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Putting the Pieces Together: Community Efforts to Support our Youngest Children 0-8

A Report on the Early Learning Communities Initiative

Administration for Children and Families
U. S. Department of Health and Human Services
July 2011

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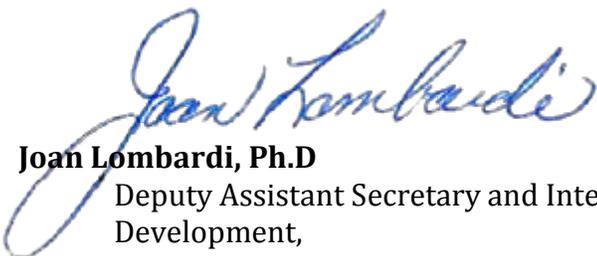
Preface

Local and state leaders are coming together across the country to find ways they can support healthy and successful early childhood development in their communities. It is at this very basic level – in the neighborhoods, towns, and cities where families and children live – that some of the most innovative and effective approaches to improving and coordinating services are being developed. This work is bringing together schools, community-based providers, parents, and public, private, faith-based, and civic representatives to support young children and their families.

This publication is a snapshot of the creative work taking place in communities across the country. It is designed both to provide insight into the key ingredients for success and to inform other community efforts to create more coordinated and improved service delivery systems during the earliest years.

Throughout this report you will read about place-based or community-wide strategies for planning across programs, gathering data on how young children are faring across the community, creating a focal point for quality improvements, and linking early childhood providers with schools.

It is my hope that this report – and the communities it profiles – will serve as a catalyst for a new wave of innovation that assures strong families and healthy, happy, and successful children.



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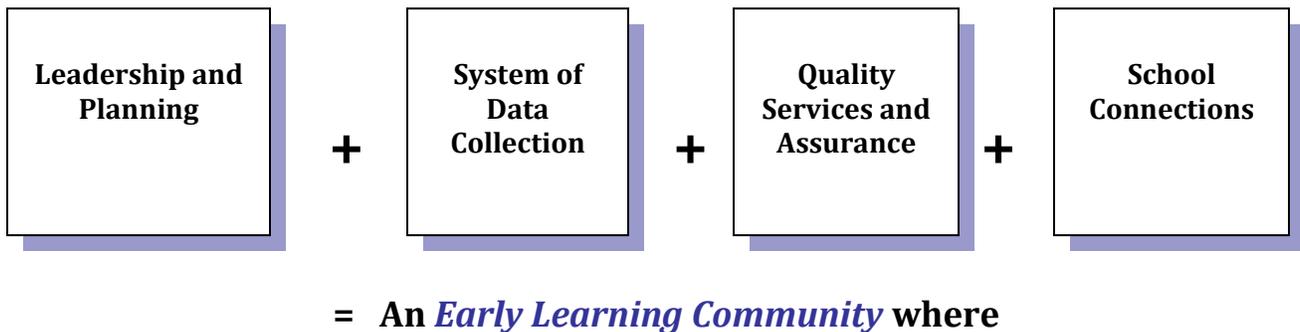
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Introduction

Communities represent the front lines of support for our nation's most vulnerable children and families. Often, families most in need face multiple challenges and require a number of different types of assistance to support their overall well-being. Governmental agencies and Community Based Organizations (CBO) within our nation's communities play a key role in administering this assistance, which can range from health and mental health-related services to early childhood education, housing, and income support.

In February of 2010, the Administration for Children and Families (ACF) launched the Early Learning Communities Initiative to investigate and support community models of comprehensive services for children birth through 8 and their families. The Obama Administration has placed a distinct emphasis on place-based strategies that address the interconnected needs of low-income families with interconnected community-level solutions. The Early Learning Communities Initiative addresses the front end of the Administration's place-based efforts, focusing specifically on identifying and supporting the key elements of service integration at the community level for our youngest children and their families.

The Early Learning Community Equation for Success



- ✓ **Children are healthy, happy, and successful**
- ✓ **Families are safe, stable, and supportive of children's development**
- ✓ **Schools and early learning providers are high quality**
- ✓ **The community is mobilized and coordinated to ensure resources are used efficiently and leveraged for the greatest possible outcomes**

The Early Learning Communities Initiative

The Early Learning Communities Initiative is a Federal project initiative that is designed to encourage community dialogue and coordinated action to promote the well-being of pregnant women and children from birth to age 8. The ultimate goal of the Early Learning Communities initiative is to provide Head Start and other community actors with guidance on and examples of effective community collaboration that results in:



- Children who are healthy, happy, and successful
- Families that are safe, stable, and supportive of children’s development
- Schools and early education providers that are high quality
- Communities that are mobilized and coordinated in a way that ensures resources are used efficiently and are leveraged for the greatest possible outcomes for children

At the heart of the initiative is a framework developed by ACF that outlines the key community elements that promote stronger community collaboration and coordination of services. These elements are:

- **A coordinated system of leadership and planning** that is composed of representatives from the public and private sector, parents, schools, community-based organizations, child care, Head Start and Early Head Start, home visitation, as well as health, mental health, disabilities, child welfare, family support, and disability services.
- **A system of data collection** that provides accurate and current information on the status and well-being of pregnant women, young children, and their families and the services available to them.
- **A set of quality services and a quality assurance system** that measures the quality of services being delivered to pregnant women, young children, and families and provides information, incentives, and support for continuous improvement.
- **A school system** that is ready for children and has a strong connection to the early learning community both to facilitate a seamless transition to school and to ensure continuity.

In addition to these elements, the framework also provides the parameters for a data system of community-level indicators that define and monitor development and early learning at critical periods during early childhood. The framework suggests that, at a minimum, communities develop indicators that measure success at key milestones across the early years including:

- Healthy pregnancies and births
- Children thriving at three
- Eager, engaged, and ready at five
- Successful in school and well-rounded at eight

Community Profiles

Another key aspect of the initiative is to highlight examples of how communities are implementing the elements of the Early Learning Communities framework. All communities operate within their own unique contexts. To that end, how they put elements of the learning community framework into practice will look different. To obtain examples, ACF invited ten communities known for their innovative practices to present how they address each of the elements of the framework, and to explain their collection and use of community data.

The communities that were asked to present vary in their size, percentage of families in poverty, and ethnic and linguistic composition. They are geographically representative and have a range of differing community needs. A tribal community and community with a high proportion of military families also were asked to present. The ten communities include:

Alameda County, California
Boston, Massachusetts
Cincinnati, Ohio
Colchester, Connecticut
Larimer County, Colorado
Onslow County, North Carolina
Palm Beach County, Florida
Seattle, Washington
Tulsa, Oklahoma
White Earth, Minnesota

Two additional examples of learning community efforts also are profiled, including:

- Metropolitan Detroit, Michigan. This community came to ACF's attention after the Early Learning Communities initiative had ended. A profile about that effort is included to provide another option for communities to consider as they work to create coordinated, contextualized solutions to serving young children and families.
- The Tribal Learning Communities. This effort represents the work of six grantees from the Tribal Home Visiting Program. A brief overview of their initial planning meeting is included in this report.

The communities highlighted here by no means represent the universe of communities implementing early learning communities. There are many communities across the country doing innovative work that could have been chosen for this effort.

The ultimate goal of this report is to describe examples of comprehensive service systems across a diverse set of communities. As such, profiles were developed based on the community presentations and the supporting documentation provided. Communities reviewed the profiles, engaged in follow-up conference calls to verify the information, and provided additional input where necessary. The final community profiles are included in the next section of the report.

Each profile includes the following sections designed to inform the work of other communities looking for ways to coordinate resources and services.

1. **Background:** Demographic information, unique contextual aspects of the community, and the impetus for beginning their work.

2. **Leadership and Planning:** Governance and decision-making structures and processes and sources of data collection to inform planning.
3. **Quality Services and Strategies:** Service content and delivery mechanisms designed to meet needs identified through data collection and analysis.
4. **Tracking Outcomes, Quality Assurance, and Ensuring Accountability:** Data systems established evaluation and monitoring approaches for quality improvement, and measuring outcomes.
5. **School Connections:** Programs and practices in place to connect communities to schools for the purpose of supporting student achievement.

Profiles end with contact information for the leaders of each early learning community effort.

The appendix to this document (Page 59) provides a key to the profiles and summarizes how each community addresses the elements of service integration.

Community Profile 1

Alameda County, California

First 5 Commission: Supporting the health, well-being, and school readiness of children prenatal to age five

An Example of an Early Learning Community

Background

Alameda County is located in the East Bay area of Northern California and includes 14 incorporated cities, including the cities of Oakland, Hayward, and Berkeley. It has a population of approximately 1.5 million residents with a median age of 35 years and a median income of just over \$66,000. There are 125,000 children under the age of 5 in the county; approximately 20,000 births occur per year. Alameda County is one of the most diverse counties in the United States with large Asian and Hispanic populations. Roughly 37 percent of children in the county speak a language other than English.

Those working to help at-risk children and families in Alameda are challenged by its large and diverse population, the high cost of living in the area, and California's severe budget crisis. While the county's poverty rate is only 11 percent, estimates from the California

Department of Finance indicate that the minimum earnings needed in the area are in the range of two to nearly four times the \$17,000 poverty threshold for a family of four. In addition, the diversity of the county population means that community services must be administered in a variety of cultural contexts and must be communicated in a community where over 50 different languages are spoken.

The overall goal of the Every Child Counts (ECC) Strategic Plan is systems change and sustainability of efforts that support the overall mission.

The impetus for Alameda's community initiative was the passage of Proposition 10 in 1998. The Proposition levied an additional \$.50 per pack tax on cigarette distributors and an equivalent increase on other tobacco products. The proposition raises hundreds of millions of dollars for early childhood education in the state, with 20 percent of the funding allocated to public awareness and 80 percent allocated to counties for planning and early childhood services. However, the revenue has a built-in decline in revenue mechanism, which provides a strong incentive to focus on sustainable systems change and accountability mandates. For example, since the initial inception of the revenue stream, resources to Alameda County have declined by 52 percent. The money from the revenue stream funds First 5 County Commissions to develop strategic plans and to support the health, well-being, and school readiness of children prenatal to age five, along with their families and the providers who serve them.

Leadership and Planning

The Alameda First 5 Commission is a nine-member body consisting of the Directors of the Social Service and Health Agencies, a County Board of Supervisors, the Director of an Alameda Child Care Resource and Referral Agency, and local representatives of the child care, health, and business communities.

Commissioners are appointed by the Board of Supervisors and serve four year terms. Alameda's First 5 Commission has a budget of over \$21 million, which includes funding from the Proposition 10 tobacco tax and other funds committed to First 5 programs and activities.

As required by state law, the Alameda First 5 Commission is currently operating under its 2009-2013 strategic plan, which is entitled *Every Child Counts (ECC)*. The plan was developed through a detailed process including an initial summary of 194 reports and data sources. The data was summarized into a *Situational Analysis Report* documenting community assets and needs. The Report became the focus of the planning process and was used at a full-day planning retreat of key stakeholders to revise First 5's mission, vision, guiding principles, goals, and outcomes. First 5 staff assessed current programs in order to develop new programmatic approaches and strategies, and an accountability matrix.

Four goals were defined as a result of the planning process:

1. For children: Improve and integrate health and early care and education for children birth to five so they enter school ready to learn.
2. For families: Support parenting, social and emotional health, and the self-sufficiency of families to ensure optimal development.
3. For providers: Support high-quality, professional services with training across systems and disciplines.
4. For the county's early childhood system: Promote systems and policy changes to enhance community capacity and fiscal sustainability for services to children and their families.

Quality Services and Strategies

To meet the goals derived from the planning process, First 5 Alameda County (AC) developed core strategic areas that integrate services and supports for children. These areas include:

✓ *Child Health Promotion*

First 5 Alameda County works in partnership with Alameda County Behavioral Health Care to implement the Substance Abuse and Mental Health Services Administration (SAMHSA) Early Childhood System of Care Grant, *Early Connections*. This component creates a system for high-end mental health services for children birth to five and their families, and is a component of the Alameda County Children's *Screening, Assessment, Referral, and Treatment System (SART)*.

✓ *Home-Based Family Support*

Home-Based family supports include prenatal and postpartum home visiting services for environmentally and medically high-risk mothers and for pregnant and parenting teens. Services are delivered using a multidisciplinary team of nurses, mental health professionals, lactation and child development specialists.

✓ *Coordinated Screening, Assessment, Referral, and Treatment (SART)*

The Alameda County Children's *Screening, Assessment, Referral and Treatment System (SART)* offers enhanced screening, triage, assessments, and treatment. Through *SART*:

- Early childhood developmental delays and social emotional concerns are identified early.
- The governance structure is broad, with many stakeholders and a cross-discipline, multi-sector approach.
- Services are provided to families regardless of their ability to pay.
- The system provides the glue that connects systems supporting identified children and also collects and tracks data outcomes.

✓ *Provider Capacity Building and Integrated Child Care Quality Support System*

To support the child care infrastructure, First 5 is involved in the following efforts:

- Providing stipends to cohorts of child care staff seeking higher education degrees.
- On-site consultations and coaching for classroom quality improvement and teacher-child relationships.
- Program quality assessment and evaluation through the *Quality Counts* program, an initiative that provides mentoring, coaching, and funding for quality improvements.
- Child mental health consultation.

Environmental Rating Scale scores show marked improvements, especially in Family Child Care sites that receive site-based mentoring and coaching. Children in classrooms provided with early childhood mental health consultations experience improved resilience and decreased behavioral concerns based on DECA scores.

✓ *Community-based Parent/Child Activities*

First 5 Alameda County utilizes a number of small grant initiatives designed to sustain community support strategies. Partnership Grants fund the creation of learning communities focused on early childhood mental health consultation; parenting supports; playgroups; and neighborhood partnerships designed to increase 0-5 programming in parks, recreation facilities, and libraries. Small community grants aim to bring in new agencies that serve families but have not traditionally focused on children from birth to five. Targeted grants focus on specific populations and distinct areas, such as parenting, school readiness, and child development.

First 5 Alameda County participates as the local site for the State-administered (SAMHSA) *Project LAUNCH Initiative*. Funds for this initiative support the integration of early childhood mental health services into all program serving children, 0-8. First 5 has targeted East Oakland, a diverse and high risk community, and is working in partnership with the *Building Healthy Communities* initiative to create a continuum of care for children and families in the community.

✓ *Community-Based School Readiness and School Connections*

First 5 Alameda County has a number of programs that link the early childhood community and schools including:

- Summer Pre-k Bridge Programs have been established at low-performing schools for children with no early care and education experience. The goal of these programs is to provide transitional early childhood opportunities for children without prior preschool or child care experiences. The 5-6 week programs offer intensive school readiness activities, screening, oral health, and observation. The evaluation of Summer Pre-k demonstrated that children made significant gains in a number of developmental areas including taking initiative, language and literacy, and social interactions during the 6-week summer program.
- Preschool –Kindergarten Collaboratives bring together preschool and kindergarten teachers to talk about transition needs and common readiness issues.
- School District Transition Coordinators at selected school districts carry out year-round activities for families entering kindergarten.
- There is wide distribution of information on timelines and requirements for kindergarten enrollment in multiple languages.
- Kindergarten readiness screening using the Kindergarten Observation Form takes place in selected schools.
- East Oakland Project LAUNCH will track child outcomes.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance, and Ensuring Accountability

First 5 Alameda County developed an accountability matrix that reflects measureable milestones and benchmarks against which the impact of its initiatives is measured. Each goal defined within the strategic plan has both outcome measures and a series of measurable indicators to chart the progress toward the overall goal. For example, one desired outcome from the goal of integrating health and early education is improved children's preventative care and ongoing health. This outcome is measured using 12 indicators, including the proportion of children with health insurance, the percentage of children with a primary pediatric provider, and proportion of mothers breastfeeding for 6 months or longer.

First 5 Alameda County is committed to developing data collection systems for their community partners that can track progress toward their goals effectively. Data systems are developed to provide greater consistency in measuring success by:

- Utilizing common indicators, definitions, and collection methods across measures such as health insurance, medical homes, immunizations, well child and dental visits, depression screens among primary caregivers, and other measures.
- Integrating standard measurement tools by building validated screeners and assessment tools such as the Ages and States Questionnaire (and ASQ Social Emotional), Edinburgh Postnatal Depression Screen, 4P substance abuse screen, Life Skills Progression, Early Care and Education Environmental Rating Scales, CLASS (Classroom Assessment Scoring System), Devereux Early Childhood Assessment, and Newborn Observation Forms.
- Building in functional features that determine the intensity and content of client case management; participation in consultations, technical assistance, trainings; and progression in professional development.

The Every Child Counts ECChange Web-based information system helps create a continuum of care.

Data collection systems and related initiatives support outcomes and accountability, including:

- ✓ *ECChange* is a Web-based cross-agency information system for case management and accountability. First 5 contracts with community partners to provide case management of clients through home visiting, as well as programs serving children individually through Summer Pre-Kindergarten, mental health consultations at child care centers, and parenting support groups. Through the use of *ECChange*, partners monitor health and well-being status. The *ECChange* vision is to use technology as a systems change tool to promote best practices. This online tool is an integrated solution for early childhood services throughout Alameda County. It offers reports and data on caretakers and children served in the program. Confidentiality and privacy are guaranteed. Access to and use of data are regulated and limited and, when available, data are matched against child welfare and school data to track long-term outcomes of children who were touched by one or more of First 5's case management programs.

Outcomes determined as a result of *ECChange* data analysis include the following:

- First 5 Alameda County was able to determine that, of the more than 4,000 caretakers screened for depression, an average of 27 percent had positive results.
- Children of primary caregivers who screened positive for depression were more likely to experience developmental concerns.
- Children who participated in First 5 Summer Pre-kindergarten Programs (with no prior exposure to formal preschool) had comparable kindergarten readiness skills to their peers who had a formal preschool experience.

- ✓ *The Pathways System* is a referral tracking system for children who are identified with developmental concerns. The system follows these children to ensure they receive appropriate supports and treatment and includes screening, assessment, and referral.
 - Twenty-three pediatric sites and 55 ECE classroom teachers began universal screening in the first year of implementation.
 - Triage phone lines are answered by early childhood specialists in both English and Spanish and they direct callers to local resources or to more intensive family navigation services.
 - Family Navigators help families whose children have been screened to access follow-up services and community supports.

Unique client identifiers link children recorded in both *ECChange* and *Pathways*.

- ✓ *ECC Online* is another data system that accounts for all grant applications and activities, technical assistance and training logs, and early care and education professional and academic plans. This data tool is used for monitoring progress in grantee activities and assessing child care quality improvement outcomes.

Case management tracking and accountability monitoring enable community partners who use First 5 Alameda County data systems to use the collected data to:

- Leverage Federal Medicaid Administrative Claiming and Targeted Case Management matching dollars.
- Apply for funding from private foundations and public agencies.

For more information contact:

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Community Profile 2

Boston, Massachusetts

Thrive in 5 School Readiness Initiative: Assuring children have a strong foundation for educational success

An Example of an Early Learning Community

Background

Boston, Massachusetts, is one of the country's most historic cities with a population of over 600,000 residents. The city has nearly 38,000 children between the age of birth and five-years-old. The highest concentrations of children in the city are in the poorer neighborhoods of Dorchester, Roxbury, and Mattapan. Boston's early learning agenda, like that of other big cities, is challenged by its diverse population, high child poverty rate, and the low education level of parents with young children. Roughly 25 percent of the adults with children younger than six are living in poverty, and 24 percent have less than a high school degree. In addition, 46 percent of families with young children speak a language other than English at home. Spanish and Haitian Creole are the two predominant non-English languages spoken (24 and 6 percent of the total population, respectively).

Boston has a Mayor and a Superintendent of Schools dedicated to early education. The city also is home to some of the leading thinkers in the early education field who serve as resources for advocates working on early learning community efforts.

*Thrive in 5 is child focused.
The goal is to achieve the
best results for each child.*

The *Thrive in 5* initiative grew out of community interest in closing the kindergarten readiness gap. Inspired by both the neuroscience and the economics of early education, the United Way of Massachusetts Bay and Merrimack Valley and the Boston Early Childhood community gained the support of the Mayor and a local Foundation and initiated a broad-based community planning process. The process resulted in identifying school readiness needs and developing a strategy to meet those needs. *Thrive in 5* is not a direct service provider but instead serves as an enabling framework. It increases service provision and ultimately school readiness by convening stakeholders and using an organizational structure that increases communication and collaboration across a variety of programs and services.

Leadership and Planning

The *Thrive in 5* leadership structure is unique. Rather than create an organizational structure and then a planning process, the community conducted a planning effort that resulted in the ultimate organizational structure.

The community's *Thrive in 5* initiative was based on a 10 year-plan that defined a community-wide vision. The plan initiated efforts to support the well-being of children and to ensure that children enter kindergarten ready to succeed. It was developed by a 65-member School Readiness Action Planning Team (APT), which included representatives from 12 different community sectors. A Parent's Action Planning Team consisting of 40 parents also provided information to the APT team.

APT convened stakeholder meetings and conducted asset mapping to gather community input and determine existing strengths and services. The strategic plan cites five components, each essential to achieving the ultimate goal of universal school readiness. Components and the goals set for each include:

1. Ready Families: Parents will be able to obtain information and resources they need to support school readiness and family well-being.
2. Ready Educators: A high quality early care and education system supporting a high-quality workforce will be available to serve all children in all care settings.
3. Ready Systems: Health, intervention and support systems will work together to assure early detection and more effective responses to conditions such as toxic stress that affect children's school readiness.
4. Ready City: School readiness will become a shared priority across all city sectors.
5. Ready Children: Systems will be in place through *Thrive by 5* to track and report on progress in moving toward universal school readiness.

All *Thrive in 5* strategies are driven by these goals. A logic model identifies inputs and activities and maps them to outputs and outcomes that lead to school readiness. As a result of the planning process, *Thrive in 5* developed an organizational structure that focused on the successful implementation of strategies within each of the five key elements. The initiative is managed by a public-private governance body and includes a leadership team and board with both local and state representation. An Executive Director administers all aspects of the initiative and works directly with component managers who oversee and direct efforts within each of the five areas. All *Thrive in 5* managers engage a broad range of stakeholders in their work and each has established an Advisory or Implementation Partnership group to provide input and feedback. A Parent Advisory Group also works with the Executive Director to provide input across all readiness components.

The initiative is collaborative and connected to ongoing community efforts. Component area managers are housed within a number of community agencies whose missions are closely aligned with the work of the component. For example, the Ready Systems manager is located at the Boston Medical Center, and the Ready Educators manager is located at the Community Partnerships for Children in the Boston Public Schools. The Ready Children Manager and the data team play a unique role by working within and across other component groups to report on indicators of success and to inform ongoing planning.

The initiative is funded through local and national foundations and the United Way. In-kind contributions come from the Boston Medical Center. A grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) provides additional targeted funds.

Quality Services and Strategies

Through the development of its logic model, *Thrive in 5* has identified strategies and a set of indicators for measuring success for families, educators, systems, and the city that will collectively contribute to school readiness for all children.

- ✓ Ready Educators work is focused on:
 - Program quality and supporting accreditation;
 - Increasing the quality and stability of the early care and education workforce through training and compensation;
 - Encouraging strong family engagement; and
 - Building ready schools that create continuity and support children's successful move from early care and education into school.

- ✓ Ready Systems strategies include increasing adequacy and access to prenatal care, pediatric medical homes, preventive screening, and early childhood mental health services; and improving communication and coordination between service providers.
- ✓ Ready City efforts focus on creating broad-based engagement by all Boston municipal departments with specific attention to increasing library usage; providing more safe and age-appropriate playgrounds and public spaces in neighborhoods; increasing the number of parents who are civically engaged; and securing corporate and philanthropic engagement and investment.
- ✓ The work of the Ready Families component is currently focused on four key targets:
 1. Encouraging adults to read to young children;
 2. Increasing access to information including information and support for on-time kindergarten registration;
 3. Helping families make social connections; and
 4. Increasing well-child visits.

Recently, Ready Families work has been targeted to operate in five Boston neighborhoods served by the place-based Boston Children Thrive (BCT), a neighborhood-based initiative focused on building the capacity of parents and caregivers to support readiness. Hub agencies in each neighborhood lead and coordinate efforts among community service providers to increase both family and neighborhood capacity. With an established and sustainable organizational structure, the five BCT neighborhoods will serve as the focal point for ongoing *Thrive in 5* strategies across components.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance, and Ensuring Accountability

Since its inception, *Thrive in 5* has operated as a data-driven initiative. Indicators and outcomes were developed by a group of community and education leaders working in conjunction with the external evaluator. The group studied state and national school readiness indicators before choosing indicators for the Boston community. All outcomes will be substantiated through a rigorous data collection process that is overseen by the data team.

The superintendent in Boston is committed to accredited early learning schools because children in those settings achieve at a higher level.

Goals of the data teams include:

1. Development of a data linkage system that can: support sharing individual child and family information across partners; used to evaluate individual strategies; and provide a tracking mechanism for long-term outcomes.
2. Collection of indicator and context data that can be used to inform users on the status and well-being of children from birth to age five and their families. Note that the overall goal of this effort has been to focus broadly on outcomes for children, families, and communities, as well as system outcomes. To that end, the initiative is working to develop a sequenced pipeline of outcome measures for children from birth to school entry.

Evaluation

The external evaluator will be responsible for collecting baseline data and developing an evaluation plan. It is anticipated that the external process evaluation will provide guidelines and recommendations for creating a system-wide data collection platform for *Thrive in 5* partners. Since one goal of the initiative is to raise 3rd grade reading scores, one component of the evaluation process will look at sustained school success by examining 3rd and 4th grade English Language Arts and Math scores and Stanford 9 scores.

The team will determine how data can be linked, and hopes to develop a longitudinal database. The team will include parents' voices when they collect information to enhance parent engagement. They support sharing information across partners and hope to obtain individual child-level data with parent consent. Currently the research team is developing a plan to begin to measure child outcomes in the future.

A unique feature of the work of the research team is their use of a community participatory research method. Members of the research team meet regularly with the other component teams and engage them in a process of identifying challenges, setting goals, and analyzing results. Research team members work within each of the other four component teams and provide ongoing feedback based on data collection that can in turn be used to inform ongoing work as well as new planning. This approach is contributing to a culture change in which team members are beginning to see the value of data as a practical tool they can use to guide their day-to-day work, as well as to measure systems level outcomes. In April 2011, a Boston early childhood summit was held to report on progress to date.

At the end of year 1, the research team reported on several key indicators, and will report again at the end of year 2. In addition, the research team continues to track data and report on a number of contextual factors. As data is collected over time, results will be disseminated and will contribute to the ongoing citywide movement to address coordination and quality services to support school readiness and break down existing silos. Further, as a result of this focused attention, outreach staff, public health offices, city services, and data collection staff can work together more effectively to reach desired outcomes.

Thrive in 5 emphasizes quality and alignment. The emphasis on continuous quality improvement drives the interest in improving the quality of practice. The quality assurance effort is still in an early stage of development.

Accountability

Thrive in 5 is in the process of building the systems needed to measure progress. Continuous quality improvement is made up of the following key elements:

- An early childhood data analyst is housed with the Boston Public Schools;
- A data and research team (DART) has been formed to oversee all data collection efforts initiative-wide;
- Partnership agreements have been established and include expectations for data collection and data sharing;
- A Boston ECE Quality Inventory has been conducted and has been used to inform planning and decision-making; and
- Collaboration surveys have been conducted across all partner organizations.

School Connections

The mayor's office oversees schools in Boston. This arrangement has been instrumental in establishing good community- school cooperation and alignment. In addition, the superintendent of schools in Boston has committed to improving early learning quality by actively supporting the accreditation of all district early learning programs, contributing to better continuity across schools and early learning programs.

Other indicators of efforts to create school-community connections include:

- Head Start and Boston Public Schools have established a formal linkage through a Memorandum of Understanding.
- A transition specialist is housed at public schools.
- A community-based School Readiness and Transitions Committee focuses on early literacy issues in the community and is committed to intervening early to support readiness.
- School principals participate in an annual Leadership Institute and Principal Fellows program.

- Professional development training is offered jointly to Boston Public Schools, Head Start, and community early childhood providers.
- Boston Public Schools conducts a comprehensive, age-appropriate assessment of children's readiness upon school entry. Results of this and other assessments will provide information to teachers, parents, the school system, and the city.

Ultimately, the *Thrive in 5* goal is to achieve a sustainable transformation of early childhood service systems that will enhance their effectiveness and efficiency. This will be accomplished through better coordination, reduced duplication and overlap, better aligned and science-driven eligibility criteria, ensuring access to comprehensive services to meet children's and families' needs, reduced fragmentation, and better coordinated funding streams.

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Community Profile 3

Cincinnati, Ohio

Preparing children entering kindergarten to succeed

An Example of an Early Learning Community

Background

Cincinnati is a city with a diverse, yet declining population of 300,000. This number includes over 20,000 children between birth and five years of age. Most of the population is English speaking – half are Caucasian and 44 percent are African American. This city is similar to many other urban communities with a high rate of both poverty and infant mortality. Kindergarten readiness scores have been low historically.

The roots of the Cincinnati early learning community initiative can be traced to the early 1990s, when the United Way took steps to engage leaders in the region and to raise their awareness of early childhood issues with the launch of the *Every Child Succeeds* home visitation initiative. Additional impetus for focusing on early childhood issues came as a result of an outbreak of civil unrest in Cincinnati in 2001. In response to these incidents, a commission was created to examine community conditions and identify targeted interventions to address social problems. The Commission focused on early childhood issues in the region, and asked the United Way to launch an initiative to build community capacity to support and increase school readiness. To that end, United Way launched the *Success by Six*® initiative.

In 2005, United Way made a significant shift in its approach to investing in local programs with the intent of achieving greater community impact. Through its *Agenda for Community Impact*, the agency identified community-level priority outcomes and chose *Children Entering Kindergarten Ready to Succeed* as its highest priority. Since then, fundraising, community investment, marketing and public policy efforts have been aligned to support this effort.

Corporate and community leaders developed plans for stronger early childhood interventions.

Leadership and Planning

United Way of Greater Cincinnati leads the early learning community effort in Cincinnati, serving low-income families in and around the city, as well as in SE Indiana and Northern Kentucky. The agency works on two levels – systems and programs – with the goal of understanding how each impacts and informs the work of the other. Partners in the effort include child care agencies, Child Care Resource and Referral Networks, Head Start programs, community service agencies, private funders, home visitation partners, and school districts interested in high-quality early childhood education.

While United Way provides the governance and oversight for funding, *Success By 6*® is the driving force behind much of the early childhood work in the region. *Success By 6*® works in tandem with United Way to ensure that strategies remain focused and data is the foundation of continuous learning and improvement efforts. Through the annual fund-raising campaign and a specialized early childhood campaign, *Winning Beginnings*, United Way raises and invests more than \$10 million annually in early childhood work. Funding also supports documenting the lessons learned from the implementation of early childhood strategies. Other funds for projects are blended and braided to ensure identified projects are fully supported.

United Way is a volunteer-driven organization. In addition to the United Way Board of Directors, volunteer groups work with program staff to share and review community level data and set appropriate benchmarks; work across community leadership to align United Way efforts with other broad-based community development efforts; and work together to build a base of early childhood advocates among civic and corporate leaders at state and local levels. The *Success By 6*[®] initiative receives input and oversight from an Executive Committee comprised of community stakeholders.

The cooperating partners use data-driven action plans to identify strategies for progress. An action plan includes the responsible party, milestones, and the purpose of the plan. A logic model also is developed to display strategies, goals, and expected results, as well as success metrics. Use of action plans and the logic model framework enable United Way and other funders to focus on outcomes and use data to plan effectively. The data primarily focuses on linking assessment results –Bracken Basic Concept Scale, the Ages and Stages Questionnaire (ASQ), and Kindergarten Readiness Assessment-Literacy/KRA-L – with specific strategies. The end goal is to inform best practice. This focus on the use of data analysis for continuous quality improvement informs all efforts and signifies a major culture change for many partners.

Community partners and United Way participated in a planning process which resulted in an overarching goal that by 2020 at least 85 percent of children will be prepared for kindergarten. Benchmarks also were identified to underscore the focus of targeted interventions including:

1. The percent of children in home visitation programs who are developmentally on target
2. The percent of children in early childhood education programs who are developmentally on target
3. The percent of early childhood programs that are quality rated and the percent of total spaces that are quality rated
4. The percent of children with medical homes; the percent of children who have medical insurance; the percent of low birth weight deliveries; and the percent of children who have an annual well-child check

In addition, a holistic approach focuses on screening and the management of individuals with depression.

Planning in these areas has enabled partners to develop specific initiatives that not only reach the target population effectively but also promote continuous quality improvement.

Quality Services and Strategies

Community partners have developed a variety of initiatives in partnership with United Way to meet community objectives related to school readiness and quality services. The programs are designed to engage parents and support family environments through home visitation to increase access to quality preschool experiences and to improve health outcomes. These programs include:

- ✓ *Quality Home Visitation* through the *Every Child Succeeds Program*. Three founding partners – Children’s Hospital, United Way, and the Community Action Agency (CAA) – have worked together over last ten years and providers have served more than 15,000 families.
- ✓ *Quality Rated Child Care*. Through the Ohio Quality Rating and Improvement System, an increasing number of centers have obtained a star rating indicating centers have implemented standards to ensure child care is high quality.
- ✓ *Success By 6*[®]
 - This place-based approach focuses on engaging business, education, and philanthropic leaders in early education. Cooperation has led to the identification of measures to track progress, improve parent and provider capacity, and develop strategies to align services across agencies and programs. The mission is to ensure that by age 6, children are ready to succeed in school.

- United Way and community partners agree on objectives, share data, and have a broad base of advocates. Shared governance advances improvements to the system – partners join together to develop action plans, evaluate results, and determine the best improvements to make based on data collected through the system.
 - *Winning Beginnings* has funded eleven T.E.A.C.H. (Teacher Education and Compensation Helps) scholars to pursue credentials or degrees.
- ✓ *Health Integration*
- The overall objectives are healthy birth weight, up-to-date immunizations, supporting mental health, and ensuring access to services.
 - A consortium of organizations for young children created a model that works with child care centers and families to provide assistance and treatment for children with social-emotional challenges.
 - Focus and financial support has been placed on obtaining vision, hearing, and immunization data for children entering kindergarten.
 - A successful medical home initiative and maternal depression treatment program also are in place.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance, and Ensuring Accountability

The Cincinnati efforts and initiatives are carefully monitored and tracked through data collection that is intended to provide information to funders and partners. Then they can determine if objectives are met and whether action plans and strategies require changes. Partners hope that data will demonstrate an increase in the numbers of children who are developmentally on track, an increase in the number of quality rated centers, and higher kindergarten readiness scores.

The *Winning Beginnings* data system was designed to meet these needs. It tracks progress from preschool to kindergarten and drives continuous learning and improvement. Partners include child care centers, home visitation programs, and Head Start. Child care partners must meet three criteria to participate:

1. Maintain a rating in the state’s quality rating system
2. Administer child assessments and enter data in the Web-based data system
3. Primarily serve families that are in the city of Cincinnati

The overall goal is to raise the scores of children entering kindergarten on the Kindergarten Readiness Assessment – Literacy (KRA-L).

Head Start classrooms that meet these criteria also are eligible to participate in the data system.

Data is entered on preschool assessments, such as the Bracken Basic Concept Scale assessment, and on other child assessments identified by the program. After children enter kindergarten, *Winning Beginnings* receives the Kindergarten Readiness Assessment–Literacy (KRA-L) results for children who have transitioned from their program to the public school system. The KRA-L is a mandatory assessment for children entering kindergarten in the public school system in Ohio. It gives the program and teacher a complete picture of how a child has progressed through preschool and into kindergarten.

The *Winning Beginnings* data system also includes child demographics and family information, such as the child’s age, attendance, and income range, as well as indicators of parent involvement, such as attendance at parent meetings. The *Winning Beginnings* data system is populated by 42 classrooms and three home visitation programs and includes approximately 1,500 children. Data is used to track individual child progress and is correlated with scores on the statewide kindergarten assessment measure. Partners work

together to analyze data and adjust program and community action plans and strategies, as needed. Each program in the data system receives a report that shows results at the child, classroom, and at the program level. Child level reports show pre and post assessment results, enrollment data, and attendance. Classroom level reports show assessment results for each child and include total points, percentile ranking, and progress from pre to post.

As of fall 2009, 53.4 percent of children had scored 19 or higher on the KRA-L. This is an increase of over 9 percent from 2006.

Quality Assurance

Partners have adopted strategies that build and sustain quality as initiatives are implemented. Quality assurance efforts focus broadly on increasing both program and teacher quality. Program quality improvement is supported through the provision of incentives, training and technical assistance, and onsite coaching for center-based teachers. In addition, in order to receive funding, the United Way requires programs to participate in the state-administered Quality Rating and Improvement System (QRIS). Participation is voluntary, but United Way has restricted funding to only those child care centers that attain a prescribed star rating. This has helped engage providers and has set a community standard for promotion of quality care.

Teacher quality improvement efforts include:

- The provision of scholarships to teachers to seek credentials or degrees
- Support for teachers to use data more effectively to drive instructional planning and practice in their classrooms
- The use of community and school-based partners, such as libraries and school psychologists, to provide training and professional development

Capacity building for home-based providers also is a focus with training sessions offered to cohorts of providers on language development and early literacy. To date, training has reached 40 providers in the first round. The use of cohorts is based on reports that home-based participants who work in relative isolation from other providers benefit most from learning together. Community-wide participation in planning and implementing programs also has led to new collaborations, such as the integration of home-based child care training with information about the U.S. Department of Agriculture's food program administration.

School Connections

Strong school partnerships in Cincinnati ensure progress toward the overall goal of kindergarten readiness. For example, the emphasis on transition planning from preschool to kindergarten has the full support of school leadership. And school leaders also support their staffs' involvement in data analysis to determine the effectiveness of school readiness initiatives.

Other school-community partnership elements:

- ✓ Professional development and training is offered to center-based early education program staff. The local resource and referral agency blends private funding with state funding to provide technical assistance to programs working to become quality rated. They offer training for directors on topics such as leadership and supervision and creating professional development plans for staff.

- ✓ Participation in Learning Circles with a peer community enables sharing best practices. Sessions include topics such as understanding how social emotional development influences learning, preparing for kindergarten transition, engaging parents, early language development, and using data to inform classroom practice. Learning Circle sessions occur once a month for a nine-month period. During this time, teachers and directors discuss the information that is presented in small groups or assigned groups. Twice during a nine-month cycle they receive reports on classroom specific Bracken assessment data. The data is displayed to show how their classroom compares with the other coded classrooms. While the information is kept confidential among the programs, small group sessions are structured to encourage dialogue about the results.
- ✓ Cross-program planning and goal-sharing is overseen by a coordinating committee that implements an action plan for school-community connections. The action plan includes agreed upon goals and the monitoring of strategies to achieve the goals. Opportunities for collaboration and program enhancements are identified through the committee.
- ✓ Expansion of the Summer Bridge program helps at-risk children prepare for kindergarten entrance. Summer Bridge is an eight-week home visitation program offered to preschool children who are transitioning to kindergarten. The program includes a language and social development curriculum that is taught by staff of the public school district. Parents are required to participate in the home instruction and children are provided language-rich materials to use between sessions. Summer Bridge has been instrumental in improving kindergarten readiness for the children who participate, as measured by the Kindergarten Readiness Assessment-Literacy.

Cooperating schools are integral to the positive outcomes achieved by United Way and *Success By 6*[®]. Community-school partnerships are based on a belief that school readiness is best achieved when children are supported both before and after they start school.

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Community Profile 4

Colchester, Connecticut

Raising families since 1698

An Example of an Early Learning Community

Background

Colchester is a small community in Connecticut and one of the oldest towns in the United States. The median age of its 15,000 residents is 37 years. Approximately 13 percent of the population is below the age of 8. While the town has a median household income of just over \$82,000, the recent dramatic growth of the town has increased its diversity, poverty rate, and need for educational and social services. In fact, compared to other towns in Connecticut, Colchester ranks near the bottom in per pupil expenditures. Ironically, although Colchester is ranked one of the wealthiest communities in the state, they are also the most resource poor due to the state formula and tax base. The increased need for supportive educational and social services has been exacerbated by the fact that Colchester is extremely isolated from public transportation options and lacks needed transit connections to social services located outside of Colchester.

The initial impetus for Colchester's early childhood community initiative was a competitive school-readiness grant won by the community in 2005. While the grant focused on 3- and 4-year-old children, the community needs assessment conducted as part of the grant highlighted the need for a more comprehensive birth-to-eight approach. The 2005 planning process identified three important areas that needed to be addressed:

Leadership from partner organizations came to the table and made early education a high priority for Colchester.

1. Affordability and accessibility of quality early care and education
2. Increased support for school readiness
3. The need for a public awareness campaign to highlight the importance of early care and education

Leadership and Planning

Early in 2008, the Colchester Collaborative received a grant funded jointly by the Connecticut State Department of Education and the William C. Graustein Memorial Fund to engage in a community planning process targeted to improving the success of Colchester's youngest citizens. The grant allowed Colchester to become part of Discovery 2010, a consortium of 53 communities designed to link state and local-level policymakers and administrations for the purpose of developing a comprehensive state early childhood system. The grant also allowed the Colchester community to build on findings from 2005 and expand its planning and programming to include children from birth through age 8 and their families.

The planning process brought community leaders together who were committed to:

- Involving diverse community members in developing the plan
- Using concrete data as a starting point for decision making
- Using Results-Based Accountability (RBA) to guide the planning process
- Committing to no- or low-cost activities for at least two years.

The Collaborative for Colchester's Children oversaw the planning process which involved gathering input from over 1000 residents. The planning team produced a results-based action plan that built on an in-depth data collection process to inform the development of the community's *Blueprint for Change*.

A publication titled *The Success of Colchester's Youngest Children: Are we doing all we can?* represented the culmination of an extensive data collection process focused on families using measures of well-being in the areas of health, wellness, and family supports. Major findings from the data collection process revealed nine service gaps affecting children and their families. These gaps served as the basis on which decisions were made regarding the goals of the Blueprint (*All of Colchester's Youngest Citizens are Healthy Happy & Successful*) and the services that were most needed in the community.

Identified gaps included:

1. Lack of social and educational supports for families living in poverty
2. Gaps in information available to parents and declining parent education opportunities
3. Demonstrated need for more physical activity for families
4. Isolation from public transportation and access to social services
5. Need for additional before-and after-school programs and summer vacation programs
6. Poor academic performance in reading and writing, especially for young boys
7. Affordable housing availability.
8. Affordability and accessibility to quality early care and education programs.
9. A lack of information on how children and families were accessing medical care and whether the medical needs of families were being met

The community planning process and resulting *Blueprint* used a Results Based Accountability (RBA) framework. RBA is a seven step process that begins with defining the desired results for the community and ends with the precise actions that can bring the desired results. The Colchester *Blueprint* outlined three strategic areas:

- Health and wellness with a focus on prenatal care and child physical fitness
- Family supports, including information about services, financial assistance, and transportation
- Early care and education, with a focus on out-of-school time

The *Blueprint* provides a series of indicators, strategies, and targeted activities for achieving desired results for each of the three program areas. Strategies were developed to build the strength of each area. Data analysis and assessment of key indicators helped further develop proposed activities that would provide opportunities for families to support children's school readiness. Planning included launching a comprehensive community-wide data collection effort to identify the most urgent needs in the community. Those needs were used to inform priorities and focus initiatives to correspond with community needs. Data collection efforts included general information about the community that set the context and information that helped pinpoint needs in the three strategic areas.

As part of the implementation planning process, the planning team posed the following questions in order to identify what needed to be in place to assure the activities were carried out effectively:

- What partners are needed to carry out the activities?
- What performance measures are being considered?
- What data should be collected?
- What finances are needed to accomplish results?
- What governance structures will be adopted to assure accountability?

The Collaborative for Colchester’s Children manages implementation of the Blueprint and serves as the umbrella agency under which a wide variety of partners including parents, the business community, public schools, and community service agencies are involved in the governance and day-to-day implementation of the work. A leadership work group consisting of 15 members is specifically responsible for consensus decision making.

Quality Services

Planning helped Colchester to build a data structure and to look at attaining quality services with an emphasis on continuous improvement.

The 2005 and 2008 grants focused on increasing school readiness. A public awareness campaign was launched to increase community understanding of the importance of early education for school readiness and to generate public will and support for increasing quality early learning opportunities. The community planned sessions to educate parents on preschool options. One outcome is that Colchester now has an Early Head Start program, which enables the city to serve students they could not serve before.

The project also was intended to improve the quality of early care providers. To ensure this goal was reached, professional development was offered on curriculum and assessment, serving children with disabilities, and on diversity issues. Subsequently, the school readiness community and partners were polled to support better planning of a system of care. As a result, in 2008, Colchester developed partnerships that included the health community and the regional social services agency to expand services to the population. Families are encouraged to obtain health, mental health, and speech and language services.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance, and Ensuring Accountability

During the planning process, both systems and program performance measures were utilized and activities and interventions implemented were designed to address identified issues. Additional designs for a system of care will be based on a poll of the school readiness community and partners.

Presently, more than 90 percent of eligible children attend preschool, an increase of 55 percent from 2006.

The data system in the public schools has been redesigned, and Colchester is available for collecting information about what additional information is needed.

School Connections

Because schools are part of the planning efforts in Colchester, transitions to kindergarten are successful. The school system is closely involved in planning for assessment of children entering kindergarten and helping children meet benchmarks. The schools offer support by providing mental health staff, speech and language providers, and by referring children for screenings.

A facilities improvement grant to the district and a transparent joint city-school financial planning process has enabled the community to make changes to classrooms and buildings serving young children.

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Community Profile 5

Larimer County, Colorado

Creating a dynamic system to promote quality early childhood opportunities

An Example of an Early Learning Community

Background

Larimer County encompasses 2,460 square miles and is the seventh largest county in the state of Colorado. The county incorporates diverse geographic and population areas and includes mountains, plains, and urban areas. Total population is just under 300,000 with 17,652 children under five years of age. Highest concentrations are in the urban areas where most services are located.

Challenges facing the county now include a significant rise in poverty (now at 12.5 percent), particularly among young children. Since 2000, this rate has increased 1.9 times faster than the state and 6.8 times faster than the national poverty rate. As a result, needs for services also have grown over the last decade. The increased need for services related to the rise in poverty has been exacerbated by a lack of county-wide public transportation. This leaves many residents in remote farm and mountain communities with limited options for accessing services, which are located primarily in urban centers within the county.

There is a strategic planning process on a three-year cycle, as well as a community needs assessment.

The initial impetus for Larimer County's early learning community effort grew out of state legislation passed in 1997 establishing 12 *Consolidated Child Care Pilots* to support and build local early childhood systems. These *Consolidated Child Care Pilot* communities initially were not provided funding, but were granted the ability to waive state rules and regulations that created barriers to coordinated services. Given the success of these communities, Colorado passed HB07-1062 in 2007, which expanded the work of the pilots and created 30 Early Childhood Councils statewide. The legislation required that four early childhood service areas be addressed by the community initiatives: early care and education, family support, mental health, and health.

Currently, the Early Learning Council of Larimer County manages a budget of \$164,269.00. Funds are accessed through a partnership between the Colorado Department of Human Services and the Colorado Department of Education. Because of state budget pressures, this funding is decreasing.

Leadership and Planning

The Early Childhood Council of Larimer County (ECCLC) operates as an independent 501(c) (3), governed by a board of directors and includes the local Child Care Resource and Referral agency in its governance structure. A key operating component of the ECCLC is its Advisory Council which oversees ongoing planning and implementation of strategic goals. The Advisory Council meets monthly to provide guidance on the ECCLC's work.

The role of the Advisory Council is to:

- Identify emerging issues in early childhood
- Make recommendations about mission, vision, goals and activities
- Form working committees to address specific issues
- Share information

Work of the Council is carried out by 12 paid staff members who address the following program focus areas:

- Professional Development
- Quality Support Services
- Expanding Quality for Infant and Toddler Care
- Health Integration Services
- Child Care Referral
- Parent Education

The Council conducts a four-step community-wide strategic planning process every three years. Planning begins with a needs assessment based on existing data sources such as school districts, county and state (Kids Count) data, and surveys and focus groups. Following the compilation of findings, a number of community meetings are convened to gather additional information on needs, existing services and gaps in service delivery. Once all data has been collected, a formal strategic planning process begins and specific goals and strategies are developed to meet the identified community priorities. Once the plan is in place, quarterly reviews of progress are conducted to assess movement and make course corrections as needed.

The Council regularly monitors and addresses challenges to service delivery as part of its three-year strategic planning process. Identified challenges inform priorities and are aligned with goals and activities included in the strategic plan. Community needs currently being addressed by the Council include:

- Inadequate supply of qualified staff, especially infant and toddler supervisors, to meet demand, and an unacceptable level of current staff qualifications
- Declining availability of child care for low and moderate income families; long waiting lists for infant and toddler care; need for increased uniformity in the quality of care; and the need for families to have a better understanding of the child care system
- Documented increase in the number of children with behavioral or mental health concerns
- Increased number of parents without a regular health care provider for themselves or their children; decrease in number of doctors available to low-income families; increase in number of people putting off seeing a doctor due to cost; evidence of families struggling to navigate the health care system due to a lack of coordination of care and a medical home.

Given these challenges, the 2009-2012 Strategic Plan identifies five key goals:

- Goal 1:** Increase the availability of qualified early care and education staff
- Goal 2:** Increase access to and availability of quality early care and education, especially for low-income families
- Goal 3:** Increase support for early care and education providers and families in addressing mental health and behavioral issues
- Goal 4:** Increase the number of children who have a medical home
- Goal 5:** Increase knowledge of health and wellness, including typical development, nutrition, physical activity, medical, oral, and mental health.

In 2010, the Office of the Lt. Governor developed the *Early Childhood Framework*, a tool for understanding how the four service areas (early care and education, family support, health and mental health) can work together. Statewide, the Early Childhood Councils play an important part in the implementation of the *Framework* by establishing contextualized approaches to service delivery at the local level that address outcomes in the *Framework*. Councils follow a three-step process to support local implementation of the *Framework*:

1. Create internal capacity that includes work with partners to develop a structure for self-governance, collaborative communication, strategic planning, evaluation, resource development, and fiscal management
2. Build local foundations for collaborative service provision
3. Impact community-based services to improve availability, accessibility, capacity and quality of services.

The Council continues to work with both state and local leaders to build community as well as statewide capacity to assure access to coordinated systems of service delivery for families and children.

Quality Services and Strategies

The Council functions both as a direct service provider and as a knowledge broker to facilitate implementation by bringing a variety of partners together in collaborative efforts to plan and deliver services. In addition, one of the unique features of the Council and its capacity to impact quality services is its ability to braid a number of separate funding sources together to create highly compliant yet seamless community services.

In its dual role as a direct service provider and a facilitator of other collaborative efforts, the Council is engaged in a number of initiatives and programs across the county focused on building community-wide capacity and engagement. These include:

- Support for the United Way's *Pathways Past Poverty Program*, a child care access initiative
- Publication of a local child care impact study compiling information from families and employers which has helped to inform community planning to increase access to child care for working families (The Council is currently engaged in mapping child care needs in the county.)
- Facilitation of community and business partnerships to address access to quality child care, especially for low income families
- Support to child care providers for professional development and continuing education, quality assistance coaching, quality improvement resource grants, and inclusion in the child care referral database
- Implementation county-wide of the *Pyramid Social-Emotional Model*.
- Provision of training and follow-up coaching for parents and providers of infant and toddler care
- Implementation of the grant-funded Larimer County Health Integration project to support health care partnerships, increase access to insurance and medical homes, and improve mental health options

The State of Colorado is planning to collect systems data to track new connections made as a result of the work on early childhood issues.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance, and Ensuring Accountability

The Council collects and maintains information gathered from three types of data:

1. Population data based on secondary sources and existing Council efforts, if applicable, such as the Child Care Impact Study
2. Programmatic data to track program delivery and child and program outcome data. Some examples of specific data points include: Quality Rating and Improvement System (QRIS) ratings, Early Childhood Environmental Rating Scores (ECERS), quality improvement data from quality support coaches, and Devereux Early Childhood Assessment (DECA) scores for children. In addition the Council has access to a statewide database, *Results Matter* (described below) which tracks multiple indicators of child and program progress
3. Systems data compiled by the Colorado State Department of Education based on input from the Councils on local efforts to implement the four areas in the *Framework*

The Council maintains a quality assurance focus that includes both mandatory and optional quality measures. Mandatory measures are submitted to the Colorado *Results Matter* program. Tracking of this and other data is facilitated in the State through a single child identifier process. Optional quality measures provide data on site and program quality improvement plans, and on results from Qualistar QRIS evidence-based assessment tools. Program data is collected and disseminated primarily to inform quality improvement efforts and to identify areas where training is needed.

School Connections

The Council works with the United Way, community early care and education providers, and three public school systems on a pilot school readiness project. The goal of the project, which is in the early stages, is to establish a common definition of readiness across schools and early education. The work of the group is currently focused both on identifying what data should be collected to demonstrate a change in readiness and on the next steps for implementation.

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Community Profile 6

Onslow County, North Carolina

Supporting military families

An Example of an Early Learning Community

Background

Onslow County is a military community in North Carolina with a population of 177,772. The county is home to two military bases: Marine Corps Base Camp LeJeune and Marine Corps Air Station New River, with 47,000 active-duty military personnel, 42,500 family members, and about 45,000 military retirees. Approximately 70 percent of the military personnel live off-base and are part of the broader community of residents. The county has over 33,000 children birth to age eight, nearly half of whom are children of military personnel.

The demographics, community culture, and social service challenges are those of a military community. The community is young with a median age of 26, low-income with a median income of \$46,400, and fast growing. Many families in the community have been uprooted from traditional support networks of hometown family and friends in order to train and work at the base. In addition, many households in the community consist of a family with at least one deployed parent. The child well-being indicators reflect the demographics and related stressors of this community. For example, the infant mortality rate is over twice the national average (15.9 per 1000 births) and there were nearly 2,000 reports of child abuse and neglect in the 2008/2009 state fiscal year.

Community partners, families, educators, and health and human services providers have combined their efforts to help children in the county.

The initial impetus of the Early Learning Community initiative in Onslow County was the receipt of state Smart Start funding in 1998.

The state money allowed the county to fund the Onslow County Partnership for Children, to conduct community planning for services related to children, and to fund and deliver services that address identified community needs.

Leadership and Planning

The county's leadership body for children, the Onslow County Partnership for Children, is an umbrella agency that either administers or funds roughly 20 programs for children and families. The Partnership is governed by a Board of Directors comprised of community-based public and private sector leaders, and military and local government officials. The Board oversees the Smart Start funded programs, Child Care Resource and Referral, Early Head Start, and The Child Advocacy Center.

Each of these four program areas in turn, operates its own system of advocacy and steering committees. The work of the Partnership is informed through the development of an annual plan and community needs assessment. A major focus and key to success in Onslow County has been the work of the Partnership and its board to convene broad-based community representation and facilitate relationship building across sectors.

The strategic plan for children and families in Onslow County, first developed in 2002, is an example of the work being done by the Partnership to build relationships and coalitions across all community agencies and services. Functioning as the lead agency, the Partnership convened professionals from human services, health, education, and law enforcement to develop a plan for how they could begin to work together to provide more effective and efficient services to children and families. Each year since that time, the agencies have reconvened to assess the status of the original goals and make changes as needed to the plan.

The use of data to drive priorities and program planning is an integral goal of the Partnership. Data collected for the community needs assessment comes from a variety of sources and is generally organized into three broad categories: early education, child health, and family support. Demographic and other data is drawn primarily from existing data sources.

In addition to demographics, county data is collected on rates of child abuse and neglect; early intervention needs; education, health, nutrition, and social service needs; and child care and early education needs, including the availability of child care slots. With the addition of a new Early Head Start program in 2009, data on specific needs of Early Head Start-eligible families is now collected.

Needs assessment data is the foundation for the Onslow County Partnership program planning and priority setting for services.

With nearly 15 percent of the population living below the poverty level, poverty is a major determinant of services provided. Other factors include the following conditions that are common for many families and children:

- Families are comprised of young, first-time parents
- Families, primarily military, are living without nearby extended family support
- Families are experiencing extreme toxic stress, such as war or deployment
- Children are living in families with a statistically increased likelihood for experiencing abuse or neglect
- Families are caring for children with identified disabilities
- Families have recently immigrated to the United States

Quality Services and Strategies

Services offered through the Partnership reflect these priorities and include a broad range of programs designed to support access to quality education, support for families, and access to health-related services.

- ✓ Services to increase access and quality of early education include:
 - Child care resource and referral – Providing child care information to families and training resources to providers
 - Technical assistance through the Child Care Quality Enhancement and Child Care Quality Maintenance programs – Assisting child care programs to reach and maintain QRIS ratings
 - Wage supplements - Providing compensation supplements for the child care workforce that are tied to education levels
 - Early Head Start – Providing home-based services through use of the Parents as Teachers *Born to Learn* curriculum
 - Classroom support and program coordination – Available for *More at 4* programs located in child care centers
 - Touchpoints training for human service providers – Better serves families become healthy and functional and helps achieve optimal child development
 - *An Emergency Child Care Plan for Essential Personnel* – Provides child care for first responders and medical personnel deployed during disasters

- ✓ Services to support families include:
 - The Child Advocacy Center – Provides a comprehensive team-based response to allegations of child abuse and neglect
 - Parent Education Enhancement – Provides parent education classes
 - Parents as Teachers – Offers home visiting services for families and children birth through entrance to kindergarten
 - Adolescent parenting program for first-time teen parents – Links them to medical services and supports efforts to finish high school
 - Deployment Respite Care – A partnership with the National Association for Child Care Resource and Referral Agencies (NACCRRA) – Provides respite child care to Marine Corps families with a deployed, seriously injured, seriously ill, or wounded service member
 - The Incredible Years – Offers specialized parenting education for parents of children with challenging behaviors

- ✓ Services to support child health include:
 - Every Child Counts – Offers early identification of children’s needs for health and mental health services
 - Partners for Inclusion – Provides training and technical assistance for providers to build capacity to include children with social/emotional and developmental disabilities into their programs. This reduces the occurrence of children being dismissed from child care.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance and Ensuring Accountability

Data is used not only to identify needs and set program goals, but also to track and measure outcomes. Again, statewide and local data is used as a key element to determine the impact of early care and education, health, and family support. A results map is currently in place and uses standardized outcome measures based on state data to track results. For each program, the Onslow County Partnership sets projected outcomes which are compared with actual outcomes and outputs, as appropriate.

Onslow County designed with a well-managed business enterprise in mind.

Maintaining programs and teacher quality in early education programs is achieved through a number of strategies and services:

- Management teams address teacher turnover, support employees, and offer training.
- Teacher assistants earn credentials in *More at 4* programs by using Title I funds.
- High quality of technical assistance offered to early education programs by the Partnership is maintained by using the Infant Toddler Environmental Rating Score (ITERS) and Early Childhood Environmental Rating Scores (ECERS).
- Staff uses ECERS and ITERS scores to identify areas needing additional training and resources.

Program quality and child outcomes are tracked using pre- and post-tests to measure change over time. When *More at 4* sites were expanded to include child care centers, the Partnership assumed responsibility for coordinating the program in centers, and began monitoring sites for compliance with all *More at 4* program regulations. Finally, continuous quality is assured by including all stakeholders in discussions of matters affecting services to children and families, and through the dissemination of periodic management reports that make it possible to identify and correct problems early and quickly.

School Connections

Schools and early education programs work together to assure smooth transitions for children as they move from preschool or home to kindergarten. The approach to creating effective transitions includes three activities designed to bring schools, early education, families, and children into the process.

- **Activity one** – Child orientation–Introduces children to school settings and routines.
- **Activity two** – Family orientation– Is designed to bring the child, family and school together. For many families, this orientation is the first connection with schools.
- **Activity three** –School orientation –Brings early educators and kindergarten teachers together to exchange information on children entering kindergarten. The transition process is driven by a transition team consisting of families and school personnel who work together to plan activities. Each team meets periodically across the year to coordinate transition planning.

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Community Profile 7

Palm Beach County, Florida

Children's Services Council: Providing a system of care for young children

An Example of an Early Learning Community

Background

Palm Beach County is Florida's largest county in terms of geographic area, roughly the size of Rhode Island, with a population of 1.2 million people. While the county is not typically thought of as impoverished, Palm Beach County communities span the economic spectrum—from the high income area of Palm Beach to extreme poverty in the western agricultural area. Overall, about 9.9 percent of the population lives below the poverty line, including 14.3 percent of those under age 18. While the median age of the county is quite high (41.8 years), six percent of the county's population is under the age of six.

The county's large geographic size and diverse population pose difficult challenges to social service delivery. More than 100 different languages are spoken in the county, making outreach and access to services difficult. In addition, while the eastern part of the county is more densely populated, the western agricultural area has all of the social service delivery challenges of a rural community. For example, a poor public transit infrastructure and geographic isolation of residents in western Palm Beach County make access to social services difficult.

The impetus for the early learning community initiative in Palm Beach can be traced to 1986 when a referendum established the Children's Services Council of Palm Beach County (CSC) as an independent special district of local government. With revenue coming from property tax dollars, the special district was mandated to plan, develop, and evaluate services and systems of care for children and families. While the CSC began by funding a number of individual, independent programs, its work has evolved substantially over 24 years. In 2000, realizing the need for a supportive infrastructure for children and families, CSC began working to develop long-term systems of care.

The new system avoids duplication of services and activities and eliminates the need for multiple agencies to recruit.

Leadership and Planning

The Children's Services Council (CSC) serves as the county's social service leadership body for children and families. CSC works with a range of stakeholders, from state agencies to local foundations, and from provider agencies to community members.

To meet planning objectives, CSC supports over 40 agencies that provide services in six areas:

1. Maternal and child health
2. Early identification and intervention
3. Quality, affordable early care and education, and after school programs
4. Parenting education and support
5. Teen pregnancy prevention
6. Mentoring

The program providers funded by CSC share a common purpose and goals, participate in joint planning and quality assurance processes, and are working toward a shared infrastructure including an integrated data system.

CSC's budget is roughly \$112.5 million with over \$95 million coming from ad valorem taxes. Additional funding is received from Federal and state governments and from foundations. A total of \$88 million is dedicated to direct services; nearly \$9 million provides system building and support services.

The planning process used by the Council in developing its current early childhood system of care began in 2006 and involved the creation of a detailed logic model. Using the *Pathways* framework developed by Harvard researchers, the Council defined desired outcomes, the measurable conditions contributing to those outcomes, and necessary interventions. The outcomes were defined by the needs of the community and those areas that research had indicated were the most important to address early in life for healthy development and learning. The four desired outcomes stipulated as a result of planning were:

1. Healthy Births
2. Fewer Children Birth to Five Abused or Neglected
3. Children Eager and Ready to Learn
4. Third Grade School Success

Quality Services and Strategies

The *Healthy Beginnings Program* (HB Program) represents a major component of the Children's Services Council's system of care. Created in response to a growing recognition that stand-alone programs were not producing sustained outcomes, the *HB Program* includes 19 agencies that operate as a single program for pregnant women and expectant families and for families with children ages birth to six.

The coordinated effort begins with universal screening for pregnant women, infants, and children. Screening may occur at one of the various natural entry points for the system or at one of two entry agencies. The naturally occurring entry points include obstetrician's offices, health department clinics, hospitals, child care facilities, the Department of Children and Families, community hubs, or targeted outreach efforts. Targeted outreach provided through the *HB Program* includes outreach to all pregnant women in the county, as well as to families from a variety of cultures. Families also may call a toll-free number, connecting them with the Healthy Beginnings Call Center, which provides general child development information and refers families to either the prenatal or postnatal entry agency.

In recognition of the tremendous diversity in the communities and populations within Palm Beach County, community hubs have been located in some of the most at risk communities.

The entry agencies typically receive referrals from one of the entry points after an initial risk screen is completed. The risk screen helps determine a family's eligibility for the *HB Program*. The entry agencies provide further assessments which assist in determining which HB services will best meet a family's needs. In addition to screening and assessment, entry agencies assist families with establishing a medical home and obtaining a payer source. They provide a brief parenting consultation and make referrals and linkages to community agencies. Once an appropriate service is identified for a family, the entry agencies provide a "warm hand-off" to the HB service provider, ensuring the family is linked with services. Nearly 30 services – the majority of which provide home visitation – are available to families, allowing for flexible service delivery options that respect family wishes and values. These services include a number of locally-developed programs, as well as seven evidence-based and promising programs that seek to improve birth outcomes, prevent child abuse and neglect, and prepare children to enter school eager and ready to learn.

Community hubs bring together the CSC Early Childhood System of Care to strategically engage and unify community partners. This includes the school district, the Department of Children and Families, the Health Department, Workforce Alliance, and the court system. The community hubs also seek to build the capacity of families in certain communities through delivery of proven parenting education and support programs, linkages to community resources and CSC-funded programs, and advocacy and partnership development.

All of the work that begins with the *HB Program* is further supported by the investment being made in assuring quality child care for Palm Beach County families. *Quality Counts*, Palm Beach County's quality rating and improvement system, is a voluntary five star rating system that supports continuous improvement in six domain areas. Head Start, school district pre-k programs, for profit and non-profit child care centers, and family child care homes that receive subsidies are eligible to participate. Four agencies, including the Department of Early Childhood at the School District, provide an array of services and resources that support the child care providers. These services include assessments, coaching supports, career advising, and professional development for child care staff, and provide mini-grants to the participating programs.

As in most communities, affordable child care is a challenge. As of April 2011, Palm Beach County had 4,500 children on a waiting list for subsidized care. One of the unique supports provided to families in this system is the opportunity to access Continue to Care (CTC) scholarships to pay for child care. CTC scholarships are available to families receiving services through the *HB Program* as well as to families losing their current child care subsidies with children who are currently served in a participating *Quality Counts* site. There are 168 sites active in the *Quality Counts* program, which is slightly more than 25 percent of the child care providers in Palm Beach County.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance and Ensuring Accountability

Through implementation of promising and evidence-based practices, programs and curricula, including, Nurse Family Partnerships, Triple P, Primary Project, DLM-Developmental Learning Materials, and Early Childhood Express, the system of care is moving toward accountability. Given the proven results and higher return on investment for evidence-based programs, the CSC hopes that these programs will increase the likelihood of success for families in Palm Beach County and that the results will be sustainable.

To demonstrate success, CSC realized that a comprehensive data system to track fidelity, client-level changes, and sustainability of outcomes for the clients within various programs was important. The result is an integrated information system for the *HB Program* and *Quality Counts*, which provides data for the following:

- Decision-making and strategic planning
- Impact analysis and retrieval
- Monitoring and tracking services
- Informed decision-making

Additionally, CSC in cooperation with the School District, has implemented a process to issue student identification numbers at birth with parent consent. This will help longitudinal studies determine the long-term impact of services received through the system of care.

Regular system management meetings are held within *HB Program* and *Quality Counts*. System members convene to review data, share information regarding the key system strategies, and provide input for decision-making purposes.

School Connections

Through its Early Childhood System of Care, the CSC is working to coordinate with the Palm Beach County School District to ensure children are entering school eager and ready to learn, that they make transitions to kindergarten successfully, and that they are on grade level by the end of third grade. Though the school district is unified, the early learning community has found that it is important to work with each school. Two services are implemented across the 60+ Title I elementary schools through the *HB Program* to screen, identify, and provide services to children with social-emotional and adjustment concerns.

Another connection to the School District is the *Together Our Teens Succeed* initiative (TOTS). This initiative works with the Children's Services Council, School District, Palm Beach County Health Department, and Health Care District. TOTS provide ongoing support to pregnant and parenting teens by encouraging communication among professionals who work in partnership with teens to achieve healthy births and school success. Through this process, teens are linked with the *HB Program* to ensure that they are provided with the necessary services and information to achieve a healthy birth, to improve the relationship with their new child, and to increase their knowledge of child development.

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Community Profile 8

Puget Sound, Washington

White Center Early Learning Initiative: Assuring every child will be ready and prepared to succeed in school and in life

An Example of an Early Learning Community

Background

White Center is located in unincorporated King County, adjacent to the city of Seattle. The area is culturally and racially diverse and has long served as a gateway for immigrants. The 2000 Census reported approximately 19,000 residents in 7,600 households, with a median age of 36 and a median household income of \$40,000. Nearly 18 percent of the population lives in poverty and 41 percent of the families speak a language other than English. Thirteen hundred children, birth to five make up approximately 7 percent of the total population. White Center housing has historically been dominated by single family homes. Rising real estate prices, however, have resulted in lack of affordable housing and an increase in subsidized public housing and vouchers for many families in the community.

The White Center Early Learning Initiative (WCELI) was created in 2006 and is a partnership of community members, public and private organizations working to create sustainable, integrated, and accessible child development and family support services that reflect the diverse cultures, strengths and needs of White Center families. Funded by grants from Thrive by Five Washington and the Bill and Melinda Gates Foundation, WCELI provides education and support for parents, caregivers, and child care and early learning staff to help ensure that all children in the community begin school ready to succeed.

Governance is collaborative and grassroots. Nine staff members have the capacity to speak seven languages.

Leadership and Planning

A year-long community planning process, conducted in 2006-07, resulted in a design and business plan for a continuum of services to support children from birth to five, their parents, and caregivers. The comprehensive process involved more than 500 White Center families, representing different languages and cultures, along with many community advisory groups, community organizations, childcare providers and other stakeholders.

WCELI is coordinated by Puget Sound Educational Services District and cooperatively administered through partnerships with Child Care Resources, Public Health-Seattle and King County, and Highline Public Schools. Representatives from each partner agency make up the WCELI Governing Body. It meets regularly to ensure effective implementation, to develop integrated services, identify additional resources, and respond to community needs.

In addition, a Community Advisory Council made up of community representatives and service providers has been established to offer guidance and support. The Advisory Council plays an important and unique role in the overall governance of the Initiative by combining strong resident and service provider engagement with influence on the overall direction of the organization. To that end, the Council serves in

an advisory capacity to the WCELI Director, reviewing strategies, policies and overall direction and also serves as a direct conduit of

information and communication between the community at large and Initiative leadership. An important function of the Advisory Council is to ensure that the community at large, service providers and partners stay engaged. An elementary school principal is the chair.

White Center Early Learning Goals

The key goals for partners serving children involved in the initiative include the following:

- ✓ Define needs and develop community-based initiatives
- ✓ Be responsive to and affect change
- ✓ Seek new funds
- ✓ Develop universal risk assessment and measurement based on risk assessments
- ✓ Use a strengths-based approach that encourages parent attachment
- ✓ Help children succeed in school and in life
- ✓ Help bridge the gaps between elementary school, Head Start, and Child Care, and develop a unified approach for children birth to eight
- ✓ Unify health services
- ✓ Plan for sustainability with an emphasis on system change

The quality of service is determined by individual and community feedback.

To accomplish these goals, the initiative has established and implemented three primary evidence-based strategies and four exploratory strategies. Primary strategies include:

- Providing access to home-based early learning programs
- Implementing key elements of a Quality Rating and Improvement System
- Providing high quality center-based care through the Educare Early Learning Center/Head Start program

Exploratory strategies include:

- Focusing on kindergarten transitions and outcomes for school readiness
- Building parent and community engagement
- Supporting informal caregivers
- Developing an initiative-wide infrastructure

Quality Services and Strategies

A variety of free WCELI services are available to support infants and toddlers, preschoolers, expectant mothers, families and caregivers, child care providers, and the community. Services offered are based on a combination of evidence-based practices, national model replications, and promising practices.

- ✓ Services for families include child care services, preschool services, and services for new and expectant mothers, such as home visiting and pregnancy support.
- ✓ Services for child care providers include classes for early learning professionals, coaching and mentoring, professional development opportunities, and the availability of mini-grants.
- ✓ Services for the community include play and learn groups, parent education workshops, access to the Educare Early Learning Center as a hub for all WECLI services, and other free resources.

In an effort to be responsive to the changing demographics and needs of the community, partners are beginning to look at race equity work in the context of the initiative. They have found that there is an intersection between religion and culture in their community. One example is the work of the Open Arms' program in the Muslim community working with the Somali population through mosques, and religious leaders. The program developed a community-based outreach doula model recruiting Somali women from

the community to specifically work with Somali clients. In this way they are able to ensure that services are culturally and linguistically responsive.

In addition to providing services in the White Center community, planners are modeling strategies and approaches that can be replicated, helping to build a better system of early learning for the entire state. For example, parents are benefiting from a strengths-based curriculum that encourages parent attachment called *Promoting First Relationships* from the University of Washington.

Tracking Outcomes, Quality Assurance, and Ensuring Accountability

Evaluation is integrated across the continuum of WCELI programs to support:

- ✓ *Program development and quality improvement* – All WCELI programs include a formative evaluation strategy to support program improvement efforts. Approaches range from collecting client satisfaction data to tracking and reporting national program fidelity measures.
- ✓ *Increased understanding of programmatic outcomes* – Each WCELI program collects and analyzes outcome data related to its programmatic goals. Examples range from caesarean section rates for home visiting programs to attainment of quality improvement goals in the Seeds to Success QRIS program. In addition, several WCELI programs directly serving families with children through home visiting and Educare use the same child assessment measures. This allows comparison and aggregation across programs, and provides some consistency for families whose children participate in multiple programs.
- ✓ *Transparency and accountability for community stakeholders* – WCELI is committed to sharing lessons, challenges, and successes with program clients, front line staff, funders, and the broader community. Strategies include community evaluation forums, presentations at community meetings and Webinars for staff.
- ✓ *Cultural responsiveness* – WCELI works to embed culturally responsive evaluation principles into all their third party and internal evaluation and learning projects. Given the cultural and linguistic diversity of the community, cultural responsiveness is key to ensuring quality evaluation design and fulfilling WCELI's commitment to implementing community-based strategies that work.

Select evaluation projects are in progress or have been completed to measure program-specific outcomes.

These include the following:

- ✓ *Initiative-wide implementation study* – Mathematica Policy Research conducted a study of the implementation of the initiative, focused on progress toward the development of an early learning system. The evaluation also examined the implementation progress of each individual WCELI program. Results were intended to inform program development and quality improvement efforts.
- ✓ *Home Based Early Learning (HBEL) programs* – Mathematica conducted a focused evaluation of the early learning initiative's HBEL programs. The evaluation examined the development of a home visiting system, including the implementation of two established home visiting models and the piloting of a newly developed model.
- ✓ *Nurse Family partnership (NFP)* – In addition to participating in the Mathematica study, this program participates in a data collection process through its national office. The data are analyzed to measure progress toward three NFP goals – better pregnancy outcomes, improved child health and development, and increased economic self-sufficiency.
- ✓ *Outreach Doula program* – As a Health Connect One replication project, this program participates in the national data collection effort. Outcomes are focused on child and maternal health and the mother-child relationship.
- ✓ *Seeds to Success field test* – Child Care Resources participated in the first Randomized Control Trial study of a QRIS system for child care. The study was conducted by Mathematic Policy Research and is intended to assist state and other stakeholders in understanding the extent to which QRIS interventions impact quality classroom environment, staff quality, and caregiver-child interactions.

- ✓ *Educare Implementation study* – The Educare program is evaluated as part of a national study coordinated by the University of North Carolina Frank Porter Graham Center. The study documents features of the Educare model and how implementation contributes to overall program quality. The data is used to inform classroom practice and contributes to the knowledge base about the results of high quality robust services delivered to at-risk families.
- ✓ *Data system* – WCELI is implementing *Efforts to Outcome (ETOs)*, a data system designed to allow for seamless client referrals, a holistic view of services provided, and the ability to track family outcomes across programs and track outcomes for children from program to school. Initiative partners and funders are rethinking the role of the ETO system as the scope and scale of the initiative evolves.

School Connections

WCELI has a strong base for connecting with schools through the White Center. There is a state preschool program; the health department partner works with a teen parent program; and Puget Sound Educational Services District partners with the school district to provide a coordinated Head Start/Special Education preschool program. The school district has developed a strong community schools component.

Additionally, Educare is co-located with White Center Heights Elementary School and strives to share training and information with their teaching personnel. The Educare Early Learning Center is a model demonstration site displaying best practices and development of new strategies for early learning. Educare's goal is to spread these practices within the White Center community and to share them throughout the entire state.

The Educare Early Learning Center is the 10th Educare site in the United States and is part of the Bounce Early Learning Network, committed to improving the quality of early childhood programs.

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Community Profile 9

Tulsa, Oklahoma

Community Action Project's Early Education Program: Building a solid foundation for your child's success

An Example of an Early Learning Community

Background

The Community Action Project of Tulsa (CAP) has its roots in the community action movement initiated in the early 1960's as part of President Lyndon Johnson's War on Poverty supporting targeted community-oriented services and solutions for low-income people. Tulsa's *Project Get Together* was founded in 1973, expanded over the years to become a comprehensive anti-poverty agency, and currently operates as a non-profit agency serving over 50,000 clients and families annually. The overarching goal of CAP is to break the cycle of intergenerational poverty by improving prospects for long term economic success for young children, their families, and the communities in which they live.

Tulsa's demographic backdrop informs the work of the Tulsa CAP. Tulsa is the second largest city in Oklahoma with a population of 384,000 residents and 165,000 households (2006). Many problems affect Tulsa's youngest and poorest children and there is a great need for high-quality early childhood education programs. According to the Community Profile 2007 for Tulsa County, 40.5 percent of children under the age of five in Tulsa County live in low-income families and 18.9 percent of children under the age of five live below the Federal poverty level. Approximately 76 percent of children in low-income, working parent households rely on outside care, creating a major need for early childhood education services. Based on recent studies that show children enrolled in high quality early childhood education programs do better in school and are happier and more successful later in life, CAP has made access to early care and education one of its highest priorities.

The end goal for our investment in early childhood education is the economic success of the child. Our goal for working with low-income families is to increase economic independence.

Given the identified need for early education services coupled with the long term outlook for children's future economic success in Tulsa, the Community Action Project has taken the approach that positive outcomes for children through access to quality early learning programs can only occur when families have access to opportunities to improve their economic situations. To that end, CAP focuses broadly on early education and anti-poverty through its Early Education and Financial Services programs.

Unlike other early learning community programs, the Tulsa CAP is not part of a comprehensive, decentralized collaborative. CAP leadership determined what was needed instead was a single organization taking leadership and assuming accountability for improving outcomes for children and their families. To that end, CAP has remained solely accountable and has been able to successfully leverage multiple funding streams and engage many partners in its work.

Leadership and Planning

The work of the CAP is overseen by a Board of Directors. Support comes from a variety of resources, including Federal Head Start and Early Head Start programs. CAP leverages those funds to access additional

state and community resources, and provides reports to and works to meet the expectations of funders and taxpayers.

CAP currently works with over 100 partner organizations. Partnerships range from daily integrated efforts with Family and Child Services to less formal arrangements, such as agreements with local business and service organizations to produce a referral network. Partnerships also extend to providers statewide through the Oklahoma Pilot Early Childhood Program.

Organizational planning goals include identifying strategies and programs that will:

- Ensure children are ready to succeed in schools
- Help families achieve economic success

To meet these goals, CAP has tasked itself with:

- Planning to form performance-oriented and performance-driven outcome-based coalitions and deciding where to place these coalitions
- Piloting new ways of doing business and introducing this carefully
- Considering the costs of sustaining the system
- Forming a viable long-term strategy

Ongoing planning is informed through the work of the CAP Innovation Lab. The Innovation Lab is designed to bring research and ideas together to improve service delivery. Working with internal and external partners, CAP uses the Innovation Lab to identify and launch pilot initiatives that benefit low-income families and to lay the groundwork for future growth. Featured projects include:

- ✓ Career Advance – A free workforce development program for obtaining a nursing degree based on local research and analysis of sector workforce needs and availability of adult education.
- ✓ Healthy Women, Healthy Futures – A program for mothers of children in selected CAP programs to improve the physical, mental, and social health of non-pregnant women. The goal is to reduce premature births, low birth weight, and infant mortality.
- ✓ Selected research projects – A series of informal studies conducted with CAP families for the purpose of gaining insight into family experiences, challenges, and attitudes. These studies help inform new program development.

CAP's early childhood education programs serve children five and younger. They bring together the best of education and family services and help parents prepare their children for success in school and beyond.

Quality Services and Strategies

Early Education Services

CAP's Head Start, Early Head Start and State of Oklahoma Pilot Early Childhood programs are in place and help children from birth to age 5 develop the emotional, cognitive, physical, and social skills that lead to school readiness and life-long learning. CAP has been the primary designated Head Start agency for Tulsa County since 1998.

CAP partners with Family & Children's Services (F&CS) to provide family support, parent education, case management, crisis intervention, and family counseling services. CAP also collaborates with Tulsa Public Schools (TPS) to provide education to three- and four-year-olds with special needs. CAP collaborates with Union Public Schools to offer home-based Early Head Start services in addition to its center-based services.

CAP also collaborates with the Oklahoma State University Center for Health Sciences (OSUCHS) to meet the health care needs of enrolled children, their parents, and their siblings. The program has collaborative agreements with more than 20 different partners and providers of various supportive services.

Financial Services

CAP provides a variety of programs designed to help low-income families develop assets and use them effectively as a pathway out of poverty. Programs are intended to help families maximize their earned income by taking advantage of available tax credits, public benefits, and publicly funded scholarship opportunities. Families also learn to increase their assets. CAP helps lower-income, mortgage-ready families purchase a home and avoid predatory lending situations.

Tracking Outcomes, Quality Assurance, and Ensuring Accountability

A guiding principle of CAP's work is that quality early education depends on both teacher and program quality. Each early childhood classroom is staffed by a lead teacher who holds a Bachelor's degree. Teachers are supported by skilled and experienced mentors or Master Teachers who provide hands-on training and support in matters involving classroom management and who apply theory to practice in the classroom. Ongoing professional development focuses on the analysis and use of data to inform instruction. In addition, the majority of CAP early education programs have received accreditation from the National Association for the Education of Young Children.

Data is used consistently to inform instruction and program planning. Information is collected on the following indicators: teacher interactions; child progress and outcomes tracked through ongoing assessment and observation; and child outcomes measured formally three times per year. The results are analyzed by teachers to plan individual and group instructional approaches.

Outcomes for families also are tracked through data collection. The Alumni Impact Project, an informal longitudinal study, is a multi-year dual-generational study that includes a family and school survey to inform the design of new pilot programs and to document impact. A Results Map is used to track community functioning overall, but also can be used to assess results at the individual child level.

Finally, data is used by the management team to identify problems and opportunities and to develop annual work plans. For example, when high teacher turnover rates became a problem, the team developed a set of intervention strategies and tracked results to measure success.

School Connections

CAP works closely with its school district partners on issues such as facilities planning, coordination of curricula and data sharing. In addition, several early education centers are co-located in schools in order to provide a smooth transition to elementary school. This ensures continuity of care and encourages habits of parental engagement with children's educational systems. CAP staff and their school counterparts have worked together to understand what constitutes school readiness. They will continue to collaborate to ensure that work is coordinated and continuous.

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Community Profile 10

White Earth Reservation, Minnesota

Raising awareness of the needs of children birth to five

An Example of an Early Learning Community

Background

Members of the White Earth Indian Reservation belong to the Minnesota Chippewa Tribe. The reservation is home to the White Earth Nation located in northwestern Minnesota. The reservation's land area is 1,093 square miles, with a population of 9,192 residents as of the 2000 Census.

The White Earth Tribal Council is the governing body for the White Earth Reservation (WER). The White Earth Child Care Program (WECCP) is under the auspices of the Tribal Council. White Earth is one of 26 early childhood communities across Minnesota funded to implement a collaborative approach to raising awareness of the needs of young children birth to five. WECCP initially received \$25,000 for early childhood projects and was awarded smaller grants over five years to develop community projects. An award of \$5,000 supported a coordinator's position.

The White Earth Early Childhood Initiative (WEECI) was created as a result of this collaborative effort and now operates under the auspices of the White Earth Child Care Program.

Leadership and Planning

WEECI invited community members to be part of an advisory coalition. The coalition planned monthly meetings and established subcommittees to work on ten funded projects selected by the community. Although the WEECI service area is on the south end of the reservation, many of the community initiatives and services are offered reservation-wide as a result of broad-based collaborative partnerships, as well as a desire to serve all children on the reservation. WECCP founded and co-sponsors Minnesota's largest brain development conference, *Communities Collaborative Brain Development Conference*, held annually since the year 2000. The conference provides the latest information on issues that affect the developing child. WEECI sponsors many community members to attend the annual conference.

The White Earth Early Childhood Initiative invited parents and community members to complete a survey and develop a profile.

White Earth goals for the Early Childhood Initiative place an emphasis on family involvement, health, community involvement, and professional education. They include:

- Improve and integrate the health, early care, and education for children birth to five
- Support family involvement and education
- Conduct outreach and promote parent mentoring
- Educate early childhood professionals and align with k-12 for school readiness through early childhood programming and community partnerships

Quality Services and Strategies

Ten initiatives requested by the community are designed to support families at home, in child care, and in the community:

1. Increased library and early literacy resources. A retired bookmobile was purchased to increase library and literacy services. This mobile library travels to remote areas and isolated child care settings. It offers a variety of materials and supports reading skills and print rich environments. It also makes information available about the Tribe's language and culture.
2. Increased Family Resources. Two Family Resource Books were published to provide information on health, social services, early childhood services, safety, and other topics. The Resource Books were distributed to WER families.
3. Increased access to oral health care for all children birth to six by advocating for mobile dental units and writing grants to support outreach clinics for children on Medical Assistance or Minnesota care.
4. A Tribal Police Partnership has enhanced cooperation on community safety by setting up an anonymous tip line.
5. A Caring for Kids Store was opened to encourage parent participation. Parents and providers earn points to spend at the store by participating in events, training, preschool conferences, well-baby checkups, WIC appointments, and health maintenance activities.
6. Fun annual events are planned for families in the community to support parent involvement, including Father's Festival, Celebrating Our Children and other various literacy and school readiness events.
7. Licensed group and family child care services are available in each community. Information and education is provided to businesses about quality child care and there are partnerships to make child care available to working parents.
8. Nutrition on Wheels provides information to child care providers to share with families to support health and good eating habits. A tribal nutrition consultant makes home visits to licensed family child care homes on a regular basis.
9. There are regular parenting workshops available on child development and social and emotional issues. They ensure parents are educated and aware of available supports for children who are at risk.
10. The WEECI has taken steps to ensure school systems work with early childhood providers to prepare children for school. A school success team has been established to focus on transitions to kindergarten from Head Start and Child Care.

The White Earth Early Childhood Initiative was chosen as a Star of the State by the Minnesota Children's Defense Fund.

Tracking Outcomes, Quality Assurance, and Ensuring Accountability

The Tribe has collected data to support work with families:

- ✓ Data collected from community profiles provided information about the Tribe and early childhood needs.
- ✓ Data collected from law enforcement provides information about the number of children being removed from homes.
- ✓ The Indian Health Services provides data on health services to the Tribe, when requested.

School Connections

The Tribe and schools work cooperatively on transition from child care and preschool to the schools. They also collaborate on after-school programs for tribal children offered at schools. The Tribe shares information with schools about the early childhood initiatives mentioned above, as well as community outreach efforts. The Tribe also shares information about the importance of its language and culture with the cooperating schools.

For more information, contact:

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Community Profile 11

Metropolitan Detroit, Michigan

Wayne, Oakland, Macomb Counties:

Using Community Hubs to ensure kindergarten readiness

An Example of an Early Learning Community

Background:

In 2007, United Way for Southeastern Michigan convened a group of stakeholders and experts and representatives of Michigan's Great Start system to explore how to prepare children effectively, birth to age five, for school and 21st century success. As a result of that meeting, the United Way set the following goal:

- ✓ By 2018, 80 percent of children in ten targeted low-income communities in Metro Detroit will enter kindergarten with the cognitive skills and character package for success, as measured by the Early Development Instrument (EDI) and other validated evaluation tools and processes.

The Metropolitan Detroit Early Learning Communities address the region's long-term systemic social and economic problems by investing in children at an early age, and building a foundation for success in the 21st century economy. Geographically, this program serves the Detroit Metropolitan area, defined as Wayne, Oakland and Macomb Counties. This tri-county area faces economic and education challenges:

- With a population of approximately 3.9 million residents, the region has a poverty rate of 16.7 percent (compared to national rate of 14.3 percent), with 24.1 percent of children under 18 living in poverty (compared to national rate of 20 percent) –from 2009 U.S. Census Bureau, American Community Survey.
- The unemployment rates in the three counties are well in excess of the national rate of 9.3 percent, at 16.2 percent, 12.9 percent and 15.9 percent, respectively – from 2009 U.S. Department of Labor, Bureau of Labor Statistics.

Early childhood education must be a core component of any educational improvement or economic development strategy.

While economic challenges are prevalent throughout the region, the need is particularly acute in some communities, including the cities of Detroit and Pontiac. Detroit has a poverty rate of 35.9 percent, with 49.9 percent of children under 18 living in poverty. The unemployment rate in Detroit is 25 percent, and 17.4 percent of adults over the age of 18 do not have a high school diploma (compared to 15 percent nationally). In Pontiac, the poverty rate is 30.6 percent, with 45.4 percent of children under 18 living in poverty. Of the adults in Pontiac, 17.8 percent do not have a high school diploma.

The social and economic challenges faced by Metropolitan Detroit are inextricably linked to chronic educational challenges:

- The high school graduation rate in Detroit is 62.3 percent and in Pontiac it is 66.6 percent, compared with a national rate of 76 percent – Center for Educational Performance and Information
- A 2007 Johns Hopkins University report identified thirty high schools in Metro Detroit that have graduation rates consistently less than 60 percent.
- Students in Detroit Public Schools recorded the lowest scores in the nation for 4th and 8th grade science, math, and reading on the National Assessment of Educational Progress test in 2009-10. Detroit's reading scores were the lowest in the 40-year history of the test.

Leadership and Planning

United Way for Southeastern Michigan and the planning team, comprised of HighScope leadership, staff and representatives of the Great Start system, and nonprofit leaders, engaged in a three month planning process to design and plan for the implementation for the Early Learning Communities approach. The design and planning was facilitated by Deloitte consultants, and provided pro bono. The United Way provides governance and oversight.

Quality Services and Strategies

United Way's early childhood goal is that 80 percent of children entering kindergarten in targeted low income communities have the social, emotional, and cognitive foundation for success. Early family environments are major predictors of cognitive and non-cognitive abilities in children. It is critical that children are exposed to nurturing, literacy-rich and language-rich environments starting at birth. To reach and impact children age 0-5 on the scale necessary for success against this goal, the parent/caregiver relationship must be a prominent part of the solution. The population of informal, family, friend, and neighbor caregivers are a key target population because, in Michigan 83 percent of early childcare subsidy dollars are spent on this type of informal care.

In the disadvantaged communities targeted by the United Way for Southeastern Michigan, there are high-capacity community-based nonprofit organizations called Hubs that United Way supports to coordinate the delivery of a base platform of services designed to reach children ages 0-5 in their geographic area. This base platform of services, called the *Early Learning Communities* (ELC) model includes the following five core elements:

1. A 30-module, evidence-based training curriculum developed by HighScope Educational Research Foundation aimed at improving the knowledge and skills of parents and caregivers
2. Lending libraries that enable low-income parents and caregivers to keep books and educational toys in the home
3. On-site high-quality childcare offered during training sessions
4. Micro-coaching that links higher-skilled caregivers with lower-skilled caregivers in their community to provide 1:1 mentoring
5. Access to literacy materials, providing children with an age appropriate book mailed to their home every month until the age of five

Universal characteristics of this platform are:

- All services are provided in accessible neighborhood-based locations;
- All services are free to the participant;
- Staff and materials are culturally appropriate for participant demographics; and
- All services are welcoming, with minimal restrictions or barriers to participation.

To date, this platform has served as an entry-point for over 4,800 caregivers, reaching an estimated 19,200 children.

Since the delivery of the base platform alone was not enough to drive the impact that United Way and its early childhood partners are seeking, each of the nine community-based Hubs also coordinates a mix of early education programming layered on and integrated with the base platform services. This creates a portfolio of additional services aimed at improving early childhood outcomes for children in the geographic community. These services often are innovative approaches that respond to identified gaps and opportunities within each of the local areas. For example, Oakland Family Services, the Hub coordinator in Pontiac, is implementing two evidenced-based home visiting programs – Healthy Start/Healthy Families and Parents as Teachers – for parents of young children. The objective is to provide more intensive parenting and child development support and education to Oakland County families.

The additional services may be implemented by the Hub organization itself, as in the Oakland example described above, but also may be driven by other collaborating non-profit organizations with particular expertise and unique capacity. For example, the National Kidney Foundation delivers its Regie’s Rainbow Adventure program

(<http://www.kidney.org/site/306/eatrainbow.cfm?ch=306>), an evidence-based, 8-week program for children ages 3-5 and their parents and caregivers. The program is focused on nutrition and available to children and families in Southwest Detroit through the Early Learning Community Hub.

The Greater Detroit Education Innovation Fund focuses resources and capacity support on promising programs for the purpose of evaluating, expanding, and replicating them across the network and, ultimately, across Michigan and the nation.

A key element to the approach of using a shared base platform of services is that the Hub organizations form a singular regional network that exchanges best practices and shares resources. As these organizations develop, implement, and coordinate additional innovative early childhood programs, the regional network structure creates the ability to share and replicate successful programs across the network to achieve scale efficiently.

To date, the expansion and replication of programs across this network has been challenged by:

1. Limited capacity among organizations to demonstrate ongoing evidence of effectiveness. This is true both for the Hub organizations and for their non-profit collaborators.
2. Limited resources to expand and replicate promising programs to achieve scale, both within local areas and across the regional network.

The Greater Detroit Early Education Innovation Fund is designed to overcome these limitations.

Data Collection and Analysis: Tracking Outcomes, Quality Assurance and Ensuring Accountability

The theory of change for the Early Learning Communities (ELC) model is that providing high quality services to caregivers will improve their early childhood education knowledge and subsequent practice. The outcome is that the children they care for will be more prepared for school as a result of the positive changes made by caregivers. A logic model has served as the basis for the HighScope Educational Research Foundation’s multi-year evaluation of the ELC initiative. Data from answers to six questions have been or will be collected as part of both a formative and summative evaluation plan.

The evaluation asks:

1. Why do caregivers participate in ELC?
2. What are the barriers to participation in ELC?
3. How do caregivers respond to ELC programs and services?
4. Does participation in ELC increase caregiver knowledge of child development?
5. Does participation in ELC improve caregiver practice?
6. Are children whose caregivers have participated in ELC more ready for school?

Methods

To answer these questions, the evaluation has had both an extensive and an intensive focus. The extensive evaluation has collected background information and program feedback from every participant served by the ELC. That information has provided a full description of who the ELC serves and how those constituents value the services provided. The intensive evaluation has a quasi-experimental design - collecting information from a subsample of participants and the children they care for, as well as from a sample of comparison group, non-participant caregivers.

The year 1 ELC evaluation work focused on collecting comprehensive descriptive data to guide program development and implementation. As a result of that work, the ELC intervention was fine tuned to delineate its essential elements. In addition to identifying essential elements of the ELC intervention, staff had to identify how much time a caregiver would have to participate in an ELC Hub's activities in order to have received a full ELC intervention. Establishing ELC intervention essential elements and dosage was a critical step that allowed year two evaluation work to focus on changes in caregiver knowledge, beliefs, and practices. Current year three evaluation activities build on the data collected from previous years and have begun to measure child outcomes.

To measure changes in caregiver knowledge, beliefs, and practices, a mix of self-report, direct assessment and independent observation has been used. Child outcomes for children ages 2 – 5 years old are being measured through parent and caregiver reports using the Devereux Early Childhood Assessment (DECA).

While the ELC provides caregivers with a full range of information on child development (e.g. language/literacy, early mathematics, science, small and gross motor skills, problem solving/conflict resolution), the consistent theme across all ELC activities is building adult-child interactions and early childhood environments that support a child's curiosity, ability to seek out and retain knowledge, and desire to develop new skills. This area of child development, sometimes called approaches to learning, is arguably a prerequisite for all other school readiness skills.

Summary of Findings

Every year the evidence demonstrates that caregivers seek out the ELC to gain knowledge and improve their care giving, face participation barriers like transportation and limited free time, and that they are overwhelmingly satisfied with their ELC experiences.

Years 2 and 3 of the evaluation work focused on increased in caregiver knowledge of child development and changes in practice. Pre/post tests administered at all training workshops are designed to show changes in caregiver knowledge as a result of training workshop attendance. On average, ELC workshop participants gained significant new knowledge from pre to post test.

A basic goal of the ELC intervention is to change caregiver beliefs and practices towards more developmentally appropriate practice as it relates to caring for young children. Both in the ELC participants and the non-participant comparison group were asked a series of questions related to their beliefs about caring for children. Analysis of this data found that participation in ELC produced a statistically significant decrease in both inappropriate beliefs and inappropriate practices, and an increase in appropriate practices.

Information garnered through observation of ELC participants providing care to children in their typical care giving setting adds further evidence of ELC's influence on caregivers. Baseline data from 72 caregivers who participated in micro-coaching determined them to be on average of medium quality. After 3 - 6 months of coaching, a second observation was conducted on half of this group. On average, scores increased by almost a full point.

The year three evaluation work is currently being collected to measure impact on children's school readiness. Data collection is ongoing and thus no analyses are available to report at this time. At this point, data has been collected from caregivers and parents about children's social-emotional development and family background.

School Connections

Public, charter and private schools, participate in United Way's ELC initiative in several ways. They partner with the Hubs to host ELC programming. They also help to recruit parents/caregivers to participate. Finally, elementary schools participate in the Early Development Instrument project by collecting child development outcomes assessment on kindergarten children.

For more information, contact:

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Tribal Early Learning Communities Consortium



On January 20, 2011, representatives from six Tribal Home Visiting programs and Head Start, Child Care, and Health Care partners met in Washington, DC, to discuss strategies for building and strengthening Tribal Early Learning Communities. Federal partners from the Administration for Children and Families (ACF), the Health Resources and Services Administration (HRSA), and others participated in the discussions.

The purpose of the meeting was to introduce participants to the early learning communities (ELC) model and framework and to provide them with an opportunity to consider establishing Tribal Early Learning Communities as part of their broader efforts to provide Head Start, Child Care, and Home Visiting Services to families and children.

Participants learned about examples of communities in action and heard reflections on how the concept has and could be applied in Tribal communities and with Native populations. Grantees engaged in conversations designed to build consensus and commitment around the Early Learning Communities concept through exploration of personal and community values and traditions. Conversations were designed to lead to subsequent development of concrete plans to support and strengthen cooperation and coordination among early childhood programs in represented grantee communities, and to establish effective systems of care for young American Indian and Alaska Native (AI/AN) children and families.

Participants worked together in informal community cafés to discuss ideas about the elements of an ideal community within the context of the families and children they serve. Using a graphic recording process, small groups developed models of effective early learning communities. Once they had an opportunity to share insights and stories about the strengths and challenges faced in their communities, the groups focused on beginning the planning process and addressed the following questions:

- Who should be a part of the governance and planning of an ELC in your community?
- What obstacles could block efforts to build and maintain an effective ELC? How will you overcome them?
- What technical assistance would you need to ensure the success of your early learning community?
- What are your next steps when you return to your community?

Grantees who participated in the meeting will comprise the Tribal Early Learning Communities Consortium. Tribal communities include:

- White Earth Band of Chippewa Indians
- Port Gamble S'Klallam Tribe
- Choctaw Nation of Oklahoma
- Pueblo of San Felipe
- Eastern Band of Cherokee Indians
- Taos Pueblo

APPENDIX
EARLY LEARNING COMMUNITY KEY

an early
learning
community
is a caring
community

Profile 1: Alameda County California

First 5 Commission – Supporting the health, well-being, and school readiness of children prenatal to age five

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>First 5 Commission acts as the governing body and is made up of 9 state and community-level commissioners.</p> <p>Funding comes primarily through a tobacco tax levy, which allocates 80 percent to county planning and early childhood services.</p> <p>The Commission operates according to the 2009-13 strategic plan. Based on review of community assets and needs, four major goals have been set:</p> <ol style="list-style-type: none"> 1. Improve and integrate health and early care and education 2. Support parenting, social and emotional health and self-sufficiency of families 3. Support high-quality professional services 4. Promote systems and policy changes 	<p>An accountability matrix identifies benchmarks against which impacts are measured.</p> <p>Each goal in the plan includes outcomes measures and measurable indicators to chart progress</p> <p>Data systems support consistency across community partners through: common definitions, indicators and collection methods; Use of standard measurement tools ; and use of metrics to determine intensity, content, dosage,</p> <p>Data systems support accountability through:</p> <ol style="list-style-type: none"> 1. <i>ECChange</i>, a cross agency information system for case management and accountability; 2. <i>Pathways</i> referral tracking system; and 3. <i>EOnline</i> to track grant applications, TA and program planning. 	<p>The core strategic areas include:</p> <ul style="list-style-type: none"> • Child Health promotion • Home-based Family Support • Coordinated Screening, Assessment, Referral and Treatment • Integrated Child Care Quality support • Provider Capacity Building • Community-based Parent/Child Activities • Community-based School Readiness and School Connections 	<p>School connections are one example of a core strategic area.</p> <p>Strategies and activities:</p> <ul style="list-style-type: none"> • Summer Pre-k bridge programs • Pre-school-kindergarten collaboratives • School district transition coordinators • Information on timelines and requirements on kindergarten enrollment in multiple languages • Kindergarten readiness screening • Tracking child outcomes

Profile 2: Boston, Massachusetts

Thrive in 5 School Readiness Initiative – Assuring children have a strong foundation for educational success

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>Thrive in 5 is managed through a public-private governing body and includes a leadership team/board with state and local representation.</p> <p>An Executive director oversees operations and works with 5 program component managers.</p> <p>Component managers establish advisory or implementation partnerships with stakeholders who provide input and guidance.</p> <p>A parent advisory group works directly with the Executive Director.</p> <p>Thrive in 5 leadership is unique because the organizational structure grew out of a community planning process.</p>	<p>A data collection process tracks progress on indicators.</p> <p>Work is overseen by a data team.</p> <p>Data collection is focused on both systems development and child and family outcomes. Goals include:</p> <ul style="list-style-type: none"> • Develop a data linkage system to track information across agencies, evaluate strategies and monitor outcomes; and. • Collect indicator and context data to track status and well-being of children 0-5. <p>External evaluators will collect baseline data and provide guidance and recommendations for the development of a system-wide data collection platform for all partners.</p>	<p>Strategies and indicators for measuring success have been established for each component. (Ready Families, Ready Schools, Ready Educators, Ready Systems, Ready City and Ready Children.).</p> <p>Based on a set of nationally accepted readiness indicators, a Thrive in 5 logic model identifies inputs and activities and maps them to outcomes and outputs for each component.</p> <p>Work is currently focused in 5 Boston neighborhoods.</p> <p>Community hubs connect and coordinate services.</p>	<p>Schools are overseen by the mayor’s office and the superintendent of schools supports early learning programs.</p> <p>Factors:</p> <ul style="list-style-type: none"> • Formal linkage between Head Start and the public schools • Transition specialists working at public schools • Early Literacy committee • Annual training for principals • Professional development training offered to staff • School readiness assessment • Shared results

Profile 3: Cincinnati, Ohio

Preparing children entering kindergarten to succeed

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>United Way leads the effort and provides governance and funding.</p> <p>A Board of Directors oversees operations. Volunteer groups and partners from the community play a key role.</p> <p><i>Success By 6®</i> with oversight from its Executive Committee informs the work in the region. Initiative staff works with United Way to coordinate efforts.</p> <p>United Way raises and invests more than \$10 million annually for this work. Other funds are blended and braided. Planners use action plans and logic models and work on goals and benchmarks.</p>	<p>The <i>Winning Beginnings</i> data system tracks progress from preschool to kindergarten. Partners include child care centers, home visitation programs, and Head Start.</p> <p>The system includes preschool assessments and kindergarten literacy results and includes child demographics and family information. It includes 1,500 children in 42 classrooms and three home visitation programs.</p> <p>Data tracks individual child progress and is correlated with the statewide kindergarten assessments.</p> <p>Child, classroom and program reports are generated.</p>	<p>Community partners developed initiatives with the United Way including :</p> <ul style="list-style-type: none"> • Quality Home Visitation; • Quality Rated Child Care; • <i>Success By 6®</i>; and • Health Integration. <p>Each program has objectives to engage parents and support families.</p> <p>Strategies and in-place efforts build and sustain quality by using the QRIS and by supporting teacher education and capacity building for home- based providers.</p>	<p>Elements include:</p> <ul style="list-style-type: none"> • Partnerships with schools • Transition planning • Staff involvement in data analysis • Professional development and training • Participation in Learning Circles to share best practices • Cross-program planning and goal-sharing • Expansion of a summer bridge program

Profile 4: Colchester, Connecticut
Raising families since 1698

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>The Collaborative for Colchester’s Children oversees programming and is the umbrella for partners. A leadership work group of 15 manages operations.</p> <p>Colchester is part of a consortium of 53 CT. communities supported through state and foundation funds to plan and develop community-based systems.</p> <p><i>A Blueprint for Change</i> identifies service gaps and community needs in three strategic areas:</p> <ol style="list-style-type: none"> 1. Health and Wellness 2. Family Supports 3. Early Care and Education. <p>The Collaborative used a Results-based Accountability planning process to set goals.</p>	<p>Data collection was used to determine measures of well-being in health, wellness, and family supports.</p> <p>Data collection is used to determine measures of well-being in health, wellness, and family supports.</p> <p>Data collection identified needs in three strategic areas:</p> <ul style="list-style-type: none"> • Health and wellness • Family supports • Early care and education and out-of-school time <p>Additional designs for a system of care will be based on a poll of the community and partners.</p> <p>The data system in the public schools has been redesigned and identification of data points is ongoing.</p>	<p>Emphasis is on quality services and continuous quality improvement.</p> <p>Community education about the importance of early education has generated good will.</p> <p>Improving the quality of early care providers is emphasized and parents have been educated on preschool options.</p> <p>Increased enrollment and improved school performance has been reported.</p> <p>Colchester has new health and social service agency partnerships to expand service delivery.</p> <p>Colchester has a new Early Head Start program.</p>	<p>Schools are part of the planning efforts.</p> <p>Transitions to kindergarten are successful and assessments are coordinated.</p> <p>Schools provide mental health staff, speech and language providers, and refer children for screenings.</p> <p>Facilities improvement grants for classroom and building improvements will support access and quality of early learning programs.</p>

Profile 5: Larimer County, Colorado

Creating a dynamic system to promote quality early childhood opportunities

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>The Early Childhood Council operates as a 501© (3) governed by a Board. An Advisory Council oversees ongoing planning and goal implementation.</p> <p>ECCLC operates both as a direct service provider and a knowledge broker to facilitate implementation by convening partners</p> <p>Staff addresses program focus areas, and a community-wide strategic planning process takes place every three years following a needs assessment.</p> <p>Local Councils support a State Early Childhood Framework. The Framework informs efforts to build community and statewide capacity and service delivery systems.</p>	<p>The Council collects and maintains data about:</p> <ul style="list-style-type: none"> • The population • Program delivery • Systems data <p>Data also is collected on local efforts to implement the Framework.</p> <p>Both mandatory and optional quality measures are in place, and a child identifier process helps track the child outcomes.</p> <p>Strategies are planned to meet priorities based on data. Progress is reviewed quarterly.</p> <p>The data informs quality improvement efforts and identifies areas where training is needed.</p>	<p>The Council braids funding sources to offer seamless community services.</p> <p>Program focus areas include:</p> <ul style="list-style-type: none"> • Professional development • Quality support services • Expanding access to quality care for infants and toddlers • Child Care referral • Parent Education <p>The Council monitors and addresses challenges to service delivery as part of the planning process.</p> <p>Current goals include:</p> <ul style="list-style-type: none"> • Increase qualified staff • Increase access to care • Increase support for addressing mental health needs • Increase children with a medical home • Increase health literacy 	<p>A pilot school readiness project involves the United Way, community early care and education providers, and three public school systems.</p> <p>The goal of the pilot is to establish a common definition of school readiness. The group is determining what data to collect to demonstrate a change in readiness.</p>

Profile 6: Onslow County, North Carolina

Supporting military families

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>The Onslow County Partnership for children oversees 20 programs for children and families with a Board of Directors of community leaders, and military and local officials.</p> <p>The Board oversees:</p> <ul style="list-style-type: none"> • Smart Start programs • Child Care Resource and Referral • Early Head Start • The Child Advocacy Center. <p>Each of these areas has a system of advocacy and steering committees. Goal setting efforts include a community needs assessment, and an annual plan with broad-based community representation.</p>	<p>Data for the community needs assessment comes from a variety of sources and is organized in three broad categories:</p> <ol style="list-style-type: none"> 1. Early education 2. Child health 3. Family support <p>Demographic and other data is drawn from existing data sources.</p> <p>Data also is used to track child and program outcomes. A results map uses standardized outcome measures to track results.</p> <p>Pre- and post- tests measure quality and child outcomes over time.</p>	<p>Services include a broad range of programs that address the unique needs of the military community. Services increase access to and quality of early education, support families, and support child health.</p> <p>Continuous quality is assured by including all stakeholders in discussions of matters affecting services to children and families, by disseminating reports, and by identifying and correcting problems.</p> <p>Quality assurance efforts:</p> <ul style="list-style-type: none"> • A management team addresses teacher turnover • Title 1 funds support training for More @4 teaching assistants • Technical assistance to programs based on ITERS and ECERS scores increases quality • Outcomes and quality are tracked and compliance is monitored 	<p>Schools work with early education programs to assure smooth transitions to kindergarten.</p> <p>Their approaches to ensuring effective transitions involve schools, families, and children.</p>

Profile 7: Palm Beach, Florida

Children’s Services Council – Providing a system of care for young children

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>The Children’s Services Council (CSC) is the county’s social services leadership body. CSC supports 40 agencies that provide services in 6 areas:</p> <ol style="list-style-type: none"> 1. Maternal and child health; 2. Early identification and intervention; 3. Quality, affordable ECE and after school care; 4. Parenting education and support; 5. Teen pregnancy prevention; and 6. Mentoring <p>Providers participate in joint planning, and work on quality assurance efforts, and an integrated data system. Funding is from ad valorem taxes with additional Federal, state and foundation support.</p> <p>Planning utilized the Pathways framework and identified four desired outcomes::</p> <ol style="list-style-type: none"> 1. Healthy Births 2. Fewer Children Birth to Five Abused or Neglected 3. Children Eager and Ready to Learn; and 4. Third Grade School Success. 	<p>The system of care is moving toward accountability.</p> <p>A comprehensive data system tracks fidelity, changes, and outcomes for the Healthy Beginnings Program and Quality counts.</p> <p>Data is provided for:</p> <ul style="list-style-type: none"> • Decision-making and planning • Impact analysis and retrieval • Monitoring and tracking services • Informed decision-making. <p>Student identification numbers are assigned at birth with parent consent to support longitudinal studies.</p> <p>Meetings are convened to review data, share information, and provide input.</p>	<p>The CSC created the Healthy Beginnings (HB) Program as the major component of the system of care.</p> <p>HB recognized that stand-alone programs were not producing results.</p> <p>Supports include: screening at multiple entry points, outreach, and a toll-free line for information and referrals.</p> <p>Nineteen agencies operate as a single program. Entry agencies assist families with their needs through consultation and referrals.</p> <p>Families can access nearly 30 services including child care.</p> <p>Community hubs engage partners and build family capacity.</p> <p>The Quality Counts system supports continuous improvement.</p>	<p>CSC works with the Palm Beach County School District on transitions and attaining grade level by the end of third grade.</p> <p>CSC works with over 60 schools individually.</p> <p>Assistance for pregnant and parenting teens is available to help them achieve healthy births and school success.</p>

Profile 8: Puget Sound, Washington

White Center Early Learning Initiative – Every child will be ready and prepared to succeed in school and in life

LEADERSHIP and PLANNING	DATA COLLECTION SYSTEM	QUALITY SERVICES and ASSURANCE	SCHOOL CONNECTIONS
<p>The White Center Early Learning Initiative (WCELI) is a partnership of community organizations funded by grants.</p> <p>A year-long planning process resulted in a design and business plan for the Initiative.</p> <p>WECLI is coordinated by the Puget Sound Educational Services District and administered cooperatively.</p> <p>A Governing Body comprised of partner agencies and a Community Advisory Council oversees program directions, and engages the community.</p>	<p>Evaluation is integrated across programs. Specific evaluation projects are in place to measure program-specific outcomes.</p> <p>Evaluation is designed to support:</p> <ul style="list-style-type: none"> • Program development and quality improvement through formative assessments • Increased understanding of program goals through analysis of outcome data and shared assessment tools • Transparency and accountability through community evaluation forums, presentations and staff Webinars • Cultural responsiveness through targeted efforts to embed culturally-responsive evaluation principles into all measures <p>Select evaluation projects also are in place including:</p> <ul style="list-style-type: none"> • An Initiative-wide implementation study informs program development and quality improvement • A study of three home-based early learning models and efforts to establish a system of home visiting • Participation in the Outreach Doula Replication Study • Field test using an RCT process to evaluate the QRIS child care system 	<p>Services implemented are evidence-based proven national models or documented promising practices.</p> <p>They include:</p> <ul style="list-style-type: none"> • Child care • Preschool services • Home visiting • Pregnancy support • Classes for early learning professionals • Coaching and mentoring • Play and learn groups • Parent workshops <p>Culturally and linguistically responsive services for Somali clients reflect efforts to respond to changing demographics and community needs.</p>	<p>The Advisory Committee chair is a school principal and schools are connected to many service delivery strategies.</p> <p>Features:</p> <ul style="list-style-type: none"> • A state preschool program, • A teen parent program, and • A blended Head Start and Special Education preschool program. <p>Teaching personnel receive training and information through the Educare Early Learning Center.</p>

Profile 9: Tulsa, Oklahoma

Community Action Project's Early Education Program – Building a solid foundation for your child's success

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<p>The Community Action Project of Tulsa (CAP) leads the efforts in Tulsa and leverages multiple funding streams with many partners.</p> <p>CAP operates not as part of a collaborative, but as a single organization assuming leadership and accountability for services delivered.</p> <p>The work is overseen by a Board of Directors.</p> <p>CAP works with over 100 partners and sets organizational planning goals and strategies.</p> <p>Ongoing planning is coordinated by the CAP Innovation Lab. The Lab launches pilot initiatives to benefit low-income families.</p>	<p>Data is used to inform instruction and program planning and family well-being.</p> <p>Data is collected on:</p> <ul style="list-style-type: none"> • Teacher interactions • Child progress • Child assessments three times per year • Family outcomes <p>Results are analyzed to plan instructional approaches.</p> <p>Data is used by the management team to develop annual work plans.</p>	<p>CAP offers early education services through Head Start, Early Head Start, and the Oklahoma Pilot Early Childhood programs.</p> <p>CAP partners offer:</p> <ul style="list-style-type: none"> • Family support • Parent education • Case management • Crisis intervention • Family counseling <p>CAP meets special education needs; offers home-based Early Head Start; meets health care needs of families; and has collaborative agreements with 20 partners for support services.</p> <p>Financial services help families develop assets and use them as a pathway out of poverty</p>	<p>CAP works with school district partners on facilities planning, curricula coordination, and data sharing.</p> <p>Several early education centers are located in the schools and this fosters smooth transitions.</p> <p>Parent engagement is encouraged and school readiness is discussed.</p> <p>Collaboration ensures work is coordinated and continuous.</p>

Profile 10: White Earth Reservation, Minnesota

Raising awareness of the needs of children birth to five

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<p>The Tribal Council oversees the White Earth Child Care Program (WECCP).</p> <p>Grants support program activities.</p> <p>The White Earth Early Childhood Initiative (WEECI) was created to manage projects and operates under the auspices of the White Earth Child Care Program.</p> <p>An advisory coalition meets monthly to address work in ten funded project areas</p> <p>Goals for the initiative emphasize:</p> <ul style="list-style-type: none"> • Family involvement • Health • Community involvement • Professional education <p>White Earth is one of 26 MN communities funded to develop collaborative community efforts to raise awareness of the needs of young children 0-5.</p>	<p>The Tribe collected data to support work with families including:</p> <ul style="list-style-type: none"> • Data from community profiles • Data from law enforcement on numbers of children removed from home • Data on health services from the Indian Health Service 	<p>Ten initiatives support families at home, in child care, and in the community:</p> <ol style="list-style-type: none"> 1. Library and early literacy resources 2. Family resources 3. Access to oral health care 4. Tribal Police Partnership 5. Caring for Kids Store 6. Annual fun events 7. Child care options 8. Nutrition on Wheels 9. Parenting workshops 10. Cooperation between schools and early childhood providers 	<p>Schools and community partners work together on transition planning and after-school programs for tribal children.</p>

Profile 11: Metropolitan Detroit, Michigan – Wayne, Oakland and Macomb Counties

Using Community Hubs to ensure kindergarten readiness

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<p>United Way of Southeastern Michigan and a planning team designed the ELC approach to boost school readiness.</p> <p>The United Way provides governance and oversight.</p>	<p>A logic model informs the evaluation and the data collection process.</p> <p>An extensive evaluation collected background information and program feedback from participants.</p> <p>An intensive evaluation collects information from a subsample and from a comparison group.</p> <p>As a result of year 1 work collecting descriptive data, the intervention was fine-tuned.</p> <p>Year 2's work focused on changes in caregiver knowledge, beliefs, and practices. Results show statistically significant gains.</p> <p>Data is now being collected on child outcomes as part of the year 3 evaluation work.</p>	<p>Hubs provide a base platform of services with five core elements:</p> <ol style="list-style-type: none"> 1. An evidence-based training curriculum 2. Lending libraries 3. On-site high-quality childcare during training 4. Micro-coaching for mentoring 5. Access to literacy materials <p>Services are in accessible neighborhood-based locations, are free, and have culturally appropriate staff and materials. Services are welcoming with minimal barriers or restrictions.</p> <p>Hub organizations form a regional network to exchange best practices and share resources.</p>	<p>Public, charter and private schools participate in the ELC initiative by:</p> <ul style="list-style-type: none"> • Partnering with Hubs to host programming. • Helping recruit parents/caregivers. • Collecting child development outcomes on kindergarten children.



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