

Preparing for the Future: Indiana's Preschool Development Grant



**Indiana Birth-5 Strategic Plan
2020-2022**



**Office of Early Childhood &
Out-of-School Learning**



STATE OF INDIANA
OFFICE OF THE GOVERNOR
State House, Second Floor
Indianapolis, Indiana 46204

Eric J. Holcomb
Governor

September 24, 2019

Mrs. Lynn Johnson
Assistant Secretary
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street SW
Washington, DC 20201

Re: Letter of Support for 2020-2022 Birth through Five Strategic Plan

Assistant Secretary Johnson:

I am pleased to extend my support of Indiana's 2020-2022 Birth through Five strategic plan required by the Preschool Development Grant. The State of Indiana has been awarded this grant by the Administration for Children and Families to support the care and development of Hoosier children.

That strategic planning committee composed of state and community partners convened between April and August 2019 to create a comprehensive Birth through Five strategic plan. This committee developed twelve goals regarding the following areas:

- Growing high-quality Birth through Five programs and supports, including early childhood care and education.
- Improving Hoosier children's transitions to kindergarten
- Encouraging family and local community engagement in Birth through Five programs
- Improving collaboration and coordination among Birth through Five agencies.

I can affirm that this plan is consistent with my administration's goals of developing a 21st century skilled and ready workforce through high-quality early child care and education as well as providing great government service through inter-agency data-sharing to better coordinate service delivery to Hoosier families. I am informed the comprehensive Birth through Five strategic plan will comport to the guidelines of the Administration for Children and Families.

As the committee's strategic plan indicates, Indiana's leaders intend to be diligent stewards of Administration for Children and Families funding as it carries out its plans. Thank you for your thoughtful consideration of Indiana's Birth through Five strategic plan.

Sincerely,

A handwritten signature in black ink that reads "Eric Holcomb".

Eric J. Holcomb
Governor of Indiana

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Executive Summary

In early 2019, the State of Indiana received a Preschool Development Grant (PDG) from the federal Administration for Children and Families (ACF). Shortly thereafter, the State, through the Family and Social Services Administration's (FSSA) Office of Early Childhood and Out-of-School Learning (OECOSL) convened a strategic planning committee of birth through age 5 (birth-5) stakeholders to assess the current landscape, to capture existing efforts, and to make recommendations for the next three years and beyond. This strategic plan document is the output of this convening to develop the State of Indiana's comprehensive strategic plan across all agencies in the birth-5 service array¹ to best meet the needs of our children and families.

There are currently over 500,000 Hoosiers between the ages of 0 and 5¹. Birth-5 is the most critical developmental stage when children's experiences, learnings, and environments can have a profound impact on their futures. This plan addresses programs and services for our children and their families, with a particular focus on children and families from vulnerable populations² in alignment with the PDG. The plan harnesses an opportunity to promote the well-being and development of the whole child and come alongside the family supporting each child's development. Over the past decade in particular, substantial work has been completed in the birth-5 service array, and this Indiana strategic plan builds upon that foundation. The strategic plan also seeks to advance the vision outlined in Indiana's PDG of a unified birth-5 system that promotes community-led systems, incentivizes high-quality programs and supports, builds a workforce that has the skills to educate young children, and creates an infrastructure that promotes information sharing.

To develop the comprehensive strategic plan, the strategic planning committee and supporting workgroups met from April through August 2019 and developed twelve specific goals organized by four system focus areas.

The following provides a snap-shot of the strategic plan goals by system focus area:

System Focus Area 1: Grow High-Quality Birth-5 Programs and Supports

GOAL #1

Improve the Overall Quality of Early Childhood Care and Education Programs by Updating Paths to QUALITY:

Improve the overall quality of early childhood care and education programs by building upon Indiana's current definition of "high-quality" early childhood care and education and updating Paths to QUALITY (PTQ) to link quality standards to outcomes-driven standards.

GOAL #2

Increase the Number of High-Quality Providers: Increase the number of high-quality early childhood care and education providers, particularly for those that serve families accessing Child Care and Development Fund (CCDF) vouchers. This goal includes requiring CCDF providers to achieve PTQ standards.

GOAL #3

Implement Family-Centered Practices: Empower the full array of agencies who serve birth-5 families to better serve their clients by developing and implementing family-centered, evidence-based policies, practices, processes and structures.

GOAL #4

Reduce Barriers for Early Childhood Care and Education Providers: Perform a top-to-bottom review of childcare laws, rules and regulations, and policies and make recommended structural changes to reduce barriers and increase equity in order to serve more children in high-quality childcare settings.

GOAL #5

Recruit, Retain, and Promote a High-Quality Early Childhood Care and Education Workforce with Specialized Knowledge and Skills: Implement strategies to recruit, train and develop, retain and provide ongoing support for early childhood care and education professionals that enables equitable, high-quality programming, particularly for those early childhood care and education professionals who serve vulnerable families.

¹ The Preschool Development Grant uses the term "mixed delivery system" to encompass early care and education, health, early intervention, and family support programs and services. The term birth-5 service array is used in this document with the same intended meaning.

System Focus Area 2: Support Strong Transitions to School and Kindergarten Readiness

GOAL #6

Improve Communication During the Transition to School: Create and develop a partnership model to be used by early childhood care and education and kindergarten teachers across Indiana to improve communication as children transition to kindergarten. Also include transition into special education preschool programs.

GOAL #7

Establish a “Top Five” Kindergarten Transition Needs: Create and disseminate a “Top Five” needs for transitioning into kindergarten successfully, targeting families and early childhood care and education providers.

GOAL #8

Measure Kindergarten Readiness During PreK: Determine both formative and summative assessment options that inform early childhood care and education teachers and families by providing information about the readiness of children to enter kindergarten. This information should be able to inform resource allocation and policy decisions, training programs for early childhood care and education teachers, and strengthen curriculum development and instructional practices for the early childhood care and education system.

System Focus Area 3: Promote Birth-5 Family and Community Engagement

GOAL #9

Promote Family Engagement in Birth-5 Programs: Employ frameworks within agencies serving birth-5 families that successfully enable and promote families, especially those from vulnerable populations, to engage and form meaningful partnerships with birth-5 programs in order to support each child’s development.

GOAL #10

Provide Frameworks and Tools for Peer-to-Peer Networks: Provide frameworks and tools for local communities and parents to create peer-to-peer social capital networks to encourage and connect families regarding their child’s learning and development, especially in underserved communities throughout the state.

GOAL #11

Build Local Community Partnerships: Increase community collaboration and local leadership to improve outcomes for birth-5 children and families.

System Focus Area 4: Increase Collaboration and Coordination in the Birth-5 Service Array

GOAL #12

Establish Inter-Agency Data-Sharing for Family-Focused Service Delivery: Improve service delivery and reduce administrative duplication for families by increasing inter-agency collaboration and coordination through proactive data sharing via an Early Childhood Integrated Data System (ECIDS). Includes an action step to evaluate the use of a unique identifier (e.g. Student Testing Number) in order to facilitate children’s transitions between birth-5 programs.



Beginning in fall 2019, the State will reconvene a strategic planning committee (the Strategic Plan Steering Committee) tasked with implementing these goals in 2020-2022. This committee will be representative of the breadth of stakeholders involved in the birth-5 system and will interact with two, key established groups: The Commission on Improving Status of Children in Indiana (“the Children’s Commission” or CISC) and the Indiana Early Learning Advisory Committee (ELAC).

As the strategic plan development phase moves into implementation, the State thanks the many individuals who dedicated their time, talents, and expertise to provide input, participate in meetings, and contribute to this plan: early childhood care and education providers, members of the ELAC and CISC, community partners at the United Way of Central Indiana (UWCI), Early Learning Indiana (ELI), Indiana Association for the Education of Young Children (IAEYC), the Indiana Youth Institute (IYI), and the many individuals at the Indiana Department of Child Services (DCS), Indiana Family and Social Services Administration (FSSA), Indiana State Department of Health (ISDH), and Indiana Department of Education (IDOE). Thank you to the strategic planning committee for the hours dedicated to visioning what the next phase of birth-5 services and supports looks like for Hoosier children and their families. Most importantly, thank you to the many families and parents who sacrificed their time to provide crucial input.



Vision and Values

Indiana's 2020-2021 strategic plan builds upon the belief that individuals, programs, and organizations serving Hoosier children aged birth-5 and their families have a tremendous opportunity for positive impact in a child's early development. We believe this opportunity to help Hoosier children thrive and reach their full potential will yield a return on investment as our children grow into youth and adulthood.

In alignment with Indiana's PDGⁱⁱⁱ efforts, this strategic plan advances the vision of a unified birth-5 system that promotes community-led systems, incentivizes high-quality programs and supports, builds a workforce that has the skills to educate young children, and creates an infrastructure that promotes information sharing. The strategic planning process brought together a committee composed of diverse, multi-sector stakeholders to consider the current state of the birth-5 service array and existing stakeholder goals, endeavors, and programs. Indiana stakeholders had previously laid a foundation for the birth-5 service array with early childhood programs and efforts including but not limited to: the Paths to QUALITY early childhood care and education quality rating system, the On-My-Way Pre-K program, the Indiana First Steps program, the Help Me Grow program promoting child development, the Department of Child Services' prevention programming, the Department of Health's maternal-child home visiting programs, investment in early childhood from philanthropic and non-profit partners, numerous locally-led early childhood coalitions, and most recently, the PDG activities, of which this strategic plan is a component. The planning process and this report's recommendations for next steps build upon this foundation.

It is important to note that while the goals set forth in this document will benefit all Hoosier children aged birth-5, the committee focused on recommendations to impact children and families living in vulnerable or underserved populations. Indiana defined vulnerable for its PDG efforts^{iv}; and its definition includes a comprehensive list of circumstances including but not limited to low-income households, families whose primary language is a language other than English, those who have experienced abuse or neglect, those receiving care from a parent with substance use disorder, and those with a wide array of health and wellness concerns such as low birth weight, mental illness, and developmental disabilities. The goals outlined in this plan seek to help all Hoosier children aged birth-5 and their families reach their full potential, and in the administration of the goals set forth here the Strategic Plan Governance Committee will strive for equity for these young Hoosiers and their families.

Finally, in order to carry out Indiana's vision and align with the PDG efforts, the strategic planning committee committed to three guiding principles to infuse in their recommendations. At the outset of each strategic plan discussion, these three guiding principles were reviewed to frame the discussion:

- 1. Addressing collaboration and coordination in the birth-5 service array**
- 2. Incorporating perspectives from the diverse spectrum of Hoosier families with children of all abilities and from all cultural and linguistic backgrounds**
- 3. Making data-driven recommendations and defining measurable action items and outcomes**

Throughout the strategic plan, echoes of these guiding principles are evident, and these principles will continue to inform the administration of the plan. In alignment with this vision and these principles, Indiana has set forth 12 goals to progress the birth-5 system over the next three years and beyond.



Strategic Planning Process

After the State of Indiana, via OECOSL, received its PDG from ACF in early 2019, the State convened a strategic planning committee representative of a diverse group of traditional and non-traditional birth-5 stakeholders (see Appendix A) and engaged outside support for strategic plan facilitation. Indiana has a rich community of organizations at work in early childhood care and education and other birth-5 endeavors. The strategic planning committee included representatives from key State agencies that serve birth-5 families such as FSSA, ISDH, DCS, and IDOE, key partners in the non-profit and philanthropic sectors who are engaged in birth-5 services and supports, ELAC, and early childhood care and education providers.

Indiana initiated a Collective Impact approach which is based on the belief that no single policy, government department, organization or program has a singular solution to address the complex social problems that families face. A Collective Impact approach requires the development of a common agenda, the collection of data and measurement for accountability, the development of a plan of action, open communication, and the designation of a “backbone” organization to support efforts. To this end, Indiana embarked upon a process to include and engage stakeholders at all levels.

Engaging birth-5 families was a key component and priority in the strategic planning process. The committee embarked on an effort to seek meaningful feedback in ways that were easily accessible for families, with an understanding that participating in planning meetings would be difficult for many families across the state. For this reason, two family focus groups were convened to hear about families’ experiences with early childhood care and education and other birth-5 services, and the committee released a statewide family questionnaire to seek feedback from birth-5 families across the state regarding their families’ needs. The questionnaire was available in English and Spanish, and distributed widely via the strategic planning committee’s network with community organizations, families, and providers. A total of 1,075 responses were received from parents and families.

The following timeline summarizes the key activities of the strategic planning process.



Month	Key Activities
February - March 2019	<p>Research and Preparation</p> <p>To build on prior strategic planning and efforts that had been undertaken by various organizations and stakeholders, Indiana asked state agencies and community partners to share strategic plans and recent agency goals for review and evaluation. A list of the documents reviewed is available in Appendix B.</p>
April 2019	<p>Commencement of Planning Activities</p> <p>OECOSL drafted key topic areas to be addressed by the strategic plan and capitalized on the stakeholder collaboration that was initiated during the grant proposal process.</p> <p>OECOSL convened a strategic planning committee kick-off meeting on April 10th to introduce the committee to the process, conduct initial brainstorming, review, collaborate and co-design the focus areas, and finalize the timeline for conducting the planning.</p>



Month	Key Activities
May - June 2019	<p>Review of Needs, Brainstorming, and Goal Setting</p> <p>The workgroups for each focus area met to begin their data review and goal-setting activities. Each workgroup began by performing a S.W.O.T. analysis related to the respective focus area to help identify and stratify what issues could be addressed within the strategic plan. Workgroup participants were provided with summaries of current strategic plans relative to the focus area as well as preliminary needs assessment information as it became available. These activities led to the generation of goals, outcomes, action steps, and supporting details.</p> <p>Additionally, the strategic planning committee was invited to participate in a webinar to learn about the work being conducted for the PDG needs assessment and PDG data roadmap.</p>
June – July 2019	<p>Family Engagement and Goal Revision</p> <p>After initial goal generation, the workgroups began their processes of review and revision. Each workgroup received drafts of initial goals based on the workgroup discussions.</p> <p>Family engagement activities began with focus groups and a family questionnaire. Two family focus groups were convened to obtain direct feedback from parents. The committee, with support from the strategic plan facilitators, designed a family questionnaire. The family questionnaire sought general feedback on families’ needs and also sought to obtain feedback on some of the goals the committee had begun developing.</p> <p>The committee convened on July 18th to review the key recommendations from the PDG needs assessment, finalize the draft family questionnaire, and formulate next steps. The needs assessment team participated in the delivery of the needs assessment findings and recommendations at the July 18th meeting. Goals were revised and new goals were generated based upon the family engagement efforts, the committee’s discussions, and needs assessment recommendations.</p> <p>The family questionnaire was released on July 30th.</p>
August 2019	<p>Recommendations and Revisions</p> <p>Workgroup feedback was consolidated and workgroups met to finalize their recommendations to the larger strategic planning committee. The strategic planning committee convened again on August 27th. The committee discussed the preliminary results of the family questionnaire and reviewed the goals generated by the workgroups for the strategic plan. Additionally, the PDG data roadmap team shared about their deliverable at the meeting. The system focus areas and strategic plan goals with supporting details were revised based on these discussions.</p>
September 2019	<p>Revision and Stakeholder Buy-in</p> <p>During the month of the September the revised strategic plan goals with supporting detail were circulated to the strategic planning committee. The committee and other key stakeholders reviewed and made final revisions. Recommendations from the data roadmap were also incorporated. The plan was finalized at the end of the month.</p>



Strategic Plan Goals

In recent years, Indiana has grown and enhanced programs for the care and education of children aged birth-5 and their families, and this strategic plan will drive forward progress in the birth-5 service array. The plan is built upon the foundation stakeholders have built in recent years to ensure the youngest Hoosiers, particularly those from vulnerable populations, have strong, healthy, and safe starts. In early childhood care and education these efforts have included the Paths to QUALITY (PTQ) rating system, the On-My-Way PreK program, recent capacity building efforts, and the efforts of many individual early childhood care and education providers seeking to offer high-quality programs. Further, the birth-5 mixed delivery system has benefitted from efforts at the State Department of Health, the Department of Child Services, the Department of Education, the Family and Social Services Administration, and many local community and philanthropic partners. The execution of this plan does not happen in isolation; each partner is continuing their efforts to promote the wellness and education of young children and their families. The plan that follows leverages the committee's guiding principles of collaboration and coordination, incorporation of the diverse spectrum of Hoosier families, and creation of data-informed recommendations.

The strategic planning process resulted in the creation of 12 specific goals, which were developed through review of the PDG needs assessment and data roadmap, input from families and other stakeholders, analysis based on experiences and expertise of the strategic planning committee, and review of existing strategic documentation regarding birth-5 services. The strategic plan goals are organized into four system focus areas that arose from the work of the strategic planning committee and other PDG partners. While each goal stands alone, there is significant interplay between the focus areas and goals. It will be crucial for the Strategic Plan Steering Committee to help coordinate the activities across all 12 goals. Each goal statement includes its intended outcome, a detailed list of action steps, who owns the goal, key partners in executing the goal, and how completion and achievement of the goal will be measured. Progress on the goals should be measured quarterly during the implementation period in order to ensure completion and success.

System Focus Area 1: Grow High-Quality Birth-5 Programs and Supports

The strategic planning committee readily identified the need for increased access to high-quality birth-5 programs based on their work, available data, and experiences in the field. Additionally, information received from the PDG needs assessment confirmed availability of high-quality birth-5 services is limited: on average, there are only 34 licensed childcare spots for every 100 children across Indiana. While there has been an increase in the number of providers who participate in the PTQ rating process, only 47% of all children in early childhood care and education programs attend programs that have achieved PTQ Level 3 or Level 4 (considered to be “high-quality” per the PDG needs assessment), and approximately half of children receiving CCDF vouchers are not in high-quality programs.^v Families affirmed the need for access to high-quality childcare and education. In the family questionnaire, over half of respondents indicated that lack of childcare access and availability had stopped or limited their work or continuing education^{vi}. Further, families also indicated certain components of high-quality childcare and education –information about their child’s growth and development and activities occurring at the facility– were areas that needed improvement. Accordingly, the strategic plan includes a goal to address both the quantity and quality of childcare programs.

While considering the root causes of insufficient availability of high-quality birth-5 programs, the focus area workgroup discussed how some regulations and requirements presented barriers to providing enough spaces to serve children in need of early childhood care and education, particularly for the infant and toddler age group. The workgroup discussed how providers often struggle to comply with rules around facilities, adequate staffing levels, and duplicative requirements. In order to facilitate an increase in capacity, the workgroup determined that a thorough review of policy, processes, and regulations is necessary as part of the strategic plan in order to determine where barriers exist and how can they be addressed without detracting from the safety of children and quality of the early childhood care and education program.

The strategic planning committee and workgroup tasked with this topic area also discussed how “high-quality” is currently defined– and should be in the future –within the PTQ rating program. PTQ is a quality rating and improvement system that provides a framework for building strong early childhood care and education systems in Indiana. Many of the current standards for PTQ are process and input driven; while compliance with the standards is straight-forward to measure, introducing outcomes-based measures will have the highest impact for children in the long-run. Compliance is clear-cut; Indiana has made great progress in figuring out the standards, accountability, and monitoring. However, the ways that Indiana can support programs and practitioners to move beyond compliance and into the continuous quality improvement process is less defined. Now that the voluntary program has been in place for



over a decade, the committee agreed there is a need to enhance and improve upon the definition of “high-quality” and update the PTQ standards to focus on child outcomes and be informed by the Indiana Early Learning Foundations standards^{vii} where appropriate. This need is reflected in the strategic plan.

A knowledgeable, skilled teacher can make a difference in a child’s learning process. Because quality is so closely connected to the workforce, the recruitment, training, and retention of the early childhood care and education workforce was another essential component of high-quality services discussed by the committee and reinforced by the family questionnaire^{viii}. Some respondents who answered the questionnaire indicated a desire for “better teachers” in their early childhood care and education setting^{ix}. While “better teachers” was not specifically defined in the questionnaire, feedback from family focus groups and the needs assessment indicated that the early childhood care and education workforce must have the ability to meet the needs of children and families who have special needs or have had adverse childhood experiences (ACEs).^x Further, some families commented in their questionnaire responses about the high turn-over rate of staff in their child’s classroom, and providers engaged during the strategic planning process expressed the difficulties of recruiting and retaining qualified staff. The execution of the goal related to the workforce recruitment, training, and retention will be informed by both the Indiana Early Childhood Workforce study and Transition to Teach work funded by the PDG as well as other research including but not limited to NAEYC’s Power to Profession initiative^{xi}, Transforming the Workforce for Children Birth Through Age Eight from the National Academy of Sciences, the T.E.A.C.H scholarship program results, and the recent Early Childhood Educator Talent Pipeline Initiative Report by Early Learning Indiana and Ascend.

Finally, in expanding their examination of the birth-5 service array, the workgroup determined that family-centered, evidence-based models are a key component of delivering any quality services to children and families. The group determined it is important to examine where successful family-centered policies and practices are in place within State agencies serving birth-5 families, and where it would be beneficial to implement or improve upon these practices. Family-centered policies and practices are those that consider the whole family in their approach to delivering services and determining what would best meet that family’s needs. Examples include, but are not limited to, the two-generation approach and the Parents as Teachers model. The review of current State policies and practices in Goal #3 would consider national best practices in addition to current Indiana efforts such as evidence-based home-visiting programs.

It should be noted that in the execution of these goals, those responsible for implementing the efforts will be aware of the high cost of early childhood care and education to families and seek to mitigate any efforts that drive up cost. The number one concern of respondents to the family questionnaire was affordability^{xii}. This theme echoed throughout the discussions during the entire process, and stakeholders were cognizant of how their recommendations could impact the cost of care. Accordingly, the following goals and desired outcomes were formulated:

Goal #1: Improve the Overall Quality of Early Childhood Care and Education Programs

GOAL: Improve the overall quality of early childhood care and education programs by building upon Indiana’s current definition of “high-quality” early childhood care and education and updating Paths to QUALITY to link quality standards to outcomes-driven standards. This includes tying Paths to QUALITY Level 4 to Indiana defined standards rather than achieving accreditation from a national organization.

DESIRED OUTCOME: Enhance the quality of care and education delivered by early childhood care and education programs across the state, especially in low-income and vulnerable communities.

ACTION STEPS:

- A. By the beginning of Quarter 1, 2020, convene a committee representing State leadership, business/philanthropy leaders, early childhood care and education providers, and families to generate recommendations for updating Paths to QUALITY.
 - Review and expand upon Indiana’s work via the Early Childhood Comprehensive Systems Impact (ECCS Impact) grant^{xiii}.
 - Explore research-based or proven, outcomes-based assessment measures such as CLASS.
 - Explore ways to link PTQ level 4 to high-quality standards that can be defined and evaluated locally rather than through a six to twelve-month national accreditation process.
 - Consider PTQ professional development requirements in collaboration with the work of Goal #5.
 - Ensure access to and affordability of early childhood care and education is addressed in recommendations and will not be negatively impacted.
 - Assess current federal and state statutory requirements and identify how to address these within the recommendations.



- B. Make recommendations for Paths to QUALITY updates to key stakeholders and the Strategic Plan Steering Committee by the beginning of Quarter 3, 2020.
- C. Conduct a cost analysis of recommendations.
- D. By the end of Quarter 3, 2020, finalize recommendations and develop plan for implementation of recommendations, including developing a reasonable timeline to implement the recommendations and for providers to adopt the standards.
- E. Implement recommendations and plan.

OWNER: OECOSL, Community and philanthropic partners

PARTNERS: IDOE, ECCS Impact stakeholders, ELAC, early childhood care and education providers, families, early childhood education experts affiliated with a research-based university or organization

KEY INDICATOR(S):

- Completion of action steps as evidenced by a complete package of recommendations for updating Paths to QUALITY and implementation of those recommendations.
- After implementation of Paths to QUALITY updates, demonstrated improvements by early childhood care and education providers as assessed by the new outcomes-based standards.

Goal #2: Increase the Number of High-Quality Providers

GOAL: Increase the number of high-quality early childhood care and education providers, particularly for those that serve families accessing CCDF vouchers. This goal includes requiring CCDF providers to achieve PTQ standards.

DESIRED OUTCOME: An increase in the number of children accessing high-quality early childhood care and education.

ACTION STEPS:

- A. In Quarter 1, 2021, convene a committee representing State leadership, early childhood care and education providers, families, Early Learning Indiana, research-affiliated early childhood education experts, and other interested stakeholders to generate recommendations for increasing the number of high-quality early childhood care and education providers available to families who utilize CCDF vouchers.
 - Incorporate the work from Goal #1 to update the definition of what constitutes a “high-quality” early childhood care and education provider.
 - Determine current barriers being faced by providers in achieving higher PTQ rating. Coordinate this work with the work in Goal #4.
 - Assess investment and effectiveness of capacity building funds spent to date and make recommendations for the funds moving forward.
 - Create incentive plan for high-quality providers who accept CCDF vouchers, including making PTQ mandatory for those who accept subsidies.
- B. Committee will make recommendations for increasing the number of high-quality early childhood care and education providers to key stakeholders and the Strategic Plan Steering Committee by the beginning of Quarter 3, 2021.
- C. Conduct a cost analysis of recommendations by Quarter 3, 2021.
- D. Finalize recommendations and develop plan for implementation of recommendations by the end of Quarter 4, 2021.
- E. Implement recommendations and plan by the end of 2022.



OWNER: OECOSL, community partners

PARTNERS: ELAC, early childhood care and education providers, families, Early Learning Indiana, and research-affiliated early childhood education experts

KEY INDICATOR(S):

- Completion of action steps as evidenced by a complete package of recommendations for implementation of requirement for providers who accept CCDF vouchers to participate in Paths to QUALITY.
- Increase in the number of children being served by high-quality early childhood care and education programs.

Goal #3: Implement Family-Centered Practices

GOAL: By the end of 2021, empower the full array of agencies who serve birth-5 families to better serve their clients by developing and implementing family-centered, evidence-based policies, practices, processes and structures.

DESIRED OUTCOME: The capacity of programs to best meet the needs of families will be improved through the implementation of family-centered practices.

ACTION STEPS:

- A. In Quarter 1, 2020, seek volunteers and form a workgroup of birth-5 stakeholders to oversee and participate in the action steps.
- B. Inventory and scan family-centered models of practice and successful programs at the State level and nationwide. The inventory will include successes or lessons learned by the First Steps program, Early Head Start and Head Start, Help Me Grow, Nurse-Family Partnership, MIECHV home visiting, and Healthy Families Indiana related to family-centered practices.
- C. By June 2020, compile family-centered models of practice agencies could choose to implement when creating their framework. Identify three to five keys for success for implementing and using a family-centered policies, practices, and processes based upon best practices and the successes experienced by the aforementioned programs.
- D. By the end of 2020, each agency will select an evidence-based, family centered service delivery model and conduct a review of its current policies and operations to create a framework for implementing the model. In order to be truly family-oriented, agencies will determine methods to coordinate, align, and integrate these efforts to the greatest extent possible.
- E. By the end of 2021, agencies shall implement their respective evidence-based, family centered practice service delivery models, in coordination with one another, and provide status updates of progress to the birth-5 Strategic Steering Committee.

OWNER: FSSA, IDOE, DCS, ISDH

PARTNERS: Families, Head Start representatives and other providers that utilize public funding streams, community partners, Indiana higher education institutions

KEY INDICATOR(S):

- Completion of action steps as evidenced by each agency implementing their chosen family-centered policies, practices, and processes.
- Each agency will develop a method to evaluate their implementation of their selected family-centered model of practice based upon the model's supporting research and recommendations.



Goal #4: Reduce Barriers for Early Childhood Care and Education Providers

GOAL: Perform a top-to-bottom review of childcare laws, rules and regulations, and policies and make recommended structural changes to reduce barriers and increase equity in order to serve more children in high-quality childcare settings.

DESIRED OUTCOME: More high-quality early childhood care and education providers, especially in counties with identified childcare deserts per the PDG needs assessment.

ACTION STEPS:

- A. By early 2020, gather and review all childcare laws, rules, and policies and identify potential barriers preventing childcare providers from expanding capacity.
- B. By Quarter 2, 2020, engage a diverse group of early childhood service providers representative of the different types providers in order to obtain feedback on specific policies or regulations that present barriers to providing quality care for more children and in obtaining and retaining qualified staff.
- C. By Quarter 3, 2020, review and research other states' efforts and national insights to identify best processes, rules, procedures, contract language, etc. to improve access, availability and quality of early childhood care and education.
- D. By the end of 2020, based on research and review, make recommendations for changes, identifying level of effort, potential costs, if any and estimated time-frame to implement.
- E. Implement recommended changes by the end of Quarter 2, 2022.

OWNER: OECOSL, early childhood care and education providers of all types, including licensed exempt programs and Legally Licensed Exempt Providers

PARTNERS: ELAC, community partners, families, IDOE, research-affiliated early childhood education experts

KEY INDICATOR(S):

- Completion of action steps as evidenced by a complete set of recommendations for changes to processes, rules, procedures, etc.
- Increase in the number of early childhood care and education providers and/or number of seats available within existing facilities, particularly those available to children being served by CCDF and On My Way Pre-K

Goal #5: Recruit, Retain and Promote a High-Quality Early Childhood Care and Education Workforce with Specialized Knowledge and Skills

GOAL: Implement strategies to recruit, train and develop, retain and provide ongoing support for early childhood care and education professionals that enables equitable, high-quality programming, particularly for those early childhood care and education professionals who serve vulnerable families.

DESIRED OUTCOME: A growing early childhood care and education workforce that has the skills, knowledge, and competencies needed to advance the learning and development of children from backgrounds that are diverse in family structure, socioeconomic status, ethnicity, culture, language, childhood experiences, developmental or learning needs.

ACTION STEPS:

- A. By Quarter 1, 2020, assemble a stakeholder workgroup (or utilize an existing workgroup) to make recommendations for revising and strengthening professional recruitment efforts, workforce training, and retention strategies for early childhood care and education professionals.
- B. By Quarter 3, 2020, generate recommendations for early childhood care and education recruitment, training and professional development, and retention efforts to be fully implemented by the end of 2022. Recommendations will:
 - Leverage national, recent PDG, and other local research as described earlier in this plan.
 - Specifically address working with children from vulnerable and diverse populations, including children who have



specialized developmental or learning needs, such as children with learning delays, mental or physical health challenges, children experiencing chronic stress or impacted by adverse childhood experiences (ACEs).

- Link professional development to certificates, credentials and degrees where possible. Conduct a new Indiana higher education inventory to evaluate what competencies and prior learning experiences are being acknowledged by higher education and analyze what opportunities for embedding competencies within certificate or degree programs for early education professionals with previous learning or professional experience exist.
 - Coordinate with other strategic plan workgroups working on high-quality early childhood care and education activities.
 - Include a cost analysis and determine how professional development, training, and higher education opportunities could be made available to early childhood care and education professionals and other professionals in the birth-5 service array.
 - Improve the availability, accessibility, and quality of professional learning during ongoing service and consider train-the-trainer and other methods for addressing access to trainers and time for professional development.
 - Include measurements for assessing the success of the recommendations.
- C. By Quarter 2, 2021, plan, develop and conduct a pilot that provides a financial incentive to early childcare professionals that correlates to continued retention, based on the T.E.A.C.H. scholarship model. Develop recommendations or revise prior recommendations analyzing data that is collected during the pilot. Develop cost estimates for wider implementation, if warranted.
- D. By the end of Quarter 2, 2021, develop new training guidance/materials and/or update existing training standards, competencies, credentials, certificates, and degrees available for early childhood care and education professionals to advance the development and learning of children who have specialized developmental or learning needs, such as children with learning delays, mental or physical health challenges, children experiencing chronic stress or impacted by adverse childhood experiences (ACEs).
- E. By Quarter 1, 2022, develop recruitment plans to engage a new, diverse generation of care and education professionals, highlighting the prospect of a challenging and rewarding career.

OWNER: OECOSL, DOE

PARTNERS: DCS, ISDH, community partners, early childhood care and education providers, families, Early Learning Indiana, IAAYC, Indiana higher education institutions with early learning programs

KEY INDICATOR(S):

- Completion of the action steps as evidenced by a complete set of recommendations.
- Early childhood care and education professionals accessing professional development, and higher education opportunities.
- Increased retention of professionals in the early childhood care and education workforce.

Focus Area 2: Support Strong Transitions to School and Kindergarten Readiness

When children experience a smooth transition into the kindergarten setting, they are more successful during this pivotal year and less likely to be retained^{xiv}. Thus, having supports in place for a successful transition to kindergarten, or earlier when children are transitioned into special education programs in elementary schools, is important for children's success. The workgroup convened to focus on kindergarten transition sought to build on successful transition models being presently used, such as the First Steps Program, in order to improve communication between early childcare educators and local education agencies/corporations. First Steps is Indiana's early intervention program which provides a coordinated, comprehensive system of early intervention services for children under the age of three who are experiencing developmental delays or disabilities. In the First Steps Program, through Local Planning and Coordinating Councils (LPCC), discussion of transitions begins as soon as the child and family enter the First Steps System, and transition plans are developed whenever a service change is made. The plans include collaboration with all necessary parties. Increased communication between educators as children transition was identified by the workgroup as a method to improve kindergarten preparedness and ultimately, success in each progressive stage in a child's education. The goals will leverage work being completed by



Early Learning Indiana via PDG funding to assess existing efforts in some local communities to promote a successful transition from early childhood programs to kindergarten.

Additionally, the workgroup recognized that the perspective of kindergarten educators across Indiana would be useful to early childhood educators and parents as they prepare children to succeed in school, not only academically but also with consideration of social and emotional factors. Often, the kindergarten educator is in the best position to observe and provide practical input on what children need during this important juncture. This transition is important for all children, whether they are transitioning from an early childcare educational setting or another arrangement. The workgroup determined that an easy to understand communication vehicle that highlights a few key needs for kindergarten transition should address this concern for all families, early educators, and children in preparation for kindergarten. This is supported by the responses to the family questionnaire: 76% of respondents indicated they want more information about what their child will need to do when starting kindergarten^{xv}.

Finally, the workgroup discussed, and the needs assessment confirmed, that in order to improve child outcomes it may be useful to have data that could demonstrate whether specific strategies result in improved growth. Additionally, the needs assessment highlighted teachers' understanding of children's kindergarten readiness and specific abilities can have long-term effects on children's cognitive and academic outcomes.^{xvi} This identification of readiness allows them to identify risk factors for later difficulties before they become broader, long-standing problems. Moreover, it allows teachers to better target instruction to children's individual needs so they can maximize instructional benefits. As the strategic planning process concluded, the Indiana State Board of Education voted on September 4, 2019 to adopt the Kindergarten Readiness Instrument (KRI) as the State's kindergarten readiness assessment for the On My Way Pre-K program. The KRI provides a summative view of the overall progress of Indiana's On My Way Pre-K participants and will help inform policy decisions and global instructional guidance. The execution of the kindergarten readiness goal within the strategic plan also focuses on assessments to help individual early childhood educators shape instruction and families to understand how to help their children learn and grow, whether or not they are involved in the On My Way PreK program. It will be essential to coordinate this work with the implementation of the KRI. Given this context, the State will review and consider the best options to assess kindergarten readiness with a focus on formative data that helps PreK teachers and families teach and support their children in the time leading up to the transition to elementary school. Accordingly, the following goals and outcomes^{xv} were developed:

Goal #6: Improve Communication During the Transition to School

GOAL: By 2022, create and develop a partnership model to be used by early childhood care and education and kindergarten teachers across Indiana to improve communication as children transition to kindergarten. Also include transition into special education preschool programs.

DESIRED OUTCOME: Collaboration and coordination between early childhood care and education providers and elementary schools for the benefit of the transitioning child and their family.

ACTION STEPS:

- A. By the end of 2019, create a workgroup consisting of representatives from State agency partners, early childhood care and education providers, elementary schools, and parents and families to create a project charter.
- B. By the end of Quarter 1, 2020, the workgroup will review and evaluate Early Learning Indiana's PDG analysis of successful kindergarten transition models and determine which model will be utilized for the pilot. The evaluation will include the feasibility and sustainability of these models.
- C. In Quarter 2, 2020, create a plan to pilot selected kindergarten transition model and seek volunteer early childhood care and education and kindergarten programs to participate in a pilot.
- D. In Quarter 2, 2020, create best practices guidance document/training detailing recommended roles and responsibilities for kindergarten transition plan. Determine method for evaluating the success of implementing transition practices in pilot.
- E. In Quarter 2, 2020, begin pilot with volunteer early childhood care and education providers, and kindergarten programs for the upcoming school year.
- F. Throughout the 2020-2021 school year, perform periodic review/feedback opportunities to gather information from families and pilot participants.

- G. By the end of Quarter 2, 2021, begin evaluating the kindergarten transition pilot to develop best practices and lessons learned.
- H. By the end of Quarter 3, 2021, create best practices guidance/training for encouraging statewide implementation. Determine plan for communicating guidance and training.
- I. By Quarter 1, 2022, communicate transition guidance/expectations to LEAs and to early childhood care and education providers and provide technical assistance to early childhood care and education providers and LEAs as they create methodology to partner and communicate on routine basis.

OWNER: IDOE, OECOSL

PARTNERS: Early childhood care and education providers, elementary school staff and administrators, ELAC, families, and Nursing-Family partnership/home-visiting, First Steps and DCS related to additional considerations for families served in their programs

KEY INDICATOR(S):

- Completion of action steps as evidenced by the completion and evaluation of the transition pilot and subsequent statewide implementation of the effort.

Goal #7: Establish a “Top Five” Kindergarten Transition Needs

GOAL: Create and disseminate a “Top Five” needs for transitioning into kindergarten successfully, targeting families and early childhood care and education providers.

DESIRED OUTCOME: Alignment between early childhood care and education providers, elementary schools, and families that facilitates children’s transitions into kindergarten from a wholistic perspective.

ACTION STEPS:

- A. In Quarter 1, 2020, collect and review research and data currently available on the topic of kindergarten transition.
- B. In Quarter 2, 2020, create survey or data collection tool to gather information from kindergarten teachers with regard to what is needed for a successful transition into kindergarten. Coordinate with KRI implementation to avoid duplication of efforts or misalignment.
- C. By Quarter 2, 2020, create survey/data collection tool to gather information from parents of current kindergarteners to determine what would have improved their child’s transition into kindergarten.
- D. In Quarters 3-4, 2020, collect and analyze data received from all sources, including survey results and existing research. Incorporate information from KRI implementation as available, and also use the data to inform training and technical assistance for early childhood care and education providers.
- E. In Quarter 1, 2021, share data and recommendations with the Strategic Plan Steering Committee and key stakeholders to determine “Top Five” needs.
- F. By Quarter 2, 2021, develop communication strategy related to “Top Five” needs for kindergarten transition. Determine what existing data can be used to baseline and measure success or determine another data collection method for measuring success.
- G. By 2021-2022 academic year, begin information campaign for approved “Top Five” needs for kindergarten transition, to be disseminated to parents and through entire array of birth-5 service providers.

OWNER: IDOE, OECOSL

PARTNERS: Early childhood care and education providers, elementary schools, families, ELAC

KEY INDICATOR(S):

- Completion of action steps as evidenced by execution of survey and data collection and development and distribution of “Top Five” needs communication.



Goal #8: Measure Kindergarten Readiness During PreK

GOAL: By the end 2021, determine both formative and summative assessment options that inform early childhood care and education teachers and families by providing information about the readiness of children to enter kindergarten. This information should be able to inform resource allocation and policy decisions, training programs for early childhood care and education teachers, and strengthen curriculum development and instructional practices for the early childhood care and education system.

DESIRED OUTCOME: Determination regarding formative and summative assessment and agreed upon method for measuring kindergarten readiness with recommended action plan for implementation.

ACTION STEPS:

- A. By 2020, assemble a stakeholder workgroup or utilize an existing workgroup to make recommendations regarding how Indiana could measure kindergarten readiness and the use cases for why measuring readiness could benefit families and children. The workgroup will coordinate with the strategic plan kindergarten transition efforts and with the KRI implementation for the On My Way PreK program.
- B. Conduct a thorough review of available methods for assessing kindergarten readiness and recommend 2-3 strategies that recognize individual development and include methods for informing PreK teachers and families about each child's growth and development.
 - The review will include existing academic research, PDG needs assessment findings, outputs from kindergarten transition work (Goals 6-7), previous ELAC work related to kindergarten readiness, the KRI implementation efforts, and methods utilized in other states as part of review.
- C. Conduct a feasibility study and cost analysis of workgroup's recommendations. Feasibility study will include considerations related to data collection and analysis for each proposed method for measuring readiness.
- D. Make recommendations to the Strategic Plan Steering Committee by December 2020. OECOSL and IDOE will finalize the recommendations to be submitted to the steering committee.

OWNER: OECOSL, IDOE

PARTNERS: Early childhood care and education providers, elementary schools, families, community partners, ELAC

KEY INDICATOR(S):

- Completion of action steps as evidenced by delivery of recommendations to the Strategic Plan Steering Committee.

Focus Area 3: Promote Birth-5 Family and Community Engagement

From the very beginning of the process, committee members emphasized the importance of incorporating the voices of families and local communities. Thus, the planning effort the strategic planning committee embarked on was informed by and inclusive of the families the plan is meant to serve. The 1,075 responses to the family questionnaire emphasized Hoosier families have input and a desire to be heard and involved. Further, 70% of respondents indicated they talked with their childcare provider about what their child was learning, and 83% desired more information about how to help their child grow and develop^{xvii}. The strategic planning committee asked, "How do we help those who are engaging receive the information they desire and how do we engage those who are not involved?" This differs in process but relates to the previous discussions of family-centered policies, practices, and processes. While family-centeredness focuses on creating and deploying policies and processes that best meet the needs of the whole family, family engagement as defined here are those activities conducted to encourage a family to participate in a particular program. Further, it was important to the workgroup tasked with generating recommendations for family and community engagement to ensure agencies and other stakeholders coordinate their respective promotion of family engagement. In the administration of the family engagement goals, owners and partners should be cognizant not to overburden vulnerable families with duplicative efforts.

Committee members and other stakeholders also shared numerous successful examples of local community partnerships seeking to improve outcomes for families, encourage participation in early childhood care and education, and expand high-quality programs in their communities. The Head Start model was frequently referenced in discussions of existing, successful models of family engagement. What successes could be achieved in all 92 of Indiana's counties and communities within them, if successes were leveraged and grown? The goals for this system focus area will leverage work being completed by Early Learning Indiana with PDG funding to identify



successful, local leadership models in Indiana for birth-5 services.

Accordingly, the following goals and outcomes were developed:

Goal #9: Promote Family Engagement in Birth-5 Programs

GOAL: Employ frameworks within agencies serving birth-5 families that successfully enable and promote families, especially those from vulnerable populations, to engage and form meaningful partnerships with birth-5 programs in order to support each child's development.

DESIRED OUTCOME: Enable and support family engagement and advocacy for their children at each developmental stage.

ACTION STEPS:

- A. By Quarter 2, 2020, develop a framework to assess how each agency engages families and promotes family engagement currently. The work will concentrate on leveraging successful models identified to date such as First Steps family engagement, the ELAC family engagement toolkit, the Head Start national framework, Nurse-Family partnership, home-visiting, and the Healthy Families program and will consider diverse cultural and language needs. Consider conducting a national benchmarking scan to leverage recent progress by other states.
- B. By Quarter 4, 2020, each stakeholder agency/organization will perform an assessment of their family engagement efforts currently in practice relative to services provided on behalf of birth-5 families, including vulnerable populations and in consideration of any cultural or language differences.
- C. By Quarter 1, 2021, agencies will develop a survey methodology to be validated for reliability and then survey how families prefer to engage with the birth-5 programs in which they participate, including where families may be feeling overburdened by family engagement efforts or participation requirements.
- D. By Quarter 2, 2021, determine if and how it is possible to measure and quantify the success of family engagement systematically, using the PDG data roadmap information if possible. Determine how the success of implementing family engagement strategy will be measured.
- E. By Quarter 4, 2021, agencies will provide results of assessments and recommendations that leverage the existing, successful models to the Strategic Plan Steering Committee for review. Recommendations will include cultural competency considerations. The Strategic Plan Steering Committee will determine commonality and strategic alignment of family engagement definition and goals.
- F. By Quarter 2, 2022, using the information received from the Strategic Plan Steering Committee, agencies will reassess and plan family engagement practices inclusive of cultural competencies to be implemented within a timeframe agreed to with the Steering Committee. The committee will measure the success of the implementation to see if the framework needs adjustments or has achieved the intended outcomes.

OWNER: IDOE, FSSA, ISDH, DCS

PARTNERS: Families, community partners, research-affiliated early childhood education experts

KEY INDICATOR(S):

- Completion of action steps as evidenced by recommendations to the Strategic Plan Steering Committee and ultimately implementation or modification of family engagement strategies.
- Evaluation of the success of the family engagement efforts based upon each agencies' chosen model(s).



Goal #10: Provide Frameworks and Tools for Peer-to-Peer Networks

GOAL: Provide frameworks and tools for local communities and parents to create peer-to-peer social capital networks to encourage and connect families regarding their child's learning and development, especially in underserved communities throughout the state.

DESIRED OUTCOME: Families connecting with peers and their communities for the well-being and growth of their child and the whole family unit.

ACTION STEPS:

- A. By Quarter 3, 2020, assemble a working group and an inventory of successful parent-to-parent models already in existence to date across the state. Consider in-person networks and community hubs as well as digital methods such as Facebook groups or other technology-based means.
- B. By Quarter 1, 2021, seek volunteer, priority communities and existing parental networks to engage in the design process.
- C. By Quarter 2, 2021, collaborate with parents to create a peer-to-peer network tool kit to help communities and parent groups to develop or improve peer-to-peer networks. The toolkit will be based on experiences/lessons learned from existing peer-to-peer communities and need expressed by volunteer communities.
- D. By Quarter 4, 2021, seek volunteer local, parent leaders and support a pilot of social capital networks.
- E. By Quarter 2, 2022 designate a peer-to-peer coordinator/contact to coach, support and periodically review progress and outcomes of peer-to-peer network pilot.
- F. By Quarter 4, 2022 the Strategic Plan Steering Committee will evaluate success of pilot programs and make revisions to the framework and toolkit as needed.

OWNER: The Strategic Plan Steering Committee

PARTNERS: Families, local community partners, ELAC, United Way through state and community foundations and other funding partners in each community, IDOE, FSSA, ISDH, DCS

KEY INDICATOR(S):

- Completion of the action steps as evidenced by completion of the peer-to-peer social network pilot and adoption of the peer-to-peer network strategies by local communities following the pilot.

Goal #11: Build Local Community Partnerships

GOAL: Increase community collaboration and local leadership to improve outcomes for birth-5 children and families.

DESIRED OUTCOME: New or expanded, sustainable local community partnerships that work to improve outcomes for underserved children birth-5 as determined by each volunteer community.

ACTION STEPS:

- A. By Quarter 2, 2020, establish a workgroup and review Early Learning Indiana's preschool development grant work related to community partnerships and leadership models and determine the models the Strategic Plan Steering Committee workgroup would like to promote to local communities. Models will be responsive to cultural and linguistic needs.
- B. By Quarter 4, 2020, leveraging ELI's work, create "bank" of various partnership models to be used in different communities, and goals for said partnerships.
- C. By Quarter 2, 2021, seek and support local community volunteers to develop or improve partnerships that support birth-5 children and families.
- D. By Quarter 3, 2021, provide technical assistance to community partners to leverage ELI's leadership cadre materials to develop local leaders who serve birth-5 families.



OWNER: Strategic Plan Steering Committee workgroup

PARTNERS: Local communities, ELAC, families, Early Learning Indiana

KEY INDICATOR(S):

- Completion of action steps as evidenced by the creation of banks of partnership models and volunteering communities implementing or improving existing partnerships

System Focus Area 4: Increase Collaboration and Coordination in the Birth-5 Service Array

Promoting collaboration and coordination in the service array is a key PDG pillar and one of the three guiding principles for the strategic planning committee's work. Collaboration and coordination is woven throughout the goals in the prior system focus areas. With the completion of the data roadmap work, further opportunities to address systemic collaboration and coordination were evident and deemed to have significant value to families. Ultimately, these opportunities can help the State and its partners better use existing resources to improve the participation of families and children in the service array and to improve efficiencies in the service array.

Currently, the State maintains birth-5 child and family data throughout the various agencies that serve families with children aged birth-5 and sharing this data among agencies provides a significant opportunity to coordinate a family's services and reduce duplicative information requests and assessments. The most telling information, however, came from families: 76% of questionnaire respondents reported it would help them if everyone who provided services to them and their children talked to one another^{xviii}. One method agencies can use to "talk" to one another is through the sharing of data for the purposes of service coordination. For these reasons, a goal was developed to establish inter-agency early childhood data sharing. Indiana has already started coordinated its PDG early childhood data-sharing plans with the IDOE's Statewide Longitudinal Education Data Systems (SLEDS) grant efforts. The execution of this goal is not without hurdles related to privacy concerns, technological compatibility, compliance with state and federal statutes, and start-up efforts and costs. The PDG data roadmap describes many of the barriers, including an assessment of statutory requirements, and ways to overcome them. As such, the goal includes an important action step where the data roadmap work will be assessed and leveraged.

Accordingly, the following goal and outcome was developed:

Goal #12: Establish Inter-agency Data Sharing for Family-Focused Service Delivery

GOAL: Improve service delivery and reduce administrative duplication for families by increasing inter-agency collaboration and coordination through proactive data sharing via an Early Childhood Integrated Data System (ECIDS).

DESIRED OUTCOME: By 2022, an established ECIDS and ECIDS Data Governance Committee that coordinates data sharing and integration for the benefit of birth-5 families. The establishment of an ECIDS and ECIDS committee will also lead to improved birth-5 data quality.

ACTION STEPS:

- A. By Quarter 1, 2020, convene birth to five stakeholder group composed of agency IT leadership and birth-5 program leadership as well as other supporting stakeholders, including representation from agency counsel, as needed.
- B. Review PDG data roadmap recommendations and agree upon a data governance framework.
- C. Establish an ECIDS Data Governance Committee and (as desired) ECIDS Data Governance Committee leader to facilitate the duties of the committee within the agreed upon framework. Establish working groups as needed.
- D. Identify the appropriate ecosystem to house ECIDS and conduct the business of the ECIDS Data Governance Committee.
- E. Develop a mission and vision for the ECIDS Data Governance Committee and ECIDS and create a Data Governance Charter.
- F. Develop ECIDS, including data standards, processes for updating and creating metadata, use cases, and data collection processes.
- G. Develop a shared inter-agency Memorandum of Understanding to enable data sharing.



H. Evaluate the use of a unique identifier (e.g. Student Testing Number) in order to facilitate children's transitions between birth-5 programs.

I. Consult available resources to support the implementation and on-going needs of the committee.

OWNER: FSSA, ISDH, DOE, DCS, ultimately resulting in an ECIDS data governance committee

PARTNERS: ELAC, community partners, Management Performance Hub, research-affiliated early childhood education and data collection/storage experts

KEY INDICATOR(S):

- Completion of action steps as evidenced by the formation of an ECIDS Data Governance Committee that meets on a regular schedule and whose agencies are committed to data sharing for analysis and program improvement, demonstrated by signed MOUs and data connections. All deliverables listed in the action steps are completed and shared with participating agencies.
- The strategic planning committee strongly believes these 12 goals will enhance the quality of life for young Hoosier children and their families and have a lasting impact for years to come. Implementation depends on strong governance, which is detailed in the next section.



Timeline for Completion of Each Goal's Action Steps												
	2020				2021				2022			
GOAL #1 Improve the Overall Quality of ECCE Providers												
GOAL #2 Increase the Number of High-Quality Providers												
GOAL #3 Implement Family-Centered Practices												
GOAL #4 Reduce Barriers for Early Childhood Care and Education Providers												
GOAL #5 Recruit, Retain, and Promote a High-Quality Early Childhood Care and Education Workforce												
GOAL #6 Improve Communication During Transition to School												
GOAL #7 Establish a “Top Five” Kindergarten Needs												
GOAL #8 Measure Kindergarten Readiness During PreK (Timeline for Recommendation Only)												
GOAL #9 Promote Family Engagement in Birth-5 Programs												
GOAL #10 Provide Frameworks & Tools for Peer-to-Peer Networks												
GOAL #11 Build Local Community Partnerships												
GOAL #12 Establish Inter-Agency Data Sharing for Family-Focused Service												

* The timeframes set forth above are as written with each goal's supporting action steps. Timeframes may be updated by the Strategic Plan Steering Committee in the future.



Governance, Implementation, and Next Steps

The implementation and governance of the Indiana's birth-5 strategic plan will be led by the Commission on Improving the Status of Children (The Children's Commission or CISC). The Children's Commission was selected due to its focus on Hoosier children and for the representatives serving on it: the leaders of all the agencies serving birth-5 children, community partners, and legislators. CISC will seek volunteers for a Strategic Plan Steering Committee responsible for executing the activities set forth in the plan. It is essential the Steering Committee include representation from state agencies, early childhood care and education providers, ELAC, and community and philanthropic partners, much like the strategic plan development committee. The Steering Committee must also have a means of including meaningful input from birth-5 families, particularly those from vulnerable populations as defined by the PDG. The Strategic Plan Steering Committee will also provide regular updates to ELAC, Indiana's State Advisory Committee and receive feedback from this committee.

The Strategic Plan Steering Committee will be responsible for the following:

- Further defining roles and responsibilities relative to the plan implementation
- Creating workgroups to administer the action steps for a goal or group of related goals, coordinating and communicating the activities of each workgroups across all workgroups, and monitoring workgroup progress
- Reviewing the progress towards achieving each goal according to its key indicators and defining measures to better report and monitor the effectiveness of the work set forth in the strategic plan
- Overseeing ongoing stakeholder engagement activities Providing quarterly progress updates to the executive sponsors and reporting on progress according to the federally required PDG program performance evaluations
- Advising the executive sponsors of any potential barriers, anticipated changes, or necessary resources to support the furtherance of birth-5 Strategic Plan

Finally, through the remainder of 2019, the Steering Committee will continue to present the strategic plan to interested stakeholders and begin preparations for executing the actions steps outlined in this plan in early 2020. Within the framework of the PDG, the State is developing a plan for monitoring and evaluating the implementation and success of the strategic plan, and the CISC and the Strategic Plan Steering Committee will provide further input on this monitoring and evaluation plan.

Future updates regarding the strategic plan will be available on the Brighter Futures website (www.brightfuturesindiana.org).



Appendix A: Stakeholder List

Strategic Planning Committee Participants		
Name	Title	Agency
Anne Gabbert	Early Childhood Project Manager	United Way of Central Indiana
Angie Tomlin	Director and Clinical Psychologist	Riley Child Development Center – Indiana LEND and Infancy Onward
Barb Newton	Director	First Presbyterian Preschool/Registered Ministry Representative – Columbus, IN
Ben Brown	Hoosier Healthwise and CHIP Manager	Family and Social Services Administration - Office of Medicaid Policy and Planning
Beth Barrett	Pre-K Program Manager	Family and Social Services Administration – Office of Early Childhood and Out-of-School Learning
Betsy Delgado	Chairperson	Indiana Early Learning Advisory Committee
Carol Johnson	Chairperson	Indiana Licensed Child Care Center Director’s Advisory Board; United Day Care Center of Delaware County, Inc.
Casey Kinderman	Home Visiting Program Manager	Indiana State Department of Health - Maternal/Child
Charlie Geier	Impact, Data Solutions, and Statewide Advocacy Vice President	Indiana Youth Institute
Christina Commons	First Steps Director	Family and Social Services Administration - First Steps
Claire Fiddian-Green	President & CEO	Richard M. Fairbanks Foundation
Cynthia Smith	Prevention Services Manager	Department of Child Services - Healthy Families
Dianna Wallace	Executive Director	Indiana Association for the Education of Young Children
Dr. Hanan Osman	Senior Director	Indiana Association for the Education of Young Children
Dr. Elizabeth Weinstein	Associate Professor	Indiana University School of Medicine
Felecia Jordan	Early Childhood Assessment Specialist	Indiana Department of Education
Gina Doyle	Assistant Deputy Director, Youth Team	Family and Social Services Administration – Division of Mental Health and Addiction
Heather Kestian	Deputy Director of Strategic Solutions and Agency Transformation	Department of Child Services
Heather Teagardin	Assistant Deputy Director	Department of Child Services
Jessica Tomasino	Preschool Special Education Specialist	Indiana Department of Education – Office of Special Education
Julie Whitman, MSW	Executive Director	Commission for Improving the Status of Children
Dr. Karen Carradine	Vice President of Head Start	Geminus Corporation
Kristi Linson	Integrated Community Services Manager	Indiana State Department of Health - Maternal/Child
Krystal Robinson	Early Learning Specialist	Indiana Department of Education - Early Learning
Kylee Hope	Director	Family and Social Services Administration – Division of Disability and Rehabilitative Services
Laura Chavez	Director	Women, Infants, and Children – Indiana State Department of Health



Strategic Planning Committee Participants

Name	Title	Agency
Maureen Weber	President and CEO	Early Learning Indiana
Meghan Smith	First Steps Policy Manager	Family and Social Services Administration – First Steps
Melaina Gant	Director, Education Services & ESSA State Point of Contact	Department of Child Services
Michael Bratcher	Senior Manager	KSM Consulting
Monique Prezzy	Director of Training	Family and Social Services Administration – Division of Family Resources
Nathaniel Reed	Consultant	KSM Consulting
Nicole Norvell	Director	Family and Social Services Administration - Office of Early Childhood and Out-of-School Learning
Rachelle Davis	IMPACT Program State Administrator	Family and Social Services Administration – Division of Family Resources
Rene Withers	Deputy Director	Family and Social Services Administration - Office of Early Childhood and Out-of-School Learning
Roberto Castro	Program Director	Family and Social Services Administration – Division of Family Resources
Sara VanSlambrooke	Vice President of Community Impact	United Way of Central Indiana
Sarah Hawkins	Senior Program Officer	Richard M. Fairbanks Foundation
Sarah Parks-Reese	Pre-K Expansion Specialist	Indiana Department of Education
Shanieka L. Gurley	State Eligibility Manager	Family and Social Services Administration – Division of Family Resources
Shannon Garity	Children’s Program Director	Indiana State Department of Health - Maternal/Child
Shirley Payne	Integrated Community Services Manager	Indiana State Department of Health - Maternal/Child
Stephan Viehweg	Associate Director	Riley Child Development Center – Indiana LEND and Infancy Onward
Stephanie Mckinstry	Director, My Caterpillar Clubhouse Child Care	Licensed Childcare Advisory Board
Tonia Carriger	Indiana Head Start State Collaboration Director	Family and Social Services Administration - Office of Early Childhood and Out-of-School Learning



Appendix B: Glossary

Term	Definition
ACEs	Adverse Childhood Experiences
ACF	Administration for Children and Families
CCDF	Childcare and Development Fund
CISC	Commission on Improving the Status of Children
CLASS	Classroom Assessment Scoring System - a tool to inform effective teacher-student interactions
DCS	Department of Child Services
DOE	Department of Education
ECCS Impact Grant	Early Childhood Comprehensive Systems Impact Grant
ECIDS	Early Childhood Integrated Data System
ELAC	Indiana Early Learning Advisory Committee
ELI	Early Learning Indiana
FSSA	Family and Social Services Administration
IAEYC	Indiana Association for the Education of Young Children
IDOE	Indiana Department of Education
Indiana LEND	Leadership Education in Neurodevelopmental Disabilities
ISDH	Indiana State Department of Health
IYI	Indiana Youth Institute
KRI	Kindergarten Readiness Instrument
LEA	Local Education Agency
LPCC	Local Planning and Coordinating Councils
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
Mixed Delivery System	Consists of early care and education, health, early intervention, and family support programs and services (per Indiana's PDG application)
MOU	Memorandum of Understanding
NAEYC	National Association for the Education of Young Children
OECOSL	Office of Early Childhood and Out-of-School Learning
PDG	Preschool Development Grant
PTQ	Paths to QUALITY, Indiana's voluntary QRIS in which all childcare providers and school-based programs which are licensed or registered with the State of Indiana are eligible to participate.
QRIS	Quality Rating and Improvement System
SLEDS	Statewide Longitudinal Education Data Systems
S.W.O.T Analysis	Strengths, Weaknesses, Opportunities, and Threats analysis
T.E.A.C.H.	Teacher Education and Compensation Helps Scholarship Program
UWCI	United Way of Central Indiana



Term	Definition
Vulnerable population	<ul style="list-style-type: none"> • Vulnerable or underserved populations include children and families who are low-income, experience health disparities, or have had certain risk factors that may limit their full participation in the early care and education system. Some of these risk factors, along with the most recent Kids Count and agency data include: • Children in families with low-income at or below 250% FPL. 53% of children under 17 live in households with incomes less than 250% of FPL. (Kids Count, 2016). • Children/families who indicate a language other than English as primary language. 10% of children ages 5-17 speak another language at home. (Kids Count, 2016). • Children who are foreign-born or reside with at least one foreign-born parent. 6% of children under the age of 17 are either foreign-born or who have at least one foreign-born parent in which neither resident parent has been in the country more than five years. (Kids Count, 2016). • Pre-term births. ISDH data shows that 9.6% of children are born preterm, with African American mothers having the highest rate at 12.8% and Hispanic mothers at 9.3%. • Low birth-weight. ISDH data indicates 8% of children born are at low birthweight. African American mothers have the highest rate at 12.4%, compared to 7.4% for white mothers and 7.1% for Hispanic mothers. • Children born substance exposed. Data from the data from the Indiana Perinatal Improvement Collaborative and its Perinatal Substance Use Task Force shows about 5,800 children were born with prenatal exposure to drugs or alcohol in 2017. • Children at-risk for developmental delays. 24% of children 10 months to 5 years have received a standardized developmental screening. Additionally, 28% of Indiana parents who have a child under the age of 5 have concerns about their child’s development. (Child Trends, 2017). • Children diagnosed with a disability. First Steps received 27,952 referrals in 2017 – an 8% increase from the previous year and a 23% increase since 2012. The total number of children served in 2017 with an individualized family service plan, or IFSP, was 20,775. • Children who are homeless or housing unstable. According to 2016 data from the McKinney Vento Act, 15,919 in Indiana children meet the homeless or housing unstable definition. • Children in foster care. Children less than 1 year of age account for 7% of children in foster care and children ages 1 through 5 account for 38% of children in foster care. (Kids Count, 2016). • Children who experienced abuse/neglect. 20.6% of children under the age of 17 had a substantiated case of abuse or neglect in 2017. This indicator has been increasing each year and has almost doubled since 2008, when 12.6% of children had a substantiated case of abuse or neglect. (Kids Count 2016). • Children of incarcerated parents. According to data from the National Survey of Children’s Health (NSCH), 9.6% of children under the age of five in Indiana live with a parent who has been incarcerated in their lifetime. • Children who live in counties that are medically underserved. 32 of Indiana’s 92 counties are medically underserved. These include the federal Health Professional Shortage Areas as well as a formula developed by researchers at Purdue University that measures healthcare accessibility.



Appendix C: Strategic Document Review

The first task of the strategic planning process was to review key strategic documents from birth-5 partners and assess what work may be leveraged or built upon in the strategic plan. The following strategic documents were reviewed during the strategic planning process. Website links are provided, where available, for individuals interested in information beyond the brief summary provided below.

Document Name and Timeframe	Brief Summary of Birth-5 Information	Website with Report (as available)
Child Care and Development Fund (CCDF) Plan for Indiana FFY 2019-2021 (2019-2021)	Includes goals related to increasing access to high-quality programs and providers including the number of available providers, percentage of children receiving CCDF in high-quality programs, family access in areas of high need, and access to professional development and training.	N/A
Early Head Start and Head Start 2018 Needs Assessment Report (2018)	Needs assessment recommendations include connecting families to Head Start resources, working on data sharing, participating in kindergarten readiness discussions, participating in PTQ, and expanding Early Head Start.	http://www.elacindiana.org/elacindiana/wp-content/uploads/2018/12/2018-IN-Heads-Start-Needs-Assessment.pdf
Project Launch: Linking Actions for Unmet Needs in Children's Health (2014)	The Project Launch report includes discussion of coordination at the State and local level, including through State-sponsoring training. Local summits built awareness of early childhood initiatives.	N/A
Indiana State Department of Health (ISDH) Organizational Strategic Plan (May 2018-December 2020)	This plan has an emphasis on health improvement including maternal and child health. It includes a renewed focus on health equity and quality improvement.	https://www.in.gov/isdh/files/18_STRATEGIC%20PLAN%20docs_v3.pdf
Early Learning Indiana - Success Starts Early: Indiana's Roadmap for Pre-K (2016)	Guiding principles relate to access for all children to high-quality PreK, support of high-quality PreK providers, empowerment of family choice, and focus on wholistic child outcomes.	https://earlylearningin.org/success-starts-early-indianas-roadmap-for-pre-k-2016/
Early Learning Indiana - On the Road to Pre-K Expansion Progress Report (June 2017)	Provides an update on PreK efforts and includes data regarding lack of access in certain geographic areas or to certain income levels. Notes that for every \$1 Indiana invests in PreK it gains \$3.83-\$4.00 in returns.	https://earlylearningin.org/on-the-road-to-pre-k-expansion/
Indiana Early Learning Advisory Committee: 2018 Annual Report	Evaluates where Indiana has made progress in early childhood care and education and where Indiana can still improve. Provides recommendations related to capacity building resources, access to high-quality care and education, local and community partnerships, kindergarten readiness and the effectiveness of early childhood programs, professional development, Paths to QUALITY, and CCDF.	
Indiana's Consolidated State Plan Under Every Student Succeeds Act (ESSA) (January 8, 2018 - November 30, 2019)	Indiana's ESSA plan addresses efforts by Local Education Agencies (LEAs) to identify students with specific learning needs and provide instruction based on the needs of the student. This has strong relevance to those children who transition into elementary special education programs ahead of kindergarten.	https://www2.ed.gov/admins/lead/account/stateplan17/inconsolidatedstateplanfinal.pdf



Document Name and Timeframe	Brief Summary of Birth-5 Information	Website with Report (as available)
Evaluation of the Indiana Department of Child Services by The Child Welfare Group (June 18, 2018)	The evaluation included information related to children served by DCS and by other birth-5 programs, namely those accessing or needing to access (e.g. foster children) the Child Care and Development Fund. Note that changes to the administration of CCDF for children served by DCS has occurred since this report was released in 2018.	https://www.in.gov/dcs/files/IndianaEvaluationReportCWGFinal.pdf
Children’s Commission Annual Report (2019)	Strategic goals include: <ul style="list-style-type: none"> • Support the well-being of Hoosier children by promoting a continuum of prevention and protection services for vulnerable youth and their families. • Support creative and effective methods of improving assessment, access to treatment, and wrap-around resources for vulnerable youth and households in need of mental health and substance abuse services • Support effective alternative locations, modalities and treatments for substance abuse providers; improve service coordination to simplify delivery of services for children and their families 	https://www.in.gov/children/files/cisc-2019-annual-report.pdf
Healthy Families Indiana Strategic Plan (2018-2020)	2019-2020 Healthy Families strategic goals include efforts related to family engagement and state and local partnerships. Create family engagement toolkit - ELAC family engagement is a responsible party. This includes helping families to feel more like stakeholder in the program.	https://www.in.gov/dcs/files/HFI%20Strategic%20Plan%20(September%202018).pdf
Help Me Grow National Center Report Prepared for Help Me Grow Indiana (June 2018)	The report evaluated the Community Capacity for Change Help Me Grow Tool to provide insight and context/determine effectiveness of early childhood system but also to gauge willingness/readiness for system-level change. Scores early childhood community efforts and data, community leadership/political will, family/community climate, and early childhood funding.	N/A



Appendix D: Resources

- i Schmitt, S. A., Litkowski, E., Duncan, R., Elicker, J., Purcell, M., Purpura, D. J. (2019). Indiana's Birth to Age Five Mixed Delivery System Needs Assessment 2019: Preschool Development Grant. Purdue University. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/08/Brith-to-Age-Five-Mixed-Delivery-System-Needs-Assessment.pdf>
- ii Office of Early Childhood and Out of School Learning (OECOSL), Indiana Family and Social Services Administration (2019, April 4). Preschool Development Grant, 15-16. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/04/Indiana-Preschool-Development-Grant-Public.pdf>
- iii Office of Early Childhood and Out of School Learning (OECOSL), Indiana Family and Social Services Administration (2019, April 4). Preschool Development Grant, 2. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/04/Indiana-Preschool-Development-Grant-Public.pdf>
- iv Office of Early Childhood and Out of School Learning (OECOSL), Indiana Family and Social Services Administration (2019, April 4). Preschool Development Grant, 15-16. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/04/Indiana-Preschool-Development-Grant-Public.pdf>
- v Schmitt, S. A., Litkowski, E., Duncan, R., Elicker, J., Purcell, M., Purpura, D. J. (2019). Indiana's Birth to Age Five Mixed Delivery System Needs Assessment 2019: Preschool Development Grant. Purdue University. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/08/Brith-to-Age-Five-Mixed-Delivery-System-Needs-Assessment.pdf>
- vi Office of Early Childhood and Out of School Learning (2019). Indiana Birth – 5 Family Questionnaire Results. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>
- vii Indiana Department of Education, Office of Early Childhood and Out of School Learning (2015). Indiana Early Learning Foundations. Retrieved from <https://www.doe.in.gov/earlylearning/foundations>
- viii Office of Early Childhood and Out of School Learning (2019). Indiana Birth – 5 Family Questionnaire Results. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>
- ix Office of Early Childhood and Out of School Learning (2019). Indiana Birth – 5 Family Questionnaire Results. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>
- x Schmitt, S. A., Litkowski, E., Duncan, R., Elicker, J., Purcell, M., Purpura, D. J. (2019). Indiana's Birth to Age Five Mixed Delivery System Needs Assessment 2019: Preschool Development Grant. Purdue University. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/08/Brith-to-Age-Five-Mixed-Delivery-System-Needs-Assessment.pdf>
- xi NAEYC. Power to Profession. Retrieved from <https://www.naeyc.org/our-work/initiatives/profession>
- xii Office of Early Childhood and Out of School Learning (2019). Indiana Birth – 5 Family Questionnaire Results. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>
- xiii Indiana State Department of Health. Early Childhood Comprehensive Impact (ECCS). Retrieved from <https://www.in.gov/isdh/27274.htm>
- xiv Schmitt, S. A., Litkowski, E., Duncan, R., Elicker, J., Purcell, M., Purpura, D. J. (2019). Indiana's Birth to Age Five Mixed Delivery System Needs Assessment 2019: Preschool Development Grant, 106. Purdue University. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/08/Brith-to-Age-Five-Mixed-Delivery-System-Needs-Assessment.pdf>
- xv Office of Early Childhood and Out of School Learning (2019). Indiana Birth – 5 Family Questionnaire Results. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>

xvi Downer, J. T., & Pianta, R. C. (2006). Academic and Cognitive Functioning in First Grade: Associations with Earlier Home and Childcare Predictors and with Concurrent Home and Classroom Experiences. *School Psychology Review*, 35, 11–30, in Schmitt, S. A., Litkowski, E., Duncan, R., Elicker, J., Purcell, M., Purpura, D. J. (2019). *Indiana’s Birth to Age Five Mixed Delivery System Needs Assessment 2019: Preschool Development Grant*. Purdue University, 108. Retrieved from <http://brighterfuturesindiana.org/wp-content/uploads/2019/08/Brith-to-Age-Five-Mixed-Delivery-System-Needs-Assessment.pdf>.

xvii Office of Early Childhood and Out of School Learning (2019). *Indiana Birth – 5 Family Questionnaire Results*. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>

xviii Office of Early Childhood and Out of School Learning (2019). *Indiana Birth – 5 Family Questionnaire Results*. Retrieved from <http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/>

