



PRESCHOOL DEVELOPMENT GRANT BIRTH TO FIVE

A Synthesis of Funded Applications



ADMINISTRATION FOR
CHILDREN & FAMILIES
Early Childhood Development



 **Office of Child Care**

Acknowledgements

The Preschool Development Grant Birth through Five (PDG B-5) grant program is co-administered by the Office of Child Care (OCC) at the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and the Office of Early Learning in the U.S. Department of Education (ED). ACF's Office of Early Childhood Development (ECD) is supporting the implementation of PDG B-5 and other federal interagency partnerships to prioritize early childhood development across ACF and with federal partners. In the spring of 2020, two undergraduate student interns from the Hinckley Institute at the University of Utah (Bianca Ruiz-Negron and Leslie Salamanca) were placed with ECD. As part of their internship, the students reviewed, analyzed, and summarized the PDG B-5 grant applications that were awarded in the fall of 2019. This review was conducted and report written with guidance from Richard Gonzales, PDG B-5 Project Manager and ECD staff (Melissa Brodowski, Deputy Director; Rosie Gomez, Senior Program Specialist; and Kristin Kane, Senior Advisor). Many thanks to Shannon Christian, Director, OCC and Dr. Deborah Bergeron, Director, ECD and Office of Head Start (OHS) for their guidance along the way. We are grateful to all the contributions that Leslie Salamanca and Bianca Ruiz-Negron did to compile and write this report during their ECD internship. The information in this synthesis report includes a variety of examples from the applications. **This document is not intended as a comprehensive review; rather, it includes examples from the applications on specific topics.**

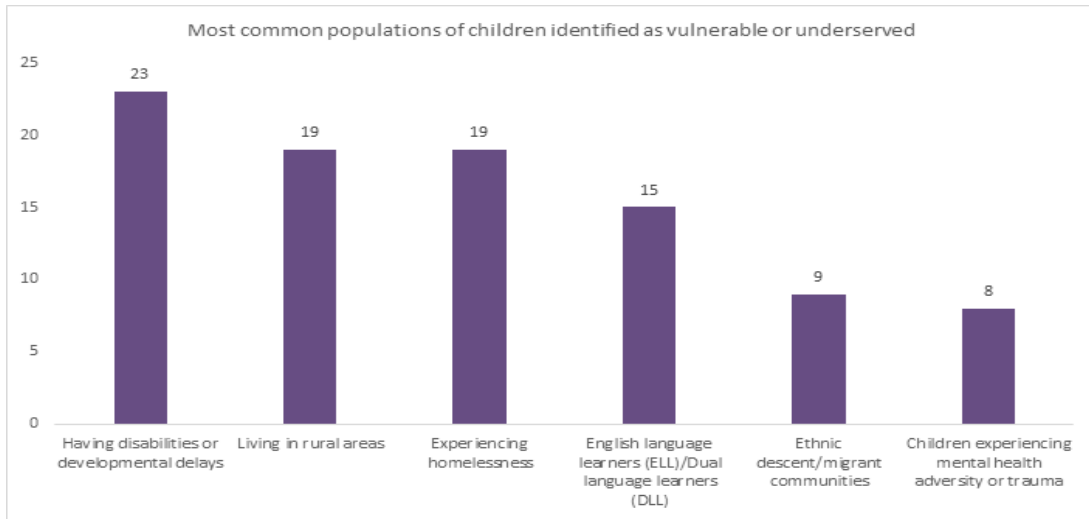
Executive Summary

The Preschool Development Grant Birth through Five (PDG B-5) award is designed to support states in coordinating and aligning existing programs within the state's early childhood care and education (ECE) mixed delivery system. The purposes of both the PDG B-5 Initial and Renewal Grants remain focused on strengthening the state's integrated ECE system to prepare low-income and disadvantaged children to enter kindergarten and improve their transitions across early childhood into the early elementary grades; increasing program operating and cost efficiencies; expanding parental choices and involvement; and ensuring families are linked to the full range of needed services. A total of **6** states were awarded PDG B-5 Initial grants to complete a statewide comprehensive B-5 needs assessment and related strategic plan. Also, **23** states were awarded with 3-year PDG B-5 Renewal funds to implement the strategic plan and make additional early childhood systems improvements. In this report, examples of similarities and innovative practices within the funded initial and renewal cohorts are included. The following topics were selected by the two students for further exploration across states: special populations, unduplicated count of children, parent engagement, trauma/adverse childhood experiences (ACEs), racial equity, subgrants, and the bonus points sections. The racial equity, subgrants, and bonus point sections are unique to the renewal state applications.

Topic Overviews

Special Populations

The Initial and Renewal grant applications were to include a description of the populations of children who are vulnerable or underserved in their states. Although there are a few unique populations, the 29 states and territories comprehensively identified the following common populations:

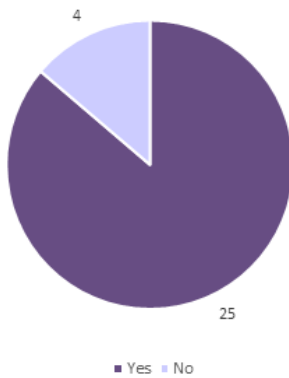


Local IDEA Part B and C Partnerships

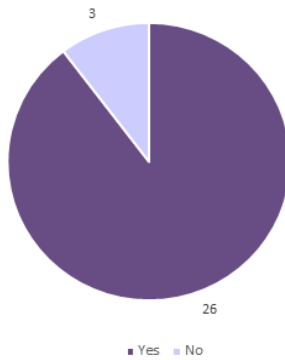
All 29 initial and renewal grant states and territories were encouraged to identify partnerships, collaborations, coordination, and quality improvement activities that will be used to leverage policy

alignments, program quality, and service delivery across early care and education (ECE) settings and services in the B-5 system. 25 states identified partnerships with the Local IDEA Part B and Part C Section 619 programs as a priority to better serve children with disabilities and/or developmental delays. In doing so, states will improve the efficiency and impact of screenings, improve referrals for assessment for diagnostic assessment, identify best practices in data and delivery systems to ensure children are getting the support they need from multiple service providers, and strengthen transitions from Part C to Part B services.

Are state and local IDEA Part C and Part B Section 619 included as partners?



Does the state or territory mention progress in their plan to minimize a duplicated count of children?



Unduplicated Count of Children

States and territories in both initial and renewal cohorts were to determine, to the extent possible, the unduplicated number of children being served in existing programs and the unduplicated number of children awaiting service in such programs. States and territories identifying this count are at various stages. While some already have a count, others are on their way with a plan to obtain this data. Only 3 states and territories did not mention any progress or plan.

Parent Engagement

All of the initial and renewal states were asked to describe how they would maximize family engagement, as well as parental knowledge of and choice over existing programs and providers. Family engagement is intended to identify a collaborative and strengths-based process through which early childhood professionals, family and children build positive and goal oriented relationships. This should include opportunities for parents and family members to meaningfully participate in shaping the approaches the state is taking, especially if these participants have not previously been engaged in the work.

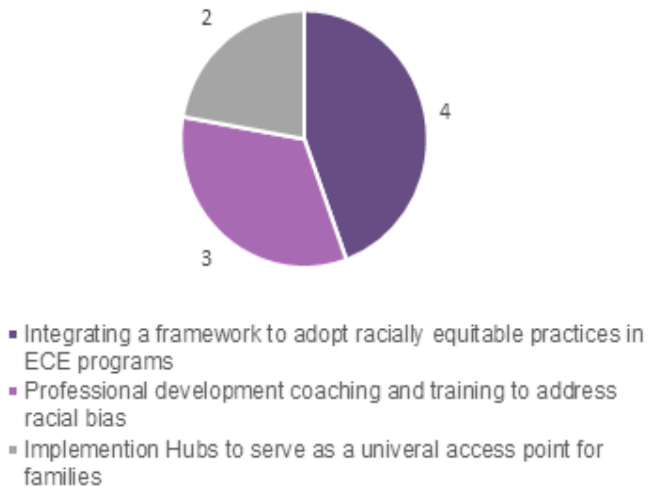
Both cohorts were to promote and increase involvement of all parents and family members, including families from various socioeconomic and cultural backgrounds, through a clearly articulated plan to ensure that parents and families are provided timely and accurate information in a culturally and linguistically sensitive manner. Media campaigns are the most popular approach for the initial cohort of states, while there are numerous, similar approaches for the renewal cohort of states.

Trauma/ACEs

States and territories were encouraged to incorporate trauma-informed approaches to their ECE system to counter the impact of trauma and adverse childhood experiences (ACEs), thereby increasing each child's chances for success in kindergarten and beyond. Additionally, states and territories were encouraged to consider how to best improve the training and experience of B-5 ECE providers in the state and territory with proposed approaches toward improving outcomes for children and families. All 29 initial and renewal grant awardees addressed trauma/ACEs in their application. Examples of trauma-informed approaches states will incorporate include providing additional coaching support in trauma-informed care and mental health; implementing coordinated referral systems; screening for ACEs; and providing funds for professional development to early childhood educators to increase capacity of the ECE workforce to help providers create an appropriate environment for children of all abilities and needs.

Racial Equity

What kind of innovative approaches are states implementing to address racial equity?

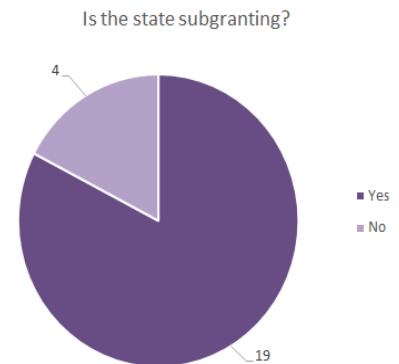


States were encouraged to describe efforts to create and sustain peer-to-peer networks that support information exchange and the development of leadership and advocacy skills among families. Unique to the renewal grants, some states spoke to implementing innovative approaches to address health and educational inequities and build racial equity in their ECE system to better support their B-5 children, families and workforce.

Of the 23 renewal grant applicants, 9 address building racial equity in their ECE system.

Subgrants

The second topic that is unique to the renewal states is subgranting. Renewal states were given the opportunity to award subgrants in order to improve the overall quality of programs or expand the reach of their ECE services. Of the 23 renewal grantees, 19 are using their funds to subgrant while the remaining 4 are doing without the option and focusing on other funding options to achieve overall quality improvement.



Bonus Points

Renewal grantees were given the choice to write to one or more of the following bonus point areas:

- **Bonus Point #1 - Coordinated Application, Eligibility, and Enrollment:** States had to develop a pilot or expand an existing effort that would promote coordinated application and enrollment, and/or centralized eligibility in order to improve ease of navigation for families who may be eligible to receive multiple public benefits and services.
- **Bonus Point #2 - Infant/Toddler Emphasis:** States were to provide examples of pilots or existing efforts that would provide an intensive focus and build capacity for meaningful and high-quality infant/toddler (I/T) services across their state's mixed delivery system. These examples would be a reflection of one or more of the recommended strategies which are described in detail in the corresponding section of this report.

- Bonus Point #3 - Collaborative Transition & Alignment from Birth to the Early Grades: States had to describe a pilot, or an existing effort, that would support smooth transitions and the alignment of services for children and families across Pre-K into Kindergarten and the early grades.

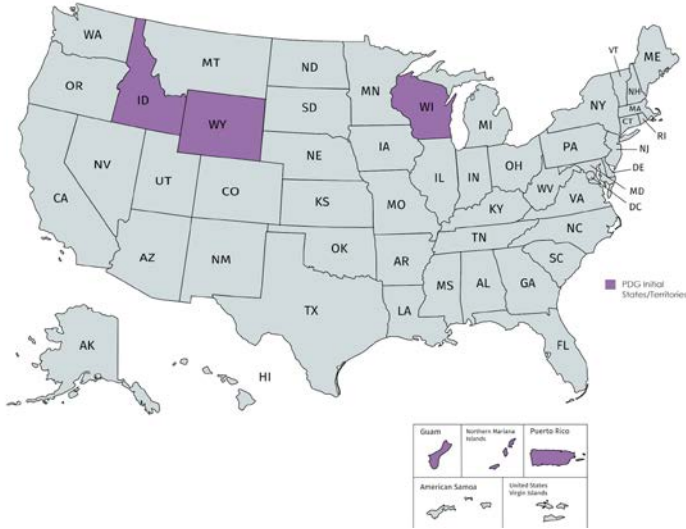
For the first bonus point area, common strategies include assigning unique state identifiers, creating a single access point, and the implementation of “no-wrong-door” strategies. For the second bonus point area, states are increasing child care subsidy rates, adding indicators in data systems, and more. Lastly, some of the approaches that states are using to address the goals of the third bonus point area include hosting transition or leadership summits and the implementation of toolkits among many other approaches.

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Overview of Grantees

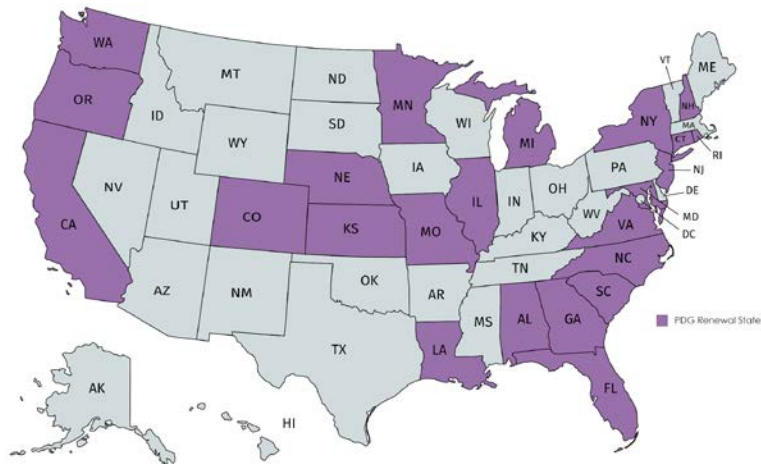
States and Territories Awarded Initial PDG B-5



Initial Grant Awardees (6)

- Idaho
- Northern Mariana Islands
- Guam
- Puerto Rico
- Wisconsin
- Wyoming

States Awarded Renewal PDG B-5



Renewal Grant Awardees (23)

- Alabama
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Illinois
- Kansas
- Louisiana
- Maryland
- Michigan
- Minnesota
- Missouri
- Nebraska
- New Hampshire
- New Jersey
- New York
- North Carolina
- Oregon
- Rhode Island
- South Carolina
- Virginia

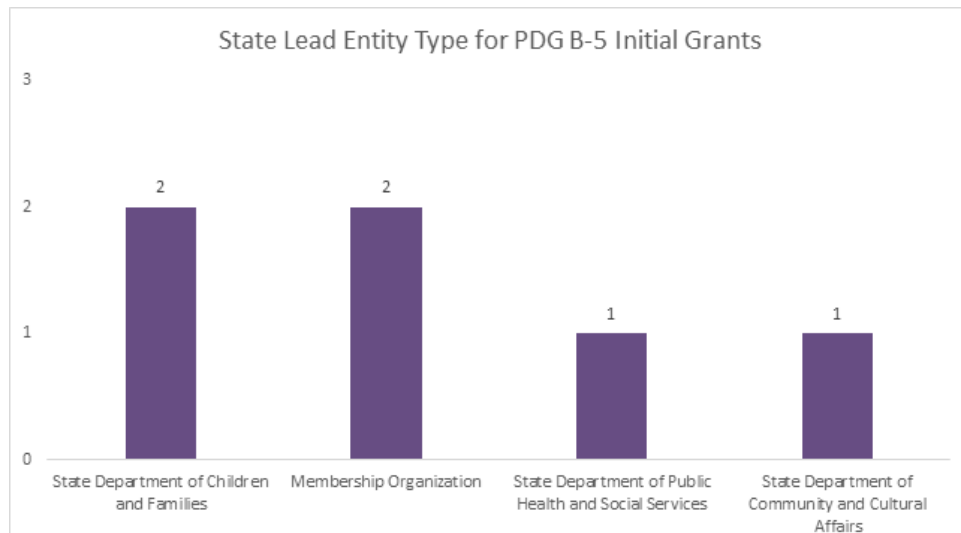
Lead Agencies

The lead agencies were designated as those in charge of guiding the PDG B-5 activities.

Initial

- Two grantees (*Puerto Rico, Wisconsin*) designated the **State Department of Children and Families** because it is the hub for the Early Childhood Advisory Councils (ECAC) and because of its success in managing similar programs.
- Two grantees (*Wyoming, Idaho*) designated a **membership organization** (WY- Western States Learning Corporation / ID- Idaho Association for the Education of Young Children) because of their extensive experience working with municipalities, counties, state agencies and nonprofits throughout the state to coordinate and strengthen early childhood programs.
- One grantee (*Guam*) designated the **Department of Public Health and Social Services** because of its experience in the planning of early childhood care and education programs for the most vulnerable children, in particular with young children who are at risk for delays or with disabilities.
- One grantee (*Northern Mariana Islands*) designated the Child Care and Development Fund (CCDC) under the **Department of Community and Cultural Affairs (DCCA)** to better coordinate services and collaborative efforts across a diverse array of early childhood programs.

Summarizing table:



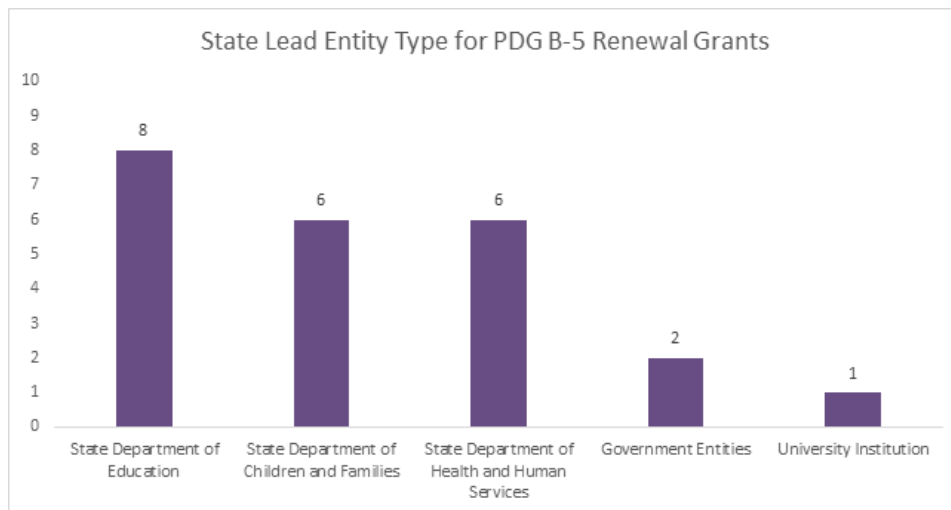
Renewal

- Eight awardees (*Florida, Virginia, Maryland, Oregon, Louisiana, Minnesota, Michigan, Missouri*) designated their **State Department of Education (DOE)** as their lead agency due to the DOE

being the designated entity for all Early Childhood State Advisory Councils (SAC) which are actively engaged to create a more coordinated and impactful system of high-quality ECE programs and services.

- Four awardees (*New York, New Jersey, Washington, Alabama*) designated the **State Department of Children and Families (DCF)** as their lead agency because it is best suited to promote the well-being of the most vulnerable children and families and are charged with implementing responsive, effective and high quality childhood strategies across the states mixed-delivery system.
- Six awardees (*North Carolina, Nebraska, Colorado, Rhode Island, California, South Carolina*) designated their **State Department of Health and Human Services (DHHS)** as their lead agency for the PDG B-5 because it efficiently manages and provides oversight of related federal dollars to ensure compliance with state and federal regulations and has been suited to manage and oversee this grant due to the agency’s organizational capacity, leadership and management.
- Two grantees (*Illinois, Kansas*) designated **government entities** (Illinois - Office of the Governor and Kansas - Kansas Children’s Cabinet and Trust Fund) as their lead agency for PDG B-5 as it is tasked with assisting the governor in developing and implementing a coordinated delivery system to serve children and families.
- Two grantees have identified **separate state agencies** that are comprehensive in nature and devoted to oversight in the implementation of **early childhood efforts** in the state including the PDG B-5 grant. The Georgia Department of Early Childhood and Learning is a separate, legislatively created department. The Connecticut Office of Early Childhood is a separate state agency that oversees a network of programs and services that help young children and families thrive.
- One grantee (*New Hampshire*) designated the **University of New Hampshire** as their lead agency in collaboration with the state’s DHHS and DOE to collaboratively lead PDG B-5 efforts while engaging constituents at all levels of the ECE system of support.

Summarizing table:



Vulnerable or Underserved Identified:

Applicants were to include a description of the populations of children who are vulnerable or underserved, and children in rural areas. States and territories identified the following common populations:

- Children in foster care
- Children who are homeless
- Children with disabilities/developmental delays
- Children living in rural areas
- Children living in poverty
- Multi-language learners
- Children from low-income families
- Children whose parents/caregivers are incarcerated

Although states and territories included these populations in their definition of vulnerable or underserved children, none of the applicants provided additional descriptors or parameters for how these populations will be identified in their state or territory, respectively.

Some states and territories also identified unique populations. For example, in addition to the vulnerable or underserved populations, **Puerto Rico** listed children with behavioral or mental health issues and children suffering from a catastrophic illness, in regards to the past environmental tragedies that have affected the island. **Guam** identified the entire island as the target community with a special focus on Chamoru and Chunkese families—the indigenous inhabitants of the island—that are at high risk and have high needs.

Local IDEA Part C and Part B Section 619 are identified as partners to increase access to services for children with disabilities or developmental delays.

For example:

- **Idaho:** As part of the state’s effort to increase families’ access to IDEA Part C services for children 0-3 years old, *IdahoSTARS* will work to ensure programs enrolled in *Steps to Quality* conduct developmental monitoring and screening of children birth to five years of age to support early identification of autism spectrum disorder and other developmental disabilities.
- **Wisconsin** will focus on building and sustaining regionally driven collaborative partnerships for collective impact, training and technical assistance (T/TA) and best practices across their regions. To the extent additional resources are needed to continue efforts beyond the initial grant period, existing funds may be reallocated, and new local, state and federal funding sources are to be blended to support projects, which include IDEA Part C and Part B Section 619 activities.

Unduplicated Count of Children:

As initial grantees, most applicants did not have extensive content pertaining to an unduplicated count, but some mentioned a plan to incorporate such data systems to be able to reach an unduplicated count in their needs assessment.

For example:

- **Idaho** will utilize data integration software to match records across data systems. The state has enrollment lists of the early care and education (ECE) programs in the state, including the child care subsidy program, IDEA Part C and Part B, Section 619, and the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The state will work with local head start grantees to obtain enrollment lists. An unduplicated count will be obtained by merging these lists and comparing the records across five common fields: 1) Legal first name, 2) Legal last name, 3) Date of birth, 4) Gender, and 5) Racial/Ethnic Group.
- **Wisconsin:** By using the Early Childhood Integrated Data System (ECIDS) Program Collection and analysis, Wisconsin will create an annual distinct count of children being served in ECE programs throughout the state that can later be analyzed by age, quality, accessibility, geography, socioeconomic status, and child well-being indicators.

States and territories plan to leverage the opportunity provided by the PDG B-5 grant to improve, strengthen and align partnerships to create a more efficient and effective unduplicated count of children.

Parent Engagement - Expanding parent knowledge, choice and involvement:

As previously stated, the awarded states and territories were asked to describe the ways that they would maximize parental choice and knowledge of existing programs and providers as well as family involvement and engagement. The most common approach taken by the majority of states and territories (5 out of 6) were media campaigns, provided through TV, Social Media, Texting Services and Marketing.

For example:

- **Idaho** will be launching the Idaho Public Television (Idaho PTV) Media Campaign, which focuses on the critical role parents play in promoting early learning by equipping parents with simple strategies to build their child's reading, social, and emotional skills. IdahoPTV works to help early learning providers and school districts in rural areas to increase engagement with parents to promote school readiness for children ages 3-5. IdahoPTV also offers an array of online resources for ECE educators and families that promotes play-based early literacy and STEM activities.
- **Wisconsin** will create a tailored texting service designed to increase parents' knowledge of ECE programs and evidence-based child development practices.

- **Wyoming** will increase parent and caregiver knowledge of programs and services through the creation and distribution of informational materials (including those focused on transitions from birth through preschool and into elementary school) building on existing communications and outreach initiatives and infrastructure.
- **Guam** will be executing a social media campaign that will include door-to-door information dissemination, flyers, and other mediums of public awareness.
- **Northern Mariana Islands** will create video productions in the islands four main languages (e.g. Chamorro, Carolinian, Filipino, and English), posters and billboards across all three populated islands (e.g. Saipan, Tinian, Rota), flyer and brochures.

Other innovative approaches to be highlighted on maximizing parental engagement amongst the states and territories include using a two-generation approach to support both school readiness and workforce participation and productivity. The two-generation approach includes programs that intentionally serve children and their caregivers together, in order to harness the family’s full potential and to put the family on a path to permanent economic security (e.g. Idaho, Puerto Rico); incorporating activities to serve children with special needs such as training library staff to administer developmental screenings that identify physical, social, and/or emotional concerns, and assisting parents in accessing support for those needs (e.g. Idaho); and providing military families with care kits that include resources and materials for children and parents, such as journals and books about feelings, and ECE resources that help parents find local ECE programs and services that meet their family’s needs during deployment. (e.g. Wisconsin).

Trauma/ACEs and other health related issues:

States and territories were encouraged to incorporate trauma-informed approaches into their ECE system and improve the training and experience of ECE providers to counter the impact of trauma and adverse childhood experiences.

Trauma-informed approaches include Guam’s proposed work with Bureau of Social Services Administration (BOSSA) Child Care Licensing to align Guam’s Plan for Professional Development (GPPD) for ECE providers in the B-5 mixed delivery system workforce to ensure that ECE providers in center-based child care facilities are trained on evidence-based practices, social emotional development, and include trauma-informed care. Wisconsin will implement a Social and Emotional Development Training and Coaching Support to expand the social and emotional development resources to more providers emphasizing underserved rural areas. Other common health related issues states and territories are planning to address through trauma-informed approaches include mental health, developmental health and environmental health.

For example:

Mental Health

- **Idaho** will be engaging Aim Early Idaho, the state’s Association for Infant and Early Childhood Mental Health, in the dissemination of PDG B-5 related products. Aim Early Idaho works to

support a system of care, which helps families ensure the social and emotional well-being of their infants and young children.

- **Wisconsin** will provide T/TA for all ECE programs to support child and family needs, including special education services, health, mental health, and wellness supports, as well as transition support from ECE to kindergarten.

Developmental Health

- **Puerto Rico** will incorporate Autism Spectrum Disorder (ASD) screening with the Modified Checklist for Autism in Toddlers, Revised with Follow-Up (MCHAT-RF) for all children 18 and 24 months, or at any age, if there is a concern of risk for ASD as per the requirements of developmental screening using the ASQ-3. Puerto Rico will ensure that early childcare and education providers are aware of these requirements, as well as the steps to take if the screening process indicates risk for developmental delay or autism.
- **Idaho** will explore Telehealth Models that can offer more flexibility with video teleconferencing technology between service providers (e.g., speech pathologists) and children in need of support.

Environmental Health

- **Wisconsin** will use PDG B-5 funds to pilot a Lead Remediation Grant Fund for ECE providers. Providers may apply to DCF for funds needed to address clean water needs, including: filter installation and maintenance; replacing lead fixtures; replacing lead service lines; bottled water; and clean water filling stations.
- **Northern Mariana Islands** will conduct environmental scans of learning services available in private and public educational sectors including Head Start, along with services for children with special needs and support services.

PDG B-5 2019 Renewal Grant Application Analysis

Vulnerable or Underserved Identified:

States were to build upon the initial year's work to develop a statewide needs assessment that included describing the populations of children who are vulnerable or underserved and children in rural areas.

States identified the following common populations:

- Children with special needs/disabilities or developmental delays (e.g. Virginia, New Hampshire, Minnesota, Missouri, Florida, Alabama, New York, Maryland, New Jersey, Rhode Island, Georgia, Kansas, Washington, Colorado, Michigan, Louisiana, South Carolina, North Carolina, California)
- Children living in rural areas (e.g. Virginia, New Hampshire, Florida, Alabama, Maryland, New Jersey, Nebraska, Georgia, Oregon, Washington, Colorado, Michigan, Louisiana, North Carolina, California)

- Children experiencing homelessness (e.g. Virginia, New Hampshire, Missouri, Florida, Alabama, New York, Maryland, New Jersey, Rhode Island, Kansas, Colorado, Michigan, Louisiana, North Carolina, California)
- English Language Learners (ELL)/Dual Language Learners (DLL) (e.g. Virginia, Missouri, Florida, Alabama, Maryland, New Jersey, Rhode Island, Georgia, Colorado, Louisiana, North Carolina, California)
- Children experience mental health or behavioral challenges or trauma (e.g. Virginia, Missouri, Maryland, Rhode Island, Kansas, Washington, Colorado, Michigan)

Applicants provided additional background context or descriptors of how these populations will be identified in their state and how they plan to increase services to these populations, respectively.

For example:

- **Maryland** defines children in rural areas as 18 of the 24 jurisdictions where there is geographic isolation, lack of transportation, and lack of access to and availability of social services—areas in which there are few childcare programs and rarely at the highest levels of quality.
- **Nebraska’s** needs assessment defines vulnerable children as those “experiencing conditions that could have a negative impact on their development and learning,” and then tracks outcomes on 10+ data points relevant to that definition.
- **Colorado** will address the needs of children with developmental delays, disabilities and behavioral challenges by including their voices in the implementation of the family council, by updating their Early Learning and Development Guidelines with additional knowledge about child development, and by targeting investments in early childhood provider training and coaching to support expanded choice across the mixed-delivery system for families of children with special needs.
- **New Jersey:** Pregnant women, parents & children in low-income families will be targeted through NJ’s Central Intake (CI) system designed to reach the most vulnerable children & their parents/families earlier through screening, referral & connections to appropriate services/supports.

Local IDEA Part C and Part B Section 619 are identified as partners to increase access to services for children with disabilities or developmental delays. Common strategies states will be creating and supporting these partnerships include:

- **Maryland, New Jersey, Rhode Island, Georgia, Kansas, Oregon, Colorado, North Carolina, California** identify Local IDEA Part C and Part B Section 619 as stakeholders by being engaged in the strategic planning process, being identified as part of the state’s mixed delivery system and being part of the governance structure who is responsible for managing grant activities and day-to-day decision making for PDG B-5.
- **Nebraska** has 29 Planning Region Teams where at least 20% of the team members are parents of children with disabilities. Parents will also be represented on the statewide Part B advisory

council, the Nebraska State Autism Collaboration, local Developmental Disabilities Councils, and the Newborn Early Hearing Detection and Intervention Advisory Committee.

Unduplicated count of children:

It was requested that renewal states continue to address their plan to measure the number of unduplicated children being served and awaiting services in each of their existing programs. According to the applications, the states are at various stages in the process of acquiring an unduplicated count. In fact, 5 states (e.g. Minnesota, South Carolina, Michigan, Louisiana, and Georgia) already have an unduplicated count of children receiving services through their existing programs. Of these, however, Minnesota is the only one to also have an unduplicated count of children awaiting services. The others did not discuss a count for children awaiting services. A few of the states have an unduplicated count of children for some of their existing programs with an intent to expand or merge different data sources (e.g. Missouri, Alabama, North Carolina, Illinois, and New Jersey). New Hampshire has a count for unduplicated children in two programs – Child Care Scholarship (CCS) Program and Family-Centered Early Supports and Services (FCESS). Below are examples of the various stages among the renewal states:

- **Maryland's** vision for a unique identifier for its ECE system is to utilize the state's Pre-K- 12 State Assigned Student Identifier (SASID) system to assign a unique identifier when a child enrolls in an ECE program or service. This will allow Maryland State Department of Education to track each individual child's progress through the ECE system and into Pre-K-12.
- **Missouri** has the potential for an unduplicated count of children and will accomplish this by linking two unique identifiers: the Document Control Number (DCN) in the Department of Health and Senior Services and the Missouri Student Information System (MOSIS) in the Department of Elementary and Secondary Education (DESE). Missouri's Department of Social Services assigns each child a DCN at birth and DESE assigns a MOSIS ID when the child enters public school.
- **South Carolina** has approximately 293,653 unduplicated 0-5 year old children receiving services through programs that provide data to the state's Data Warehouse housed at SC Department of Revenue and Fiscal Affairs, including: Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Child Protective Services (CPS), First Steps local partnership programs (home visitation, parent training, child care assistance, health, school transition), Disabilities and Special Needs Services, state-funded 4K and Part B 619 services, Child Care Vouchers, and Health-related services. Data on the number of unduplicated children awaiting service, as well as other important questions related to accessibility, utilization, and impact of services remain unanswered.

Parent Engagement- Expanding parent knowledge, choice and involvement:

A variety of strategies are being employed by the renewal states to increase parent and family knowledge and optimize involvement and engagement. These include, but are not limited to:

- Supporting parent/family participation as ambassadors or in state councils/cabinets to contribute to shaping policy and practice (e.g. Virginia, Georgia, New York, Florida, Illinois, Colorado, Rhode Island, Connecticut, Minnesota, Nebraska, Kansas, Louisiana, Alabama, and Oregon),
- Offering parent leadership and family engagement trainings and conferences (e.g. New Jersey, New York, Georgia, Illinois, North Carolina, Connecticut, South Carolina, Washington, Missouri, Michigan, and Kansas),
- Establishing and promoting educational and informational campaigns (e.g. New York, South Carolina, Nebraska, Louisiana, Alabama, and Kansas),
- Organizing parent and community cafés to facilitate leadership and collaboration (Illinois, Maryland, Nebraska, Michigan, and California),
- Providing online and digital supports on various topics in the form of video series, texting services, and apps like Vroom (e.g. Florida, Colorado, Virginia, New York, Maryland, New Hampshire and California),
- Creating or updating of hubs, portals or referral websites (e.g. New Jersey, New York, Illinois, North Carolina, Rhode Island, Minnesota, Washington, Maryland, New Hampshire, Alabama, Oregon, Colorado, South Carolina, Missouri, and Michigan),
- Receiving parental feedback to inform local planning through the use of surveys, focus groups, or website analytics (e.g. Virginia, New Jersey, South Carolina, Nebraska, Kansas, and Oregon), and
- Increasing the involvement of culturally and diverse communities in the form of translating resource materials, inclusion trainings, and cultural events (e.g. New York, Georgia, Illinois, Michigan, North Carolina, and Missouri)

Several states included examples of how they are strengthening developmental and socio-emotional screening and referral services for families with related concerns (e.g. Virginia, New Jersey, Florida, Illinois, Connecticut, Minnesota, Missouri, and Kansas) and a few are strengthening their home visitation programs to increase participation and outcomes (e.g. New York, North Carolina, Missouri, Louisiana, Florida, and South Carolina). More unique approaches for increasing family engagement include the use of family and child navigators that comprehensively inform and connect all families, especially vulnerable families, to existing resources, services, and programs in a culturally and linguistically appropriate way (e.g. Rhode Island, Michigan, and New Hampshire), and the implementation of father engagement initiatives (e.g. New York and Maryland).

Finally, according to the applications, 18 of the 23 states are identifying their activities as two-generational to mean that they are working to improve the lives of both children and their families together.

For example:

- **New Jersey** is building on Community Health Worker (CHW)/ Doula network resources in hopes of improving racial/ethnic maternal-child health disparities like low birth weight and high infant/maternal mortality, especially for African-Americans, which persist in New Jersey. More

specifically, the resources include prenatal health education, birthing support (labor & delivery), and short-term postpartum maternal/infant/ family education & follow-up.

- **South Carolina** is supporting a pilot program that will certify local family support providers to deliver and increase local access to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), related WIC-approved nutrition education, and provide retention incentives. Also, the state is expanding PASOs services for Latino families which is an early identification and referral model that addresses the specific health and educational needs of Latinos.
- **Maryland** is expanding their Family Support Center (FSC) network to include teen parenting programs that allow the parent to attend school while providing early childhood education. Additionally, the state will partner with an effective fatherhood engagement initiative to involve fathers of young children in their early care and learning.

Trauma, ACEs and Mental Health:

States will incorporate strategies that integrate trauma-informed care practices into consultations and coaching to expand ECE providers' skill sets to respond to children with a history of trauma, provide trauma-informed resources to vulnerable families and emphasize parental leadership to ensure children are being provided adequate resources.

Several states mentioned that they will help retain and expand existing quality family child care providers by providing additional coaching particularly in trauma-informed care (e.g. Missouri, Florida, Alabama, Oregon, New Jersey, Nebraska, South Carolina, Virginia, Maryland Rhode Island and Colorado). Some states describe how they will implement coordinated referral systems, screenings for ACEs and training that provides concrete knowledge about ACEs (e.g. Georgia, California, Connecticut, and New Hampshire). States will provide funds for professional development to EC educators to increase capacity of the ECE workforce and support early identification and EC mental health to help providers create an appropriate environment for children of all abilities and needs (e.g. Minnesota, Missouri, Alabama, North Carolina, Louisiana, Virginia, Colorado, Kansas, and Washington). Lastly, some states will implement the Pyramid Model to support trauma informed care through Infant and Early Childhood Mental Health Consultation (I/ECMHC) (e.g. Illinois, South Carolina, and New York).

Examples of trauma-informed efforts:

- **Oregon** will increase the number of coaches who are skilled in practices that create supportive environments for all children such as focusing on maintaining inclusionary environments, trauma-informed approaches for engaging with children and families and implementing curricula that support racial identity development.
- **Alabama** will develop a program called "Creative Pathways" that will provide services tailored to meet the needs of homeless young children and their families including: trauma-informed care; emergency high quality child care; parent coaching; and, connections to existing programs that provide services like housing, food, training or employment programs, income supports, and health provisions.

Examples of efforts that address ACEs:

- **Connecticut** will give subgrants directly to local programs that will work directly with families and their young children to prevent exposure to ACEs and support their role in promoting healthy development. The objectives of these subgrants are to address conditions that affect family instability, including ACEs, coordinate with the state’s social service programs, and give child care providers the tools they need to work with infants and toddlers who demonstrate behavioral issues resulting from ACEs.
- **New Hampshire** will explore lessons learned from the ACERT coordinated referral system (Adverse Childhood Experiences Response Team from LAUNCH Manchester) at the regional level to determine the best way to replicate components of these models to promote efficient access to services for families across the ECE system.

Pyramid Model Implementations:

- **Illinois** is implementing two online ePyramid Modules to support trauma informed care with programs already implementing the Pyramid Model (PM): 1) Trauma-Informed Care & the PM, and 2) Wellness: Taking Care of Yourself. I/ECMHCs will facilitate the learning activities in these ePyramid modules to support implementation and reflective practices.
- **South Carolina** will expand on year 1 PDG B-5 to provide program-wide Pyramid Model Implementation and design a Community of Practice for trainers. Will work in collaboration with IECMH initiative and State Pyramid Model team to help provide support to the network.

Racial Equity:

To incorporate innovative approaches that aid in building racial equity in the ECE system, some states plan to increase the number of coaches who are skilled in practices that create supportive environments for all children. (e.g. Florida, Oregon) This will include supports focused on maintaining inclusionary environments; trauma-informed approaches for engaging with children and families; implementing curricula that support racial identity development and/or dual language needs; and managing transitions effectively. Other states will create awareness and action amongst leaders, teachers and families in order to advocate for learning strategies to make equitable decisions in the context of early learning (e.g. Michigan, Alabama, Illinois, Minnesota, New Hampshire, New York, and Washington).

For example:

- **Florida’s** Office of Early Learning (OEL) at the DOE worked to build capacity in equity practices through a pilot of statewide stakeholder training to guide understanding of how to meet the unmet needs of underserved populations and to ensure equitable access to quality ECE. Building on this PDG B-5 initial effort, OEL will expand the pilot to bring the training, as well as certification, to 75 cross-sector B-5 professionals throughout Florida. OEL will procure for equity “coaches” to work with Early Learning Coalition (ELC) and OEL leadership in five regions using Racial Equity Impact Assessment (REIA) tools designed to recognize and address disparities through data-driven and targeted strategies explicitly intended to close equity gaps (e.g., Race Equity Crosswalk Tool), Tool for Organizational Self-Assessment Related to Racial Equity and Racial Equity Impact Assessment.

- **Alabama's** Steering Committee is working with the Race Matters Institute to help users sort through the drivers of any given inequity by creating a "backmap" that visualizes these drivers and their interactions. The backmap begins with the identification of a racial disparity on a specific indicator (e.g., program participation, health status, unemployment), and from it, the user can draw upon three key sources of information to identify drivers of inequity on the indicator. The tool creates a visual narrative that will enable Alabama's Department of Early Childhood Education (ADECE) and the Steering Committee to: develop funding strategies around specific disparities; make investments in root causes and advocacy agendas; determine what allies are needed to create collective impact; and, create a fundamental blueprint for long-term efforts to advance racial equity.
- **New Hampshire** (NH) is prompting a state commitment to identify and address systemic inequities and improve access to programs, services, and opportunities. With the renewal funds, NH will contract with a national agency to examine how current structures at their DHHS and DOE contribute to existing inequities and to create a system for accountability with measurable targets. NH will scrutinize data to identify inequities in early childhood outcomes and systemic root causes of those inequities for families of color and create a system to engage local communities of color to tailor differentiated supports and co-design solutions, so that all families and children have the opportunity to thrive.

Subgrants

Based on legislative guidance Renewal states had the option to award subgrants for direct service in order to expand the reach of its mixed delivery system. This was an option not available to Initial Grant awardees and was only one method by which states could improve the overall quality of programs and services. Because subgranting was a new way for states to achieve their end goals, we were interested in exploring how many states used this option and for what purposes. A variety of examples of ways funds are being used are identified below followed by the states that chose this option:

- To support or expand ECE services through increases in slots and seats, development of materials, start-up costs, and funding supports for infrastructure needs (e.g. Rhode Island, Colorado, Oregon, Kansas, Louisiana, Illinois, Michigan, Washington, South Carolina, Alabama, and California),
- To align curriculum, assessment, and standards for ECE providers (e.g. Georgia),
- To develop and sustain community engagement systems and partnerships (e.g. Minnesota, Kansas, Georgia, New Hampshire, Maryland, and Nebraska),
- To provide workforce supports and shared cross- sector professional development (e.g. New Jersey, South Carolina and Alabama),
- To enhance monitoring and quality improvement (e.g. Illinois),
- To extend family engagement (e.g. Michigan), and
- To improve universal application, screening, and enrollment processes (e.g. Minnesota).

Additionally, some of the states are emphasizing support for rural or tribal communities (e.g. Oregon, Kansas, Maryland, and Florida) and others are expanding their infant and toddler services with their subgrants (e.g. Rhode Island, Oregon, Louisiana, and Maryland).

For example:

- **Rhode Island** is developing a competitive subgrant pool that will support high-quality providers to address facility planning needs. It will help improve existing infrastructure allowing programs to plan expansion and quality improvement opportunities without taking resources away from staff and programming.
- **Oregon** is expanding Baby Promise which is a key part of Oregon’s approach to improving quality in infant-toddler ECE, with a focus on rural, frontier, and tribal areas. In rural communities, the grants will be to family child cares, with an expectation of approximately 10-15 subgrants to serve 40 children at \$20,000 per slot.
- **Georgia** is offering both capacity building and implementation grants that will enable local collaboration to plan and implement projects specifically geared toward local needs, families and children will have better access to services, and the overall system benefits.

Bonus #1- Coordinated Application, Eligibility, Enrollment

For the first bonus point area, renewal states were to describe activities that would promote coordinated application and enrollment, and/or centralized eligibility in order to improve ease of navigation for families who may be eligible to receive multiple public benefits and services.

Of the 23 funded states, 6 are assigning unique state identifiers to all children as an effort to streamline the collection of application and enrollment data (e.g. Kansas, Oregon, California, Minnesota, Louisiana, and Maryland) and 11 are creating a single or central point of access for coordination of services within the state (e.g. Virginia, Louisiana, Florida, Georgia, Missouri, New Jersey, Washington, Nebraska, Alabama, Minnesota and Colorado). Of the latter, Minnesota, Washington, Nebraska, and Alabama are establishing or expanding on their already existing *Help Me Grow* frameworks, which consist of early intervention screening and referral services designed to identify children at-risk for developmental or behavioral challenges and connect them and their families to community-based programs.

Lastly, 8 states are supporting “no-wrong-door” strategies (e.g. Michigan, Virginia, Colorado, Minnesota, North Carolina, South Carolina, Louisiana, and Kansas). These provide families access to appropriate and adequate support for their needs regardless of their initial program entry point by making certain families can access information quickly and make timely connections to services that optimize the wellbeing of their child and the family. For example, in Michigan, activities will connect communities who are already successful with those that are interested in or ready to begin to develop no-wrong-door practices. Michigan’s Department of Health and Human Services will also help the communities get to the “readiness” stage by serving as a convener and connector as well as providing mini-grants.

For example:

- **Kansas** is using PDG B-5 to fund the Kansas Care Coordinators program in two high-volume pediatric practices to co-locate a coordinator in those offices. The coordinators will expand the

capacity of the practices to take a two-generation approach to screen for parent-child needs and make referrals through the state's Integrated Referral and Intake System (IRIS), and work with families to build knowledge and skills that empower choice. Additionally they are piloting Bridges to coordinate care for families aging out of Part C services.

- **North Carolina (NC)** is expanding their Universal Application and Enrollment Process (UEP) project's mentoring support to up to 8 pilots across the state. The UEP project was part of sharing best practices in NC's PDG B-5 planning grant. During the planning year, four NC Pre-K contractors shared their expertise with other communities in developing a universal application and enrollment process for four-year-old children in their counties, to better coordinate service delivery and to increase families' access to ECE programs and resources.
- **Connecticut** is investing in community level universal service coordination to augment existing efforts in the cities of Norwalk, Bridgeport, and New Haven. For example, in Bridgeport, funds would support Bridgeport Prospers, a STRIVE collective impact effort that includes engaging neighborhoods; extended family members; active elders to combat racism and build resilience with a special focus on those who experience ACEs, trauma or toxic stress; the health, hospital and social service sectors; early education and public schools; faith-based stakeholders; and businesses.

Bonus #2- Infant/Toddler Emphasis

The goal of the second bonus point area is to provide an intensive focus and build capacity for meaningful and high-quality infant/toddler (I/T) services. The states' selected approaches were expected to reflect one or more of the recommended strategies. Below are the recommended strategies alongside the states that selected to include them as part of their plan to improve I/T services.

- Prioritizing infant-toddler providers by increasing child care subsidy rates. (e.g. North Carolina, Maryland, New Jersey, Louisiana, Kansas)
- Prioritizing infant-toddler providers by expanding training or offering financial incentives for professional development or retention. (e.g. Kansas, Virginia, New Jersey, Rhode Island, New York, Michigan, Connecticut, Minnesota, Maryland, Kansas, Colorado)
- Establishing staffed family child care networks to provide quality improvement supports for home-based child care providers serving infants and toddlers. (e.g. New Jersey, Connecticut, Kansas, Georgia, Nebraska)
- Creating new high-quality early care and education programs or slots for infants and toddlers in child care "deserts" with a limited supply of infant-toddler care. (e.g. New Jersey, Louisiana, Washington)
- Adding indicators specific to infants and toddlers in data systems that track children's progress and link these systems with other early childhood system data. (e.g. New Jersey, Michigan, Kansas)
- Providing infant and early childhood mental health consultation and training to ECE programs so that caregivers are better able to support very young children's wellbeing. (e.g. New Jersey, Rhode Island, Louisiana, Illinois, New York, Florida, South Carolina, Minnesota, Maryland, Kansas, California, Washington)

- Creating an Infant Toddler Specialist Network or providing coaching to ensure child care resources and referral staff have expertise in early childhood development. (e.g. New Jersey, Rhode Island, Virginia, New York, South Carolina, Alabama, Oregon)
- Integrating infant-toddler early learning guidelines, standards, core knowledge and competencies, and credentials into the QRIS or updating them. (e.g. New Jersey, Oregon, Kansas)

Several states cited improving screenings and referrals for developmental delays and disabilities (e.g. Minnesota, Louisiana, Oregon, Florida, and Virginia) and expanding home visiting programs and pilots (e.g. New Hampshire, North Carolina, and Alabama) as strategies that would improve I/T services as well.

For example:

- **Rhode Island** is hosting monthly networking sessions for consultants and child care providers to come together, share information and learn about a specific topic relevant to infants and toddlers, so that they can be resources for each other.
- In **Louisiana**, all infant classrooms are being observed using the Infant CLASS® tool as a part of the 2019-2020 learning year. Scores from the learning year will be shared with all teachers of infants to support quality improvement and help prepare them for the inclusion of Infant CLASS® scores in performance profiles in the 2020-2021 school year.
- **New York** is connecting infant/toddler specialists and mental health consultants to Pyramid Model Implementation statewide training, specifically Parents Interacting with Infants (PIWI) to strengthen parent-child relationships through dyadic and triadic strategies and developmental observation topics.

Bonus #3- Collaborative Transition & Alignment from Birth to the Early Grades

For the third bonus point area, states were to describe approaches that would promote smooth transitions and the alignment of services for children and families across Pre-K into Kindergarten and the early grades.

In response to this bonus point, 5 states are planning on hosting transition or leadership summits intended to identify and implement best transition practices and sustain collaboration (e.g. Florida, Colorado, Minnesota, Rhode Island, and Kansas). Another 5 are creating or updating guidelines or frameworks that once implemented will support smoother transitions (e.g. North Carolina, Maryland, Alabama, and California). Several states are also using data as a method to improve transitions and system alignment (e.g. Colorado, South Carolina, North Carolina, Florida, New Jersey, and Virginia). For example, North Carolina is using their NCCARE360 Platform that allows providers to electronically connect parents to community resources in a closed referral process to meet the needs of young children and support transitions, while data from Virginia's Kindergarten Readiness Program (VKRP) is being used in Virginia's pilots to better identify gaps, and work across programs to strengthen ECE programs and transitions. Lastly, Florida and Minnesota are implementing toolkits that will more effectively coordinate transitions, transition supports and stakeholder engagement.

Other similar efforts among a few of the 23 states include the employment of transition supports for kids enrolled under IDEA programs (e.g. Washington, Michigan, Georgia, and North Carolina) and the expansion of professional development as an effort to improve transitions (Washington, Kansas, Missouri, North Carolina, and Rhode Island).

A few of the states are taking advantage of efficiencies related to program transitions and early childhood system alignment efforts. For example, 8 states are braiding funds of state agencies for PDG B-5 activities (e.g. Connecticut, South Carolina, Washington, Minnesota, Virginia, Kansas, New Jersey, and Alabama), and 3 states are working with Medicaid for additional funds, to develop waivers, and more (e.g. Colorado, North Carolina, and New Jersey). Finally, a total of 4 states are investing in technical assistance that will support alignment (Connecticut, New York, North Carolina, and Kansas) and 9 states are planning on conducting new or additional alignment assessments. (e.g. Rhode Island, Nebraska, North Carolina, Florida, New York, South Carolina, Colorado, Illinois, and Oregon).

For example:

- **Virginia** is planning on testing out ways to use text messaging to support families through transitions, conduct campaigns to increase awareness among families about school readiness and use school entry as an opportunity to better link families with comprehensive services. They will measure the impact of these efforts through the annual self-assessment and family and kindergarten educator surveys.
- **Minnesota** is partnering with the national Office of Head Start and working with local Head Start agencies as an extension of a national initiative the federal office is initiating on supporting stronger partnerships and transitions between Head Start programs and school districts. Together, they will be offering a *Transition Summit* to support stronger transitions for children and families.
- **New Jersey** is exploring a Medicaid waiver with their Department of Human Services (DHS) for sustainability if their proposed Family Connects & Healthy Steps pilots are successful. Family Connects is an evidence-based model for short-term HV follow-up of families at birth to provide MCH assessments, parent support and cross-sector service connections. The Healthy Steps is a pediatric office-based infant/child/family assessment with intermittent follow-up at well-child pediatric visits for health & parent education, developmental screening follow-up and cross-sector connections.

Appendix A-Initial PDG B-5 Resources

Funding Opportunity Announcement - <https://ami.grantsolutions.gov/HHS-2019-ACF-OCC-TP-1599>

State	Resource Link
Guam	Not available at this time.
Idaho	Application: https://idahoaeyc.org/pdg
Northern Mariana Islands	Application: https://protect2.fireeye.com/url?k=3f69d61b-633cdf08-3f69e724-0cc47adb5650-c813632da7051f28&u=http://www.cnmiclp.gov.mp/
Puerto Rico	Application: http://www.acuden.pr.gov/Documents/Propuesta%20PDG%20B-5%20Web%20Page%20NEW.pdf
Wisconsin	Summary: https://dcf.wisconsin.gov/childcare/pdg
Wyoming	Application: https://www.governor.wyo.gov/state-government/preschool-development-grant

Appendix B- **Renewal** PDG B-5 Resources

Funding Opportunity Announcement - <https://ami.grantsolutions.gov/HHS-2019-ACF-OCC-TP-1567>

State	Resource Link
Alabama	Application: http://children.alabama.gov/preschool-development-grant/
California	Application: https://www.chhs.ca.gov/wp-content/uploads/2020/01/California-PDG-B-5-Renewal-File-One.pdf
Colorado	Needs Assessment and Strategic Plan Reports: http://coloradoofficeofearlychildhood.force.com/oec/OEC_Partners?p=Partners&s=Colorado-Shines-Brighter&lang=en
Connecticut	Fact Sheet: https://www.ct.gov/oec/cwp/view.asp?A=4638&Q=611256
Florida	Application: http://www.floridaearlylearning.com/statewide-initiatives/preschool-development-grant-birth-through-five
Georgia	Application: https://dec.al.ga.gov/BftS/PreschoolDevelopmentGrant.aspx
Illinois	Application: https://www2.illinois.gov/sites/OECD/Pages/PDG-B-5.aspx
Kansas	PowerPoint Presentation/Summary: https://kschildrenscabinet.org/wp-content/uploads/2019/11/Advisory-Team-PPT_11.1.2019-FINAL-for-web.pdf
Louisiana	Application: https://webapps.doe.louisiana.gov/docs/default-source/early-childhood/louisiana-pdg-b-5-renewal-grant-application.pdf?sfvrsn=6edd9b1f_4
Maryland	Application: https://earlychildhood.marylandpublicschools.org/PDG
Michigan	Application: https://www.michigan.gov/mde/0,4615,7-140-80635_86000-497719--,00.html
Minnesota	Application: https://education.mn.gov/MDE/dse/early/preschgr/roverview/index.htm
Missouri	Application: https://dese.mo.gov/quality-schools/early-learning/PDGB-5

Nebraska	Summary: https://www.education.ne.gov/pdg-grant-feedback/pdg-grant-outline/
New Hampshire	Application: https://mypages.unh.edu/pdg
New Jersey	Application: https://www.nj.gov/dcf/providers/notices/requests/
New York	Application: https://www.ccf.ny.gov/council-initiatives/nysb5/
North Carolina	Application: https://ncchildcare.ncdhhs.gov/Whats-New/preschool-development-grant-birth-through-five-pdg-b-5-renewal-grant-award
Oregon	Application: https://oregonearlylearning.com/administration/pdg/#overview
Rhode Island	Application: http://www.kids.ri.gov/cabinet/index.php
South Carolina	Not available at this time.
Virginia	Application: https://www.vecf.org/federal-preschool-development-grant-b-5/
Washington	Application: https://www.dcyf.wa.gov/about/government-community/legislative-federal-relations/pdg