Virginia	<ul style="list-style-type: none"> Discussed quality inventories including baseline assessments in 1,000 publicly-funded classrooms across 10 diverse communities to deeply understand the quality landscape, especially for infants and toddlers, and determine which improvement supports are most helpful. Planned to provide \$2,500 incentives to leaders and teachers willing to integrate best practices into their daily work especially in infant/toddler classrooms.
Washington	<ul style="list-style-type: none"> Described plans to launch newly designed Early ECEAP (Early Childhood Education and Assistance Program) readiness training in 10 pilot sites. The Early ECEAP program will provide high-quality, comprehensive services to vulnerable infants and toddlers. Stated it will develop an Infant/Early Childhood Mental Health Consultation (IECMHC) system and utilize a Trauma-Informed Care Advisory Group to expand services and improve providers' responses to vulnerable children.

Appendix D.2: Analysis of How the PDG B-5 Applications Addressed Infant and Early Childhood Mental Health

Children's social-emotional development is a cornerstone of school readiness, health, and overall well-being. Children develop healthy social-emotional skills within close relationships with their parents and other primary caregivers. Healthy social-emotional development ensures that children enter school with the skills needed to interact successfully within the school environment.

States are investing in a range of infant and early childhood mental health supports for the early childhood field to not only foster young children's healthy development, but to also address the high and racially disproportionate rates of preschool suspension and expulsions, and to help programs support children who have experienced trauma and adverse childhood experiences. The infant and early childhood mental health supports are to help ECE providers to understand the complex reasons for children's challenging behavior and provide supports to children and families.

Across PDG B-5 applications, nearly all states included a discussion of early childhood mental health. Overall, 36 of the 46 states described a specific strategy related to supporting IECMH. Most of these states proposed training or professional development for early childhood practitioners to support trauma-informed practices, with a number of states proposing to expand mental health consultation services. **Table D.2.1** outlines the major activities related to IECMH in the applications and the states that proposed the activities. **Table D.2.2** provides a summary of the IECMH mentions and/or activities for each state.

Increasing educator knowledge of mental health through training or professional development

Twenty-five states proposed integrating trauma informed practices into professional development directed at early childhood educators. The majority of these states described some type of training related to adverse childhood experiences (ACEs). Ten states specified they will use a coaching approach (Alaska, Colorado, District of Columbia, Iowa, Maryland, Montana, New Hampshire, New Jersey, New Mexico, North Carolina). Several states proposed training related to an established model. Seven states referenced the *Center on the Social and Emotional Foundations for Early Learning's Pyramid Model* (Alaska, Minnesota, New Hampshire, New Jersey, New Mexico, New York, and Vermont). Two of these states, New Mexico and New York, stated they will pilot *Pyramid Model* Technical Assistance in a small number of regional hubs or cohorts. In addition, New York proposed to prepare 50 trainers to implement the *Strengthening Families* model locally. Vermont proposed to train community organizations using *Building Flourishing Communities*, a model designed to prevent ACEs and build community capacity through training on ACEs/toxic stress and ways to provide family supports.

Seven states described approaches to enhance local and provider capacity to support IECMH (Alaska, Arkansas, Louisiana, Minnesota, Rhode Island, Vermont, and Washington). Louisiana proposed the creation of training modules on trauma-informed care for use by local communities and child care resource referral agencies in their communities. Alaska proposed targeting rural areas for mental health trainings. Similarly, New Jersey proposed

helping individuals obtain the Infant Mental Health Endorsement credential to reach less populated parts of the state. Three states also proposed to develop

or scale up trauma-informed toolkits or curricula for providers (Minnesota, Rhode Island, and Washington).

Table D.2.1. Mentions of Early Childhood Mental Health Activities in PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Training and professional development	<i>In-service (25):</i> Alabama, Alaska, Arkansas, Colorado, Connecticut, District of Columbia, Delaware, Florida, Indiana, Iowa, Louisiana, Maine, Maryland, Minnesota, Montana, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Rhode Island, Vermont, Washington <i>Coaching/Mentoring (10):</i> Alaska, Colorado, District of Columbia, Iowa, Maryland, Montana, New Hampshire, New Jersey, New Mexico, North Carolina <i>Pyramid Model (7):</i> Alaska, Minnesota, New Hampshire, New Jersey, New Mexico, New York, Vermont <i>Pre-service (1):</i> Florida	25 states (Some states are listed in more than one area)
Increasing access to mental health consultants/networks	Alabama, Colorado, District of Columbia, Iowa, Montana, New Jersey, New Mexico, Ohio, Pennsylvania, South Carolina, Washington	11 states
System coordination with regard to IECMH services	Arkansas, Delaware, Florida, Illinois, Indiana, South Carolina, Vermont, Washington	8 states
Extending trauma-informed care to families and educators	Alabama, Kansas, New York, North Carolina, Pennsylvania	5 states
Peer learning, conferences	Arkansas, California, District of Columbia, Georgia, Hawaii	5 states
Including mental health in the needs assessment	Massachusetts, Montana, Nebraska, Nevada, Virginia	5 states

Increasing access to mental health consultants/networks

Eleven states described plans to increase access to mental health consultants and/or networks (Alabama, Colorado, District of Columbia, Iowa, Montana, New Jersey, New Mexico, Ohio, Pennsylvania, South Carolina, and Washington). For example, to increase the supply of consultants, Iowa said it will support training and certification for professionals to become Early Childhood Mental Health Consultants who will then participate in a network of coaches in order to reach rural areas. In another example, Alabama proposed to send a mobile unit of licensed mental health providers and parent resource assistants to rural areas to provide mental health consultation to programs, teachers, and parents.

System coordination around IECMH services

Eight states described IECMH activities related to system coordination (Arkansas, Delaware, Florida, Illinois, Indiana, South Carolina, Vermont, and Washington). Three states shared plans related to cross-sector coordination or training delivery for IECMH (Delaware, South Carolina, and Illinois). Delaware proposed coordinated training across its health and education sectors and South Carolina proposed the creation of a statewide cross-sector Infant and Early Childhood Mental Health Consultation Network to support the Infant Early Childhood Mental Health Consultation system with a focus on the prevention of suspension and expulsion. Illinois said it will use a cross-system database to increase system capacity and improve the quality of Infant and Early Childhood Mental Health Consultation model implementation.

Vermont proposed using “improvement hubs” to support IECMH training and services while Arkansas proposed embedding trauma-informed care into its QRIS (Arkansas). Other states described task forces or advisory groups (Florida and Washington) to support coordination around IECMH services. Florida, for example, proposed a task force that will develop articulation agreements with higher education to support workforce development around IECMH.

Extending trauma-informed care to families and educators

In their applications, five states proposed supports to families or educators (Alabama, Kansas, New York, North Carolina, and Pennsylvania). Kansas and Pennsylvania discussed building capacity of educators to use a trauma-informed and resiliency-focused approach directly with families. Kansas stated it will provide training for connecting with families through *Lemonade for Life and Facilitating Attuned Interactions*. Pennsylvania planned to build awareness of IECMH and family mental health through the dissemination of its Family Engagement Framework. New York stated it will hold regional Parents Interacting with Infants sessions for parent educators to use with families. North Carolina proposed consultation services to families through home visits and parent trainings. Alabama included both early childhood educators and parents as recipients of consultations in rural areas through a mobile unit.

Peer learning and conferences

Five states described the use of communities of practice, learning networks, and symposium/conferences as a means to enhance IECMH supports (Arkansas, California, District of Columbia, Georgia, and Hawaii). California discussed the development of communities of practice to address mental health and developmental needs of children in foster care. The District of Columbia stated it will develop networks to provide professional development and TA on a trauma-informed approach. Georgia is taking a community leadership approach through an Early Learning Leadership Collaborative Program that will prepare community leaders to understand and respond to children and families who have experienced trauma. Hawaii’s application discussed a conference to share best practices for trauma-informed care. Arkansas stated it will host a joint

symposium on trauma in conjunction with a previously scheduled ACEs Summit.

Including mental health in the needs assessment

Five states included questions related to mental health in the needs assessment section of the application (Massachusetts, Montana, Nebraska, Nevada, and Virginia) with other states anticipating that the issue will come up during the needs assessment process. For example, Montana’s application discussed the inclusion of trauma-informed approaches related to family engagement in the needs assessment and Nebraska specified that the needs assessment will ask about child-and-family mental-health service supports.

Table D.2.2. Infant and Early Childhood Mental Health Activities in PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> Shared plans for a mobile unit staffed with licensed mental health providers and parent resource assistants to serve rural areas, providing mental health consultation services to programs, teachers, and parents.
Alaska	<ul style="list-style-type: none"> State will provide training on trauma-informed practices in rural areas and programs with high expulsion rates to build community capacity. Planned to offer early childhood training on trauma-informed practices and the <i>Pyramid Model for Promoting Social-Emotional Competence</i> across the state to build community capacity.
Arkansas	<ul style="list-style-type: none"> Stated it will conduct Building Strong Brains train-the-trainer activities on evidence-based, trauma-informed practices. Proposed a joint symposium on trauma in conjunction with previously scheduled ACEs Summit. Planned to embed trauma-informed care into the Arkansas QRIS levels.
California	<ul style="list-style-type: none"> Planned to establish Communities of Practice and improving ELC capacity to meet the mental health and developmental needs of children in foster care.
Colorado	<ul style="list-style-type: none"> Stated intent to expand access to IECMH specialists. Planned to use a Roots® IECMH training and coaching approach.
Connecticut	<ul style="list-style-type: none"> Stated it will offer 2 6-day infant mental-health trainings for child care providers through Connecticut Association of Infant Mental Health.
DC	<ul style="list-style-type: none"> Stated intent to provide ongoing coaching and professional development for educators on trauma-informed approaches. Planned to expand mental health consultation services. Planned to create practice networks to provide professional development and technical assistance on trauma-informed approaches.
Delaware	<ul style="list-style-type: none"> Proposed the design of a coordinated training delivery across health and education sectors with priority given to helping providers address ACEs through trauma-informed practices.
Florida	<ul style="list-style-type: none"> Proposed creation of a task force to develop articulation agreements with higher education to improve the ECE PD system and create provider designations, such as trauma-informed care. Planned to support specialized training of workforce to support vulnerable populations, including children experiencing trauma.
Georgia	<ul style="list-style-type: none"> Stated it will use the <i>Early Learning Leadership Collaborative Program</i> to develop community leaders who understand trauma-informed care.
Hawaii	<ul style="list-style-type: none"> Planned to conduct a conference to share best practices on trauma-informed care.
Iowa	<ul style="list-style-type: none"> Stated it will support training and certification of professionals to become Early Childhood Mental Health Consultants. Planned to use a network of coaches that will help providers identify needs, access resources, and support implementation of best practices.
Illinois	<ul style="list-style-type: none"> Stated plans to use cross-system database to increase system capacity and improve quality of Infant and Early Childhood Mental Health Consultation model implementation. The database will include a consultant registry, information regarding consultant activities, and measures of the impact of consultation on adults working in early childhood education.
Indiana	<ul style="list-style-type: none"> Shared plans to adopt an IECMH consultation model and explore a PD training approach that can be woven into the training/TA system.
Kansas	<ul style="list-style-type: none"> Strengthen family engagement skills of professionals to help them be more trauma-informed and resilience-focused through the <i>Lemonade for Life</i> training and <i>Facilitating Attuned Interactions</i>.

State	Mentions and/or Activities
Louisiana	<ul style="list-style-type: none"> Stated it will create <i>Louisiana Key Training Modules</i> which will include research-based trauma informed care training modules that local communities and CCR&R trainings can redeliver to programs.
Maine	<ul style="list-style-type: none"> Planned to increase access to trainings on ACEs and trauma-informed practice. Funds will be used to contract with the <i>Maine Resilience Building Network</i> to offer training in additional areas of the state. Program will also be added to the <i>Maine Roads to Quality PD Network</i> training schedule.
Maryland	<ul style="list-style-type: none"> Planned to expand the <i>Regionalization for Results TA</i> model, which includes PD for ECE providers in evidence-based social-emotional interventions paired with ongoing reflective coaching provided by trained coaches.
Massachusetts	<ul style="list-style-type: none"> Included children with mental health issues in the definition of “vulnerable population.” Identified poor mental health in the MIECHV needs assessment.
Minnesota	<ul style="list-style-type: none"> Planned to contract with experts in trauma-informed care to develop curriculum for PD and increase cadre of trainers for the implementation of the <i>Pyramid Model</i>.
Missouri	<ul style="list-style-type: none"> Shared plans to expand trauma awareness training. Stated it will invite Missouri programs that participated in the Head Start trauma learning collaborative to implement the Trauma Smart for young children.
Montana	<ul style="list-style-type: none"> Shared plans to extend implementation of <i>Pediatric Mental Health Care Access Program</i> and trauma-informed care through <i>Family First Prevention Act</i> work and ongoing coaching and training. Planned to develop training and educational resources for ECE providers about statewide initiatives and best practices, including trauma informed care approaches. Stated it will consider in the needs assessment how trauma-informed approaches are used in family engagement.
Nebraska	<ul style="list-style-type: none"> Will include the number and availability of mental health supports and provider capacity for trauma-informed care as key questions in the needs assessment.
Nevada	<ul style="list-style-type: none"> Included mental health supports in needs assessment.
New Hampshire	<ul style="list-style-type: none"> Stated it will provide QRIS coaching that supports the social-emotional needs of students using a trauma-informed-care lens; coaches will also receive training on the <i>Pyramid Model</i> framework.
New Jersey	<ul style="list-style-type: none"> Planned to develop and implement an expanded <i>Infant Mental Health (IMH)</i> consultation network as a resource for ECE mixed delivery providers. Funds will help individuals interested in obtaining the IMH Endorsement (IMH-E) credential to build in-state consultation capacity, especially at the higher levels of the endorsement, to ensure availability of IMH consultation across the state, including less populated areas with fewer resources. Planned to expand New Jersey’s <i>Pyramid Model T/TA</i> and coaching capacity for implementation and demonstration sites.
New Mexico	<ul style="list-style-type: none"> Shared plans to contract with national experts to develop, train, and implement a comprehensive infant/early childhood consultation model. Stated it will contract with nationally certified <i>Center on the Social and Emotional Foundations for Early Learning (CSEFEL)</i> trainer to facilitate <i>ePyramid Training and Coaching</i> and pilot this model with 10 cohorts of 8 to 10 teachers.
New York	<ul style="list-style-type: none"> Planned to pilot the <i>Pyramid Model TA</i> in five Regional Hubs implemented by CRRs in vulnerable communities to teach professionals who care for young children about foundational social and emotional skills. The Pyramid Model Consortium will provide ongoing TA to the state. Planned to conduct twelve regional <i>Parents Interacting with Infants</i> (a Pyramid Model module) for parent educators to use to strengthen dyadic parent/child relationships. Strengthening Families: Protective Factors training of 50 trainers who will become certified in the curriculum and then deliver training locally.

State	Mentions and/or Activities
North Carolina	<ul style="list-style-type: none"> State that, through contracts, it will provide a broad range of IECMH services including early childhood mental health consultation in classrooms and through home visits; training and coaching staff, screening, assessment and referral services; promotion and marketing of group services; and parent trainings.
Ohio	<ul style="list-style-type: none"> Stated intent to expand <i>Early Childhood Mental Health Consultation Network</i>. Planned to conduct eight, one-day regional trainings that will include trauma-informed care.
Pennsylvania	<ul style="list-style-type: none"> Stated intent to expand of Early Childhood Mental Health Consultation Project. Described plans to disseminate of the Family Engagement Framework to build capacity of educators and families to practice high-impact, culturally responsive, trauma-informed family engagement through increased awareness, knowledge and skills, and development of a statewide Family Engagement coalition.
Rhode Island	<ul style="list-style-type: none"> Planned to scale evidence-based curriculum to support providers caring for children who have experienced trauma.
South Carolina	<ul style="list-style-type: none"> Described support for a statewide cross-sector Infant and Early Childhood Mental Health Consultation Network to prevent suspension and expulsion and promote social and emotional competence for infant, toddler, and preschooler well-being.
Vermont	<ul style="list-style-type: none"> Proposed to develop and pilot an Early Care and Learning Practice Improvement Hub (Hubs) focused on supporting implementation of an <i>Early Multi-Tiered System of Support (MTSS) Pyramid Model</i> and embedding the <i>Strengthening Families</i> framework in ECCE programs. Stated it will increase communities' capacity to provide a nurturing environment for all children and families, particularly those in vulnerable populations, using <i>Building Flourishing Communities</i>, a movement and practice that shares evidence-based information about how Vermont communities can prevent Adverse Childhood Experiences, build resilience, and help families flourish. Planned to provide technical assistance and training to local communities and organizations on early childhood toxic stress and trauma and its impact on development, and on building resilience in communities and in families through community support.
Virginia	<ul style="list-style-type: none"> Planned to gather data about gaps in services for children with special needs, who have experienced trauma, or whose families are transient (e.g. homeless, migrant).
Washington	<ul style="list-style-type: none"> Stated plans to launch mental-health and trauma consultations and create policies and toolkits for inclusion in preschool classrooms to build providers' capacity to serve children who are impacted by trauma. Developing an Infant/Early Childhood Mental Health Consultation system and work with an established Trauma-Informed Care Advisory Group to expand services and improve providers' responses to vulnerable children.

Appendix D.3: Analysis of Family Child Care in the PDG B-5 Applications

The PDG B-5 grants consider family child care a “core program” in a state’s B-5 mixed delivery system. Yet, only twenty-seven states mentioned family child care (FCC) at least once in their application.²⁸ Twenty-one states discussed family child care as **part of a B-5 system**, usually as partner and/or collaborator. Of these, seven mentioned FCC in their **QRIS activities** (California, Maine, Nebraska, New Hampshire, Ohio, Rhode Island, South Carolina). For instance, California, Nebraska, and South Carolina highlighted the need to increase FCC participation in QRIS. **Table D.3.1** outlines the major activities related to family child care in the applications and the states that proposed the

activities. **Table D.3.2** provides a summary of the family child care mentions and/or activities for each state.

Supports for the workforce

The most mentioned type of activity involved including or specifically targeting FCCs in **quality improvement and/or training** initiatives. This included efforts to build networks to facilitate connections among FCC providers. California stated it will require Quality Counts California (QCC) consortia to develop an action plan to engage programs,

²⁸ States/territories that did not include FCC: Alaska, Arkansas, Arizona, Hawaii, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Montana, Nevada, New Mexico, North Dakota, Texas, Utah, Vermont, Virginia, USVI

such as FCCs, who were not well represented in local QCCs. Three states described plans to target FCCs with home visiting supports (Colorado, Oklahoma, South Carolina). For instance, Colorado shared plans to fund six home visitors to provide home visiting (*Parents as Teachers (PAT)*, *Home Instruction Program for Preschool Youngsters (HIPPI)*) for family, friend, and neighbor providers. Three highlighted the need to provide training on business practices (Nebraska, Pennsylvania, Washington) to build FCC capacity. Pennsylvania proposed business training to support FCCs in offering non-traditional hour care. Other training or supports included mental health (DC, Oklahoma), ERS (DC), school readiness (New York through Kindergarten Transition summits), shared service models (Nebraska, Washington). Other examples of quality improvement include Oklahoma's proposed use of *LENA Grow* to increase talk time and turn-taking skills in adult-child interaction in at least five classroom or family child care homes and Rhode Island's development of a family child care network model based on Connecticut's "*All Our Kin*" model.

Maine proposed mini-grants for TA and financial support for accreditation fees so FCCs can get accreditation.

Inclusion in activities to inform grant work

Eight states discussed ways for FCCs to be represented in activities involving opportunities for **feedback, input, or information**. This includes participation in focus groups for specific needs, such as providing services to infants and toddlers (Connecticut) or meeting high-quality standards (North Carolina). In a discussion about sharing best practices, Indiana noted its plan to build on the work of a local United Way to improve quality in FCCs. Nebraska proposed a study of FCCs, with particular interest in those serving hard-to-reach families, low-income families, or high-risk areas, to better understand their context and then support improvement interventions. DC stated it will survey providers, including FCCs, to assess the extent to which PDG grant-funded materials and professional development were used.

Table D.3.1. Mentions of Family Child Care Activities in PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Included FCC as part of B-5 system	Alabama, California,* Connecticut, Delaware, Florida, Georgia, Maine,* Minnesota, Mississippi, Missouri, Nebraska,* North Carolina, New Hampshire,* New Jersey, New York, Ohio,* Oklahoma, Oregon, Rhode Island,* South Carolina,* Washington * indicates states that mentioned FCC in their QCC activities	21 states
Supports for the workforce	Alabama, California, Colorado, District of Columbia, Delaware, Maine, Maryland, Mississippi, Nebraska, New Hampshire, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Washington	18 states
Opportunities for representation, input, and feedback in system	Connecticut, District of Columbia, Florida, Georgia, Indiana, Iowa, Nebraska, North Carolina	8 states
Mentioned in discussion of barriers and challenges	Florida, Maine, Nebraska, North Carolina, Pennsylvania, Washington	6 states
Mentioned FCCs in needs assessment or strategic plan	California, Mississippi, Nebraska, North Carolina	4 states

Mentioned in narrative on barriers/challenges

Six applications mentioned FCCs in discussion of **barriers/challenges**. For instance, Florida discussed the lack of a coordinated waiting list and access to services in the system, Nebraska identified a limited understanding of FCCs, and North Carolina discussed facilities-and-funding-related concerns. Three states identified FCC lack of knowledge about business practices and administrative requirements as a barrier (Nebraska, Pennsylvania, Washington).

data on the number of children in family child care slots. North Carolina intended to include representation from family child care in the needs assessment process. Mississippi stated that family child care was included in the needs assessment as part of its B-5 system. Nebraska noted that the needs assessment will be useful in understanding family child care, but that it will also provide funds for a deeper study of FCCs that serve hard-to-reach families.

Mentioned in needs assessment or strategic plan

Four states mentioned FCCs while discussing their **needs assessment** plan. California planned to collect

Table D.3.2. Family Child Care Activities in PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> • Included as part of B-5 system. • Mentioned as program that is part of inter-agency collaboration for technical assistance.
California	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as part of indicators of progress to be identified in needs assessment (e.g., number of children in family child care slots) • Identified need to engage more FCCs in the Quality System. Quality Counts California QRIS Consortia will have to develop an action plan of how they will engage those not well-represented, including FCC.
Colorado	<ul style="list-style-type: none"> • Proposed adding six home visitors dedicated to serving licensed child care homes and FFN providers, using <i>Parents as Teachers (PAT)</i> and <i>Home Instruction Program for Preschool Youngsters (HIPPI)</i>. • Stated funding for the FCC-focused home visiting will be sustained through public-private partnerships.
Connecticut	<ul style="list-style-type: none"> • Included as part of B-5 system. • Representation in provider focus groups that will explore barriers and elicit ideas on providing infant/toddler care.
DC	<ul style="list-style-type: none"> • Included in survey to providers to assess extent to which PDG grant-funded materials and PD are used. • Proposed expansion of training (ITERS-R and FCCERS-R) and Communities of Practice.
Delaware	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in training delivery models that are cross-sector.
Florida	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included as a stakeholder involved in planning and implementation efforts
Georgia	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in representation on the Department of Early Care and Learning Advisory Committee.
Indiana	<ul style="list-style-type: none"> • Included in sharing of best practices; will use needs assessment and strategic planning to identify. Uses example of a local United Way that is working to improve quality with FCC homes and can provide examples to inform PD, address facilities barriers, and inform coaching support.

State	Mentions and/or Activities
Iowa	<ul style="list-style-type: none"> • Stated focus groups held to identify and share best practices will include family child care providers.
Maine	<ul style="list-style-type: none"> • Included as part of B-5 system. • Mentioned as part of QRIS. • PDG funds will support mini-grant for TA and financial support for accreditation fees so FCC can get accreditation in NAFCC.
Maryland	<ul style="list-style-type: none"> • Stated that PDG B-5 grant funds will support the development of a comprehensive infrastructure to support and sustain the implementation of the <i>Children Study Their World</i> curriculum, which includes additional supports for family child care providers.
Minnesota	<ul style="list-style-type: none"> • Included as part of B-5 system.
Mississippi	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in needs assessment. • Discussed as part of expanded rollout of standard comprehensive Quality Center model.
Nebraska	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in needs assessment. • Proposed to conduct a deeper study of FCCs, “with emphasis on family child care providers who may be serving hard-to-reach families, such as immigrant and refugee families, families living in low-income urban areas, and other high-risk areas of the state.” • Noted challenges in knowledge of business practices. • Planned to use study results to directly connect with FCC providers on their experiences and preferences for quality improvement interventions and the need for accreditation.
New Hampshire	<ul style="list-style-type: none"> • Discussed QRIS system and training for programs, including on the Family Child Care Environment Rating Scale.
New Jersey	<ul style="list-style-type: none"> • Included as part of B-5 system through representation on the New Jersey Council for Young Children.
New York	<ul style="list-style-type: none"> • Included as part of B-5 system. • Proposed regional Kindergarten Transition Summits that will include family child care providers; will be invited to bring families. The goal of events is encouragement of local transition teams. • Planned to use <i>Think About Brain Building</i> (TABB) materials and curriculum with legally exempt and family child care providers to better support children’s cognitive, social, emotional and physical development through everyday activities.
North Carolina	<ul style="list-style-type: none"> • Included as part of B-5 system. • Included in needs assessment as a stakeholder group in focus groups. • Identified as part of discussion of funding as a barrier.
Ohio	<ul style="list-style-type: none"> • Planned to develop a mentoring/coaching programs that mostly targets child care settings. This stems from what the state learned from a family child care provider workgroup in which participants said TA most beneficial when provided by someone who has similar experiences. • Proposed cultural and linguistic competency training (using an existing training with evidence-based strategies) to support family child care in meeting QRIS standards and helping them engage hard-to-reach families.
Oklahoma	<ul style="list-style-type: none"> • Included as part of B-5 system. • Proposed connecting Family Child Care Homes to trainings and opportunities identified to leverage home visiting program models or other in-home or online professional development to facilitate participation. • Noted training in Early Childhood Mental Health consultation will include FCCs.
Oregon	<ul style="list-style-type: none"> • Included as part of B-5 system, noting Focused Child Care Networks (FCCN) bring together family child care providers. • Included as recipient of PDG-funded technical assistance. A minimum of one expert will have expertise in FCC.

State	Mentions and/or Activities
Pennsylvania	<ul style="list-style-type: none"> Planned to build capacity of FCCs to offer non-traditional-hour care. Noted need to build FCC pedagogical and business capacity. Stated it will connect FCCs to shared network.
Rhode Island	<ul style="list-style-type: none"> Included as part of B-5 system. Noted challenge in terms of lower quality of family child care compared to center child care and difficulty in ability to attend trainings. Proposed developing a family child care network, similar to Connecticut’s “All Out Kin” model, to share best practices, develop partnerships, collaborate on creation of PD, and create “lab experiences” for the entering workforce.
South Carolina	<ul style="list-style-type: none"> <i>Proposed Parents as Teachers (PAT) Curriculum for Family Child Care (FCC) and Family Friend and neighbor (FFN) Pilot, training offered through the state’s existing home visitation workforce.</i>
Washington	<ul style="list-style-type: none"> Included as part of B-5 system. Noted family child care providers face barriers related to sustainable business models. Stated it will build on a pilot to expand Shared Services.

Appendix D.4: Analysis of Children and Families who Speak a Home Language Other than English²⁹ in the PDG B-5 Applications

Of the 46 PDG B-5 applications, a total of 43 states addressed within the applications children and families who speak a language other than English. Most of these states (33 and USVI) cited plans to ensure that parent education, outreach activities, and provider trainings are accessible to families/providers who speak languages other than English. Nineteen states included children and families who speak a home language other than English as part of the definition of vulnerable populations. Beyond inclusion in the definition, only three states discussed including this population as part of their needs assessment. **Table D.4.1** outlines the major activities related to children and families who speak a home language other than English in the applications and the states that proposed the activities. **Table D.4.2** provides a summary of the mentions and/or activities for each state.

Discussing how to engage with families who speak a home language other than English in parent outreach and education activities

Thirty-three states and the U.S. Virgin Islands discussed how they will engage with families who speak a home language other than English. Of these, most states focused on ensuring that communication and materials aimed at families were culturally and linguistically sensitive and inclusive. This included

offering information across platforms (website, text messaging, brochures, parent portals, etc.) in multiple languages and offering translators for families. A few states proposed eliciting information from families to inform future work and to provide feedback on plans and materials.

Other types of direct family engagement included provision of family services (Michigan), offering peer networking events to connect families, including those who do not speak English as a home language, with one another (California), and support for community-based organizations that are providing or plan to provide programming to empower parents to support their child’s education, development, and transitions between early education programs (Rhode Island).

Including children and families who speak a home language other than English in the definition of vulnerable population

Twenty-one states included *children and families who speak a home language other than English* in their definition of vulnerable population.

²⁹ The term “children and families who speak a home language other than English” is used in the PDG B-5 application. We use this term in the subsection text; however, in **Table D.4.2**, this population is referred to by the language used in the state’s application.

Including children and families who speak a home language other than English in workforce support efforts

Eighteen states described ways they either will support the workforce in appropriately working with *children and families who speak a home language other than English* or will reach providers who themselves do not speak English. In terms of professional development on effective approaches and strategies for working with these children and their families, states typically wrote about training and coaching opportunities to build capacity.³⁰ Six states mentioned the use of WIDA’s *Early Years* to guide professional development, with some noting the inclusion of state leaders (Connecticut), institutes of higher education (Georgia, Minnesota), social workers (Minnesota), the state’s Migrant Education Program (Pennsylvania), and other stakeholders outside of program directors/staff. New Mexico shared plans to create video exemplars and online training modules. Meanwhile, three states recognized providers who speak a home language other than English and proposed offering professional development resources in multiple languages to make content more accessible (California, Nebraska, Oregon).

Including children and families who speak a home language other than English in needs assessment and/or strategic plan process

Twelve states stated that *children and families who speak a home language other than English* will be considered and/or included in their needs assessment and/or strategic planning process. This often related

to stated need or intent to explore how to best support these children and families through these processes (Georgia, Indiana, Massachusetts, Montana, New Jersey, South Carolina, Vermont). Some states noted the inclusion of advocacy groups (California), ensuring accessibility of public sessions or surveys to *families who speak a home language other than English* (Texas, Utah, Washington), and using the needs assessment to identify baseline and target numbers for tracking the number of high-quality programs serving *children and families who speak a home language other than English* (Oregon).

Considerations related to early learning standards

Four states shared how *children and families who speak a home language other than English* will be included or considered in early learning standards. For Georgia, this meant alignment of standards with best practices for working with DLL/LEP children. Maryland stated it will integrate WIDA *Early Years* into the state’s early learning standards. Pennsylvania proposed to align its Migrant Education Program’s Kindergarten Preparation Inventory to the state’s early learning standards. Virginia planned to update its early learning standards so it can be used with all children, including DLL/LEP children.

³⁰ Connecticut, Georgia, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia

Table D.4.1. DLL Initiatives in the PDG B-5 Applications, by State and Key Activity

Mentions/Key Activities	States	Number of States
Discussed how to engage in parent education and outreach	Alabama, Alaska, Arizona, California,* Colorado, Delaware, District of Columbia, Hawaii, Iowa,* Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan,* Minnesota*, Mississippi, Missouri*, Nebraska*, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon,* Pennsylvania, Rhode Island, Texas,* Utah, Vermont,* Virginia, U.S. Virgin Islands * indicates plans to elicit parent voice to inform work	33 states & USVI
Included in definition of vulnerable population	Connecticut, Delaware, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Utah, Virginia, Vermont, Washington	21 states

Mentions/Key Activities	States	Number of States
Included in workforce support efforts	California, Connecticut,* Georgia,* Kansas, Kentucky, Maryland,* Michigan, Minnesota, Nebraska, New Jersey, New Mexico, Oregon, Pennsylvania,* Rhode Island, South Carolina, Vermont, Virginia,* Washington *denotes use of WIDA Early Years	18 states
Included in needs assessment/strategic plan	California, Georgia, Indiana, Massachusetts, Montana, New Jersey, Oregon, South Carolina, Texas, Utah, Vermont, Washington	12 states
Aligning or adding to early learning standards	Georgia, Maryland, Pennsylvania, Virginia	4 states

Table D.4.2. DLL Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> Planned to provide training in culturally responsive leadership to support state efforts to be inclusive of families who speak a language than English in parent education initiatives.
Alaska	<ul style="list-style-type: none"> Planned to provide culturally appropriate and relevant Best Beginnings resources and materials in multiple languages to families as well as culturally appropriate and relevant books and materials that promote parent-child interactions. Proposed mini-grants to five local authors to produce culturally relevant children’s books. Stated it will use a translator service to offer parent marketing materials in several languages.
Arizona	<ul style="list-style-type: none"> Described plans to partner with Arizona PBS to send text messages to families in English and Spanish regarding developmentally appropriate practices and childhood milestones.
California	<ul style="list-style-type: none"> Included California Department of Education’s English Learner Support Divisions on the PDG B-5 Stewardship Team. Stated that advocacy groups that represent children who do not speak English at home will be included in the strategic planning process as a stakeholder. Stated it will provide access to the AB 2960 parent portal, a state legislatively mandated family-focused early education information website, in additional languages. Proposes supporting family peer networks through 70 “Parent Cafés” including for families who speak a language other than English. Planned to provide content in languages other than English in its Quality Counts California (QRIS) system of online courses to support the early learning workforce.
Colorado	<ul style="list-style-type: none"> Stated plans to translate parent awareness and engagement messages into multiple languages.
Connecticut	<ul style="list-style-type: none"> Included families who do not speak English as a category in its “vulnerable” definition. Planned to increase family access to high-quality care by working with the WIDA’s Early Years program to build capacity of providers to offer culturally and linguistically sensitive early education experiences. Stated it will increase capacity of state leaders and local trainers to support dual language development. Promising Practices Implementation kits include family needs assessments in multiple languages.
DC	<ul style="list-style-type: none"> Planned to translate materials for families in a culturally and linguistically sensitive manner and to offer a language access line to families.
Delaware	<ul style="list-style-type: none"> Proposed parent education campaigns that will be culturally and linguistically sensitive and specific to populations such as families who speak a language other than English.

State	Mentions and/or Activities
Georgia	<ul style="list-style-type: none"> • Identified participation of institute of higher education faculty, center directors, and DECAL technical assistance staff in <i>WIDA Early Years</i> training of trainers. • Stated it will use the Rising Pre-K STP program to support training for summer programming to help with smooth transitions into pre-K for children whose first language is Spanish and have limited English proficiency. • Detailed challenges in changing teacher behavior in ways that show long-term positive effects for English language learners, despite investment in professional development. • Included needs assessment questions about the support needed to effectively work with dual language learners and their families. • Planned to convene an advisory committee to inform training and resources for the ECE workforce on working with dual language learners and their families.
Hawaii	<ul style="list-style-type: none"> • Stated it will provide translators at meetings or focus groups to gain families' interest.
Illinois	<ul style="list-style-type: none"> • Included dual language learners in its priority population definition.
Indiana	<ul style="list-style-type: none"> • Noted that resources used in the strategic planning process (e.g., CCDF state plan, Head Start Program Performance Standards, etc.) included consideration of children who are dual language learners. Planned to conduct family focus groups to understand experiences of families and the types of supports they preferred, including families whose primary language is not English.
Iowa	<ul style="list-style-type: none"> • Planned to conduct family focus groups to understand experiences of families and the types of supports they preferred, including families whose primary language is not English.
Kansas	<ul style="list-style-type: none"> • Stated it will take a culturally and linguistically sensitive approach in effort to meet needs of families. This includes providing translators and bilingual materials as well as training and coaching for staff and leaders.
Kentucky	<ul style="list-style-type: none"> • Planned to provide support to professional and service providers on strategies that will be inclusive of families for whom English is not a primary language. • Shared plans to update Parent Guides, based on the state early childhood standards, that will also be available in Spanish. • Included data on children and families with Limited English Proficiency in its evaluation plan.
Louisiana	<ul style="list-style-type: none"> • Included in state definition of economically disadvantaged.
Maine	<ul style="list-style-type: none"> • Suggested including families whose primary language is not English when developing information for a parent and provider website.
Maryland	<ul style="list-style-type: none"> • Stated vision that all children will have access to quality early childhood experiences and positive outcomes, including dual language learners. • Described plans to implement the <i>WIDA Early Years</i> program, including revising the state's vision for supporting multilingual children, using <i>WIDA Early Years</i> resources, integrating <i>WIDA Early Years</i> into the state's early learning standards, and providing professional learning opportunities for the workforce. • Shared plans for a multi-platform media messages and an activity that provides new parents with information on early learning programs and services that will be provided in multiple languages.
Massachusetts	<ul style="list-style-type: none"> • Described need to understand English language learner population through the needs assessment. • Noted that children who are English language learners at risk of being underserved. • Proposed providing information in multiple language and translation services to families to support awareness and use of B-5 services and programs. • Described use of the Ages and Stages Questionnaire in multiple languages.
Michigan	<ul style="list-style-type: none"> • Described embedding dual-language and English-language supports that include translation services, curriculum supports, dual-generation program and services, and community-based partnerships with ELL families involved in the development of materials. • Stated plans for professional development focused on cultural competence and teaching dual language learners.

State	Mentions and/or Activities
Minnesota	<ul style="list-style-type: none"> • Included English language learners in the definition of vulnerable. • Stated it will map out ways to communicate with families, including those who speak a home language other than English. • Described existing efforts to connect with families and children whose home language is not English. • Discussed plans to implement a <i>WIDA Early Years</i> model to build cohort of quality trainers and to increase awareness of <i>WIDA Early Years</i> with higher education, social workers, and other stakeholders. Families' needs and recommendations will be solicited through a Parent Research Program conducted by WIDA. • Stated intent to ensure workforce capacity to support dual language learners.
Mississippi	<ul style="list-style-type: none"> • Noted existing work to ensure the family education website is available in languages other than English.
Missouri	<ul style="list-style-type: none"> • Planned to send a Language Use Survey to preschool families in order to identify families for whom English is a second language, understand the language needs of families, and determine an appropriate screening tool for preschools.
Montana	<ul style="list-style-type: none"> • Included English language learners in the definition of vulnerable. • Noted that needs assessment data will be analyzed by language when possible in order to assess underserved and unserved populations to ensure their experiences are included.
Nebraska	<ul style="list-style-type: none"> • Included in its definition of vulnerable "coming from a home in which the primary language spoken is not English." • Proposed oversampling Spanish-speaking families when collecting data during the needs-assessment process on parents' knowledge of and access to B-5 services and programs. • Planned to ensure the parent-information template design process will consider how to be responsive to families who speak a home language other than English. • Stated it will hire trainers who are bilingual to work in a train-the-trainer model with providers who speak a language other than English as a primary language. This is part of the <i>Getting Ready</i> training to be targeted at MIECHV home visitors and EHS/Head Start home visitors and teachers.
Nevada	<ul style="list-style-type: none"> • Included families who speak a language other than English as a critical group to include in the needs assessment process through interviews and focus groups). • Proposed developing a website for families that is culturally and linguistically sensitive and will host real-time information. • Stated plans to develop a communication plan that will have strategies to include non-English speaking families.
New Jersey	<ul style="list-style-type: none"> • Stated the needs assessment will explore impacts of language barriers in B-5 settings for children and families. • Stated that resources to maximize parental choice and knowledge will be used to support dual language learners and their families. • Stated it will implement <i>WIDA Early Years</i> for training and support resources related to dual language learners. • Referred to previous work under RTT-ELC grant that tested communication strategies and messaging with bilingual families. • Noted products for families will be available in multiple languages.
New Mexico	<ul style="list-style-type: none"> • Stated plans to create a statewide early learning campaign to share information on development and quality early learning experiences with families. The campaign's materials will be available in multiple languages. • Planned to create video exemplars for educators on integration of culturally and linguistically responsive practices. • Proposed development of guidance principles and professional development (including online modules) to educators related to cultural and linguistic responsiveness in early childhood programs.
New York	<ul style="list-style-type: none"> • Proposed a parent education campaign and development of a parent portal that will be multilingual and culturally relevant to support family awareness of program options and relevant resources.

State	Mentions and/or Activities
North Carolina	<ul style="list-style-type: none"> • Mentioned families who do not speak English as their home language as a population to target. • Stated that parent-oriented information formats (e.g., website, text messaging, brochures, etc.) will be available in multiple languages.
North Dakota	<ul style="list-style-type: none"> • Identified dual language learners as part of the state’s target population.
Ohio	<ul style="list-style-type: none"> • Identified parents who speak English as a second language in a target population of vulnerable families. • Planned to create a digital media campaign in multiple languages to inform parents of the QRIS system and the state’s early childhood website and online child care search.
Oklahoma	<ul style="list-style-type: none"> • Planned to work with a communication firm to create a marketing plan to reach all parents and to be culturally and linguistically sensitive.
Oregon	<ul style="list-style-type: none"> • Set baseline and target for tracking process for sub-populations, including number of high-quality programs serving dual language children. • Proposed more tailored supports for families, including those who speak languages other than English through the development of a local, coordinated enrollment system and expansion of the <i>Family Connects</i>® system, as well as an upgrade to the Child Care Safety Portal. • Described work already underway to support parent engagement and reaching parents with linguistically responsive services. • Proposed a family survey that will make families the source of information on their children’s language and language development that will be used for transition-to-kindergarten purposes. • Planned expansion of professional development through a Focused Child Care Network (FCCN) approach (started under RTT-PDG and will expand using CCDF dollars). One of the target populations is providers who speak languages other than English. PDG B-5 funds will be used for small grants to the FCCNs to implement their Continuous Quality Improvement plans.
Pennsylvania	<ul style="list-style-type: none"> • Planned to align the Migrant Education Program’s Kindergarten Preparation Inventory with the state’s early learning standards, noting this will support family knowledge, choice, and resources for serving families in their home language. • Stated it will expand <i>WIDA Early Years</i> into the state’s Migrant Education Program to support multilingual children and their families, including family engagement and training educators. • Stated it will provide translated materials. • Planned to include in the evaluation data points on family access to ECE system supports/resources in families’ home languages.
Rhode Island	<ul style="list-style-type: none"> • Described how it will make outreach campaigns, parent websites, referral services, and parent empowerment programs more accessible to parents, noting an emphasis on populations such as families who speak a home language other than English. • Noted existing professional development and proposed increased cross-disciplinary training, highlighting an existing Spanish-language Child Development Associate class.
South Carolina	<ul style="list-style-type: none"> • Stated it will explore expanding its definition of vulnerable children to include children who are dual languages learners and of low income. • Planned to provide professional development to targeted elementary schools serving vulnerable children (e.g., rural locations serving English language learners).
Texas	<ul style="list-style-type: none"> • Stated that surveys used in the strategic planning process will be available in multiple languages. • Proposed development of an app and website for families. Stated that one focus group of families will be held in Spanish to inform the development of the app and website.
Utah	<ul style="list-style-type: none"> • Planned to use data on rates of children with English-Language-Learner status to determine where community needs assessment sessions will be. • Noted that online information for families will be available in multiple languages.

State	Mentions and/or Activities
Vermont	<ul style="list-style-type: none"> • Described current efforts to support families in a culturally and linguistically sensitive manner. • Included in definition of vulnerable children. • Planned to update Early Childhood Action plan through the Strategic Planning process with attention to a culturally, linguistically, and individually diverse approach. • Planned to reach families in a culturally and linguistically sensitive manner. • Proposed developing a parent engagement improvement plan to provide information in a culturally and linguistically sensitive manner. • Planned to provide family engagement activities to communities, using a train-the-trainer approach. The approach will be culturally and linguistically appropriate. • Stated plans to support culturally and linguistically sensitive practices in classrooms by developing a professional development sequence for programs to increase culturally and linguistic competence.
Virginia	<ul style="list-style-type: none"> • Stated that it will develop a Family Toolkit to Support Kindergarten Readiness that will be available in multiple languages. Proposed updating the state's B-to-K learning standards to be used with all children, including dual language learners.
Washington	<ul style="list-style-type: none"> • Included in definition of vulnerable children. • Noted that non-English speaking children as important to include and reach within the B-5 system. • Stated that it will include translated services for those attending community-centered convenings to support the needs assessment and strategic planning process. • Noted provision of professional development for educators related to English language learners.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Stated that information intended for parents will be offered in multiple languages and in a culturally sensitive matter. • Planned to share best practices on supporting dual language learners through training and technical assistance for the workforce.

Appendix D.5: Analysis of Children in Immigrant Families in the PDG B-5 Applications

Recent changes to federal policies have focused attention on the well-being of children in immigrant families. While early childhood experiences that support child well-being and school readiness are important for all children, children in immigrant families have much lower educational and health outcomes compared to children of U.S.-born parents, and can benefit from supports and services designed to improve educational and socioeconomic outcomes.

Only a few states discuss children in immigrant families or propose activities to support this population. Overall, only 10 of the 46 states mention immigrants or children in immigrant families in the application, with only 5 states proposing specific activities to support them. Among the PDG B-5 recipient states, Maine has the strongest focus on children in immigrant families, proposing that these families be key stakeholders in the needs assessment process and recipients of parent leadership training. **Table D.5.1** outlines the key activities related to children in immigrant families in the PDG B-5

applications and the states that proposed the activities. **Table D.5.2** provides a summary of the mentions and/or activities included in each state application.

Assessing the needs of immigrant children

Eight states included children in immigrant families and immigrant-related activities in the needs assessment section of the application. Two states, Maine and Washington, discussed immigrant families as stakeholders in the needs assessment process. Maine's application stated that representatives from the state's refugee/immigrant communities will be part of the stakeholder groups to be convened to frame the needs assessment planning process. Washington proposed immigrant families use Family, Friend, and Neighbor (FFN) care as potential workgroups to inform different components of the needs assessment.

Table D.5.1. Mentions of Immigrants and Immigrant-Related Activities in PDG B-5 Applications, by Topic

Mentions/Key Activities	States	Number of States
Immigrants are mentioned or called out as stakeholders in the needs assessment	Delaware, Iowa, Maine, Massachusetts, Nebraska, ³¹ New Mexico, Texas, Washington	8 states
Immigrants are included in the definition of vulnerable/underserved population	Iowa, Massachusetts, New York, Oklahoma	4 states
Parent leadership training for immigrant families	Maine	1 state

Nebraska stated that grant funds will be used for a deeper study of the state’s family child care providers, with emphasis on family child care providers who may be serving hard-to-reach families, such as immigrant and refugee families.

Delaware and Texas simply mentioned that the scope of the needs assessment includes demographic data on immigrant children.

Immigrants as a vulnerable/underserved population

Four states included immigrant children and families in the definition of a state’s vulnerable and underserved population (Iowa, New York), children who are at risk (Massachusetts), and disadvantaged children (Oklahoma). New Mexico included a definition of immigrant families in the application, but did not include children in immigrant families in the state’s definition of vulnerable/underserved population.

Parent leadership training for immigrant families

Maine proposed to expand the Educare Central Maine Parent Ambassador Program (PAP), the state’s year-long leadership and advocacy training program to develop parent leaders, to regions where there is a higher concentration of refugee/immigrant populations. By increasing the capacity for early education advocacy and family well-being to serve these areas, Maine hopes to build the self-efficacy of immigrant parents and their ability to support and mobilize other families.

³¹ A study of the state’s family child care providers, with an emphasis on those serving immigrant families, is outlined in Activity Five of Nebraska’s application, but coded as part of the needs assessment in the table.

Table D.5.2. Immigrant Mentions and Immigrant-Related Activities in PDG B-5 Applications, by State

State	Mentions and/or Activities
Delaware	<ul style="list-style-type: none"> Stated the scope of the needs assessment included children in rural areas, which often overlap with populations of families who are immigrants and may not speak English as a first language.
Iowa	<ul style="list-style-type: none"> Stated that immigrant and refugee families are included in the definition of “underserved children.”
Maine	<ul style="list-style-type: none"> Planned to include representatives from Maine’s refugee/immigrant communities as stakeholders to frame the needs assessment planning process. Proposed to expand Educare Central Maine’s Parent Ambassador Program, Maine’s year-long leadership and advocacy training program to develop parent leaders, to regions where there is a high concentration of refugees/immigrants.
Massachusetts	<ul style="list-style-type: none"> Stated that immigrant and refugee children are included in the definition of children who are “at risk.”
Nebraska	<ul style="list-style-type: none"> Planned to use grant funds for a deeper study of the state’s family child care providers, with emphasis on those serving hard-to-reach families, including immigrant and refugee families.
New Mexico	<ul style="list-style-type: none"> Defined immigrant families in the needs assessment.
New York	<ul style="list-style-type: none"> Included immigrants in the definition of “vulnerable and underserved population.”
Oklahoma	<ul style="list-style-type: none"> Included immigrants in the definition of “disadvantaged children.”
Texas	<ul style="list-style-type: none"> Noted in the needs assessment that there is a large percentage of B-5 children who live in immigrant homes.
Washington	<ul style="list-style-type: none"> Stated that immigrant families using family, friend, and neighbor (FFN) care will be included as a potential workgroup as part of the needs assessment.

Appendix D.6: Analysis of Facilities in the PDG B-5 Applications

ECE facilities are the foundation of a state’s early childhood infrastructure. While facilities are directly related to a child’s safety, health, and development, the current state of ECE facilities is of national concern.³² Facilities were recognized within the PDG B-5 application as an important area for states to address, with the application asking specifically that states describe a plan for addressing ECE facilities and facilities-related concerns.

Despite the fact that states were asked specifically to discuss plans related to facilities, only 27 of the 46 applications mentioned addressing the condition of ECE facilities.³³ Among these 27 states, the discussion ranged widely, from simply a mention of facilities as a significant barrier to program quality with no further information, to a comprehensive strategy and timeline to assess facilities during the grant period. **Table**

D.6.1 outlines the major activities related to facilities in the applications and the states that proposed the activities. **Table D.6.2** provides a summary of facilities mentions and/or activities for each state.

Including facilities in needs assessment

Twenty-three states stated that they will address facilities as part of the needs assessment. Three states (Arkansas, Nebraska, and Nevada) indicated that they will draw from existing resources and state plans for the assessment to assess facilities-related concerns.

³² Bipartisan Policy Center. (2018). Early Learning Facilities Policy Framework. <https://bipartisanpolicy.org/wp-content/uploads/2019/06/Early-Childhood-Early-Learning-Facilities-Policy-Framework.pdf>

³³ States that did not mention facilities: Alabama, Arizona, Colorado, Florida, Iowa, Louisiana, Massachusetts, Maine, Missouri, Mississippi, North Dakota, New Mexico, Ohio, Oklahoma, Utah, Vermont, Washington, USVI

For example, Arkansas stated plans to incorporate facility-related information contained in a range of early learning program plans including CCDBG, CACFP, state-funded pre-K, Head Start, QRIS, and Child Care Licensing. Similarly, Nevada will draw on information from multiple data sources – school districts, child care, the Nevada Registry, Medicaid, and maternal and child health data systems. Nevada stated it will build from an existing report that discusses factors communities need to consider when building or renovating facilities for expansions. Eleven states mentioned new data collection efforts related to facilities as part of their needs assessment.

Using non-PDG grants and funds for renovation or infrastructure projects

Three states shared plans to use non-PDG grants and funding to renovate facilities or support infrastructure costs (California, District of Columbia, Minnesota). The District of Columbia’s Access to Child Care Fund offer grants that provide for repair and renovation or new builds, and Minnesota has a state-bond funded grant program that can be used for construction or renovation. California’s approach includes collecting data on the condition of facilities and the use of a \$167 million grant program, Inclusive Early Education Expansion Program, for one-time infrastructure costs.

Table D.6.1. Facilities Initiatives in the PDG B-5 Applications, by State and Key Activity

Mentions/Key Activities	States	Number of States
Included in needs assessment	<i>Use of Existing data (14):</i> Alaska, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Kansas, Montana, Nebraska, Nevada, New Hampshire, New York, Oregon, South Carolina <i>Collection of new data (11):</i> Illinois, Indiana, Kansas, Maryland, Michigan, Nebraska, New Jersey, North Carolina, Rhode Island, Texas, Virginia	23 states
Renovation and infrastructure	California, District of Columbia, Minnesota	3 states

Table D.6.2. Facilities Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alaska	<ul style="list-style-type: none"> Included needs assessment questions on the availability of ECE programs/services (location) and needs/challenges related to facilities.
Arkansas	<ul style="list-style-type: none"> Planned to review facilities information from existing statewide plans as part of the needs-assessment process.
California	<ul style="list-style-type: none"> Included in needs assessment process, with Local Planning Councils using local data on the condition of facilities. Planned to conduct facilities studies to quantify shortage of space for providers and its impact on ability to meet need. Information will be shared with the state PDG B-5 Stewardship Team to use for grant activities, including the strategic plan. Noted existing work to expand space and support ECE facilities.
Connecticut	<ul style="list-style-type: none"> Included in needs assessment.
DC	<ul style="list-style-type: none"> Noted space issues related to lack of available slots and discussed existing work to support new facilities development and repair and renovation of existing facilities.
Delaware	<ul style="list-style-type: none"> Included in needs assessment.

State	Mentions and/or Activities
Georgia	<ul style="list-style-type: none"> • Included in needs assessment.
Hawaii	<ul style="list-style-type: none"> • Proposed a facilities study of public school and private early care and education facilities to explore facilities needs and costs, including start-up costs for new child care facilities.
Illinois	<ul style="list-style-type: none"> • Included in needs assessment. • Noted current analyses of facilities underway in the state.
Indiana	<ul style="list-style-type: none"> • Included in needs assessment to understand shortages and community needs. • Planned to use lessons learned with programs that draw from a local United Way's efforts to address facilities barriers.
Kansas	<ul style="list-style-type: none"> • Included in needs assessment. Proposed a review of existing ECE facilities in the state to understand availability and constraints.
Maryland	<ul style="list-style-type: none"> • Included in needs assessment. Planned to release a survey that explores facilities and facilities-related concerns.
Michigan	<ul style="list-style-type: none"> • Proposed to review of availability of quality facilities and infrastructure.
Minnesota	<ul style="list-style-type: none"> • Included in needs assessment. Planned to explore how to address local facilities issues.
Montana	<ul style="list-style-type: none"> • Included in needs assessment.
Nebraska	<ul style="list-style-type: none"> • Included in needs assessment. Planned to conduct a project that will explore facilities needs for these family home providers.
Nevada	<ul style="list-style-type: none"> • Included in needs assessment.
New Hampshire	<ul style="list-style-type: none"> • Included in needs assessment.
New Jersey	<ul style="list-style-type: none"> • Proposed a report that will analyze facility needs to address gap in information on facilities.
New York	<ul style="list-style-type: none"> • Included in needs assessment.
North Carolina	<ul style="list-style-type: none"> • Included in needs assessment.
Oregon	<ul style="list-style-type: none"> • Included in needs assessment.
Pennsylvania	<ul style="list-style-type: none"> • Included in a proposed ECE system-analysis and cost-modeling project.
Rhode Island	<ul style="list-style-type: none"> • Included in needs assessment, noting facilities present a challenge to offering quality slots. • Detailed in-depth plans for a facilities assessment that will inform strategic plan. • Included in areas for professional development of providers.
South Carolina	<ul style="list-style-type: none"> • Included in discussion of strategic plan based on needs assessment.
Texas	<ul style="list-style-type: none"> • Included in needs assessment.
Virginia	<ul style="list-style-type: none"> • Included in needs assessment. Planned to use the Market Rate Survey and materials to analyze cost related to facilities and to explore availability in child care deserts/underserved areas.

Appendix D.7: Family Engagement in the PDG B-5 Applications

In the PDG B-5 applications, states proposed a variety of ways to enhance family engagement approaches at the state, provider, and family levels. At the state level, some states planned cross-sector collaboration to create consistent and aligned messaging and supports to families. At the provider level, states identified ways to share information and provide professional development. Most applications described efforts to engage directly with families, whether it was providing information to families, supporting family and parental leadership, or eliciting input and feedback from families on state efforts.

Table D.7.1 outlines the major activities related to family engagement in the applications and the states that proposed the activities. **Table D.7.2** provides a summary of family engagement mentions and/or activities for each state.

Engaging directly to support to families

Effectively and appropriately disseminating awareness of early learning programs, child development, or transition activities was the focus for the majority of states (34 and USVI). Most states (27) intended to reach families via **social media, text-messaging, and public television**, as well as the creation of **consumer-oriented interactive websites, parent portals, and mobile apps**. Many states (19) noted the need for material that is culturally and linguistically appropriate and has consistent messaging across the B-5 system as part of **information sharing and public awareness activities**.

When providing training for families, the most common types noted **support peer-to-peer learning and parent leadership development**. For instance, eight states proposed expanding Strengthening Families and/or Parent and Community Café models (District of Columbia, Illinois, Kansas, Kentucky, Maryland, Michigan, Missouri, Pennsylvania). Other states provided leadership training for families to be engaged in the B-5 system (New Jersey, Kansas, New Hampshire, South Carolina) or for them to serve as parent ambassadors (District of Columbia, Georgia, Maine, U.S. Virgin Islands). Some states planned to educate or encourage practitioners who interface with families to discuss or demonstrate how to use

them through **trainings, activities, and conferences** (Alaska, Colorado, Pennsylvania, U.S. Virgin Islands).

Eliciting input of families in planning and feedback processes

States indicated that **input of families** was important and 24 described efforts to gather input from families to inform needs assessments, test tools in development, and gather other forms of feedback. At times this included participation on advisory boards or stakeholder groups, but states most frequently described input via surveys, focus groups, interviews, listening tours, or through Parent Cafés or Parent Portals. One unique approach included Kansas' proposed use of SenseMaker® to collect 1,000 stories from parents about their experiences with the B-5 system.

Eleven states described planned efforts to **ensure materials, trainings, or awareness** were tailored to specific populations. Examples included families in the child welfare system (Kentucky), early intervention or disabilities (Indiana, North Carolina), English Language/Dual Language Learners (Indiana, Michigan, North Carolina, Nebraska, Pennsylvania, Virginia, Vermont), experiencing homelessness (Indiana, Hawaii, Pennsylvania), incarcerated parents (Indiana), fathers (Maryland, Pennsylvania, Vermont), and families headed by grandparents, foster parents, teen parents, or single parents (Iowa, Pennsylvania).

Recognizing the contributions families make, seven states indicated that family members participating in activities will receive some type of **compensation**, whether it be through stipends, scholarships, or reimbursements for time, travel, and/or child care (Alaska, Georgia, Hawaii, Kansas, North Carolina, North Dakota, New Hampshire).

Offering provider-focused information resources or training

The majority of states (23) proposed activities to **support providers in engaging with families**. This included providing professional development through training or coaching or through provision of resources or tools. Ten states mentioned the promotion of Strengthening Families or Parent and Community Cafés and other mentioned other models related to family engagement. These include Help

Me Grow (Indiana, Kansas, South Carolina, Vermont), Building Strong Brains (Arkansas), and Circle of Security® Parenting (Alaska). Nine directly stated the sharing of resources and tools with programs. Some states proposed development of toolkits for family engagement (California, Hawaii), transition (Hawaii, Oklahoma), community (North Carolina), or serving infants and toddlers (California).

Including family engagement in state-level efforts

To support family engagement at the state level, 13 states and the U.S. Virgin Islands described several different activities. Four applications proposed the **creation or expansion of committees or workgroups** (Missouri, North Carolina, Oklahoma, U.S. Virgin Islands). For instance, Missouri will reconvene its multi-agency Family Engagement Workgroup. Three applications stated intent to create family engagement frameworks and/or define family engagement for state programs (Missouri, Montana, North Carolina). Maryland, noting its long history of family engagement effort, proposed providing training in the use of an equity perspective to 40 state-level early childhood administrators, with a subset offered a train-the-trainer model to build front-line staff

knowledge. Five states and the U.S. Virgin Islands referred to the creation or expansion of staff positions that support family engagement efforts (Arkansas, Kentucky, North Carolina, New Jersey, Rhode Island, U.S. Virgin Islands). Arizona proposed the creation of a statewide family engagement center. Other states pointed to plans for consistent messaging or resource sharing across the state (Arizona, North Carolina, North Dakota, Nebraska, Oklahoma, Pennsylvania, Rhode Island, U.S. Virgin Islands) and Kentucky discussed creation of a partnership with Head Start.

Providing funding for grants or pilots

In seven applications, it was suggested PDG funding be used for **mini-grants** or family engagement **pilots**. Kentucky, North Carolina, New Mexico, Oregon, and Virginia suggested supporting community efforts to implement family engagement practices and learn from best practices. Alaska indicated it will provide five authors with mini-grants of \$25,000 to write, publish, and print books that are culturally relevant and promote parent engagement with children. Oklahoma stated it will provide grants to up to 100 libraries to support *Ready to Learn's* infant component and grants to 10 organizations to support transition planning.

Table D.7.1. Family Engagement Initiatives in the PDG B-5 Applications, by State and Key Activity

Mentions/Key Activities	States	Number of States
Engaging directly to support to families	<p><i>Multi-media approaches (27):</i> Arkansas, Arizona, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Massachusetts, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, U.S. Virgin Islands</p> <p><i>Information Sharing/Public awareness (19):</i> Alaska, Arizona, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Indiana, Massachusetts, Maine, Michigan, Mississippi, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, U.S. Virgin Islands, Virginia</p> <p><i>Training (15):</i> District of Columbia, Georgia, Illinois, Kansas, Kentucky, Maine, Maryland, Michigan, Missouri, Montana, New Hampshire, New Jersey, Pennsylvania, South Carolina, U.S. Virgin Islands</p> <p><i>Events, activities, and conferences (4):</i> Alaska, Colorado, Pennsylvania, U.S. Virgin Islands</p>	34 states & USVI
Eliciting input of families in planning and feedback processes	California, District of Columbia, Florida, Georgia, Hawaii, Kansas, Iowa, Illinois, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, Virginia	24 states

Mentions/Key Activities	States	Number of States
Offering provider-focused information resources or training	<i>Training, Events, Summits (21):</i> Alabama, Alaska, Arkansas, California, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Maryland, Michigan, Missouri, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Vermont <i>Create or share resources/tools (9):</i> Arizona, California, Florida, Hawaii, Montana, North Carolina, North Dakota, Oklahoma, Pennsylvania	23 states
Including family engagement in state-level efforts	<i>Committees/Workgroups (4):</i> Missouri, North Carolina, Oklahoma, U.S. Virgin Islands <i>Family engagement frameworks or definitions (3):</i> Missouri, Montana, North Carolina <i>Staffing (6):</i> Arkansas, Kentucky, New Jersey, North Carolina, Rhode Island, U.S. Virgin Islands <i>Cross-sector supports/messaging/training (10):</i> Arizona, Kentucky, Maryland, Nebraska, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, U.S. Virgin Islands	13 states & USVI
Providing funding for grants or pilots	Alaska, Kentucky, North Carolina, New Mexico, Oklahoma, Oregon, Virginia	7 states

Table D.7.2. Family engagement Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> • Noted technical assistance available to support family engagement planning. • Mentioned use of Strengthening Families framework.
Alaska	<ul style="list-style-type: none"> • Emphasized use of culturally relevant approaches with families (e.g., training, materials). • Proposed expanding Circle of Security® Parenting, describing plans to expand training into 10 new rural communities with low-income parents of vulnerable children. • Planned to provide mini-grants to 5 local authors to create culturally relevant children’s books that support parent-child interactions. • Proposed child development training for families and education of children via 20 15-minute online modules. The length of the videos was in response to parent surveys indicating interest in content that is available in small increments. It stated that 30 parents will meet via videoconference to discuss the information in the modules (5-month period) to deepen learning. It noted parent stipends will be available. • Planned to host a Family Childhood Education Summit to share PDG B-5 information (needs assessment, strategic plan, etc.) with families and discuss opportunities to be engaged in local implementation.
Arizona	<ul style="list-style-type: none"> • Proposed use of already-established networks for family engagement along with new strategies for engaging families. It stated it will encourage use of the work done by Arizona’s Language, Literacy, and Family Engagement Action Team to provide family-friendly materials. • Stated family-friendly materials from The Family Resource Network will be used. • Shared plans for a partnership with Arizona PBS to use Bright By Text, a parent messaging subscription, using PDG funds. Noted potential for smaller cohorts for survey purposes. • Proposed a project with Arizona PBS to support on-air and online informational spots for families and to encourage families to attend events. • Planned to create a PDG B-5 interactive family-facing website.

State	Mentions and/or Activities
Arkansas	<ul style="list-style-type: none"> • Planned to obtain ACEs surveys from parents at family engagement events to understand where pockets of high need are to inform strategic plan. • Noted need for family-focused social media accounts to ensure that families know about trainings/ events and receive relevant information. • Described history of trauma-informed family engagement via use of Strengthening Families and Caring Conversations Café. • Proposed to extend the Family Service Manager positions that began under the original PDG grant given positive feedback from sub-grantees. With PDG B-5, the Family Service Managers will serve multiple counties and programs instead of one program. They will also be trained in “Building Strong Brains.”
California	<ul style="list-style-type: none"> • Planned to create a state-level Early Learning and Care Parent Committee that will serve as an advisory board to the state Department of Education and the SAC. • Proposed strengthening the role Resource and Referral agencies play in the QRIS by building their capacity to engage families in culturally and linguistically sensitive way via training/technical assistance and Communities of Practice. Noted focus on Strengthening Families.
Colorado	<ul style="list-style-type: none"> • Noted plans to expand family engagement events at family resource centers through community events.
Connecticut	<ul style="list-style-type: none"> • Proposed development of family engagement tools to support kindergarten transition. • Listed several social media platforms for reaching parents with information on child development, safety, and best practices for families. Stated PDG B-5 will support the state in building out this communication more and supporting culturally and linguistically appropriate material.
DC	<ul style="list-style-type: none"> • Stated intent to provide consistent and clear messaging (e.g., jargon-free and consistent across programs/services by using same language). • Planned to beta-test an app that will support families with awareness and use of services/ programs, as well as support social networking. It described use of existing TANF ambassadors and other peer support efforts to build awareness of the app. • Stated it will build upon the Head Start Parent, Family, and Community Engagement network to strengthen family engagement and gain ongoing feedback at state and program level. • Planned to expand Parent Cafes to build family social connections, support child development, and engage families in using data to inform their choices.
Delaware	<ul style="list-style-type: none"> • Proposed building out technology-enabled ways to reach families (e.g., “push” text messages or apps) that are of no cost and relevant to local communities. Noted that case workers can reach families without mobile devices or interest in them through home visits. Noted need for families and providers to be accessing same systems and information. Provider will play a role in helping families use the tools. Shared plans to translate materials to reach families. Planned awareness-building campaigns so families will know about the tools. • Stated need for materials and tools to be culturally and linguistically appropriate. • Planned to target families at transition points in the system to provide them information on how to navigate transitions. • Planned to provide training so that educators and other professionals know how to use the tools and show families how to use them.
Florida	<ul style="list-style-type: none"> • Noted previous commitment and work (e.g., training for educators) for family engagement that is culturally and linguistically sensitive and intent to make finding information on quality more user-friendly for families. • Stated it will upgrade the Parent Portal to provide families with more information (e.g., child’s screening, observational assessment results) to support parents’ knowledge of their child’s development and to use it when partnering with providers. • Proposed a feasibility study for creation of a single point-of-entry to support family awareness of and making informed choices about social services. • Planned to host focus groups with families to gain feedback on consumer portals and information as part of a family needs assessment. • To support consistent messaging, the Office of Early Learning plans to have unified branding materials. Plans to translate information.

State	Mentions and/or Activities
Georgia	<ul style="list-style-type: none"> • Planned to elicit input of families through focus groups, surveys, Parent Cafés and other approaches to ensure understanding of how families view quality and make child care choices. This will also support the goal that information shared is done so in a culturally and linguistically sensitive manner. • Stated intent to work with the Georgia Public Broadcasting group to support a statewide marketing and public awareness campaign for Learn the Signs. This will support families in monitoring their child’s development, identifying concerns, and creating awareness of how to find programs to meet needs. • Proposed creation of a cadre of Family Peer Ambassadors to engage with families who are from vulnerable and underserved populations in a culturally and linguistically sensitive way. Ambassadors will be trained on the Smart and Secure Children Parenting Leadership program. This will be part of information awareness and sharing and leadership development for families. Stipends will be available.
Hawaii	<ul style="list-style-type: none"> • Planned to use a variety of media platform and cross-sector person-to-person approaches to support family access to information on service and resources through various media. • Stated plans to include family feedback on usefulness and accessibility of currently available materials. • Planned to train program staff on available community resources to share with families. • Proposed the development of a toolkit to support transitions between programs and settings, including opportunities for families to have input. • Included funding for family incentives. • Planned to incorporate activities related to families based on findings from the needs assessment. • Described different ways of reaching fathers and vulnerable populations (e.g., translated materials, going to events where families are, working with the Commission on Fatherhood, reaching homeless families).
Illinois	<ul style="list-style-type: none"> • Included a Family Engagement Committee as a stakeholder in the strategic planning process (ELC Strategic Framework). • Planned to review the state’s QRIS website and make it easier for families to navigate and use to make more informed choices. • Proposed to expand its Parent and Community Cafés approach to include goals related to parental child care decision making, school transitions and the importance of school attendance (aligned with Illinois’ Chronic Absenteeism legislation), and suspension and expulsion.
Indiana	<ul style="list-style-type: none"> • Noted it will look at opportunities to leverage funding across agencies to support family engagement activities. • Discussed numerous ways it will ensure information is culturally and linguistically sensitive and accessible: reviewing family-oriented materials and website information to ensure it is accessible, co-branding parent information resources across B-5 partners; using existing data form to understand needs, and developing partnerships with those who work with culturally and linguistically diverse families to support development of appropriate materials. • Stated it will promote family engagement through multiple means: family-friendly materials, trainings to B-5 partners, etc. • Planned to work with partners to identify best practices in making referrals. • Shared ways to identify where increased access to B-5 programs and services is needed: using existing surveys and program data, working with partners who directly work with families, etc. • Identified specific populations to gather information and identify needs: incarcerated parents, families receiving housing assistance, and families needing additional supports and services. • Noted use of Parent Café models in communities.
Iowa	<ul style="list-style-type: none"> • Noted plans to understand barriers and gaps for families and to identify culturally and linguistically sensitive ways to connect with families to support their knowledge and choice. • Stated it will conduct family focus groups with a diverse group of families (demographically and geographically) to inform B-5 programming through feedback on gaps and barriers experienced and to elicit ideas for ways to address these barriers and how to better streamline services.

State	Mentions and/or Activities
Kansas	<ul style="list-style-type: none"> • Proposed use of SenseMaker®, a technology that will be used to capture the voices and experiences of families. • Noted use of Help Me Grow as part of family outreach and a way to include the voice of families. Also noted existing parent-leadership efforts in the state. • Planned to expand the Statewide Parent Leadership Advisory Council and local councils. Will use PDG funds to support the 2019 annual Parent Leadership Conference. • Planned to expand the parent helpline to meet anticipated increase in demand. Stated it will use data to inform the communications plan. • Noted that families will be compensated for time, travel, and child care.
Kentucky	<ul style="list-style-type: none"> • Proposed targeted community support grants to Council for Exceptional Children to support family engagement services. • Planned to expand Strengthening Families at the local level, including additional staff to provide train-the-trainer events, technical assistance to providers, development of local leadership teams, and other approaches. Planned to expand use of the Connect the Dots framework to support social-emotional protective factors and will review additional models to potentially connect to child welfare. • Stated it will identify strategies to leverage the Head Start Parent, Family and Community Engagement framework and Head Start’s family engagement expertise through the Strengthening Families Subcommittee.
Louisiana	<ul style="list-style-type: none"> • Described how its switch to local governance for community networks will support improved awareness and access to the B-5 system for families. Stated PDG B-5 dollars will be used to support local communities in systems thinking, local governance, and other supports as part of this work.
Maine	<ul style="list-style-type: none"> • Proposed expansion of the states’ Parent Ambassador Program, noting one of the communities impacted has a high concentration of refugee/immigrant families. • Noted several ways the state will make information more accessible and available to families (e.g., database links to programs in the B-5 system on the family-facing child care website, brochures on child care distributed to different family-serving offices and programs, and use of social media campaign and public-service announcements).
Maryland	<ul style="list-style-type: none"> • Noted extensive work the state has been doing in family engagement, such as the Early Childhood Family Engagement Framework (developed with RTT-ELC funding) and toolkit, and use of Strengthening Families and Learning Parties (supporting parenting skills). • Planned to encourage more providers to enter the QRIS system, giving parents more information to make choices. • Proposed use of WIDA Early Years to support parents who speak a home language other than English. • Described implementation of Together-Juntos, which will use a train-the-trainer model with state leaders, who will then train others in order to support cultural awareness. • Stated that targeted media messages will be informed by parent focus group feedback and developed by Maryland Public Television. • Planned to host a family engagement summit. • Proposed the expansion of Strengthening Families.
Massachusetts	<ul style="list-style-type: none"> • Noted existing effort to develop a statewide Family Engagement Center that can be used in PDG B-5 activities. • Shared how family engagement in the very early years will support efforts to flag developmental delays and engage families earlier in the system. • Stated intent to find areas in the systems of communication with parents that need attention. • Planned to improve the functionality of the family-facing website to make it more accessible to families. • Proposed the purchase of a state system of support for ASQ in order to increase access to screening for families and to provide additional support for families to discuss child development with early childhood staff. • Stated it will focus improvement of access to the B-5 system on families who speak a home language other than English, are homeless, or are economically disadvantaged. • Planned to use PDG B-5 funds to expand the states Parent Portal to make is more accessible, based on findings from the needs assessment. This may include offering the website in multiple languages and expanding it to providers who are not licensed. The application stated intent to elicit parent voice in the process.

State	Mentions and/or Activities
Michigan	<ul style="list-style-type: none"> • Stated intent to enhance the family-facing website so that information about the B-5 system is available to families in one place. Planned to work with families to ensure materials on child development, eligibility, and enrollment were aligned with the needs of families and culturally and linguistically appropriate, informed by focus groups and surveys with families. • Noted that a previously developed communications plan will be implemented through PDG B-5 funds. • Planned to continue work of family navigators with a focus on connecting to most difficult-to-reach families. • Proposed professional development on family engagement for providers.
Minnesota	<ul style="list-style-type: none"> • Described existing efforts to communicate with families and, in particular vulnerable populations, families who speak a language other than English at home, and fathers (e.g., outreach approaches, translated materials). Noted work with <i>WIDA Early Years</i>, including a train-the-trainer model. • Stated plans to convene families as stakeholders as part of the needs assessment. They will provide input to inform a central intake system with a single application process and to inform work on coordination of referrals and connections to services. • Planned to contract with a consultant to design culturally and linguistically sensitive communication material for families. • Proposed exploring a Regional Hub Model to meet community needs. • Proposed training of early care and education leaders in the state on culturally responsive practices.
Mississippi	<ul style="list-style-type: none"> • Described existing work, including a one-stop website for families, that targets particular populations of families who speak a language at home other than English. The site includes information on services and information on child development and interactions. Planned to explore adding more languages. • Proposed development of an electronic scorecard for children that will follow families and can be used in transition meetings and, in general, to support effective transitions within the B-5 system and to the K-12 system.
Missouri	<ul style="list-style-type: none"> • Noted it will build on work that used to be done under Project LAUNCH. • Anticipated involvement and engagement of families in efforts to improve family engagement. • Proposed reconvening of the Family Engagement Workgroup to bring together existing family leadership groups in the state (e.g., statewide Parent Advisory Council, Head Start Family Leadership Council, etc.), which will use information from the needs assessment to guide their work. • Planned to use Parent Cafés for parents to connect and share information. • Described how the Quality Assurance Report system will give information to families to inform choice. • Planned to link a family engagement web page to multiple sources of information useful to parents (e.g., Quality Assurance reports, resources, etc.) in a culturally and linguistically sensitive manner. • Stated use of a Language Use Survey to preschool families in order to understand language needs. • Stated the Parent, Family, and Community Engagement Framework will be tailored to Missouri.
Montana	<ul style="list-style-type: none"> • Included family engagement in its needs assessment in order to understand how families receive information about ECE programs/services, best practices in family engagement, referral and intake systems, transition experiences, and other aspects in which the family interacts with the system. • Planned to define family engagement to inform culturally aware, trauma-informed, evidence-informed work in the state, noting it will look at the Head Start Parent, Family, and Community Engagement Framework. • Planned to review existing family engagement efforts in the state. • Stated intent to create a more coordinated approach to communicating to families about early childhood resources, programs, and services in the state through an outreach campaign (multi-platform: social media, face-to-face contact, etc.) and centralized information site. • Proposed expanding its local family engagement coordinator approach to connect providers across the system. Noted efforts to support families with transition to kindergarten.
Nebraska	<ul style="list-style-type: none"> • Discussed efforts to increase access to a resource packet, required in statute, to inform families of newborns of available B-5 services. The PDG B-5 funds will be used to redevelop the resource packet and increase its availability to parents through multiple forms and languages. • Planned to use PDG B-5 funds to pilot ReadyRosie, a family engagement program. • Shared plans to support smoother transitions between preschool and kindergarten that recognize parents as active partners.

State	Mentions and/or Activities
Nevada	<ul style="list-style-type: none"> Proposed a cohesive data system, consumer website, and communications plan to facilitate parent choice in the B-5 system. Resources will be made available in multiple languages. Stated it will hire a communications contractor to support consistent messaging across agencies to ensure families can make informed choices.
New Hampshire	<ul style="list-style-type: none"> Noted previous family engagement commitment. Planned to pay parents as consultants to inform PDG B-5 planning and activities. Proposed providing training to families to engage with and represent families. As part of the needs assessment, planned to use a family survey that will be piloted with families first and to have at least one family focus group in each region. Stated it will include family feedback in the strategic planning process. Planned focus group with parents to understand strengths and limitations of the resource and referral system and understand preferences for the web-based systems planned. Proposed public awareness and outreach to inform families of the importance of the early years and serve and return interactions, utilizing Vroom.
New Jersey	<ul style="list-style-type: none"> Proposed training in Strengthening Families, Parent Leadership, and Family Engagement Standards. Stated materials should be in user-friendly formats for families. Stated it will offer parents stipends for participation in parent involvement/family engagement activities.
New Mexico	<ul style="list-style-type: none"> Planned to pilot a family engagement approach using the Family Engagement Assessment and Planning Tool, which was included in the state's evaluation plan. Included statement that as part of sustainability efforts, it will embed family engagement into the TQRIS.
New York	<ul style="list-style-type: none"> Stated it will promote best practices related to family engagement and included an item in budget for family engagement and support strategies.
North Carolina	<ul style="list-style-type: none"> Planned to create a family engagement leadership team, which will include families, to adopt a family engagement framework and strategic plan for alignment, implementation, and scale-up. The team will also explore the possibility of a State Parent Advisory Group. Described statewide efforts to align family engagement approaches. Planned to fund a family engagement coordinator position and a translation/multicultural coordinator. Stated it will provide professional development to up to eight local communities that express willingness and ability to collaborate to support family engagement approaches. This work will be overseen by a state-level Family Engagement Coordinator. Stated intent to provide materials in a culturally and linguistically sensitive way that is accessible to individuals with disabilities, and to use a "no-wrong-door approach." Created a budget line for translation services for communications related to family engagement. Shared plans to partner with the state PBS affiliate to host events for families where they can access information and sign up for Bright By Text, an early learning text service that provides parents with information and resources.
North Dakota	<ul style="list-style-type: none"> Stated plans to create a common definition of family engagement and a framework. Planned to provide child care reimbursements to families who participated in family engagement framework activities. Mentioned family engagement in its transition approaches and resource development.
Ohio	<ul style="list-style-type: none"> Planned to offer cultural and linguistic competency training to providers using the Understanding, Engaging, and Appreciating Families training.

State	Mentions and/or Activities
Oklahoma	<ul style="list-style-type: none"> • Shared plans for a Family and Community Engagement Team to inform needs assessment and strategy and to support activities to maximize family choice and family engagement. • Planned to support community-led groups with deeper family engagement strategies. • Stated it will gather and include family perspectives in planning and development of the needs assessment and strategic plan. • Stated it will develop a Community Transition Toolkit (preschool-to-elementary-school transition) that will be guided by the Family and Community Engagement Leadership Team. This work includes mini-grants for up to 100 organizations to plan transition supports, including parent-focused activities and resources. • Planned to hire a communication firm to craft a cohesive message as part of the marketing campaign to families, and that materials will be translated into multiple languages and ensure ADA accessibility. • Proposed expansion of the Ready to Learn initiatives in order to build community capacity to engage and inform parents on resources. This included grants offered to up to 100 libraries to support the infant/toddler component of Ready to Learn. • Stated intent for at least 100 parents with low incomes to participate in community-based family engagement activities by the end of the 2019 calendar year. • Stated it will build community-led networks of opportunities to inform future family engagement strategies using grant money from Project HOPE and led by Vital Village Network.
Oregon	<ul style="list-style-type: none"> • Stated intent for family engagement to be a priority in the strategic plan and commitment to ensure families can access and use information in the B-5 system, both in terms of awareness of programs and of child development. • Discussed existing efforts in regional Hubs that engage with families and ensure they are represented in governance work (e.g., parent advisory councils, representation on governing boards, etc.). • Stated intent to align family engagement approaches across programs. • Included family engagement outcomes in the logic model. • Planned to support coordinated enrollment and access to information on programs and services through a pilot of up to four Hubs and tribal communities. • Proposed exploration of local coordinated enrollment systems and expansion of the Family Connects® system to provide additional support to parents navigating the early childhood system. • Stated it will offer information to families that is culturally and linguistically sensitive. • Planned to pilot a parent survey to understand needs to support parent voice and engagement in state preschool programs. Results will also inform plans to align family engagement standards across the system.
Pennsylvania	<ul style="list-style-type: none"> • Shared plans to expand the Family Engagement Framework. Planned to use PDG B-5 funds for dissemination of the framework. • Proposed activities with families that will support trauma-informed family engagement and culturally and linguistically appropriate resources. • Planned to work with regional early learning councils to build families' awareness and use of tax credits. • Described plans for Collaborative Action for Family Engagement Centers that will work with educators, families, community members, and students to support long-term participation and implementation of the Family Engagement Framework. • Shared plans to expand WIDA Early Years into the Migrant Education Program. Part of this work is to promote language-focused family engagement. • Discussed plans to encourage family engagement across the system (e.g., institutes of higher education for professional development, K-12 system). • Planned to provide professional development using the Simple Interactions philosophy as part of its family engagement strategies. • Listed multiple other family engagement strategies, including the development of formal, region-specific, culturally responsive protocols for family engagement and education.

State	Mentions and/or Activities
Rhode Island	<ul style="list-style-type: none"> • Noted a need for a cohesive, integrated parent engagement and empowerment approach using short-term and long-term strategies. • Planned to use a communications and outreach campaign, enhancing its website and referral services, parent support programming, and parental involvement in B-5 governance. • Proposed using the needs assessment and strategic-planning process to identify a long-term infrastructure for supporting families. Part of the needs assessment includes a family engagement study. • Budget included funding for family engagement training or professional development and funding for a Family Engagement Coordinator. • Planned to leverage existing expertise within different partners on supporting family engagement. • Proposed training to early education leaders, K-12 teachers, and parents to support the transition to kindergarten.
South Carolina	<ul style="list-style-type: none"> • Detailed existing plans for parent leadership opportunities and training, including the creation of a fellowship for parents. • Shared plans to support an ECE System Navigator initiative. Proposed exploration of a portal through which parents can access information that will improve awareness and accessibility to eligibility and program information. It may include digital badges that showcase features of early learning programs. • Shared plans for a branding and messaging campaign geared at families on the quality ECE programs available in the state.
Texas	<ul style="list-style-type: none"> • Stated it will consider family engagement in its review of the state's Quality Rating System.
Utah	<ul style="list-style-type: none"> • Noted it will consider differences for families' needs based on geographic location.
Vermont	<ul style="list-style-type: none"> • Included an activity to support family engagement activities and a Families and Communities Committee to plan and execute the activities through a train-the-trainer approach. Discussed contribution of Building Bright Futures and the Help Me Grow system. • Noted that families will receive a stipend for participating in community events. • Stated a focus will be culturally and linguistically appropriate supports. • Planned to conduct regional-level stakeholder engagement and data collection that includes families of vulnerable children to support expertise in family engagement.
Virginia	<ul style="list-style-type: none"> • Stated intent to increase expectations concerning family engagement while ensuring that unique community needs were met. Planned to use lessons learned from communities piloting cross-sector work, including family engagement. This information will help inform a Community Guide that will support strong family engagement practices. • Noted it will use data from focus group/surveys of parents in its evaluation plan.
Washington	<ul style="list-style-type: none"> • Proposed expansion of the Help Me Group model to promote a comprehensive, coordination system for identification and referral that includes family and community outreach. • Noted previous and existing family engagement work.
U.S. Virgin Islands	<ul style="list-style-type: none"> • Stated process and products related to the grant will be culturally and linguistically appropriate. • Proposed the hiring of a full-time Parent Engagement Specialist in each district and an interagency committee comprised of these staff members. • Planned to support parent leadership and advocacy. • Noted need to understand challenges, barriers, and suggestions related to family awareness and use of services through the needs assessment and strategic planning process. • Planned to create Parent Ambassadors to connect with the community and to inform PDG B-5 work. They will be provided a stipend for their work. • Described ways the Parent Engagement Specialists, Parent Ambassadors, and interagency committee will design outreach and communication materials to reach all families and in a culturally and linguistically sensitive manner and to support work related to transitions. • Planned to have each agency review its parent engagement plans to ensure alignment across programs and to update interagency agreements.

Appendix D.8: Nutrition in the PDG B-5 Applications

Early learning programs can play a key role in addressing the increase in obesity rates in the United States. Children who are obese in early childhood are more likely to experience adult obesity and negative long-term health outcomes.³⁴ Associated with obesity is food insecurity, which is a concern for vulnerable families. Access to healthy foods and education on nutrition are effective approaches to addressing this concern. Programs such as SNAP and WIC facilitate access to more nutritional food for pregnant mothers and young children. Meanwhile, educational approaches in early learning programs can change attitudes and behaviors related to optimal nutrition, such as eating more fruits and vegetables.³⁵

Overall, 41 of the 46 states referenced child nutrition/food in their applications.³⁶ The majority of these states included child nutrition/food programs or organizations as part of their **mixed delivery system** description.³⁷ For 11 states, this description was the only mention of child nutrition/food in the application. Of the other states that offered more detailed strategies for child nutrition, most states included them as a way to maximize parental choice while other states included nutrition as part of the needs assessment. **Table D.8.1** outlines the major activities related to nutrition in the applications and the states that proposed the activities. **Table D.8.2** provides a summary of nutrition mentions and/or activities for each state.

Maximizing parental choice

For the 17 states that discussed nutrition within the context of **maximizing parental choice**, states described several approaches to support family awareness of nutrition programs. The majority of these (11) focused on data integration efforts, which included: a universal application approach that included WIC and SNAP (5 states), including nutrition services into resource and referral options (1 state), data-system integration (2 states), and using WIC data, along with other B-5 data, to determine where parent education could help increase access (1 state). States also proposed using an evidence-based home visiting model to provide the channel of referral to services that best match each family's needs, including WIC and SNAP.

Four states proposed coordination between programs/agencies to better support families' access and use of nutrition services. Kentucky proposed creating a staff position to coordinate across health, mental health, and wellness supports (including CACFP and WIC). North Carolina proposed including a representative from WIC on its family engagement leadership team. New York planned to strengthen connections among ECE programs, including food programs. Nevada proposed an initiative through which communities could apply for funds to develop innovative approaches to meeting community needs, including coordination of CACFP, WIC, and other B-5 services.

Six states discussed messaging, training, or sharing information with families on nutrition and healthy development of children. For instance, Alabama planned to include nutrition in its online training modules for families and Maine and South Carolina stated they will provide links to nutrition programs in their B-5 database/parent portals.

Three states discussed how they will make families aware of and create access to nutrition services such as CACFP and WIC. For instance, Illinois stated WIC representatives will take part in Parent and Community Cafés. Nebraska placed emphasis on including nutrition programs and services in its list of B-5 services to share with families. Oregon stated that home visitors will share nutrition program options with families.

³⁴ Institute of Medicine (IOM). 2011. Early Childhood Obesity Prevention Policies. Washington, DC: The National Academies Press.

³⁵ Hard, A., Uno, C., et al. The Importance of Nutrition Education in the 2015 Child Nutrition Reauthorization. Teacher's College Columbia University. Retrieved from <https://www.tc.columbia.edu/media/media-library-2014/centers/tisch-center/Nutrition-Ed-White-Paper-09.14.pdf>

³⁶ States that did not mention nutrition in their application: Alaska, Connecticut, Michigan, Missouri, Washington

³⁷ Arkansas, California,* Delaware, DC, Georgia, Iowa, Illinois, Kansas, Louisiana, Maine, Minnesota,* Montana, North Carolina, North Dakota*, Nebraska, New Hampshire*, New Jersey*, New York, Ohio*, Oklahoma*, Pennsylvania, Rhode Island, South Carolina, Texas,* Utah,* USVI,* Virginia, Vermont* (* indicates the state only included nutrition language in this area of the application.)

Including nutrition in the needs assessment and/or strategic plans

Fourteen states included nutrition in the **needs assessment and/or strategic plans**, with some states noting it is an indicator in their current child assessment and others proposing to include it in the needs assessment funded through PDG B-5. Two states, Kansas and Maine, stated nutrition indicators are part of their current needs assessments. Maine collects data on CACFP, SNAP, and WIC, while Kansas collects information on needs and barriers to accessing healthy food, physical activity, and nutrition. Six states proposed including nutrition programs in their needs assessment: Indiana (WIC), Georgia, (SNAP and CACFP), Hawaii (WIC and SNAP), Iowa (identifies health/nutrition programs as a gap), Montana (WIC and SNAP), South Carolina (WIC, SNAP, and CACFP). Three states mentioned nutrition programs in their data-system expansion/integration efforts: Massachusetts (data integration), Mississippi (data collection for services and referrals), and New Mexico (data system expansion and needs assessment).

Four states proposed including **nutrition-related** programs in their strategic plans. Colorado stated it will include WIC, CACFP as part of integration of ECE

work in their strategic plan. Hawaii included SNAP and WIC in its plan to consolidate administration of federal programs. Nebraska and Virginia included representatives from child nutrition in the stakeholder engagement process.

Discussing nutrition in quality improvement approaches

Quality improvement approaches related to nutrition were mentioned by seven states. This included sharing best practices (3 states), implementing quality improvement supports (2 states), designing sustainability plans, and using explicit Farm to Early Care and Education language. Delaware, Nebraska, and Rhode Island wrote about sharing best practices related to health/nutrition. Arkansas proposed creating a Family Map Inventory that includes food insecurity as a risk factor. Virginia proposed examining how to maximize CACFP resources as part of its sustainability plan. Georgia stated it will partner with the Georgia Department of Agriculture and other partners to implement several Farm to Early Care and Education initiatives, including promoting locally sourced, healthy food in child care settings.

Table D.8.1. Nutrition Initiatives in the PDG B-5 Applications, by State and Key Activity

Mentions/Key Activities	States	Number of States
Maximizing parental choice	<i>Data integration/sharing or universal application (11):</i> DC, Florida, Indiana, Kentucky, Maryland, Montana, Nevada, New York, North Carolina, Pennsylvania, South Carolina <i>Coordination between programs/agencies (4):</i> Kentucky, Nevada, New York, North Carolina <i>Messaging/training/information for families (6):</i> Alabama, Arizona, Maine, Montana, Nevada, South Carolina <i>Nutrition program recommendations to families (3):</i> Illinois (WIC representative at Parent and Community Cafés), Nebraska (CACFP, WIC), Oregon (Home Visiting will share nutrition options)	17 states
Needs assessment/strategic plan	Colorado, Georgia, Hawaii, Indiana, Iowa, Kansas, Massachusetts, Maine, Mississippi, Montana, Nebraska, New Mexico, South Carolina, Virginia	14 states & USVI
Quality improvement	Arkansas, Delaware, Georgia, Louisiana, Nebraska, Rhode Island, Virginia	7 states

Table D.8.2. Nutrition Activities in the PDG B-5 Applications, by State

State	Mentions and/or Activities
Alabama	<ul style="list-style-type: none"> Planned to offer online training for families, including information on nutrition.
Arizona	<ul style="list-style-type: none"> In its needs assessment narrative, noted how many children in the state are food insecure. Noted current work to support families through the First Things First Family Resource Network. This includes availability of information on nutrition at resource centers.
Arkansas	<ul style="list-style-type: none"> Stated that WIC will be represented in the needs assessment and strategic plan process related to ACEs. Noted where responsibility for nutrition services and programs was location within departments.
California	<ul style="list-style-type: none"> Listed nutrition programs as part of B-5 system and stated they will be represented on the PDG Stewardship Team.
Colorado	<ul style="list-style-type: none"> Planned to include nutrition programs (e.g., CACFP, WIC, etc.) in the needs assessment and strategic planning process. Planned to collect nutrition related data for the evaluation, including SNAP and school nutrition.
DC	<ul style="list-style-type: none"> Included nutrition as part of B-5 system. Listed nutrition programs (SNAP, WIC) as part of plans for streamlined enrollment through a universal application.
Delaware	<ul style="list-style-type: none"> Included nutrition in a discussion of a shared concept of indicators to reach child-level outcomes. Listed nutrition-related programs (e.g., CACFP, SNAP) as part of B-5 system.
Florida	<ul style="list-style-type: none"> Included in programs that are part of single point-of-entry (e.g., CACFP, WIC).
Georgia	<ul style="list-style-type: none"> Noted that the Summer Food Service Program and Child and Adult Care Food Program (CACFP) are part of the B-5 system. Included nutrition programs in the needs assessment (e.g., CACFP, potentially SNAP). Discussed its Farm-to-Preschool program that encourages healthy eating habits for children and families.
Hawaii	<ul style="list-style-type: none"> Noted nutrition indicators in the needs assessment narrative. In the strategic plan narrative, noted ongoing planning efforts to consolidate administration of federal entitlement programs within DHS, including nutrition programs (e.g., SNAP) and the Department of Health (e.g., WIC).
Illinois	<ul style="list-style-type: none"> Mentioned nutrition programs as part of the B-5 system. Noted that child nutrition representatives are involved in Parent and Community Cafés.
Indiana	<ul style="list-style-type: none"> Noted that the information from the WIC needs assessment can be used in the PDG B-5 needs assessment. Included representation from nutrition programs (e.g., WIC, SNAP) in the strategic planning process. Included nutrition programs as part of questionnaire to assess family food insecurity during intake for CCDF vouchers or state-funded pre-K scholarships (currently in progress). Noted use of surveys, including WIC, to understand places in system where access to B-5 system can be increased.
Iowa	<ul style="list-style-type: none"> Reserved a subsection within the mixed delivery system description to discuss health and nutrition programs, noting some are delivered through ECE programs as part of comprehensive services. Noted that CACFP participation is part of the requirement for participation in the state's QRIS. Noted that nutrition advocates are part of the ECI Stakeholder Alliance. Discussed future phases of the needs assessment, including exploring how and when children receive nutrition services and the outcomes associated with use of these services.

State	Mentions and/or Activities
Kansas	<ul style="list-style-type: none"> • Included children whose families receive TANF as part of very-low-income definition. • Included nutrition programs in the needs assessment process (e.g., SNAP, WIC). • Noted existing coordination work to support children's nutrition through the Kansas Children's Service League.
Kentucky	<ul style="list-style-type: none"> • Stated a state-level position will be created to coordinate programs, including nutrition-related programs.
Louisiana	<ul style="list-style-type: none"> • Stated supports to participate in CACFP will be provided to family homes that opt into the Child Care Assistance Program. • Included location of nutrition programs within state agencies.
Maine	<ul style="list-style-type: none"> • Mentioned nutrition programs in narrative on mixed delivery system. • Included nutrition programs (e.g., SNAP, CACFP, WIC) as sources of data for needs assessment. • Planned to include information on nutrition program in a data-base for families to access to learn about services.
Maryland	<ul style="list-style-type: none"> • Planned to include nutrition programs (e.g., SNAP, WIC) in a unified application for eligibility determination. • Noted CACFP participation as part of high-quality early childhood program.
Massachusetts	<ul style="list-style-type: none"> • Noted nutrition as part of the B-5 system. • Stated it will explore way to integrate WIC data in data system; noted ways data from other nutrition programs coordinate.
Minnesota	<ul style="list-style-type: none"> • Included nutrition programs in its description of the B-5 mixed delivery system (e.g., CACFP, WIC, SNAP).
Mississippi	<ul style="list-style-type: none"> • Stated as an area to reduce barriers in service delivery (across health, mental health, and nutrition) during the needs assessment and strategic plan process. • Noted that providers in the quality framework must conduct self-assessments, including in nutrition. • Noted that service and referral plans for families can include nutrition services (SNAP).
Montana	<ul style="list-style-type: none"> • Discussed nutrition supports as part of the B-5 mixed delivery system, noting the need to bridge sectors. • Included nutrition data as part of needs assessment (e.g., SNAP, WIC). • Noted efforts to host a coordinated campaign to connect families to services.
Nebraska	<ul style="list-style-type: none"> • Noted that nutrition is part of the B-5 system. • Included child nutrition as a source of input for the strategic planning process. • Stated that nutrition services are part of the array of services to ensure families are aware of them. • Described an initiative to support new providers with the licensing process, noting support to participate in CACFP.
Nevada	<ul style="list-style-type: none"> • Proposed supports for communities to apply for funding to coordinate local system efforts, inclusive of nutrition.
New Hampshire	<ul style="list-style-type: none"> • Noted as part of local services that support early childhood.
New Jersey	<ul style="list-style-type: none"> • Noted as part of wraparound services in the B-5 system. • Included nutrition data as part of potential PDG B-5 indicators.
New Mexico	<ul style="list-style-type: none"> • Stated that it may expand early childhood indicators to include nutrition in the needs assessment narrative. • Planned to engage with parents to understand needs, including access to nutrition supports.

State	Mentions and/or Activities
New York	<ul style="list-style-type: none"> • Included as part of the B-5 system. • Stated plans include nutrition standards in the QRIS. • Planned to disseminate information about WIC to improve family access. • Stated it will try to increase participation rates in CACFP. • Planned to better coordinate systems, including food programs.
North Carolina	<ul style="list-style-type: none"> • Included as part of B-5 system, noting a one-stop system for families that includes nutrition. • Included as part of data systems. • Representatives from WIC included on teams to support collaboration and coordination.
North Dakota	<ul style="list-style-type: none"> • Included as part of the B-5 system.
Ohio	<ul style="list-style-type: none"> • Included nutrition (e.g., SNAP) as a partner in the B-5 system.
Oklahoma	<ul style="list-style-type: none"> • Included as part of the B-5 mixed delivery system. • In its discussion of parent awareness and outreach, included nutrition programs.
Oregon	<ul style="list-style-type: none"> • Discussed plans for a home visiting model that will refer families to other services, such as nutrition programs (e.g., WIC, SNAP). • Included in plans for coordinated enrollment.
Pennsylvania	<ul style="list-style-type: none"> • Included as a part of the B-5 mixed delivery system. • Discussed nutrition as part of the full system of support for families, noting the importance of access for families.
Rhode Island	<ul style="list-style-type: none"> • Included as a part of the B-5 mixed delivery system. • In discussion of support for family child care providers, included increasing their ability to access CACFP.
South Carolina	<ul style="list-style-type: none"> • Will provide professional support for child care providers on nutrition best practices. • Included as a source of data for the needs assessment. • Included in plans for a B-5 portal that provides families with information on programs and services in one place.
Texas	<ul style="list-style-type: none"> • Included as a part of the B-5 mixed delivery system.
Utah	<ul style="list-style-type: none"> • Included as part of the B-5 mixed delivery system, including current work to provide nutrition services to programs.
Vermont	<ul style="list-style-type: none"> • Noted agency responsibility for nutrition programs in its organization capacity and management section.
Virginia	<ul style="list-style-type: none"> • Included as a part of the B-5 mixed delivery system. • Noted that nutrition programs and networks will be stakeholders in the strategic planning process. • Stated it will explore how to maximize funding to support ECCE (e.g., CACFP).
U.S. Virgin Islands	<ul style="list-style-type: none"> • Included as part of the B-5 mixed delivery system. Noted agency responsibility for nutrition programs in its organizational capacity and management section.

APPENDICES

Appendix E: Short-Term Project Outcome Areas by State

State/Territory	State	Community	Provider	Family	Child	Other
TOTAL	42	11	39	29	10	8
Alabama			X	X	X	
Alaska	X		X	X		
Arizona	X		X			
Arkansas	X		X	X		
California	X		X		X	
Colorado	X		X	X	X	
Connecticut	X		X	X	X	
Delaware	X		X	X		
District of Columbia			X	X	X	X
Florida	X		X	X		
Georgia	X		X			
Hawaii	X		X	X		X
Illinois		X	X			
Indiana	X	X	X	X		
Iowa	X		X	X		
Kansas	X					
Kentucky	X		X	X		
Louisiana	X	X	X			X
Maine	X					
Maryland	X	X	X			X
Massachusetts	X		X	X	X	
Michigan	X		X			
Minnesota	X			X		
Mississippi	X		X	X	X	
Missouri	X		X	X		
Montana	X		X	X	X	
Nebraska	X	X	X	X		

State/Territory	State	Community	Provider	Family	Child	Other
Nevada	X	X				X
New Hampshire	X	X	X			X
New Jersey	X	X	X	X		
New Mexico	X	X	X	X		
New York	X		X	X	X	
North Carolina			X	X		
North Dakota	X		X	X		
Ohio	X		X	X		
Oklahoma	X					
Oregon	X		X	X		
Pennsylvania	X	X	X	X	X	X
Rhode Island	X		X	X		
South Carolina	X		X			
Texas	X					
Utah	X		X			
Vermont	X		X	X		
Virginia	X	X				
Washington	X		X			X
U.S Virgin Islands	X		X	X		