

Maryland Ready: A Path to School

Readiness and Success:

Prenatal to Age 8 Strategic Plan 2020-2025

July 7, 2020

Introduction

From the shores of the Chesapeake Bay to the mountains of Western Maryland, Maryland is home to over 660,000 young children from birth to age 8 and their families.ⁱ They come from a wide range of racial, cultural, linguistic, socioeconomic, and geographic backgrounds—yet the universal needs of young children remain the same regardless of setting, family composition, or racial, cultural or linguistic backgrounds. Using the opportunity provided by the Preschool Development Grant Birth to Age 5, Maryland has taken stock of its early childhood system and created ***Maryland Ready: A Path to School Readiness and Success***, a strategic plan to put forward its vision, goals and strategies to improve the system over the next 5 years. Implementation of this plan will create a foundation that puts a systemic focus on equity, and prioritizes evidence-based models and program effectiveness. It will expand and improve our highly qualified early childhood workforce and infuse the system with continuous quality improvement strategies.

Despite careful planning and elements of an early childhood system already solidly in place, state and local environments can change quickly in the face of catastrophic emergencies such as the COVID-19 pandemic, natural disasters, or dramatic economic downturns. Maryland's strategic plan is intended to be a living document that is adaptable to families' changing needs and priorities in the moment while staying course to its long-term vision. ***Maryland Ready: A Path to School Readiness and Success*** commitment to ensure that young children and families thrive *and* will allow for flexible decisions about key strategies to meet changing needs and contexts. Maintaining this focus and dynamic approach will

allow Maryland to put all of its young children on a path to healthy development, school readiness and long-term success.

The Science of Brain Development

The science is clear. Children's brains develop at their fastest pace during the early years, when synapses form at a rate of 1 million new neural connections per second.ⁱⁱ This intense period of learning and development means that the youngest brains are highly flexible and responsive to the environment as their architecture is established. This sensitivity to experiences, environments, and interactions levels off as we age and as the brain starts to prioritize efficiency over expanding connections. Continuing progress in neuroscientific research reinforces what we now know—that the early years are the most effective time to influence brain development and put children on a path to healthy development and life-long well-being and achievement.

Based on clear evidence that early supports, prevention, and early intervention lead to the most favorable outcomes for young children—especially children experiencing adversity, Maryland plans to further expand and enhance its service and program infrastructure for children from the prenatal period through age 8.ⁱⁱⁱ By strengthening the evidence-based programs serving this population, providing resources for new services, and expanding the number of families served by high-quality programs, Maryland aims to improve the early care and learning experiences of families and their young children as they grow and develop.

The Economic Sense in Investing in Early Childhood

Maryland's leaders agree that investing in early care and education (ECE) makes financial sense. The economic benefits of investing in young children through high-quality early care and education programs for all children have been shown to lead to a return on investment to society of approximately \$7 for every \$1 spent; for children experiencing adversity, the return has been shown to be as high as \$12 for every \$1 spent.^{iv} A failure to invest upfront in the healthy development of Maryland's youngest citizens poses significant and negative impacts on the economy and local businesses. Business leaders in Maryland also know just how important child care is. Employee absence and turnover due to child care

issues for working parents¹ cost Maryland employers \$2.41 billion in 2016, and lowered the state's economic output by \$1.28 billion in one year.^v Maryland has backed its belief in ECE with the funding to finance expansions, for example, by increasing spending on prekindergarten for 3- and 4-year-olds by 13.8% (over \$16 million) in 2017-18, doubling the income eligibility for child care scholarships to 65% of the state median income in 2018, and increasing child care provider reimbursement rates to the 30th percentile in 2019.^{vi}

Celebrating Diversity and Promoting Equity

Maryland's leaders value diversity and believe in the importance of applying an equity lens to all dimensions of their work with children and families. Maryland is one of the most racially diverse states in the nation, ranking 6th out of 50 in 2018 in terms of diversity.^{vii} Less than half (40%) of children under age 5 are White, 30% are Black, 18% are Hispanic, 6% are Asian, and the remainder identify as Native American, mixed race or other. Maryland's families also vary widely in their ethnicity, home language, socioeconomic background, geographic area, religious affiliation and family composition. This diversity enriches our state and creates additional opportunities for learning and growing.

The importance of reaching all families is critical to Maryland's vision. Adopting a strengths-based approach to focusing on equity means ensuring access and affordability to high-quality programs for families and children regardless of their socioeconomic status or geographic location, deepening cultural and linguistic responsiveness within programs, and supporting diversity and equity within a highly qualified early childhood professional workforce that is representative of the children and families throughout the state.

Foundations for Success: Policies, Parent Choice and Programs in Maryland's Mixed-Delivery System

As a geographically and demographically diverse state, Maryland has developed a robust mixed-delivery system of early childhood programs and services to support families and their young children, empower parental choice and family engagement, and ensure successful transitions throughout the early years and into the early grades. In Maryland, the term *mixed-delivery* incorporates an array of services and

¹ The term "parents" in this document includes family members and other adults who are the primary family caregivers for young children, such as grandparents, aunts, uncles, foster parents, guardians, parent partners or others serving as parent figures.

programs that are offered by various agencies that complement and coordinate with each other to serve children and families holistically. The Maryland State Department of Education (MSDE), Maryland Department of Health (MDH) and the Maryland Department of Human Services (MDHS) partner to ensure comprehensive, connected and high-quality services are available across all the geographic areas of the state.

A Supportive Policy Environment

ECE in Maryland has benefited from longstanding support across both executive and legislative leadership in the state over time. In 2011, Maryland received one of nine Race to the Top-Early Learning Challenge (RTT-ELC) awards, a 4-year, \$50 million grant designed to support the development of a seamless birth to age 5 reform agenda and ensure the state supported all young children and families to overcome school readiness gaps. Through this grant, Maryland created 24 Local Early Childhood Advisory Councils (LECACs), implemented its tiered Quality Rating Improvement System called Maryland EXCELS, aligned early childhood assessments and standards, and developed a family, school and community engagement framework, among other initiatives.

Maryland's RTT-ELC advances were based on a strong foundation of a mixed-delivery system that was built over time in the state. In 2000, the Maryland General Assembly, recognizing the effectiveness of offering comprehensive, integrated, full-day and full-year care and education, enacted the legislation and offered the funding to support Judy Center Early Learning Hubs (Judy Centers), a two-generational model to ensure parents can access programs and services that they and their children need to thrive and succeed. This legislation also supported the development of a network of 24 Family Support Centers throughout the state, which provide free, comprehensive services to parents and their children from birth through age 3. Building on that commitment, the Assembly enacted the Bridge to Excellence in Public Schools Act in 2002 (it was fully phased in by 2008), which required local Boards of Education to provide at least a half-day of prekindergarten to low-income families (up to 185% of the Federal Poverty Level Guideline or FPL). As a result, prekindergarten attendance rose 40% by 2011.

The 2016 Federal Preschool Development Grant provided \$15 million in federal funds for prekindergarten expansion to serve children living at 200 percent of the federal poverty line (FPL) or below, in full-day public schools and community-based child care programs. In 2018, the Prekindergarten Expansion Act provided \$4.3 million to fund state prekindergarten expansion to children meeting the income eligibility criteria of 300 percent of the FPL or below in half- or full-day

public schools and community-based child care programs. Most recently, the state-funded Prekindergarten Expansion Grant for FY 2021 expands access to high-quality prekindergarten for 3- and 4-year-olds from families with household incomes up to 300 percent FPL.

The Child Care Scholarship program (formerly Child Care Subsidy program) is also an important Maryland program that eases financial burdens on families to enable them to enroll their children in child care. In 2018, Governor Larry Hogan called for an increase in child care subsidy provider reimbursement rates from the 9th percentile of the cost of care in Maryland based on the market rate survey to the 20th percentile of the market rate, and supported legislation raising that rate to 60th percentile by FY22. In 2019, the legislature passed a bill making the 60th percentile the reimbursement rate effective in FY21. In addition, the State Board of Education doubled the annual income eligibility limits for scholarships to families to pay for early care and education programs. This raised the eligibility threshold for a family of four from about 29 percent of state median income (\$36,000) to 65 percent of state median income (approximately \$71,500), substantially increasing the number of families able to get financial help to pay for care and education during their children's early years.

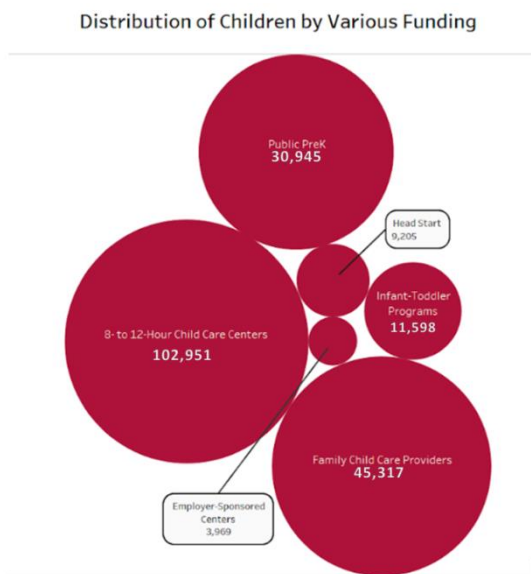
An important aspect of Maryland's system is its strong and coordinated system of governance that connects state and local leadership and stakeholders. Maryland's State Early Childhood Advisory Council (ECAC) includes early childhood educators, policymakers, practitioners and community advocates from across the state. The purpose of the ECAC is to coordinate efforts among ECE programs, conduct needs assessments, and support statewide strategy development for the early childhood system. In addition, there are 24 Local Early Childhood Councils (LECACs), which include professionals in the ECE field from each jurisdiction in Maryland. LECACs exist to establish annual benchmarks of school readiness skills of children entering kindergarten; conduct periodic local needs assessments regarding the quality and availability of programs and services; develop action plans for increasing participation of children in existing programs, including outreach to underrepresented and special populations; coordinate initiatives and reforms locally; and report progress or challenges to the statewide ECAC. Local councils meet quarterly and provide leadership and feedback loops for the system.

[A Commitment to Parent Choice and a Mixed-Delivery System](#)

A core value of Maryland's early childhood system is to promote family choice in ECE program enrollment options. The state's history of supporting a mixed-delivery system has ensured that families can choose between ECE programs provided by child care centers, family child care homes, Head Start

and Early Head Start, or within a public school setting (see Figure 1). A growing number of programs also provide inclusive early intervention services to support children with special needs. Judy Centers and Family Support Centers are unique and important components of Maryland’s mixed-delivery system as well.

Figure 1. Distribution of Children by ECE Setting Type and Funding Source



Data source: Maryland Family Network. *Child Care Demographics*, (2019).

Data do not reflect an unduplicated count.

- **Child Care Centers** are licensed, out-of-home group settings for care and education services for part or all of any day, at least twice a week. They may be operated by private entities, non-profit organizations, or faith-based organizations, such as churches, synagogues or mosques. Some child care centers cater specifically to infants and toddlers while others serve preschoolers or a mix of ages. In 2018, there were 873 child care centers licensed by the MSDE Office of Child Care and serving 181,403 children (Maryland Child Care Resource Network, 2018a).
- **Family Child Care Homes** are also licensed through the MSDE Office of Child Care and may provide care to up to 12 children. In these settings, providers take care of one or more children who are not related to them in their own home. In 2018, family child care homes accounted for

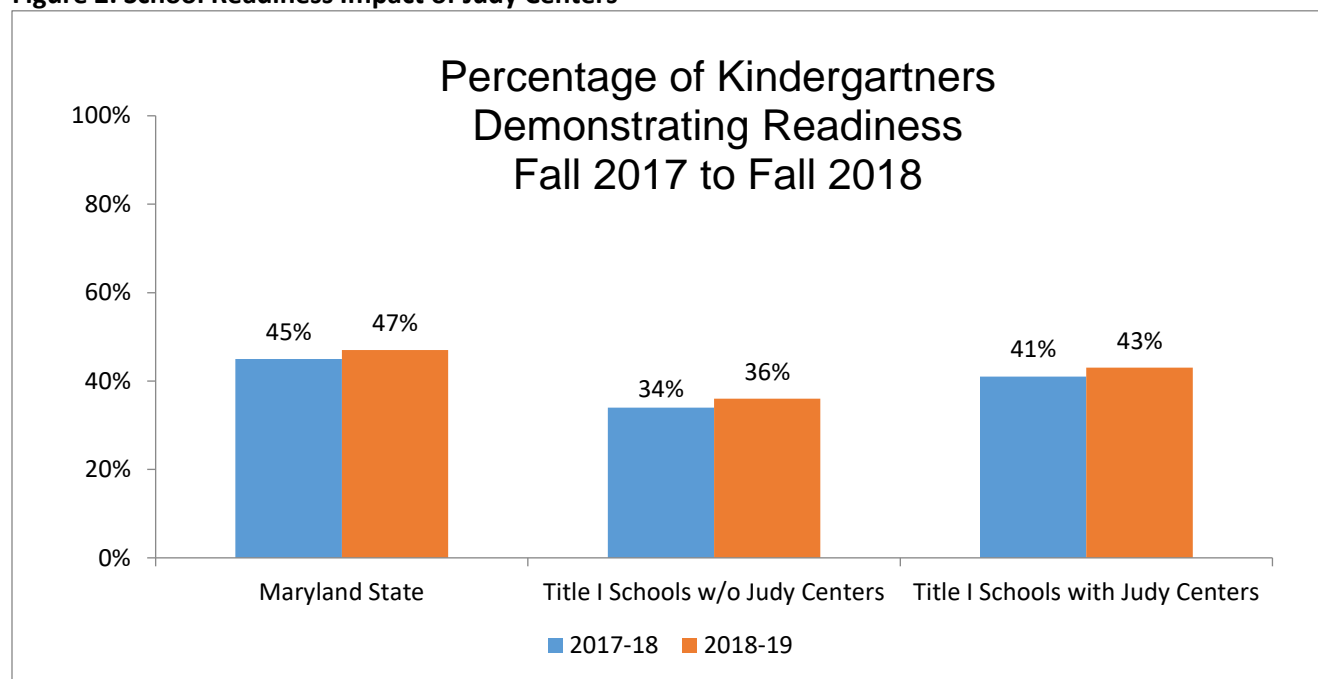
about 22% of Maryland's capacity to serve children birth to age 5, with the youngest children more likely than older children to enroll—they account for about 8.8% of capacity for four year olds (Maryland Family Network, 2018).

- **Head Start and Early Head Start** are federal programs that promote school readiness for children from prenatal to age 4 in low-income families, enhancing their cognitive, social, and emotional development. By July 2018, there were 54 Head Start Programs in Maryland, including 19 Head Start programs and 35 Early Head Start Programs, which serve children from 6 weeks to age 3. Altogether, these programs enrolled 8,574 children in Head Start and 2,428 Children in Early Head Start. The program also caters to 183 pregnant women through Early Head Start (Maryland Head Start Association, 2018).
- **Public Prekindergarten Programs** are primarily provided to 4-year-olds and some 3-year-olds. Programs are developed and administered through local jurisdictions, which create their own policies and procedures in accordance with state guidelines. Most jurisdictions offer free, voluntary, half-day prekindergarten to 4-year-olds based on income criteria, with four jurisdictions—Baltimore City and Somerset, Garrett, and Kent Counties—offering full-day public prekindergarten to all 4-year-olds (Maryland State Department of Education, 2018). To be eligible for half-day prekindergarten, a student must be 4 years old and low income, receiving public assistance, homeless, or receiving special needs services. If vacancies remain after a program serves all children who are economically disadvantaged, the program may then enroll 4-year-old children who do not meet the income requirements but who represent a student population that exhibits a lack of readiness in foundational skills, knowledge and behaviors (Maryland State Department of Education, 2018). Public prekindergarten programs may operate in a school or child care setting. Child care programs providing public prekindergarten must be rated at the highest level of Maryland EXCELS. In 2018-19, 30,947 children were enrolled in public prekindergarten, including 4-year olds and 3-year olds.
- **Individuals with Disabilities Education Act (IDEA) Services.** Approximately 9,000 children birth through age 4 with developmental delays or disabilities receive early intervention in their homes or in early childhood settings under the Maryland Infant and Toddler Program (MITP). MITP is an

interagency program that provides a coordinated, comprehensive system of family-centered services for young children through the Individuals with Disabilities Education Act (IDEA) Part C (Maryland State Department of Education, 2017). Maryland also provides special education and related services to approximately 12,300 children ages 3 to 5 who are eligible for services under IDEA Part B, Section 619. These students receive a full continuum of services through an Individualized Education Program (IEP).

- **Judy Center Early Learning Hubs.** Judith P. Hoyer Early Child Care and Family Education Centers (known as “Judy Centers”) provide services to children from birth through kindergarten in specific Title I (high-poverty) school districts across the State. Judy Centers, unique to Maryland, promote school readiness through collaboration with community-based agencies, non-profit organizations, and businesses that provide social services, healthcare, Healthy Families programs, Family Support Centers, adult education, parenting education classes, family literacy, and public library programs. There are 54 Judy Centers across Maryland, serving over 15,400 diverse children either through public school or a community program (see Figure 2). About 80% of children in Judy Centers receive special services, which include special education services, language support for English learners, or free and reduced lunch (Maryland State Board of Education, 2017).

Figure 2. School Readiness Impact of Judy Centers



Data Source: Maryland State Department of Education. *The Judith P. Hoyer Early Care and Education Enhancement Program Report*, (2019).

- **Family Support Centers.** Maryland has 26 Family Support Centers (FSCs) across 14 jurisdictions: Baltimore City, Baltimore County, and Caroline, Carroll, Cecil, Dorchester, Fredrick, Kent, Montgomery, Prince George's, Queen Anne's, Talbot, Washington, and Wicomico Counties. FSCs offer free educational and health-related services to parents and their children ages birth through age 3. These two-generation programs offer a range of services, including quality infant/toddler care and assessments, parent education, adult education, family literacy and job readiness training programs, health education, referrals for services, home visits for some services, and peer support. The networks also coordinate services between agencies (Maryland State Department of Education, 2018j). FSCs serve approximately 2,000 households per year and 2,200 children (Maryland Family Network, 2018).
- **Home Visiting Programs.** Maryland offers several avenues for families to experience home visits. Established by the Affordable Care Act in 2010, and administered through the MDH Maternal and Child Health Bureau, the federally funded Maternal, Infant and Early Childhood Home Visiting (MIECHV) program provides individualized and culturally competent services for

at-risk expectant parents, young children and their families. These programs are voluntary and take place in families' homes. They help families strengthen attachment, provide optimal development for their children, promote health and safety, and reduce the risk for child maltreatment. Other programs include Nurse-Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschool Youngsters (HIPPY), Early Head Start, Healthy Start in Baltimore City, and MITP. There are 18 home visiting sites and, in 2017, they served over 1,300 families.

In spite of Maryland's commitment to a mixed-delivery system and the range of care and education settings available to families outlined above, across setting types there are only enough slots available to serve 46 percent of the population of children from birth to age 5. While not all families seek out-of-home ECE programs and services for their young children before kindergarten entry, there is room to grow in increasing the availability of slots, the affordability and accessibility of programs, and the quality of programming and services so that every family who seeks an ECE program or service can readily find, afford, and access a high-quality program or service.

[Support for Early Childhood Professionals and Program Quality](#)

Recognizing that an important aspect of parent choice is having access to high-quality programs and service—and facing a shortage of qualified providers and teachers—Maryland is committed to investing in the ECE professional workforce. A key strategy to improve the quality of ECE teachers and administrators is the Child Care Credentialing Pathway, a voluntary credentialing system intended to support continued professional development related to child development, curriculum, health, safety and nutrition, professionalism, as well as community and special needs. In addition, the state has many accredited colleges and universities, including 15 institutions that offer an Associate's (2-year) degree and 12 that offer a Bachelor's degree. Setting the bar on professional qualifications, public prekindergarten programs require teachers to have a 4-year degree and Maryland certification in early care and education; and Head Start and Early Head Start teachers need a CDA credential or an Associates or Bachelor's degree with a focus on early childhood. Expanding access to professional development opportunities, increasing the alignment between institutes of higher education, enhancing opportunities for professionals to grow using a well-developed career lattice, and improving compensation are important to Maryland's ECE system.

To ensure that ECE programs are offering the quality of care and developmental and educational activities that families look for in a program, Maryland recognizes various accrediting agencies, such as the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC), and encourages all programs to participate in the statewide Quality Rating Improvement System called Maryland EXCELS. Maryland EXCELS is a voluntary, portfolio-style system that awards ratings from 1 (lowest) to 5 (highest) based on a program's implementation of nationally recognized standards and best practices. The system provides programs with a roadmap that encourages and rewards improvement of services, promotes Maryland's definition of quality, and offers a framework and supports designed to increase the quality of programs.^{viii} In addition, Maryland's Child Care Resource Centers (CCRCs) provide guidance, leadership and services designed to improve the quality, availability, and affordability of ECE in every community across the state.

Maryland's enduring commitment to parent choice and mixed-delivery options broaden the opportunities and experiences for children across the state, and ultimately improve school readiness outcomes.

Overview of Maryland Ready: A Path to School Readiness and Success

Maryland is well positioned to enhance and expand its mixed-delivery system for young children and families over the next 5 years by relying on the science of brain development and program effectiveness, empowering parent choice, and celebrating the rich diversity of Maryland's families.

Maryland Ready: A Path to School Readiness and Success presents Maryland's vision, mission and principles for serving children and families in the prenatal to age 8 years. It then outlines Maryland's six goals for early childhood over the next 5 years:

1. Strengthen availability and access
2. Improve and support program quality
3. Deepen family engagement
4. Ensure successful transition experiences
5. Expand and enhance workforce development
6. Improve systems for infrastructure, data and resource management

This document explains how information was gathered from a range of stakeholders and sources to inform the strategic plan. It then presents Maryland's vision, mission and principles guiding the state

early childhood system; and lays out details about Maryland’s six goals and accompanying strategies, action steps and measurable indicators of progress that will be used to ensure accountability and continuous improvement.

Listening to Voices from the Field

The Needs Assessment that shaped this strategic plan was developed after listening to voices from the field. This section outlines how the Needs Assessment was developed and how it informs this strategic plan and how equity—seeking input from and serving the most vulnerable families—was central to the Needs Assessment and strategic plan development process.

Conducting the Needs Assessment and Developing the Strategic Plan

To inform the development of ***Maryland Ready: A Path to School Readiness and Success***, Maryland conducted a comprehensive Needs Assessment across every region of the state to gather input across a wide range of stakeholders about the strengths of Maryland’s ECE system and its opportunities for improvement. In 2019, the Maryland State Department of Education received an initial Preschool Development Grant award to support continued enhancement of the state’s mixed-delivery system. That initial grant provided Maryland the opportunity to analyze its ECE landscape and plan for improvements. The results of that analysis, called the *Together Juntos Needs Assessment: A Systematic Review of Early Childhood Care and Education Needs in Maryland*,^{ix} conducted by the Mid-Atlantic Equity Consortium (MAEC) in collaboration with the MSDE, MDH and MDHS indicated strengths and opportunities for improvement across Maryland’s ECE system. ***Maryland Ready: A Path to School Readiness and Success*** is based on information learned from the Needs Assessment and additional inputs from families, practitioners and other stakeholders.

Valuing the Whole Child and the Perspectives of All Stakeholders

Input was gathered from across well over 2,000 individual stakeholders during the development of the Needs Assessment and Strategic Plan. Stakeholders included administrators, family child care providers and center-based providers, public school teachers, Head Start staff, Judy Center staff, health care providers, librarians and other community service providers, family members, advocates, community-based organization staff, district leaders and more (see Appendix A for organizations represented).

The result of this widely inclusive and iterative process that occurred over many months is a strong Strategic Plan that reflects the perspectives and priorities of the many stakeholders impacting the well-being and achievement of young children across Maryland. By building the plan according to the real and current needs of the families, children, practitioners and educators, and by measuring results to ensure transparency and accountability, Maryland is transforming its system into a world-class, dynamic infrastructure that allows every young child in Maryland to thrive.

Gathering Information and Ideas from Multiple Sources

The Needs Assessment included input from families, child care providers, child and family advocates, and school and community partners from each of its 24 jurisdictions (see attached infographic). There were four methods of data collection:

Document Review. This review systematically examined and consolidated documents including previous needs assessments, strategic plans, academic studies, policy reports, evaluations and progress reports related to different components of the ECE system conducted in the last 15 years. Over 100 documents (107) were identified and reviewed as a part of the systematic document review.

Town Hall Meetings. There were 18 town halls meetings conducted across nine sites in Maryland. For each site, a Town Hall meeting was held in the morning and the evening to provide as much access as possible. A total of 686 people attended Town Hall meetings.

Stakeholder Survey. A survey was administered to parents and caregivers, providers and community partners during town hall meetings and to the wider ECE community through listservs, other stakeholder meetings and word of mouth. The survey assessed constituents' experiences and perceptions of ECE in Maryland. In total, there were 1,281 valid responses to the survey. The survey was translated into the four most commonly spoken languages in Maryland, including Spanish.

Focus Group Discussions. Seventeen regional focus groups were conducted with key stakeholder groups including parents and caregivers, providers and community partners. Three groups were conducted in Spanish. In total, 179 stakeholders participated in groups held in four regions of Maryland (Western Maryland, Eastern Shore, Baltimore City and Southern Maryland).

This Strategic Plan has also been developed in collaboration with representatives from state partnering agencies, as well as individual stakeholders from across the state. Through seven Community Roundtable events with dozens of participants at each event, the process further solicited and incorporated input from a broad range of stakeholders. Written feedback through an online platform was also folded into the development of the Strategic Plan. Community Roundtables were held in five jurisdictions across the state, from Western to Southern Maryland, to be accessible to rural, suburban and urban stakeholders. Weekday, weekend and evening events were offered in order to reach a range of stakeholders, including direct service providers and working parents.

Alignment between the Needs Assessment and the Strategic Plan

The Needs Assessment presented findings according to seven domains, while the Strategic Plan is organized around six goals. The domains and goals overlap, and the differences are the result of consensus around areas of priority. The domains framing the Needs Assessment included:

1. Availability and access
2. Quality
3. Transitions
4. Infrastructure and coordination
5. Parent needs and family engagement
6. Data system needs
7. Costs and funding

The key findings that emerged for each domain shaped the six goals agreed upon by stakeholders, presented in the next section.

Maryland's process for conducting the needs assessment and developing a strategic plan.



Document Review

107 Documents were identified and reviewed as part of the systematic document review



Survey

A survey was administered to parents caregivers, providers and community partners. In total there were **1,281** valid responses to the survey



Town Hall

18 meetings were conducted across nine sites in Maryland making for a total of **686** people who attended



Focus Groups

17 regional focus groups were conducted with key stakeholders, including parents and caregivers, providers, and community partners, three groups were conducted in Spanish. In total, **179** stakeholders participated in groups held in four regions of Maryland.

NEEDS ASSESSMENT REPORTS

1

Together Juntos Report

The first report, *Together Juntos Needs Assessment: Early Care and Education in Maryland*, is a discussion of the overall findings of the needs assessment.

2

Voices from the Field

The second report, *Voices from the Field: Stakeholder Perspectives on Maryland's Early Childhood Care and Education System*, provides an in-depth summary of the Town Hall meeting feedback.



Round Tables



The Early Childhood Advisory Council provides feedback.



The Early Childhood Advisory Council provides feedback.



Strategic Plan



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Getting Off to a Good Start: The Need to Improve Kindergarten Readiness for Vulnerable Children

When children experience adversity in their early years, children can fail to thrive. Maryland's vulnerable children are even less likely to show kindergarten readiness. Although 47 percent of all Maryland children began the 2019 school year demonstrating readiness, some groups showed significantly fewer children exhibiting readiness skills than others. For example, only 19 percent of children with disabilities were ready, compared to 50 percent of non-disabled peers. Only 18 percent of English learners were ready, compared to 52 percent of English fluent peers. Just over one-third (34 percent) of children from low-income households showed readiness, whereas 50% of other children showed readiness. And, while 60 percent of white children were ready, only 42 percent of African American children and 26 percent of Hispanic children were ready.^x

A vital element of Maryland's focus on equity seeks to ensure resources are available among those families and communities where they are most needed. Based on feedback from the Needs Assessment, the vulnerable populations for which Maryland will prioritize resources and services include:

- Children from birth-age 3
- Children and families living in or near poverty
- Children from a racially or ethnically diverse family
- Children experiencing homelessness and migrant families
- Children in rural areas
- Children and families with special needs
- Children in foster care or involved in the child welfare system
- Children with incarcerated parents
- English language learners, also called multilingual learners
- Children exposed to substance abuse and addiction
- Children of families in the military
- Children exposed to toxic stress, trauma or multiple adverse early childhood experiences

Maryland will ensure that sufficient resources and attention go toward providing these children and families with the services and opportunities they need to thrive.

Maryland's Vision for Young Children and Families

Maryland has a simple vision, a comprehensive mission, and a set of principles that provide ten pillars for the ECE system. An essential component of the mission is serving children experiencing adversity and otherwise vulnerable children.

Maryland's Vision and Mission

Maryland's vision is that all young children and their families will thrive.

In collaboration with a multitude of stakeholders, the Maryland State Department of Education developed the following comprehensive mission statement for its early childhood system in 2018:

Maryland's vision for its prenatal to age 8 early childhood state system is a well-coordinated and integrated system of programs, supports, and services where every child in the state has the opportunity to access a high-quality early childhood experience, arriving at school with a healthy body, healthy mind, and the foundational knowledge and skills needed to succeed; and that every family has access to the resources needed to be effective as their child's first and most important teacher and advocate. A child's access to quality early childhood experiences and the positive outcomes that result will not be contingent on income, race, zip code, disability status, nor English language proficiency (MSDE, 2018).

This vision and mission responds to what we know about brain development and early learning, creating systems that value all children, and the power of strategic investments. The vision and mission are designed to protect families' right to have options in the environments and services experienced by their young children. With its commitment to equity, *all children* in Maryland means regardless of income, race, home language, zip code, culture or background, and ability level.

Guiding Principles: Maryland's Pillars for Early Childhood System Building

Foundational to Maryland's goals and action plans is a set of principles that state, school, and program leaders hold to be true and universal. Maryland believes that children and families across Maryland thrive when we work across sectors according to these ten principles:

1. Expand on the successes that Maryland has already created with its mixed-delivery system and strong state and local infrastructure that empowers both systemic and community driven strategies.

2. Adopt a child- and family-centered approach to program and service delivery that emphasizes prevention and the importance of starting early, including during the prenatal period.
3. Ensure access to affordable ECE services for all young children throughout the state.
4. Provide high-quality care and education programming for all young children and their families that supports all developmental domains, including foundational skills for demonstrating school readiness, including physical, social-emotional, mental, and behavioral health.
5. Prioritize the needs of families experiencing adversity or disadvantage, or who are otherwise vulnerable.
6. Engage communities and families through equitable, culturally and linguistically responsive, and two-generational approaches grounded in evidence-based models.
7. Invest in systems building coordination and collaboration, leveraging federal, state, and local funding, as well as public-private partnerships.
8. Provide regular and ongoing public forums and feedback loops, transparent communication channels, and consistent messaging.
9. Maximize data systems capacity and use, including application to policy and program decision-making.
10. Continually evaluate state progress based on metrics and measures of success that reflect stakeholder input and systemic collaboration and revise as needed.

These principles guide the development of our regulations, systems, investments and actions to benefit all of Maryland's families and communities.

Realizing the Vision: Maryland's Goals, Action Steps and Measures of Progress

The following section presents Maryland's goals for the next 5 years of serving children in their early years across intersecting areas of the mixed-delivery system. A key starting point for putting strategies to work is enhancing families' access to services. Yet not all programs and services are equal. It is clear that the quality of programs is essential to outcomes, and Maryland aims to raise the quality of services—and awareness of the importance of quality—across program types and geographic areas. The need to address equity and implicit bias across agencies to improve access, quality, family engagement, governance, and the workforce is also critical to carrying out Maryland's vision. Closing achievement and school readiness gaps so that children can transition smoothly into kindergarten and get off to a fair and

strong start remains central to our work. Improving systemic issues related to coordination, infrastructure, data systems and funding mechanisms will elevate the positive outcomes for young children of diverse backgrounds throughout Maryland.

Overview of Six Goals that Will Move Maryland Forward

Maryland's six goals and key strategies are as follows.

- 1. Strengthen availability and access** by increasing availability and choice for all families and especially vulnerable families, decreasing barriers, serving more children with special needs in inclusive settings, and improving coordination between ECE and health services.
- 2. Improve and support program quality** by increasing quality across sectors, focusing on equity, increasing kindergarten readiness for all children, and improving capacity to meet infants' and children's mental health needs.
- 3. Deepen family engagement** by increasing families' awareness of high-quality programs, expanding two-generational programming, and enhancing families' opportunities to engage.
- 4. Ensure successful transition experiences** by strengthening institutional support for transitions, supporting families through transitions, and improving transition-focused professional development opportunities.
- 5. Expand and enhance workforce development** by improving professional development opportunities, strengthening equity, coordination and alignment efforts, and improving compensation for ECE professionals.
- 6. Improve systems for infrastructure, data and resource management** by improving coordination across agencies, modernizing the data system, using resources in ways that promote equity, and streamlining funding mechanisms.

The following section provides details on the key strategies and strategic actions that will move the system forward for expecting parents and children from birth to age 8 by 2025.

Goals, Strategies, Action Steps and Indicators

This section presents Maryland's six goals for its early childhood system through 2025, and lays out the strategies and action plans to accomplish those goals. Each strategy is followed by a table displaying measurable indicators of progress and data sources.

Goal 1. Strengthen Availability and Access

While Maryland has a rich mixed-delivery infrastructure of privately and publicly funded ECE services and has already increased access to child care and prekindergarten for some families, the Needs Assessment also revealed opportunities for improvement. About 51 percent of Marylanders live in a child care deserts,^{xi} most of them in rural areas, meaning that they lack opportunities to develop the social, emotional and cognitive skills they need to thrive. Half of Maryland's 3- and 4-year-olds (75,000 children) are not enrolled in an ECE program²—and too many of them are in families experiencing adversity. The Needs Assessment revealed the following areas for improvement:

- Costs are a barrier to accessing care and education for low- and middle-income families.
- There is a shortage of programs and services available for children from birth to age 3, especially in rural areas.
- The number of family child care providers is declining.
- Families often do not know about available services and programs.
- There are administrative hurdles that make it difficult for families to access services and enroll in programs.

Strategy 1. Increasing Availability and Choice

Increase parent choice and build access across all setting types within Maryland's mixed-delivery ECE system.

Action Steps

- a. Increase the number of slots in prenatal programs for expectant parents.
- b. Increase the number of slots in ECE programs for children from birth through age 2.
- c. Increase the number of slots in ECE programs for children ages 3 to 5 across Maryland's mixed-delivery system, including in family child care programs.

² The Annie E. Casey Foundation (2019). Kids Count Data Book: State Trends in Child Well-Being.

- d. Increase enrollment in public prekindergarten, particularly for 4-year-olds from low-income families.
- e. Provide programs and services with support for English learners.
- f. Increase the number of slots in home visiting programs, including in rural areas.
- g. Expand the number of slots in Judy Center Early Learning Hubs and Family Support Centers.

Measurable Indicators for Goal 1 Strategy 1

Indicators for Goal 1 Strategy 1	Data Source
Increased percentage of slots available in prenatal parenting and health programs.	DEC Data
Increased percentage of parents served by prenatal programs overall and disaggregated across jurisdiction.	DEC Data
Increased number of ECE programs licensed or approved to serve infants and toddlers (birth-2 years).	DEC Data
Increased percentage of children in ECE and family child care centers.	DEC Data
Increased number of available pre-k programs.	DEC Data
Increased percentage of low-income 3- and 4-year-old children enrolled in pre-k programs.	DEC Data
Increased percentage of all 3- and 4-year old children enrolled in pre-k programs.	DEC Data
Increased percentage of MSDE-sponsored professional development training sessions provided to ECE teachers and administrators about culturally responsive teaching and learning.	DEC Data
80% of educators attending MSDE-sponsored trainings on culturally responsive teaching and learning reported learning new information.	DEC Data
80% of educators attending MSDE-sponsored trainings on culturally responsive teaching and learning reported the experience as satisfactory.	DEC Data
Increased number of translators and/or interpreters available across the state.	DEC Data
Increased percentage of multilingual learners participating in ECE programs.	DEC Data

80% of multilingual learners reported satisfactory program supports and services.	DEC Data
Increased the percentage of families served by home visiting services.	DEC Data
Increased percentage of home visit activity across locales (e.g., urban, suburban, rural).	Home Visiting Data
Increased the percentage of programs conducting home visits.	Home Visiting Data
Increased number of Judy Center Early Learning Hubs.	DEC Data
Increased number of Family Support Centers.	DEC Data
80% of families using Judy Centers and Family Support Centers reported being satisfied with the center.	Family Survey

Strategy 2. Decreasing Barriers

Decrease barriers to accessing ECE programs for all families, especially those experiencing adversity.

Action Steps

- a. Reduce families' ECE-related costs by increasing the eligibility threshold for child care scholarships, supporting tax credits, and implementing other financial supports for low- and middle-income families.
- b. Increase public awareness of available services and eligibility requirements by conducting a communications campaign and implementing parent navigator programs statewide.
- c. Ensure access to transportation to ECE programs in partnership with the Maryland State Department of Transportation.
- d. Expand access to services and enrollment in programs by reducing administrative hurdles for families.

Measurable Indicators

Indicators for Goal 1 Strategy 2	Data Source
Increased percentage of eligible families who benefit from child care scholarships, Maryland state tax credits, and other financial supports for ECE.	Stakeholder and Family Surveys

Reduced the eligibility threshold for families to qualify for child care scholarships, tax credits, and financial supports.	DEC Data
Communications campaign conducted through MSDE service program offices, local media, and ECE infrastructure.	DEC Data
Established a parent navigator program in each jurisdiction.	DEC Data
Increased percentage of rural families reporting the transportation infrastructure improved ECE access.	DEC Data and Family Survey
Increased percentage of affordable ECE programs in rural areas.	Family Survey
Increased percentage of families eligible for free or subsidized public transportation.	DEC Data
Increased percentage of families reporting satisfaction with the public transportation options connecting them to ECE programing.	Family Survey
Increased percentage of families using MSDE support services.	MSDE Data
80% of families reported satisfaction in accessing state services.	Family Survey

Strategy 3. Serving More Children with Special Needs in Inclusive Settings

Increase the number of children with special needs served in high-quality, inclusive ECE programs and settings.

Action Steps

- Increase access to programs leading professionals to become certified inclusion specialists in ECE programs.
- Improve systems coordination so that increased numbers of children with special needs are connected with and enrolled in available programs and services.

- c. Ensure all programs and services are supported in meeting screening, referral, and access needs for children with special needs.

Measurable Indicators

Indicators for Goal 1 Strategy 3	Data Source
Increased percentage of ECE programs with trained and certified inclusion specialists.	Division of Early Intervention and Special Education Data
Increased percentage of children with special needs enrolled in programs or getting services.	DEC Data
80% of program coordinators and administrators reported improved ability to work with other groups or agencies.	Stakeholder Survey
Decreased time between referrals and services received for families with children who have special needs.	Division of Early Intervention and Special Education Data
Increased percentage of children with special needs accessing programs or supports.	Division of Early Intervention and Special Education Data
Increased percentage of program and service staff who can serve children with special needs.	Division of Early Intervention and Special Education Data
Provided at least one training per jurisdiction to existing ECE teachers about inclusion and working with children who have special needs.	Division of Early Intervention and Special Education Data

Strategy 4. Improving Coordination between ECE and Health Services

Expand families' awareness of and access to ECE and health services through stronger coordination and communications.

Action Steps

- a. Partner with healthcare providers to provide information to families on local ECE programs, including by providing families with hospital kits with early childhood materials and developmental milestone calendars.
- b. Convene a task force to identify strategies and integrate Medicaid, public health programs, including home visiting, and ECE programs.
- c. Expand access to prenatal services and medical homes for young children.
- d. Increase access to therapeutic nurseries and programs for medically fragile children.
- e. Expand program use of healthy food and nutritional support programs.

Measurable Indicators

Indicators for Goal 1 Strategy 4	Data Source
Increased number of hospital kits that include ECE program and developmental milestone information distributed annually.	DEC Data
Increased percentage of families who report receiving a hospital kits and understanding child development milestones.	Family Survey
80% of families reported access to information from local governance, agencies and providers about prenatal services.	Stakeholder Survey

Increased number of families using prenatal services.	DEC Data
Increased number of families using medical homes for young children.	DEC Data
Increased number of therapeutic nurseries across Maryland regions.	Geomapping
Increased percentage of medically fragile children served by therapeutic nurseries and programs.	DEC Data
Increased number of programs participating in Child and Adult Care Food Program (CACFP).	CACFP Data from MSDE Office of School and Community Nutrition Programs
Asset mapping of community partners distributing food to homeless and/or hungry families.	DEC Data
Increased percent of homeless and/or hungry families using healthy food and nutritional support programs.	MSDE Office of School and Community Nutrition Programs Data

Desired Outcomes

Taken together, the four strategies described above to improve availability and access for families are expected to lead to these outcomes:

1. Increased percentage of families reported having at least two affordable ECE provider options from which to choose, including for each group of families identified as vulnerable or experiencing adversity.
2. Increased percentage of families experiencing adversity that needed support reported having access to affordable, high-quality health services options, including for medical, dental and mental health care.

Goal 2. Improve and Support Program Quality

Maryland has an advanced quality improvement system and strong licensing requirements, as well as effective models for comprehensive service provision that make a positive impact on children's readiness for kindergarten. Moreover, stakeholders are generally satisfied with the ECE facilities across the state. However, there are areas to grow when it comes to program quality:

- Providers find participation in Maryland EXCELS to be challenging, and many programs struggle to move beyond the lowest levels of quality ratings.
- Families lack awareness about Maryland's quality-rating system.
- Maryland could better streamline quality-improvement initiatives.

Strategy 1. Increasing Quality across Sectors

Increase the quality of ECE programs and services across sectors including education, health, and social services.

Action Steps

- a. Increase provider participation in quality-improvement initiatives and apply information gathered to inform program-improvement strategies.
- b. Increase the number of MSDE Quality Assurance Specialists (QAS) to provide technical assistance to service providers, program directors, school administrators, healthcare workers and other relevant professionals serving children and families.
- c. Expand public and family awareness of Maryland EXCELS, program accreditation, professional credentialing, and other quality assurance initiatives.

Measurable Indicators

Indicators for Goal 2 Strategy 1	Data Source
Increased percentage of ECE programs participating in Maryland EXCELS.	DEC Data
Increased percentage of Maryland EXCELS rated programs at level 3 or higher.	DEC Data
Increased number of Quality Assurance Specialists.	DEC Data
Implementation of an information campaign to increase awareness of Maryland EXCELS.	Maryland EXCELS website analytics
Increased number of visits and searches on the Maryland EXCELS website.	Maryland EXCELS Website Analytics
Increased percent of families who reported that Maryland EXCELS was a resource they used to help decide on child care.	Family and Stakeholder Surveys
Increased percent of families who reported that program accreditation, professional credentialing, and other quality assurance initiatives influenced their decision about using child care.	Parent and Stakeholder Surveys

Strategy 2. Focusing on Equity

Enhance the statewide focus on equity and ECE.

Action Steps

- Launch a messaging campaign to support a strategic, statewide focus on equity.
- Strengthen equity-focused collaboration across state and local agencies.
- Continue to provide equity training for state-level staff across agencies.
- Ensure that grants supporting children and families address equity.
- Disaggregate state and local jurisdiction data to identify and address equity and diversity trends across programs and services.
- Examine quality across geographic settings and program types to understand whether

families have equitable access to high-quality programs.

Measurable Indicators

Indicators for Goal 2 Strategy 2	Data Source
80% of providers reported having increased knowledge and skills to support families experiencing adversity.	Stakeholder Survey
Increased percent of providers with policies in place that explicitly mention practices to ensure equity among their families.	DEC Data
Increased number of MSDE professional development trainings focused on ways to ensure or improve equity.	DEC Data
80% of state and local agencies serving families experiencing adversity reported improvements in their ability to collaborate with one another.	Stakeholder Surveys
Increased number of equity trainings for state-level staff across state departments and local agencies.	DEC Data
Increased statewide reporting examining equity and diversity trends across ECE programs and services using disaggregated data.	MSDE Data
100% of local jurisdictions reported disaggregated data to assess equity and diversity trends across their ECE programs and services.	MSDE Data
Increased number of ECE programs with Maryland EXCELS ratings of 3, 4 and 5.	Maryland EXCELS
80% of families reported satisfaction with the quality of the ECE program in which they are enrolled or using.	Parent and Stakeholder Survey

Strategy 3. Increasing Kindergarten Readiness for All Children

Increasing kindergarten readiness, especially among vulnerable children and children experiencing adversity.

Action Steps

- a. Expand and improve the application and alignment of standards, curricula, assessment,

instruction, and coaching across the birth-to-age-8 range.

- b. Develop and implement curricula for 3-year-olds and infants and toddlers that align with curricula for 4-year-olds.
- c. Ensure that programs and classrooms use a census approach to assessment data collection and that all children enrolled in ECE and kindergarten programs benefit from the use of the Early Learning Assessment and Kindergarten Readiness Assessment to experience individualized instruction.
- d. Enhance supports for English learners, including by developing and piloting an early identification English learner assessment tool and providing training on strategies to teach and assess English learners.

Measurable Indicators

Indicators for Goal 2 Strategy 3	Data Source
Developed a curriculum for 3-year-olds by 2022.	MSDE Data
Curriculum for 4-year-olds aligned with curriculum for 3-year old children.	MSDE Data
Increased percentage of children participating in ELA and KRA assessments.	DEC Data
Increased percentage of professionals who took part in WIDA <i>Early Years</i> online and on-site trainings.	DEC Data
Increased use of multilingual early identification assessment tool by child care and pre-k programs.	DEC Data
Increased number of trainings MSDE provided on administering the early identification assessment of English learners.	DEC Data
An increased percentage of all children are ready for kindergarten.	KRA Data

.Increased percentage of vulnerable children who are ready for kindergarten, including multilingual children and children with special needs.	KRA Data
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Strategy 4. Enhancing Capacity to Meet Infants' and Children's Mental Health Needs

Enhancing ECE program capacity to meet infants' and children's mental health needs.

Action Steps

- a. Develop a statewide Infants and Early Childhood Mental Health (IECMH) Framework that provides definitions, state goals and a guide to local resources and providing feedback loops to allow for ongoing feedback about resources and services.
- b. Increase the number of licensed early childhood mental health consultants statewide.
- c. Expand use of the Pyramid Model to improve providers' skills with infants and toddlers.
- d. Strengthen the IECMH professional development system and provider engagement with supports and resources.
- e. Embed IECMH goals and measures within Maryland EXCELS standards and practices.

Measurable Indicators

Indicators for Goal 2 Strategy 4	Data Source
Created a statewide IECMH framework to guide resource provisions and feedback to providers.	DEC Data
Increased number of licensed early childhood mental health consultants statewide.	DEC Data
Increased number of provider trainings based on the Pyramid Model.	DEC Data
80% of IECMH professional development training attendees reported access to support and additional resources.	DEC Data
IECMH goals and measures embedded into Maryland EXCELS assessment.	Maryland EXCELS Data

Desired Outcomes

The four strategies to improve program quality are expected to lead to these outcomes:

1. Increased percentage of families reporting their child care program is high quality.
2. Increased percentage of providers earning at least a level 3 rating of quality in Maryland EXCELS.
3. In each jurisdiction, increased percentage of children deemed ready for kindergarten.
4. Reduced kindergarten readiness gaps between vulnerable children/children experiencing adversity and other children.
5. Reduced amount of time between referral to mental health services and receipt of needed services.
6. Reduced percentage of students suspended or expelled from kindergarten, including for families experiencing adversity.

Goal 3. Deepen Family Engagement

Maryland has a strong family engagement framework to encourage families, schools and communities to work together to support children's growth and learning. An important part of this framework and Maryland's programs are two-generational programs that serve children and family members together.

Areas for growth include the following:

- Families struggle to navigate the ECE system because parents often do not know about programs and services available to them, and costs to participate remain problematic.
- Families are not aware of program quality-ratings systems and do not usually make enrollment decisions based on program quality; many families rely on unregulated care.
- Barriers to program participation disproportionately impact low-income families, families of children with special needs, families in crisis, rural families, immigrants and English learner families.

Strategy 1. Increasing Families' Awareness of High-Quality Programs

Increase families' awareness of available programs and services and the importance of quality.

Action Steps

- a. Conduct a communications campaign to ensure families know about local ECE, two-generational and family support programs and services.
- b. Conduct a communications campaign for families about the importance of ECE program quality and how to recognize high-quality ECE programs.
- c. Produce materials, information and announcements, in multiple languages, on how to promote healthy child development and learning at home.

- d. Strengthen capacity among staff at MSDE Regional Child Care Offices, Family Support Centers, Judy Center Early Learning Hubs and other agencies serving families and children to be family oriented and designed to connect families with comprehensive programs, services and resources.
- e. Improve employers' capacity to connect families with ECE programs.

Measurable Indicators

Indicators Goal 3 Strategy 1	Data Source
Increased messaging and communications regarding the availability and quality of ECE programs and services via websites, social media, radio, local television, billboard, and printed materials.	DEC Data
80% of families indicated awareness of programs in their community that can help them meet family needs.	Family Survey
Increased percentage of children enrolled in ECE programs with a Maryland EXCELS rating of 3 or higher.	Maryland EXCELS Data
Increased messaging and communications about healthy child development via websites, social media, radio, local television, billboard, and printed materials.	DEC Data
At least four of the most common languages spoken in Maryland used in informational announcements and materials.	Review of MSDE informational materials
80% of staff at ECE centers and programs reported high levels of efficacy for helping families find needed community services.	Stakeholder Survey
80% of families reported staff at ECE centers and programs helped them gain parenting skills.	Stakeholder Survey
80% of families reported staff at ECE centers and programs helped connect them to community programs and/or services.	Family Survey
Increased percentage of families served by ECE programs, including Judy Center Early Learning Hubs; Family Support Centers; and family child care programs.	DEC data

Strategy 2. Expanding Two-Generational Programming

Expand participation in two-generational programs that serve or support children/youth, parents, grandparents and other family members.

Action Steps

- a. Establish a statewide parent navigator system to connect families with two-generational programs, including for teen parents, grandparents, incarcerated parents and foster care families.
- b. Partner with programs to increase engagement among fathers.
- c. Enhance the Maryland child.gov consumer website to include links to two-generational programs and services.
- d. Produce and promote materials that show a variety of family types and compositions, including those showcasing grandparents and great-grandparents, foster parents, teenage parents and families of various racial and sexual orientation backgrounds.

Measurable Indicators

Indicators for Goal 3 Strategy 2	Data Source
Increased overall parent participation in navigator programs.	DEC Data
Increased participation in navigator system for teen parents, incarcerated parents, grandparents raising young children, and foster care families.	DEC Data
Increased participation of fathers in engagement programs.	DEC data
Programs providing two-generational activities and services experienced an increase in website traffic after links were placed on the Maryland child.gov website.	Website Analytics
Materials produced reflect diversity of families including related to race and sexual orientation.	Document Review
Increased number of professional development trainings on family engagement provided to ECE child care educators and professionals across all regions.	DEC Data
80% of families in ECE programs or using ECE services reported better understanding and confidence in parenting and supporting their child's	Family Survey

learning.	
Increased professional development sessions that include families as presenters and participants.	DEC Data
Increased percentage of families who participated in trainings about effective leadership and advocacy skills	DEC Data, Family Survey
Increased percentage of ECAC members who are parents and represent parent concerns.	Family Survey, ECAC Membership

Strategy 3. Enhancing Families' Opportunities to Engage

Deepen family engagement in children's development and learning, and strengthen families' leadership roles in programs, schools and advocacy efforts.

Action Steps

- a. Provide technical assistance to educators, healthcare workers and other professionals to enhance families' understanding of how to best support children's development and learning.
- b. Provide professional development opportunities for educators and other professionals to learn from and engage with families, including hosting an annual statewide Family Engagement Summit.
- c. Create leadership and advocacy opportunities for families and community members, including ensuring family representation on governing bodies such as the statewide Early Childhood Advisory Council, local advisory councils and the Family Engagement Coalition.

Measurable Indicators

Indicators Goal 3 Strategy 3	Data Source
Increased number of professional development trainings provided to ECE educators and professionals across all regions.	DEC Data

80% of families in ECE programs or using ECE services reported better understanding and confidence in parenting and supporting their child's learning.	Family Survey
Increased professional development sessions that include families as presenters and participants.	DEC Data
Increased percentage of families who participated in trainings about effective leadership and advocacy skills.	DEC Data
Increased percentage of ECAC members who are family members and represent family concerns.	ECAC Membership

Desired Outcomes

The strategies and action steps put forward above will help Maryland realize the following family engagement outcomes:

1. Increased percentage of families participating in programs to support children's development and learning.
2. Increased percentage of families participating in two-generational programs.
3. Increased percentage of families reporting that they feel capable of supporting their children's education and development.

Goal 4. Ensure Successful Transition Experiences

Most parents and providers surveyed for the Needs Assessment reported that their ECE programs provided children with the skills they need to succeed in kindergarten. Nonetheless, Maryland learned about some areas in which the system could do better in supporting children, families and educators with transition experiences:

- Some families feel unprepared for the transition between ECE programs and kindergarten, especially families experiencing adversity, including those in racial minority groups and families with children with special needs.
- There could be better communication between professionals in ECE systems and those in elementary school systems.

Strategy 1. Strengthening Institutional Support for Transitions

Ensure children successfully transition between ECE settings, and into kindergarten and the early grades through systemic and organizational support.

Action Steps

- a. Support the development of collaborative transition frameworks and plans that engage schools, ECE providers, and families.
- b. Encourage communities to host ongoing gatherings to support all families and children before they enter kindergarten.
- c. Strengthen MOUs between local school systems and ECE programs to promote better transitions, including by addressing chronic absenteeism, transfer of records, and communication among ECE and school-based educators.

Measurable Indicators

Indicators Goal 4 Strategy 1	Data Source
Jurisdictions participated in the development and implementation of a transition framework.	DEC Data
Transition frameworks created by each jurisdiction to guide schools, ECE providers, and families by 2024.	24 frameworks submitted to DEC
Increased communication and information between schools and ECE providers about incoming kindergartners.	MSDE Data
School systems reduced rates of chronic absenteeism among pre-k and kindergarten students	MSDE Data

Strategy 2. Supporting Families through Transitions

Strengthen family engagement in preparing for transitions between ECE settings and into kindergarten and the early grades.

Action Steps

- a. Provide families with information, in multiple languages, about the importance of kindergarten readiness and their role in transitions.

- b. Ensure that children being cared for at home or in informal care receive transition and school-readiness information.
- c. Create culturally and linguistically responsive transition plans and activities for English learners and immigrant families.
- d. Ensure transition plans and activities are in place for children with special needs, disabilities, and developmental delays.

Measurable Indicators

Indicators for Goal 4 Strategy 2	Data Source
Increased percentage of family members reported receiving information about how to support their child's transition to kindergarten.	Family Survey
Increased percent of family members across groups, including multilingual families, reported engaging in practices supportive of their child's transition to kindergarten.	Family Survey
Increased percent of parents and family members who care for their children at home or in informal settings reported receiving information about their child's transition to kindergarten.	Family Survey
Increased percent of schools created plans outlining how they will support families and children who speak different languages and/or are from diverse cultures as they enter kindergarten.	MSDE Data
All children with special needs have IEPs or other written plans to address needs.	MSDE Data

Strategy 3. Improving Transition-Focused Professional Development Opportunities

Incorporate transition planning in professional development and training opportunities.

Action Steps

- a. Implement joint professional development opportunities such as Leadership Academies for child care directors and elementary school principals that focus on coordinating transition planning.
- b. Provide targeted learning opportunities related to early childhood development and developmentally appropriate practices for early childhood, prekindergarten, and elementary

educators and leaders.

- c. Ensure that pre-service and in-service activities enhance educators' knowledge of and skills in creating culturally responsive, family-centered transition plans to benefit all children.

Measurable Indicators

Indicators for Goal 4 Strategy 3	Data Source
Increased number of professional development sessions about children's transitions to kindergarten offered to ECE directors and elementary school principals.	DEC Data
Increased number of professional development sessions about children's transitions to kindergarten offered to ECE and elementary school teachers.	DEC Data
Increased number of pre-service ECE or elementary school teacher training programs that include family-centered planning and family engagement as part of their coursework.	DEC Data
Increased percentage of ECE professionals engaged in joint professional development and training opportunities.	DEC Data

Desired Outcomes

The three strategies described above are expected to lead to the following outcomes related to transition experiences:

1. Increased percentage of preschool and kindergarten programs having written plans to support children's transitions into their program.
2. Increased percentage of preschool and kindergarten programs with practitioners trained in effective family engagement practices.
3. Increased percentage of families reporting satisfaction with their child's transition into kindergarten.

Goal 5. Expand and Enhance Workforce Development Opportunities

Maryland's ECE workforce is comprised of dedicated, knowledgeable and caring professionals across setting types and regions of the state. However, they do not always have the support or environments they need to stay in the field and grow professionally. In particular, the Needs Assessment highlighted these areas for improvement:

- ECE professionals face barriers to accessing teacher preparation and professional development programs, a problem leading to a shortage of qualified staff across the state.
- Not all ECE degree programs adequately prepare future ECE professionals for success in the program or classroom.
- Compensation for ECE professionals is inadequate and negatively impacts recruitment and retention.

Strategy 1. Improving Professional Development Opportunities

Increase the number of highly qualified ECE educators by improving pre-service preparation and in-service professional development opportunities.

Action Steps

- Develop a statewide professional development plan that includes a competency-based framework and articulated career lattice.
- Coordinate with higher education partners to increase access to ECE degrees at all levels, including by developing an online Bachelor's ECE degree program.
- Partner with the Council on Professional Development to increase the number of CDA training programs in high schools and the number of CDA-accredited teachers, including those accredited as bilingual teachers.
- Implement training on critical competencies related to infant and toddler services.

Measurable Indicators

Indicators Goal 5 Strategy 1	Data Source
Increased number of people entering an ECE career.	DEC Data
Increased number of visits to an MSDE website outlining the competency framework and career lattice.	Website Analytics
Increased number of students graduating with an ECE degree.	IHE Enrollment Data
Online ECE degree program developed in partnership with at least two Maryland-based and accredited Institutions of Higher Education (IHEs).	IHE Enrollment Data

Increased percentage of students enrolled in online ECE degree programs.	IHE Enrollment Data
Increased percentage of providers achieving their CDA.	DEC Data
Increased percentage of CDA-accredited teachers who are bilingual.	DEC Data
Increased number of trainings and higher education courses about critical competencies for infant and toddler professionals.	DEC Data
Increased number of providers participating in critical needs trainings and courses, including related to children with special needs, multilingual children, social-emotional learning and mental health needs, and culturally responsive practices.	DEC Data
Increased number of ECE educators with at least an associate degree.	DEC Data

Strategy 2. Strengthening Equity, Coordination and Alignment Efforts

Strengthen equity, coordination and alignment in the statewide professional development system.

Action Steps

- a. Strengthen culturally responsive and equity-focused professional development opportunities focused on serving diverse populations, including children experiencing adversity.
- b. Implement innovative professional development experiences for ECE educators, including by increasing opportunities for coaching, peer-to-peer learning and leadership development.
- c. Support the portability of qualifications and credentials across states.
- d. Ensure the state's ECE workforce is representative of the children and families served.

Measurable Indicators

Indicators for Goal 5 Strategy 2	Data Source
80% of attendees at professional development trainings about serving culturally diverse populations and children experiencing adversity reported increased knowledge and skills.	Stakeholder Survey
Increased percentage of ECE educators and leaders reporting opportunities to learn from coaches and peer-to-peer groups.	Stakeholder Survey
Task force convened to establish guidelines allowing for the out-of-state credentials to be accepted by MSDE.	DEC and IHE Data
Development and implementation of a plan to work with IHEs and high schools to encourage diversity in ECE preparation programs that reflect the diversity in Maryland families.	DEC and IHE Data

Strategy 3. Improving Compensation for ECE Professionals

Improve compensation, both salary and benefits, for ECE professionals.

Action Steps

- a. Increase salary parity for ECE educators through direct increases and targeted incentives.
- b. Increase ECE educators' access to health and retirement benefits.

Measurable Indicators

Indicators for Goal 5 Strategy 3	Data Source
MSDE contributed data and made recommendations to increase ECE educators' salaries, financial incentives, or both.	Maryland law/ public record
MSDE contributed data and made recommendations to increase ECE educators' access to health and retirement benefits.	Maryland law/ public record

Desired Outcomes

The three workforce strategies described above are expected to lead to the following outcomes:

1. Increased percentage of ECE providers having participated in culturally responsive training.
2. Increased percentage of credentialed ECE providers.
3. Increased percentage of non-white credentialed ECE teachers and providers.
4. Reduced turnover among ECE professionals.

Goal 6. Improve Systems for Infrastructure, Data and Resource Management

There are strengths of Maryland's ECE infrastructure and systems, such as a strong governance structure that includes stakeholders at the local level; data sources, such as the Ready for Kindergarten assessment, that provide rich information for educators and policymakers; and continuous investment in ECE systems and initiatives. Areas for improvement exist as well:

- Despite efforts to improve coordination of programs, the system is still fragmented.
- Data-driven decision making is made difficult by gaps in the coordination of data systems.
- There is a need to update Maryland's data collection systems.
- A lack of systemic funding mechanisms contributes to a range in program quality, which leads to variable experiences and outcomes for children.

Strategy 1. Improving Coordination across Agencies

Increase integration and coordination of early childhood services among agencies.

Action Steps

- a. Using Maryland's existing statewide Early Childhood Advisory Council as the lead agency, strengthen and broaden effective governance structures that ensure equitable, inclusive membership across and within state and local agencies and partners, and maintain effective,

ongoing communication.

- b. Encourage local coordination of strategic planning initiatives, supporting best practices for program integration, and create plans to achieve state and local priority goals.
- c. Strengthen ongoing, collaborative systems-building initiatives within and across agencies.

Measurable Indicators

Indicators for Goal 6 Strategy 1	Data Source
Revised ECAC and other ECE governance bodies' bylaws language requiring membership that includes diverse representation of state and local agencies.	Document Review
80% of ECAC and other ECE governance bodies engaged in regular and routine communication practices with state and local agencies that deliver and receive information and feedback.	Stakeholder Survey
100% of LECACs participate in annual strategic planning opportunities in partnership with DEC.	DEC Data
80% of state and local agencies reported working more closely with schools, community service organizations and healthcare providers.	Stakeholder Survey

Strategy 2. Modernizing the Data System

Modernize and coordinate data systems to improve services for and communication with educators, families and the public.

Action Steps

- a. Design and implement a system that assigns each child with a unique identifier that tracks their participation in programs and services beginning at birth.
- b. Create a universal application process that allows families to apply for multiple services and programs across state agencies with a single application.
- c. Migrate data systems to the Maryland Total Human-services Integrated Network (MD THINK) platform to enhance data sharing, professional collaboration and services for families and to reduce redundancies and costs.
- d. Support user capability among educators and other professionals working with children and families through ongoing professional development opportunities that multiply the benefits of a

cloud-based information system.

Measurable Indicators

Indicators for Goal 6 Strategy 2	Data Source
MSDE requested bids and contracted with a firm to develop a data system that assigns each child with a unique identifier that tracks their participation in programs and services beginning at birth.	MSDE/DEC Data
80% of families reported it was easy to apply for services using the universal application process.	Family Survey
80% of family and child service providers reported it was easier to coordinate with other agencies using the universal application process.	Family and Stakeholder Surveys
80% of Maryland THINK users reported satisfaction with the system.	User Survey
80% of Maryland THINK users reported that the system improved their ability to work with other system-users.	User Survey
80% of MSDE training attendees indicated they learned how to use the cloud-based information system	MSDE Data

Strategy 3. Using Resources in Ways that Promote Equity

Improve the use and sustainability of resources to promote equity.

Action Steps

- a. Conduct a statewide facilities study and use findings to apply targeted improvement strategies.
- b. Target spending on evidence-based, preventative approaches, including for prenatal and infant-toddler services, to improve equity across geographic settings and family groups, particularly English learner families and families experiencing adversity.
- c. Ensure contracts meet state and association equity guidelines.

Measurable Indicators

Indicators for Goal 6 Strategy 3	Data Source
70% participation rate in MSDE Facilitation Study.	DEC Data
80% of vulnerable families and families experiencing adversity reported improved ECE facilities.	Family Survey
Reduction in infant-toddler health problems for all children including vulnerable children and children experiencing adversity.	MSDE Data
100% of DEC contracts met DEC equity guidelines.	DEC Data

Strategy 4. Streamlining Funding Mechanisms

Streamline funding sources and mechanisms to increase funding efficiencies.

Action Steps

- a. Leverage local, state and federal funding streams to improve system access and quality.
- b. Link funding to quality initiatives and state priorities, including through Maryland EXCELS, credentialing and accreditation systems, and other existing quality control and assurance state frameworks.
- c. Partner with philanthropic foundations and the private sector to increase revenue for ECE services.

Measurable Indicators

Indicators for Goal 6 Strategy 4	Data Source
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80% of MSDE/DEC grantees reported satisfaction with the ability to find funding opportunities.	DEC Data
Increased percentage of families who reported that the services they used were of high quality.	Family Survey
Increased percentage of families who reported their providers were highly skilled.	Family Survey
Increased percentage in philanthropic and private partner investments in ECE services.	DEC Data

Desired Outcomes

The strategies described above are expected to lead to the following systems-focused outcomes:

1. Improved systems for providing grants, tracking the spending of grant funds, and ensuring the agency goals are met.
2. Increased ability among providers to track participation in state-provided services and programs.
3. Increased number of providers reported satisfaction with Maryland's early childhood data system.

In Closing: Our Charge and Call to Action

A broad group and large number of Marylanders came together several times over many months to think deeply about and discuss Maryland's needs and priority actions to improve the lives of young children and their families. *Maryland's Path to School Readiness and Success* reflects the collective wisdom of educators, child care providers, health providers, state agency staff, community partners and family members. More than ever in the context of a pandemic that is causing suffering to Maryland's families—vulnerable families in particular—Maryland is eager to get to work to implement the strategies and actions outlined in the plan.

One of the most pressing needs is to continue to modernize and streamline the use of data throughout the implementation process to ensure that decision makers are able to understand how rapidly changing contexts impact families and early childhood professionals and respond adaptively. It is also critical to consider how to continue to make services accessible and high quality for families of young children including by increasing access to two-generational programs. As Maryland's leaders make

difficult funding decisions, this plan emphasizes that prioritizing equity and support for vulnerable children and families will be essential for keeping Maryland on its path to school readiness and success for all children.

In order to achieve the six goals outlined in this plan, it is important that all voices and stakeholders stay engaged in helping to move the plan to action. The strong governance structures that Maryland already has in place will keep implementation moving forward regardless of circumstances, and alignment between the statewide and local early childhood advisory councils will ensure ongoing communication about changes for cohesive implementation of priority strategies. Maryland's mixed-delivery system will grow stronger and be more easily accessible to all of Maryland's diverse families, and more connected across services and programs. With a singular vision and multiple entry points for achieving its goals, Maryland can make things better not just for some of Maryland's children and families, but for all of them.

A renewed commitment to Maryland's vision is now needed from various stakeholders, including policymakers, service providers, educators, health care workers, business leaders, foundations, families and others. Moreover, a commitment to act from people and groups throughout the state, in support of these goals, is a contribution to the renewal and well-being of Maryland's children, families, and communities. All of Maryland's children deserve the best that we can provide so they can thrive, no matter the circumstances.

DRAFT

Glossary of Terms

Availability

In Maryland, availability is the licensed capacity of the state's various care and education programs and school settings by different age groupings compared to the demand for care and education, which is measured by the total number of children under age 6 in different age groupings.

Child Care Center

Full- or part-time care in a non-residential setting—that is, not in a family child care home—for more than eight children. This setting type includes nursery schools, preschools and prekindergartens, for example, and can occur in a variety of settings including in a faith-based location, an employer-provided venue or a school setting.

Child Care Scholarship Program

Formerly known as the Child Care Subsidy, this program provides financial assistance to eligible working families in Maryland to cover part of their care and education costs in programs that participate in Maryland EXCELS, with the scholarship amount determined by household income and family co-payments based on a sliding scale. In 2018, families living at 65% of the state median income were eligible for participation, and Maryland set provider reimbursement rates at 60% of the market rate.

Early Learning Assessment (ELA)

A voluntary formative assessment tool that measures progress of learning in young children, 36 to 72 months, across nine levels in seven domains, available to all Maryland programs. It is used in child care programs, Head Start programs, and public prekindergarten classrooms throughout the state.

Early Care and Education (ECE) Program

For the strategic plan, an ECE program is any type of registered care and educational program that serves children before kindergarten including in settings such as infant and toddler programs, nursery schools, day care centers, child care centers, family child care homes, Judy Centers, Head Start or Early Head Start programs, preschools or prekindergarten programs. They may be funded publicly, privately or through a combination of funding sources.

English Learners

English learners (ELs) are variously called English language learners (ELLs), dual language learners (DLLs), bilingual children, multilingual learners, multilingual children, English as a second language (ESL) children, English to speakers of other languages (ESOL) children and English for special purposes (ESP) students. While there are nuances in the emphasis of these terms, this report uses English learners to represent those children for whom the primary language spoken at home is a language other than English. The goal is to preserve and enhance services to protect literacy in the home language and English for these children and families.

Equity

An approach that ensures that each person has access to the resources needed to be successful, including by safeguarding the opportunity for every child to access the developmentally appropriate care and educational resources needed to thrive and ensuring that access to care, high-quality programs, services and necessary resources occurs regardless of race, national origin, ethnicity, gender, gender identity or sexual orientation, ethnicity, language, disability, family composition, education level or income, and geographic location.

Extended Individualized Family Services Plan (IFSP)

For children with a disability, Maryland's Extended IFSP Option offers families the choice to continue to have an IFSP beyond their child's third birthday, if their child is determined eligible for preschool special education and related services. The extension of IFSP services beyond age 3 incorporates the strength of the special education/preschool education program with the existing infants and toddlers family-centered model.

Family Child Care Provider

A person who offers care in her or his own home to one or more children who are not related to the provider. To ensure a safe environment, Maryland limits the number of children in a family child care home to 12 children (which may include the provider's own children), with not more than four children under the age of 2. Providers must obtain a certificate of registration from the state, which signifies that the program meets the state's child health and safety requirements and allows eligibility for tax deductions, certain food subsidies, and liability insurance.

Families Experiencing Adversity

Families experiencing adversity are those who face stressors that impact the well-being of the family unit or young children in the family in ways that lead or are likely to lead to negative outcomes. These negative outcomes tend to be worse in the face of cumulative, chronic or toxic stress. Conditions contributing to negative outcomes or putting children at risk of falling behind their peers in various developmental domains include poverty or financial stress, being an immigrant, living with trauma, having a special need, being homeless, participating in the foster care or welfare system, or living with addiction or substance abuse.

Judy Center Early Learning Hubs

Formerly called Judith P. Hoyer Early Child Care and Family Education Centers, and informally called "Judy Centers," these programs are state- and locally funded early childhood and family learning centers that provide comprehensive early childhood services for children birth through age 5. They exist in Title I school zones, which are areas with high concentrations of poverty, although they may be used by families of all income levels. They are vehicles for collaboration and coordination in the state, charged with coordinating prekindergarten, early intervention, and preschool special education, private center-based and licensed family child care homes, as well as family support services to deliver a wide spectrum of Early Childhood Education and family support. There are currently 54 Judy Centers across Maryland.

Kindergarten Readiness Assessment (KRA)

A developmentally appropriate kindergarten entry assessment tool administered to incoming public-school kindergarteners that measures school readiness across four learning domains: language and literacy, mathematics, social foundations, and physical well-being and motor development. The assessment contains selected response items, observational items and performance tasks. Administered by kindergarten teachers by October 10th, the KRA provides child outcome data relevant to knowledge, skills, and behaviors found to be necessary for success in kindergarten.

Low-income

Low-income families are those living at or near the Federal Poverty Line (FPL), although definitions vary by program. For example, families living at up to 300% of the FPL (the national average is an annual income of \$78,600 for a family of 4 in 2020) are eligible for Maryland's Child Care Scholarship program whereas families living at 185% of the FPL are eligible to enroll in public prekindergarten programs.

Maryland Infants and Toddlers Program

The Maryland Infants and Toddlers Program (MITP) is the state's family-centered system of early intervention services for young children with developmental delays and disabilities and their families. State regulations specify that a child birth through age 2 is eligible for early intervention if the child has a 25% delay in at least one or more of five developmental areas (cognitive; physical, including vision and hearing; communication; social or emotional; adaptive); manifests atypical development or behavior in one or more of the five developmental areas, interferes with current development, and is likely to result in a subsequent delay (even when diagnostic instruments and procedures do not document a 25% delay); or has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

The MIECHV Program supports voluntary, evidence-based home visiting for at-risk pregnant women and parents with children up to kindergarten entry. MIECHV is funded by the Health Resources and Services Administration, in partnership with the Administration for Children and Families. These federal dollars fund states, territories, and tribal entities to develop and implement evidence-based, voluntary family support programs that best meet the needs of their communities.

Mixed-delivery System

The structure through which early childhood care and education services are delivered through a combination of programs, providers, and settings, such as licensed family and center-based child care programs, public schools, faith-based programs, employer-based programs, Head Start, Judy Centers, Family Support Centers and community-based organizations, that is supported by a combination of public and private funds.

Quality

Maryland's Quality Rating Improvement System is Maryland EXCELS, which is a voluntary program that measures ECE program quality on a scale from 1 (lowest quality) to 5 (highest quality). Programs are considered high quality when they achieve a rating of Level 3 or higher. A rating of level 5 indicates that a given program:

- Requires certain director and teacher credentials;
- Provides developmental screening for all children in the program;

- Has program accreditation;
- Participates in other programs that support children (e.g., Child and Adult Care Food Program);
- Uses cultural and linguistically sensitive curriculum and activities;
- Allows only limited screen time; and
- Uses the Classroom Assessment Scoring System (CLASS) rating scale to measure teacher-child interactions and promotes continuous quality improvement.

Rural

Defined by statute under the Annotated Code of Maryland, rural areas have the following characteristics: geographic isolation, lack of transportation, and lack of access to and availability of health care. The following 18 of Maryland's 24 counties constitute rural Maryland: Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester. Any child living in these counties is considered to be living in a rural area.

Vulnerable Children

While all young children are highly dependent on the supervision and care of adults, vulnerable children have more potential than other children for poor outcomes or danger due to exposure to greater risks than their peers. They can be vulnerable in terms of deprivation (for example, lack of healthy nutrition, adult care, affection, social or cognitive stimulation), exposure to abuse, neglect, trauma or adverse experiences, or have particular fragility due to age, physical or mental (dis)ability, unstable primary relationships, or lack of infrastructure that impedes access to services. Children facing adversity are included in the broader category of vulnerable children. Maryland considers vulnerable children to include children from birth-age 3; living in or near poverty; racially or ethnically nondominant family; experiencing homelessness; living in migrant families; living in rural areas; having special needs; in foster care or the welfare system; having incarcerated parents; English learners/multilingual learners; living with exposure to substance abuse or addiction; living in a military family; exposed to toxic stress, trauma or multiple adverse early childhood experiences.

Appendix. Stakeholders

The following organizations and family members were represented in the process of developing the strategic plan with substantial participation and inputs, including through feedback providing during the Needs Assessment process.

Stakeholder Organizations Involved in Assessment, Planning and Implementation of Activities

Homeless Education/Neglected Delinquent/At-Risk Programs of MSDE

Family Child Care Provider

Mid-Atlantic Equity Consortium

Prince George's Community College

T. Rowe Price Foundation

University of Maryland School of Social Work

Center for Early Childhood Education and Intervention, University of Maryland

Howard County Public School System

Special Education/Early Intervention, MSDE

Maryland State Family Child Care Association

Maryland Association for the Education of Young Children

Interagency Steering Committee for Managing for Results

Head Start Collaboration Office

LENA Grow

Assistant State Superintendent's Office, MSDE

Maryland Chapter of American Academy of Pediatrics

University of Maryland School of Medicine

Ready at Five

Maryland General Assembly

Maryland Department of Health

Maryland Department of Human Resources

Maryland Developmental Disabilities Council

WIDA Early Years

The Wilkes School

Play Centers, Inc.

Office of Child Care, MSDE

Community Action Agency, Montgomery County

Judy Center, Queen Anne's County

Maryland State Child Care Association

Maryland General Assembly

State Superintendent's Office, MSDE

Carroll County Library

Beaver Run Elementary School

Department of Minority Health and Health Disparities Administration

Maryland Family Network

Assistant State Superintendent's Office, MSDE

Organizations Represented on the Maryland Early Childhood Advisory Council

Homeless Education and Neglected Delinquent and At-Risk Programs, Maryland State Department of Education
 Service Employees International Union
 Teacher Education, Prince George's Community College
 Mid-Atlantic Equity Consortium, Inc. (MAEC)
 T. Rowe Price Foundation and Harvard University Advance Leadership Initiative
 Archdiocese of Baltimore
 Howard County Public School System
 Maryland State Department of Education, Office of Child Care, Special Education/Early Intervention
 Maryland State Family Child Care Association
 Greenbelt Children's Center and Maryland Association for the Education of Young Children
 Small Business Financing and Department of Business and Economic Development
 Interagency Steering Committee for Managing for Results
 Maryland State Department of Education / Division of Early Childhood / Head Start Collaboration
 Maryland State Department of Education (MSDE)
 Maryland Chapter, American Academy of Pediatrics (MDAAP)
 University of Maryland School of Medicine
 Ready at Five
 Maryland General Assembly
 Social Services Administration of Maryland Department of Human Services (DHS)
 Maryland Developmental Disabilities Council
 The Wilkes School
 Maryland School Age Child Care Alliance / Play Centers, Inc.
 Judy Center, Queen Anne's County
 Community Action Agency, Montgomery County / Head Start Agency
 Home Visiting Alliance / Kent Co. Department of Social Services
 Maryland State Department of Education - Office of Child Care (MSDE –OCC)
 Maryland State Child Care Association (MSCCA)
 Maryland General Assembly
 Carroll County Library
 Maryland Association of Elementary School Principles (MAESP) / Beaver Run Elementary School
 Department of Minority Health and Health Disparities Administration
 Maryland Family Network (MFN)
 Office of Teaching and Learning, MSDE

Organizations and Positions Represented on Local Early Childhood Advisory Councils by Jurisdiction

Allegany County

Executive Director for APPLES for Children, Inc.
 Coordinator, Infants and Toddlers Program, Allegany County Public Schools

Anne Arundel County

Executive Director, Anne Arundel County Partnership for Children, Youth & Families
 Chair, Early Childhood Community Resource Initiative Care Team

Baltimore City

Program Director of School Readiness, Family League of Baltimore
 Director of Early Learning Programs, Baltimore City Public Schools

Director of Joshua's Place Early Learning and Education Center, Baltimore City Child Care Coalition Leadership Team	
Baltimore County	
Baltimore County Birth to Five LICC (Local Interagency Coordinating Council)	
Birth to Five Supervisor for Baltimore County Public Schools	
Calvert County	
Coordinator, Calvert County Public Schools Head Start	
Youth Services Coordinator, Calvert County Library	
ECAC Liaison for Calvert County Public Schools	
Caroline County	
Supervisor, Judy Center and Family Support Center	
Carroll County	
CCC Childcare Director	
CCPS Judy Center Community Specialist	
CCPS Early Childhood Consultant	
CCPS Early Childhood Supervisor	
EXCELS Specialist for Howard/Carroll	
Cecil County	
Early Childhood Instructional Coordinator, Cecil County Public Schools	
Charles County	
Co-Founder, Pure Play Every Day, Inc.	
Specialist in Early Childhood, Charles County Public Schools	
Senior Breastfeeding Peer Counselor, Charles County Department of Health	
Local Management Board Coordinator, Charles County Advocacy Council for Children, Youth, and Families	
Training Coordinator, Promise Resource Center	
Dorchester County	
Director-Community Partnerships for Children & Families, Dorchester County Government	
Supervisor of Early Childhood Education, Dorchester County Public Schools	
Frederick County	
Youth Services Manager, Frederick County Public Libraries	
Program Administrator Judy Center	
Garrett County	
President, Garrett County Community Action Committee	
Director of Early Childhood / Elementary Education, Garrett County Public Schools	
Harford County	
Early Childhood Literacy Coach, Office of Curriculum, Instruction and Assessment	
Coordinator of Early Childhood Programs, Harford County Public Schools	
Howard County	
Director, Program Innovation and Student Well-Being, Howard County Public School System	
Program Manager, Howard County Child Care Resource Center / Office of Children and Families	
Kent County	
Director of Teaching and Learning	
Judy Center Coordinator	
Judy Center Coordinator, Henry Highland Garnet Elementary	

Montgomery County	
Executive Director, Montgomery Child Care Association, Inc.	
Department Chair for Education and Social Sciences, Montgomery College, Germantown Campus	
Early Care and Education Policy Officer, Montgomery County Department of Health and Human Services	
Prince George's County	
Instructional Supervisor, Infants and Toddlers Program, Judith P. Hoyer	
Program Manager, Adelphi Judy Center	
Executive Director, Prince George's Child Resource Center, Inc.	
Queen Anne's County	
Supervisor, Early Learning, Title I, Title III and Migrant Education	
Program Coordinator, Judy Center Partnership of Queen Anne's County	
St. Mary's County	
Operations Specialist, MedStar St. Mary's Hospital	
Executive Director, The Promise Resource Center	
Somerset County	
Early Childhood/Judy Center Coordinator, Somerset County Public Schools, Somerset County Judy Center	
Somerset County Commissioner's Early Learning Advisory Council Chairman	
Talbot County	
Reading and Early Childhood Coordinator, Talbot County Public Schools	
Special Education Inclusion Facilitator, Talbot County Public Schools & Talbot County Infant & Toddlers	
Washington County	
Coordinator, Judy Center of Washington County	
Wicomico County	
Director Local Management Board, Wicomico Partnership for Families & Children	
Supervisor, Early Childhood & Title I, Wicomico County Public Schools	
Birth to Five Supervisor, Wicomico County Public Schools	
Worcester County	
Early Education Specialist, Worcester County Public Schools	

Needs Assessment Family Participants by Characteristic	Number	Percentage
<i>Race</i>		
African American	147	31.0
Asian	15	3.2
Latinx	34	7.2
White	226	47.8
More than One Race	37	7.8
Other	14	3.0
<i>Child with Special Needs</i>		
Yes	53	11.2

No	420	88.8
<i>Child is an English Learner</i>		
Yes	87	18.4
No	385	81.6
<i>Regions</i>		
Baltimore	57	12.4
Capital Region	139	30.2
Central Region	100	21.7
Eastern Shore	96	20.9
Southern Maryland	36	7.8
Western Maryland	32	7.0
<i>Annual Family Income</i>		
Less than \$25,000	81	20.2
\$25,000 - \$49,999	89	22.2
\$50,000 - \$74,999	41	10.2
\$75,000 - \$99,999	42	10.5
\$100,000 - \$124,999	58	14.5
Over \$125,000	90	22.4
<i>Home Language</i>		
Amharic	4	1.0
English	440	92.1
French	3	1.0
Spanish	14	3.0
Other	17	3.6
<i>Type of ECE Program Used</i>		
Prekindergarten Program	72	15.8
Nursery School	59	13.0
Licensed Childcare Center	289	63.5
Head Start Program	36	7.9
Family Childcare Center	60	13.2
Informal or Care of a Relative	65	14.3
Home Visiting Program	11	2.4

ⁱ The Annie E. Casey Foundation. (2020). Kids Count Data Center. Based on 2018 data. Retrieved from: <https://datacenter.kidscount.org/data/#USA/1/0/char/0>

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