

Washington State Birth-to-3 Subcommittee Recommendations

Investments in the Birth-to-3 System (2013-2015)



Submitted to the Washington State Legislature
and the Early Learning Advisory Council
December 2012

Acknowledgements

These near-term investment recommendations for birth to 3 were developed as a result of support and input from the following individuals and organizations. Project sponsors Thrive by Five Washington and the Department of Early Learning greatly appreciate the contributions of time and expertise.

Project Sponsors

Washington State Department of Early Learning and Thrive by Five Washington

Birth to 3 Initial Subcommittee Members

Bianca Bailey (Early Learning Advisory Council or ELAC)
Jody Becker-Green (Department of Social and Health Services, ELAC)
Kelli Bohanon (Department of Early Learning)
Samantha Bowen (Educational Service District 123)
Molly Boyajian (Thrive by Five Washington)
Bob Butts (Office of Superintendent of Public Instruction, ELAC)
Leslie Dozono (Children's Alliance, ELAC)
Lauren Hipp (Thrive by Five Washington)
Cynthia Juarez (Educational Service District 105, ELAC)
Lois Martin (Community Day Center for Children, Inc., ELAC)
Deeann Puffert (Child Care Resources)
Rebecca Timmen (Department of Health)
Nancy Vernon (Department of Early Learning)
Jodi Wall (ESD 112)
Laura Wells (Fight Crime: Invest in Kids Washington)

Home Visiting Content Expert Team

Lead: Laura Wells (Fight Crime: Invest in Kids Washington)
Erica Hallock (United Ways of Washington)
Judy King (Department of Early Learning)
Laurie Lippold (Children's Home Society)
Marcy Miller (Thrive by Five Washington)
Lauren Platt (Nurse Family Partnership)

Parent and Caregiver Supports Content Expert Team

Lead: Deeann Puffert (Child Care Resources)
Dr. Jill Sells (Reach Out and Read Washington)

Universal Developmental Screening Content Expert Team

Lead: Rebecca Timmen (Department of Health)

Technical Expertise

Ounce of Prevention Fund—Brandy Jones Lawrence and Karen Yarbrough

Consultants

Kasey Langley Consulting, LLC
Kristin Wiggins Consulting, LLC

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Key Resource Documents

DEL Infant & Toddler Systems & Services Outcome Map Three Year Plan (2010-2013)

www.del.wa.gov/publications/partnerships/docs/DEL-OutcomeMap.pdf

DEL Infant & Toddler Systems & Services Outcome Map Three Year Plan 2010-2013 Partnerships & Mobilization Detail

www.del.wa.gov/publications/partnerships/docs/DEL-OutcomeMapPartnershipAndMobilization.pdf

System Level Infant & Toddler Systems & Services Outcome Map Three Year Plan (2010-2013)

www.del.wa.gov/publications/partnerships/docs/InfantToddlerSystemOutcomeMap.pdf

Washington State Birth to 3 Plan

www.del.wa.gov/publications/research/docs/Birthto3Plan.pdf

Washington State Early Learning Plan

www.del.wa.gov/plan

Recommendations to the Governor for action in 2010

www.del.wa.gov/publications/elac-qris/docs/GovRecommendations120109.pdf

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Introduction: Background and Context for Work

Origin of Work: A Request from the Legislature

The supplemental budget (3ESHB 2127) that passed during the 2012 special legislative session specifies that the Department of Early Learning (DEL) shall “establish a birth-to-three subcommittee of the early learning advisory council” (ELAC) and stipulated that the subcommittee be co-chaired by DEL and Thrive by Five Washington. The Subcommittee “shall develop a birth-to-three implementation proposal” for “further development” of the Washington State Birth to 3 Plan (completed in December 2010).

DEL and Thrive by Five Washington (Thrive) welcomed this request recognizing the opportunity to further develop the state’s role in promoting the optimal development, health, and well-being for our youngest learners—children ages birth to 3—during this critical developmental period.

This report is intended to show options for near-term (2013-2015) investments. The options do not represent all of the birth-to-3 funding that is currently or should be available in order to “improve services and achieve measurable outcomes for children and families.”¹ Nor do the options represent all the areas or needed efforts to build a portfolio of high-quality, culturally appropriate programs and services that meet the unique needs of Washington’s diverse families and communities.

Birth to 3: Critical Brain Development, Unique Opportunities

“How, and how well, we think, learn, communicate, concentrate and relate to others when we get to school and later in our lives depend on the experiences we have and the skills we develop during the earliest days, months and years of our lives.”

—Zero to Three National Center for Infants, Toddlers, and Families

Brain development is the most intense in the first three years of life.² Because the brain is the most plastic early in life, it can be more open to learning from high-quality experiences or more vulnerable to adverse conditions.³ Brain growth is disrupted by toxic stress (e.g., extreme poverty, abuse, chronic neglect, severe maternal depression, substance abuse, and/or family violence). Developmental and learning gaps for vulnerable children are measurable and apparent at ages as young as 9 months.⁴

A large and sophisticated body of research shows that children will thrive and be more likely to be prepared for school when they have:

- Nurturing, responsive relationships.
- Safe, learning-rich environments.
- Access to services and experiences that meet physical, social, emotional, and developmental health needs during their time at home and with caregivers.

According to the state Early Learning Plan, nearly 350,000 children in Washington ages birth to 3 and data indicate that significant proportions of those children are at-risk for poor early learning experiences. Thirty-five percent of those children live in or near poverty (of these children, 50 percent are children of color, 33 percent live with a single mother, and 50 percent have a mother with a high school education or less). Further, nearly 46 percent of births in Washington are paid for by Medicaid, a proxy indicator for families living in poverty.

1 Washington State Birth to 3 Plan.

2 Shonkoff, J.P., & Phillips, D. A. (Eds.). (2000). *From Neurons to Neighborhoods: The science of early childhood development*. Washington, DC: National Research Council and Institute of Medicine, National Academy Press.

3 Lebedeva, G. (PhD., SLP). *The Institute for Learning & Brain Sciences, University of Washington*. (December 7, 2011). *Connecting the Science of Early Learning to Practice and Policy: Why the First 2,000 Days Matter*

4 Halle, T., Forry, N., Hair, E., Perper, K., Wessel, J., & Vick, J. (June, 2009). *Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*.

There is no one place to connect with infants and toddlers and their families around the state, particularly vulnerable families that have many risk factors and/or barriers to accessing different types of services and settings. Young children spend time in different care and community settings (e.g., libraries, churches, community centers, doctors' offices). They spend time with parents; in informal care with a family member, friend, or neighbor (FFN); and/or in licensed child care centers or family homes. Most infants and toddlers spend the majority of their time in parental or FFN care while 21 percent and 14 percent spend non-parental care time in licensed child care centers or family home child cares respectively.⁵

Building Upon Ongoing Efforts

These near-term recommendations recognize and are built upon the efforts listed below which represent many, but not all, of the significant developments in building a birth to 3 system in recent years.

Washington State Early Learning Plan (ELP, September, 2010): The ELP served as the foundation for the Birth to 3 Plan. The Birth to 3 Plan makes recommendations for implementing several of the strategies listed in the ELP, particularly the strategy that calls for efforts to align, integrate and build a set of "comprehensive, voluntary services to promote the healthy development of infants and toddlers from birth through age three, beginning with the most vulnerable..."

Washington State Birth to 3 Plan (December, 2010): The Legislature passed HB 2867 in 2010 which called for a comprehensive Birth to 3 Plan for the state. DEL and Thrive convened an Advisory Committee in September 2010 to create the Birth to 3 Plan. The final Birth to 3 Plan, released in December 2010, made seven high-level recommendations with a small set of prioritized, feasible, and actionable policy recommendations based on the "Ready Framework" of the ELP.

Regional Infant and Toddler Steering Committees (2010-present): DEL used federal funds to launch an Infant/Toddler Regional Systems & Services Initiative in 2010. This initiative focuses on building a regional comprehensive system of supports and services for improving the quality of care for infants, toddlers and their families. As part of that initiative, 10 Regional Infant/Toddler Steering Committees formed (covering the whole state) and prepared infant/toddler-specific Regional Data Summaries. Infant/Toddler Steering Committees work to align with and reflect the strategic direction of state-level birth-to-3 services and systems. The I/T Regional Steering Committees began their collaboration with DEL with data assessment planning work and implementing Infant/Toddler Child Care Consultation in 2011-2102 and could expand in the future to include other services.

The steering committees bring together (at a minimum):

- Local public health entities, hospitals, pediatricians and/or medical providers.
- The local child care resource and referral agency.
- Mental health professionals.
- Early Achievers Site Coordinators.
- Local Early Head Start/Head Start/Early Childhood Education and Assistance Program staff.
- Early Support for Infants and Toddlers (ESIT).
- Educational Service Districts (ESDs), schools, and school districts.
- Isolated communities and rural voices.
- All existing early learning coalitions.
- All counties within the region
- Others, including parents, child care providers and DEL licensing staff.

Home Visiting Services Account (2010): The Legislature created the Home Visiting Services Account (HVSA) in 2010, which includes private match on public dollars for evidence-based, research-based, and promising

voluntary home visiting services; and infrastructure supports for home visiting programs, including training, quality improvement, and evaluation. DEL provides oversight of HVSA and Thrive administers the funding. Currently, the state's annual home visiting investment of \$934,000 is deposited in the HVSA.

Federal investment in home visiting (2011-2015): Washington has been awarded two Federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program grants, which are funded through the Affordable Care Act. Washington will receive \$33.4 million through 2015. Federal MIECHV dollars are put in the HVSA and matched by private dollars through Thrive.

Early Achievers (QRIS, expansion 2012): Early Achievers, Washington's quality rating and improvement system, is a process for supporting and rewarding child care providers for providing high-quality child care. In December 2011, the state was awarded a federal Race to the Top-Early Learning Challenge grant for \$60 million dollars over four years. Expansion of QRIS was one of the key initiatives in that grant. With that funding, Early Achievers will be taken statewide by July 2013.

Process Description

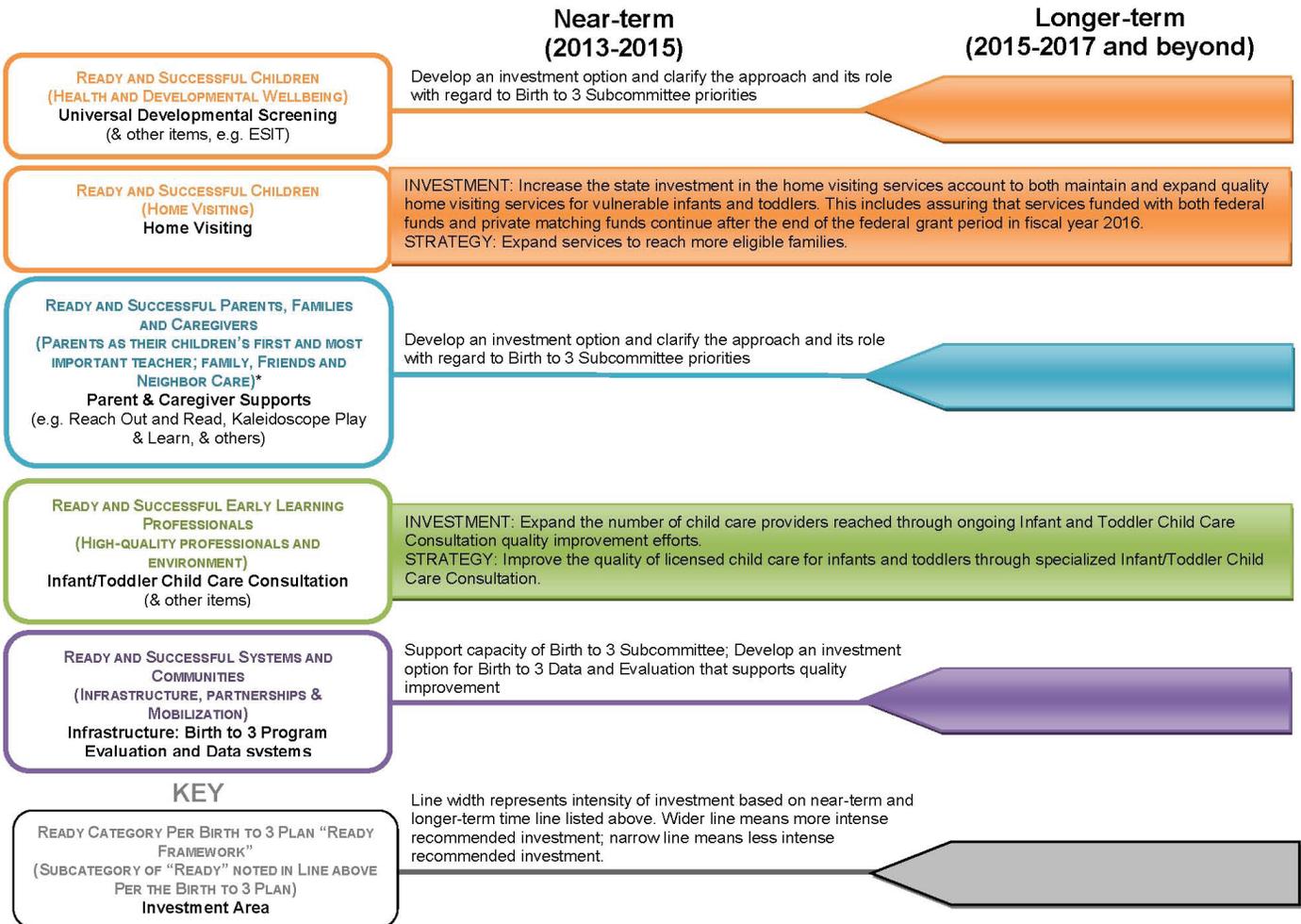
In September 2012, DEL and Thrive with the Office of Superintendent of Public Instruction convened a 15-member Birth-to-3 Initial Subcommittee to develop near-term birth to 3 investments recommendations. Additionally, "content experts" or individuals with expertise in the areas of universal developmental screening, home visiting, parent and caregiver supports (specifically Kaleidoscope Play & Learn and Reach Out and Read programs), and infant and toddler child care quality and professional develop were also engaged to help provide program, policy, and fiscal information. Technical input from the Ounce of Prevention Fund (in Chicago, Illinois) also was taken into consideration.

The policy recommendations as shown in the "Ready and Successful" framework from the Birth to 3 Plan provided the basis for near-term investment options that the Initial Subcommittee considered (see Picture 1 below). The Planning Team, with the consultant team, selected the following five areas from the Birth to 3 Plan as likely opportunities for near-term investments: universal developmental screening, home visiting, Kaleidoscope Play & Learn play group, Reach Out and Read, and infant and toddler child care consultation. The Initial Subcommittee worked with the Guiding Principles and Parameters as shown in Appendix B, created decision-making criteria and prioritized investment options for consideration by the Planning Team who were the final decision-makers on the recommendations.

Picture 1: "Ready and successful" framework from the Birth to 3 Plan

Ready and Successful Children	<ul style="list-style-type: none"> ✓ Health and developmental well-being ✓ Home visiting
Ready and Successful Parents, Families and Caregivers	<ul style="list-style-type: none"> ✓ Parents as their children's first and most important teacher ✓ Family, friends and neighbor care
Ready and Successful Early Learning Professionals	<ul style="list-style-type: none"> ✓ High-quality professionals and environments
Ready and Successful Systems and Communities	<ul style="list-style-type: none"> ✓ Child care subsidies that promote parent choice and access to affordable care ✓ Infrastructure. Partnerships & mobilization.

Picture 2: Timeline for Recommended State Investments to Support Further Development of the Washington State Birth to 3 Plan



*Parent & Caregiver Supports Investment Area represents both the "Parents as their children's first and most important teacher" and the "Family, Friends, and Neighbor Care" subcategories in the Birth to 3 Plan "Ready Framework."

Recommendations

Near-term and longer-term investments in a birth-to-3 portfolio: The main charge of the Initial subcommittee was to identify fiscally and politically viable near-term investments intended to advance implementation of the Birth-to-3 Plan.⁶ It was acknowledged that additional prioritization and phasing in among worthy investments will be necessary to comprehensively realize the Birth-to-3 Plan and that the near-term investment recommendations are not expected to fully carry out the Birth-to-3 Plan.⁷

In these recommendations, two program areas—home visiting and infant/toddler child care consultation—are prioritized for state investments in the near-term, or the 2013-2015 biennium (see Picture 2). State investments in these areas can make a real impact for children and families in the near-term.

Other areas that represent the birth-to-3 portfolio of programs, services, and infrastructure needs are recommended for state investment in the 2015-2017 biennium and beyond (see Picture 2). Building a portfolio of birth-to-3 programs and services must be balanced with the need to provide a level of funding that allows for high-quality implementation and avoids spreading resources too thin to produce desired results. Investing in fewer, higher-quality programs is preferable to making many small investments in a variety of poorly executed programs.

Each of the four following recommendations includes a description of the need and the intended outcomes, and the relationship of the recommendation to the larger early learning system in Washington.

Recommendation 1: Create a Sustainable Funding Stream to Support Infants and Toddlers

Establish stable, sustainable state support for services and systems that support the health, development and readiness to learn among children ages birth to 3.

What happens in the earliest years has a profound impact on limiting or expanding a child's academic, social and physical potential. There is a unique opportunity during this window of time in a child's life to reduce disparities, reduce costs in remediation, special education and social services down the line and give vulnerable children a stronger start in school and in life. To fulfill its commitment to and achieve the promise of public education, the state should establish stable, sustainable support to fund systems and services that support the health, development and readiness to learn among children ages birth to 3. State funds should align with and complement other funding to build a portfolio of high-quality, culturally appropriate programs that are effective at reaching all children, parents, families, caregivers and early learning professionals; some who may need extra support; and few for whom special programs are needed.⁸ Programs and services that support the optimal development of our youngest learners should be made in conjunction with and in alignment with investments services for 3- and 4-year-olds, such as Head Start/ECEAP and high-quality child care services.

State birth-to-3 funds should be used to:

- Increase the access to and availability of high-quality programs.
- Raise the quality of existing programs.
- Pilot and evaluate innovative programs.

⁶ See Appendix B, Guiding Principles and Parameters for Birth to 3 Initial Subcommittee, Guiding Principle #5.

⁷ See Appendix B, Guiding Principles and Parameters for Birth to 3 Initial Subcommittee, Guiding Principle #5 and Parameter #3.

⁸ Washington State Early Learning Plan (p.5). Based on the all, some, and few model from the Center on the Developing Child at Harvard University where all is universal, some is selected and prevention, and few is early intervention.

- Develop and maintain shared infrastructure to support and increase the quality of implementation and the positive impact of investments.

State birth-to-3 investments should focus on reaching vulnerable children and engaging them in high-quality services and supports that have basis in research. Investments should focus predominantly on evidence- and research-based practices but may also support promising practices that are effective in serving hard-to-reach and marginalized communities. In addition to funding direct services, the investments should support the infrastructure, evaluation, and data systems that promote effective, relevant, and continuously improving programs.

Need

High-quality services and supports for very young children and their families can help reduce disparities in preparation and support the healthy mental, physical and social-emotional development that is the foundation for preschool and all other subsequent educational experiences. Increased state investments in high-quality preschool experiences for 4- and 5-year olds should go hand-in-hand with stable, sustainable state support for birth-to-3 services and systems.

Current efforts to improve those foundational early experiences for very young children reach only a fraction of vulnerable infants and toddlers.⁹

State funding can play an important role in ensuring high-quality, culturally appropriate services are accessible to and work toward closing opportunity gaps for all vulnerable children ages birth to 3.

State investments can support high-quality, learning-rich experiences for very young children across all settings—at home; in family, friend and neighbor care; in early learning and child care settings; and in the community—ensuring that the portfolio of systems and services matches the unique needs of Washington’s diverse families and communities.

Strategy

Identify options for stable, sustainable state support for services and systems that support the health, development and readiness to learn among children ages birth to 3.

Washington should develop a financing mechanism to establish a sustainable and flexible funding stream for birth-to-3 systems and services.¹⁰ This state funding should complement and align with the handful of federal funding streams focused on infants and toddlers (e.g., Early Head Start, Part C Early Intervention, Maternal and Child Health and others), as well as the overall early learning system.

The structure should allow for flexibility for the disposition of funds. The disposition of funds should be guided by parameters and investment recommendations developed by a birth-to-3 advisory body, facilitated by DEL, which builds on the work of the Initial Subcommittee that developed these recommendations. (See Recommendation IV below for more details about the role of this advisory body.)

Options for a funding mechanism and sources of funds to create a sustainable source of state support include:¹¹

⁹ For example, Washington’s Early Head Start can serve no more than 2,400 children a year. (Washington Head Start State Collaboration Office, DEL; Early Childhood Education and Assistance Program, Head Start, Early Head Start in Washington State 2012 State Profile). And evidence-based home visiting only serves an estimated 2-11% of the eligible statewide population (Executive Summary, Washington State Home Visiting Needs Assessment (p.1), 2010).

¹⁰ As described in Cohen, Julie; Gebhard, Barbara; Kirwan, Ann; Jones Lawrence, Brandy; “Inspiring Innovation: Creative State Financing Structures for Infant-Toddler Services; Zero to Three and the Ounce of Prevention Fund, 2009, Other states, including Illinois, Kansas, Nebraska and Oklahoma, have implemented state financing structures to fund services for vulnerable infants and toddlers. Funds support a mix of program delivery models offered in a variety of settings and supported by multiple funding streams

¹¹ Examples of these options are further described in Cohen et al (2009).

- A “set-aside” from a larger birth-to-5 funding stream dedicated to birth-to-3 spending. This option would stipulate that as the state invests in, for example, high-quality preschool for 3- and 4-year olds, a proportion¹² of that funding would be dedicated to birth-to-3 services, establishing a parallel, simultaneous increase in funding for birth to 3 along expansion of preschool.
- A line item for birth-to-3 services in the state budget establishing a “block grant” for birth to 3. This option would require legislative consideration in each budget cycle, but would provide flexibility for DEL and birth-to-3 subcommittee members further develop the portfolio of birth-to-3 services.
- Earmark a proportion of certain revenues for birth-to-3 programs and services. This option would follow the example of the funds in the Opportunity Pathways Account that are earmarked for ECEAP. This should include finding different sources of earmarked funds so as not to compete with ECEAP for scarce funds. Recently passed Initiative 502 is expected to generate revenue and most, but not all, of those funds are earmarked for certain programs and services. One earmark option would be to pursue a birth-to-3 services earmark from revenue generated by I-502.

Choosing to fund individual line items program by program is not a recommended option. This fosters unconstructive competition among small programs for limited resources and creates a fragmented approach to pursuing funding rather than a systematic approach. The Birth-to-3 Initial Subcommittee recommends flexible, sustainable funds guided by the individuals and parameters described below in Recommendation 4.

Recommendation 2: Provide Increased Funding for Home Visiting

Increase the state investment in the home visiting services account by \$1 million per year to both maintain and expand quality home visiting services for vulnerable infants and toddlers. This includes assuring that services funded with both federal funds and private matching funds continue after the end of the federal grant period in fiscal year 2016.

Voluntary home visiting programs match parents with trained professionals who provide information and support related to children’s healthy development, strengthening the parent-child relationship, and awareness of early learning. These visits take place in the family’s home and, depending on the model, serve families during pregnancy and throughout the child’s first three years of life.

Home visiting eligibility varies across program models, but typically serves low-income children and families, communities that are racially and ethnically marginalized, and at-risk communities where a disproportionately high number of children and families contend with multiple risk factors, including: child maltreatment, poverty, infant mortality, low birth rates, premature births, poor school readiness, high school dropout, domestic violence, language and cultural barriers (non-English speaking), rural, underserved, incarcerated parents, and disparities based on multiple indicators.

Enhancing the state investment beyond the current investment of \$1.86 million biennially would increase availability of high-quality home visiting in communities where services are currently not available or where programs do not have the capacity to meet the need.

Federal dollars through the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) currently fund a significant expansion of home visiting services through two streams: (1) a state formula grant (\$1.8 million per year); and (2) a competitive expansion grant (\$6.6-9.3 million per year over three years). These federal dollars require a maintenance of effort (MOE) commitment from the state. The State’s current investment of \$1.86 million biennially (\$934,000 annually) is the minimum amount required by the MOE.

An estimated \$11 million in federal investment and an anticipated approximately \$1.5 million in private

investment matched to the federal funds by Thrive will expire in 2015 if there is not continued support for the federal MIECHV program. This anticipated gap of approximately \$12.5 million per year will begin in fiscal year 2016, resulting in serious cuts to services in communities. Approximately 1,725 families¹³ could lose critical services in fiscal year 2016 if the federal MIECHV expires and there is no increased state investment to fill the hole.

The estimated cost per year per family is approximately \$6,500.¹⁴ The annual cost estimate takes into account that model costs vary tremendously and implementation costs vary based on communities where services are delivered. Costs for program oversight, training, technical assistance, and data/evaluation are also part of the calculation of ongoing costs. Some of these costs are tied to the volume of services and the specific supports needed for models and local programs, and some of the infrastructure costs are needed to help ensure Washington is able to use data to support high-quality implementation of services and meet funding oversight responsibilities.

The public state and federal dollars invested in home visiting are deposited into the Home Visiting Services Account (HVSA). The HVSA includes private match on public state and federal dollars for evidence-based, research-based, and promising voluntary home visiting services; infrastructure supports for home visiting programs, including training, quality improvement, and evaluation.

As of October 1, 2012, the HVSA funds \$11 million in home visiting services and infrastructure. That includes a mix of public (state and federal) and private funding. The funding is for program services and infrastructure costs to support training, technical assistance, data/evaluation and grant oversight. The state invested \$934,000 in the HVSA in 2012, 8.4 percent of the annual HVSA budget.

Because the HVSA links private match dollars to public investments, any loss of federal MIECHV dollars would not be covered by private dollars. Meaning, without public investments the private match dollars are not available.

The recommended \$1 million increase for each year in the 2013-2015 biennium is in addition to the \$934,000 the state current invests annually for the MOE. This results in a \$1.934 million total state investment per year (or a \$3.868 million two-year investment) for the 2013-2015 biennium. Due to deposit into the HVSA, these dollars will receive private match dollars, thus allowing additional families to be served.

In addition, further increase in state investment is recommended in the 2015-17 biennium to ensure services for children and families are not interrupted due to the end of federal MIECHV funding in FY 2015. This would require an increased state investment of \$12.5 million (to offset the loss of MIECHV funding) in addition to the \$3.868 million in 2013-15 funding for a total investment of \$14.43 million per year.

Need

Home visiting helps reach some the most at-risk children ages birth to 3 and their families. An estimated 2 to 11 percent of the eligible statewide population receive evidence-based early childhood home visiting services.¹⁵ Seven of 39 counties have no evidence-based home visiting.¹⁶

¹³ The 1,725 families includes 1,475 families' services funded by federal grant dollars and 250 families' services funded by private match dollars on the federal grant dollars.

¹⁴ Cost estimated is based on the overall HVSA investment (including public and private funds) and the associated number of families being served.

¹⁵ Washington State Department of Health. (September, 2010). Executive Summary. Washington State Home Visiting Needs Assessment (p.1). www.doh.wa.gov/Portals/1/Documents/Pubs/950-165-FinalExecutiveSummary.pdf

¹⁶ Washington Department of Early Learning. (June, 2011). Washington State Home Visiting Updated State Plan (p.4/231). www.del.wa.gov/publications/development/docs/HVUpdatedStatePlan.pdf.

Intended outcomes

Outcomes for children and families in a research review of all evidence-based home visiting models¹⁷ include positive impacts in the domains of:

- Child development and school readiness for Early Head Start (EHS), Nurse Family Partnership (NFP), and Parents as Teachers (PAT).
- Positive parenting practices (for EHS, NFP, PAT).
- Child health (for NFP).
- Family economic self-sufficiency (for EHS, NFP).
- Maternal health (for NFP).
- Reductions in child maltreatment (for NFP).
- Reductions in juvenile delinquency, family violence, and crime (for NFP).

Relationship to state birth-to-3 and early learning systems

Build upon previous work. This recommendation continues to affirm a priority that state leaders and early learning stakeholders have been promoting in other state planning efforts. The ELP strategy #5 is to “Make Home Visiting Available to At-Risk Families” in order to achieve the outcome of “Ready and Successful Children.” Additionally, the Birth to 3 Plan policy recommendation #2 is to “Increase the availability of quality home visiting services to at-risk families with infants and toddlers by supporting ‘a portfolio’ of effective evidence-based home visiting (EBHV) programs.”

Home Visiting Services Account (HVSA). Federal MIECHV home visiting funding and state funding targeted at evidence-based, research-based, and promising home visiting practices are deposited into the HVSA. (Other state dollars also support home visiting services, such as funding in the Department of Social Health Services (DSHS) to support children in the child welfare system and some public health dollars. However, the majority of state home visiting dollars are deposited into HVSA.) DEL oversees the account and is the lead state agency for Home Visiting System Development. Thrive manages the HVSA and is the private-public partner that administers the home visiting service delivery system and provides implementation support functions known as the “Implementation Hub.”

Other state agencies (DSHS and DOH). DEL partners with other key state agencies to support integration and data system development, including DSHS and the Department of Health (DOH). DEL and DSHS work to create linkages for families whose children are at risk of child abuse to access high-quality, voluntary home visiting services, and partner on administrative data. DOH is responsible for the home visiting needs assessment as required in the Health Care Reform Law and is DEL’s analytic data support partner for state data system development. DEL and DOH also partner on developmental screening (every child receiving home visiting services receives developmental screening) and the early childhood comprehensive systems work which ties health to early childhood.

Maintenance of effort (MOE) for federal grant. In order to draw down \$33.4 million in federal MIECHV dollars, Washington must meet an annual MOE of \$934,000. Additionally, Washington’s successful Race to the Top application which provides \$60 million in federal funding over four years (2012-2016) for the Washington Kindergarten Inventory of Developing Skills (kindergarten transition process), Early Achievers (QRIS), professional development for early care providers and educators, and data and IT systems was predicated on our participation in MIECHV. Thus, maintaining the home visiting MOE has implications for continued receipt of Race to the Top dollars.

¹⁷ *Mathematica Policy Research, Inc. for the Administration of Children and Families’ Office of Planning, Research and Evaluation. (November, 2010). Home Visiting Evidence of Effectiveness Review: Executive Summary (p.11). http://homvee.acf.hhs.gov/homvee_executive_summary.pdf.*

Recommendation 3: Provide Funding for Infant and Toddler Child Care Consultation

Expand the number of child care providers reached through ongoing Infant and Toddler Child Care Consultation quality improvement efforts. Allocate \$1.3 million per year in state funds to reach an additional 275-300 infant/toddler licensed child care providers (teachers).

As described in the introduction, Infant/Toddler Child Care (I/T CC) Consultation is a child care quality improvement effort that is specifically focused on improving the licensed child care experiences of infants and toddlers. For children ages birth to 3, predictable, responsive interactions with the caregivers they spend time with are the building blocks of healthy brain development and early learning. I/T CC Consultation provides in-classroom, hands-on professional development that helps infant and toddler child care providers establish the positive relationships and nurturing environments that are the critical basis for early learning for very young children and especially children ages birth to 3.

This work is funded by the federal Child Care and Development Fund (CCDF) grant for which DEL is the lead state agency. It is expected that this initiative will engage with 275-300 infant/toddler child care providers (teachers) in 2013. It is recommended that an additional \$1.3 million annually in state funds be added to the program, to engage an additional 275-300 child care providers (teachers).

DEL is engaging all of the regional I/T CC consultation programs in a common evaluation, facilitating cross-regional learning, and using the evaluation to further develop a consistent, effective strategy for infant and toddler child care quality improvement around the state. The evaluation is used for program improvement and to support consistent outcomes around the state.

Birth to 3 Initial Subcommittee members prioritized this strategy for near-term funding because the quality of child care impacts infants and toddlers on a day-to-day basis during a time in their lives when, developmentally, children's attachment, cognition and brain architecture are most impacted.¹⁸ This initiative is also a good near-term investment because of its:

- Statewide reach.
- Mobilization of regional infant-toddler focused partnerships (Regional Infant/Toddler Steering Committees).
- Targeted efforts to reach vulnerable children and families.
- Interdisciplinary approach (e.g. engaging professionals across the disciplines of health, social-emotional development and education/care giving).
- Readiness for expansion.

Need

Nearly 40,000 children ages birth to 3 are in licensed child care and most of those young children are spending 25 or more hours a week in that care.¹⁹ This represents more than 10 percent of the state's infants and 26 percent of toddlers. There are 5,667 child care providers in Washington who are licensed to care for infants and/or toddlers.

The quality of infant and toddler child care is inconsistent, and many licensed care settings are not equipped to provide the high-quality care that will support children's optimal development. Regional data describe infant/toddler child care providers and teachers who lack critical knowledge about infant and toddler development and how best to support learning in infants and toddlers.²⁰ One region's data summary reports: "There is little to no training in basic child development let alone training on children with special needs,

¹⁸ *Infants and toddlers who spend time in high-quality child care are more likely to be prepared for and successful in school. (Rolnick & Grunewald, 2003; Lynch, 2004; Gilliam & Zigler, 2004; Barnett and Ackerman, 2006. As cited in the Washington State Birth to 3 Plan.)*

¹⁹ *Washington State 2010 market rate survey.*

²⁰ *Data summaries from all 10 regions are available at www.del.wa.gov/development/infant/data.aspx*

resulting in a serious lack of child care capacity for children with disabilities, developmental delays, and/or behavior challenges.”²¹

The data highlight a trending increase in the numbers of infants and toddlers with complex needs, such as special health care needs, behavior problems, and social-emotional developmental issues. Recognizing and addressing these complex problems in a child care (or any) setting requires specialized knowledge, often crossing professional disciplines such as health, mental health, and care giving.

Intended Outcomes

The intended outcome of I/T CC Consultation is to increase the predictable, responsive, nurturing interactions between caregivers and very young children that are known to support the healthy brain architecture that is the foundation for future learning. The overall goals of I/T CC Consultation are to improve the quality of infant/toddler licensed child care settings so that very young children, especially vulnerable children, spending time in those settings have opportunities to achieve their optimal development and enter the next stage of their early learning—preschool for ages 3 to 5—healthy and ready to learn.

The primary outcomes evaluated by the I/T CC Consultation initiative are changes in child care quality, particularly changes in the individual caregivers’ knowledge, skills, and behaviors. Outcomes related to the child care environment include positive changes in the classroom setting and daily routines and reduced caregiver turnover. The evaluation uses regular report from consultants, independent classroom observations, surveys and interviews with care providers, and analysis of goal-setting processes as sources of data.

Relationship to state birth-to-3 and early learning systems

I/T CC Consultation is one strategy within a portfolio of state efforts focused on improving child care quality and increasing access to licensed child care. It builds upon the existing statewide system of licensed child care and Working Connections Child Care (WCCC) subsidy. Other inter-related efforts include:

Regional Infant/Toddler Steering Committees. I/T Steering Committees in the regions have supported specific, practical links between I/T CC Consultation and other birth-to-3 systems and services. For example, in some regions Family Resource Coordinators for ESIT (our state’s Individuals with Disabilities Education Act, Part C program) are part of the team of consultants working directly with providers.

Minimum Licensing Standards. I/T CC Consultation and other quality improvement efforts, such as Early Achievers, work to improve child care quality above a baseline that is defined by minimum licensing standards. I/T CC Consultation depend on minimum licensing standards that are enforced and that are relevant to and supportive of high-quality infant and toddler care. The DEL infrastructure supporting compliance with those standards ensures a baseline of health and safety standards in any licensed care setting, so that infant/toddler consultants can focus in on specific quality improvements for infant and toddler care giving.

Early Achievers. I/T CC Consultation is complementary to and aligned with Early Achievers, but is a distinct quality support. The two initiatives are aligned in their quality improvement efforts and their orientation to common definitions of quality. The primary distinctions between I/T CC Consultation and Early Achievers are:

- I/T CC Consultations are focused on children ages birth to 3 and the unique knowledge, skills, behaviors, and environments that support their health, development, and learning.
- I/T CC Consultations primarily reach out to providers of vulnerable children.

- I/T CC Consultations can achieve immediate improvements in infant/toddler quality of care, while introducing providers to the concepts and practices of relationship-based professional development and encouraging them to join Early Achievers.

Professional Development. I/T CC Consultation services build on and rely on the Washington State Professional Development System and align with those related efforts. The professional development system helps early education providers understand what they need to know and be able to do when caring for children, manage their training and education record, find training and education opportunities to help them move forward in their career, and find resources and financial support for individual professional development.²²

Recommendation 4: Create a Standing Birth-to-3 Subcommittee

Establish a standing Birth-to-3 Subcommittee of the Early Learning Advisory Council (ELAC).

A birth-to-3 subcommittee of ELAC would make recommendations to ELAC and DEL. The subcommittee should build upon and reflect the cross-systems and cross-disciplinary capacity of the regional Infant/Toddler Steering Committees.

A state-level advisory group focused on services for children birth to 3 will support ongoing decision-making to build a successful birth-to-3 portfolio that is aligned and coordinated with the full early learning system and educational spectrum. Membership should include:

- Representatives of the state agencies and organizations with a significant role in overall birth-to-3 services—DEL, Thrive, OSPI, ELAC, DOH, DSHS and the Early Learning Action Alliance.
- Representatives from regional Infant/Toddler Steering Committees.
- Child care providers.
- Families.
- To expand the group, the co-chairs (DEL and Thrive) should consider inviting individuals with particular expertise in the unique developmental time of birth to 3.

Roles of the subcommittee would include:

1. Advise on the continued progress of birth to 3 services and systems development.

The overall role of the subcommittee should be to monitor and keep continued focus on the implementation of the Birth to 3 Plan and the ELP Strategy #4, with a specific focus on the accessibility and quality of services for infants, toddlers and their families.

Accessibility. Home visiting and high-quality infant and toddler licensed child care will improve outcomes for significant numbers of children, but are not accessible to all vulnerable families whose children will benefit from birth-to-3 support.²³ To close opportunity gaps for all vulnerable children, the state should invest in services and supports that are accessible to families who face barriers to engaging with currently funded services and in making existing services and supports accessible to more families. Additionally, this subcommittee should promote and advise on the overall coordination and accessibility of these programs and services.

The following are some key options to increase the state’s capacity to reach more infants and toddlers:

- The three options (universal developmental screening, Reach Out and Read, and Kaleidoscope Play & Learn), that were considered for prioritization by the Birth to 3 Initial Subcommittee.²⁴

²² Key resources and tools of the professional development system include: Washington State Early Learning and Development Guidelines, Core Competencies for Early Learning Professionals, state training requirements (STARS), training information and individual career and professional development tracking (MERIT), financial support, and trainer and training standards and approvals.

²³ For example, across the total population in the state, infants and toddlers spend 65% and 45% respectively in non-parental care hours in FFN care. (Brandon et al., 2002. “Understanding Family, Friend and Neighbor Care in Washington State.”)

²⁴ See appendix C for a summary of the Birth to 3 Initial Subcommittee and content experts’ considerations for next steps in these areas.

- Other investment-related recommendations from the Birth to 3 Plan (e.g., expansion of ESIT and investments in a P-20 data warehouse and other data to inform decision-making).
- New investment options that have emerged since the development of the Birth to 3 Plan in late 2010.
- Program improvements or enhancements to the I/T CC Consultation and home visiting investments described above focused on improving or expanding the accessibility of those services to more families (e.g., policy changes to make licensed child care accessible to more families).

Quality. No program investment will achieve its intended outcomes without monitoring, evaluation, and refinement to maintain and increase program quality and alignment with related efforts.

2. Promote prioritization of birth-to-3 investments within the state early learning systems.

This includes supporting implementation of policy changes described in the Birth to 3 Plan. At the state level, engage a cross-sector, cross-disciplinary, cross-agency subcommittee, reflective of the growing capacity of the regional Infant/Toddler Steering Committees, to implement, guide, monitor and develop effective birth-to-3 policies and services. In addition, the subcommittee should make recommendations for subsequent investments for 2014 and beyond; work toward a common evaluation framework across birth-to-3 services; and support data collection and infrastructure development to support data-driven decision-making in order to further implement the Birth to 3 Plan.

3. Ensure capacity at DEL to facilitate the subcommittee and develop birth-to-3 services.

A subcommittee effectively performing the roles described assumes capacity at DEL to convene and facilitate the efforts of the group. This should include the capacity to monitor national, state and local information related to birth to 3, to seek and present information to respond to the questions and needs of the group, and facilitate collaboration and communication across regional and state level partners.

Appendix A: 3ESHB 2127 Section 615 13(a)

(13) (a) The department shall establish a birth-to-three subcommittee of the early learning advisory council. The subcommittee will be co-chaired by the department and nongovernmental private-public partnership created in RCW 43.215.070. The subcommittee shall include at least one representative from each of the following:

- (i) the early learning advisory council;
- (ii) the office of the superintendent of public instruction;
- (iii) the department of social and health services;
- (iv) the department of early learning;
- (v) the nongovernmental private-public partnership created in RCW 43.215.070;
- (vi) the early learning action alliance; and
- (vii) additional stakeholders with expertise in birth-to-three policy and programs and quality child care, as designated by the early learning advisory council.

(b) The subcommittee may convene advisory subgroups on specific topics as necessary to assure participation and input from a broad array of diverse stakeholders.

(c) The subcommittee shall be monitored and overseen by the early learning advisory council created in RCW 43.215.090.

(d) The subcommittee shall develop a birth-to-three implementation proposal, which shall include further development of the Washington State birth to three plan.

(e) The subcommittee must include the following recommendations in its birth-to-three proposal:

- (i) Eligibility criteria for providers and programs;
 - (ii) The level of funding necessary to implement birth-to-three programs, including an option which makes available funding equivalent to thirty percent of the funding provided for the program of early learning established in RCW 43.215.141;
 - (iii) Options for funding sources for birth-to-three programs
 - (iv) Governance responsibilities for the department of early learning;
- and
- (v) A timeline for implementation that is concurrent with the expansion to the early learning program outlined in RCW 43.215.142.

The subcommittee must present its recommendations to the early learning advisory council and the appropriate committees of the legislature by December 1, 2012.

Appendix B: Guiding Principles and Parameters

Guiding Principles for Development of the Birth to 3 Recommendations

These guiding principles are intended to guide the work of the Birth to 3 Initial Subcommittee in their task of developing recommendations on how to further implement the Washington State Birth to 3 Plan. These guiding principles are specific to the charge of the Birth to Three Initial Subcommittee (active September through December 2012) to develop recommendations rather than apply to the long-term Birth to 3 Advisory Group to be named in 2013.

- 1. Concentrate investments in the seven policy areas outlined in the Washington State Birth to 3 Plan (September 2010).** The Washington State Birth to 3 Plan's seven policy recommendations will serve as a starting point for further development of the Birth to 3 Plan.
- 2. Prioritize investments in services rather than systems-building and planning efforts.** Investing in existing services that impact infants and toddlers, their families, and the caregivers and early learning professionals caring for them will take precedence. Investments in systems-building and planning efforts related to programs may be considered where continued development, improvement, and/or expansion of the program are necessary to support the overall effort of building a continuum of birth to 3 services.
- 3. Based on a range of available funds, indicate priorities and propose phases of implementation.** The development of plans and recommendations for sources and/or mechanisms of funding will happen in an advocacy process separate from the charge of the Birth to 3 Initial Subcommittee.
- 4. Complement not supplant.** Recognize that any recommended new state investments and efforts will join and should complement the collection of ongoing efforts, supports, and services for infants and toddlers and their families that are currently funded through different state, federal, and other sources. Recommendations are not intended to supplant existing efforts.
- 5. Are fiscally and politically viable near-term investments intended to advance implementation of the Washington State Birth to 3 Plan.** (Additional prioritization and phasing-in among worthy investments will be necessary to fully realize the Birth to 3 Plan and that will be the work of the long-term birth-to-3 subcommittee.)

Guiding Principles modeled after the "Guiding Principles for Development of Washington's Early Learning System" in the Washington State Early Learning Plan (September 2010) are listed below. Specifically, they are based on guiding principles 1, 3, 4, 5, 6, and 8 from the Early Learning Plan.

- 1. Be child-focused and family-centered.** Promote meaningful partnerships with parents and families, since they are children's first teachers.
- 2. Honor diverse children, families, and local communities.** Be reflective, culturally competent, relevant, and respectful in regards to the needs of diverse children, families, and local communities.
- 3. Be developmentally appropriate, and where applicable, evidence based (as available).**
- 4. Build on strengths of children, parents, families, providers, programs, communities, and prior birth-to-3 system and service planning efforts.** In particular, those efforts documented in the Washington State Early Learning Plan (September 2010); the Washington State Birth to 3 Plan (December 2010); the Infant and Toddler Systems and Services Outcome Maps 2010-2013 (Statewide and Department of Early Learning, 2011); and the Early Learning Recommendations to the Governor for Action in 2010 (2009).
- 5. Recognize a tiered approach to addressing the needs of children in Washington.** Identify recommendations that apply to all, some, and few children.

6. Promote high-quality early learning to increase school readiness and success in school and life.

Parameters for Development of the Birth to 3 Recommendations

The parameters guide the process by which the Birth to 3 Initial Subcommittee will be developing and agreeing upon the recommendations and the content of the recommendations to be included in the final report due to the Legislature December 1, 2012. This includes parameters for reaching consensus and decision-making as well as what is included in the recommendations. These parameters complement and coexist with the program selection criteria.

1. **Strive for majority consensus.** Full consensus is ideal yet not always possible. Additionally, consensus includes items the Birth to 3 Initial Subcommittee members can at the minimum “live with” and privately and publically support.
2. **Supported by tiers of input, expertise, and decision-making.** Based on the structure for the Birth to 3 Initial Subcommittee, different levels of stakeholders will provide information, data, and perspectives as well as inform concepts, ideas, and ultimately recommendations.
3. **Focus on near-term.** The charge of the Birth to 3 Initial Subcommittee is to develop politically and fiscally viable near-term investments for further implementation of the Washington State Birth to 3 Plan. These recommendations are not expected to fully realize the Plan.
4. **Identify and separate larger aspirations and questions.** Hopes, concepts, and questions that the Birth to 3 Initial Subcommittee has in relation to the full implementation of the Washington State Birth to 3 Plan should be identified, catalogued, and noted in the final report due December 1, 2012. A key task of the long-term Birth to 3 Subcommittee in 2013-2014 will be to: track and summarize progress of the entire Birth to 3 Plan across various state- and federally-funded services; review available information about service gaps and the needs of families; and consider information about the effectiveness of the programs and services designed to improve outcomes for infants and toddlers.
5. **Focus on the unique needs of children ages birth to 3 and their families.** Because children live in the context of their families, effective services especially for the youngest of children are not and cannot always be isolated to the children but rather must involve their parents.²⁵ A crucial factor in building the child’s brain is the nurturing the child receives, and responsive relationships with parents and caregivers. Research shows the experiences of children ages birth to 3 have a profound effect on limiting or expanding their potential—academically, socially and physically—throughout their lives.

²⁵ Consistent with the Washington State Birth to 3 Plan, “the term ‘parents’ refers to all those in parenting roles: birth mothers and fathers, adoptive and foster mothers and fathers, kinship caregivers (grandparents and other family members raising children), guardians, and other adults acting as parents.”

Appendix C: Birth to 3 Initial Subcommittee and Content Experts' Considerations for Further Birth-to-3 Investments

Reach Out and Read, Universal Developmental Screening, and Kaleidoscope Play & Learn for Children Birth to 3

These three options (Reach Out and Read, Universal Developmental Screening, and Kaleidoscope Play & Learn for children birth to 3) were closely considered by the Birth to 3 Initial Subcommittee for near-term investments in this report but were ultimately not selected as the top two priorities for state investment this year. The Planning group identified these out of the Birth to 3 Plan as likely candidates for near-term, concrete investment recommendations at the beginning of this process and each one of these options was ranked a top priority by at least one Subcommittee member. These options are the natural place for the longer term birth-to-3 subcommittee to look for next-step investments:

Universal Developmental Screening is focused on increasing the number of children receiving standardized screening for developmental delays and, therefore, increasing the number of children with identified delays who are linked with appropriate services. Children with unaddressed developmental delays are among the most vulnerable for getting behind and staying behind in preschool and school. Policy and investment recommendations for this option could include:

- Stipulate that any Birth to 3 direct service programs receiving funding through efforts to further the Birth to 3 Plan develop (if not already developed) and implement (starting with a pilot) plans to incorporate developmental screening and linking with the emerging infrastructure for developmental screening into their program delivery.
- Acknowledging that developmental screening alone will not make significant differences in children's school readiness because appropriate services must be available and accessible to children diagnosed with developmental delays. Recommend that DEL and the Office of Superintendent of Public Instruction pursue plans for fiscal policy alignment and other strategies to better leverage federal funding to provide appropriate services to infants and toddlers that developmental screening and further assessments reveal need special education intervention.
- Provide funds to explore options for using the P-20 data system for tracking developmental screening data.
- Develop a concrete investment option for state spending on developmental screening. Options could include:
 - Defining and creating an online training for child care providers related to developmental screening. Align and incorporate this training into Early Achievers.
 - Continuing development and piloting of trusted messenger strategies to reach vulnerable, hard-to-reach, families with developmental screening.

Reach Out and Read is focused on reaching very young children and their families through the trusted and widely accessed medium of doctor's offices. At each well-child checkup from ages 6 months through 5 years, medical providers give the child a new book and encourage parents to read aloud at home by offering individualized, developmentally and culturally appropriate advice and support. Multiple studies show that when families participate in Reach Out and Read, parents read aloud more often at home and children show significant improvement in language and literacy skills.

Reach Out and Read has established infrastructure in the state and is supported by a mix of public and pri-

vate funding. With stabilization of current funding levels, Reach Out and Read is poised to use any additional funds to immediately add medical practices to the program. It has prioritized engaging medical practices serving low-income and otherwise vulnerable children and families.

Kaleidoscope Play & Learn provides support and information to FFN caregivers and parents of young children through a network of weekly facilitated play groups in a variety of neighborhood settings. The intent of Kaleidoscope Play & Learn is that caregivers learn what they can do at home to support healthy child development and school readiness. Kaleidoscope Play & Learn is also ready for expansion with a fully developed replication package of standards, training, evaluation, materials and ready and motivated partners across the state. Investment options would include funding for building a statewide infrastructure and program materials for replication.

Other investment-related recommendations from the Birth to 3 Plan

Three recommendation areas from the Birth to 3 Plan merit particular attention: Early Support for Infants and Toddlers (ESIT); data collection and linkage to the statewide P-20 data warehouse; and monitoring and evaluation.

Early Support for Infants and Toddlers (ESIT) is the Individuals with Disabilities Education Act (IDEA) Part C early intervention system in Washington. ESIT is a federally-funded program that provides services to children ages birth to 3 with disabilities or developmental delays. In 2012 ESIT is in the midst of reviewing and acting upon recommendations of a comprehensive study, the “ESIT Cost Study” completed in 2011. Because of the vulnerability of children with disabilities and developmental delays and the promise of early intervention, ESIT is a likely candidate for state investments in birth to 3 services and systems in the future.

The P-20 data warehouse and other data to inform decision-making. Developing a system to link regional birth to 3 data being collected with the statewide P-20 Longitudinal Data System is one of the specific policy recommendations in the Birth to 3 Plan. This too is a likely candidate for some near-term investments to develop and use this data infrastructure for birth to 3 decision-making.

A common monitoring and evaluation framework across birth-to-3 programs. The Birth to 3 Plan and the ELP describe a broad portfolio of systems and services to support positive early learning experiences, strong families, and good health for infants and toddlers in diverse families across diverse settings. The birth-to-3 subcommittee should explore using common data elements and, where possible, a common evaluation framework across the different models. Examples of common data elements include program retention, income status, and race and ethnicity.

Collecting those data in common across different programs will more easily allow for comparison of process and implementation measures. A common evaluation framework would seek a common theory of change and practice that defines core components of certain infant and toddler programs and pursue measurement of shared indicators.