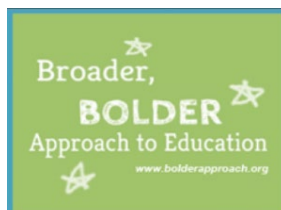
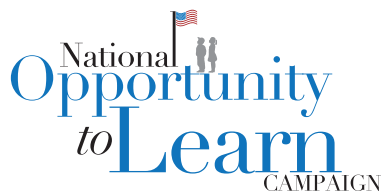




Building High Quality Early Support Systems for Children and Families

A GUIDE FOR STATE POLICY

May 2014



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Background

The first years of a child's life are the most formative. Research details the importance of investing in young children and families to foster early brain development and lay a strong foundation for later learning.¹ Indeed, increasing recognition that learning and achievement gaps start long before kindergarten continues to spur public interest in providing greater support to children and their families.

As children grow, disparities in their early experiences can set them behind their peers by up to two years even before they begin kindergarten.² This “opportunity gap” is particularly evident for children of color and children from communities of concentrated poverty. Unfortunately, this early opportunity gap is overlooked in many current education policy agendas.

Since the 1983 release of *A Nation at Risk*, district, state and federal policies have focused primarily on efforts to raise standards, improve assessments and evaluate teachers. While these issues warrant attention, they alone cannot substantially improve students' learning conditions or outcomes in the absence of accompanying supports. Early education interventions in particular must be a core part of any successful agenda to ensure student success.

The demand for our schools to meet new college-and-career-ready standards is happening in the wake of a record number of children living in poverty and a rapidly changing student

population. Students whose first language is not English now represent 10 percent of all students nationwide; students of color represent more than 40 percent; and low-income students who qualify for free or subsidized meals represent virtually half of all United States public school students.³

When policymakers assert that the U.S. is “falling behind” or “failing to compete,” rarely do they acknowledge our related failure to provide fundamental supports for children and their families. How can we expect a country in which babies are born prematurely at the same rate as they are in Sudan to compete internationally?⁴ How do we address the reality that only half of young children attend publicly-supported preschool versus 84 percent in peer nations? Or that relative child poverty is higher in the U.S. than in every other developed country but Romania? Given these deficits in U.S. investments in children, how can we compete with Canada, Germany and Finland for college graduates and the next generation of scholars, scientists and leaders?

On the grounds of both equity and economics, we recognize the need for a different path in public education. It is critically important for educators, parents, community leaders and policymakers across the country to come together and establish a new “supports-based” vision for education reform. At the heart of this vision must be change built around the needs of students and families.

A Toolkit for Developing Quality Early Childhood Supports

Evidence-based programs that support healthy early childhood development must be backed by state policies that promote nurturing and stimulating early care. Together, these programs and policies can lay the foundation for strong cognitive, social, emotional and behavioral skills and a productive, healthy life for all American children.

President Barack Obama and Secretary of Education Arne Duncan have made early education a core component of their agenda as a necessary foundation for any world-class public education system.⁵ Leaders in both houses of Congress have built on this priority through the introduction of legislation designed to ensure that all children have a strong start in life.⁶

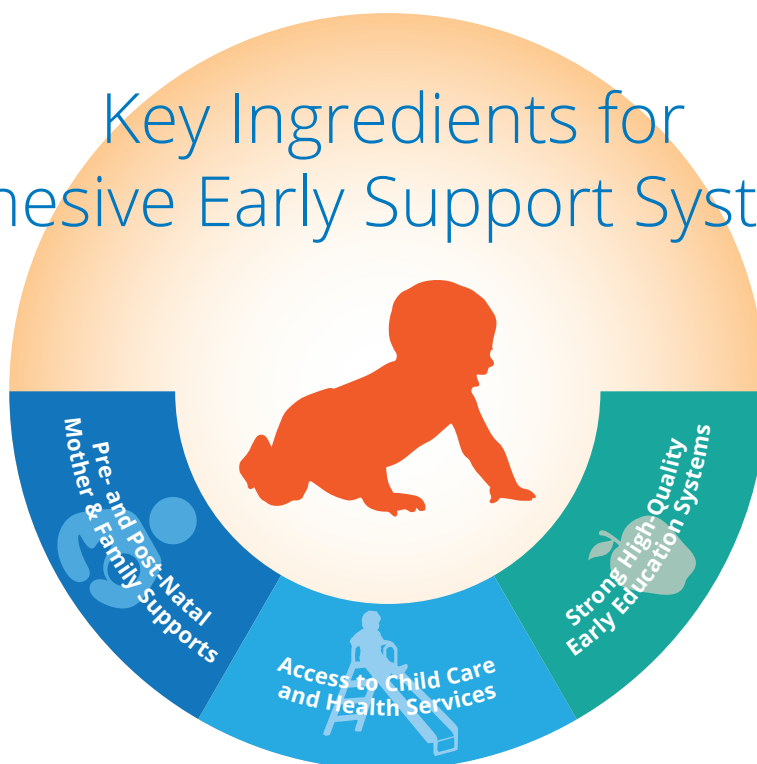
There is no better time than now to leverage state efforts and national attention to create better-integrated systems of early supports for all families. Lawmakers across the country have an opportunity to advance policies that ensure that mothers are healthy during their pregnancy and that parents are able to foster their child's healthy development before they enter the public school system and in the first critical years of elementary school. More than 75 bills on a range of early care and education issues have already been introduced in state legislatures across the country in 2014.

This policy guide is designed to provide state policymakers with a blueprint for developing better-coordinated early childhood support systems. Policymakers can build on the concrete action steps set out in this document and adapt the highlighted strategies to meet their own states' needs. This guide should help lawmakers take a fresh look at the delivery of early childhood supports in their own states and ask questions about how states can best promote and sustain early education systems.

The Importance of Early Supports

Research makes clear the academic, social and economic benefits of access to high quality preschool programs. It's important, however, to consider the role of pre-k within a broader conversation about early childhood and family supports. Policymakers should build on recent years' efforts to take a more systemic and holistic view of early education. It should be reflected in the way policies focus not only on individual access to early education, but also on the broader community and family conditions needed to support healthy, thriving children. "Early supports" must include the many factors in addition to pre-k access that boost child development and learning, such as home conditions, school environment and tailored academic, social, emotional and health supports. All of these influence brain development, language skills, relationships with peers and adults, and student learning.

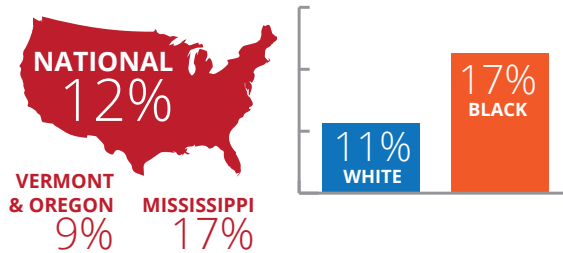
Key Ingredients for Cohesive Early Support Systems



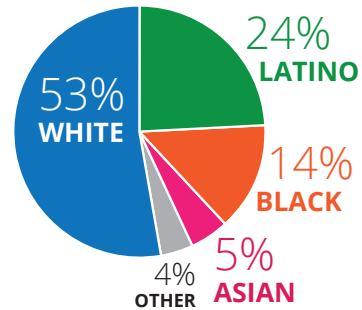
Early Opportunity Gaps for America's Children & Families

Demographics of American Children, Ages 0-5

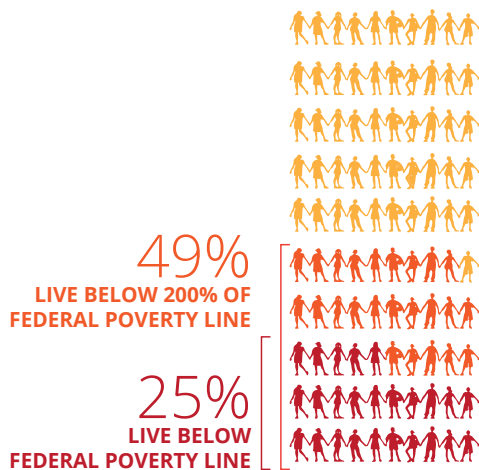
PREMATURE BIRTHS⁷



CHILDREN BY RACE¹⁰



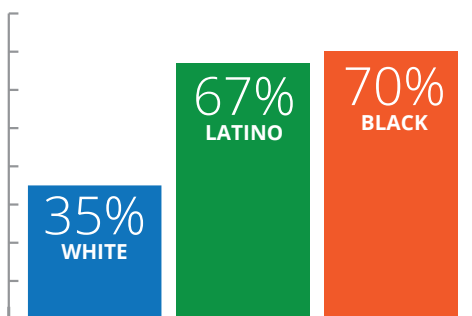
CHILD POVERTY⁸



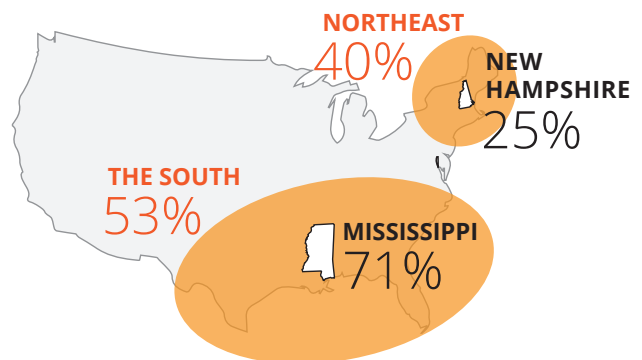
ACCESS TO CHILD CARE¹¹

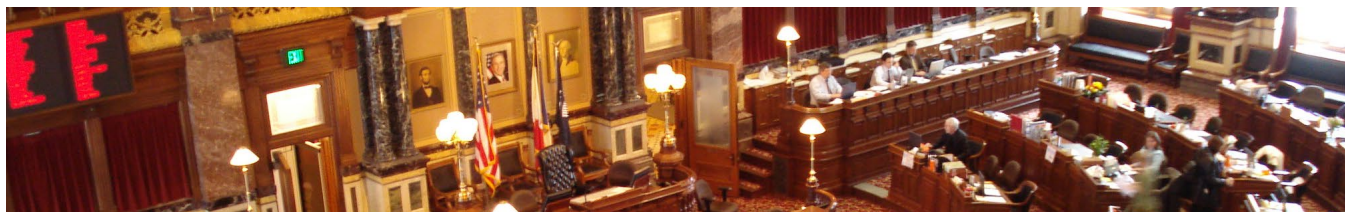


PERCENTAGE OF CHILDREN IN LOW-INCOME HOUSEHOLDS VARIES BY RACE⁹



PERCENTAGE OF CHILDREN IN LOW-INCOME HOUSEHOLDS VARIES BY STATE AND REGION¹²





What State Policymakers Should Ask

State policymakers must understand both the level of need for a range of early supports and the degree to which those needs are or are not being met in their state. Lawmakers should have detailed information about which policies, programs and services are currently available, and their geographic and demographic distribution. Knowing how state agencies operate and interact in this area, and which changes are needed, will also be critical to enable states to weave current programs together into a strong, seamless system of supports for young children and their families. Such a system requires that all child care, health and education providers and agencies work together in a cohesive fashion to ensure quality services for children and caretakers alike.¹³

Ensuring Comprehensive Pre- and Post-Natal Maternal and Infant Supports

The following questions help those making decisions assess the degree to which mothers and families have sufficient medical support and consultation before pregnancy and in the year following a child's birth.

Questions to Ask:

- What are the needs and available resources in the state related to promoting healthy births and supporting maternal, infant and toddler well being?
- What is the percentage of babies born to mothers who are teens, single and/or living in poverty?
- How accessible are pre- and post-natal support services for expecting families?

RECENT BILLS ADDRESSING EARLY CHILDHOOD ISSUES:

- ***Child care licensing*** (California, District of Columbia, Florida, Iowa, Indiana, Kentucky, Missouri, New Hampshire, South Carolina, Virginia, Washington, West Virginia and Wisconsin)
- ***Child care quality and tax incentives*** (Colorado, Indiana, Maine, Oklahoma and Virginia)
- ***Training, professional development, and support for the early childhood workforce*** (Colorado, Indiana and Mississippi)
- ***Pre-k or kindergarten access*** (California, Hawaii, Missouri, New Jersey, New York, South Carolina and Virginia)
- ***Pre-k or kindergarten assessments*** (District of Columbia, Indiana and New York)
- ***Development of early childhood data systems*** (Colorado)

- How many parents in the state have paid or unpaid time off to care for and bond with new babies? For how long?
- What type of state investments are intended to build the capacity and parenting knowledge of families expecting children?
- Which screenings are available and affordable/publicly supported? How and where are screenings conducted, and which systems are in place to ensure that needed follow-up is available?¹⁴

Enhancing Quality and Access to Health and Child Care

Health coverage plays a critical role in supporting child development. The questions below acknowledge that child care plays an equally important role in the sequence of support for children, especially for the majority of parents that have to return to the workplace shortly after their children are born.

Questions to Ask:

- What percentage of young children are eligible for and covered by public health insurance? What is the availability of physical, dental and mental health care and treatment for those children and families? Where are there gaps between low-income families and doctors that accept publicly-insured patients?
- Does the state support a home visiting program for new and/or low-income parents? If so, what are the eligibility requirements? What types and length of services are provided? What percentage of eligible parents receives services? Who are the providers?
- What percentage of children ages zero to two and three to five are in part- or full-time care outside of their homes? Of those, how many are in privately paid care, and how many are in publicly paid or publicly subsidized care?
- How many parents of children ages zero to five are eligible for child care supports? Of those, what percentage receives such support? How long is the state's waiting list for child care subsidies? What is the rate (vs. market) at which the state reimburses providers who serve subsidized children?
- What are the licensing and monitoring requirements for center- and home-based early childhood care? What resources are available to support them?
- Does the state have a Quality Rating and Investment System for its early childhood care and education programs? If so, what are the requirements for providers to be able to participate? What types and amount of support does the system provide to enable caregivers to improve the quality of their services? What percentage of providers take advantage of that support?

Building a Strong, High Quality Early Education System

Like pre- and post-natal medical coverage and child care, early education systems play a critical role in the continuum of early supports necessary for children to grow in a healthy and positive way. The following questions begin to address two critical drivers of child development and school readiness: access and quality measures for pre-k.

Questions to Ask:

- Does the state support a public pre-k program? If so, what percentage of three- and four-year-olds does it serve? What are the income restrictions? Are there matching

fees for local jurisdictions? Is there a plan to expand access and, if so, what is the intended source of funding?

- How many hours per day and days per week do programs run? What services are available outside of program hours for working families?
- How many of the ten quality benchmarks established by the National Institute for Early Education Research¹⁵ do the programs meet? (see p. 9 for details)
- How do pre-k programs work with local schools and community/private providers?
- What percentage of pre-k programs are funded and supported by local school districts? How are pre-k programs connected to schools and/or to the k-12 school system? How are standards and supports aligned with pre-k systems?
- Does the state provide part-day or full-day kindergarten? Is it voluntary or mandatory?

Cultivating Cohesive Early Support Systems

Comprehensive systems that are centered on meeting the needs of children must be sufficiently funded and properly coordinated in order to meet the unique needs of each and every child and family. These questions should help determine which aspects of a child's early support system might need strengthening and better coordination.

Questions to Ask:

- How does your state collect and report on early education supports, including the number and demographics of students and families served?
- How do pre-k programs work in coordination with local school systems? What percentage of pre-k programs are funded and supported by the local school district?
- How are state early childhood programs managed and coordinated? What are the obstacles to alignment and/or collaboration?
- Which agencies have jurisdiction over the state's health care, child care and pre-k services? How do agencies jointly work together to make services accessible and high quality?
- Is state and local funding for early childhood supports coordinated or do policies force service providers to inefficiently compete for state money?

State Policy Strategies

This policy guide is organized around three sets of strategies for building the components of a comprehensive system of supports for children aged zero to five and their families. The fourth section offers recommendations for how to align the policies and programs advanced in the previous three sets of strategies. Each section combines promising examples from current state practice, making note of the additional steps needed to attain higher levels of access and quality. These strategies are neither comprehensive nor mutually exclusive. In fact, many states might incorporate other strategies, and several of the strategies highlighted here fall into more than one category. Together, they offer a menu of options that states can adapt based on their specific needs, existing capacities and access to resources.



A. Ensuring Comprehensive Pre- and Post-Natal Maternal and Infant Support

1. Pre- and post-natal healthcare and supports
2. Paid parental leave
3. Screenings
4. Home visiting programs

B. Enhancing Quality of and Access to Child Care

1. Quality Rating and Improvement Systems (QRIS)
2. State Child and Dependent Care (CADC) Tax Credit
3. Revisions to Child Care and Development Block Grants (CCDBG) eligibility requirements
4. Other public subsidy measures

C. Building a Strong, High Quality Early Childhood Education System

1. Sustaining accessible programs
2. Teacher support to boost access to quality
3. Using data to drive quality
4. Compensating for recession-era cuts

D. Cultivating Cohesive Early Support Systems

1. Building public and political will/coalitions
2. Enacting the right policies
3. Developing strong, stable governance structures
4. Ensuring sufficient capacity



A. Ensuring Comprehensive Pre- and Post-Natal Maternal, Infant and Family Supports

Just as the foundations for subsequent learning and skill development begin before kindergarten, the foundations for a child's well-being begin before birth. Pregnant women who are physically healthy, mentally and emotionally well, and who are connected to key social and community resources give birth to healthier babies.¹⁶ Parents who have time to adjust to their new babies and bond with them provide emotional and economic benefits to their children and to society. Parents who are knowledgeable about child development are better prepared to keep children safe, to employ strong parenting skills and to provide nurturing and stimulating early experiences.

PRENATAL SERVICES AND STATE MEDICAID POLICIES¹⁷

Obesity, poor nutrition, smoking and drug and alcohol abuse during pregnancy put women at higher risk of premature and underweight births and their infants at risk of poor health. Women who live in poverty and women of color typically have less access to prenatal care and to counseling on healthy eating and smoking cessation. Providing prenatal supports improves the odds that babies will be born healthy.

The federal Medicaid program provides prenatal care through pregnancy, labor, delivery and for 60 days after birth to women with incomes up to 133 percent of the federal poverty level.¹⁸ State policies can improve pregnant women's and infants' care or fail to do so, depending on eligibility requirements, enrollment methods and the scope of services provided.

WASHINGTON, DC

The District of Columbia has a history of leveraging Medicaid as a way to address the diverse needs of its low-income population. The district has adopted a number of policies and services for expecting mothers, including home visits, prenatal vitamins, psychosocial and medical risk services, genetic screenings and smoking cessation services.

LEARN MORE: <http://bit.ly/ece-dc>

PAID LEAVE

The 1993 federal Family and Medical Leave Act (FMLA) provides twelve weeks of unpaid leave for parents after the birth or adoption of a new child (and for other family-related needs as well). Several states, including California, have built on that policy to enhance parents' ability to care for newborn and adopted children:

CALIFORNIA

Paid Family Leave (PFL) Program

This program offers partial wage replacement of up to six weeks for eligible workers who go on leave to bond with a new biological, adopted or foster child, or to care for seriously ill family members. Individual workers' weekly benefit amount is approximately 55 percent of their wage, up to a maximum of \$1,067 per week in 2013. The cost of the wage replacement benefit is borne entirely by an employee payroll tax and there are no direct costs to employers.¹⁹ California is also one of several states to extend unpaid family leave to firms smaller than those covered under FMLA.

LEARN MORE: <http://bit.ly/ece-ca>

SCREENINGS AND FOLLOW-UP SUPPORT SERVICES

Screenings for health problems and developmental delays improve children's early health and help avert costly impediments to good health and educational outcomes. As is the case with other early childhood supports, both the expertise of those who conduct the screenings and the tools employed, as well as access to needed follow-up support services, are critical to ensuring their effectiveness.

CONNECTICUT

In order to maximize detection of risks and developmental delays, parents have access to screenings in multiple settings, including pediatricians, early care and education providers, and home visiting programs. Connecticut is one of sixteen states that reimburses primary care pediatricians for screenings. Per federal mandate, the state's Head Start programs screen nearly all participating children, supplementing the screenings conducted by the state's three home visiting programs. Connecticut did not pass a law to enable reimbursement in multiple settings but rather uses a 2008 policy transmittal.

LEARN MORE: <http://bit.ly/ece-ct-1>

HOME VISITING PROGRAMS

Home visits by nurses or other professionals from pregnancy through a child's first years provide a vehicle to deliver a range of supports, including information on child development, health advice, referrals to doctors and counselors, and lessons on child safety and nurturing. Ensuring a quality program requires two key components: 1) an effective, robust system of visits and delivery of supports, conducted by nurses or other trained paraprofessionals; and 2) a community-level system of strategies to provide the follow-up services that are recommended by the home visitors.

Most states currently support home visiting services for some at-risk mothers and their infants, but eligibility, program model and quality vary greatly. This is a policy area in which states have begun to leverage federal dollars from a range of sources to build high quality programs and expand access.

NEW MEXICO

Home Visiting Accountability Act

This bill establishes high standards for home visiting programs and builds in professional development for providers. Because success for a home visiting program is contingent on community resources to support it and models that respect community goals, the bill establishes a framework that includes an integrated data system to ensure faithful implementation of diverse models and to track progress and outcomes in order to guide future expansion of the program. A combination of state general funds, philanthropy and funding from the federal Maternal, Infant and Early Childhood Home Visiting program supports this effort.

LEARN MORE: <http://bit.ly/ece-nm>

COLORADO

Nurse Home Visitor Program Act

Colorado draws on state tobacco settlement funds and federal Medicaid dollars to actively promote the evidence-based Nurse-Family Partnership (NFP) model, which pairs trained nurses with high-risk mothers early in their pregnancy to conduct ongoing visits through the child's second birthday. Nurses educate low-income, first-time pregnant women on child development, health and safety. They also connect them to community providers and help them to plan for their economic well-being.

LEARN MORE: <http://bit.ly/ece-co>

IN SUMMARY

These examples highlight the potential for state policymakers and advocates to build on existing state efforts or to leverage federal funds to ensure that more women have healthy and successful pregnancies and that more babies are born at term and at healthy weights. They also show why it is so important for new parents to have the information and support they need to provide strong, nurturing care for their children.

The United States lags behind other Western (and many non-Western) nations with respect to providing basic supports at this critical stage in the lives of parents and children. Even in "model" states, many families eligible for federal support do not receive it, and others who would benefit from one or more supports fail to receive them due to lack of public funds at the state and local levels.



B. Enhancing Quality of and Access to Child Care

Nearly half of young children in the United States have one or both parents who work outside of the home, making non-parental child care a necessity.²⁰ Most are in center-based care, but a large number, especially infants and toddlers, are in home day care. There are no federal requirements for licensing or regulating early childhood caregivers, and state laws vary widely.

Due to the lack of sufficient public backing, child care is a major financial burden for many US families and those who care for children are often inadequately prepared and underpaid.²¹ Building a strong, comprehensive early support system thus requires both ensuring widespread access to care and improving the quality of that care. Early childhood caretakers' education, training and support and parents' ability to pay for those aspects of care are central to that quality. Programs and policies should aim to enhance the quality of early childhood care and education.

QUALITY RATING AND IMPROVEMENT SYSTEMS (QRIS)

In recent years, states have begun to adopt Quality Rating and Improvement Systems (QRISs), encouraged in particular by the Race to the Top Early Learning Challenge initiative (RTTT-ELC).²² Indeed, several of the states highlighted below are using RTTT-ELC grants to build or expand their systems. These systems rate providers based on state-developed standards and provide financial incentives to help providers improve quality.²³ Ultimately, their goal is to both inform parents, agencies and other “consumers” about the quality of programs and channel guidance and resources to improve and sustain quality.²⁴

Like home visiting programs, the degree to which QRIS systems succeed in improving quality of and access to early care depends on both standards and related infrastructure. Key QRIS quality measures known to boost the short- and long-term benefits of child care include low adult-child ratios and small group size; use of infant-toddler specialists and credentials; implementation of early learning standards; and support for language development.

LOUISIANA

Using tax incentives and support to boost program quality

Louisiana's Quality Start program employs a comprehensive package of tax incentives to leverage resources for early childhood care and education and improve program and system quality. School Readiness Tax Credits provide sizeable bonuses for highly-rated centers that serve subsidized children and to individual teachers based on qualifications and years of experience. A third credit provides a small, non-refundable supplement to the federal child care tax credit to parents who

send their children to a center in the QRIS system. Additional credits are available to businesses and employers that donate to a center or provide on-site child care benefits to workers.²⁵

LEARN MORE: <http://bit.ly/ece-la>

ILLINOIS

Reaching exempt providers through professional development

One major obstacle to quality and equity is the gap between licensed and unlicensed “exempt” providers. These small, mostly home-based providers tend to serve the youngest and highest-risk children. In order to increase quality of care, Illinois has a tiered training program within its QRIS to allow exempt providers to access increasing levels of training and to move towards licensing. This decision to extend QRIS to license exempt providers was an administrative rather than a legislative one, made by the state's Child Care Administrator.²⁶

USING UNIONS TO REACH EXEMPT PROVIDERS

Unions can serve as a bridge between exempt providers and state agencies seeking to improve their safety and quality. Because many such providers operate out of their homes, speak little or no English, and have few financial and other resources, they may not know basic courses in safety, child development and other topics required for licensing and higher pay. Union efforts in seventeen states, including Illinois, New York and Washington — in particular American Federation of State and Municipal Employees and Service Employees International Union locals — have improved exempt providers' use of trainings and other supports, helped boost payments and, thus, caretaker salaries, and improved the quality of care.²⁷

PENNSYLVANIA*Using QRIS to strengthen cultural competency*

Another hurdle to improving access and quality is engaging non-English speaking providers and ensuring that non-native English speaking families have access to quality, culturally appropriate services. Pennsylvania has built cultural competency into Keystone Stars, its state QRIS, by incorporating relevant benchmarks, developing a training module for those working within the state's early childhood system, and creating an English Language Learner Early Care and Education Toolkit to support early childhood professionals.

LEARN MORE: <http://bit.ly/ece-pa>

INDIANA*Supporting teachers to address mental health concerns*

The Indiana Bureau of Child Care and Department of Health works with Head Start and the First Steps initiative to support child care providers in attaining infant mental health credentialing. This credential, which prepares providers to address infants' and toddlers' diverse mental health needs, incorporates cultural sensitivity and meets state QRIS training requirements.

LEARN MORE: <http://bit.ly/ece-in>

LEVERAGING AND EXPANDING MAJOR FEDERAL EARLY SUPPORT INITIATIVES

In addition to leveraging federal dollars to enhance state QRIS systems, states can take advantage of two key federal child care support initiatives to enhance both access and quality to early care: the Child Care and Development Block Grant (CCDBG) and the Child and Development Tax Credit (CDTC). While they enable states to develop and sustain strong systems, both have traditionally been severely underfunded, with recent recession-era cuts further widening the gap between what families and children need and what states can provide.

CHILD CARE AND DEVELOPMENT BLOCK GRANT

The Child Care and Development Block Grant (CCDBG) provides child care for low-income families and requires state matching and maintenance-of-effort funds. The Temporary Assistance for Needy Families (TANF) program, which replaced "welfare" in 1996, allows states to transfer up to 30 percent of their state grant to CCDBG. CCDBG grants offer states a means of improving both access to and quality of child care as well as making support more sustainable.

CONNECTICUT*Relaxing income eligibility and other requirements to improve access*

Taking advantage of federal guidelines that allow states to set eligibility limits, Connecticut has expanded access to child care for more low-income families in two ways. It has set a low child care copayment (below 10 percent of family income for families of three at 150 percent of the federal poverty line) and raised the income eligibility limit for subsidies to 50 percent of state median income, which is equivalent to over 200 percent of the federal poverty line. The copayment is discretionary, however, so only the income eligibility limit is set by legislation.

LEARN MORE: <http://bit.ly/ece-ct>

NEW HAMPSHIRE*Partnering with Head Start to expand wrap-around services*

The New Hampshire Division for Children, Youth and Families (DCYF) signed an agreement with the Head Start Directors Association to better promote Head Start (HS) and Early Head Start (EHS) and associated wrap-around services for children who receive child care subsidies. It enables licensed child care providers to bill the DCYF for the non-HS/EHS part of the day, with compensation based on the full hours of care, and may include full-time subsidy payment to the provider. EHS programs and child care providers wishing to participate must explain how they will meet billing requirements and collaborate in other ways, such as joint staff training or shared transportation.

LEARN MORE: <http://bit.ly/ece-nh>

WASHINGTON*Removing barriers to improve access to care*

Washington is currently debating a bill that would expand child care assistance eligibility periods from six to twelve months. The legislature took this step due in large part to findings from a study of a 2010 pilot program to test this policy.²⁸ The researchers found that by reducing parents' barriers to obtaining or maintaining assistance the policy substantially increased the percentage of children placed in a child care center or family child care setting, and that more children were served in licensed facilities that offer a learning curriculum with no measurable impact on costs to the state.

LEARN MORE: <http://bit.ly/ece-wa>

CHILD AND DEPENDENT CARE TAX (CDCT) PROVISIONS

Low-income families receive a federal Child and Dependent Tax Credit (CDCT), but it is not refundable, and limits are not indexed for inflation. As of 2010, twenty-eight states had a total of thirty-four CDCT income tax provisions, most of which are tied to the federal credit.²⁹ Although these tax provisions do not directly address either the issue of access or quality, they can serve as part of a larger toolbox of measures that increase the affordability, availability and quality of care by enabling more families to pay for it.

OREGON

Helping low-income families afford care by boosting investment and convenience

The state provides the maximum dollar value for two children or dependents; offers tax credits, which are more advantageous to low-income families than deductions; targets low-income families through sliding-scale payments and other measures; and makes it easier for families to access the credit by including it on short-form tax returns and allowing non-residents to claim the provision. Oregon also sets a high expense limit, enabling families to access care that is more costly and likely of higher quality.

LEARN MORE

Dependent Care credit: <http://bit.ly/ece-or>

Working Family Child Care credit: <http://bit.ly/ece-or-2>

IN SUMMARY

Supporting quality child care requires provider training and certification programs along with targeted, accessible professional development and growth that ensures sufficiently high wages and salaries for providers. Most states have enacted Quality Rating and Improvement Systems in recent years as a pathway to meeting those goals. And twenty states currently receive Race to the Top Early Learning Challenge grants,³⁰ which support the development of strong QRIS systems along with other aspects of early childhood care and education.

However, overall lack of federal support, which has always been a major obstacle to both sufficient access and high quality, has been exacerbated in recent years by the recession and its aftermath. As a result, many states now have long waiting lists for subsidies even among eligible families and they have cut reimbursement rates that already failed to make subsidized care viable for providers or accessible to families.

State lead agencies that administer Child Care Development Block Grant can improve parents' access to support by revising their policies to respond to specific challenges:

- States set reimbursement rates for providers who care for children whose families receive subsidies. Few states follow the recommendation to pay providers at 75 percent of the market rate, making it hard to hire and keep qualified staff, establish low child-staff ratio, and boost quality.
- Since the expiration of the \$2 billion 2009-2011 infusion of federal stimulus funds, state and federal support has declined; 150,000 fewer children are served vs. in 2007. Lack of subsidy funding has led to the recent emergence of and growth in waiting lists for subsidies among eligible families in many states.
- States can transfer up to 30 percent of Temporary Assistance for Needy Families (TANF) funding to CCDBG for child care subsidies, but cash payments from state TANF funds that are already too small and end too quickly for a growing number of poor families makes this a hard trade-off.
- States can also obtain technical assistance from the federal Office of Child Care's National Center on Subsidy Innovation and Accountability.³¹

Moving to a system of child care that serves parents' work needs, nurtures children in their critical formative years, and provides societal returns requires setting a meaningful floor with respect to acceptable quality levels. It also demands that states provide the resources needed to gradually and consistently enhance both access and quality.



C. Building a Strong, High Quality Early Education System

Evidence of the educational and economic advantages of participating in pre-k programs and recognition that many lower-income families cannot afford private pre-k has led to a substantial increase in state support in recent decades. In 2011-2013 all but ten states and Washington, DC, funded pre-k programs, though few three-year-olds were served and access and quality still varied greatly.

After over a decade of strong growth, however, both enrollment and per-child spending have declined since 2007, weakening the potential for this critical tool to level an uneven playing field. Moreover, students at highest risk — such as many Latino children and English Language Learners — are concentrated in states with the lowest standards and the least qualified teachers.

States have employed a variety of strategies to grow their programs, and some cities have recently established high quality programs; good models thus exist for expansion. At the same time, the recent push to align pre-k with k-3 goals, standards and assessments, and to connect them to broader birth-to-five systems, presents new demands. It also encourages states to view pre-k as part of a learning continuum that is essential for continued success. States will also need to address the longstanding problem of how to increase access even while boosting quality and also how to better ensure sustainability.

Ensuring quality programs requires developing a corps of qualified teachers and aides; establishing strong teacher-student relationships and stimulating classroom environments; employing curricula that nurture all domains of early childhood development; choosing age-appropriate assessments that are well-aligned with curricular materials; and engaging parents. All of this must take place in the context of systems that are equitable with respect to race, language, culture and community needs.

The examples here illustrate both the substantial investments already made in pre-k relative to other early supports and the range of places from which states will work toward the universally accessible, voluntary systems that many envision.

Given the lack of formal national standards for pre-k, the benchmarks established by the National Institute of Early Education Research (NIEER) represent the closest alternative. For more than a decade, NIEER has published an annual yearbook that rates states based on pre-k access for three- and four-year olds, per-pupil funding and a ten-point quality scale that incorporates key factors researchers find most critical to delivering the benefits of model programs. These factors fall into three categories: teacher qualifications, classroom and curriculum, and other supports.

SUSTAINING LARGE, HIGH-QUALITY PROGRAMS

OKLAHOMA

House Bill 1657

In 1998, Oklahoma became the second state, after Georgia, to offer free voluntary pre-k for all four-year-olds. Access has since steadily increased thanks to state laws that leveraged available space and adapted pre-k to the specific needs of four-year-olds. As of the 2011-2012 academic year, the Early Childhood Four-Year-Old Program served 74 percent of the state's four-year-olds in programs that meet all but one of NIEER's ten quality benchmarks for a low \$3,652 per pupil (funding has decreased slightly through the recession). Advocates attribute the program's stability and quality in large part to the fact that it is embedded in state education law and managed through district k-12 education systems with pre-k teachers paid at the same level as their counterparts in the k-12 system and sup-

ported with professional development.³² Another unique benefit of Oklahoma's program is diversity; because it serves a large majority of the state's four-year-olds, classrooms mix low- and higher-income students.

LEARN MORE: <http://bit.ly/1jyoppR>

NORTH CAROLINA

Smart Start

The state's well-regarded Smart Start (SS) initiative has been in place since the early 1990s. This program is a comprehensive, collaborative and decentralized initiative for children ages zero to five designed to assure that all North Carolina's children have access to high quality health and child care services. In 2002, SS was supplemented with a pre-k program for four-year-olds, initially called More at Four. The state provides More at Four funds to counties to pay for slots in a variety of settings, including public schools, for-profit community centers, nonprofit child care centers and Head Start programs. In 2011, the Legislature moved this program from the Department of Public Instruction to the Department of Health and Human Services and renamed it the NC Pre-K program. North Carolina was one of only four states to meet all ten of NIEER's benchmarks for quality in 2012. Researchers find that there are benefits not only for children who participate in the program, but also spillover benefits for other children.³³

LEARN MORE

Smart Start: <http://www.smartstart.org/>

NC Pre-K Website: <http://bit.ly/ece-nc>

Legislation: <http://bit.ly/ece-nc-2> (143B-168.10 through 143B-168.16)

NEW JERSEY

School Funding Reform Act of 2008

New Jersey's "Abbott" program, which is available to all three- and four-year-olds in thirty-five low-income districts across the state, is the result of the state supreme court's 1989 decision in the state equity lawsuit *Abbott v. Burke*. New Jersey spends nearly \$13,000 per pupil, the highest amount of any state, to send 44,000 of its most disadvantaged students to a program that meets nine of the ten NIEER quality benchmarks. As another result of the equity settlement, the state builds on those early supports with a k-12 system that is among the best-funded and most equitable in the country. New Jersey has seen the fruits of these efforts fifteen years after *Abbott*. It has boosted achievement and narrowed race- and income-based gaps more than any other state in the country. In the past few years, however, equity funding has come under attack, and advocates are fighting to protect the state's investments and progress.

LEARN MORE: <http://bit.ly/ece-nj>

An Under-Appreciated Pre-K Resource: IDEA Section 619

Part B Section 619 of the Individuals with Disabilities Education Act, or the Preschool Grants Program, helps states to provide special education and related services to all preschool-aged children with disabilities. Since the law's 1986 passage, the number of such children served has more than doubled, though the funds still do not fulfill their true potential. This is due partly to insufficient funding, and also to lack of coordination within the state education agencies that receive the funds, which subgrant to Local Education Agencies and educational services agencies. Restoring federal funding at least to pre-recession levels would help. States should ensure that Preschool Grant Coordinators responsible for administering the grant funds work closely with other members of the state's early childhood and k-12 education teams. At a time when states are seeking resources to enhance their pre-k programs, making better use of Section 619 funds represents a smart option.

SUPPORTING TEACHERS TO ENHANCE QUALITY

ARKANSAS

Act 49 of the Second Extraordinary Session

Established in 1991 and funded primarily through a dedicated sales tax, the Arkansas Better Chance (ABC) program serves disadvantaged children through a range of providers. Participation has increased from 3 percent of three-year-olds and 6 percent of four-year-olds in 2002 to 10 percent of three-year-olds and 37 percent of four-year-olds in 2011-2012. State funding has remained stagnant since 2008, but has not been reduced. ABC provides financial support for pre-k teachers' professional development, including work toward college degrees, and a 2009 bill established a birth-through-pre-k teaching credential.

LEARN MORE: <http://bit.ly/ece-ar>

LEVERAGING DATA TO SCALE UP QUALITY

MASSACHUSETTS

Section 2

While the state has funded a pre-k program since 1985, the 2005 establishment of the Massachusetts Department of Early Education and Care marked a new focus on investments in young children. The 2008 Universal Pre-k Program pilot was designed to improve pre-k in the state and to bolster other aspects of the state education reform agenda.³⁴ Low-income and

underperforming children are prioritized in the pilot phase, during which data will be collected from the diverse site settings to inform eventual implementation of a universal, affordable, high quality program. The state is using Race to the Top Early Learning Challenge grant funds to incorporate QRIS into pre-k standards. Low 2011-2012 per-pupil funding and the lack of a requirement for specific teacher quality measures reflect the fact that the program is still in its initial pilot phase.

LEARN MORE: <http://bit.ly/ece-ma>

COMPENSATING FOR RECESSION-ERA CUTS

MICHIGAN

Great Start Readiness Program

In 2013 the legislature passed a \$65 million expansion of the state's Great Start Readiness Program. Multiple advocacy groups and Michigan business leaders spurred the investment, which more than made up for relatively minor cuts to the program during the recession. The expansion increases pre-k access to all children living in families up to 250 percent of the federal poverty line. It also includes a second planned installment of \$65 million for the 2014-2015 school year; a small increase in per-pupil funding; additional funding for transportation and marketing/outreach to help reach the highest-risk families and children; and support for a longitudinal evaluation to assess the program's benefits.

LEARN MORE: <http://bit.ly/ece-mi>

IN SUMMARY

State investments should reflect the need to build and sustain pre-k as part of a holistic early care and education system. They should also recognize that the level and quality of resources in the k-12 system determine the degree to which the benefits of pre-k are complemented or diminished.

Though Massachusetts' pilot program is still in its early stages, as it expands statewide, participating children will see their benefits enhanced by the state's well-resourced and high-achieving k-12 education system. Likewise, investments in funding equity and other components of New Jersey's schools help ensure that the benefits of its *Abbott* program are fully realized. As Arkansas and Kentucky put pre-k in the context of broader education reforms and anti-poverty measures, they, too, may see even greater benefits from these early investments.

Assessment

Early assessments are another major issue with which policymakers are grappling. States have long wanted to understand how well their pre-k programs prepare participating children for school and narrow early learning gaps. Business leaders and other stakeholders suggest using evaluations to assess the progress of, improve and potentially cut programs. Good assessments can guide curriculum development, instruction and teacher professional development. They can also help kindergarten teachers tailor their instruction to better meet their students' needs.

Many states are developing assessments of students' kindergarten readiness, which are also supported by Early Learning Challenge grants.³⁵ As they move forward, it is critical that state policymakers ensure that assessments are designed to be developmentally, culturally and age appropriate, and that they are never used to hold children back from starting kindergarten.³⁶

However, other states do not display the same recognition that pre-k investments are most effective as part of a comprehensive strategy. In North Carolina and Michigan, substantial cuts to k-12 education and other supports for low-income children and families severely undermine the potential benefits of their investments in high quality early education.



D. Cultivating Cohesive Early Support Systems

While many states offer good examples of individual strategies and policies to support young children and their families, even the most effective program has limited potential in isolation. Early childhood advocates are thus increasingly emphasizing the importance of coordinating pre- and post-natal supports, child care, healthcare and pre-k and of aligning all of those with the early elementary years. A number of models exist to achieve that goal, but there are many challenges to making such comprehensive systems a reality.³⁷

First, funding for individual initiatives is rarely, if ever, sufficient to meet the needs of local communities and the state. It also tends to be sporadic and vulnerable. Partly for that reason, advocacy groups might protect their specific programs and issue areas rather than joining forces with others who might compete with them for funds. Lack of money for individual programs also means that there is rarely funding available to support the staff needed to effect and sustain collaboration.

Another challenge is silos — at both the state and federal levels and among agencies and other organizations — that impede collaboration across programs and among leaders. Aligning early childhood with k-12 education systems adds another layer of difficulty.

Compounding all of these challenges, funding sources at the federal and state levels discourage collaboration by directing money to specific agencies and establishing different and even conflicting requirements. Recognizing the need to provide both incentives to address these challenges and resources to enable such efforts, this section aims to help states systematize early supports through a number of strategies.

Creating state-level systems of early supports requires changes in four key areas:

1. BUILDING PUBLIC AND POLITICAL WILL, PARTICULARLY THROUGH COALITIONS

Public demand must be a primary driver for moving to more comprehensive systems of early support for children and their families. Voters and key stakeholders must buy into a view of early education as a smart, long-term investment and understand the need to align collaborative programs so that the state and its citizens can enjoy the long-run benefits. Building strong, diverse coalitions requires including key actors and attending to multiple agencies, programs and policies.

CASE STUDY: ARKANSAS

The Invest Early in Education Coalition was formed in 2002 to build support for the Arkansas Better Chance (ABC) program. In partnership with Arkansas Advocates for Children and Families and with the Arkansas Early Childhood Association, Invest Early encouraged legislators to allocate an additional \$100 million to extend access to high quality preschool to thousands of at-risk children. Invest Early has established a unique structure for driving statewide goals around early education using a steering committee made up of 36 early education professionals and advocates from across the state who agree on the following goals:

Goal 1: Expand the ABC Program

Goal 2: Improve the Quality of Care for Infants and Toddlers

Goal 3: Increase Parent Education Opportunities

Goal 4: Increase Business and Community Support for Early Childhood Initiatives

The state legislature has expanded and continues to support Arkansas' nationally recognized program, which currently serves 25,096 children. Arkansas Head Start/Early Head Start programs, funded by a mix of federal and community dollars, serve another 11,038 children throughout the state. The coalition's presence has prevented dangerous recession era disinvestments in pre-k.

2. ENACTING THE RIGHT POLICIES

Policies must ensure stable and sufficient funding for existing programs, provide extra funds for cross-program and cross-agency collaboration, and build in incentives that make it easier for such systems to evolve. They must also better align policies.³⁸

CASE STUDY: COLORADO

Colorado has focused in recent years on enacting a set of policies that strengthen not only individual programs but also

the state's overall system of early childhood and family supports. Building on a growing, high quality pre-k program and the election of Governor John Hickenlooper, an early childhood champion, Colorado has invested in the evidence-based Nurse-Family Partnership home visiting model. Colorado's strong QRIS program helped it earn a Race to the Top Early Learning Challenge grant, which it is using to build a seamless system of preventive services and to explore various funding mechanisms, including tax credits, to ensure the system's sustainability.³⁹ The state's Early Childhood Leadership Commission (ECLC) is housed in the office of the Lieutenant Governor, and a Memorandum of Understanding links the office of the Lieutenant Governor to the Departments of Education and Human Services.

3. DEVELOPING STRONG, STABLE GOVERNANCE STRUCTURES

Developing and sustaining strong early education systems long-term often requires high profile early childhood spokespeople (so key policymakers listen to them) able to work across agencies and organizations, and capable of sustaining state leadership changes that can otherwise weaken or destroy these bodies.⁴⁰ This also requires aligning early childhood and k-12 leaders to view each other's efforts as complementary pathways to school, college and career readiness.

CASE STUDY: KENTUCKY

Kentucky has developed this type of broad and high-profile early childhood governance over the past two decades. Building on early leadership from the governor and success in gradually growing its high quality pre-kindergarten program, the influential Prichard Committee for Academic Excellence has made enhancing early childhood education one of its core objectives.⁴¹ Broad leadership, including that of the business community, has helped to draw support from philanthropic leaders as well. Governor Steve Beshear reorganized the state's Early Childhood Developmental Authority into the Kentucky Early Childhood Advisory Council and moved it into the governor's office with cross-agency authority.⁴² Early childhood investments are seen as a core component of broader efforts to improve the state's education system, which has gained ground as a result. Recent efforts include a push to enroll all eligible children in the State Children's Health Insurance Program (SCHIP) and Medicaid, a dental care initiative, and numerous early learning activities, all informed by community needs.

4. ENSURING SUFFICIENT CAPACITY

State policymakers cannot overlook the importance of allowing systems the time and space to cultivate a workforce with the skillset and expertise to support the growing needs of children and families. Improving access does not have to be sacrificed for quality standards. This applies to early education and health professionals who serve families on a daily basis.

CASE STUDY: ILLINOIS

Illinois has been building such capacity for well over a decade. As an early adopter of pre-k for not only four-year-olds but also three-year-olds, the state gained an advantage in serving the younger children who are often harder to reach. Illinois is also home to several prominent early childhood philanthropies and organizations, whose support complements public investments. Together with a politically powerful and visible parent-led coalition, these investments helped spur early efforts to align programs. In 2003 the state General Assembly founded the Early Learning Council, and in 2009 Governor Quinn created the Office of Early Childhood Development within his office. The diverse seventy-one-member Council, which includes law enforcement, has made major strides, including mapping every municipality's needs and available services; developing a data system that brings together federal, state and private information; and a \$45 million early childhood construction grant to update early childhood facilities in high-needs communities, as well as pilot programs for the hardest-to-reach families and communities and professional development scholarships. At the same time, the state has suffered some of the largest cuts in the country since 2009, illustrating that even early and strong capacity-building does not in itself ensure permanence or sustainability.

IN SUMMARY

Policymakers at the state level have limited contact with the day-to-day operations of actual programs, but they can advance policies that help strengthen the system and prevent silos. State policies can lay an important foundation for smart system growth in a way that best serves families, especially children. This guide gives lawmakers a menu of options for doing so and highlights the many ways in which states can choose to deliver culturally responsive and age- and developmentally appropriate services.

Building a comprehensive state system of early childhood and family supports is a complex and multifaceted endeavor. While many states highlighted in this guide have enacted and

scaled up one or more components of such a system – from strong prenatal supports or screenings that are reimbursed to sliding scale child care copayments or pre-kindergarten programs — no one state can claim anything close to a true system of birth-to-kindergarten supports.

Fortunately, over the past decade we have begun to engage in the discussions needed to transform those individual pieces into such systems. Still, strong public and political will, combined with the right policies, thoughtful and stable governance, and sufficient resources will be needed before those changes take hold in a sustainable manner.

Despite the challenges, there is no reason why all children in the United States should not enjoy the benefits of an early education system that research demonstrates can truly transform the lives of children and families, our education system, our economy and our nation's future.

Five Strong Options for Policy Change

1. Develop screening and related support systems that move toward universal access.

Allow access to screenings in multiple settings and join the sixteen states that reimburse primary care pediatricians for conducting them.

2. Reach out to exempted child care providers to boost their pay and quality of care.

Establish tiered QRIS systems with steps toward licensure; professional development targeted to family and non-English speaking providers' unique needs; and supporting unionization of such providers through legislative and other means.

3. Establish licensure/accreditation programs and standards that meet states' unique child care needs.

These programs should include specialization in child mental health, cultural competency geared toward the state/regional population and demographics, and languages other than English. Such programs help support broader quality improvements in the field and enable providers to boost their salaries and move up the career ladder.

4. Use pre-k program evaluations and meaningful data to inform both pre-k practice and k-12 policies.

States like Massachusetts that use data from pilot programs to scale up to higher quality and guide professional development are likely to reap benefits. States like New Jersey and Arkansas, which treat pre-k as one of a larger set of policies to improve education, will see more benefits than those like North Carolina and Michigan, whose cuts to k-12 impede pre-k gains as children transition into grade school. As states shape k-12 policies, they can learn from successes at the pre-k level for whole-child and hands-on approaches to learning, and other factors that sustain and bolster pre-k benefits and improve the entire school system.

5. Work with professionals to better align the delivery of early support systems.

Comprehensive assessments of how the state currently offers early support to children and families is critical for determining the best way forward. Talking to families, pre-k professionals, child care providers and agencies can help avoid the creation of new programs, policies or departments that may actually impede access to the quality services and experiences they need. It can also improve the collaboration among agencies, people and departments needed to develop seamless systems that meet the academic, social, emotional and health needs of children and their caretakers.

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- 11 National Women's Law Center spring 2013 Pivot Point; state child care assistance policies, http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_2013statechildcareassistance-report.pdf.
- 12 These data, which are from the Southern Education Foundation report, indicate the percentage of public school students who are eligible for Free or Reduced Lunch. That threshold, at 185% of the federal poverty level, is slightly lower than the 200% level normally termed "low income."
- 13 The Center for Law and Social Policy (CLASP) has also developed a tool that states can download to use data to inform the development of early childhood policy agendas. It is available at <http://www.clasp.org/babiesinchild-care/publications/a-tool-using-data-to-inform-a-state-early-childhood-agenda>.
- 14 Screenings and follow-up services are a bigger and longer-lasting issue than children's first years. They are critical at least through age 3 and can support readiness for kindergarten when continued beyond that age, especially where pre-k is not universally available.
- 15 Schmit, Matthews, Smith, and Robbins (2013). More information on NIEER's quality metrics can be found at <http://nieer.org/resources/policybriefs/1.pdf>
- 16 World Health Organization (2003). Social Determinants of Health: The Solid Facts. Retrieved at http://www.euro.who.int/data/assets/pdf_file/0005/98438/e81384.pdf.
- 17 A 2009 Kaiser Family Foundation report provides detailed information on state coverage and policies for the 44 states that responded to requests for such information (See Ranji and Salganicoff).
- 18 Medicaid pays for over 40% of births across the country, more than half in several states. (Ranji and Salganicoff 2009)
- 19 Hara and Hegewisch (2013). Retrieved at http://www.iwpr.org/publications?b_start:int=40
- 20 <http://www.nytimes.com/2000/10/24/us/now-a-majority-families-with-2-parents-who-work.html>.
- 21 See a 2013 *New Republic* article, "The Hell of American Day Care," for reporter Jonathan Cohn's perspective on how poorly regulated and monitored this sector is in the United States and the consequences. <http://www.newrepublic.com/article/112892/hell-american-day-care>.
- 22 States that applied for Race to the Top Early Learning Challenge Fund grants were required to adopt a common, statewide tiered QRIS.
- 23 QRIS can apply, as well, to state pre-kindergarten programs. For example, Pennsylvania's Keystone Stars QRIS system, which applies to the state's pre-k program, is used by researchers who are studying the program to compare child outcomes and determine whether higher quality delivers higher levels of kindergarten readiness.
- 24 The QRIS National Learning Network, developed jointly by a coalition of states and organizations, offers a broad range of resources for states looking to develop and

- enhance their QRIS systems. It provides state-specific and more general guidance on issues ranging from assessment to “culture, language, and race in QRIS” to professional development.
- 25 Quality Start website, FAQs for Businesses, <http://www.qrslouisiana.org/businesses/faqs>.
- 26 New data show that, as of Fiscal Year 2013, 516 exempt family child care providers serving nearly 1500 children participated in the program, and 64 such providers have become licensed in the past 3 years.
- 27 For details, see Blank, Duff Campbell, and Entmache (2010), especially Appendices A and B. In February 2007, the National Women’s Law Center (NWLC) published *Getting Organized: Unionizing Home-Based Child Care Providers*. That report focused on the growing movement to authorize home-based child care providers—both regulated family child care (FCC) providers and “family, friend, and neighbor” (FFN) care providers who are exempt from regulation but receive public funds—to join unions and negotiate with the state for better compensation and working conditions. It found that the unionization of the home-based child care workforce, while a relatively new development, was a promising strategy for improving the treatment of FCC and FFN providers—a poorly paid and overwhelmingly female workforce—and, more generally, increasing public support for the investments in high-quality affordable child care that are needed to develop America’s potential.” (p.5)
- 28 Washington State University: Social and Economic Sciences Research Center (2011). *Impacts of HB2141 on the working connections child care program*. Retrieved at http://www.del.wa.gov/publications/research/docs/WC-CC_12monthauthorizationimpactstudy_9012011.pdf
- 29 Eighteen states provide a tax credit that is a percentage of the federal credit, ranging from 20% in Kentucky, Arkansas, and Oklahoma to 110% among low-income families in New York and over 100%, too, in Louisiana, Nebraska, and Ohio. The maximum size of the credit thus ranges from \$420 to over \$2,000 in the states with percentages of 100% or above. (Campbell et. al. 2011)
- 30 Phase I (FY2011) winners include California, Delaware, Maryland, Massachusetts, Minnesota, North Carolina, Ohio, Rhode Island, and Washington. Phase II (FYs 2012 and 2013) winners include: Colorado, Illinois, New Mexico, Oregon, and Wisconsin. Phase III winners (FY) 2013 include: Georgia, Kentucky, Michigan, New Jersey, Pennsylvania, and Vermont.
- 31 The federal Office of Child Care introduced the National Center on Subsidy Innovation and Accountability in fall 2011 “to provide valuable technical assistance to Lead Agencies as they reexamine their policies.” (Administration for Children and Families 2011)
- 32 <http://news.stlpublicradio.org/post/why-oklahomas-universal-pre-k-successful>.
- 33 Evaluations by the Frank Porter Graham Center at UNC over the years have typically found that both the Smart Start and the More at Four initiatives, or various components of them, were successfully implanted and generated significant positive benefits for participating children. New research shows that both programs have generated positive community wide effects in the form of higher third grade test scores and lower rates of placement in special education program. (Ladd, Mushkin and Dodge, 2014).
- 34 Massachusetts has made a concerted effort to target pre-k-through-12 reforms to close large race- and income-based achievement gaps. These include directing extra funds to low-income schools and districts, wraparound supports for “turnaround” schools, and specialized training for teachers serving low-income, English Language Learner, and disabled students.
- 35 “Several states, including Indiana, Minnesota, and Virginia, are investigating how their QRIS related to child outcomes, and findings from these studies could provide further guidance on how assessment data can appropriately be included in QRIS. Although accountability systems like QRIS require more staffing, training, and therefore more resources than the typical system based on tests, they can also provide more actionable and reliable data for improvement efforts.” (NGA 2012, 7)
- 36 As of 2012, 20 states and DC require evidence of student learning to play a role in evaluating teacher performance. As a result, better information on student learning is in high demand, and no grade level is immune. Historically, most states have required standardized testing only in grades three through eight. But now those 21 states, with likely more to follow, must figure out comparable ways to

measure student learning in the “untested grades,” as well, including pre-k, kindergarten and grades one and two. And even with testing in grade three, a lack of baseline data has implications for those teachers too. Determining growth measures for these grades is among the most complex pieces of teacher evaluation reform. In this early stage of life, children’s developmental growth—their acquisition of physical, cognitive, and social-emotional skills; their base of general knowledge; their strength of persistence and motivation; and their language and literacy ability—is directly linked to their academic growth. So measures of student learning should account for how young children actually learn and measure more than just reading and mathematics if we are to obtain an accurate picture of a teacher’s impact on her young students’ learning. This paper provides a snapshot of how student achievement data are being used in teacher evaluation systems today and illuminates the issues causing states and school districts the most struggles.” (Bornfreund 2013, 1)

advocate, Edward F. Prichard, Jr.” <http://www.prichard-committee.org/about-us>

- 42 While this move ensures this governor’s attention to the issue, it may not enhance long-term stability, as it could also increase the odds of changes with a gubernatorial transition, as was true in Connecticut under Jodi Rell. Embedding governance in more permanent state infrastructure would be preferable.

- 37 See, for example, Johnson and Knitzer 2006 and Satkowski 2009.
- 38 Among ECE and K-3 policies to align: standards (broader early elementary ones to include ECE health, MH, physical etc. priorities), assessments (which should, too, reflect broader k-readiness items in K-3 years) and accountability (test-based “growth” not appropriate B-3, incorporate ECE systems), and teacher preparation and professional development (aligned to B-3 standards and assessments) (NGA 2012).
- 39 Other recent policies include an early literacy initiative; early learning and development guidelines; PD and training standards and an EC degree; K readiness assessment aligned with K-12 standards; Commission work to increase access and access equity; and a universal application for EC and family support services.
- 40 E.g., Connecticut Governor Jodi Rell effectively disbanded this body by cutting most funds.
- 41 The seeds were planted in 1980. Then, the Committee was a government-appointed group designed to push improvements in Kentucky higher education. After its recommendations were largely ignored by the political establishment in 1983, the Committee re-organized itself as a private, non-profit advocacy group. It expanded its charge to encompass all levels of public education. Then it re-named itself after its first chair Kentucky educational

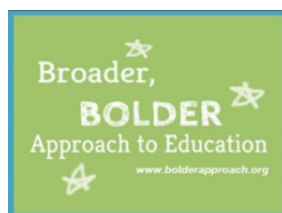
Building High Quality Early Support Systems for Children and Families

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