

Indiana 2013 Race to the Top – Early Learning Challenge

Application for Initial Funding

CFDA Number: 84.412A

STATE OF INDIANA

Governor Mike Pence

Lead Agency:

Indiana Family and Social Services Administration

October 9, 2013

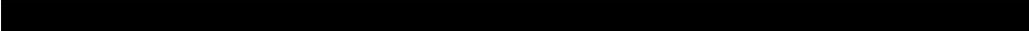


Table of Contents

Executive Summary	3
Application Assurances and Certifications	5
Eligibility Requirements.....	10
A. Section Criteria	
A. Successful State Systems	12
B. High-Quality, Accountable Programs.....	50
C. Promoting Early Learning and Development Outcomes for Children	103
D. A Great Early Education Workforce.....	148
E. Measuring Outcomes and Progress.....	171
Competition Priorities	
Priority 1: Absolute Priority	199
Priority 3: Competitive Preference Priority	199
Priority 5: Competitive Preference Priority	199
Priority 6: Invitational Priority.....	205
Budget Narrative and Justification	
Part I: Budget Summaries	
Budget Summary by Budget Category	209
Budget Summary by Participating State Agency.....	210
Budget Summary by Project	210
Budget Summary Narrative	212
Part II: Budgets for Each Participating State Agency.....	220
List of Appendices.....	240
Attachment A: Successful State Systems	242
Attachment B: High-Quality, Accountable Programs	343
Attachment C: Promoting Early Learning and Development Outcomes for Children.....	789
Attachment D: A Great Early Education Workforce.....	1296
Attachment E: Measuring Outcomes and Progress	1414

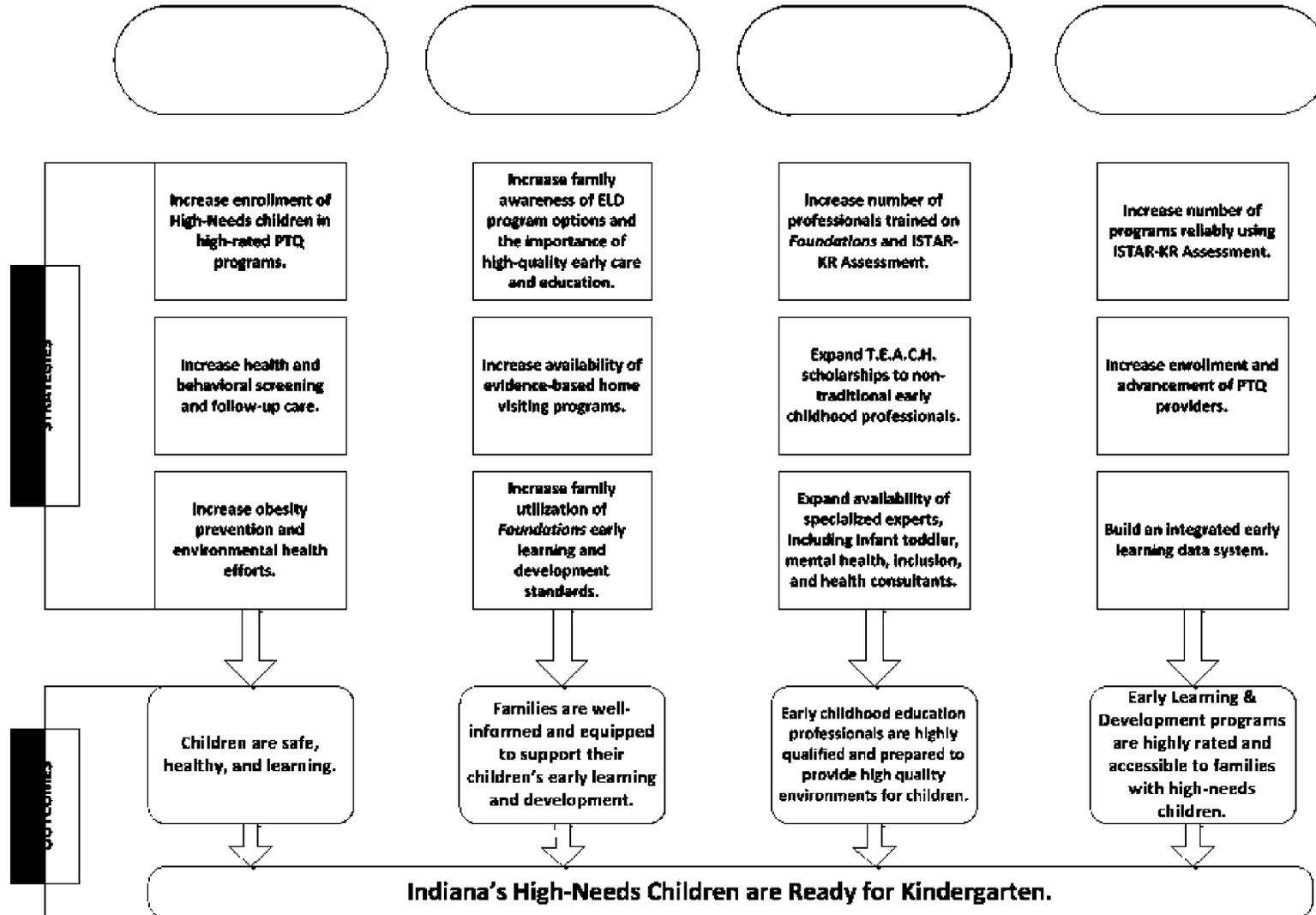
Executive Summary

A. Successful State Systems

Indiana has made significant strides in the delivery of, and investment in, high quality early learning and development programs for high-needs children in recent years. Below is a summary of our recent accomplishments and greatest assets.

- ✓ **Foundations** early learning and development standards that address all essential domains of school readiness for children birth to age 5.
- ✓ Statewide, Tiered Quality Rating and Improvement System (TQRIS), **Paths to QUALITY™**, with 2,353 active early learning programs enrolled. 91 percent of Paths to QUALITY programs are caring for High Needs children – those participating in CCDF.
- ✓ **Indiana Standards Tool for Alternate Reporting - Kindergarten Readiness (ISTAR-KR)** provides information as to how a student is performing compared to typically developing peers on a continuum of skills leading to success in kindergarten.
- ✓ **Evidence-based home visiting programs**, Nurse Family Partnership and Healthy Families, partnering with High Needs families to provide a healthy start for children from birth.
- ✓ Professional development system linked to the state early learning standards and most recently developed Indiana **Core Knowledge and Core Competencies framework** with an increase in early childhood educators obtaining **credentials and higher education degrees**.
- ✓ **Statewide Longitudinal Data System (SLDS)** that is currently being developed and will include an early learning data system connected with participating state agencies.
- ✓ **Early Learning Advisory Committee (ELAC)** to assess the quality and availability of early childhood programs in Indiana.
- ✓ **Early Education Matching Grant**, Indiana’s first state funded PreK initiative designed to increase the number of low income four year olds receiving early education from ELD programs rated at Level 3 and Level 4 of Paths to QUALITY.
- ✓ **Public-Private Partnerships** with invested business and community leaders to increase the quality and availability of early learning and development programs for Hoosiers.
- ✓ New **legislation** that promote and support Paths to QUALITY™ and will encourage increased early learning program participation.

Indiana’s Plan To Increase School Readiness For Children With High Needs



APPLICATION ASSURANCES and CERTIFICATIONS

Race to the Top-Early Learning Challenge Application

IV. APPLICATION ASSURANCES AND CERTIFICATIONS
Race to the Top – Early Learning Challenge
(CFDA No. 84.412)

Legal Name of Applicant (Office of the Governor): State of Indiana	Applicant's Mailing Address: 402 W. Washington St., E442 Indianapolis, IN 46204
Employer Identification Number: 356000158	Organizational DUNS: 083384771
Lead Agency: Indiana Family and Social Services Administration, Division of Family Resources Contact Name: Andrea Vermeulen <i>(Single point of contact for communication)</i>	Lead Agency Contact Phone: 317-234-2129 Lead Agency Contact Email Address: Andrea.Vermeulen@fssa.in.gov
<p>Required Applicant Signatures <i>(Must include signatures from an authorized representative of each Participating State Agency. Insert additional signature blocks as needed below. To simplify the process, signatories may sign on separate Application Assurance forms.):</i></p> <p>To the best of my knowledge and belief, all of the information and data in this application are true and correct.</p> <p>I further certify that I have read the application, am fully committed to it, and will support its implementation:</p>	
Governor or Authorized Representative of the Governor (Printed Name): Mark G. Ahearn	Telephone: 317 234 4579
Signature of Governor or Authorized Representative of the Governor: <i>Mark G. Ahearn</i> <i>Account for:</i> <i>Garang M. b. Perce</i>	Date: 10/3/13
Lead Agency Authorized Representative (Printed Name): (b)(6)	Agency Name: FSSA
Signature of Lead Agency Authorized Representative: (b)(6)	Date: 10-7-2013
Participating State Agency Authorized Representative (Printed Name)	Agency Name:
Signature of Participating State Agency Authorized Representative:	Date:

Race to the Top-Early Learning Challenge Application

IV. APPLICATION ASSURANCES AND CERTIFICATIONS
Race to the Top – Early Learning Challenge
(CFDA No. 84.412)

Legal Name of Applicant (Office of the Governor):	Applicant's Mailing Address:
Employer Identification Number:	Organizational DUNS:
Lead Agency: Contact Name: <i>(Single point of contact for communication)</i>	Lead Agency Contact Phone: Lead Agency Contact Email Address:
Required Applicant Signatures <i>(Must include signatures from an authorized representative of each Participating State Agency. Insert additional signature blocks as needed below. To simplify the process, signatories may sign on separate Application Assurance forms.):</i> To the best of my knowledge and belief, all of the information and data in this application are true and correct. I further certify that I have read the application, am fully committed to it, and will support its implementation:	
Governor or Authorized Representative of the Governor (Printed Name):	Telephone:
Signature of Governor or Authorized Representative of the Governor:	Date:
Lead Agency Authorized Representative (Printed Name):	Agency Name:
Signature of Lead Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name):	Agency Name:
Signature of Participating State Agency Authorized Representative: (b)(6)	Date: 10/17/13

IV. APPLICATION ASSURANCES AND CERTIFICATIONS
Race to the Top – Early Learning Challenge
(CFDA No. 84.412)

Legal Name of Applicant (Office of the Governor): <i>State of Indiana</i>	Applicant's Mailing Address: <i>402 W. Washington St., E442 Indianapolis, IN 46204</i>
Employer Identification Number: <i>356000158</i>	Organizational DUNS: <i>083384771</i>
Lead Agency: <i>Indiana Family and Social Services Administration, Div. of Family Resources</i> Contact Name: <i>Andrea Vermeulen</i> (Single point of contact for communication)	Lead Agency Contact Phone: <i>317-234-1749</i> Lead Agency Contact Email Address: <i>Andrea.Vermeulen@fssa.in.gov</i>
<p>Required Applicant Signatures (Must include signatures from an authorized representative of each Participating State Agency. Insert additional signature blocks as needed below. To simplify the process, signatories may sign on separate Application Assurance forms.):</p> <p>To the best of my knowledge and belief, all of the information and data in this application are true and correct.</p> <p>I further certify that I have read the application, am fully committed to it, and will support its implementation:</p>	
Governor or Authorized Representative of the Governor (Printed Name):	Telephone:
Signature of Governor or Authorized Representative of the Governor:	Date:
Lead Agency Authorized Representative (Printed Name):	Agency Name:
Signature of Lead Agency Authorized Representative:	Date:
Participating State Agency Authorized Representative (Printed Name): <i>(b)(6)</i>	Agency Name: <i>Indiana State Dept. of Education</i>
Signature of Participating State Agency Authorized Representative: <i>(b)(6)</i>	Date:

State Attorney General Certification

State Attorney General or Authorized Representative of the Attorney General Certification	
I certify that the State's description of, and statements and conclusions in its application concerning, State law, statute, and regulation are complete and accurate, and constitute a reasonable interpretation of State law, statute, and regulation:	
State Attorney General or Authorized Representative of the Attorney General (Printed Name):	Telephone:
<i>Matt Light, Chief Counsel</i>	<i>(317) 232-6333</i>
Signature of the State Attorney General or Authorized Representative of the Attorney General:	Date:
	<i>10/8/13</i>

Accountability, Transparency, and Reporting Assurances

The Governor or his/her authorized representative assures that the State will comply with all applicable assurances in OMB Standard Forms 424B and D (Assurances for Non-Construction and Construction Programs), including the assurances relating to the legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards, including Davis-Bacon prevailing wages; flood hazards; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and the general agreement to comply with all applicable Federal laws, executive orders, and regulations.

- With respect to the certification regarding lobbying in Department Form 80-0013, no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; the State will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 C.F.R. Part 82, Appendix B); and the State will require the full certification, as set forth in 34 C.F.R. Part 82, Appendix A, in the award documents for all subawards at all tiers.
- The State and other entities will comply with the following provisions of the Education Department General Administrative Regulations (EDGAR), as applicable: 34 CFR Part 74 -- Administration of Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; 34 CFR Part 76 -- State-Administered Programs, including the construction requirements in section 75.600 through 75.617 that are incorporated by reference in section 76.600; 34 CFR Part 77 -- Definitions that Apply to Department Regulations; 34 CFR Part 80 -- Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, including the procurement provisions; 34 CFR Part 81 -- General Education Provisions Act—Enforcement; 34 CFR Part 82 -- New Restrictions on Lobbying; and with the debarment and suspension regulations found at 2 CFR Part 3485.

Governor or Authorized Representative of the Governor (Printed Name):	
	
Signature:	Date: 10/3/13

Eligibility Requirements

Previous Receipt of RTT – ELC Grant

Indiana has not received a Race to the Top Early Learning Challenge grant.

Memorandum of Understanding

As the Lead Agency, the Indiana Family and Social Services Administration has executed a Memoranda of Understanding (MOU) with each Participating State Agency including:

- Indiana Department of Education
- Indiana State Department of Health

The MOUs include an assurance that each agency agrees to use, to the extent applicable--

- (1) A set of statewide Early Learning and Development Standards;
- (2) A set of statewide Program Standards;
- (3) A statewide Tiered Quality Rating and Improvement System; and
- (4) A statewide Workforce Knowledge and Competency Framework and progression of credentials.

The MOUs are located in the Appendix.

Participating State Agency Name (Indicate the Lead Agency)	MOU Location in Application	Funds/Program(s) administered by the Participating State Agency
Indiana Department of Education	Appendix Attachment (A)(3)(b)	<ul style="list-style-type: none"> • Preschool Special Education (Section 619 of IDEA Part B) • Title I ESEA
Indiana Family and Social Services Administration (Lead Agency)	Appendix Attachment (A)(3)(b)	<ul style="list-style-type: none"> • Early Childhood Education (State-funded pre-kindergarten) • Child Care and Development Fund (CCDF) • Child Care- TANF Block Grant • Early Intervention Services for Infants and Toddlers (Section 619 of IDEA Part C) • Head Start State Collaboration Project
Indiana State Department of Health	Appendix Attachment (A)(3)(b)	<ul style="list-style-type: none"> • Maternal, Infant and Early Childhood • Home Visit Program (MIECHV)

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

Indiana certifies that it has an active MIECHV program in the State, either through the State or through an eligible non-profit organization. The Departments will determine eligibility.

Yes

No

Indiana's two evidence-based MIECHV home visiting programs are the Nurse Family Partnership and Healthy Families. Both of which are included for expansion in Indiana's High-Quality Plan.

Section Criteria

A. Successful State Systems

Indiana has significantly invested in early learning and development. In the last fiscal year, through a combination of state and federal resources, Indiana has spent **\$159,883,697**. Indiana’s Paths to QUALITY rated providers serve over 87,000 children, including over 23,000 children with high needs. Now, through the Early Learning Challenge Grant, Indiana will expand access to over 20,000 additional High Needs children.

Indiana has developed a strong foundation to support our young children and families to be ready for kindergarten entry. Indiana’s High-Quality Plan is intended to build on our strengths and expand our reach. Our goals are ambitious and aggressive, but our children and families deserve nothing less. Indiana has identified measurable results that will be publicly reported during this grant period.

Under the direction of the newly appointed Early Learning Advisory Committee, project teams will focus on the results that Indiana needs to close the kindergarten readiness gap. Teams will comprise State agency content experts and representatives of the community focused around the key activities of this grant:

1. Assessments and standards
2. Quality and access
3. Professional development and higher education
4. Data systems

2013 Indiana General Assembly Legislation:

1. An Early Learning Advisory Council was created as an advisory group to early childhood education initiatives and projects. (IC 12-17.2-3.7)
2. The Paths to QUALITY™ program was officially codified as Indiana’s quality rating and improvement system (IC 12-7-2-135.8).
3. An evaluation project was mandated requiring the collection of data related to the educational outcomes of low-income children enrolled in Levels 3 and 4 of Paths to QUALITY™ programs (IC 12-17.2-3.7).
4. An Early Education Matching Grant was established to provide funding to support the enrollment of additional four year olds in Levels 3 and 4 Paths to QUALITY™ programs (IC 12-17.2-3.7).

Finally, outlined in this section is a description of how Indiana intends to utilize the Race to the Top - Early Learning Challenge grant to build upon our assets, meet the results outlined in the ambitious reform agenda, and leverage the strengths of existing State agencies and external community partners. Over the course of the grant period, we will build the capacity of existing networks to sustain Indiana's momentum after the grant dollars have been expended.

Demonstrating past commitment to early learning and development

Indiana has accomplished significant milestones in improving early learning and development systems for children and families, especially High Need children. These efforts have been focused on creating a high-quality, seamless system of services to support Indiana's 517,921 children under age 6.

This section describes Indiana's previous financial investments and track record of serving high-needs children. While Indiana has experienced significant budget constraints, we have used every dollar to the fullest by working intentionally, collaboratively, and efficiently across State agencies and with private partners, in the best interest of young children. Through this approach we have been successful in building the foundation for a robust early childhood system, including a strong, effective TQRIS, the ISTAR KR, a validated, online kindergarten readiness tool that is aligned with the Indiana Early Learning Guidelines, and expansion of evidenced based home visiting programs without additional State funding. This information clearly establishes Indiana as a state with a rich history of commitment to its youngest citizens.

Table (A)(1)-1 provides data on the number of children in 2011 from low-income families by age. In Indiana, half of our young children under age 6 are considered High-Needs based on their parents economic status (200% poverty level). This percentage confirms that far too many of Indiana's young children are growing up in families who will experience financial hardships and struggles that can impact access to the learning and development needed to support their children's growth.

Table (A)(1)-1: Children from Low-Income¹ families, by age		
	Number of children from Low-Income families in the State	Children from Low-Income families as a percentage of all children in the State
Infants under age 1	45,098	53.5%
Toddlers ages 1 through 2	81,035	52%
Preschoolers ages 3 to kindergarten entry	131,766	49%
Total number of children, birth to kindergarten entry, from low-income families	255,738	50%

National Center for Children in Poverty’s (NCCP) 2011 report on the Indiana Demographics of Young, low-income children. The NCCP report uses national from the 2011 American Community Survey, representing information from 2011. State data is calculated from the 2009-2011 American Community Survey, representing information from the years 2009 to 2011.

Table (A)(1)-2: Special populations of Children with High Needs		
<i>The State should use these data to guide its thinking about where specific activities may be required to address special populations’ unique needs. The State will describe such activities throughout its application.</i>		
Special populations: Children who . . .	Number of children (from birth to kindergarten entry) in the State who...	Percentage of children (from birth to kindergarten entry) in the State who...
Have disabilities or developmental delays¹	27,148	5.2%
Are English learners^{2,3}	2,569	Not available
Reside on “Indian Lands”	Not available	Not available
Are migrant⁴	401	Not available
Are homeless⁶	5,465	1.1%
Are in foster care	4,308	0.8%
Other as identified by the State		
Describe:		

¹For purposes of this application, children with disabilities or developmental delays are defined as children birth through kindergarten entry that have an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP).
²For purposes of this application, children who are English learners are children birth through kindergarten entry who have home languages other than English. This number only represents Head Start or Early Head Start.
³For purposes of this application, children who are migrant are children birth through kindergarten entry who meet the definition of “migratory child” in ESEA section 1309(2).
⁴ An assessment is not required by the state, so we really don’t know the number of ELL students. IDOE reported 122 enrolled ELL children. 2,447 ELL children are enrolled in Head Start or Early Head Start.

¹ Low-Income is defined as having an income of up to 200% of the Federal poverty rate.

Table (A)(1)-2: Special populations of Children with High Needs

The State should use these data to guide its thinking about where specific activities may be required to address special populations’ unique needs. The State will describe such activities throughout its application.

Special populations: Children who . . .	Number of children (from birth to kindergarten entry) in the State who...	Percentage of children (from birth to kindergarten entry) in the State who...
⁴ The term “homeless children” has the meaning given the term “homeless children and youths” in section 725(2) of the McKinney-Vento Homeless Assistance Act (425 U.S.C. 11434a(2)).		
⁵ The National Center of Family Homelessness. (2010). America’s Youngest Outcasts: State Report Card on Child Homelessness, Indiana. http://www.homelesschildrenamerica.org/pdf/report_cards/long/in_long.pdf . Population Data to Calculate Percentage: Puzanchera, C., Sladky, A. and Kang, W. (2013). "Easy Access to Juvenile Populations: 1990-2012." Online. Available: http://www.ojdp.gov/ojstatbb/ezapop/		

Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age

Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
State-funded preschool <i>Specify:</i> <i>Data Source and Year:</i>	Not applicable	Not applicable	Not applicable	Not applicable
Early Head Start and Head Start¹² <i>Data Source and Year: Head Start & Early Head Start Program Information Report 2012</i>	1,080		5,668	6,748
Programs and services funded by IDEA Part C and Part B, section 619 <i>Data Source and Year: Indiana Part C Data System (SFY 2013)</i>	1,162	2,860 (1-2) 5,210 (2-3)	12,980	9,232
Programs funded under Title I of ESEA <i>Data Source and Year:</i>	0	0	4,191	4,191

Table (A)(1)-3: Participation of Children with High Needs in different types of Early Learning and Development Programs, by age				
Type of Early Learning and Development Program	Number of Children with High Needs participating in each type of Early Learning and Development Program, by age			
	Infants under age 1	Toddlers ages 1 through 2	Preschoolers ages 3 until kindergarten entry	Total
Programs receiving funds from the State’s CCDF program <i>Data Source and Year: Automated Intake System (AIS) 2013</i>	5,983	13,970	17,468	32,421
Other <i>Specify:</i> <i>Data Source and Year:</i>				
Other <i>Specify:</i> <i>Data Source and Year:</i>				

¹For the purpose of completing this form we have used the categories of (A)(1)-2: Special populations of children with High Needs. Please note that some of these children will overlap in categories but our data does not reflect which ones. Note also that our data in these categories only breaks down into Head Start or Early Head Start.
²Includes children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-3b: Participation of Children in Early Learning and Development Programs in the State, by Race/Ethnicity							
Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.							
Type of Early Learning and Development Program in the State	Number of Hispanic children	Number of Non-Hispanic American Indian or Alaska Native Children	Number of Non-Hispanic Asian Children	Number of Non-Hispanic Black or African American Children	Number of Non-Hispanic Native Hawaiian or Other Pacific Islander Children	Number of Non-Hispanic Children of Two or more races	Number of Non-Hispanic White Children
State-funded preschool <i>Specify:</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Early Head Start and Head Start ¹	525	53	30	513	2	305	2,182

Table (A)(1)-3b: Participation of Children in Early Learning and Development Programs in the State, by Race/Ethnicity

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program in the State	Number of Hispanic children	Number of Non-Hispanic American Indian or Alaska Native Children	Number of Non-Hispanic Asian Children	Number of Non-Hispanic Black or African American Children	Number of Non-Hispanic Native Hawaiian or Other Pacific Islander Children	Number of Non-Hispanic Children of Two or more races	Number of Non-Hispanic White Children
Early Learning and Development Programs funded by IDEA, Part C	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Early Learning and Development Programs funded by IDEA, Part B, section 619	1,304	15	145	1,314	11	640	9,859
Early Learning and Development Programs funded under Title I of ESEA	897	1	69	1,083	16	336	1785
Early Learning and Development Programs receiving funds from the State's CCDF program	5,204	65	78	28,870	25	4,199	18,813
<i>¹Including Migrant and Tribal Head Start located in the State.</i>							

Table (A)(1)-4: Historical data on funding for Early Learning and Development

Type of investment	Funding for each of the Past 5 Fiscal Years				
	2009	2010	2011	2012	2013
Supplemental State spending on Early Head Start and Head Start	\$0	\$0	\$0	\$0	\$0

Table (A)(1)-4: Historical data on funding for Early Learning and Development					
Type of investment	Funding for each of the Past 5 Fiscal Years				
	2009	2010	2011	2012	2013
State-funded preschool <i>Specify:</i>	N/A	N/A	N/A	N/A	N/A
State contributions to IDEA Part C	N/A	N/A	N/A	N/A	N/A
State contributions for special education and related services for children with disabilities, ages 3 through kindergarten entry	\$33,179,324	\$35,902,625	\$36,041,500	\$36,333,000	\$35,855,875
Total State contributions to CCDF¹	\$33,242,740	\$33,583,207	\$33,579,349	\$36,487,243	\$36,487,243
State match to CCDF <i>Exceeded/Met/Not Met (if exceeded, indicate amount by which match was exceeded)</i>	met	met	met	met	met
TANF spending on Early Learning and Development Programs (for Healthy Families)²	Not available	\$28,183,314	\$10,718,207	\$27,827,698	\$21,100,636
TANF spending on Early Learning and Development Programs (for CCDF)³	\$54,998,311	\$23,631,120	\$27,158,599	\$22,158,599	\$37,158,599
Other State contributions <i>Specify: Healthy Families (other funding sources)⁴</i>	Not available.	\$33,617,089	\$41,272,826	\$34,088,332	\$29,281,344
Total State contributions:	\$121,420,375	\$154,917,355	\$115,224,711	\$156,894,872	\$159,883,697

¹ Total State contributions to CCDF must include Maintenance of Effort (MOE), State Match, and any State contributions exceeding State MOE or Match.

² TANF funding supports CCDF vouchers and Healthy Families.

³ Includes TANF transfers to CCDF as well as direct TANF spending on Early Learning and Development Programs.

⁴ Healthy Families funding is from a combination of State funds, TANF, SSBG, and Social Security Act (Title IV-B and Title V).

Table (A)(1)-5: Historical data on the participation of Children with High Needs in Early Learning and Development Programs in the State

Note: A grand total is not included in this table since some children participate in multiple Early Learning and Development programs.

Type of Early Learning and Development Program	Total number of Children with High Needs participating in each type of Early Learning and Development Program for each of the past 5 years ²				
	2009	2010	2011 ³	2012 ¹⁷	2013 ¹⁷
State-funded preschool <i>(annual census count; e.g., October 1 count)</i> <i>Specify:</i>	N/A	N/A	N/A	N/A	N/A
Early Head Start and Head Start⁴ <i>(funded enrollment)</i>	14,598	15,966	15,967	15,893	16,151 ¹
Programs and services funded by IDEA Part C and Part B, section 619² <i>(annual December 1 count)</i>	8,243	9,707	13,347	13,288	12,928
Programs funded under Title I of ESEA <i>(total number of children who receive Title I services annually, as reported in the Consolidated State Performance Report)</i>	3,228	3,510	3,058	4,191	Not available
Programs receiving CCDF funds <i>(average monthly served)actual numbers, AIS database</i>	37,460	36,896	32,711	34,867	34,807
Other <i>Describe:</i>					
¹ This number is the number of slots available in Head Start/Early Head Start prior to sequestration. It is anticipated that this number will decrease by more than 700 as a result of the budget cuts. ² This number only includes Part B, section 619. There are no ELD programs funded under Part C.					

² Include all Children with High Needs served with both Federal dollars and State supplemental dollars.

³ Note to Reviewers: The number of children served reflects a mix of Federal, State, and local spending. Head Start, IDEA, and CCDF all received additional Federal funding under the 2009 American Recovery and Reinvestment Act, which may be reflected in increased numbers of children served in 2009-2011.

⁴ Including children participating in Migrant Head Start Programs and Tribal Head Start Programs.

Table (A)(1)-6 : Current status of the State’s Early Learning and Development Standards

Please place an “X” in the boxes to indicate where the State’s Early Learning and Development Standards address the different age groups by Essential Domain of School Readiness

Essential Domains of School Readiness	Age Groups		
	Infants	Toddlers	Preschoolers
Language and literacy development	X	X	X
Cognition and general knowledge (including early math and early scientific development)	X	X	X
Approaches toward learning	X	X	X
Physical well-being and motor development	X	X	X
Social and emotional development	X	X	X

Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State

Please place an “X” in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.

Types of programs or systems	Elements of a Comprehensive Assessment System				
	Screening Measures	Formative Assessments	Measures of Environmental Quality	Measures of the Quality of Adult-Child Interactions	Other
State-funded preschool <i>Specify:</i>	N/A	N/A	N/A	N/A	N/A
Early Head Start and Head Start ⁵	N/A	N/A	N/A	N/A	N/A
Programs funded under IDEA Part C	N/A	N/A	N/A	N/A	N/A
Programs funded under IDEA Part B, section 619	X	X	N/A	N/A	N/A
Programs funded under Title I of ESEA	N/A	N/A	N/A	N/A	N/A

⁵ Including Migrant and Tribal Head Start located in the State.

Table (A)(1)-7: Elements of a Comprehensive Assessment System currently required within the State
Please place an “X” in the boxes to indicate where an element of a Comprehensive Assessment System is currently required.

Types of programs or systems	Elements of a Comprehensive Assessment System				
	Screening Measures	Formative Assessments	Measures of Environmental Quality	Measures of the Quality of Adult-Child Interactions	Other
Programs receiving CCDF funds	N/A	N/A	N/A	N/A	N/A
Current Quality Rating and Improvement System requirements <i>Specify by tier (add rows if needed):</i>	N/A	N/A	N/A	N/A	N/A
State licensing requirements	N/A	N/A	N/A	N/A	N/A
Other <i>Describe:</i>					

Indiana currently does not require a Comprehensive Assessment for Early Learning and Development Programs. Indiana’s High-Quality Plan includes the adoption and implementation of a Comprehensive Assessment System explained in Section C2.

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State

Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
State-funded preschool <i>Specify</i>	N/A	N/A	N/A	N/A	N/A

Table (A)(1)-8: Elements of high-quality health promotion practices currently required within the State					
Types of Programs or Systems	Elements of high-quality health promotion practices				
	Health and safety requirements	Developmental, behavioral, and sensory screening, referral, and follow-up	Health promotion, including physical activity and healthy eating habits	Health literacy	Other
Early Head Start and Head Start	X	X	X	X	
Programs funded under IDEA Part C	N/A	N/A	N/A	N/A	N/A
Programs funded under IDEA Part B, section 619	N/A	N/A	N/A	N/A	N/A
Programs funded under Title I of ESEA	N/A	N/A	N/A	N/A	N/A
Programs receiving CCDF funds	X				Up to date immunizations required
Current Quality Rating and Improvement System requirements <i>Specify by tier (add rows if needed):</i>	X- all levels	X- level 4	X- all levels		
State licensing requirements	X		X		
Other <i>Describe:</i>					

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State	
Types of Programs or Systems	Describe Family Engagement Strategies Required Today
State-funded preschool <i>Specify:</i>	N/A
Early Head Start and Head Start	Family engagement is locally and individually designed by Head Start and Early Head Start programs, however all programs have shared desired outcomes for their families. To that end, the following strategies are part of the design: Families and children are held in high regard; Parent-child relationships are supported in a way that values the culture and language of the family; Help families identify appropriate practices that complement the stages of their developing child; Support parents and families in ensuring the health and safety of their young children; Engage with parents as equal partners in learning about their child while acknowledging parents’ premier role as their child’s first teacher; Support a father’s efforts to connect with and be responsible for his child at all ages and stages of development, Provide opportunities that support parent’s needs to connect with other parents for reflection, ideas and support. Outcomes include a family’s sense of well-being; positive parent-child relationships; families as lifelong educators; family engagement in transitions; and families as advocates and leaders.
Programs funded under IDEA Part C	N/A
Programs funded under IDEA Part B, section 619	Since 1975, the Indiana Resource Center for Families with Special Needs or IN*SOURCE has provided service to Indiana's families of infants, toddlers, children, youth and young adults with disabilities. IN*SOURCE is a parent organization. Through the work and dedication of the Board of Directors, the staff and many volunteers, virtually all of whom are parents of persons with disabilities, IN*SOURCE, utilizing a proven parent to parent model, has provided quality assistance and support services and educational resources to the community of individuals and organizations that serve and support persons with disabilities. We have worked to help countless families confront the complexities and what are often the challenges of having a loved one with special needs.
Programs funded under Title I of ESEA	No Child Left Behind requires an emphasis on parental involvement. The following documents are required by statute: a district-parent involvement policy; a school-parent involvement policy; a school-parent compact; and a Parent Right to Know Letter. Documents are reviewed by Title I program specialists within the IDOE both for

Table (A)(1)-9: Elements of a high-quality family engagement strategy currently required within the State

Types of Programs or Systems	Describe Family Engagement Strategies Required Today
	compliance and quality. In addition, parental involvement is a topic covered during onsite monitoring and discussed at length. Often times we learn through this rich dialogue that schools are doing great things to engage parents in their schools – by offering opportunities for parents to participate and be involved in the school.
Programs receiving CCDF funds	N/A
Current Quality Rating and Improvement System requirements <i>Specify by tier (add rows if needed):</i>	Indiana’s QRIS (Paths to QUALITY™) currently requires various elements of family engagement strategies, including: <ol style="list-style-type: none"> 1. Level 1 – no requirement. 2. At Level 2, programs must have a system in place for communicating pertinent information to families, both daily and at an annual family conference for each child 3. At Level 3, programs are required to meet the Level 2 Standard listed above in addition to having a program evaluation completed annually by families. 4. At Level 4, programs are required to meet the Levels 2 and 3 Standards listed above in addition to any family engagement standards required by the national accrediting body with whom they are accredited. Family engagement is included in all nationally accrediting bodies’ criteria. Communication with families on a daily basis and more formally on an annual basis, provision of information about resources that can assist families in meeting the needs of their child and encouragement of families to become involved in the activities of the early care and education program are examples.
State licensing requirements	N/A
Other <i>Describe:</i>	

Table (A)(1)-10: Status of all early learning and development workforce credentials⁶ currently available in the State				
List the early learning and development workforce credentials in the State	If State has a workforce knowledge and competency framework, is the credential aligned to it? <i>(Yes/No/ Not Available)</i>	Number and percentage of Early Childhood Educators who have the credential		Notes (if needed)
		#	%	
Bulletin 400: Nursery, Kindergarten Certificate	No	1,459	Not available	
Rules 46-47 Early Childhood Education, Kindergarten/Primary, Kindergarten Endorsement	No	7,593	Not available	
Rules 2002 Generalist Preschool	No	1,266	Not available	
REPA Early Childhood Education P-3	No	394	Not available	
Child Development Associate (CDA)	Yes	3,298	20.9%	CDA is included in the licensing regulations for centers and homes
Early Childhood Mental Health Credential	Yes	40	Not available	

⁶ Includes both credentials awarded and degrees attained.

List postsecondary institutions and other professional development providers in the State that issue credentials or degrees to Early Childhood Educators	Number of Early Childhood Educators that received an early learning credential or degree from this entity in the previous year	Does the entity align its programs with the State’s current Workforce Knowledge and Competency Framework and progression of credentials? (Yes/No/ Not Available)
Ancilla College	5	No-CKC adopted in April 2013
Anderson University	15	No
Ball State University	28	No
Bethel College	13	No
Indiana University Bloomington	36	No
Indiana University South Bend	17	No
Indiana Ivy Tech Community College	343	No
Manchester College	1	No
Martin University	5	No
Oakland City College	15	No
Purdue Calumet	12	No
Purdue North Central	11	No
Purdue West Lafayette	23	No
Saint of Mary’s of the Woods College	16	No
University of Southern Indiana	21	No
Vincennes University	8	No
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>		

Indiana does not currently have an adopted statewide Kindergarten Entry Assessment, which is a key component of our High-Quality Plan discussed in Sections C2 and E1.

State’s Kindergarten Entry Assessment	Essential Domains of School Readiness				
	Language and literacy	Cognition and general knowledge (including early mathematics and early scientific development)	Approaches toward learning	Physical well-being and motor development	Social and emotional development
Domain covered? (Y/N)	N	N	N	N	N

Table (A)(1)-12: Current status of the State’s Kindergarten Entry Assessment					
State’s Kindergarten Entry Assessment	Essential Domains of School Readiness				
	Language and literacy	Cognition and general knowledge (including early mathematics and early scientific development)	Approaches toward learning	Physical well-being and motor development	Social and emotional development
Domain aligned to Early Learning and Development Standards? (Y/N)	N	N	N	N	N
Instrument(s) used? (Specify)	N	N	N	N	N
Evidence of validity and reliability? (Y/N)	N	N	N	N	N
Evidence of validity for English learners? (Y/N)	N	N	N	N	N
Evidence of validity for children with disabilities? (Y/N)	N	N	N	N	N
How broadly administered? (If not administered statewide, include date for reaching statewide administration)	N	N	N	N	N
Results included in Statewide Longitudinal Data System? (Y/N)	N	N	N	N	N

Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State							
List each data system currently in use in the State that includes early learning and development data	Essential Data Elements						
	<i>Place an “X” for each Essential Data Element (refer to the definition) included in each of the State’s data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
Child Care Information System (CCIS)	X	X	X			X	

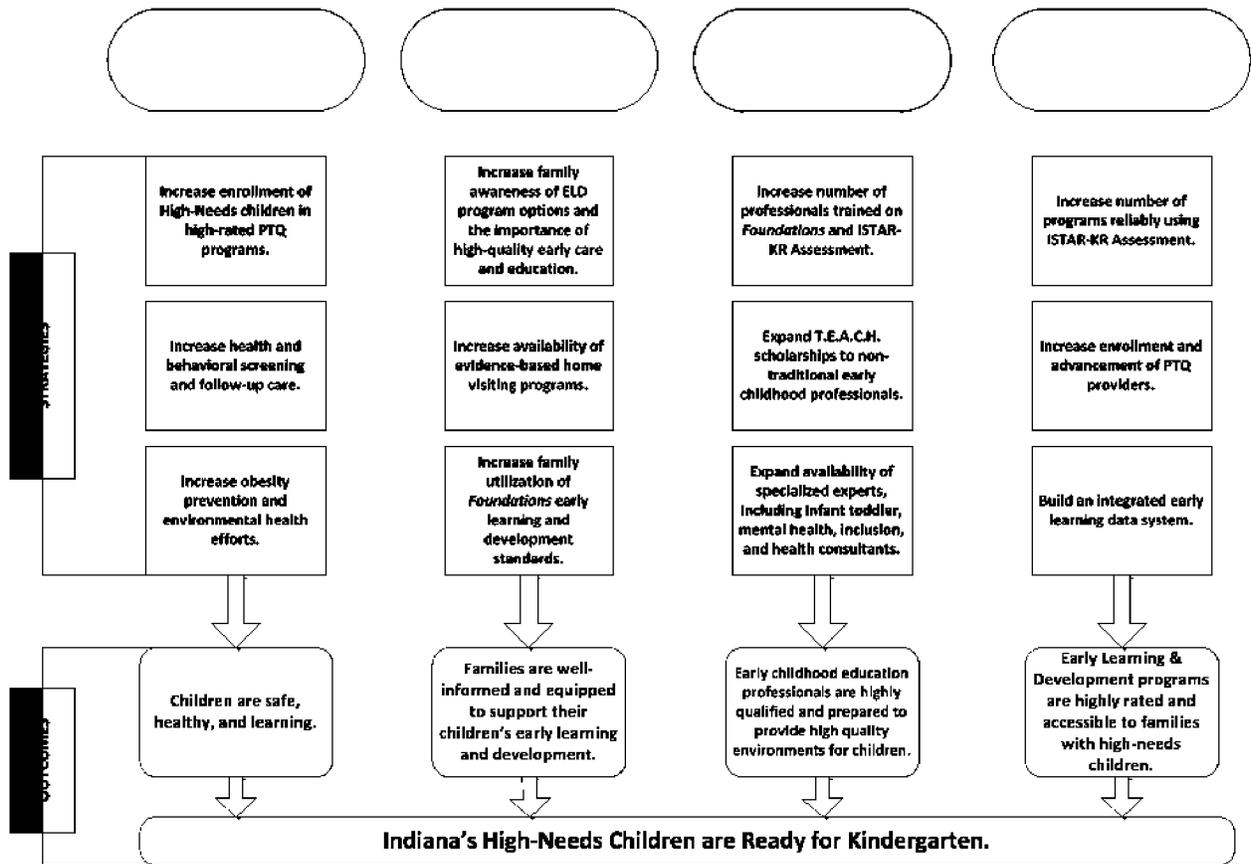
Table (A)(1)-13: Profile of all early learning and development data systems currently used in the State							
List each data system currently in use in the State that includes early learning and development data	Essential Data Elements						
	<i>Place an “X” for each Essential Data Element (refer to the definition) included in each of the State’s data systems</i>						
	Unique child identifier	Unique Early Childhood Educator identifier	Unique program site identifier	Child and family demographic information	Early Childhood Educator demographic information	Data on program structure and quality	Child-level program participation and attendance
Automated Intake System (AIS)	X		X	X		X	X
EPPIC electronic time and attendance capture	X		X				X
Training Tracking and Technical Assistance Management (TTAM)		X			X	X	
ISDH Data Repository	X			X		X	
ISTAR-KR	X	X	X				
TI – Title I	X		X	X			
SE – Special Education	X	X	X	X			X
<p><i>The Child Care Information System and the Automated Intake System interface fully. The EPPIC system interfaces with the Automated Intake System.</i></p> <p><i>The ISDH Data Repository is an Integrated Data System (IDS), in which various data sources such as vital records birth, new born hearing and screening, and birth defects are included.</i></p>							

(A)(2) Articulating the State’s rationale for its early learning and development reform agenda and goals

Indiana’s reform agenda targets four key audiences, or consumers: Children, Families, Early Childhood Professionals and Early Learning and Development (ELD) programs. We believe that this approach is essential to system reform as each component is crucial to the overall well being of children. Without this truly comprehensive approach, Indiana will not be able to obtain our goals of (1) Indiana’s Kindergarteners are ready to succeed in school; (2) Hoosier families have the necessary knowledge, skills and resources necessary to support their child’s well being, including academic success; (3) Early childhood educators are highly qualified and prepared to meet the needs of each student; and (4) ELD programs are highly rated

and accessible to families. This approach is outlined in our theory of change model depicted below.

Indiana’s Plan To Increase School Readiness For Children With High Needs



(a) Ambitious yet achievable goals for improving program quality, improving outcomes for Children with High Needs statewide, and closing the educational gaps between Children with High Needs and their peers;

Indiana has developed an aggressive and measurable reform agenda to improve the kindergarten readiness of High Needs children entering kindergarten. Indiana has four overarching goals to support this vision and key strategies included in our reform agenda.

1. Children are safe, healthy and learning.

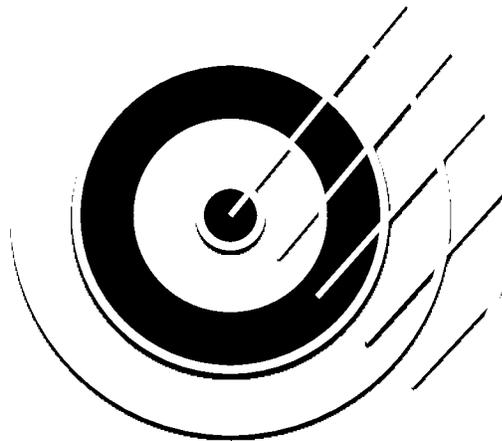
- ✓ 20,000 additional children participating in Paths to QUALITY programs. (Baseline is 80,000 for a total of 100,000).

- ✓ 90% of children, or 251,248, with High Needs receive a health and behavioral screening. (Baseline is 24%);
 - ✓ 90% of children with High Needs referred for services who received follow-up/treatment and follow-up care. (Baseline is unknown)
2. **Families are well-informed and equipped to support their children’s early learning and development.**
- ✓ Increase family utilization of *Foundations* early learning and development standards through user-friendly format and practical tools.
 - ✓ Increase availability of evidence-based home visiting programs.
 - ✓ Increase family awareness of high quality early learning and development program options and the importance of high-quality early care and education.
3. **Early childhood education professionals are highly qualified and prepared to provide high quality environments for children.**
- ✓ Increase the number of early childhood educators achieving higher levels of certificates, credentials and degrees by 50% or more.
 - ✓ 4,364 Early Childhood Educators credentialed by an “aligned” institution or provider, resulting in an increase of over a 1,000 Credentialed early learning professionals.
 - ✓ Expand T.E.A.C.H. scholarships and other educational incentives for early childhood educators and non-traditional early childhood professionals (up to 350 additional T.E.A.C.H. scholarships).
 - ✓ 29 postsecondary institutions and professional development providers that are aligned to the Workforce Knowledge and Competency Framework. (Baseline is 21.)
 - ✓ Expand knowledge and utilization of the new Core Knowledge Competency framework for professionals.
4. **Early Learning & Development programs are highly rated and accessible to families with high-needs children.**
- ✓ Increase unlicensed program enrollment in Paths to QUALITY by 10% each year of the four-year grant period.

- 58 new 619 of Part B of IDEA and Title 1 of ESEA Public Preschools
- 159 Unlicensed Registered Ministry ELD Programs
- ✓ 30% increase of ELD programs active in Paths to QUALITY Level 2 and Level 3.
- ✓ Increase number of programs reliably using ISTAR-KR comprehensive assessment.

(b) An overall summary of the State Plan that clearly articulates how the High-Quality Plans proposed under each selection criterion, when taken together, constitute an effective reform agenda that establishes a clear and credible path toward achieving these goals; and

Indiana is excited about the possibilities for our children and families. The recent years have included significant strides in improving early learning and development programs and systems. Through the Early Learning Challenge grant, Indiana will be equipped to build on the infrastructure and supports in place to create transformational, sustainable change. To increase the number of high needs children ready for kindergarten, Indiana has identified these key elements critical that will be wrapped around children and families.



High Needs Children
Ready to Learn

Foundation Standards
and Assessment

High Quality Early
Learning Programs

Great Workforce

Statewide
Longitudinal Data
System

A. Successful State Systems

High-quality early learning experiences are important for all children, but are critical in improving outcomes for High Needs children. Indiana already has in place a strong interagency coordination process and infrastructure between the participating agencies. An Early Learning

Advisory Council was recently appointed in September and will be responsible for overseeing the project with project management support provided by the Lead Agency, Family and Social Services Administration. The state infrastructure combined with the strong external support from Indiana’s business and early learning stakeholders positions Indiana to deliver on the bold goals we seek to achieve for Indiana’s young children in need.

B. High-Quality Accountable Programs

For the past five years, Indiana has experienced great success with a voluntary Tiered Quality Rating and Improvement System (TQRIS), Paths to QUALITY™, in both the enrollment and Level advancement of participating Early Learning and Development (ELD) programs. To date, approximately **90%** of Indiana’s licensed child care centers (522) and **63%** of Indiana’s licensed child care homes (1,753) are enrolled in Paths to QUALITY and have shown a commitment to continuous quality improvement through steady Level advancement. In total, 2,353 ELD programs have voluntarily enrolled in Paths to QUALITY. While Indiana has seen tremendous growth and advancement in ELD Program participation in Paths to QUALITY, there are still more ELD Programs that have yet to enroll in Paths to QUALITY. As a result, Indiana’s reform agenda includes expansion of Paths to QUALITY™ to license-exempt programs and ELL programs; plans to promote access to high-quality programs for high-needs children; and evaluate outcomes of children participating in Paths to Quality.

C. Promoting Early Learning and Development Outcomes for Children

Indiana has a High-Quality Plan to improve child outcomes for all children, especially high-needs children, by developing and implementing early learning and development standards in the essential domains of school readiness, all of which are not addressed in our current State system. We also have a plan to develop and implement a Comprehensive Assessment System, which will include the identification of a common assessment tool and build the capacity of programs and professionals to administer, collect and use the data. This new assessment system will allow us to better understand the progress and challenges of Indiana’s high-needs children and to make improvements to our early education and development system that will better meet their needs. We also plan to create a public “School Readiness Report” that will be available to families and early childhood educators and include key indicators about the child’s birth to five experiences and readiness factors for kindergarten.

Indiana’s High Quality Plan also focuses on expanding existing resources to create a coordinated model that cuts across disciplines and links systems to ensure that children are healthy and safe. We plan to expand our evidence-based home visiting programs, Nurse-Family Partnership and Healthy Families Indiana, to serve our most vulnerable, High Needs children and families to have a healthy start. We have identified a gap in the number of children with High Needs screened and referred for services and plan to address this through a significant expansion of screening and referrals to have children with potential developmental delays or autism spectrum disorders diagnosed early for interventions during those first critical five years of brain development.

D. Great Early Childhood Workforce

High-quality early education experiences are critical for improving the educational outcomes of Children with High Needs. Many elements impact the quality of early learning and development Programs. Well-trained early childhood educators who have the knowledge and skills to support each child’s learning and development are among the most important (Barnett, 2004). These frontline early childhood staff ensure that Early Learning and Development Standards, assessments and other best practices are implemented with fidelity, effectively bridging research and practice in every early childhood setting. Indiana relies on investments in a Great Workforce as a key strategy for improving program quality that will promote children’s learning and development and improve child outcomes. Indiana will enhance our Great Workforce by promoting access to effective professional development, supporting early childhood professional’s progression on the Career Lattice, and bolstering the capacity of the state to track and monitor workforce outcomes.

E. Measuring Outcomes and Progress

We don’t know what we don’t know. In Indiana data is a vital component of our High-Quality Plan. Embedded throughout our reform agenda, and fundamental to the success of our work, is the collection and sharing of information internally with participating state agencies and externally with families, educators and partners. Indiana has a strong track record for sharing data and being transparent in sharing student outcomes at the Indiana Department of Education and early learning program information at the Family and Social Services Administration. A

significant building block for Indiana will be the integration of this information to create consolidated, user-friendly reports at the individual child level, program level, and system level for families, educators and policy-makers to be informed about young children’s early learning experiences. As a result, the development of Indiana’s Statewide Longitudinal Data Tracking System (SLDS), which is currently underway and coincides perfectly with our High-Quality Plan and timeline, will include an integrated early learning data system among the participating state agencies is fundamental to Indiana’s plan.

(c) A specific rationale that justifies the State’s choice to address the selected criteria in each Focused Investment Area (C), (D), and (E), including why these selected criteria will best achieve these goals.

Focused Investment Area VI(C). Indiana has elected to respond to VI(C)(1), Developing and using statewide, high-quality Early Learning and Development Standards; VI(C)(2), Supporting effective uses of Comprehensive Assessments Systems; and (C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness in our application.

Rationale for Selecting VI(C)(1): Indiana believes that early learning and development standards, or things that children should know and be able to do, should serve as the foundation for quality standards, professional development and a comprehensive assessment system. Indiana has a strong foundation on which to build, but these standards need to be aligned and comprehensive to reflect all domains of development and readiness. The State selected VI(C)(1) because we do have progress on which to build and because a set of fully aligned comprehensive standards are foundational to the accountable programs and assessment systems we seek to develop.

VI(C)(2), Supporting effective uses of Comprehensive Assessments Systems: Educators, policymakers, parents and the public need to know whether children are ready to fully engage in formal learning. This information is critical to developing and delivering instructional practices that meet children’s learning needs, to establishing accountability for public investments in early childhood initiatives, and to understanding gains over time in the State’s kindergarten population. Indiana has an assessment tool, Indiana Standards Tool for Alternate Reporting ISTAR – Kindergarten Readiness (ISTAR-KR) that is being used by some Early Learning and Development Programs but not is consistently and/or systemically adopted and used statewide.

Indiana will build upon this experience to develop a Comprehensive Assessment System to document the progress being made by children, particularly high-needs children participating in State programs.

(C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness in our application: Health and school readiness begin long before a child enters a classroom. Young children who are healthy and safe are more prepared for school. “Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances and they are predictive of subsequent academic performance (Shonkoff and Phillips, 2000).” Indiana has identified gaps in its system that we will address through community partnerships to ensure that children’s health, behavioral and developmental needs are addressed in a timely and effective manner to improve school readiness.

Focused Investment Area VI(D). Indiana has elected to respond to (D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials; and (D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

(D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials: Just as we must have early learning standards to address what young children should know and be able to do, the early childhood workforce must have a consistent set of expectations of what teachers of young children should know and be able to do with the children in their care. Promoting Indiana’s new Core Knowledge Competency framework throughout all systems and settings will drive all early learning and development programs to have a better understanding of what is needed to support and to help families support the development and learning of young children. We selected this focused investment area because we have a strong foundation to build on through our Core Knowledge and Competency framework, but believe this must be fully integrated and aligned with all professional development for the field.

(D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities: Indiana’s plan to support early childhood educators in improving their knowledge, skills and abilities includes expanding access to professional development that is aligned with Indiana’s Workforce Knowledge and Competency Framework, tied to professional development coaching and mentoring, and providing scholarship and intensives that has strong evidence in

meeting child outcomes. Indiana intentionally has worked to develop and embed all early childhood professional development into established professional workforce systems – national Child Development Associate Credential (CDA), credit-based certificates, credentials and degrees in early childhood, family and consumer science and human services. Fifteen years of investment and intentionality in the Indiana Early Childhood Professional Development System provides statewide accessibility for the CDA, early childhood associate, bachelor and master degrees.

Focused Investment Area VI(E). Indiana has elected to respond to (E)(1)

Understanding the status of children’s learning and development at kindergarten entry; and (E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

(E)(1) Understanding the status of children’s learning and development at kindergarten entry: In order to address the school readiness gap for high-needs children, Indiana plans to adopt and implement a consistent Kindergarten Entry Assessment (KEA) to include all essential domains of school readiness. In a cross-State consortium with Ohio and Maryland, Indiana acting in an Advisory role, we are collectively working together to develop a new comprehensive KEA that will be used statewide in 2016-2017.

VI(E)(2), Building or enhancing an early learning data system to improve instruction, practices, services, and policies: Indiana will develop a coordinated early learning data system that is interoperable with the new Statewide Longitudinal Data System (SLDS) currently being developed in Indiana, facilitates exchange of data by using standard data formats and definitions, and provides the information necessary to improve instruction, practices, services, and policies.

Identification of the two or more selection criteria that the State has chosen to address in Focused Investment Area (C):

Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address

- X (C)(1) Developing and using statewide, high-quality Early Learning and Development Standards.
- X (C)(2) Supporting effective uses of Comprehensive Assessment Systems.
- X (C)(3) Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.
- X (C)(4) Engaging and supporting families.

Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (D):

Please check the box to indicate which selection criterion or criteria in Focused Investment Area (D) the State is choosing to address

- X (D)(1) Developing a Workforce Knowledge and Competency Framework and a progression of credentials.
- X (D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

Identification of the one or more selection criteria that the State has chosen to address in Focused Investment Area (E):

Please check the box to indicate which selection criterion or criteria in Focused Investment Area (E) the State is choosing to address

- X (E)(1) Understanding the status of children’s learning and development at kindergarten entry.
- X (E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies.

(A)(3) Aligning and coordinating early learning and development across the State

Governor Pence has established a single point of accountability for early learning and development programs, the Early Learning Advisory Committee (ELAC). ELAC will be responsible for assessing the availability and quality of early learning programs. The high-quality plan, located at the end of this section, also addresses the project management infrastructure critical to successful implementation of the activities outlined in this grant application.

(a) Demonstrating how the Participating State Agencies and other partners, if any, will identify a governance structure for working together that will facilitate interagency coordination, streamline decision making, effectively allocate resources, and create long-term sustainability, and describing--

The identified Participating State Agencies already have an established history of working together and built in infrastructure and systems, including the:

- Indiana ECCS grantee, Sunny Start,
- First Steps Inter-Agency Coordination Committee (ICC)
- Indiana Professional Development Network (INPDN)
- Paths to QUALITY Oversight and Coordination Committee

- Indiana Higher Education Forum
- United Way Ready to Earn Leadership Council
- Recently established Early Learning Advisory Committee

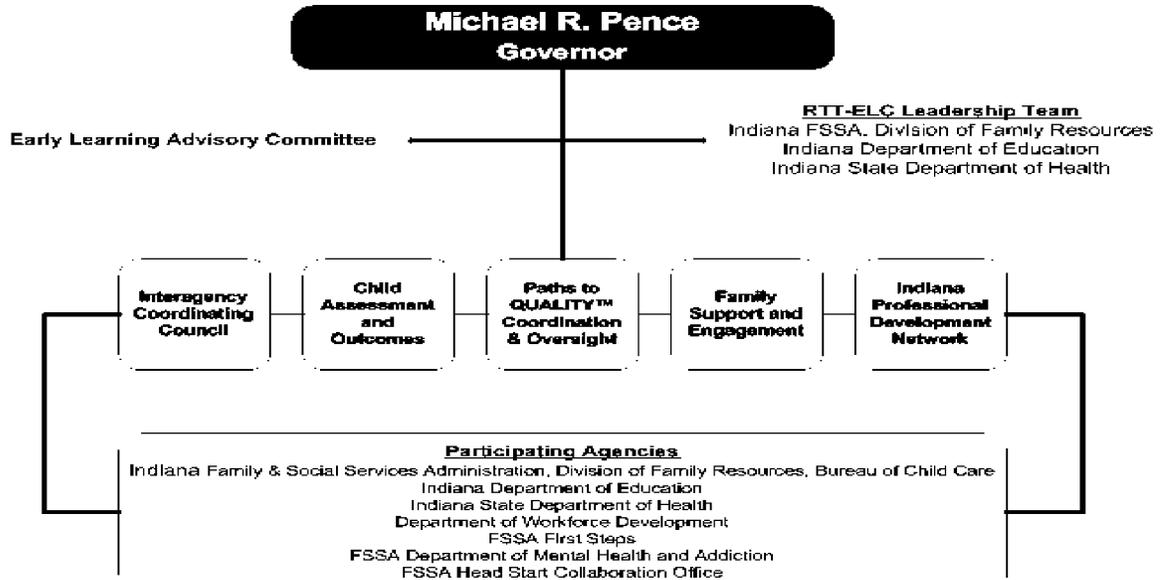
These existing relationships and the on-going collaborative work of each group have laid the groundwork for the governance structure of the RTT-ELC grant. The Governance Structure, included in the Appendix and depicted below, outlines the role and relationship between the state agencies and other partners. ELAC will ultimately oversee and be accountable for the High-Quality Plan. Family and Social Services Administration (FSSA), the designated Lead Agency, will have project management oversight responsibilities including acting as the fiscal agent, monitoring progress on the measurable goals and submitting reports,

In order to ensure appropriate interagency coordination, streamline decision-making, and ensure the effective and efficient allocation of resources, ELAC will convene senior-level staff from each of the participating agencies (FSSA, Indiana Department of Education, and the Indiana State Department of Health) to assist with the work identified in the High-Quality Plan.

(1) The organizational structure for managing the grant and how it builds upon existing interagency governance structures such as children’s cabinets, councils, and commissions, if any already exist and are effective;

The organizational structure was developed around the goals in the High-Quality Plan and the existing inter-agency councils and committees that naturally support these goals.

INDIANA’S PROPOSED GOVERNANCE STRUCTURE
RACE TO THE TOP – EARLY LEARNING CHALLENGE



Indiana has identified five Early Learning Challenge Committees, highlighted in blue in the chart above, that will work together to implement the High-Quality plan and provide council and recommendations to ELAC and the RTT-ELC Leadership Team.

RTT – ELL Committee	Applicable Section Criteria
Interagency Coordinating Council	<ul style="list-style-type: none"> • (A)(3) Aligning and Coordinating Early Learning and Development Across the State
Child Assessment and Outcomes	<ul style="list-style-type: none"> • (C)(2) Supporting Effective Uses of Comprehensive Assessment Systems; • (C)(3) Identifying and Addressing the Health, Behavioral, and Developmental Needs of Children with High Needs to Improve School Readiness; • (E)(1) Understanding the Status of Children’s Learning and Development at Kindergarten Entry • (E)(2) Building or Enhancing an Early Learning Data System to Improve Instruction, Practices, Services, and Policies
Paths to QUALITY and Oversight	<ul style="list-style-type: none"> • (B)(2) Promoting Participation in the State’s Tiered Quality Rating and Improvement System;

	<ul style="list-style-type: none"> • (B)(3) Rating and Monitoring Early Learning and Development Programs • (B)(4) Promoting Access to High-Quality Early Learning and Development Programs for Children with High Needs • (B)(5) Validating the Effectiveness of State Tiered Quality Rating and Improvement Systems
Family Support and Engagement	<ul style="list-style-type: none"> • C)(3) Identifying and Addressing the Health, Behavioral, and Developmental Needs of Children with High Needs to Improve School Readiness
Indiana Professional Development Network	<ul style="list-style-type: none"> • (D)(1) Developing a Workforce Knowledge and Competency Framework and a Progression of Credentials • (D)(2) Supporting Early Childhood Educators in Improving Their Knowledge, Skills, and Abilities

(2) The governance-related roles and responsibilities of the Lead Agency, the State Advisory Council on Early Childhood Education and Care, each Participating State Agency, and the State’s Interagency Coordinating Council for Part C of IDEA, and other partners, if any;

FSSA will be the designated Lead Agency, or fiscal agent. The department has named Melanie Brizzi, Director of the Bureau of Child Care under the Division of Family Resources, to oversee the executive management for the grant. FSSA will coordinate with fiscal staff from all agencies receiving funding from the RTT-ELC grant, and prepare all fiscal reports as required by the US Department of Education and the US Department of Health and Human Services.

A project manager will be hired by FSSA to oversee all grant-related management activities. Existing staff at FSSA, IDOE and ISDH, the agencies that have oversight for the majority of projects outlined in this application, have designated current staff that will provide administrative support to fulfill the grant obligations. The project manager will be responsible for ensuring that the State adheres to the timelines set forth in this application and that Participating Agencies fulfill individual scopes of work as described in the Memorandum of Understanding (MOU) in Appendix Attachment A2.

IDOE has designated Charlie Geier, Director of Early Learning and Intervention to manage the plan, and ISDH has designated Andrea L. Wilkes, Public Health Administrator with the Division of Maternal and Child Health.

(3) The method and process for making different types of decisions (e.g., policy, operational) and resolving disputes; and

FSSA, Division of Family Resources, Bureau of Child Care will use the interagency project teams to process operational and policy decisions impacting multiple agencies. These teams will use a consensus process to develop a recommended course of action on issues brought before them. The Director of the Bureau of Child Care will share the recommendations with the ELAC when making final policy or operational decisions. Disputes among agencies concerning early learning policy or practice will be resolved by the ELAC. In the event that a Participating Agency disputes a decision made, the dispute will be taken to the Governor’s Office.

Upon award of the RTT-ELC grant a formalize decision making tree will be drafted and agreed upon by the ELAC and the RTT-ELC Leadership Team. Decision making will be collaborative and will include input from key stakeholders whenever feasible.

(4) The plan for when and how the State will involve representatives from Participating Programs, Early Childhood Educators or their representatives, parents and families, including parents and families of Children with High Needs, and other key stakeholders in the planning and implementation of the activities carried out under the grant;

The Director of the Bureau of Child Care will convene the RTT-ELC Leadership Team quarterly to share progress on the reform agenda, vet policy and operational considerations, and discuss issues brought forward by ELAC members. In addition to these quarterly meetings of the Leadership Team, the other four project teams, or Committees, will seek the input from key stakeholders, including families, parents, early childhood educators, and administrators. Each of the existing committees and councils listed above currently include representation from key stakeholders. The RTC-ELC Leadership team is committed to continuing this practice to ensure that the voices of those impacted will be included in project design and implementation.

(b) Demonstrating that the Participating State Agencies are strongly committed to the State Plan, to the governance structure of the grant, and to effective implementation of the State Plan, by including in the MOUs or other binding agreements between the State and each Participating State Agency--

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
Indiana Family and Social	<ul style="list-style-type: none"> • Serve as lead agency (fiscal agent) for the grant

Table (A)(3)-1: Governance-related roles and responsibilities	
Participating State Agency	Governance-related roles and responsibilities
Services Administration	<ul style="list-style-type: none"> • Provide project management and support staff; • Ensure compliance with timelines and activities as outlined in grant application • Participate on interagency teams <input type="checkbox"/> • Senior-level deputy accountable for monitoring agency scope of work • Accountable to engage agency stakeholders in implementation of specific scope of work
Indiana Department of Education	<ul style="list-style-type: none"> • Participate on interagency teams <input type="checkbox"/> • Senior-level deputy accountable for monitoring agency scope of work • Accountable to engage agency stakeholders in implementation of specific scope of work
Indiana State Department of Health	<ul style="list-style-type: none"> • Participate on interagency teams <input type="checkbox"/> • Senior-level deputy accountable for monitoring agency scope of work • Accountable to engage agency stakeholders in implementation of specific scope of work
Other Entities	
State advisory council on early childhood education and care	Provides direction to the overall project, participates in planning, decision making and review, provides direction on overall system building
State Interagency Coordinating Council for Part C of IDEA	Provides expertise, participates in planning, and review of portions of the RTT-ELC impacting children with special needs birth -3
Indiana Head Start State Collaborative Office	Provides expertise, participates in planning, and review of portions of the RTT-ELC impacting High Need children; engage Head Start programs and families.
Indiana Professional Development Network	Provides expertise, participates in planning and review of initiatives focused on professional development for Early Childhood Educators
Paths to QUALITY Oversight and Coordination Committee	Provides expertise, participates in planning and review of initiatives impacting Paths to QUALITY
Child Assessment and Outcomes Committee (proposed)	Provides expertise, participates in planning, provides review of initiatives related to child assessment and measuring outcomes
Family Support and Engagement Committee (proposed)	Provides expertise, participates in planning and review of Initiatives impacting families

- (1) Terms and conditions that reflect a strong commitment to the State Plan by each Participating State Agency, including terms and conditions designed to align and leverage the Participating State Agencies’ existing funding to support the State Plan;**

Each Participating State Agency has executed an MOU that demonstrates a strong commitment to the State Plan. See Appendix (A)(3)(c) for copies of the MOU.

- (2) “Scope-of-work” descriptions that require each Participating State Agency to implement all applicable portions of the State Plan and a description of efforts to maximize the number of Early Learning and Development Programs that become Participating Programs; and**

See Appendix (A)(3)(c) for the Scope of Work for each Participating Agency.

- (3) A signature from an authorized representative of each Participating State Agency; and**

Each Participating State Agency has signed their respective MOU and Assurances and Certifications form.

- (c) Demonstrating commitment to the State Plan from a broad group of stakeholders that will assist the State in reaching the ambitious yet achievable goals outlined in response to selection criterion (A)(2)(a), including by obtaining--**

Indiana has broad support from a wide variety of stakeholders, including **50** letters of support submitted by community partners representing early childhood intermediary groups, early and learning and development programs, schools, funders, business, government, and other community based organizations.

- (1) Detailed and persuasive letters of intent or support from Early Learning Intermediary Organizations, and, if applicable, local early learning councils; and**

Table (A)(3)-2: Early Learning Intermediary Organizations and local early learning councils (if applicable)	
List every Intermediary Organization and local early learning council (if applicable) in the State	Did this entity provide a letter of intent or support which is included in the Appendix (Y/N)?
4C of Southern Indiana	Y
About Special Kids	Y
Child Care Aware of America	Y
Children Health Improvement Partnership (CHIP)	Y
Early Learning Advisory Council (ELAC)	Y
First Steps	Y
Governor’s Early Learning Advisory Committee	Y
Great Lakes Comprehensive Center	Y
Indiana Association for Child Care Resource & Referral	Y
Indiana Association for the Education of Young Children, Inc.	Y
Indiana Association of United Ways	Y
Indiana Council for Exceptional Children	Y
Indiana Early Childhood Education Forum	Y
Indiana Head Start State Collaborative	Y
Indiana Operation Military Kids	Y
Improving Kids’ Environment	Y
Talent Alliance	Y
United Way of Central Indiana	Y
United Way of Greater Lafayette	Y
Welborn Baptist Foundation	Y
<i>[Add additional rows as needed and enter text here to clarify or explain any of the data, if necessary.]</i>	

(2) Letters of intent or support from such other stakeholders as Early Childhood Educators or their representatives; the State’s legislators; local community leaders; State or local school boards; representatives of private and faith-based early learning programs; other State and local leaders (e.g., business, community, tribal, civil rights, education association leaders); adult education and family literacy State and local leaders; family and community organizations; representatives from the disability community, the English learner community, and entities representing other Children with High Needs (e.g., parent councils, nonprofit organizations, local foundations, tribal organizations, and community-based organizations); libraries and children’s museums; health providers; public television stations, and postsecondary institutions.

Supporting Organization	Did this entity provide a letter of intent or support which is included in the Appendix (Y/N)?
1 st Kids, Inc.	Y
Anthem Indiana Medicaid	Y
Ball State University	Y
Child and Adult Care Food Program	Y
Day Nursery	Y
Division for Physical, Health and Multiple Disabilities	Y
Evansville Regional Business Committee, Inc.	Y
Evansville Vandeburgh School Corporation	Y
Family Voices Indiana	Y
Fort Wayne Community Schools	Y
Goodwill Industries of Central Indiana, Inc.	Y
Indiana Academy of American Pediatrics	Y
Indianapolis/Marion County Public Library	Y
Indianapolis Public Schools	Y
Indiana Center for Education and Career Innovation	Y
Indiana Commission on Hispanic/Latino Affairs	Y
Indiana Department of Child Services	Y
Indiana Department of Environmental Management	Y
Indiana State Department of Health Children’s Special Health Care Services Division	Y
Indiana State Department of Health Division of Nutrition and Physical Activity	Y
Indiana State Representative Mahan	Y
Lakeshore Learning	Y
Mental Health America of Indianapolis	Y
PNC Bank	Y
Purdue University Extension Office	Y
Riley Child Development Center	Y
Teaching & Mentoring Communities (Migrant Head Start)	Y
University of Evansville	Y
University of Southern Indiana	Y
Wayne Township Preschool	Y

(A)(4) Developing a budget to implement and sustain the work of this grant.

(a) Demonstrates how the State will use existing funds that support early learning and development from Federal, State, private, and local sources (e.g., CCDF; Title I and II of ESEA; IDEA; Striving Readers Comprehensive Literacy Program; State preschool; Head Start Collaboration funding; MIECHV program; Title V MCH Block Grant; TANF; Medicaid; child welfare services under Title IV (B) and (E) of the Social Security Act; Statewide Longitudinal Data System; foundation; other private funding sources) for activities and services that help achieve the outcomes in the State Plan, including how the quality set-asides in CCDF will be used;

Indiana has identified the following existing funds that will be used for activities and services to help achieve the outcomes in the State Plan. The **Early Education Matching Grant, EEMG**, is our new, and first, state-funded preschool. The Indiana General Assembly approved this new program in the past legislative session to:

- Increase the number of high risk 4 year olds with access to high quality programs, defined as Level 3 or 4 in Paths to QUALITY. (IC12-17.2-3.7-13)
- Supplement and not Supplant (source of the match)
- Increase investment in Early Education and
- Promote Public Private Partnerships

Indiana’s High-Quality Plan includes an expansion of this matching grant (additional \$6,000,000) to serve more children and to target specific Early Learning and Development programs as an incentive to become license and enroll in Paths to QUALITY. FSSA and IDOE will jointly manage this project and work together to accomplish the identified goals.

The **Child Care and Development Block Grant** is a critical funding source for Indiana’s High-Quality Plan as it supports the state’s TQRIS, Paths to QUALITY, and provides child care for low-income families. Both of these are fundamental to our vision for increasing kindergarten readiness of High Needs children.

Indiana’s **Maternal, Infant, and Early Childhood Home Visiting (MIECHV)** program facilitates collaboration and partnership at the state, and community levels to improve health and development outcomes for High Needs children through evidence-based home visiting programs. Indiana’s High-Quality Plan includes expansion of our MIECHV programs, Nurse Family Partnership and Healthy Families, to ensure that our most vulnerable children have a healthy and safe start and are ready for school. The MIECHV programs also support our High Needs families

by informing and equipping them with the knowledge, skills and support necessary to help their children thrive.

The **Head Start State Collaborative Office** and **Social Services Block Grant** will support the Governance and inter-agency collaboration of our State Plan.

Table (A)(4) – 1 Existing other Federal, State, private, and local funds to be used to achieve the outcomes in the State Plan.

Source of Funds	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Total
<i>EEMG</i>	NA	NA	2,000,000	2,000,000	4,000,000
<i>CCDBG (SFY Actual for FY12, 13, estimated for FY14,15)</i>	183,828,450.53	201,461,326	205,015,313	205,015,313	979,148,852
MIECHV	3,290,486	3,290,486	3,290,486	3,290,486	13,161,944
Head Start State Collaborative Office	218,750	218,750	207,138	207,138	851,776
SSBG	162,000	162,000	162,000	162,000	648,000

(b) Describes, in both the budget tables and budget narratives, how the State will effectively and efficiently use funding from this grant to achieve the outcomes in the State Plan, in a manner that--

(1) Is adequate to support the activities described in the State Plan;

Indiana prepared a budget (in Section VIII) sufficient to support both the activities described in this application and the associated High-Quality Plans. Cross-agency collaboration supports the proposed high-quality plans attached to this application as well as demonstrates Indiana's commitment to the work and the State's ability to leverage existing funds and ensure the long-term viability of early childhood education in Indiana, especially for the children who need the most educational support.

(2) Includes costs that are reasonable and necessary in relation to the objectives, design, and significance of the activities described in the State Plan and the number of children to be served; and

Refer to Section VIII, Budget, for Indiana’s budget and narratives that explain the budget and how it connects to the State’s plan.

(3) Details the amount of funds budgeted for Participating State Agencies, localities, Early Learning Intermediary Organizations, Participating Programs, or other partners, and the specific activities to be implemented with these funds consistent with the State Plan, and demonstrates that a significant amount of funding will be devoted to the local implementation of the State Plan; and

Refer to Section VIII, Budget, for Indiana’s budget and narratives that explain the budget , the Participating Agencies role and responsibilities and how it connects to the State’s plan.

(c) Demonstrates that it can be sustained after the grant period ends to ensure that the number and percentage of Children with High Needs served by Early Learning and Development Programs in the State will be maintained or expanded.

Indiana sees this State Plan as an opportunity to mobilize and accelerate the positive impact on additional High Needs children within early learning. As a result, Indiana has thoughtfully and carefully, in partnership with several Participating State Agencies, Intermediary Organizations and other stakeholders, developed a High-Quality Plan to increase kindergarten readiness for High Needs children. As explained in the narrative in the upcoming sections, several of these projects are already underway, and our State Plan is to expand and increase their impact, such as the Early Education Matching Grant and the Maternal, Infant, and Early Childhood Home Visiting programs through the duration of this grant.

Within this proposal, the projects pertaining to the development of program and educational standards, assessments, professional development, formative instruction modules, and data systems are one-time costs. The investment in these one-time tools and systems, and the activities associated with moving systems and processes online, will make ongoing maintenance and operation of systems more efficient and less expensive, thus further enabling Indiana to sustain this work in the future.

Further, the dedication and commitment of existing staff from the various agencies participating in this project will continue in early childhood development after this grant ends. Participating agencies are committed to the reallocation and repurposing of existing resources to continue the early childhood education and development work outlined in this grant. Existing

resources that will be leveraged for projects related to the RTT-ELC grant will continue both for RTT-ELC purposes and to support their related goals. For projects which require a new infusion of resources, demonstration projects and better data collection for making decisions will assist the State in making future decisions about how to target resources to ensure that High Needs children are receiving high-quality care and education.

Last but not least, Indiana has a strong and committed private sector, as explained in Section VII. At the state and local level, business and community leaders are coming together to leverage funding to support our youngest and most vulnerable children. They see the value and impact that supporting early learning has on creating healthy communities and thriving economies.

Overall, the reforms contained in the application will result in transformational and lasting improvements to Indiana's early learning and development system and help Indiana invest future dollars in a more targeted and strategic way.

B. High-Quality, Accountable Programs

Indiana understands the importance of providing a well-defined, progressive pathway to improving the quality of early learning and development programs for all Hoosier children. Research studies demonstrate that high-quality early learning experiences are important for all children, but are critical in improving outcomes for High Needs children. From birth through age 5 is the most important time for growth of the human brain. A child’s brain develops in response to the child’s experiences by building neurological networks in reaction to the environment.⁷ A child’s experiences in a child care program can also significantly contribute to that brain development and the future success of the child. High quality child care programs are essential, not only to Hoosier children, but also to their families and to the communities in which they live. Parents need stable, high quality care in order to be productive at work. They count on their child care provider to ensure that their child is safe, healthy and learning during those hours they must be at work. Our school systems need children who are entering school prepared and ready to succeed. Businesses need a high quality work force both now and in the future.

“Many things can wait; children cannot. Today, their bones are being formed, their blood is being made, their senses are being developed. To them, we cannot say ‘tomorrow.’ Their name is today.” Gabriela Mistral, Nobel Laureate in Literature (1945)

In response to the research and community need, Indiana has created a common, statewide Tiered Quality Rating and Improvement System (TQRIS) that provides access to high-quality and accountable programs for all of Indiana’s young children and their families. Currently, Paths to QUALITY rated providers serve over 87,000 children, including over 23,000 children with high needs. Now, through the Early Learning Challenge Grant, Indiana will build on its existing TQRIS, Paths to QUALITY, to expand access to over 20,000 additional High Needs children.

Paths to QUALITY is the framework for systemic, continuous quality improvement of early care and education in Indiana. As such, Paths to QUALITY must be continually refined as

⁷ Shonkoff, J.P. and Phillips, D.A. (Eds.); Committee on Integrating the Science of Early Childhood Development; Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education, National Research Council and Institute of Medicine. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.

emerging research indicates the best measures for increasing positive outcomes for children. Indiana's early yet sustained success with Paths to QUALITY illustrates a longstanding statewide commitment to continuous quality improvement and demonstrates that Indiana continues to increase program participation in Paths to QUALITY; support Paths to QUALITY programs in their continual quality improvement efforts; provide opportunities for early care professionals to increase their education and training; and provide families with high quality, accountable Early Learning and Development (ELD) Programs that meet their needs.

This section will discuss the expansion of Paths to QUALITY ; plans to promote participation in the TQRIS; rate and monitor programs that participate in Paths to QUALITY ; promote access to high-quality programs for high-needs children; and evaluate the effectiveness of the TQRIS. Indiana outlines its plan for promoting continuous improvement in early learning and development at the end of Section (B).

(B)(1) Developing and adopting a common, statewide Tiered Quality Rating and Improvement System

Paths to QUALITY is a successful, statewide, four-tiered quality rating and improvement system available to all types of early learning programs including for-profit and not-for-profit licensed child care centers, licensed family child care homes, unlicensed registered child care ministries, before and after school programs, Head Start programs, and publicly funded Pre-K programs within schools. Paths to QUALITY embeds ELD Program licensing at the entry level, Level 1, national accreditation by an approved accrediting body at the highest level, Level 4, and incremental quality improvements in between each level. The Paths to QUALITY program standards are evidence-based best practices and include health and safety requirements, increased educational achievement and ongoing training for teaching staff, and use of a curriculum that is based on formative child assessment and aligns with Indiana's Early Learning and Development Guidelines, Foundations for Young Children from Birth to Age 5. To date, 2,353 settings serving more than 87,000 children (infants through school-age) have received a rating. Indiana will adopt policies that promote, support and incentivize participation of all programs types, including school-based providers and other licensed exempt ELD programs.

Indiana's Paths to QUALITY has been available statewide since January 2009. All 92 Counties in the State have early education and development programs participating in Paths to QUALITY . Paths to QUALITY is built on a homegrown model that was developed in Fort

Wayne, Indiana by the Early Childhood Alliance. In 1996, a community based collaboration of philanthropic organizations, businesses, government schools and other interested organizations created The Child Care and Early Education Partnership and funded, managed, and submitted to the Fort Wayne community a report titled *Child Care & Early Education: Everyone's Business* (see Appendix). Findings from the report resulted in a grassroots community vision for a strong, quality early care and education system in Indiana. Four years later, Paths to QUALITY was implemented by Early Childhood Alliance in Fort Wayne (Allen County) and surrounding counties, and later by Community Coordinated Child Care of Southern Indiana (4C of Southern IN) in Southwestern Indiana (Evansville and surrounding counties), and ultimately was adopted as the statewide system and was implemented in 2007 by the Indiana Family and Social Services Administration, Bureau of Child Care in partnership with several Early Learning Intermediaries including a network of local Child Care Resource and Referral agencies and the Indiana Association for the Education of Young Children (Indiana AEYC).

The Paths to QUALITY program's established governance structure (Appendix – Paths to QUALITY System Chart) is successful because of the involvement and investment of a wide array of stakeholders. Paths to QUALITY is administered by the Indiana Family and Social Services Administration, Division of Family Resources, Bureau of Child Care (Lead Agency for this grant) in direct partnership with nine local Child Care Resource and Referral Agencies; the Indiana Association for Child Care Resource and Referral (IACCRR); the Indiana Association for the Education of Young Children (IAEYC); and The Consultants Consortium (TCC/TCC Software Solutions). The Bureau of Child Care is also the lead agency for Child Care Development Fund (CCDF) administration in Indiana. Paths to QUALITY coordination and oversight occurs through an established committee structure involving the Bureau of Child Care, IACCRR, IAEYC, TCC, the Indiana Office of the Head Start Collaboration Director, the Indiana Department of Education, United Way of Central Indiana, and Purdue University.

During the 2013 legislative session, the Indiana General Assembly passed four significant pieces of legislation which have already become law that promote and support Paths to QUALITY and will encourage increased program participation:

1. An Early Learning Advisory Committee was created as an advisory group to early childhood education initiatives and projects. (IC 12-17.2-3.7).

2. The Paths to QUALITY program was officially codified as Indiana’s quality rating and improvement system (IC 12-7-2-135.8).
3. An evaluation project was mandated requiring the collection of data related to the educational outcomes of low-income children enrolled in Levels 3 and 4 of Paths to QUALITY programs (IC 12-17.2-3.7).
4. An Early Education Matching Grant was established to provide funding to support the enrollment of additional four year olds in Levels 3 and 4 Paths to QUALITY programs (IC 12-17.2-3.7).

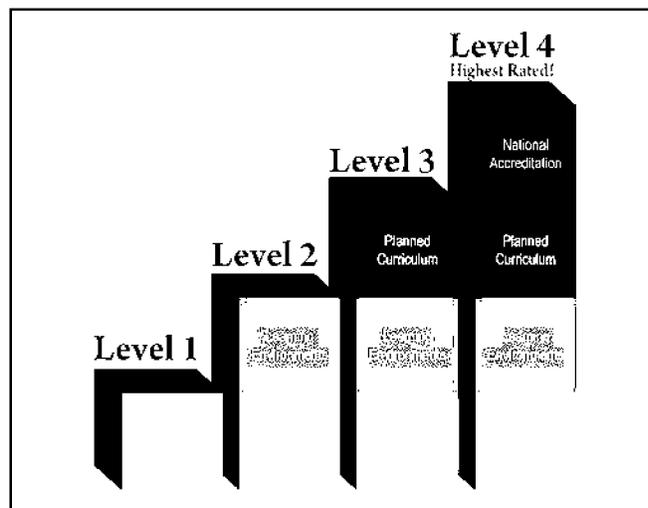
(B)(1)(a) TQRIS based on a statewide set of tiered Program Standards

Paths to QUALITY utilizes a tiered building block structure with four differentiated levels of quality. Each level has a set of quality Program Standards that must be met, and each program standard has a set of indicators that must be met. To advance in the Paths to QUALITY system, a program must meet all standards for the new level, while also maintaining the standards for lower levels. The standards for Paths to QUALITY are consistent but tailored for licensed family child care homes, licensed child care centers and unlicensed registered ministries.

(1) Early Learning and Development Standards

Early learning and development standards are a part of each Paths to QUALITY Level, from the baseline early learning and development standards in licensing requirements (Level 1) to the highest early learning and development standards at Accreditation (Level 4). Paths to QUALITY program standards require programs to:

- ✓ Provide an environment that is welcoming and nurturing for the emotional and social well-being of all children (all Paths to QUALITY programs, Levels 2-4);
- ✓ Provide developmentally-appropriate learning/interest centers that invite children’s exploration and reflect the age, interest and abilities of each child. Interest centers must include reading, writing, art,



- blocks, dramatic play, math/numbers, music and movement, nature and science, sensory play, and small motor/manipulative (all Paths to QUALITY programs, Levels 2-4);
- ✓ Provide for children’s language and literacy skill development by reading to children daily and encouraging them to explore books and other print materials (all Paths to QUALITY programs, Levels 2-4);
 - ✓ Implement a planned curriculum that addresses the stages of child development (all Paths to QUALITY programs, Levels 3-4);
 - ✓ Write and follow a plan for effectively caring for children with special needs (all Paths to QUALITY programs, Levels 3-4);

(2) A Comprehensive Assessment System;

A Comprehensive Assessment System (CAS) is intended to provide information about the process and context of young children’s learning and development in order to assist Early Childhood Educators in making informed instructional and programmatic decisions that will foster and support optimum learning and development. At a minimum it includes: Screening Measures, Formative Assessments, Measures of Environmental Quality; and Measures of the Quality Adult-Child Interactions. Paths to QUALITY progressively incorporates the elements of a CAS as programs move to higher tiers and their Early Childhood Educators expand their knowledge and skills. At Levels 3-4, Paths to QUALITY centers and ministries are required to develop a curriculum based on formative child assessment. The Paths to QUALITY Standards are currently being revised to include this standard for family child care homes. Additionally, Indiana’s High-Quality Plan includes training, technical assistance, and other program supports to enable all Paths to QUALITY programs to use a common, comprehensive Pre-K assessment, the ISTAR-KR (further discussed in Section C3).

(3) Early Childhood Educator qualifications;

Requirements for early childhood educator qualifications increase incrementally throughout the Paths to QUALITY program standards, from the baseline annual training requirements in Indiana’s licensing requirements (Level 1) to the highest educator qualifications requirements at National Accreditation (Level 4).

- For Paths to QUALITY child care centers and child care ministries at Level 2, at least 25% of teaching staff, including the Director, must have either a Child Development

Associate (CDA) credential or equivalent; an early childhood degree or equivalent; or have completed 45 clock hours of educational training leading to an early childhood degree or CDA credential. At Level 3, this applies to at least 50% of teaching staff, including the director, and the number of educational training hours required is 60.

- For Paths to QUALITY child care centers and child care ministries at Level 2, at least 50% of teaching staff, including the Director, must have 15 hours of annual in-service training focused on topics relevant to early childhood. At Level 3, 20 hours are required.
- For Paths to QUALITY child care homes at Level 2, the lead caregiver must have either a CDA or equivalent; an early childhood degree or equivalent; or have completed 45 clock hours of educational training leading to an early childhood degree or CDA credential. At Level 3, the lead caregiver must have a CDA/equivalent, ECE degree/equivalent, or have completed 60 hours of educational training leading to an ECE degree or CDA. At Level 4, the lead caregiver must have a CDA/equivalent or an ECE degree/equivalent.
- For Paths to QUALITY child care homes at Level 2, at least 50% of assistant caregivers, including the lead caregiver, must have 15 hours of annual in-service training focused on topics relevant to early childhood. At Level 3, 20 hours are required.

(4) Family engagement strategies;

Indiana supports Head Start’s philosophy that regardless of the particular strategies that programs and families choose, the necessary ingredients for program success must include a commitment towards goal-directed, positive, culturally, responsive and respectful relationships with families and a system-wide, integrated and comprehensive parent, family, and community engagement approach. As a result, family engagement is embedded throughout the Paths to QUALITY Program Standards for each level.

- All Level 1 programs must have a system in place for communicating pertinent information to families daily.
- Level 2 programs must also offer an annual family conference for each child.
- At Level 3, all programs must meet the Level 1 and 2 requirements in addition to having families complete an annual program evaluation.
- Level 4 programs must continue to increase their family engagement activities as required by their national accrediting bodies.

In spring 2013, the Indiana General Assembly passed IC 12-17.2-3.7. This statute requires the Division of Family Resources to develop a framework of family engagement for Paths to QUALITY providers at Levels 3 and 4. The Bureau of Child Care is currently working with a group of stakeholders with expertise in family engagement, including representatives from Head Start and higher education, to develop this expanded framework that will enhance the family engagement requirements within Paths to QUALITY . Additionally, IC 12-17.2-3.7 requires the Bureau of Child Care to evaluate the educational outcomes of children attending Level 3 and Level 4 programs, and this evaluation must include measuring the effectiveness of family engagement activities within those programs. Purdue University will be expanding their current evaluation of Paths to QUALITY (discussed in B5) to include these requirements of the legislative mandate.

The Indiana Association for Child Care Resource and Referral, the Bureau of Child Care, and the Head Start Collaboration Office have partnered in implementing a Child Care/Head Start Liaison Project which, among other things, provides ELD programs with resources, training, and technical assistance that lead to outcomes aligned with the Head Start family and parent engagement outcomes. Indiana’s High-Quality Plan for use of RTT-ELC funds includes a project to expand the Child Care/Head Start Liaison Project. The expanded project will support and strengthen family engagement activities in Paths to QUALITY programs at Levels 2, 3, and 4, with incremental steps toward full implementation at Level 4.

(5) Health promotion practices;

Level 1 programs meet Indiana’s licensing requirements for minimum health and safety standards and must develop and implement basic health and safety policies and procedures. In 2012, based on feedback from the first Purdue evaluation of Paths to QUALITY that indicated programs were scoring poorly in the area of personal care routines on the Environmental Rating Scale,⁸ Indiana created a supplemental self-assessment for all ELD programs around health and safety practices, including six key best practices:

1. Staff and children wash hands using the proper procedure at the appropriate times
2. Safe Sleep practices for all children are followed.

8 (Harms, Cryer, & Clifford, 1998; 2003; 2007)

3. Proper diapering, cleaning, and sanitation procedures are followed.
4. Food is properly served in a safe and sanitary manner, including cleanliness of eating surfaces.
5. The indoor area is safe, clean, and free of clutter and equipment is in good repair.
6. The outdoor area is safe, clean, and free of clutter and equipment is in good repair.

The assessment was developed using State ELD program licensing regulations, *Caring for our Children 3rd Edition*, and policies from the Centers for Disease Control (CDC) by a large group of stakeholders including: registered nurses from the Bureau of Child Care Health Consultant Program; representatives from the Child and Adult Care Food Program (CACFP); Paths to QUALITY coaches; Child Care Resource and Referral training and technical assistance specialists; and State ELD program licensing staff. After the assessment was developed, these and additional stakeholders were trained on the assessment to ensure consistent promotion of health practices across ELD programs.

Licensing staff, Paths to QUALITY coaches, and T/TA specialists are promoting the use of the self-assessment during monitoring and coaching/TA visits to assist programs with effectively measuring and improving their implementation of health and safety practices. Face-to-face trainings on the importance of health and safety practices and tips for embedding them in an ELD program are being offered statewide. Indiana is also using technology effectively to reach thousands of early childhood educators through distance trainings adapted from the face-to-face sessions.

The RTT-ELC grant will allow Indiana to increase training and technical assistance around effective health promotion and practices, not only in the consistent maintenance of fundamental health practices within ELD programs, but also through other means such as the use of effective screenings, early intervention, and other key health measures discussed in Section C of this application. In addition, Indiana will implement a new Credential for licensing staff to strengthen out capacity in this area (further discussion in Section D2). Indiana's High-Quality Plan for RTT-ELC funds also includes efforts to increase the environmental health of Paths to QUALITY programs.

(6) Effective data practices

Indiana maintains its TQRIS data in a centralized system called the Child Care Information System (CCIS). See appendix item XX for a diagram of this system. This robust data system is available to Paths to QUALITY partners and includes program, professional and child level data. An extensive case management system allows for effective, streamlined communication among partners and measurement of the effectiveness of practices within the system. CCIS utilizes a Server Query Language (SQL) Server database that assigns unique identifiers to providers, inspections, enforcements and other licensing data and maintains relational integrity between data entities. The CCIS data is secured behind an internet firewall and is supported by a team of system administrators. Backup routines are in place in the event that disaster recovery is necessary.

Information System

RCCS | PTQ | PES | CCDF Quality | Caregivers Search | Admin

Welcome Andy

October 8th 2013 07:30

[My Contact Info](#)

[Application Request](#)

Release Notes:

- [RCCS Version 6.7](#)
- [CCIS Version 6.6](#)
- [PTQ Version 2.5](#)
- [RCCS Version 6.4.1](#)
- [State Exchange Beta](#)

CCIS is also used by Paths to QUALITY coaches and specialists to maintain program caseload data. Paths to QUALITY program raters use the system to enter the results of Level rating visits, including insufficiency reports and post-rating level recommendations that must be approved by the State. Varying levels of interface within CCIS allows partnering agencies to

access the data thus improving the quality of services they provide to TQRIS programs, while maintaining the integrity of protected information.

The portion of CCIS that houses data on rating levels of programs is interfaced with the State CCDF database to allow for smooth implementation of Indiana’s tiered CCDF reimbursement system. This interface also allows us to monitor the enrollment of CCDF children in Paths to QUALITY rated ELD programs. State-level child care and TQRIS system administrators rely heavily on CCIS to make informed, data-driven decisions about advancing Paths to QUALITY and other early care and education initiatives in Indiana. Data is pulled from CCIS to inform state- and regional-level strategic planning, as well as to inform licensing consultants and Paths to QUALITY coaches in their work with Paths to QUALITY providers.

(B)(1)(b) Measurable standards, meaningful differentiation of program quality levels, and high expectations of program excellence commensurate with nationally recognized standards

In 2007, the Indiana Family and Social Services Administration contracted with Purdue University to conduct a four-year evaluation of the implementation of Paths to QUALITY , which included a scientific review of the validity of Paths to QUALITY Program Standards and sought to answer whether higher Paths to QUALITY levels were associated with higher quality care. The results of the study identified ten key quality indicators within Paths to QUALITY that address high quality early learning programs. Paths to QUALITY contains requirements for: (1) regulation; (2) teacher education and specialized training; (3) structural quality; (4) process quality; (5) assessment; (6) provisions for children with special needs; (7) program policies and procedures; (8) director professional development; (9) parent-teacher communication and involvement; and (10) accreditation by NAEYC or other organizations.

The study concluded that programs rated at Level 4 were observed to be providing significantly higher quality care and education when compared with providers at Level 1, which demonstrates a meaningful differentiation in program quality levels within Paths to QUALITY.

Paths to QUALITY ratings were compared to independent quality assessments using the University of North Carolina Environmental Rating Scales (ERS: ECERS-R, ITERS-R, FCCERS-R), assessing global environmental quality, and the Caregiver Interaction Scale, assessing the quality of caregiver-child interactions. Using these measures, Paths to QUALITY Level 4 providers are providing significantly higher quality care than Level 1 providers. In most cases, incremental increases of quality are seen when assessing Level 1, 2, and 3 providers. The

Paths to QUALITY rating system distinguishes quality levels best for licensed family child care providers, who have a wider range of quality than center-based child care providers.

Paths to QUALITY system administrators used the results of this initial evaluation to guide system-wide continuous quality improvement. Based on the researchers' findings that Paths to QUALITY providers were not sharing information about Paths to QUALITY with the families enrolled in their programs, Indiana revised the Paths to QUALITY Marketing Toolkit given to Paths to QUALITY programs and developed a training called "Marketing the Paths to QUALITY Advantage" to educate providers on how to use Paths to QUALITY to their advantage when marketing their businesses. Additional recommendations from the research team resulted in the revision of the online referral module to include a map and program Level ratings. The plan for Phase 2 of the evaluation will focus on the correlation between Paths to QUALITY and child outcomes as well as continuing the research on consumer awareness.

(B)(1)(c) Link to state licensing system for Early Learning and Development Programs

Indiana's child care licensing system provides the foundation for Paths to QUALITY. To obtain Level 1, *programs are required to have a valid child care license or Voluntary Certification* that is current and in good standing with the Division of Family Resources, Bureau of Child Care. Being "in good standing" requires programs to demonstrate compliance with Indiana's regulations for ELD programs. Administrators monitor Paths to QUALITY programs for actions that would jeopardize the good standing of a program, including corrective actions such as probationary licenses/certifications, enforcements actions such as terminations or revocations, and actions by Child Protective Services, including investigations of abuse or neglect within a program. Depending on the severity of an incident, a program's participation in Paths to QUALITY can be suspended or terminated. Mechanisms are in place to provide some suspended programs with specialized technical assistance. This works to protect the investments made in Paths to QUALITY programs to ensure the integrity of the ratings and to provide family with consistent, reliable information on the compliance of ELD programs.

Table (B)(1)-1: Status of all Program Standards currently used in the State							
List each set of existing Program Standards currently used in the State; specify which programs in the State use the standards	Program Standards Elements⁹						
	<i>If the Program Standards address the element, place an "X" in that box</i>						
	Early Learning and Development Standards	Comprehensive Assessment Systems	Qualified workforce	Family engagement	Health promotion	Effective data practices	Other
Level 1 Standards Centers			X	X	X		
Level 1 Standards for Homes			X	X	X		
Level 1 Standards for Ministries			X	X	X		
Level 2 Standards for Centers	X		X	X	X		Specific infant-toddler indicators
Level 2 Standards for Homes	X		X	X	X		Specific infant-toddler indicators
Level 2 Standards for Ministries	X		X	X	X		Specific infant-toddler indicators
Level 3 Standards for Centers	X	X	X	X	X		Specific infant-toddler indicators Plans & environmental accommodations for children with special needs are evident
Level 3 Standards for Homes	X	X	X	X	X		Specific infant-toddler indicators Plans and environmental accommodations for children with special needs are evident
Level 3 Standards for Ministries	X	X	X	X	X		Specific infant toddler indicators Plans and environmental accommodations for children with special needs are evident

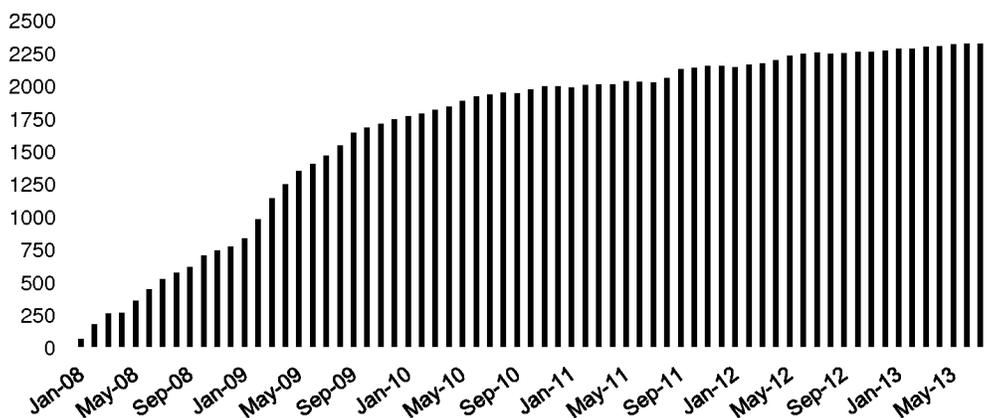
⁹ Please refer to the definition of Program Standards for more information on the elements.

Level 4 Standards for Centers	X	X	X	X	X	Specific infant-toddler indicators Plans and environmental accommodations for children with special needs are evident Program is accredited by an approved nationally recognized accrediting body
Level 4 Standards for Homes	X	X	X	X	X	Specific infant-toddler indicators Plans and environmental accommodations for children with special needs are evident Program is accredited by an approved nationally recognized accrediting body
Level 4 Standards for Ministries	X	X	X	X	X	Specific infant-toddler indicators Plans and environmental accommodations for children with special needs are evident Program is accredited by an approved nationally recognized accrediting body
<p><i>A more comprehensive discussion about Indiana’s Standards for Early Learning and Development, Foundations, is included in Section C1 and discusses the alignment with Paths to QUALITY.</i></p> <p><i>The standards for Paths to QUALITY are consistent but tailored for licensed family child care homes, licensed child care centers, and unlicensed registered ministries. Additionally, each set of Paths to QUALITY program standards contains special Infant-Toddler indicators to ensure programs are meeting the unique needs of infants and toddlers.</i></p> <p><i>The population of participating child care centers includes for-profit and not-for-profit child care centers, child care centers who accept CCDF, publicly funded Pre-K programs, Head Start programs, and before and after school programs.</i></p>						

(B)(2) Promoting participation in the State’s Tiered Quality Rating and Improvement System.

Indiana has experienced great success with a voluntary TQRIS in both the enrollment and Level advancement of participating ELD programs. To date, approximately **90%** of Indiana’s licensed child care centers (522) and **63%** of Indiana’s licensed child care homes (1,753) are enrolled in Paths to QUALITY and have shown a commitment to continuous quality improvement through steady level advancement. In total, more than 2,200 licensed ELD programs have voluntarily enrolled in Paths to QUALITY. All of these programs are eligible to receive payment through the CCDF program and currently more than **91%** of Paths to QUALITY programs are caring for more than 23,000 High Needs children – those participating in CCDF.

Enrollment of ELD Programs in PTQ



Currently, Level 1 providers constitute 57% of the total population of Paths to QUALITY providers or 1,347 programs, and Level 2 providers represent 10% of the total population or 240 programs. Thus, 67% of Paths to QUALITY programs, and the children attending them, are not the highest rated quality of care. As a result, Indiana’s High-Quality Plan focuses on increasing the quality of ELD programs through a 30% increase of Level 2 and Level 3 providers. Evaluation efforts related to the Paths to QUALITY have indicated the purchase of materials and equipment to meet the standards has been a major barrier to achieving Level 2 and Level 3 in the

Paths to QUALITY system. These activities are designed to assist those at the lowest levels of Paths to QUALITY in the removal of level advancement barriers.

(B)(2)(a) Implementing effective policies and practices to reach the goal of having all publicly funded Early Learning and Development Programs participate in Paths to QUALITY

While Indiana has seen tremendous growth and advancement in ELD Program participation in Paths to QUALITY as demonstrated in the previous graphs, there are still more ELD Programs that have yet to enroll in Paths to QUALITY, as demonstrated in the next chart. In Indiana, licensing is not legally required for some program types, including ELD programs funded under Section 619 of Part B of IDEA; ELD programs funded under Title 1 of ESEA; some Head Start programs, and unlicensed registered child care ministries, some of whom receive CCDF funding. Indiana does not currently use state funding for preschool programs nor are ELD programs funded with Part C of IDEA. Since licensing is not required for these exempt program types, and until recently has not always been encouraged, only a small portion of the licensed-exempt programs are currently licensed or voluntarily certified and therefore a large number of programs are not yet eligible for enrollment in Paths to QUALITY. ELD program participation is essential for ensuring that high-quality, accountable programs are available for Indiana’s families and children.

PTQ Enrolled Providers by Type

August 2013

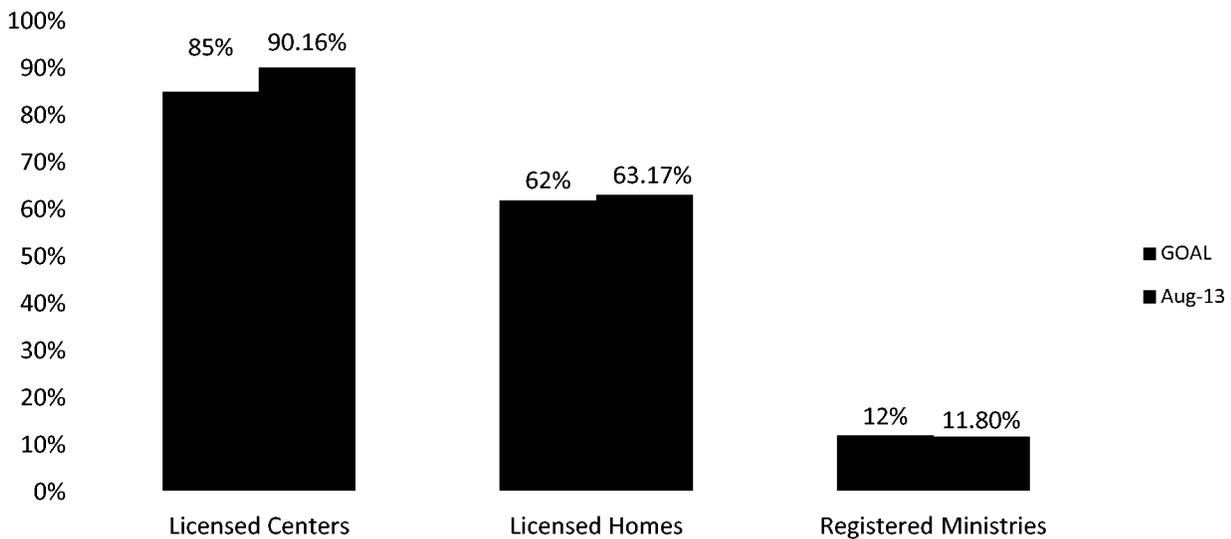
Total Providers: 2,353



Because so many of Indiana’s children are attending programs that are unlicensed, especially unlicensed registered ministries, Indiana has been working closely with these license-exempt programs to understand and support their continuous quality improvement journey and develop specialized supports for increasing their participation in Paths to QUALITY. Efforts to date have included targeted outreach and supports to Head Start and Pre-K programs to assist them in attaining licensure; developing the Voluntary Certification Program (VCP) as a licensure equivalent for registered ministries; and implementing initiatives such as the Registered Ministry Improvement Project to support programs and increase unlicensed program enrollment in Paths to QUALITY.

Indiana has already shown success in enrolling formerly unlicensed programs into Paths to QUALITY, including 123 Head Start sites, 11 Pre-K programs funded by Part B and/or Title 1, and 78 unlicensed registered ministries (11% of registered ministries in Indiana). To further expand program participation in Paths to QUALITY, Indiana has developed a High-Quality Plan to increase unlicensed program enrollment in Paths to QUALITY by 10% each year of the four-year grant period.

PTQ Provider Enrollment Goals August 2013



(1) State-funded preschool programs

In Indiana, state-funded preschool was established with the Early Education Matching Grant (IC 12-17.2-3.7) on July 1, 2013. It is anticipated that the funds will be available before

the end of SFY 13. Based on the language in the statute, all participating programs must be enrolled in Level 3 or Level 4 Paths to QUALITY and serve children with High Needs (must be below 100% of FPL).

(2) Early Head Start and Head Start programs;

As previously discussed, some Head Start programs are not required to be licensed. Head Start programs operated by schools are included under license-exempt as described below. However, approximately 47 percent, or 123, of all Head Start sites out of 257 are currently active in Paths to QUALITY. By the end of the project, we hope to have 65 percent, or 167, of Head Start program sites active in Paths to QUALITY.

(3) Early Learning and Development Programs funded under Section 619 of Part B of IDEA and Part C of IDEA

In Indiana, licensing is not legally required for ELD programs funded under Section 619 of Part B of IDEA. Indiana does not currently have any ELD programs funded through Part C. Indiana's High-Quality Plan includes an intentional outreach effort to encourage and incentivize these ELD Programs to become licensed and enroll in Paths to QUALITY. Indiana does not currently have a baseline number for the number of ELD programs receiving either Title 1 or Part B funding. However, we are working towards collecting this data and the RTT-ELC grant will greatly assist in these efforts. Indiana does have data on programs enrolled in PATHS TO QUALITY. We know that there are 11 ELD programs that receive Title 1 and/or part B funds. Since the total population of ELD programs funded by these funding streams is unknown, as are the possible barriers to enrollment in PATHS TO QUALITY, we believe that an increase of five newly enrolled PATHS TO QUALITY programs for each of the four years, for each Title 1 and Part B funded ELD program, per year is an aggressive, yet obtainable goal. When our goals are met at the end of the four years, the number of Title 1 and/or Part B funded programs will have increased by over 300%.

(4) Early Learning and Development Programs funded under Title I of ESEA

Similar to the 619 Part B of IDEA programs, licensing is also not legally required for Title 1 of ESEA ELD programs. In Indiana, an increasing number of school districts that receive Title 1 funding are operating an ELD program. Indiana's High-Quality Plan includes an

intentional outreach effort to encourage and incentivize these ELD Programs to become licensed and enroll in Paths to QUALITY.

(5) Early Learning and Development Programs targeted for outreach

Of Indiana’s participating Paths to QUALITY programs (2,353), all are eligible to receive payment through the CCDF program and currently more than **91%** of Paths to QUALITY programs are participating in CCDF. While Indiana is very pleased with that CCDF participation rate, we believe that it can be higher. Through the Paths to QUALITY outreach targeted efforts noted in the High-Quality Plan, Indiana believes that we will see an even higher participation rate in the state’s CCDF program with participating Paths to QUALITY programs.

(6) Other Early Learning and Development Programs receiving funds from the State’s CCDF program

Indiana has some unique cultural characteristics of its diverse ELD Programs. As a result, a more individualized approach and plan is needed to encourage participation in Paths to QUALITY from all ELD program types and is included for two specific populations: unlicensed registered ministries and English Language Learners (ELL).

Registered Ministry Outreach: Indiana child care regulations exempt center-based child care settings from regulations if they operate as “child care ministries.” Indiana law recognizes child care ministries as child care operated by a church or religious organization that is exempt from federal taxation under Section 501c3 of the Internal Revenue Code. The religious organizations may choose not to become licensed by registering as a child care ministry. Registered ministries have the lowest participation rate in Paths to QUALITY. Registered ministries often face physical barriers within their buildings, such as a lack of fire alarm systems, hot water valve controls, and insufficient lighting. Improvements to the physical site can be cost-prohibitive for programs and often prevent them from attaining voluntary certification, which is the equivalent of Level 1 in Paths to QUALITY. Indiana is confident in increasing our participation rates by partnering with intermediary organizations to provide technical assistance and quality improvement grants to unlicensed registered ministry programs. Indiana has had significant success with this approach in the Registered Ministry Improvement Project, which was made possible by ARRA funding and a partnership between the Indiana Family and Social Services Administration/Bureau of Child Care and the United Way of Central Indiana.

ELL Outreach: NACCRRAware records indicate more than Indiana has 500 ELD programs statewide with Spanish speaking staff. Over the past few years, we have been growing our Hispanic Outreach Project with limited funds to increase the number of Hispanic ELD programs that are licensed and enrolled in PATHS TO QUALITY, which will also result in an increase in the availability of high quality ELD program options for ELL families and bolster school readiness of ELL children.

(b) Implementing effective policies and practices designed to help more families afford high-quality child care and maintain the supply of high-quality child care in areas with high concentrations of Children with High Needs (e.g., maintaining or increasing subsidy reimbursement rates, taking actions to ensure affordable co-payments, providing incentives to high-quality providers to participate in the subsidy program)

Indiana has been very intentional in developing policies and practices that will help more families afford high quality ELD programs. These policies and practices include:

- Increasing the funding available for CCDF child care subsidies;
- Maintaining affordable co-pays;
- Offering tiered reimbursement rates;
- Intensive outreach to CCDF families to assist them in locating high-quality ELD programs; and
- Practicing system-wide continuous quality improvement with our services to CCDF families and children.

This year Indiana increased the TANF transfer to CCDF. In FFY14, Indiana will transfer the maximum allowable amount of TANF funds (30%) to CCDF, which will allow the Indiana CCDF subsidy program to serve more children per month. Indiana's co-pays have remained constant despite recent fiscal challenges.

Indiana has a tiered reimbursement for CCDF programs that includes higher reimbursement rates for licensed and Voluntary Certification Program (Paths to QUALITY Level 1) programs and an additional increase for accredited (Paths to QUALITY Level 4) programs. Indiana is in the process of revising this tiered structure to include additional increases for programs at Paths to QUALITY Levels 2 and 3 as well as a significant increase for reimbursement to providers at the highest level. It is Indiana's goal to implement this improved

tiered reimbursement in March 2014 and will monitor the impact on enrollment and capacity rates in these programs.

The Bureau of Child Care, in partnership with local Child Care Resource and Referral Agencies, engages in significant and targeted outreach to CCDF families that incorporates a minimum of two mailings to CCDF families that include information on the importance of a high quality ELD program and information on Paths to QUALITY, in addition to specialized face-to-face and telephone referrals. Currently, 63% of Indiana's CCDF families are enrolled in a Paths to QUALITY program.

Indiana continually seeks system-wide quality improvement to better serve families and children. In addition to a recent review of tiered reimbursement, Indiana has been working with the Behavioral Interventions to Improve Self Sufficiency (BIAS) project, funded by the U.S. Department of Health and Human Services, to identify more effective ways to inform and encourage families to use their child's CCDF subsidy in Paths to QUALITY rated programs. Indiana hopes to partner with the BIAS project in January 2014 on a study that would provide critical information on ways that Indiana could further increase the number of CCDF children enrolled in a highly rated program.

(c) Setting ambitious yet achievable targets for the numbers and percentages of Early Learning and Development Programs that will participate in the Tiered Quality Rating and Improvement System by type of Early Learning and Development Program (as listed in (B)(2)(a)(1) through (5) above)

To further expand ELD program participation in Paths to QUALITY, Indiana has a developed a High-Quality Plan to increase unlicensed program enrollment in Paths to QUALITY by 10% each year of the four-year grant period. Indiana's High-Quality Plan also focuses on increasing the quality of ELD programs through a 30% increase of Level 2 and Level 3 ELD programs.

A significant part of Indiana's ELD Programs increased enrollment and Level advancement in Paths to QUALITY can be attributed to the success of the American Recovery and Reinvestment Act (ARRA) quality improvement funded projects. Indiana used a significant amount of its ARRA funds to encourage and incentivize programs, especially licensed-exempt programs, to enroll in Paths to QUALITY and increase their participation Level. Building on that knowledge and experience, Indiana has developed a High-Quality Plan that will strengthen our

ELD Programs participation in Paths to QUALITY through Level advancement and increase the number of ELD Programs participating in Paths to QUALITY. Indiana’s High-Quality Plan includes outreach efforts targeted to three specific ELD program types, which will in turn encourage all programs to participate in Paths to QUALITY.

1. 58 new 619 of Part B of IDEA and Title 1 of ESEA Public Preschools
2. 159 Unlicensed Registered Ministry ELD Programs
3. 50 English Language Learner ELD Programs

Performance Measures for (B)(2)(c): Increasing the number and percentage of Early Learning and Development Programs participating in the statewide Tiered Quality Rating and Improvement System											
Type of Early Learning and Development Program in the State	Number of programs in the State	<i>Baseline and Annual Targets -- Number and percentage of Early Learning and Development Programs in the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target- end of calendar year 2014		Target - end of calendar year 2015		Target- end of calendar year 2016		Target- end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool <i>Specify:</i>	See note 1 below	NA	NA	UK	100	UK	100	UK	UK	UK	UK
Early Head Start and Head Start ¹⁰ Sites <i>Baseline is actual data source CCIS/Head Start data</i>	257	123	47 %	128	50 %	141	55 %	154	60%	167	65%
Programs funded by IDEA, Part C	See note 2 below	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Programs funded by IDEA, Part B, section 619	See note 3 below	10	UK	15	UK	20	UK	25	UK	30	UK

¹⁰ Including Migrant and Tribal Head Start located in the State.

Programs funded under Title I of ESEA	See note 3 below	8	UK	13	UK	18	UK	23	UK	28	UK
Programs receiving from CCDF funds- <i>Baseline is actual data. Source CCIS/AIS</i>	2997	1,653	55 %	1,671	55 %	1,773	59 %	1,874	62%	2,001	66%
Other Unlicensed Registered Ministries receiving CCDF funds <i>Baseline is actual, data, source CCIS/AIS</i>	441 See note 5 below	78	17 %	88	20 %	113	25 %	136	25%	159	36%

[Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information; and please include any definitions you used that are not defined in the notice.]

Data sources are indicated above. Much of the data is actual data, obtained from CCIS for August 2014.

Methodology:

- 1. Indiana will begin funding Pre-K with the recently established Early Education Matching Grant Program in SFY14. It is anticipated that these funds will be released late in 2013. It is not yet known how many programs will apply for grant funds, so the number of programs is marked unknown (UK) above; however, programs must be a level 3 or level 4 on Paths to QUALITY to apply. Therefore 100% of these state funded Pre-K programs will be enrolled on our TQRIS. This funding has been appropriated for SFY14 and SFY15 only at this time, therefore amounts under years 2016-17 are also marked unknown (UK).***
- 2. Indiana does not fund ELD programs with Part C funding, all of part C funding goes toward direct early intervention services***
- 3. Indiana does not currently have a baseline number for the number of ELD programs receiving either Title 1 or part B funding, so the percentages are marked unknown (UK) above; however, we are working towards collecting this data and the RTT-ELC grant will greatly assist in these efforts. Indiana does have data on programs enrolled in PATHS TO QUALITY. We know that there are 11 ELD programs that receive Title 1 and/or part B funds. Because some programs receive funding from both funding streams the numbers in these two rows might include duplicates. Because the total population of ELD programs funded by these funding streams is unknown, as are the possible barriers to enrollment in PATHS TO QUALITY, we believe that an increase of five newly enrolled***

PATHS TO QUALITY programs for each of the four years, for each Title I and part B funded ELD program, per year is an aggressive, yet obtainable goal. When our goals are met at the end of the four years, the number of Title I and/or part B funded programs will have increased by over 300%.

- 4. CCDF providers include licensed centers, licensed home and legally license exempt providers including registered ministry providers. Currently, 90% of our licensed centers are enrolled in Paths to QUALITY . We believe that maintaining 90% enrollment of licensed centers is an appropriate goal. To date, we have successfully enrolled 63% of our licensed homes. We believe that we will be able to increase this number by 2% the first year, 3% in each of years 2 and 3, and 4% year four. This will provide a total participation rate of 75% of all licensed homes by the end of the four year grant. We believe that participation of 75% of our licensed homes is an ambitious yet achievable goal. Typically, 92% of our PATHS TO QUALITY enrolled programs will receive CCDF funds. When we meet our goal of 75% of our licensed homes enrolled in PATHS TO QUALITY, we will have increased the number of CCDF providers enrolled in PATHS TO QUALITY by 287. We are striving towards increasing the participation of unlicensed programs, specifically our unlicensed registered ministry programs, by 20% each year. If successful, 30% of our unlicensed registered ministries that are receiving CCDF will be enrolled in PATHS TO QUALITY. This will increase the number of CCDF programs enrolled in PATHS TO QUALITY by approximately 81 previously unlicensed programs.*
- 5. Indiana’s plans to utilize RTT-ELC funds to increase the number of unlicensed registered ministries participating by an average of 20% each year, with a slightly smaller percentage of increase during the first year to allow for program start up.*

(B)(3) Rating and monitoring Early Learning and Development Programs

Indiana takes pride in the strength of its Paths to QUALITY rating and monitoring system and the transparency in licensing and rating information available to parents. Paths to QUALITY verification visits are conducted annually on site for each program and in each classroom in comparison to states that conduct only desk reviews. Compliance information is readily available to parents via the web and posted in programs. With the expansion of Paths to QUALITY to all programs and the enhancements described in the Comprehensive Assessment System in Section (C), and Measuring Outcomes and Progress in Section (E), Indiana will revise its rating and monitoring system to make meaningful information about the progress of children available to parents. In addition, Indiana will create a single licensing system to ensure that all parents have consistent information across settings.

(a) Using a valid and reliable tool for monitoring such programs, having trained monitors whose ratings have an acceptable level of inter-rater reliability, and monitoring and rating the Early Learning and Development Programs with appropriate frequency

The design of Paths to QUALITY’s on-site verification process uses highly trained raters who have significant experience in early childhood settings to complete an objective assessment of a child care provider’s environment and practices. Paths to QUALITY programs receive, at minimum, annual visits by consultants to ensure compliance with the licensing and voluntary compliance standards. Paths to QUALITY programs receive an on-site rating visit by an independent, third-party rater annually to ensure they are maintaining their current rated level of quality. Verification visits include:

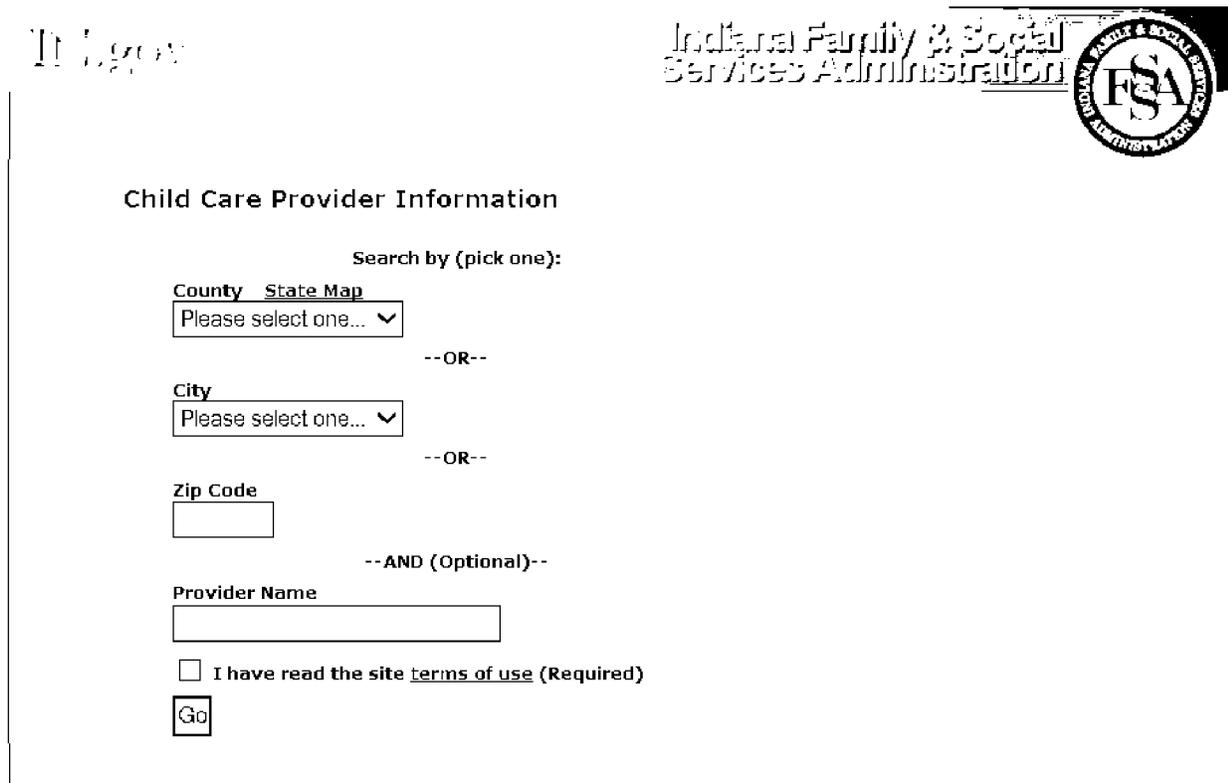
1. Classroom observation
2. Documentation review
3. Administrative interview

At the conclusion of a rating visit, the rater is responsible for posting the “level recommendation” in CCIS. Only the Bureau of Child Care has the authority within CCIS to approve these level recommendations. An insufficiency report, if applicable, is left with the program if the program demonstrated non-compliance with the standard(s) during the visit. The rater also posts any insufficiency reports in CCIS, so that the coach can provide targeted technical assistance in that area.

On a quarterly basis, the rating supervisor conducts a reliability check with each of the raters to check for consistency in ratings. Since Indiana has a building block TQRIS, providers must meet all of the indicators in order to earn a certain Paths to QUALITY level and reliability between the rater supervisor and each rater must be 100%. Raters regularly participate in ongoing training and professional development. Topics for professional development include observation techniques, embedded practices, and other topics.

b) Providing quality rating and licensing information to parents with children enrolled in Early Learning and Development Programs (e.g., displaying quality rating information at the program site) and making program quality rating data, information, and licensing history (including any health and safety violations) publicly available in formats that are written in plain language, and are easy to understand and use for decision making by families selecting Early Learning and Development Programs and families whose children are enrolled in such programs

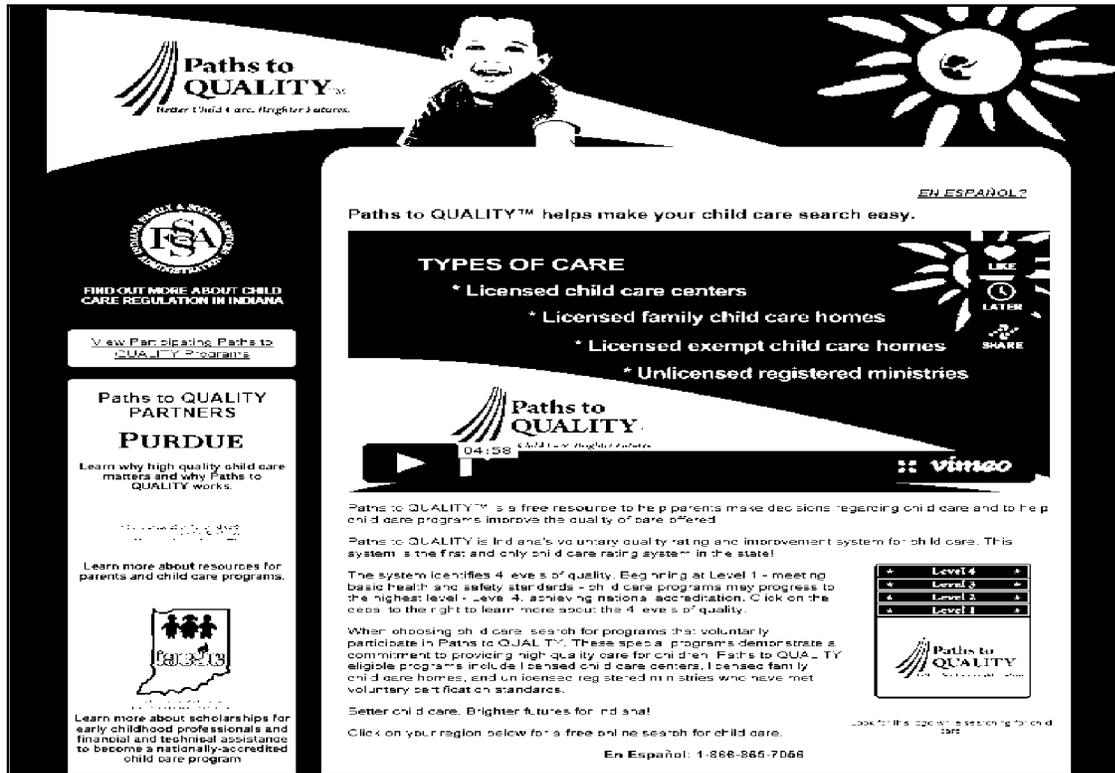
Indiana has implemented an extensive consumer outreach campaign that seeks to leverage existing resources, public private partnerships and earned media opportunities to provide Hoosier families with the information necessary to make knowledgeable decisions. The Bureau of Child Care is required by law to make the inspection reports of all regulated child care providers available to parents and families. These inspection reports are posted on the Bureau of Child Care website at www.childcarefinder.in.gov.



The screenshot shows a search form titled "Child Care Provider Information" on the Indiana Family & Social Services Administration website. The form includes a "Search by (pick one):" section with three options: "County" (selected), "State Map", and "City". Each option has a dropdown menu with "Please select one..." and a downward arrow. Below these are "Zip Code" and "Provider Name" text input fields. There are "Go" buttons for each search method. A checkbox labeled "I have read the site terms of use (Required)" is present. The FSA logo is visible in the top right corner of the page.

The search function that leads to the reports allows families to search by county, city, or zip code and displays results by Paths to QUALITY Level, showing the highest-rated programs at the top of the list. This website is linked to a second resource for families, a website hosted by the statewide Child Care Resource and Referral Network, IACCRR, at www.childcareindiana.org.

This site utilizes a robust child care search and enhanced providers profiles that allow families to learn about child care programs by reading the programs own words on key issues such as program philosophy, discipline practices, and fundamental health and safety practices.



Families are directed to this website both from the www.childcarefinder.in.gov website and an outreach campaign known as “Two Clicks to Better Child Care”. This outreach uses a blue button that is strategically placed on a number of partnering agency and stakeholder web pages and is used in a variety of promotional materials for families. Through the placement of the blue button throughout the state on both intranets and websites of small and large employers and social service agencies, more than 10,000 families a year are able to access Paths to QUALITY information. To date, 61 blue buttons have been posted on partner’s websites. Indiana has also used traditional outreach methods to reach Indiana families, such as newspaper, television and radio ads, as funding has allowed.



Local CCR&Rs, AEYC chapters, and employers have also helped Paths to QUALITY programs to access earned media opportunities at the local level including newspaper articles, billboards, check stuffers, public service announcements, radio spots, and TV interviews.

To recognize Paths to QUALITY providers and market high quality care to families, the nine local Child Care Resource & Referral Agencies, IACCRR, and IAIEYC list participating programs by level and city on their websites. These pages also include short webisodes to help families understand what to expect at each Level.

Child Care providers play a significant role in children's development. 85% of a child's capacity to learn is determined by the age of five. With Paths to QUALITY, Indiana's voluntary quality rating system, providers demonstrate ongoing efforts to achieve higher standards of quality.

Learn more about the

You care about quality.
These child care providers do too.

Level 4: National accreditation (the highest indicator of quality) is achieved. [Click to view video](#)

All participants have demonstrated a commitment to the highest level of professionalism in child care and have achieved a nationally recognized accreditation. Level 4 providers are managed by a provider or director who has volunteered to provide mentoring to others in the field.

Online Profile	Business	Type of Care	City	Zip
View Profile	Pleasantville Home	Family Child Care	Arcady	47320
	Udell Angela Children LLC	Child Care Center	Alexandria	46301
	Helping Hands Day Care	Family Child Care	Anderson	46312
	Gateway Developmental Learning Center	Child Care Center	Anderson	46312
	Garneth-Kayser-Butler Head Start (A)	Head Start Program	Attletun	46105
	Alumina's & More Daycare	Family Child Care	Attletun	46105
View Profile	Day Nursery Hendricks County Early Care and Education Center	Child Care Center	Avon	46122
	La Petite Academy - Avon	Child Care Center	Avon	46122
	YMCA Learning Center - Greensville	Child Care Center	Batesville	47301
	Where Futures Begin (A)	Family Child Care	Bedford	47421
	Little Explorers Daycare	Family Child Care	Boonville	47424
	Penny Lane West	Child Care Center	Boonsgton	47401
View Profile	Children's World	Child Care Center	Bloomington	47404
	Campus View Child Care Center	Child Care Center	Bloomington	47405
	Hoops at Courts Nursery School	Child Care Center	Boonsgton	47408
View Profile	Indiana University - Campus Conference Center	Child Care Center	Bloomington	47408
	Penny Lane East	Child Care Center	Bloomington	47408
	Shawn Resource Center - Head Start	Head Start Program	Blac	47324
View Profile	Pleasant Passages, Inc Home Child Care	Family Child Care	Brownsburg	46110
	The Goodold School	Child Care Center	Brownsburg	46110
	Garneth-Kayser-Butler Head Start Butler Center Bl 8-50	Head Start Program	Butler	46121
	Daisy -4- Daycare and Learning Center	Family Child Care	Danby	46111

Username:

Password:

[Login Now >](#)

[Register Now >](#) [Forgot Password >](#)

LIVE HELP

Find us on Facebook

In order to measure the success of our outreach methods, Purdue University has conducted random digit dialing surveys of families with young children and will repeat these studies periodically to ensure effective outreach. The past studies indicate that family awareness of Paths to QUALITY is lower than desired (14% statewide), but steadily increasing over time (an average of 40% between the two pilot counties that have had Paths to QUALITY for a longer period of time).

Indiana also seeks to assist Paths to QUALITY providers in marketing their own programs. Each Paths to QUALITY program is given a Level-specific certificate, decal, banner, or yard sign to display at their program site, so that families are able to easily identify high quality, Paths to QUALITY rated programs in their community. Programs are also given a marketing toolkit that includes training and level specific marketing materials. Providers are reporting that families are becoming more aware of Paths to QUALITY, are calling to ask about

their participation and are recognizing them for their level advancements. Indiana’s High-Quality Plan includes a more concentrated consumer outreach campaign to increase awareness and participation in Indiana’s Paths to QUALITY system. While our High-Quality Plan is focused on increasing the supply of Paths to QUALITY ELD programs, we are also committed to increasing the demand in consumers (families) to seek out high quality ELD programs in their communities.

(B)(4) Promoting access to high-quality Early Learning and Development Programs for Children with High Needs.

Currently, Paths to QUALITY programs are serving more than 89,000 Hoosier children, including 56,070 of the High Needs children receiving child care subsidies through CCDF. Indiana is committed to promoting access to high-quality ELD programs for children with High Needs through making Paths to QUALITY inclusive to a wide range of program types; incentivizing program participation in Paths to QUALITY; and assisting families within our target populations in accessing Paths to QUALITY programs. Indiana has engaged in significant family outreach, particularly to families with children with high need, so that families are aware of Paths to QUALITY and understand their available choices. The RTT-ELC grant will allow Indiana to expand our consumer awareness outreach to more families within specific target areas, including families in rural areas and families with foster children, English Language Learners, and/or children with developmental delays.

(a) Developing and implementing policies and practices that provide support and incentives for Early Learning and Development Programs to continuously improve (e.g., through training, technical assistance, financial rewards or incentives, higher subsidy reimbursement rates, compensation);

Multiple supports and incentives are embedded in Paths to QUALITY to encourage the continuous quality improvement of Paths to QUALITY programs. The supports and incentives are available to all Paths to QUALITY programs and include:

- Onsite coaching;
- Training and technical assistance;
- Cash and non-cash supports designed to support level advancement;
- Level advancement awards,
- Accreditation maintenance awards;
- Financial supports for accreditation;

- Tiered CCDF reimbursement;
- Priority for professional development opportunities and scholarships, including T.E.A.C.H. Early Childhood® Indiana scholarships that include an increased wage component for scholarship recipients who obtain a credential or degree.

Additionally, Indiana has leveraged public-private partnerships, such as a partnership with the United Way of Central Indiana, to provide significant capital improvement funds for programs that need this type of improvement in order to attain licensure or voluntary certification. This public-private partnership model has proven to be extremely successful and in the past three years has enabled over 40 faith based unlicensed programs to enroll in Paths to QUALITY and advance through the levels, including one program that has recently reached Level 4 national accreditation. Indiana will utilize RTT-ELC grant funds to expand the supports available to programs not yet enrolled in Paths to QUALITY and are experiencing barriers to obtaining licensure or voluntary certification, including Pre-K programs within schools.

Training and Technical Assistance: Significant training and technical assistance is available to all Paths to QUALITY programs. Providers progressing from Level 1 to Level 2 and from Level 2 to Level 3 receive up to 25 hours of technical assistance to help them improve program quality and advance Levels. Providers advancing from Level 3 to Level 4 and providers maintaining Level 4 receive up to 20 hours of coaching to help them prepare for and/or maintain accreditation. Since the statewide implementation of Paths to QUALITY in 2008-2009, a total of 62,755 training and technical assistance hours have been provided to participating programs.

Spanish-speaking providers receive support through the Hispanic Latino Outreach Project, provided by the Indiana Association for Child Care Resource and Referral (IACCRR) in partnership with the Indiana Family and Social Services Administration. The Project provides Quality Expansion Specialists who collaborate, coordinate resources, and provide training and technical assistance to Spanish-speaking programs enrolled in Paths to QUALITY.

Paths to QUALITY programs have access to other training and technical assistance resources through the same local Child Care Resource and Referral agencies that provide their Paths to QUALITY training and technical assistance. Resources include additional training and technical assistance from experts specializing in various aspects of early care and education. Inclusion specialists provide trainings and consultation to improve the quality of care for children with disabilities being served in out-of-home settings. Other CCR&R Specialists who

provide trainings and technical assistance to Paths to QUALITY programs include infant-toddler Specialists, school-age specialists, Hispanic outreach specialists, and education specialists, who implement professional development activities that align with the Paths to QUALITY workforce education and training requirements and provide follow-up technical assistance to help providers put knowledge gained in professional development activities into practice.

Participation incentives and level advancement/accreditation maintenance awards:

A one-time Participation Incentive equivalent to \$50 will be given to participating programs upon completion of enrollment. This non-cash incentive comes in the form of developmentally appropriate materials, aligned with the *FOUNDATIONS to the Indiana Academic Standards, Birth to age 5* to use in the program. Providers achieving Levels 2 and 3 will receive a one-time non-cash award per Level. The award is equivalent to \$300 of materials for licensed homes and \$1,000 of materials for licensed centers and participating ministries. Materials are chosen by the provider. The award is designed to help the program meet the next level of quality.

A special cash award will be made to providers who complete the requirements of Level 4 (which includes meeting the requirements of Levels 1-3) and achieve national accreditation. This award is a one-time cash award in the amount of \$500 for homes and \$1,500 for centers and ministries. To date, Paths to QUALITY has issued \$2,072,250 in incentives and awards to participating programs.

Supports for Accreditation: Level 3 providers who desire to move to Level 4 and become accredited are eligible for financial supports, technical assistance, and up to 20 hours of coaching through the Indiana Accreditation Project at the Indiana AEYC. The amount of financial support is based on need and the licensed capacity of the program and includes support for the self-study process, the validation/ endorsement phase, and material/equipment needed to meet the accreditation criteria. The amount of financial assistance is \$25 per child with up to a maximum of \$400 for licensed family child care homes and up to a maximum of \$3,000 for licensed child care centers and unlicensed registered ministries. Programs that maintain Level 4 and national accreditation will be issued an Annual Level 4 Accreditation Maintenance Award in the amount of \$300 for homes and \$1,000 for centers and ministries. This annual maintenance award is a cash award.

Tiered CCDF reimbursement: Indiana has tiered CCDF reimbursement based on accreditation. Accredited programs receive a higher CCDF reimbursement rate. Indiana is

currently in the process of implementing a tiered CCDF reimbursement system based on Paths to QUALITY Level, so that CCDF-eligible Paths to QUALITY programs will receive incremental increases as they progress through the Paths to QUALITY system. This will incentivize Paths to QUALITY programs serving low-income children to strive for higher levels of quality and therefore increase the number of high-needs children with access to high-quality programs.

Scholarships: Paths to QUALITY providers are also given priority for professional development opportunities and education scholarships, including scholarships provided by T.E.A.C.H. Early Childhood® Indiana, which includes an increased compensation component for individuals who attain credentials and/or degrees. Indiana’s High-Quality Plan for the use of RTT-ELC funds includes an initiative to provide scholarships to Paths to QUALITY providers to support coursework that will lead to the attainment of a credential and/or degree. This project is discussed in greater detail in Section D2.

(b) Providing supports to help working families who have Children with High Needs access high-quality Early Learning and Development Programs that meet those needs (e.g., providing full-day, full-year programs; transportation; meals; family support services)

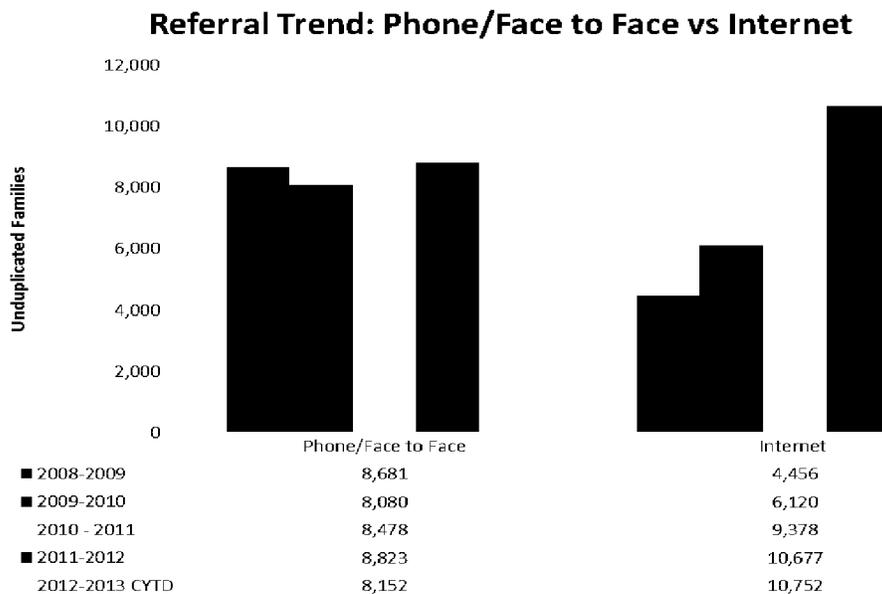
Indiana is committed to supporting working families with children with High Needs in their search for high quality ELD programs. Full-day and full-year programs are participating in Paths to QUALITY, and many supports are in place to help families find these and other Paths to QUALITY programs that meet their unique needs. As discussed earlier in Section (B)(3)(b), Indiana utilizes multiple approaches to reach target populations including low-income families receiving CCDF subsidies. Families that apply for CCDF are contacted at least twice per year and are given information about the importance of a high-quality ELD and their options for choosing a Paths to QUALITY program that meets their needs. CCDF families report that this has increased their awareness of Paths to QUALITY and currently 63% of children receiving subsidies are enrolled in a Paths to QUALITY program.

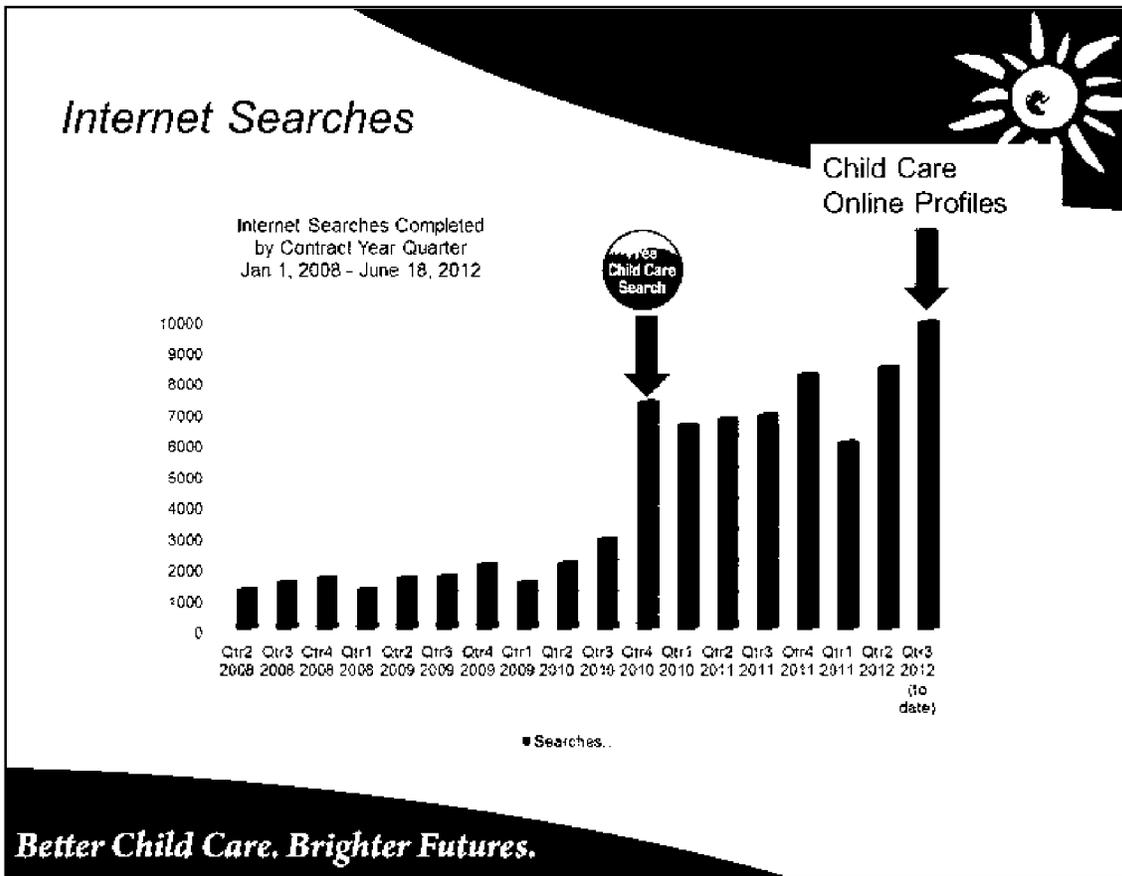
Through a combination of a centralized referral line housed at the Indiana Association for Child Care Resource and Referral; a referral website – www.childcareindiana.org; and trained referral specialists in local communities, Indiana’s Child Care Resource and Referral Agencies offer child care referrals over the phone, internet, and in person. Many states report a decrease in phone and face-to-face referrals with the arrival of the web-based child care search. In Indiana,

the number of phone and face-to-face referral has either increased or remained steady. Internet-based referrals continue to increase.

As mentioned in part (B)(3)(b), the www.childcareindana.org website and “Two Clicks to Better Child Care” campaign have been highly successful in reaching families through an online medium. Additionally, Indiana is the only state in the nation to launch Child Care Online statewide as a component of its TQRIS.

Child Care Online is an exclusive free web-based marketing tool for Paths to QUALITY programs that have reached level 2 and higher. It is designed to increase parents’ understanding of the quality of child care offered by Paths to QUALITY programs and offers Paths to QUALITY programs an opportunity to highlight their professionalism. Each participating program has an online profile containing pictures and text. Profiles can be viewed by parents on the internet – just like an online real estate “virtual tour”. To date, 154 Paths to QUALITY programs have a “live” Child Care Online profile. Another 213 have completed training or are in the process of creating a profile. Overall, almost 40% of all eligible Paths to QUALITY programs are either creating a Child Care Online profile or have one in place.





The centralized child care referral line – called the Consumer Education Office (CEO) – reaches more than 10,000 families each year. Families calling the CEO receive Paths to QUALITY information and learn how to use Paths to QUALITY when making decisions about child care. Child Care Resource and Referral recognizes not all ELD Programs are of the same quality. In 2012, CCR&Rs implemented a referral policy that prioritized referrals distributed to families based on participation in Paths to QUALITY (highest rated programs appear first in referral results). This strategy has been effective. In the current contract year, nearly 100% of all families searching for child care received at least one referral to a Paths to QUALITY program. Even more significant, out of all families who indicated they found child care, 74% indicated they choose Paths to QUALITY program.

Indiana’s CCR&Rs also coordinate with local CCDF intake offices and local TANF Impact offices to provide on-site consumer education and ELD program referrals for low-income families on the CCDF and TANF programs. Each local CCR&R has both an Outreach Specialist and an Inclusion Specialist who provide trainings and referrals to families. Outreach Specialists

are regularly onsite at the CCDF intake and TANF Impact offices to provide Paths to QUALITY program referrals for families and conduct presentations on the importance of high-quality early care and education. In addition to providing trainings on inclusive settings for ELD programs, CCR&R Inclusion Specialists also provide enhanced referrals and on-site consultation with families to assist families in finding ELD programs that meet their children’s unique needs.

Indiana’s High-Quality Plan for the use of RTT-ELC funds includes plans to expand targeted outreach efforts to a greater number of families who have children with high needs, including families in rural areas, foster families, and families utilizing First Steps, Indiana’s part C early intervention program.

(c) Setting ambitious yet achievable targets for increasing-- (1) The number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System; and (2) The number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System

Indiana has a High-Quality Plan to increase the number of Paths to QUALITY programs rated at the highest Levels, Level 3 and Level 4, to 860 representing a third of the Paths to QUALITY programs. As described in Section (B)(5), independent research validates that Level 4 rated programs are high-quality and produce strong child outcomes and better results for children than Level 1 Paths to QUALITY programs. Below are the performance measures that have been developed by tier level in Table (B)(4)(c)(1) and by children and setting in Table (B)(4)(c)(2).

Performance Measure for (B)(4)(c)(1): Increasing the number of Early Learning and Development Programs in the top tiers of the Tiered Quality Rating and Improvement System.					
	Baseline (Today)	Target- end of calendar year 2014	Target- end of calendar year 2015	Target- end of calendar year 2016	Target- end of calendar year 2017
Number of programs in Tier 1	1344	1253	1253	1252	1277
Number of programs in Tier 2	244	354	444	525	598
Number of programs in Tier 3	506	505	515	533	559

Number of programs in Tier 4	259	270	281	292	303
Total number of programs covered by the Tiered Quality Rating and Improvement System	2353	2382	2493	2602	2737

Include a row for each tier in the State’s Tiered Quality Rating and Improvement System, customize the labeling of the tiers, and indicate the highest and lowest tier. [Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information. Also, if applicable, describe in your narrative how programs participating in the current Tiered Quality Rating and Improvement System will be transitioned to the updated Tiered Quality Rating and Improvement System.]

Data is actual, as of August 2013. Data is obtained through the CCIS system.

Methodology:

There will not be any transition for currently enrolled providers as our QRIS will not be modified. Indiana utilized our enrollment increase goals for the next four years and set goals of a 10% increase from level 1 to level 2 and a 10% increase from Level 2 to Level 3. Given the rigor of Level 4, we set increase goals of 5% from Level 3 to Level 4 with a 95% retention rate from the previous year. These are ambitious goals, yet we believe with the incentives, educational supports, training, coaching and technical assistance available to programs through RTT-ELC we will be able to meet these goals.

**PTQ LEVEL ADVANCEMENT GOALS
FFY 2012**



Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.											
Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers of the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target-end of calendar year 2014		Target -end of calendar year 2015		Target-end of calendar year 2016		Target-end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
State-funded preschool <i>Specify: Early Education Matching Grant (EEMG)</i>	See note 1 below	0	0	UK	UK	UK	UK	UK	UK	UK	UK
Early Head Start and Head Start ¹¹ <i>Actual numbers 2012 Indiana Head Start Fact Sheet</i>	16,151 See note 2 below	6,462	40	7,108	44	7,818	48	8,599	53	9,458	58
Early Learning and Development Programs funded by IDEA, Part C	See note 3 below	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Early Learning and Development Programs funded by IDEA, Part B, section 619 <i>Actual numbers 2012 CSPR report</i>	12,980 See not 4 below	UK	UK	100	.7	150	1.15	200	1.5	250	1.9
Early Learning and Development Programs funded under Title I of ESEA <i>Actual numbers 2012 CSPR report</i>	4,191 See note 4 below	UK	UK	25	.5	50	1.1	75	1.7	100	2.3
Early Learning and Development Programs receiving	41,302 See note 5 below	11,912	28	13,103	31	14,413	34	15,845	38	17,430	42

11 Including Migrant and Tribal Head Start located in the State.

Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.											
Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers of the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target-end of calendar year 2014		Target -end of calendar year 2015		Target-end of calendar year 2016		Target-end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
funds from the State's CCDF program <i>Actual numbers from CCIS September, 2013</i>											
Other <i>Describe:</i>											
<p><i>[Please list which tiers the State has included as "top tiers," indicate whether baseline data are actual or estimated; and describe the methodology used to collect the data, including any error or data quality information.]</i></p> <p><i>Note: Top Tiers are defined as either Level 3 or Level 4 of Paths to QUALITY</i></p> <ol style="list-style-type: none"> <i>1. State funded preschool was established with the Early Education Matching Grant (IC 12-17.2-3.7) on July 1, 2013. It is anticipated that the funds will be available before the end of SFY 13. Grant requirements are still being formulated so it is unknown at this time how many children will be enrolled using these funds (fields are marked unknown, UK above); however, all children will be high need (must be below 100% of FPL) and will be enrolled in a Level 3 or Level 4 Paths to QUALITY provider, as defined by the EEMG statute.</i> <i>2. This number is the number of slots available in Head Start/Early Head Start prior to sequestration. It is anticipated that this number will decrease by more than 700 as a result of the budget cuts. Many Head Starts are not licensed in Indiana and not enrolled in Paths to QUALITY. Head Start sites must enroll and meet the Paths to QUALITY performance standards individually. Budget constraints have made this more challenging for Head Starts. As we provide additional resources and eliminate barriers for Head Start participation and level advancement, we will be able to increase the number of Head Start children enrolled in programs rated at the highest level 10% each year resulting in almost 2800 additional high need children enrolled in programs at the highest level.</i> <i>3. Indiana does not use IDEA part C to fund ELD programs. Indiana's IDEA part C funding goes to direct early intervention services. The fields are marked not applicable, NA.</i> <i>4. Currently, few Title 1 and/or Part B funded programs participate in Paths to QUALITY (11 programs); however, the RTT-ELC funding will provide essential resources that will be used</i> 											

Performance Measures for (B)(4)(c)(2): Increasing the number and percentage of Children with High Needs who are enrolled in Early Learning and Development Programs that are in the top tiers of the Tiered Quality Rating and Improvement System.											
Type of Early Learning and Development Program in the State	Number of Children with High Needs served by programs in the State	<i>Baseline and Annual Targets -- Number and percent of Children with High Needs Participating in Programs that are in the top tiers of the Tiered Quality Rating and Improvement System</i>									
		Baseline (Today)		Target-end of calendar year 2014		Target - end of calendar year 2015		Target-end of calendar year 2016		Target-end of calendar year 2017	
		#	%	#	%	#	%	#	%	#	%
<p><i>to inform, support and incentivize these program to participate and to increase to the highest tiers. Our target goals represent significant, ambitious growth.</i></p> <p>5. <i>Currently 63% of CCDF children are enrolled in a Paths to QUALITY program; of these 28% are enrolled at the highest levels of Paths to QUALITY. We anticipate that as we reach our level advancement goals for CCDF programs, we will be able to increase the number of children receiving CCDF enrolled in programs rated at the highest levels to increase by 10% each year resulting in almost 6,000 additional high need children being served at the highest levels of Paths to QUALITY.</i></p>											

(B)(5) Validating the effectiveness of State Tiered Quality Rating and Improvement Systems

Indiana understands that continuous quality improvement (CQI) is necessary not only for Early Learning and Development Programs, but also for a QRI system. CQI has been built into the framework of Paths to QUALITY since it was launched statewide in 2007. Initially, the Indiana Family and Social Services Administration contracted with Purdue University to conduct a four-year scientific evaluation of Paths to QUALITY implementation. Purdue University’s contract was extended in 2011, and researchers are currently in the process of conducting a 2-year longitudinal child outcomes study. The results of the research will demonstrate the developmental, learning, and school readiness benefits received by low-income children attending Paths to QUALITY programs.

- (a) Validating, using research-based measures, as described in the State Plan (which also describes the criteria that the State used or will use to determine those measures), that**

the tiers in the State’s Tiered Quality Rating and Improvement System accurately reflect differential levels of program quality

The first evaluation of Paths to QUALITY was conducted from 2007-2011 by independent researchers at Purdue University (included in Appendix). The evaluation sought to answer whether the rated Paths to QUALITY levels are a valid measure of child care quality for early learning and development programs. The Purdue University research team conducted a rigorous validity check of the Paths to QUALITY levels by doing independent quality assessments using research-tested measures:

- Caregiver Interaction Scale (CIS),
- University of North Carolina environment rating scales (ERS), with the Infant Toddler Environment Rating Scale – Revised edition (ITERS-R) used for infant toddler classrooms in child care centers and ministries;
- Early Childhood Environmental Rating Scale- Revised edition (ECERS-R) used for centers and ministries not caring for infants;
- Family Child Care Environment Rating Scale – Revised edition (FCCERS-R) used for family child care homes.

The Paths to QUALITY standards were developed by identifying the critical elements in the two pilot programs prior to statewide implementation. Using research-tested measures, such as ERS, was a vital step in validating the home grown, Indiana specific, Paths to QUALITY standards.

The researchers found statistically significant associations between Paths to QUALITY levels and the ERS subscales, and concluded that Paths to QUALITY has differential levels of program quality, with Level 4 providers rating statistically higher in ERS quality – in all of the subscales, including the global quality score – than providers at Level 1. Statistically significant correlations were also found between Paths to QUALITY levels and teacher-child interactions, with teachers in higher-rated programs interacting more positively and sensitively with children. Importantly, the correlation between Paths to QUALITY level and positive interactions was rated *statistically higher* for Level 3 and 4 providers.

As noted in the Program Standards part of this section, the Health and Safety self-assessment tool was developed as a response to low personal care scores at all Paths to QUALITY levels.

Figure 1. Subscale scores by PTQ level (n=314)

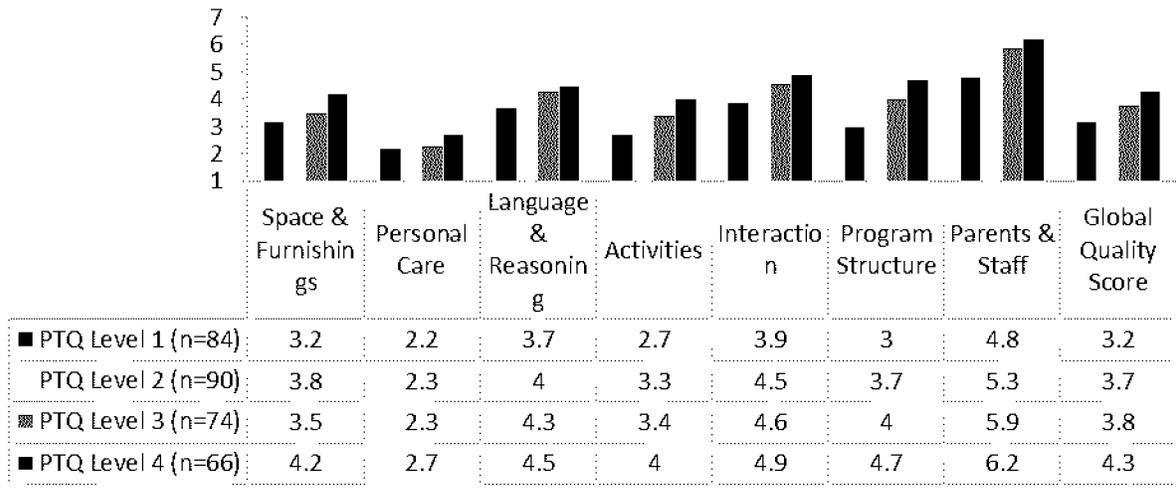


Figure 1: PATHS TO QUALITY Level Evaluation with ERS

(b) Assessing, using appropriate research designs and measures of progress (as identified in the State Plan), the extent to which changes in quality ratings are related to progress in children’s learning, development, and school readiness

The initial Purdue evaluation of Paths to QUALITY was an early study of the validity and implementation of the Program Standards and Paths to QUALITY system. For this reason, the research team was unable to find consistent, strong associations between Paths to QUALITY level and young children’s development and learning. Indiana understands the importance of assessing the extent to which Paths to QUALITY is related to positive child outcomes, therefore the contract with Purdue’s evaluation team was extended at the conclusion of the first evaluation to begin for a second phase of evaluation in which child outcomes would be a key focus.

Purdue University’s second phase evaluation of Paths to QUALITY is currently underway. The Phase 2 evaluation research will be completed and results disseminated during a four-year contract period, from October 1, 2012 through September 30, 2016. This phase will include 2-year longitudinal child outcomes study.

What questions will the Longitudinal Child Outcome Study answer?

1. Does participation in higher Paths to QUALITY -rated child care improve children’s development, early learning, and readiness for school?

2. Do children on the CCDF voucher program have access to and are families able to maintain Paths to QUALITY -rated high quality child care?

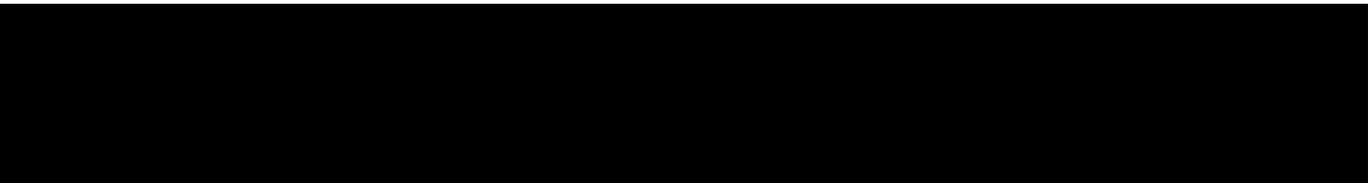
What are the sources of data for the study?

1. A combination of child development assessments, teacher-child observations, parent interviews, and provider interviews will be completed with 240 children stratified by age (80 infant/toddlers and 160 preschoolers) and Paths to QUALITY level (Levels 1, 3, and 4) in selected regions. Also included in the sample will be 40 preschool children who receive CCDF vouchers but whose provider is not enrolled in Paths to QUALITY .
2. A total of 720 child development assessments, teacher-child observations, and provider interviews will be completed over a 24 month period. Children will be assessed 3 times, and child care providers will be observed 3 times over the 24 month period. Parents will be interviewed every six months, for a total of 5 interviews.
3. Data gathered for this study will include information on children’s language, cognitive, and social emotional development over time, child care dosage, and Paths to QUALITY level or experience with non-Paths to QUALITY providers, parent engagement (both provider and parent perspectives), and engagement with CCDF.

HIGH-QUALITY PLAN

(B)(2); VI(B)(3); and VI(B)(4): High-Quality Plan for Increasing the Number and Types of Early Learning and Development Programs Participating in Paths to QUALITY

Key Goal 1: Increase the number and types of ELD programs participating in Paths to QUALITY.



Milestones	Timeline
1 Project staff, Expansion Coordinators, hired and trained by Contractor.	Quarter 1 Year 1
2 Key stakeholders and partners are convened at the state and local levels to develop strategic outreach, recruitment, and implementation plan.	Quarter 2 Year 1
3 Implement a variety of outreach and recruitment activities, including, but not limited to: coordinated efforts through the local Child Care Resource &	Quarter 2 Year 1

	Referral agencies; Head Start Collaborative Office; Education Resource Centers; Department of Education; direct mailing to targeted populations; outreach to non-participating programs.	
4	Identify and recruit programs for participation.	Quarter 3 Year 1
5	Implement baseline quality assessments for all participating programs, designed to gauge the programs’ readiness to enter Paths to QUALITY	Quarter 4 Year 1
6	Develop enrollment plans within one (1) month of initial quality assessment. Paths to QUALITY Expansion Coordinators will work with key program management and key partners for development.	Quarter 1 Year 2
7	Provide programs with outcome based support and technical assistance. Equipment and materials will be supplied to assist programs in participation, as needed. Paths to QUALITY Expansion Coordinators will implement, and monitor enrollment plans for each participating program	Quarters 2, 3, & 4 Year 2
8	Enroll programs into Paths to QUALITY.	Quarter 3 Year 4
9	Develop communication and marketing plan with key state and local stakeholders to promote and recognize program achievement.	Quarter 3 Year 4
10	Evaluate program participation and future needs.	Quarter 4 Year 4

Rationale: The purpose of the Paths to QUALITY Expansion project is to expand participation of non-participating paths to QUALITY for Pre-K, Head Starts, and other exempt programs.

Initial Implementation: Initial implementation will include development of strategic recruitment and implementation plan.

Scale-Up Plan: The coordination of efforts on the state level and local levels is vital in the implementation of this work. Upon completion of the strategic plan, involvement of key partners and stakeholders, the project will go to scale.

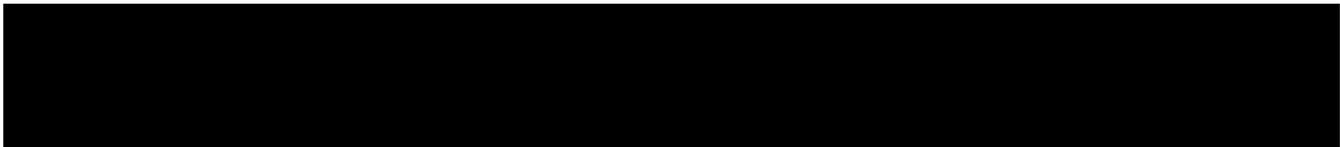


Milestones	Timeline
1 Develop contracts with local organizations and/or intermediaries (like United Way organizations, Community Foundations, or CCR&Rs) to manage an outreach project.	Quarter 1, Year 1
2 Award the contract to the designated entities and begin monitoring.	Quarter 2, Year 1
3 Contractor(s) has full met program recruitment rates and is providing coaching, training, technical assistance and other necessary supportive services.	Quarter 3, Year 1
4 Annually, contractor demonstrates achievement of targets for having registered ministries successfully achieve their Voluntary Certification and Level 1.	Quarter 4, Year 2
5 Complete a program evaluation of the project to assess program effectiveness, best practices and lessons learned.	Quarter 4, Year 4

Rationale A vast majority of Hoosier children attend unlicensed registered child care ministries that have minimal health and safety oversight and a workforce with no specialized training. Curriculum to support the preparation of a child’s readiness for school is minimal, at best. Increasing the enrollment of unlicensed registered ministries in Paths to QUALITY will ensure that these programs are high-quality, accountable, providing safe environments, and supporting the early learning, healthy development, and school readiness of children. Indiana has had significant success with this approach in the Registered Ministry Improvement Project, which was made possible by ARRA funding and a partnership between the Indiana Family and Social Services Administration, Bureau of Child Care and the United Way of Central Indiana. Through this partnership, the Bureau of Child Care contributed ARRA funds to support technical assistance, coaching, and educational supports and United Way contributed capital improvement funds. This combination allowed for ministries to significantly improve the safety and quality of their programs. As a result of this collaboration, more than 55 registered ministry programs were successfully enrolled in Paths to QUALITY, which is more than half of the ministries currently participating in the system. Unfortunately, this project was only available to registered ministries located in a limited geographical region served by the United Way of Central Indiana. RTT-ELG funds would allow Indiana to expand this successful model throughout the State, focusing on rural counties with unlicensed registered ministries in which families currently have limited access to highly rated programs.

Initial Implementation: Identify the geographic regions to implement the project based on program data, enrollment rates of High Needs children and infrastructure with community partners.

Scale-Up Plan: After identified regions determined, award the contracts and begin statewide implementation.



Milestones	Timeline
1 Award contract to manage the Paths to QUALITY Outreach Expansion for ELL.	Quarter 1 Year 1
2 Key stakeholders and partners are convened at the state and local levels to develop strategic outreach, recruitment, and implementation plan.	Quarter 1 Year 1
3 Recruit providers to move toward licensure, begin process of individualized technical assistance and consultation.	Quarter 3 Year 1
4 Create and roll out process for warm hand off with CCDF voucher agents.	Quarter 3 Year 1
5 Recruit providers for Spanish CDA opportunity.	Quarter 4 Year 1
6 Convene groups of key stakeholders in local communities to develop local community plans.	Quarter 1 Year 2
7 Develop and implement processes for communication via the web, to provide one on one consultation to families and providers (once developed, on-going through the life of RTT and beyond)	Quarters 3 & 4, Year 2

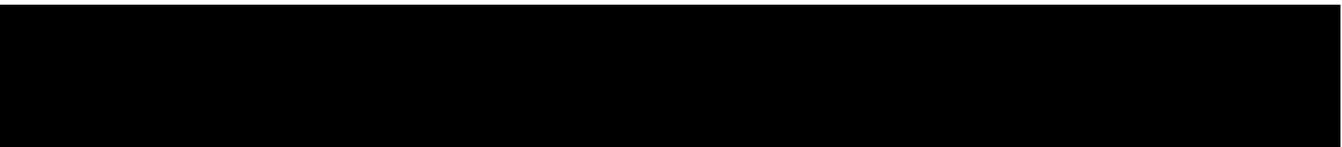
8	Coordinate and advertise access to English language classes in local communities (this is the launch; on-going through the life of RTT and beyond).	Quarter 2 Year 2
9	Recruit additional and continue to assist providers to move toward licensure, begin process of individualized technical assistance and consultation.	Quarters 1, 2, 3, & 4 Year 2
10	Develop resources to be used by child care programs to support non-English speaking clients.	Quarter 1 Year 3
11	Train and support Paths to QUALITY child care programs to promote non-English speaking families’ engagement.	Quarters 2, 3, & 4 Year 4
12	Recruit additional and continue to assist providers to move toward licensure, begin process of individualized technical assistance and consultation.	Quarters 1, 2, 3, & 4
13	Engage local stakeholders and develop strategies to equip trusted messengers to continue to inform families about the need for children to be cared for in regulated, Paths to QUALITY programs.	Quarter 2, 3, & 4 Year 4
14	Enroll programs in Paths to QUALITY; develop and implement strategies for recognition of achievements.	Quarters 2 & 3 Year 4
15	Evaluate program and prepare further recommendations.	Quarter 4 Year 4

Rationale: This strategic partnership will strengthen the outreach to the Hispanic/Latino provider community and increase the ability to serve where a gap currently exists. This broad reach will positively impact Hispanic and Latino child care providers, children and families throughout the state, stabilizing a fragile workforce and creating new opportunities for children and families.

Initial Implementation: Initial implementation will include development of statewide and local communication and outreach plans .

Scale-Up Plan: The scale up plan of this work will occur in phases as developed. Due to the previous work and the engagement of local and state partners, the infrastructure is available to roll each phase out in the same consistent manner. Recruitment of additional identified partners will occur throughout the life of the project.

Key Goal 2: Increase the number of High Needs children participating in High Quality Early Learning and Development Programs.



Milestones	Timeline
1 Work with the Early Learning Advisory Committee (ELAC) to develop guidelines for the EEMG expansion.	Quarter 1 and 2, Year 1
2 Draft the grant application and conduct outreach activities to potential applicants (i.e., ELD programs in rural areas with current limited private investment)	Quarter 3 and 4 Year 1

- | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 3. | Release the grant application, score the application, award grants, and execute grant agreements. | Quarter 1, Year 2 |
| 4 | Provide technical assistance to ELD programs receiving grants on the program guideline including the recruitment of underserved, high needs children. | Quarters 1-2, Year 2 |
| 5 | Provide high quality pre-K services to children, provide training and technical assistance to ELD programs. | Ongoing, Years 2-4 |
| 6 | Measure school readiness of children receiving services through the grant funds and preparing to enter kindergarten. | Ongoing, years 2-4 |

Rationale: Children with high needs have limited access to high quality programs, the CCDF subsidy program and all Head Start programs maintain waitlists. These grant funds will increase available support for additional high-needs children within highly rated ELD programs (Levels 3 and 4 in Paths to QUALITY). Grant funds will also increase and leverage private funding at the local level as a result of the match requirement.

Initial Implementation: Identify the guidelines for the expanded EEMG, draft and release the RFF.

Scale-Up Plan: After grant application is developed, provide technical assistance to interested ELD programs, award the grant funds and prepare to measure education outcomes statewide.

Milestones	Timeline
1 Hire nine Regional Early Learning Specialists.	Quarter 1, Year 1
2 Regional Early Learning Specialists will work in regions to identify school-based programs and early learner providers that may be interested in grant	Quarter 3 and 4 Year 1
3. Specialists will collaborate and build capacity to help programs reach Paths to QUALITY level 1 <ul style="list-style-type: none"> • Participate in work groups to design grant • Provide technical assistance, professional development, and monitoring of awarded grantees • Participate in data collection and feedback groups • Assist in final report and sharing of report. 	Quarters 2-4, Year 1
4 Participate in the EEMG workgroup with FSSA to draft the grant application guidelines.	Quarters 3-4, Year 1
5 Release and promote the grant application, score the application, award grants, and execute grant agreements.	Quarter 1, Year 2
6 Provide technical assistance to ELD programs receiving grants on the program guideline including the recruitment of underserved, high needs children.	Quarter 4, Year 1

- | | | |
|---|---------------------------------------------------------------------------------------------------------------------|-----------------------|
| 7 | Measure school readiness of children receiving services through the grant funds and preparing to enter kindergarten | Ongoing,
Years 2-4 |
|---|---------------------------------------------------------------------------------------------------------------------|-----------------------|

Rationale: In Indiana, licensing is not legally required for ELD programs funded under Section 619 of Part B of IDEA or Title 1 of ESEA. We know that there are 11 ELD programs that receive Title 1 and/or part B funds participating in Paths to QUALITY. By providing the EEMG targeted specifically for these publicly funded, license-exempt programs, it will be an incentive for them to become licensed and participate in Paths to QUALITY. Since the total population of ELD programs funded by these funding streams is unknown, as are the possible barriers to enrollment in Paths to QUALITY, we believe that an increase of five newly enrolled Paths to QUALITY programs for each of the four years, for each Title 1 and Part B funded ELD program, per year is an aggressive, yet obtainable goal. When our goals are met at the end of the four years, the number of Title 1 and/or Part B funded programs will have increased by over 300%.

Initial Implementation: Identify the guidelines for the expanded EEMG, draft and release the RFF.

Scale-Up Plan: After grant application is developed, provide technical assistance to interested ELD programs, award the grant funds and prepare to measure education outcomes statewide.

VI(B)(1) and VI(B)(5): High-Quality Plan for Promoting Continuous Improvement in Early Learning and Development Programs

Key Goal 2: Increase family awareness of and access to Paths to QUALITY programs

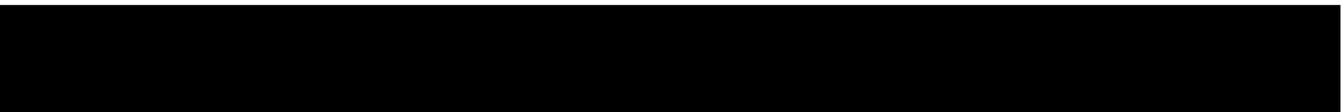
Milestones	Timeline
1 Convene Paths to QUALITY marketing committee and other key stakeholders to draft 4 year marketing plan. Convene WIC and DCS stakeholders to develop a strategic plan for implementation and specific resources for their needs.	Quarter 1 Year 1
2 Solicit bids from marketing firms to manage the Consumer Awareness Campaign and enter into Agreement.	Quarters 2 & 3 Year 1
5 Educate and equip partners with campaign collateral and supplies to disseminate, including WIC, DCS staff, Family Courts, hospitals and pediatricians, and community based organizations. Local, community based staff outreach to, with the assistance of key local stakeholders.	Quarter 1 Year 2 Quarters 3 & 4 Year 3
Monitor and track results; Adjust campaign efforts accordingly.	Quarters 1 & 3 Years 2, 3 &4
Create sustainability plans and train key stakeholders.	Quarter 4 Year 4

Rationale: Families are most apt to make low quality choices for their child’s care when they are in a

crisis situation. This is the time that children most vulnerable and in great need of high quality care and nurturing relationships in their lives. To reach out to these families, we must reach out to the people on the frontlines interacting with these children during these difficult times. Through this project, relevant specialized materials, training, and outreach strategies will be developed to provide this information at the time when they need it most.

Initial Implementation: The initial implementation will involve engaging key stakeholders and partners, to create statewide marketing plan. The marketing plan will be submitted and approved by the Governor’s committee. The CCR&R system has been very successful in meeting the needs of both Voucher and IMPACT clients. This methodology will be replicated with each of the identified audiences.

Scale-Up Plan: Through the framework of the local CCR&R system, the scale up plan will be include negotiating local media buys, as well as systematically reaching out to agencies and services that interface with high needs children and their families.



Milestones	Timeline
1 Develop training and resources for Paths to QUALITY Level 2 providers.	
2 Develop and implement training and resources for Paths to QUALITY Level 3 and Level 2 providers.	
3 Develop and implement training and resources for Paths to QUALITY Level 4 and Level 3 providers.	
4 Implement training and resources for Paths to QUALITY Level 4 providers.	

Rationale: Indiana supports Head Start’s philosophy that regardless of the particular strategies that programs and families choose, the necessary ingredients for program success must include a commitment toward goal-directed, positive, culturally, responsive and respectful relationships with families and a system-wide, integrated and comprehensive parent, family, and community engagement approach. Indiana intends to build upon its existing Head Start/Child Care liaison project to imbed the foundations needed for the implementation of family engagement activities to achieve optimum parent and family engagement outcomes in Paths to QUALITY programs. The achievement of these outcomes will support promising child outcomes and entry into school ready to learn

Initial Implementation: We plan to initially start with the family engagement training and resources for the lower level programs in Level 1 and Level 2.

Scale-Up Plan: By the end of the fourth year, all four levels of Paths to QUALITY programs will have family engagement training and resources available.



Milestones:	Timeline
1 Procure a contract agreement with an entity to manage the Paths to QUALITY Level Advancement Project.	Quarter 1, Year 1

- | | | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 2 | Contractor recruits Paths to QUALITY programs to participate in the project. | Quarter 2,
Year 2 |
| 3 | Provide intensive coaching, prioritized participation in professional development and credential programs, and other educational incentives. | Quarter 3,
Year 2 |
| 4 | Review and assess the program and project goals. | Quarter 4,
Year 4 |
| 5 | Evaluate the program effectiveness, including outcomes, best practices and lessons learned. | Quarter 4,
Year 4 |

Rationale: Level 1 providers constitute 57% of the total population of Paths to QUALITY providers or 1,347 programs and Level 2 providers are currently only 10% of the total population or 240 programs. With the Race to the Top award Indiana will replicate a successful model that will result in a 30% increase of Level 2 and Level 3 providers. Thus, 67% of Paths to QUALITY programs and the children being cared there are not the highest rated quality of care.

Initial Implementation: The initial implementation involves modifying the application, recruitment and other materials slightly. Working with local CCR&Rs, we will identify programs able to advance levels over the four year period, if they were to be provided with resources, equipment, materials, specialized professional development, and intensive coaching.

Scale-Up Plan: This program is a replication of a highly successful project implemented during ARRA. That project resulted in more than 30% of Level 1 programs advancing to Level 2 in just slightly more than one year. Therefore, the scale up plan exists and will involve working with local CCR&R agencies and coaching staff to identify and assist programs in garnering necessary resources and advancing levels of quality.

How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.

Indiana partners are aware of varying needs of the different ELD program types. Since the beginning of the Paths to QUALITY implementation, the system has been designed to meet the needs of a variety of programs through the development of customized, yet equivalent standards for home and center based programs and the development of an alternative pathway to Paths to QUALITY enrollment, the Voluntary Certification Program, for our unlicensed faith based registered ministry programs. Additionally, our training and technical assistance for Paths to QUALITY programs is designed to meet the individual needs of programs; coaches have specific expertise in different program types, to ensure that the information presented is relevant and sensitive to the nuisances present in different programs. Our approaches has been successful as evidenced by the range of programs that have enrolled and advanced in Paths to QUALITY including 90% of licensed centers, 63% of licensed homes and 12% of registered ministries. All program types have also successful advanced to the highest levels of Paths to QUALITY. Additionally, other unlicensed programs have enrolled and advanced including ELD programs funded by Title 1 and/or part B funding and Head Start programs. Our high quality plans include

a focus on identifying barriers that exist for all program types and will target technical assistance and supports needed to increase participation of type licensed exempt programs.

How the State will meet the needs of Children with High Needs

Indiana will address the needs of children with high needs through a variety of approaches including a consumer awareness campaign focused on the targeted high needs populations, the advancement of specialized credentials the Infant Toddler Mental Health Endorsement project discussed in section C, and increased availability of high quality training on topic areas most relevant to programs caring for high needs children.

Indiana will also utilize RTT-ELC funding to expand the recently created Early Education Matching Grant (EEMG). This grant is designed to serve additional four year olds with high needs in highly rated Paths to QUALITY and to leverage public private partnerships through the match requirement. The expansion of this grant will allow Indiana to expand the child eligibiity beyond the current definition of children from families earning less than 100% of the federal poverty level, to also define eligible children as children from families being served by home visiting, early intervention or child welfare services. This will greatly improve the access to highly rated ELD programs for these families that might not qualify for either CCDF or Head Start or for whom there are not available openings in these programs. Additionally, FSSA will work with Level 3 and Level 4 programs, with a focus on programs located in rural counties, through the locally based Outreach Coordinators, housed within the Child Care Resource and Referral offices, to identify possible matching funds. This assistance will work to both leverage available local funding and increase assistance for children residing in these counties.

Indiana will use Early Learning Challenge grant dollars for Match Grants (\$3,000,000) aimed at ELD programs funded with Title 1 funding. Through a competitive grant process, schools or districts will be able to apply to receive additional dollars to improve high-quality early learning. Early learning programs may qualify for the match dollars through two different avenues. One avenue is the program must at least be a Paths to QUALITY level 1 program and use Title dollars to fund an early learning program. The match dollars must be used to meet the goals of an ambitious plan to increase the PATHS TO QUALITY to a level 3 or level 4. A second avenue for funding is for a school-based program to partner with a local private provider

that is PATHS TO QUALITY level 3 or 4. The grant dollars must be used to meet the goals of an ambitious plan to provide high-quality early learning to more Children of High Needs in the community.

This project will be available to targeted rural communities and communities with a high population of English learners and/or migrant students. The focus on targeted communities will meet the Absolute Priority of Promoting School Readiness for Children with High Needs and the Competitive Preference Priority of Addressing the Needs of Children in Rural Areas. Beyond meeting all of the priorities of the Early Learning Challenge grant, there are three primary purposes for providing these competitive grants.

First, it is an incentive for current Title funded programs to participate in the Paths to Quality, Indiana's Quality Rating and Improvement System (QRIS), and improve. In order to qualify for the match grant, the grantee would have achieve a level 1 rating and submit a plan on meeting all of the requirements to receive a Paths to Quality rating of 3 or 4. Please see Appendix B1 for requirements to receive a rating of 3 or 4. This requirement meets Priority 2 by increasing the number of children from birth to kindergarten entry who are participating in programs that are governed by the State's licensing system and quality standards. Currently, 8 districts of the 26 districts that use Title I dollars participate in the Paths to Quality Rating System. The match grant will provide an opportunity for current participating districts to improve and/or for any district that is considering developing an early learning program to begin a high-quality program and participate in PATHS TO QUALITY.

Second, this grant is opportunity to provide high-quality early learning for more children by providing an incentive for partnering with a community based PATHS TO QUALITY level 3 or 4 program. This will not only meet the needs of more children, but it will facilitate partnerships between schools and programs. The grant will provide funding for the provider and the school to work together on common goals, facilitate a great transition for all students, increase the knowledge and use of key RTT projects such as the Foundations, ISTAR-KR, the KEA, SLDS, etc. The grant will ultimately give the funding needed to embed best practices and increase the quality of education to improve educational outcomes.

Third, it is an incentive to improve the quality of programs and services that Promotes School Readiness for Children with High Needs. The grant will require that programs put into place specific interventions that meet the needs of Children with High Needs. Although the

following list is not exhaustive, it does encompass specific strategies and interventions that may be included in the Match Grant application:

- Parental education and involvement programs
- High-quality use of assessment and data in planning and instruction
- Activities to improve school readiness by improving the quality of the program
- Improve the use of the Foundations to impact student learning
- Implementation of English language development standards, instructional best-practices, and cultural and linguistically appropriate materials

Fourth, the grant is an incentive to improve the Competitive Preference Priority of Understanding the Status of Children’s Learning and Development at Kindergarten Entry and creating Preschool through Third Grade Approaches to Sustain Improved Early Learning Outcomes through the Early Elementary Grades. One of the larger areas of improvement for Indiana is the communication and use of data through the early learning years and programs to the transition to Kindergarten and then through third grade. The Match Grant will require Title I schools to put systems in place to ensure the understanding of children’s learning and to sustain early learning outcomes. This will require schools to utilize aligned standards; identify and address health, behavioral, and developmental needs; implement teacher preparation and professional development programs; implement models systems of collaboration; and build and/or utilize data systems. In addition, schools will need to utilize, pilot, or implement kindergarten entry assessments. This will depend on Indiana’s status on adopting and/or creating comprehensive early learning assessments that will include a Kindergarten Entry Assessment.

This project will provide funding that may be combined with existing funding available to provide Children with High Needs with access to high-quality programs. Districts with early learning programs use a variety of sources to fund the programs. Dollars for the Match Grants will be able to increase the amount of local, private, state, Title I A, Title III, and Title I part C dollars that are being used for early learning programs. Since Indiana has a growing number of English learners, many districts are taking advantage of Title III dollars to fund early learning programs and activities. In some geographic areas, migrant early learner programs exist as well and Title I part C dollars being used to fund programs. The programs that use Title III and Title I

part C are great examples of programs that could benefit from the Match Grant. The Match Grants will be able to be used in conjunction with all other funding sources.

Overall, this project will allow Indiana to pilot many of its reform and improvement initiatives in a way that will facilitate monitoring and data collection. The project will allow us to establish best practices and facilitate the work between private providers and schools. The three year process will allow Indiana to collaborate with the local education agencies and private providers to identify best practices that will inform future reform and improvements in the priority areas. The findings and results from this project can then be implemented on a wider scale throughout the state. This project will inform Indiana's stakeholders, public and private early learning investors, future policy, and ultimately drive sustainable work beyond the grant.

During the first year of Indiana's Race to the Top Early Learning Challenge Grant, the Regional Early Learning Specialists will work in their respective regions to identify school-based programs and private early learning providers that may be interested and that may qualify for the Match grant. The specialists will collaborate with the Early Learning Coaches to work on building capacity and ensuring that programs are at least a PATHS TO QUALITY level 1 and are working towards becoming eligible for the grant. A team of stakeholders and early learning professionals with the Indiana Department of Education staff will form a work group to identify the specific regions of need, create the requirements of the grant, and develop the process to award the grant.

Before year 2 of the grant begins, the IDOE will release the grant and work with the specialists and coaches to provide technical assistance in completing the grant. The grants will be reviewed based on the criteria determined by the work group and will be awarded accordingly. The process will repeat for years 3 and 4 of the grant.

Each participating grantee will go through several monitoring visits by individuals from the coaches, specialists, IDOE staff, FSSA, and the Bureau of Health to ensure the goals of the grant are being met. Technical and programmatic assistance will be provided on a individualized basis. This can take various forms such as one-on-one consultations, workshops, webinars, etc. As a collective team, the agencies involved will work collaboratively to support programs improving on the PATHS TO QUALITY and ultimately improving educational outcomes for children.

Throughout the entire rating process, the local programs will work collaboratively with the specialist on data-driven program improvement. Data will be collected through the entire process so that trends and best practices can be identified. The goal is for models to be established so that the state of Indiana can build capacity in improving school-based programs either through becoming rated on the PATHS TO QUALITY and/or creating a fruitful collaborative relationship with a private provider. The data will also allow the state to identify particular strategies, interventions, and programs that work with English learners, migrants, and rural communities. These communities contain many students of high need and are underserved in many regions. The Match Grant provides the structure and incentive to build capacity and improve outcomes.

C. Promoting Early Learning and Development Outcomes for Children

Indiana has a High-Quality Plan to improve outcomes for *all* children, especially high-needs children, by expanding the use of early learning and development standards in the essential domains of school readiness. We also have a plan to develop and implement a Comprehensive Assessment System, which will include the identification of a common assessment tool and build the capacity of programs and professionals to administer, collect and use the data. Indiana’s High-Quality Plan also focuses on expanding existing resources to create a coordinated model that cuts across disciplines and links systems to ensure that children are healthy and safe.

(C)(1) Developing and Using Statewide, High-Quality Early Learning and Development Standards

Indiana’s Early Learning and Development Standards are called the Foundations to Indiana Academic Standards for Young Children Birth to Age 5, which are referred to as the Foundations (included in the Appendix). Indiana will update Foundations to link the standards from pre-kindergarten all the way through grade 3 standards to create a stronger and more comprehensive set of school readiness standards for all children. Indiana also has a plan to ensure that early childhood educators are fully prepared and equipped to use these comprehensive standards within the classroom curriculum.

(a) Includes evidence that the Early Learning and Development Standards are developmentally, culturally, and linguistically appropriate across each age group of infants, toddlers, and preschoolers, and that they cover all Essential Domains of School Readiness;

The Foundations are Indiana’s early learning standards to guide early childhood educators in understanding and implementing classroom practices that facilitate learning of essential skills and knowledge young children require to be prepared for kindergarten. The Foundations provide the foundational knowledge, skills, and dispositions in each of the essential domains of School Readiness that support later learning expectations, which are reflected in Indiana’s early learning assessment. The research-based Foundations address the following essential domains of school readiness as demonstrated in the table below. Currently, Indiana does not have any Foundations addressing health. By 2014, the Foundations will address all essential domains of school readiness and be aligned from Birth to Grade 3.

Table C-1

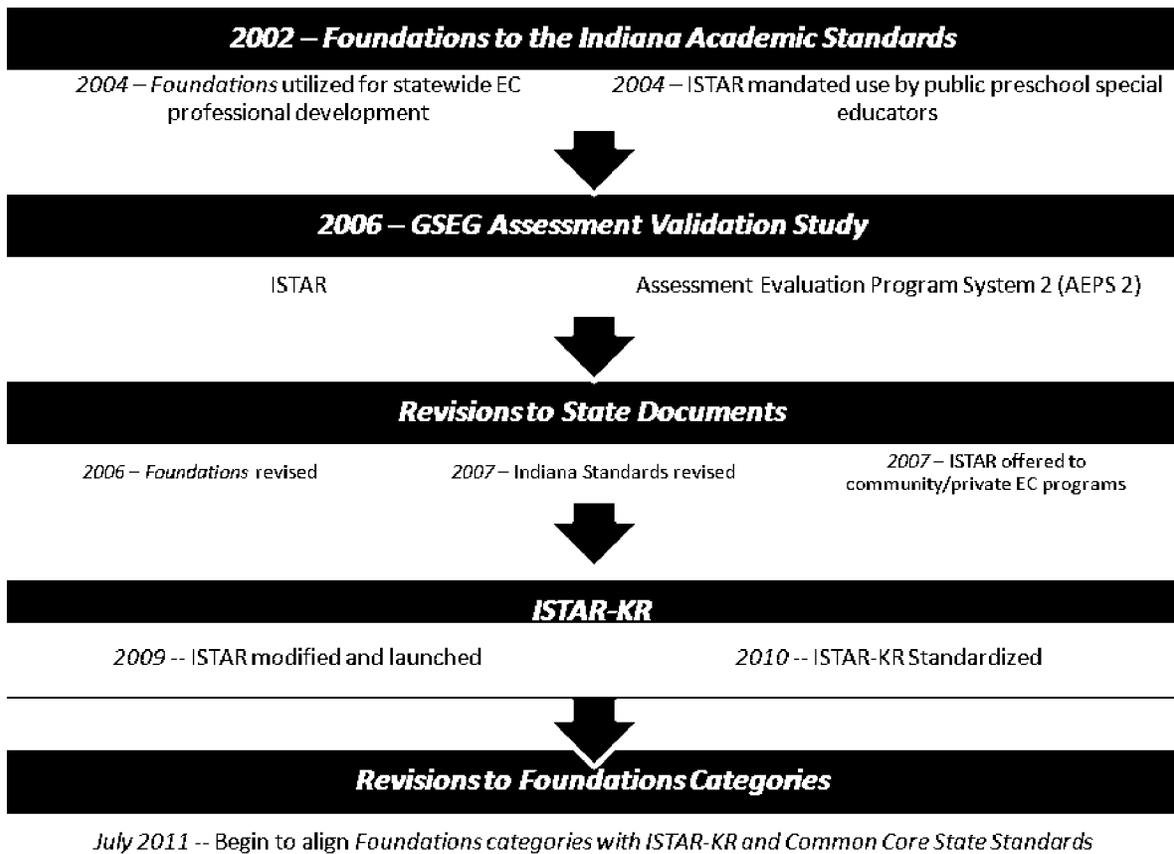
Content Areas Addressed	Current Foundations Standards (Birth to Age 5)	Existing State Academic Standards (K-12)	New Foundations Standards in 2014 (Birth to Grade 3)
English/Language Arts	X	X	X
Mathematics	X	X	X
Science	X	X	X
Social Studies	X	X	X
Physical Skills	X	X	X
Personal Care Skills	X		X
Fine Arts	X	X	X
Social/Emotional Skills	X		X
Health		X	X
Approaches Toward Learning	X		X

The Foundations outline specific skills and concepts and provide examples of instructional strategies that support teachers, parents, caregivers and other professional personnel as they develop appropriate experiences for young children. The Foundations are not a comprehensive list of skills that a particular child must exhibit; rather, they serve as a guide for early childhood educators to use in assisting young children gain knowledge and skills in the early years that will prepare them for success in school.

The Foundations were originally developed in 2002 with content for children three- to five-years of age, and were later revised in 2004. In 2012, another update was completed establishing birth to five early learning standards that align with the early learning assessment and kindergarten standards. Additionally in 2012, the Foundations were aligned with the newly adopted Indiana Core Knowledge and Competencies. In the Appendix, in the Indiana Core Knowledge and Competencies document, there is a chart (Table 5 in Crosswalks) that shows the alignment between the Foundations Standards, the Common Core Standards, and the Indiana Core Knowledge and Competencies framework.

The Foundations were developed as Indiana’s early learning framework to guide early childhood educators in understanding and implementing classroom practices that facilitate learning of essential skills and knowledge young children require to be prepared for kindergarten. On the next page is a visual history of the development of the Foundations.

Figure C-2



In 2014, a group of statewide stakeholders, content specialists, and early learning professionals will be convened in order to make needed changes to the Foundations. An evaluation of highly rated standards will be completed and changes made will ensure that a set of early learning and development standards that are developmentally, culturally, and linguistically appropriate will be developed for all young children from infants to preschoolers covering all of the essential domains of school readiness and aligned with the kindergarten through third grade standards. Indiana will ensure that the updated version will include health standards Indiana is in the process of adopting new English language proficiency standards. WIDA, World-Class Instructional Design and Assessment, is the current set of standards that is being considered as the process is coming to a close. WIDA recently released early learning standards and Indiana will ensure these parameters are included. Partnerships would be created to ensure that this new version of the Foundations is available in additional languages (such as Spanish and Burmese) for increasing number of English Learners in our rural, suburban, and urban areas of the State.

After the updates are made, the Foundations will be published for public feedback before the final version is implemented.

(b) Includes evidence that the Early Learning and Development Standards are aligned with the State’s K-3 academic standards in, at a minimum, early literacy and mathematics;

The Foundations are currently aligned with Indiana’s Kindergarten Standards, which include Indiana’s Common Core State Standards for English/Language Arts and Mathematics and Indiana Academic Standards (2007) are referenced for all the remaining learning domains. Indiana plans to revise the Foundations to align with the Indiana Academic Standards for Kindergarten – Grade 3 by utilizing our Regional Early Learning Specialists to engage community stakeholders and content experts. This work will be incorporated into the workgroups referenced in (C)(1)(a).

(c) Includes evidence that the Early Learning and Development Standards are incorporated in Program Standards, curricula and activities, Comprehensive Assessment Systems, the State’s Workforce Knowledge and Competency Framework, and professional development activities; and that they are shared with parents and families along with suggestions for appropriate strategies they can use at home to support their children’s learning and development;

The Foundations are used widely throughout the state by early learning programs that are at Level 2 or above in Indiana’s Paths To QUALITY™ - Indiana’s quality rating and improvement system. Indiana’s early childhood special education programs use the Foundations through the Indiana Individualized Education Plan (IIEP). Indiana Association for the Education of Young Children through the Indiana Non Formal Child Development Associate (CDA) project has trained over 6,700 early childhood professionals in the Foundations. The Foundations are also integrated into the credentials, certificates and degrees at the two and four year higher education institutions. . Data, provided by the Indiana Association for Child Care Resource and Referral (IACCRR), show that over 5,500 early learning professionals have received introductory training over the past three years on the use of the Foundations.

Program Standards: The Foundations are incorporated into the Paths To QUALITY™ system. Any early learning and development program seeking a Level 2 rating or higher is required to participate in an orientation of the Foundations. The Foundations Orientation sessions are facilitated face-to-face by our nine regionally based CCR&R agencies and Indiana Department of Education staff. They are also available online through an IACCRR online training system based on an Adobe Connect program and can be done asynchronously. The

Foundations are linked to our online IEP system and used by all Developmental Preschools (Part B 619). The early childhood educators assist districts in ensuring that children’s IEP goals are aligned with Foundations.

Curricula and Activities: To support early learning professionals in crafting developmentally appropriate learning experiences, the Foundations are in need of support documents. This is included in our High Quality Plan. Indiana will partner with Higher Education Institutions to design more in-depth training modules that would enable early learning professionals to fully implement and integrate the Foundations into the curriculum and the learning experiences through which child outcomes will be achieved. A Paths To QUALITY™ standard in Level 3 requires the program to have a comprehensive, effective curriculum that targets the identified goals, including all those foundational for later learning and school success and aligned to the Foundations. Professional development and resources are needed to support the embedding Foundations into classroom practices and children’s learning experiences. The partnership with Higher Education will enable the development of a 6 module – three credit hour (48 hour CEU eligible) courses embedded within Indiana early childhood higher education institutions on the content and use of the Foundations. The course will be part of curriculum towards a credential, certificates, and degrees.

We will also engage Higher Education in the development of learning tools to apply the standards into practical setting for various populations such as classroom teachers, early interventionists, directors, Kindergarten teachers, principals, and superintendents. The Regional Early Learning Specialists will collaborate with local entities to host training such as the CRRs and Regional Educational Service Centers. The training will be piloted in 1-3 communities and changes will be made as necessary to ensure it is appropriate. Once feedback and any needed changes are made, the Regional Early Learning Specialists will work with an IT Specialist in order to design an “App” that would be available statewide.

To support early childhood educators in providing a curriculum that is aligned to the Foundation standards, Indiana has begun to develop an interactive curriculum review website called Review My Curriculum. The purpose of Review My Curriculum website is to create an interactive website to educate early childhood education programs in Indiana about the needed components of a quality curriculum and to assist them in making appropriate curricula decisions to best meet individual child needs and serve and families in their unique early care and

Home Using This Tool Examples About Us Register Contact

username password

MANAGING YOUR CURRICULUM CHOICE

Managing your child care home, center, or ministry can sometimes feel like standing in the middle of the road with no clear instructions for moving forward. This is especially true when it comes to making decisions about curriculum choice.

Research demonstrates that curriculum choice affects quality of child care and how children grow and develop. So, choosing the most appropriate curriculum for your child care setting is critical.

In the early childhood professional community, there are multiple curricula available for child care providers to choose from depending on whether or not you work with infants, toddlers, or preschoolers. How do you know which one is best for the children in your care?

This website offers a confidential on-line assessment tool to help you identify and clarify which curriculum is best for your childcare setting—whether in a home, center-based, or ministry site.

The goal is not to identify one “best” curriculum—there is no such thing—but rather to identify what features of a curriculum may be most effective for which outcomes and under which conditions.” (IN-AYC position statement)

LEARN MORE

- What is Curriculum
- FAQs
- Domains of Learning
- Indiana Foundations
- Indiana Paths to Quality: Standards
- IN-AYC Position Statements
- Resources

ABOUT

The goal is not to identify one “best” curriculum—there is no such thing—but rather to identify what features of a curriculum may be most effective for which outcomes and under which

education settings.

Comprehensive Assessment System: Assessment of children’s development and learning is essential for teachers and programs in order to plan, implement, and evaluate the effectiveness of classroom experiences they provide. Assessment also is a tool for monitoring children’s progress toward a program’s desired goals. Indiana has in place the Indiana Standards Tool for Assessment Report – Kindergarten Readiness (ISTAR-KR) assessment. Indiana plans to development a comprehensive system. Indiana currently has components of the system, as defined later in C2. Early learning programs that participate in Paths to QUALITY™ must utilize and adopt a written, research/evidence-based, comprehensive curriculum and assessment to

achieve a Level 3 rating. Development and usage of a comprehensive assessment system will align the program goals and outcomes for children to standards for kindergarten – third grade.

Workforce Knowledge and Competency Framework: Indiana has recently completed the Indiana Core Knowledge and Competencies for professionals working with infants, toddlers, preschoolers, school age and youth (further discussed in D1). Within the CKC a crosswalk was completed to align with the Foundations. (See appendix pages 74-76). There is additional information on the CKC is contained in section D1 as it relates to the Indiana Professional Development Network.

Professional Development: In the past three years, 2,254 early childhood educators have received online training on Foundations and 3,239 have received face-to-face training on Foundations. Early childhood educators that work in programs participating in Paths To QUALITY are required to have professional development on Foundations if they move to Level 2 or above. As previously mentioned, this is currently just an orientation to the content of the Foundations. In the High Quality Plan, Indiana will develop and implement a more intensive training program. Once developed this would be offered to all early learning professionals including Early Childhood Special Education teachers, Early Interventionists, Department of Education staff that oversee and work with English Learners, Migrant populations, early childhood educators working within Paths to QUALITY programs that work with children from low income areas and are considered High Needs.

Updated Professional Development will be provided regionally by the Regional Early Learning Specialist through face-to-face training, Train-the-Trainer models and job embedded training with early learning and development programs throughout their region. This will increase the use of the Foundations with fidelity that is important and influential in a child's development.

(d) Includes evidence that the State has supports in place to promote understanding of and commitment to the Early Learning and Development Standards across Early Learning and Development Programs.

Recognized as a cornerstone for Indiana's early learning system, the Foundations have been incorporated into early learning programs across the state. The High Quality Plan for revising the Foundations includes restructuring them to be more user-friendly and accessible to different audiences, including families, early childhood educators, businesses and the public.

Updating the Foundations and increasing their promotion and use across early learning settings is a first-year priority. All participants in the Paths to QUALITY system will continue to demonstrate that their curriculum, classroom practices and learning experiences are research and evidence based and it is aligned to the updated Foundations to meet children outcomes.

Our nine Regional Early Learning Specialists will convene regional stakeholders to gather input for changes to the Foundations. Once they have worked as a team with the Early Learning Coordinator and an update is completed, the Specialists will conduct regional training and professional development on the Foundations. They will provide Train-the-Trainer models of professional development and work collaboratively with programs to ensure there is a clear understanding of how to integrate the Foundations into daily lesson planning as a result of assessment information collected.

Indiana's High-Quality Plan includes two critical quality and capacity building resources for ELD Programs: Regional Early Learning Specialists and Paths to QUALITY Expansion Coaches. The Expansion Coaches are well versed in the Foundation standards through providing trainings and individual technical assistance to ELD programs. The Regional Early Learning Specialists, coming from the education arena, will have a different perspective and understanding of Foundations and can assist ELD programs, especially Title 1 publicly-funded and license-exempt programs, in aligning the standards with the different type of ELD programs.

The new Regional Early Learning Specialists will be a critical element throughout the entire High-Quality Plan. Each region will have unique strengths and challenges and the regional input will be taken under consideration as a response to the needs. The Indiana Department of Education and all stakeholders we serve will model the concept that by working together and utilizing our diversity and talents we will build successful community early learning and development programs with equitable and high quality opportunities for all children.

(C)(2) Supporting effective uses of Comprehensive Assessment Systems

In 2003, Indiana responded to a federal mandate requiring states to offer an alternative to the state achievement test for students with disabilities. The Indiana Standards Tool for Alternate Reporting (ISTAR) was designed for all children from infancy through grade 10. The early childhood section of **ISTAR was derived from the Foundations to the Indiana Academic Standards**. The ISTAR assessment instrument is a web-based, standard-referenced rating instrument, completed by teachers. Although the instrument was developed for all children, Indiana public schools began using it to rate the proficiency of school-aged students with disabilities in Mathematics, English/Language Arts, Functional Skills, Science and Social Studies.

In 2004, Indiana mandated that all preschool special educators use ISTAR as the assessment to rate child developmental progress for students from age three to five who received special education services. Standard areas rated to demonstrate student proficiency include: Mathematics, English/Language Arts, Physical, Personal Care, and Social/Emotional Skills. The assessment data is used by Indiana Department of Education Special Education Administrators in reporting to the federal Office of Special Education Programs (OSEP) to reflect Indiana's special education program effectiveness.

In 2006, the Indiana Department of Education, Family and Social Services Administration, Ball State University, and the Metropolitan School District of Pike Township were awarded a federal General Supervision Enhancement Grant (GSEG) in order to conduct a reliability and validation research study using the ISTAR Assessment tool. The purpose of the research grant was to strengthen Indiana's comprehensive assessment and service provision for children with special needs, from birth to age five.

In order for the GSEG study to build a strong validity argument, a number of key investigations were pursued through the analysis of reliability, alignment, concurrent validity, discriminant-groups validity, and construct validity. In addition, a robust standardization study produced information to allow the instrument to be calibrated into three-month increments of growth.

The investigation centered on how well the items address the key skills expected of children before they enter kindergarten. Because of the federal requirement that the instrument

measure growth, the score patterns must be able to chart a continuum of progress. The results must be useful in planning instruction, as well as being meaningful for program evaluation. The research study determined that ISTAR had high reliability, was adequately aligned to Indiana's kindergarten standards, and was effective at delineating children who demonstrated typical development from those challenged with reaching age-level skills. The research also identified improvement areas. The resulting improvements to the instrument were then vetted through a structured expert review and retested for alignment. (See Appendix for GSEG report.)

The result of this effort produced ISTAR-Kindergarten Readiness (ISTAR-KR), which is an assessment that can reasonably provide information as to how a student is performing compared to typically developing peers on a continuum of skills leading to success in kindergarten. This score can be examined in terms of the three Office of Special Education Programs (OSEP) outcomes or in terms of the areas of pre-academics and can be used in the planning of effective instruction.

Indiana's ELD programs use a wide variety of assessments, including Teaching Strategies Gold, Classroom Assessment Scoring System (CLASS), Early Childhood Environmental Rating Scale (ECERS-R), Early Childhood Classroom Observation Measure (ECCOM), The Early Language and Literacy Classroom Observation Tool (ELLCO), Supports for Early Literacy Assessment (SELA), High/Scope Child Observation Record (COR), Work Sampling System, Boehm – Preschool, ISTAR-KR and others. The assessment serves different purposes, such as assessing to promote child learning and development, assessing to identify children for health and specific services, assessing to monitor trends and evaluate programs and services, and assessing the developmental progress to hold individual children, teachers, and schools accountable. To accomplish such purposes, programs use of assessment tools varies in nature: formal assessment and informal assessment.

Indiana lacks documentation of linking these assessment tools to a curriculum that meet individual children needs, guide teacher practices and provision of classroom learning experiences. Indiana has not developed an early childhood assessment approach that provides recommended guidelines and practices in all areas of assessment: screening, diagnostic, and classroom/instructional. In addition, both the Foundations and comprehensive assessment approach will provide valuable information to help early care and education programs to be accountable for, and document both results and benefits.

Data is shared in multiple methods, such as a School Readiness Report that will inform educator, families, early learning professional, principals, administrators, families, and stakeholders.

ISTAR-KR

- Used from 0-5 by ELD programs and is a stand alone assessment that is linked to the KEA.

Assessments to monitor School Readiness

A key component of Indiana’s High Quality Plan is to develop a comprehensive assessment system/approach. Indiana has the building blocks of an infrastructure to support high-quality data collection and use of assessment data for ongoing program improvement. As in other parts of our Plan, our work described here will build upon, expand, and improve this existing infrastructure. Our plan for a comprehensive assessment system includes:

1. Establishing an Early Learning Assessment and Data System Task Force to review and recommend improvements to Indiana’s early childhood assessment system;
2. Improving the indicators of the ISTAR-KR (see information below) for use by service providers to and parents of children with high needs;
3. Establishing a continuous assessment process that is universally designed. The system is appropriate for all programs and children, including those who have special needs, those from culturally diverse background, children who at-risk economically and culturally;
4. Establishing tools to ensure assessment procedures provide information about how well children are meeting the early childhood standards (Foundations);
5. Improving the ability of early learning professionals to assess and interpret assessment data;

6. Increasing the capacity to connect and coordinate data sources to increase synchronization and efficiency of early learning services; and
7. Developing a “School Readiness Report” that describes both program operation and child outcomes in a connected, coordinated, and actionable way.

(a) Working with Early Learning and Development Programs to develop continuous assessment process and approaches that are appropriate for the target populations and purposes;

The recommendations provided by the national Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialist in State Departments of Education (NAECS/SDE) (2003) states that to make ethical, appropriate, valid, and reliable assessment a central part of all early childhood programs. To assess young children’s strength, progress, and needs, use assessment methods that are developmentally appropriate, culturally and linguistically responsive, tied to children’s daily activities, supported by professional development, inclusive of families, and connected to specific, beneficial purposes: (1) making sound decisions about teaching and learning, (2) identifying significant concerns that may require focused intervention for individual children, and (3) helping programs improve their educational and developmental intervention. Considering this statement, the ISTAR-KR had been developed as a tool to consider by early childhood professionals to use in their programs.

ISTAR-KR is available for use without cost to public and private early childhood education programs. Together with the Foundations, the ISTAR-KR assessment-rating instrument demonstrates a strong early childhood system for Indiana early childhood education programs to prepare young children for kindergarten. Users are encouraged to assess the child at least two times per year with a recommendation of a quarterly assessment in order to implement effective lesson planning to meet the needs of the children in the class.

The format of the ISTAR-KR web based rating instrument rubric is comprised of 30 performance threads of progressive skills, presented as rows of boxes containing

Early Learning programs that collect data, refer to it, and use it to change their behavior and their program practices have learners with better outcomes than those who do not collect and refer to data in a regular and meaningful way (Fuchs, Deno, & Mirkin, 1984; McConnell, Priest, Davis, & McEvoy, 2002). It is specifically true for caregivers and educators of children with High Needs (e.g., Landry, Anthony, Swank, & Monseque-Bailey, 2009).

performance indicators. A teacher selects one performance indicator per thread to reflect a student's highest level of mastery. An assessment summary report (a sample is included in the Appendix) identifies the skills mastered by the child in the shaded boxes, and the skills that still need to be learned are left un-shaded. The report is an excellent visual for family members to see what their child has achieved and what skills are next.

Since 2007, training on the use of the ISTAR-KR has occurred in a variety of settings. Over 2,000 users have been trained in various face-to-face trainings and in an online manner. Current users of ISTAR-KR, that we know, include the following:

- ✓ All of the Part B – 619 Developmental Special Education programs are required to use the ISTAR-KR,
- ✓ 9 of our 26 School Districts that have Title1 preschools,
- ✓ 5 of Indiana's Early Head Start grantees, and
- ✓ Over 125 private early learning programs, 115 of whom are also enrolled in Paths to QUALITY, are using the assessment with more making that decision each week.

Children assessed are assigned a unique identifier, which will stay with them for their entire educational career in Indiana. The unique identifier can open an opportunity for Kindergarten teachers to see a child's learning levels and also connect with the state longitudinal data system. The parents give their consent for children to participate in the assessment and also acknowledge that this information may be accessed by the public school.

Indiana's advisory partnership with Maryland and Ohio for the Kindergarten Entry Assessment (see the Appendix) will allow us to see what key strategies were employed to make critical changes in order to produce a comprehensive assessment. We will utilize this information to frame our work for the updates to the ISTAR-KR. As an **Advisory** State Indiana:

- Has not fully committed to any Consortium but supports the work of this Consortium;
- Participates in all Consortium activities but does not have a vote unless the Executive Committee deems it beneficial to gather input on decisions or chooses to have the Total Membership vote on an issue; and
- May contribute to policy, logistical, and implementation discussions that are necessary to fully operationalize the Kindergarten Entry Assessment.

(b) Working with Early Learning and Development Programs to strengthen Early Childhood Educators' understanding of the purposes and uses of each type of assessment included in the Comprehensive Assessment Systems

Indiana's goal for working with early learning and development programs in order to strengthen their understanding of the purposes and uses of assessment will be facilitated through our placement of 9 Regional Early Learning Specialists. They will be charged with working with all early learning and development programs with the goal of: Improving pre-service and in-service training on assessment, use, administration, and reporting. The Specialists will use the Indiana Core Knowledge and Competencies area related to observing, documenting and assessing young children to identify training needed and to assure training provided in this area meet these skills. Using the Indiana Early Childhood Higher Education Forum as a vehicle to analyze existing coursework that develop early childhood professional/personnel competencies set related to observing, documenting and assessing young children and how this coursework is aligned with the Indiana Core Knowledge and Competencies and Foundations (Section D).

The nine Regional Early Learning Specialists will collaborate with the education coordinators, infant/toddler specialists, and inclusion specialists that are currently working in the regional Child Care Resource and Referral Agencies (see the IACCRR map in the Appendix); the regional Paths to Quality Mentors; and higher education programs in order to create an understanding of the goals and purposes of assessments of all children. Once the updates to the ISTAR-KR have been completed, the Regional Early Learning Specialists will provide training, professional development and Train-the-Trainer opportunities to early learning professionals on the implementation and use of the assessment.

(c) Articulating an approach for aligning and integrating assessments and sharing assessment results, as appropriate, in order to avoid duplication of assessments and to coordinate services for Children with High Needs who are served by multiple Early Learning and Development Programs

The proposed comprehensive assessment system components will interact with the state's vision for a Kindergarten Entry Assessment (E1) and a Data System (E2) as well as tie to the efforts of the Paths to QUALITY system's goal of promoting quality and increasing access to effective programs for Children with High Needs (Priority 2). It is understood that a linkage is critical to building a coordinated and effective system that predicts and relates to future use of assessments. Assessment practices must contribute and benefit from the state longitudinal data

system, which can increase the efficiency and effectiveness of program services within and across programs and time.

Assessment practices and data utilization will produce the greatest benefit when they relate and contribute directly to ongoing effort to assess and improve program quality and, in turn, improve outcomes. To that end, Indiana proposes the development of: Student information software system and data warehouse.

1. Use of a student information system will be created which will be timely, relevant, and accessible for early learning programs to make classroom- and program-level decisions as addressed in section EI of this grant application.
2. The data warehouse and analytical tools will allow meaningful linkages among child level assessment data and program data (E2).

(d) Training Early Childhood Educators to appropriately administer assessments and interpret and use assessment data in order to inform and improve instruction, programs, and services, and to effectively solicit and use family input on children’s development and needs

According to the National Research Council (2008) guidelines, high-quality, ongoing professional development should be provided on the use of student data to inform instructional decisions and to determine growth. Indiana’s High-Quality Plan for Supporting Comprehensive Standards and Assessments includes the addition of professional development to help early childhood professionals to:

- Develop a continuous assessment process,
- Measure the child progress and improvement related to the Foundations,
- Address children needs for additional assessment and diagnostic of specific developmental delays, disabilities, or special needs, and
- Measure effectiveness of programs serving young children and families.

Working closely with the Indiana two-year and four-year higher education institution, a needs assessment will be developed to provide the early childhood community with trainer-training, assessment training modules, enhancing existing coursework, and assure training quality offered by different training entities. The expanded professional development will provide the basis for data driven practice for early childhood educators in Indiana.

(e) Articulating guidelines and procedures for sharing assessment data and results with parents, involving them in decisions about their children’s care and education, and helping them identify concrete actions they can take to address developmental issues identified through the assessment process.

The goal for enhancements to the assessment system would allow for development of a more comprehensive assessment system. The early childhood assessment system is not complete without a plan for program evaluation. Program evaluation is defined as carefully collecting information about a program or some aspects of a program in order to make necessary decisions about the program (McNamara, 1998). Indiana’s current assessment system includes measures of environmental quality and adult-child interactions for programs participating in Paths to QUALITY. The environmental assessment and teacher-child interactions will be measured in Paths to QUALITY. Upon completion, the Comprehensive Assessment System would include information on program quality and adult-child interactions based on the program’s rating in the Paths to QUALITY system.

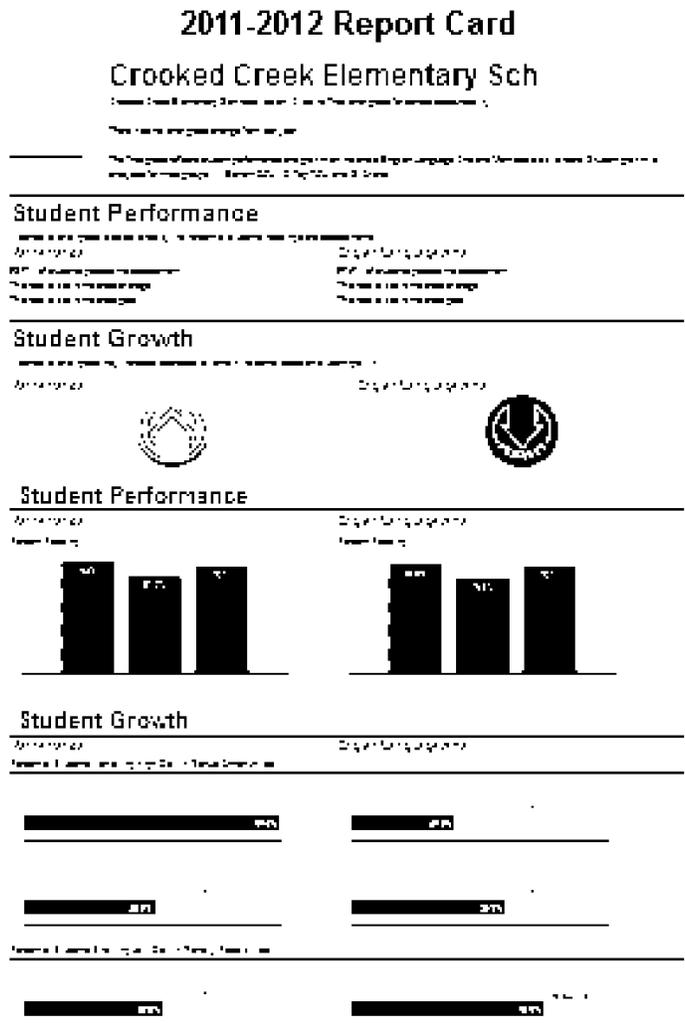
Indiana plans to develop a comprehensive assessment system that include program evaluation and assessment with several critical components: (1) program data (e.g. how many children and families participate, attendance rates, funding source and levels, etc), (2) child demographic data (e.g. type of children participate in the program, their economic levels, ethnicity, where they live, etc.), (3) child outcome data (e.g. Assessment information, percent of individual goals that are met, etc.), (4) family outcome data (e.g. family satisfaction with services, family goals that are met, etc), (5) information about staff qualifications (e.g. educational level, training attended, etc.), (6) administrative practices (e.g. policies and procedures, staff satisfaction with leadership, etc.), and (7) classroom quality assessment data (e.g. rating scales that measure quality, self assessment data, interaction data, etc.). This will help Indiana to generate regular, reliable, and valid information on all domains of school readiness from age birth to Kindergarten and produces reports that are useful to families, early childhood educators, and policy makers for supporting the development and progress of children, especially those with High Needs as noted in Priority 1 and 3. As a whole, the activities described here will create a system of evidence-based decision-making that will *inform classroom and home-based practice, program service delivery, and parent choice.*

Targeted Child Assessment

- a. Early learning programs will collect assessment data about children’s learning and development and goals to identify children for health and special services, data on developmental progress for individual children and data on trends of quality of programs and their services from all programs serving infant, toddlers, preschoolers in Indiana. These data will be reported utilizing the newly updated/developed assessment platform.
- b. Early childhood professionals in Paths To QUALITY, early childhood special education, Head Start, community, and school will also conduct continuous assessment process that will: (1) includes both formal and informal assessment that conducted on regular basis, (2) is integrated with instruction at various terms, (3) improves learning and helps guide and direct the teaching-learning process, and (4) informs every aspects of instruction and curriculum.

A “School Readiness Report” comprised of indicators of school readiness from the data sources will be created for tracking progress towards meeting the goal of all children ready for Kindergarten. Early learning and development programs serving children from Birth – Kindergarten entry, would use the “School Readiness Report”. It would be appropriately designed to inform families and schools about a child’s readiness levels prior to Kindergarten entry. This “Report” would have indicators of the origin of the assessment, such as a Part B – 619 program, a Title I funded early learning program, Head Start, and Community or Paths to QUALITY programs.

Included is an example of a current school report card with overall child



measurements. We envision being able to produce a similar report card for students that are part of the enhanced version of the ISTAR-KR.

The Regional Early Learning Specialists will work with partners to ensure that the “School Readiness Report” is linguistically and culturally appropriate to our increasing English learner population in the rural, suburban and urban areas of Indiana. This “Report Card” would have indicators of the origin of the assessment, such as a Part B – 619 program, a Title I funded early learning program or other community based program and will indicate the program’s level on Paths to Quality.

Modifications to the ISTAR-KR would include environmental quality indicators such as those contained in the Environmental Rating Scale and captured within the Paths to Quality. Indicators would also be included to illustrate the quality of adult/child interactions as known to be available through the CLASS assessment and also validated through the Paths to Quality. This information can give a richer background into a child’s early learning experiences and the factors that have been influential on their development. All of data would be interfaced with our State Longitudinal Data System (E2).

(C) (3) - Identifying and addressing the health, behavioral, and developmental needs of Children with High Needs to improve school readiness.

Health and school readiness begin long before a child enters a classroom. Young children who are healthy and safe are more prepared for school.¹² “Striking disparities in what children know and can do are evident well before they enter kindergarten. These differences are strongly associated with social and economic circumstances and they are predictive of subsequent academic performance (Shonkoff and Phillips, 2000).”¹³

The 2000 release of *From Neurons to Neighborhoods* by the National Research Council and the Institute of Medicine provided the scientific evidence of the complexity of early childhood development and its importance in ensuring that children arrive at school ready to learn. As a result of this seminal document, expanding research and growing public awareness of the critical importance of a “good start” for young children in developmental, educational and emotional areas underscore what policy makers in Indiana have been working toward for a long time.

Indiana has demonstrated its commitment to a high quality, comprehensive early childhood system that promotes a positive environment and promotes health, development and positive parent child relationships for the maternal, infant and early childhood populations, especially for those who are the most at-risk for poor outcomes. Over the last several years, Indiana’s Maternal and Child Health (MCH) Division within the Indiana State Department of Health (ISDH) has focused much of its Early Childhood Comprehensive Systems (ECCS) efforts on increasing the recognition of the impact that appropriate **social emotional development** and a **nurturing environment** have on the life course trajectory and health of a child as well as their readiness for school. Indiana’s ECCS grant (known in Indiana as Sunny Start: Healthy Bodies, Healthy Minds) seeks to create an integrated, coordinated, comprehensive system of services for children from birth to five. This goal is achieved through collaboration and cooperation of

¹² Sunny Start (ECCS) State of the Young Hoosier Child Environmental Health Report may be found at www.sunnystart.in.gov/eh and in the Appendix. (77 pages with a 5 page Introduction and a 4 page Key Findings section)

¹³ Shonkoff, J.P. and Phillips, D.A. (Eds.); Committee on Integrating the Science of Early Childhood Development; Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education, National Research Council and Institute of Medicine. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press.

various public and private entities working with the early childhood population. Each of the collaborators on the Race to the Top grant application is a member of the “Core Partners” Committee, which functions as the group’s steering committee.

Indiana’s High Quality Plan identifies and addresses the health, behavioral health, and developmental needs of Children with High Needs. The State proposes to build on existing resources to create a coordinated model that cuts across disciplines and links systems in order to achieve a sustainable system of evidence based and informed supports and treatment services for infant and young children and their families. Key Projects to address this effort include:

1. Expansion of Indiana’s MIECHV home visiting model
2. Expansion of existing Early Childhood Mental Health (ECMH) Consultation
3. Establishment of a Statewide ASD/DD screening program

(a) Establishing a progression of standards for ensuring children’s health and safety; ensuring that health and behavioral screening and follow-up occur; promoting children’s physical, social, and emotional development across the levels of its Program Standards; and involving families as partners and building parents’ capacity to promote their children’s physical, social, and emotional health

Health and Safety: Indiana’s PATHS TO QUALITY system is embedded within the state licensing system, which maintains safeguards to ensure the health, safety and well being of children in early learning and development programs. All regulated child care facilities must comply with State laws, federal laws and local ordinances that pertain to child health, safety and welfare. Level 1 Paths to QUALITY programs must comply with requirements for comprehensive background checks of all staff and volunteers. These checks must include a national fingerprint check, check of the Child Protection Index and check of the Sex Offender Registry. Programs must also conduct orientation training for new staff and volunteers that includes training on abuse and neglect prevention, safe sleep, first aid and universal precautions. Level 1 Paths to QUALITY providers must also meet minimum teacher qualifications, including a minimum of a CDA for lead teachers and the licensee of a child care home. The Appendix includes the full list of Indiana’s Paths to QUALITY standards that address the health and well being of children.

(b) Promoting children’s physical, social, and emotional development across the levels of its Program Standards:

Research evidence is clear that the earlier children with special needs are identified and intervention strategies are implemented, the more progress young children will make towards their learning trajectory. Professionals agree that important reasons to assess young children are to help them to learn. Continuous assessment system is needed in Indiana to focus on improving instruction for children, thus supporting their learning and aligning their learning with the Foundations.

Programs in Indiana such as a Part B – 619 program, a Title I funded early learning program, Head Start, Community or Paths To QUALITY programs are using information gained from this type of assessment is used to make instructional decisions about individual children. Examples of this type of assessment are direct observations of children in authentic tasks and activities, sample of children’s work, and interviews with families.

Indiana’s commitment to the centrality of social and emotional capacity in young children’s development resulted in several products and outcomes that have furthered the awareness and training goals. A consensus paper was developed that delineated the core competencies and central concepts in Early Childhood Mental Health (ECMH) / Infant Mental Health (IMH) recommended for inclusion in all training for providers who work with children birth to 5 (see Appendix for Sunny Start Consensus Paper). The intent of the competencies is to provide partner agencies with a common set of abilities to ensure that skills that support social and emotional development are adequately addressed in their training activities. There have been several other efforts served to move the infant mental health agenda forward in Indiana. Awareness and training activities included white papers on IMH assessment and intervention through Indiana’s Early Intervention System; a discussion paper on early intervention and autism; a Crosswalk between the DC 0-3R, DSM, and ICD systems; presentations to Early Intervention Service Coordinators and foster care parents on ECMH/IMH; bringing national experts on related topics to the statewide annual conference on infant mental health; and creation and dissemination of mentorship modules.

(b) Increasing the number of Early Childhood Educators who are trained and supported on an ongoing basis in meeting the health standards.

Indiana is committed to investing in the development of its early childhood professionals as a strategy for increasing program quality and children outcomes. Indiana’s two-year and four-year early childhood higher education institutions embed teacher preparation standards related to health, safety and nutrition in their coursework to meet NAEYC and NCATE accreditation standards. In addition, Indiana Association for the Education of Young Children through the Indiana Non-Formal CDA Project trains early childhood professionals on these standards to meet the Child Development (CDA) Credential competencies.

Training is offered through a variety of sources, in a variety of formats in order to meet the needs of the individual professional. There are nine regional CCR&R offices that offer online and face-to-face training each year. The Indiana Association of Child Care Resource and Referral (IACCRR) houses My Training Central that offers online and webinar based.

Indiana has also built a network of Child Care Health Consultants to provide free training and support resources for multiple health and nutrition issues. Health Consultants are licensed, registered nurses and are available to all out-of-home child care providers in Indiana. The Health Consultants are available for on-site assessments and, depending on the specific need, can provide

Nurse Health Consultants Available Training Topics:

- Ages and Stages of Development
- Allergies in Children
- Asthma for Child Care Providers
- Attention Deficit Hyperactivity Disorder
- Autism
- Biting and Other Aggressive Behavior in Children
- Challenges of the Premature Infant
- Child Abuse Recognitions and Prevention
- Childhood Obesity
- Children’s Health Issues
- Communicable Diseases and Sanitation in Child Care
- Community Acquired MRSA
- Creepy Critters, Head Lice, Bed Bugs, Scabies, Pin Worms and Ringworm
- Diabetes in Children
- Disaster Actions, Reactions
- Diversity in Childcare
- Down Syndrome
- Emergency Preparedness in the Child Care Setting
- Encouraging Mental Health in Children
- Environmental Safety in the Child Care Setting
- Fitness and Physical Activity for Children
- Food Service and Sanitation
- Health and Safety in the Child Care Setting
- Immunizations, Why, When and Why Not
- Medication Administration
- Stress Care
- The Flu
- The Medically Fragile Child
- Universal Precautions

educational information in written handout form, by e-mail, or personal presentations.

To address lead poisoning and other environmental health issues affecting young children, Indiana began the first in the nation environmental recognition program for child care providers, the Indiana Department of Environmental Management's Environmental Recognition Program for Child Care Providers. The program began 13 years ago with the recognition that early education and development programs are a business with staff who need to be educated and aware of hazards that may be present that could negatively impact the children in their care. The program won the Council of State Government's Innovations Award for its efforts. The program works to educate, encourage, and recognize early education professionals who go beyond what they are required to do by law to protect children from common environmental hazards that have long term health impacts for children under 6. Over the years, the program has worked closely on a variety of projects with the FSSA Bureau of Child Care and ISDH.

(c) Promoting healthy eating habits, improving nutrition, expanding physical activity, and providing information and guidance to families to promote healthy habits at home;

Indiana ranks 21st in overall prevalence with 29.9% of children considered either overweight or obese. According to the 2008 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in WIC, 31.1% of low-income children age 2-5 are overweight or obese in Indiana. As a result of the efforts of state leaders and community partners, The Indiana prevalence of overweight and obese children has fallen since 2003.¹⁴

Through the strong leadership of the Indiana Family and Social Services Administration (FSSA), Indiana Department of Education (IDOE), Indiana State Department of Health (ISDH), Indiana Association for the Education of Young Children (IAEYC), Indiana Association for Child Care Resource and Referral (IACCRR), Head Start State Collaborative Office and other key partners, Indiana has demonstrated a commitment and history of accomplishing activities related to promoting healthy eating habits, improving nutrition, expanding physical activity, and providing information and guidance to families to promote healthy habits at home. Indiana has consistently demonstrated the ability to mobilize key state officials and community stakeholders

¹⁴ Data Source: 2007 National Survey of Children's Health. Data analysis provided by the Child and Adolescent Health Measurement Initiative, Data Resource Center. <http://www.childhealthdata.org/>.

on a wide spectrum of health, behavioral, and developmental children's issues, including promoting nutrition and physical activity as well as developing and providing programs to prevent and control obesity and chronic disease in early childhood/child care. Although it is not possible to detail the breadth of successful programs that have been implemented, certain programs described below help to document our past and existing state and local partnerships working to promote healthy eating habits, improve nutrition, expand physical activity, and provide information and guidance to families to promote healthy habits at home.

- In 2008 the Indiana Healthy Weight Initiative (IHWI) was developed as the state's public health response to the growing need and desire for more communities and settings that support good nutrition and physical activity for all of Indiana's residents.
- In 2010, the ISDH was the recipient of the CDC's Communities Putting Prevention to Work (CPPPW) Community Initiative. In Bartholomew County, the largest provider of child care, and the pilot pre-school program of Bartholomew Consolidated School Corporation implemented age-appropriate guidelines to ensure children received recommended levels of physical activity.
- In January 2011, Indiana's Comprehensive Nutrition and Physical Activity Plan, 2010-2020 was released and is included in the Appendices section. The Plan includes evidence-based objectives and strategies in multiple settings, including early childhood/childcare (ECCC). There are six ECCC objectives: 1) provide training and technical assistance to parents, early care and education providers, and others that focus on nutrition, physical activity, and lactation support in child-care settings; 2) add nutrition, physical activity, and television viewing recommendations for early childhood settings into the credit based training through Indiana early childhood higher education institutions and the Indiana Non-Formal Child Development Associate (CDA) Project training; 3) encourage the addition of nutrition, physical activity, and television viewing to the licensing requirements for child-care providers; 4) include basic nutrition and physical activity requirements for unlicensed child-care providers in the Child Care and Development Fund (CCDF) voucher program provider eligibility standards; 5) include standard nutrition, physical activity, and television viewing requirements in the Paths to QUALITY rating system standards; and 6) increase participation

in the Child and Adult Care Food Program (CACFP) among licensed child-care centers, licensed childcare homes, and unlicensed registered ministries by 2% each year.

- In April 2011, the ISDH Division of Nutrition and Physical Activity (DNPA) worked with the IHWI's Child-care and Breastfeeding Workgroups to launch We Care for Breastfed Babies, which provides training and technical assistance for ECEs to support breastfeeding mothers and infants. IACCRR has provided the training throughout Indiana.
- Since 2012, Child Care Aware of America and the local Child Care Resource and Referral (CCR&R) staff throughout the state have been offering I Am Moving, I Am Learning, which is a training for ECE providers to promote physical activity.
- In 2012, the Welborn Baptist Foundation was awarded the CDC's Community Transformation Grant, which focuses on the design and implementation of community-level programs that prevent chronic diseases. The Welborn Baptist Foundation's grant efforts include working in the childcare setting, which is being spearheaded by Community Coordinated Child Care, or 4C of Southern Indiana, and will focus on implementing improved nutrition standards, physical activity, screen time, and breastfeeding policies and practices aligned with the Child and Adult Care Food Program (CACFP), the Duke University Model State Child Care Regulations and Preventing Childhood Obesity in Early Care and Education Programs. With a six county reach, partners at 4C are working with 40+ ECE providers to implement these important changes.
- In 2013, Indiana became one of six states to participate in Nemours' Taking Steps to Healthy Success, an Early Care and Education Learning Collaborative to Promote Healthy Eating and Physical Activity. The collaborative will be implemented in 4 areas of the state, touching on 120 child-care facilities over 3 years. The overall objective of this 5-year, Centers for Disease Control and Prevention (CDC) funded project is to assist early care and education (ECE) providers across the nation to improve the quality of care they provide to young children with respect to nutrition, breastfeeding support, physical activity, and screen time using a learning collaborative method. IACCRR is the lead agency in Indiana coordinating the effort in our state.
- In July 2013, the ISDH Chronic Disease Prevention and Control Division and the Division of Nutrition and Physical Activity (DNPA) were awarded the 5-year CDC State Public Health

Actions to Prevent and Control Heart Disease, Obesity and Associated Risk Factors and Promote School Health grant. Included in the grant, the ISHD will collaborate with IACCRR to ensure timely support and technical assistance to ECE providers participating in the above mentioned collaborative.

- In 2013, the State Alliance of Indiana YMCA's was selected to participate in the YMCA's Statewide Pioneering Healthier Communities (PHC) – an initiative aimed at addressing the childhood obesity epidemic through policy, systems and environmental change. The state of Indiana is one of 14 to receive funds from the YMCA of the USA, which was recently awarded nearly \$7.9 million from the Robert Wood Johnson Foundation (RWJF) to expand the Statewide PHC initiative from six to a total of 21 states to focus on states with high rates of childhood obesity.

In Indiana, we know that good health is the foundation from which young children grow and that good health begins before birth. One of the key ways that we promote healthy eating habits, improve nutrition, expand physical activity, and provide information and guidance for High Needs families to promote healthy habits at home is through our evidence-based home visiting programs: Healthy Families Indiana (HFI) and Nurse Family Partnership (NFP). Twenty-two percent of Indiana's families participate in a home visiting program.¹⁵ In the High Quality Plan, Indiana will expand HFI and NFP to focus on providing Home Visiting services to additional High Need families.

¹⁵ Data Resource Center for Child and Adolescent Health "National Survey of Children's Health, 2011/2012." Data Resource Center for Child and Adolescent Health, Child and Adolescent Health Measurement Initiative, 2013, <http://childhealthdata.org>

(d) Leveraging existing resources to meet ambitious yet achievable annual targets to increase the number of Children with High Needs who – (1) Are screened using Screening Measures that align with the Medicaid Early Periodic Screening, Diagnostic and Treatment benefit (see section 1905(r)(5) of the Social Security Act) or the well-baby and well-child services available through the Children's Health Insurance Program (42 CFR 457.520), and that, as appropriate, are consistent with the Child Find provisions in IDEA (see sections 612(a)(3) and 635(a)(5) of IDEA); (2) Are referred for services based on the results of those screenings, and, where appropriate, received follow-up; and (3) Participate in ongoing health care as part of a schedule of well-child care, including the number of children who are up to date in a schedule of well-child care;

Indiana has identified a gap in the number of children with High Needs screened and referred for services. Below is a table highlighting the comparison of children screened and referred for services between 2000 to 2011. The table reflects the small number of children in the 3-5 age group as compared to those in the older age groups with an Autism Spectrum Disorder (ASD)/Developmental Delay (DD) diagnosis, thus highlighting the lack of early identification.

IDEA Part B - Children with ASD & Disabilities in Indiana for 1999-2000 and 2010-2011

Age range in years	1999-2000			2010-2011		
	ASD	Total DD	% ASD/DD	ASD	Total DD	% ASD/DD
Age 3-5	456	15,101	3.0	978	18,725	5.2
Age 6-11	1,624	73,852	2.2	5,302	68,399	7.8
Age 12-17	844	60,770	1.4	4,753	68,941	6.9
Age 18-21	153	6,597	2.3	718	10,008	7.2
Age 6-21	2,621	141,219	1.9	10,773	147,348	7.3
Age 3-21	3,077	156,320	2.0	11,751	166,073	7.1

Source: Reported by the State of Indiana in accordance with Section 619 of IDEA to U.S. Department of Education, Office of Special Education Programs

Significantly more children ages 2-17 years in Indiana are reported to have developmental delay than nationally (Indiana 4.9% vs. 3.6% nationally) and yet significantly fewer children ages 10 months to 5 years receive developmental screening (Indiana 24% vs. nationally 31%).¹⁶ As part of our needs assessment, Indiana evaluated screening that was occurring in the 16 counties in southern Indiana that were part of the CHIP IN developmental screening pilot. We found that **the**

¹⁶ Child and Adolescent Health Measurement Initiative. 2009/10 National Survey of Children with Special Health Care Needs Medical Home State Profile, Data Resource Center for Child and Adolescent Health Retrieved 5/30/13, from <http://childhealthdata.org/browse/medicalhome>.

majority of practices were not doing screening of any kind and of those who report that they did screening none of them were using a standardized tool appropriately.

Hence it may not be surprising that, although the diagnosis of autism spectrum disorders can be reliably

Age of Diagnosis (in years)	< 2 years	3-5	6-10	11-17
US	26.9	44.7	22.0	6.4
Indiana	12.7	45.9	34.3	7.1

determined as early as 18-24 months children in Indiana are not being diagnosed with Autism Spectrum Disorder until 5.6 years old, compared with the national average age of diagnosis of 3.8 years¹⁷ The lag in early screening and diagnosis is further shown by data from the 2009/2010 National Survey of Children with Special Health Care Needs (NS-CSHCN) indicating that nationally more than a quarter of children with ASD are diagnosed below the age of two compared to only 12.7% in Indiana receiving early diagnosis. Nationally a fifth of children are not diagnosed until five years or older whereas in Indiana more than a third of children are diagnosed after five years of age (see chart to right). Of note is that about half of parents of children with ASD notice their child's unusual behaviors by age 18 months, and about four-fifths notice unusual behaviors by age 24 months.¹⁸

The increases in prevalence of developmental delays (DD) represent a need that goes well beyond the individual. The impact of DD affects the individual, their family, education and health care systems, government funding and our community as a whole. Individuals and families facing tremendous stress, and significant strain is placed on an already overextended service system. Working within communities and across systems to ensure early diagnosis and evidence-based intervention is the key. **Many different organizations in Indiana have made great strides and have many strengths that address the need to increase awareness of physical, social and emotional health, and improve screening, referral, diagnosis and early intervention so that children are healthy and ready to learn, however significant gaps remain.** Currently, each of the programs and services work to perform their objectives, generally tied to

¹⁷ Child and Adolescent Health Measurement Initiative. 2009/10 National Survey of Children with Special Health Care Needs Medical Home State Profile, Data Resource Center for Child and Adolescent Health Retrieved 5/30/13, from <http://childhealthdata.org/browse/medicalhome>.

¹⁸ Landa, 2008

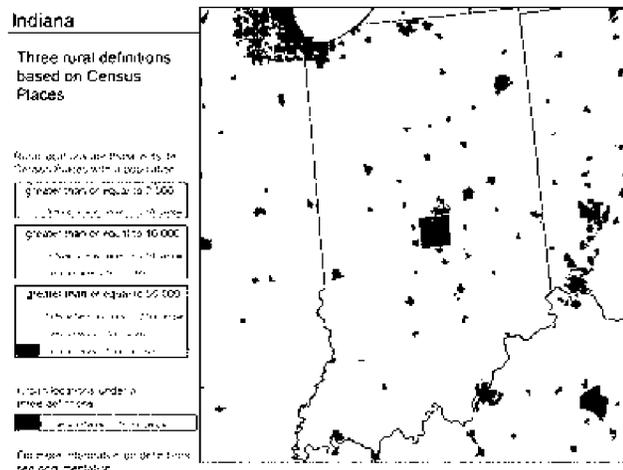
specific funding streams. This results in poor coordination across programs and limits impact. Indiana’s High Quality Plan focused on improving referrals and coordination.

Screening and appropriate medical work-up by primary care is necessary to drive the age of diagnosis down and ensure that malleable conditions are addressed early. In a recent review of evidence, several feasible, practice- and provider-level interventions appear to increase the quality of screening in pediatric primary care.¹⁹ Because children and families spend 99.9% of their time in the communities where they live, we need to not only improve practice, but also develop systems to co-manage complex patients in partnership with primary care, schools and families.

(d) (2) Are referred for services based on the results of those screenings, and, where appropriate, received follow-up;

In Indiana, 70% of children live in a metropolitan area while 30% live in a rural area. ((USDA-ERS), 2007). Based on the Census data, half of Indiana’s Counties are considered rural

– meaning they do not have a town greater than 50,000 population (denoted by the yellow areas on the map.) Indiana like many rural areas has a shortage of primary care providers. In fact, 81% of urban counties and 98% of rural counties fail to meet the national benchmark for an adequate ratio of primary care providers per 100,000 population.



Despite development of guidelines from professional groups including the American Academy of Pediatrics calling for routine developmental screening, this practice is far from universally achieved. In recognition that many children do not have medical homes or access to routine medical care, it is appropriate to identify other places and providers who can help identify developmental concerns, including concerns that may stem from trauma experiences. Providers including home visitors and early care professionals, who have good knowledge of child development, repeated opportunities to observe children over time, and often have

¹⁹ Van Cleve et al., 2012

established good relationships with families, are likely sources for achieving a higher rate of screening (Tomlin, Koch, Raches, Minshawi, & Sweizy, 2013). Increasing the range of providers with the capacity to perform basic developmental screening will increase the number of infants and very young children who receive screening and intervention when needed.

Primary Care and Early Screening in Indiana: In a survey by the Indiana chapter of the American Academy of Pediatrics in 2011, about 15% of Indiana pediatricians report working in rural areas or small towns. Over half of pediatricians in Indiana reported that wait times for their patients to see a specialist as fair to poor, about a third said waiting times were good and the remaining reported very good to excellent. Nationally, more than 65 percent of rural pediatricians rated the number of subspecialists in their area as poor or fair. (Pletcher et al., 2010) Results from a 2012 on-line survey conducted by the Riley Child Development Center, Christian Sarkine Autism Treatment Center, and Autism Society of Indiana showed that 83 percent participants in rural counties travel more than 20 miles to receive services and care for specialty treatment and advice. Forty five percent of births in Indiana are covered by Medicaid. According to Medicaid, in FY 2011, 86% of infants and 73% of 1-2 year olds on Medicaid received at least one EPSDT screening.

Housed at the Indiana University School of Medicine's Department of Pediatrics, Children's Health Services Research section, the Child Health Improvement Partnership (CHIP IN for Quality) Developmental Screening Initiative has partnered with the ISDH's Children Special Health Care Services division (CSHCS) to implement system change by supporting the primary care medical homes to improve developmental screening in Bloomington, IN and the surrounding "doughnut" counties. The team has worked closely with practices in the community to bring screening tools and referral information on-site. These tools include the Ages and Stage Questionnaire (ASQ) and the Modified Checklist for Autism in Toddlers (M-CHAT). Recognizing the need for a system of care for children with identified needs and risks, CHIP IN has partnered with the Neurodevelopmental and Behavioral Center (see below).

Neurodevelopmental and Behavioral Center (NDBC): This new Center has developed a tiered system of care that focuses on the local community and allows rapid access for diagnosis and early management. Riley Hospital for Children, one of the state's comprehensive children's hospitals has long served children with neurodevelopmental and behavioral disorders as both inpatients and outpatients. A variety of departments, services and specialists have treated

children with neurodevelopmental disorders at Riley over the last 75 years. A needs assessment, however, revealed that the services do not work as a cohesive unit and, as a result, services are often delayed, fragmented and/or duplicative. There were, not only, long waiting lists but those children who were seen for the first time often went to the wrong specialists or might have benefited from additional primary care work-up. Additionally, there is limited local access to the specialists. All of these issues delay diagnoses and therapy. To address this problem, over 60 Riley faculty, staff and parents organized into 13 work groups and, working for over a year, met to reorganize and improve the system of care for children with neurodevelopmental disorders. Designated the Neurodevelopmental and Behavioral Center (NDBC), this new Center has developed a tiered system of care that focuses on the local community and allows rapid access for diagnosis and early management (see Resources for descriptors of all of the Departments and Sections that comprise the NDBC). Nancy Swigonski, MD, MPH, the medical director of CHIP IN for Quality serves as the interim director of the NDBC.

The first pilot of the NDBC and CHIP IN for Quality is in Bloomington, IN, and is a partnership of Riley Hospital for Children, Southern Indiana Pediatrics, and the Department of Pediatrics. A focus of the clinic is early diagnosis of autism spectrum disorders. 80% of children referred for early diagnosis in Bloomington are now being seen locally. They receive a complete work-up, parents' concerns are addressed and referral for treatment is made. The current average age of diagnosis in Indiana for autism spectrum disorders is over 5 years of age whereas the average age of diagnosis in the NDBC is 30 months. Through a public / private partnership, expansion of the NDBC clinic into communities throughout the state is being funded by the Department of Pediatrics, Indiana University School of Medicine and the Riley Children's Foundation. Nine sites of the NDBC will serve as "hubs" for early diagnosis for communities and surrounding (primarily rural) counties that will be targeted in this state-wide initiative.

In Indiana, it is not unusual for students to enter school at 3 or older without having been previously diagnosed with an ASD/DD. Once a diagnosis does happen, families are confused by the medical, educational and service delivery systems that are siloed and not coordinated. Through this grant, we can leverage and mobilize the existing resources and services, and create a coordinated and seamless delivery service system starting with screening and moving into intervention. Although, the organizations and champions listed above have done a remarkable job of leveraging public and private funding, the current funding system for primary care,

education and public health does not promote integration; in fact, competing funding streams have the effect of creating silos at the local level rather than encouraging cooperation across entities.

An effective community-based system of services operates across service sectors. It facilitates the integration of services in several dimensions, including organization, delivery, and financing. A community-based system of services refers to the framework within which a variety of programs work together to meet the many, varied needs of the individuals it serves. Development of community-based systems of services requires that their governance, planning, and management involve key community stakeholders. It is equally critical that linkages be forged between federal and state agencies, and between public sector and private sector to promote, support, and advocate for systems development at the community level. To organize community services in a family centered way, stakeholders must engage in capacity building, including the enhancement of leadership and collaboration skills among key community stakeholders. (Primary Care and Public Health: Exploring Integration to Improve Population Health, 2012). This initiative will **support state efforts to improve screening, referral, and diagnosis of ASD/DDs and the organization of community based ASD/DDs services that will result in community and state systems that are better integrated** across service sectors and are collectively responsible for achieving appropriate individual, family, and community outcomes.

The goal is a statewide developmental screening program through a partnership with the Department of Pediatrics, including the Riley Child Development Center (Indiana’s Leadership Education in Neurodevelopmental Disabilities Program), the Neurodevelopmental Behavioral Center (NDBC), Family Voices – Indiana, Autism Society of Indiana, CHIP IN for Quality, Indiana Resource Center for Autism, and community-based providers and parents to ensure that children with ASD/DD receive early screening and evaluation that results in appropriate intervention leading to more optimal outcomes. ***There is an urgent need to improve screening with standardized instruments and provide early diagnosis so that interventions can take advantage of early brain “plasticity”.*** Specifically, by the end of the grant period, two major gaps will be addressed:

- 1) Adopt the Healthy People 2020 Goal of increasing the proportion of children with ASD / DD identified by 24 months of age, receive first evaluation by 36 months of age and are enrolled in intervention services by 48 months of age and
- 2) Improve collaboration within local and state community systems of care.

Performance Measures for (C)(3)(d) Leveraging existing resources to meet ambitious yet achievable annual statewide targets.					
	<i>Baseline and annual targets</i>				
	Baseline (Today, if known)	Target for end of calendar year 2014	Target for end of calendar year 2015	Target for end of calendar year 2016	Target for end of calendar year 2017
Number of Children with High Needs screened	264,472 ¹	264,472 40%	264,472 60%	264,472 80%	264,472 95%
Number of Children with High Needs referred for services who received follow-up/treatment²	Not available ³	A) 60%	A) 70%	A) 80%	A) 90%
Number of Children with High Needs who participate in ongoing health care as part of a schedule of well child care	176,318	183,371	190,705	198,334	206,267
Of these participating children, the number or percentage of children who are up-to-date in a schedule of well child care	66.7% ⁴	72%	76%	80%	84%
Notes: ¹ Includes children 0-5 years with EPSDT screening (from CMS form 416) 24% (NHS data) have received developmental screening = 63,473. ² Children identified at risk will receive diagnostic services. ³ Not available for the statewide population. In a pilot in southern Indiana 50% had been referred to First Steps or other intervention services. ⁴ Ratio of those with at least one exam /screen 0-5 year olds to total (from CMS form 416).					

(e) Developing a comprehensive approach to increase the capacity and improve the overall quality of Early Learning and Development Programs to support and address the social and emotional development (including infant-early childhood mental health) of children from birth to age five.

Frequently, the need for service supporting social and emotional concerns occurs and is amenable to intervention within a child care setting. In Indiana, there are approximately 624,000

children under age six. An estimated 63% (393,000) of those children are in some type of regular child care or preschool setting (See Children’s Defense Fund, 2008; NACCRRA, 2010).

Combining these numbers with the prevalence rates listed above yields an estimate that at least 15,000 and perhaps as many as 40,000 children in Indiana child care programs may currently demonstrate challenging behavior such as defiance, noncompliance, aggression and disruptiveness.

Indiana has been working toward building an infant mental health workforce to address toxic stress and trauma in infancy and early childhood utilizing an existing broad-based, collaborative network currently under development. The Indiana State Department of Health has nurtured partnerships among state and other agencies including the Indiana Association for Infant & Toddler Mental Health IAITMH, the Department of Education, the Division of Mental Health and Addiction, Head Start, Bureau of Child Development, Department of Family Resources, Bureau of Child Care and First Steps Part C system (all of whom have submitted Letters of Support or MOU). These partnerships allowed the funding to purchase and implement the Infant Mental Health Endorsement pioneered by the Michigan Association for Infant Mental Health (MI-AIMH) in spring 2011. Although relatively new to Indiana, the Endorsement has been in use in Michigan for about 10 years; a total of 15 states are currently participating in Endorsement. Benefits of this Endorsement process are numerous for children and families, providers, agencies, and systems of care. Individuals who earned the Endorsement cite the program as leading to an increase in professional development, including the completion of a degree or adding a graduate degree. In addition to the positive provider experiences, families have benefitted from greater access to well-trained providers whether their family is in need of high quality child care or the services of a mental health professional. Agencies have found the Endorsement helpful in structuring training and ensuring a well-prepared early care and intervention workforce. Finally, systems have realized improvements in agreement about best practices, increased workforce capacity, and even cost savings because prevention and promotion of behavioral health by workers at Levels 1 and 2 reduces the need for services at more costly levels. The number of endorsed providers is slowly increasing and efforts to assist others in completing the process are underway.

Early Childhood Mental Health Consultation (ECMHC) is an emerging approach that enables early education and care professionals to gain skills needed to help children develop

social and emotional competence they need to be successful in school and life. ECMHC is a growing service in the United States, with implementation in more than half of states reported (Duran, et al. 2009). ECMHC works by increasing the capacity of early education and care programs and providers through regular and collaborative mentorship or teaming with an early childhood mental health professional (Johnston & Brinamen, 2006). By working with the early childhood mental health consultant over time, caregivers and teachers learn ways to set up effective environments (i.e., attention to routines, space) and gain new skills in behavioral supports.

ECMHC does not replace traditional mental health services, but rather complements them. Consultants can work with early care and education professionals around issues brought by a specific child (case consultation) or the program as a whole (program consultation)(Johnston & Brinamen, 2006). In most situations, the consultant works with providers rather than directly with children. When direct screening or intervention is done, the consultant still maintains the paramount goal of increasing caregiver capacity. Through ongoing, individualized behavior consultation, early childhood educators increase their abilities to observe, acknowledge and assess children's needs, strengths, weaknesses, learning styles and support systems in order to use naturally occurring learning opportunities and create situations to teach children essential life skills. For example, active listening, role playing and storytelling are specialized ways to teach socialization skills to young children. When educators learn and practice these strategies, gains will be sustained in the future. Parents also benefit as active partners in the consultation process. Their involvement enables recognition of their critical role in promoting their children's development and strengthening their knowledge and skills in observing, interacting with and guiding their children.

To date over 40 providers have participated and many have completed or are in process of completing their endorsement portfolios. As a result of this project, there are more providers with infant and toddler specific training across the state, but **more are needed** as described in the High Quality Plan. Indiana plans to recruit up to 10 more Early Childhood Mental Health Consultants (ECMHC) and have one identified in each of the IACCRA regions to support community based networks of infant/toddler mental health endorsed individuals to provide assessment and technical assistance activities in partnership with Inclusion Specialists.

HIGH-QUALITY PLAN

Key Goal 1: Indiana has early learning and development standards that are aligned from birth through kindergarten entry and grades kindergarten through 3rd.

Milestones:	Timeline
1 Design a consistent review process of Foundations that will ensure a focus on Children with High Needs. Ensure statewide involvement particularly in rural regions and by a diverse group of stakeholder including representatives from students with disabilities and English learners, and consider the review cycle for the Foundations.	Quarter 1, Year 1
2 Evaluate alignment of the Foundations with Indiana’s English Language Proficiency Standards to the Foundations; Indiana’s Kindergarten – 3 rd grade standards; Child Development Credential (CDA) competencies; Indiana’s Core Knowledge and Competency Framework; Culturally and Linguistically appropriate research	Quarter 4, Year 1
3 Develop and implement early learning and development standards for the domain area of health and all other areas that are needed as recommended from the review process.	Quarter 4, Year 1
4 Ensure Foundations are culturally and linguistically appropriate for all age groups and make changes accordingly to findings.	Quarter 3, Year 2
5 Publish revised Foundations for public feedback.	Quarter 3, Year 2
6 Develop a 6 module – three credit hours (48 hour CEU eligible) course embedded within Indiana early childhood higher education institutions on the content and use of the Foundations. The course will be part of curriculum towards a credential, certificates, and degrees.	Quarter 1, Year 3
7 Develop user-friendly versions of the Foundations for different audiences, including families, early childhood educator professionals, pediatricians and other medical professionals, families of English learners including versions in multiple languages.	Quarter 2; Year 3
8 Develop learning tools to apply the standards into practical settings for various populations such as classroom teachers, early interventionists, directors, Kindergarten teachers, principals and superintendents.	Quarter 3, Year 3
9 Identify local entities to host the training, such as CCR&Rs and regional Education Service Centers.	Quarter 3, Year 3
10 Pilot the training in 1-3 local communities and make changes accordingly.	Quarter 1, Year 4
11 Review feedback from trainings and make changes accordingly.	Quarter 2, Year 4
12 Develop an “App” of the Foundations for use by early learning professionals	Quarter 2,

and provide professional development through the Regional Early Specialists on the use and features. Year 4

Rationale: Indiana needs to ensure that our Early Learning and Development Standards are developmentally, culturally, and linguistically appropriate across each age group and that they cover all Essential Domains of School Readiness. Indiana also want to ensure that the Early Learning and Development Standards are incorporated in Program Standards, curricula and activities, Comprehensive Assessment Systems, the State’s Workforce Knowledge and Competency Framework, and professional development activities; and that they are shared with stakeholders, parents and families along with suggestions for appropriate strategies they can use to support children’s learning and development.

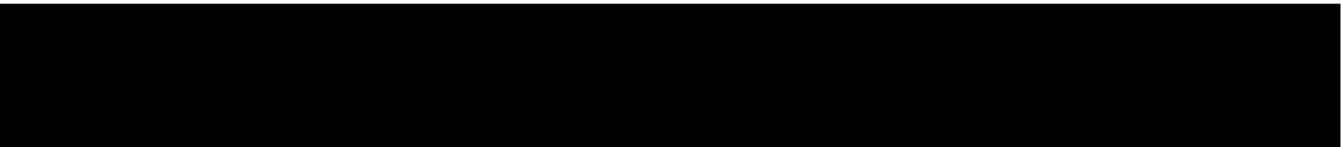
Indiana wants the Standards to be accessible and used in the classroom, home, and other early learning settings. In the current format, the Standards are not user-friendly. When these factors come together we will have young children that are ready for school especially those with High Needs.

With a systematic approach to in depth professional development of Indiana’s Early Learning and Development Guidelines, and implementation of the Indiana Core Knowledge and Competencies Indiana can increase the number of safe, healthy learning environments. Working to ensure that professionals are well informed and equipped to support children’s learning and school readiness.

Initial Implementation: Indiana will make draft standards available for review and public comment and Indiana will engage community based experts, higher education programs, and local stakeholders to provide input for the development of projects. Learning tools such as curriculum, interventions, and support activities will be developed and piloted locally first. Pilot location is to be determined. Professional development and technical assistance will be conducted through various formats and will include the Regional Early Learning Specialists.

Scale-Up Plan: After review and public comments are completed and revisions to content standards, standards will be posted on IDOE’s website. Indiana will engage regional consortiums and gain input and feedback from programs before statewide dissemination of materials. Distribution will occur through the regional CCR&Rs and families seeking information about early learning programs. After initial pilot and changes to the curriculum modules, statewide implementation will be offered in the last year.

Key Goal 2: Indiana’s Early Learning and Development programs use the Foundations and ISTAR-KR.



Milestones:	Timeline
1 Hire nine Regional Early Learning Specialists.	Quarter 1; Year 1
2 Identifies regional stakeholders and content experts; best practices and research	Quarters 1-

	on comprehensive early learning guidelines and assessment including all developmental domains.	3; Year 1
3	Complete the alignment of Foundations to Indiana Kindergarten – 3 rd grade Academic Standards; Gain regional feedback from stakeholders on findings, format, and use of Foundations.	Quarters 1-1 Year 2
4	Gain regional feedback from stakeholders on findings, format, and use of ISTAR-KR; Work with IT contractor through the development of the assessment, pilot use, reporting measures, and reliability.	Quarter 2-4, Year 2
5	Design Professional Development in coordination with Higher Education partners to enable on-line modules, face-to face modules, Train the Trainer prototypes, and Credit based courses to be used by all early learning professionals; Design of stakeholder friendly materials that communicate early learning experiences to various audiences such as families, school principals, school superintendents, and private sector audiences (to support both ISTAR-KR and Foundations statewide).	Quarter 1-3; Year 3
6	Implement training on revised ISTAR-KR through the various professional development methods.	Quarter 4, Year 3
7	Work with IT developer on a “Foundations App” for use by early learning professionals.	Quarter 1, Year 4
8	Disseminate new marketing materials for Foundations and ISTAR-KR through Paths to QUALITY, Special Education, Head Start, and all early learning programs based in schools, elementary schools, advocacy groups, and parent outreach.	Quarter 2-4, Year 4
9	Complete a follow up review and program evaluation.	Quarter 4, Year 4

Rationale: The Regional Early Learning Specialists are the key piece in achieving the work of many projects in this grant, including Foundations alignment and enhancement and ISTAR-KR implementation. These individuals will know their geographic areas and provide the professional development and technical assistance needed for success. They will become the local experts and will engage in Train-the-Trainer models to build capacity and sustainability during the grant that will extend beyond for years to come. Although all Specialists will be involved with projects, particular smaller groups will take on lead roles in the development and implementation of specific projects. Included in this Plan are the contracts to make the necessary changes to the tool, including the new Foundations “App” and marketing/branding campaigns to promote awareness and utilization.

Initial Implementation: Hire and contract the individuals. Provide training and establish protocols. The next steps will be to begin projects and decide responsibilities.

Scale-Up Plan: As capacity is built and the specialists learn their roles and responsibilities, more responsibility will be placed on each so that early learning liaisons and experts can be developed not only in specialists but in many others in the areas they are serving because of their work.

Milestones

Timeline

- | | | |
|---|---------------------------------------------------------------------------------------------------------------|----------------------|
| 1 | Finalize the content on the Review My Curriculum website (70% complete). | Quarter 1;
Year 3 |
| 2 | Test the website with early childhood educators. | Quarter 3,
Year 3 |
| 3 | Train early education specialists and coaches on the website to equip them to help educators use the website. | |
| 4 | Launch the website statewide. | Quarter 4,
Year 3 |
| 5 | Monitor use of the website. Collect feedback and make changes accordingly. | Quarter 3,
Year 4 |

Rationale: Early childhood education programs in Indiana need research-based, developmentally appropriate information about how to choose curricula to use in their programs. To date there is not a comprehensive, hands-on way for programs to learn about the components of high-quality curricula and what features/aspects to consider when making appropriate early childhood curricula choices as well as connecting the curricula to Foundations.

Initial Implementation: The website will be completed and piloted locally first with early childhood educators for feedback on functionality and user-friendliness. Pilot programs are to be determined.

Scale-Up Plan: After initial pilot and changes to the website, statewide launch will be made public on FSSA, IDEO and partner organizations. Training and technical assistance will be provided to the Paths to QUALITY coaches, licensing/regulatory staff and other early childhood educators working with and advising ELD programs.

Key Goal 3: Indiana has a comprehensive assessment system.

- | Milestones: | Timeline | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1 | Appoint Task Force members and charge them to make evidence-based recommendations for design, implementation, and ongoing refinement of a comprehensive system of child, program and state-level assessment of developmental achievement that reflects state and professional practice standards for school readiness and its development, and for high-quality assessment of all associated components. | Quarter 1;
Year 1 |
| 2 | Task Force develops a broad architecture for child and program assessment that relates directly to desired outcomes as represented in the ISTAR-KR. | Quarter 4,
Year 1 |
| 3 | Task Force describes general principles for each level of assessment, reflecting standards and recommendations of the National Research Council (2008), assessment and measurement guidelines in early childhood education, and standards of national professional and scientific organizations (AERA, 1999). | Quarter 1
Year 2 |
| 4 | Task Force recommends a coordinated, aligned system of approaches going forward, and procedures or principles for reviewing and refining these recommendations over time. | Quarter 3,
Year 2 |
| 1 | Request for Proposals completed for contracted services to make recommended | Quarter 1; |

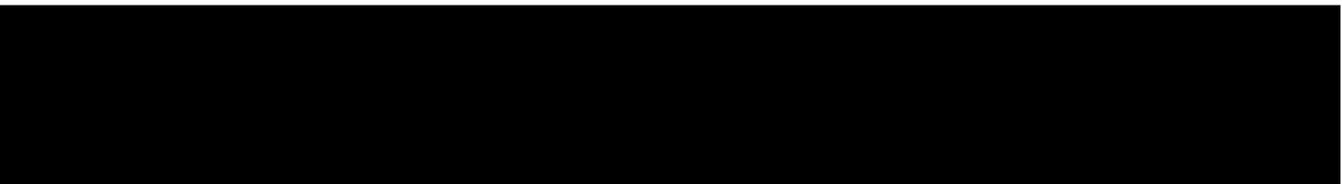
	changes to the current ISTAR-KR and a data management system to make linkages between grant goals and child and program data.	Year 3
2	Contract implemented to complete needed changes to the ISTAR-KR and prepare for pilot of updated assessment that will provide programmatic information along with statewide data linking children in early learning programs to Kindergarten showing their readiness for school.	Quarter 3, Year 3
5	Determine reporting points for the School Readiness Report and other reporting functions.	Quarter 4, Year 3
4	A re-branding and marketing of the new assessment will be completed and promoted through the QRIS, Special Education, Head Start, all early learning programs based in schools, elementary schools, advocacy groups, and parent outreach.	Quarter 1, Year 4
6	Recommend ongoing evaluation, analysis, and refinement of the coordinated assessment.	Quarter 4, Year 4

Rationale: Indiana has not adopted an approach to develop continuous assessment process and practices in the early childhood field. There is no data gathered and analyzed for effectiveness at the state level. Indiana already has ISTAR-KR and is available for use without cost to the public and private early childhood education programs. Together with the Foundations, the ISTAR-KR assessment-rating instrument demonstrates a strong early childhood system for Indiana early childhood education programs to prepare young children for kindergarten.

Initial Implementation: The Task Force will be convened to develop and recommend changes to the tool. After the changes are made, it will be piloted in a 3-5 communities and districts to recommend additional improvements.

Scale-Up Plan: The state will adopt the ISTAR-KR, make necessary improvements and enhancements to the tool and implement it statewide. After review and public comments are completed the Indiana’s continuous assessment will be posted on IDOE’s website.

Key Goal 4: Children are healthy and ready to learn when they enter kindergarten.



Milestones:	Timeline
1 Contractor hired to develop the trainings.	Quarter 3, Year 1
2 Contractors will develop trainings under guidance from environmental health professionals.	Quarter 4, Year 1
3 A grant program will be developed to award funds to facilities meeting criteria to address remediating environmental health hazards present at their facilities or training parents of these hazards.	Quarter 4, Year 1
4 Provide in-person training programs that will educate Paths to QUALITY staff and FSSA licensing consultants on environmental health issues that can affect	Quarter 1, Year 2

- | | | |
|---|--------------------------------------------------------------------------------------------------------------------|-------------------------|
| | kindergarten readiness. | |
| 5 | Disseminate 5-Star Kits and Mini-Grants | All Quarters,
Year 3 |
| 6 | Measure participation in and success of online trainings; will include data articulating health hazards eliminated | Quarter 4,
Year 4 |

Rationale: To address lead poisoning and other environmental health issues among young children, Indiana began the first in the nation environmental recognition program for child care providers, the Indiana Department of Environmental Management’s Environmental Recognition Program for Child Care Providers. The program began 13 years ago with a recognition that early education and development programs are a business with staff who need to be educated and aware of hazards that may be present that could negatively impact the children in their care. The program won the Council of State Government’s Innovations Award for its efforts. The program works to educate, encourage, and recognize early education professionals who go beyond what they are required to do by law to protect children from common environmental hazards that have long term health impacts for children under 6. Over the years, the program has worked closely on a variety of projects with the FSSA Bureau of Child Care and ISDH. Five Star kits to early education and development professionals who complete the environmental health trainings. Kits would include items necessary to become a member of the Five Star program including “No Idling” signs, “No Smoking” signs, radon test kits, member signs, etc.

Initial Implementation: Partnerships with various environmental health professionals already exist through the Five Star Environmental Recognition Program for Child Care Providers and through Sunny Start. Experience developing several environmental health trainings has already occurred through IACCRR and Purdue University’s Extension Program. This experience will be used to develop new trainings on additional environmental health issues.

Scale-Up Plan: ELD program grants for environmental health improvements will be available statewide in the beginning of Year 2. Environmental health training will be provided to early childhood professionals during Years 2 – 4.



Milestones	Timeline
1 Modify current contracts with HFI and NF programs.	Quarter 1, Year 1
2 HFI and NF recruit and train additional staff.	Quarter 3, Year 1
3 HFI and NF will recruit and enroll new families.	Quarter 4, Year 1
4 HFI and NF will have full caseload of families.	Quarter 4, Year 2
5 Solicit private sources of funding for sustainability.	Quarter 3, Year 3

Rationale: Healthy Families Indiana (HFI) and Nurse Family Partnership (NFP) are Indiana’s Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funded evidence-based home

visiting programs. HFI and NFP screen all child clients using the ASQ and refer out to intervention services when the child shows an area of concern. In addition to the ASQ, home visitors address parent knowledge of child development and teach age appropriate activities to engage their child to help them learn through play. With current MIECHV funding from both the formula grant and the competitive grant, there were 2,323 families enrolled through June 30, 2013 who received 35,747 home visits. There are more High Needs families to serve, especially in rural communities as designed by the needs assessment in the Appendix.

Initial Implementation: HFI and NF will focus on training new staff (3 month period) and then begin recruitment of new families in designated High Need and rural priority communities based on the needs assessment.

Scale-Up Plan: By the end of the second year, NF and HFI will have a full caseload of families in designated communities.

Milestones

		Timeline
1	ISDH will contract with CHIP-IN for Quality / NDBC to lead the statewide expansion effort.	Quarter 1, Year 1
2	Train individuals, providers and programs to use and implement the screening tools.	Quarter 3, Year 1
3	Within 8 regional centers, identify community partners who might contribute to identification, evaluation and intervention of children with or at risk of delays including, but not limited to, 2 schools, 2 daycare centers, 2 businesses, 2 public leaders, 2 family leaders and 2 health care providers.	Quarter 4, Year 1
4	Develop community specific process maps / algorithms to adopt standardized screening, referral, diagnosis and intervention and provide data feedback and communication among community partners.	Quarter 3, Year 2
5	Develop care coordination and data systems to ensure family-centered, culturally effective and coordinated receipt of services across agencies.	Quarter 3, Year 2

Rationale: Early intervention takes advantage of the “plasticity” of the brain while it is still growing. Routine and readily available screening must occur in the community in order to drive down the age of diagnosis so that children with ASD and other neurodevelopmental and behavioral disorders may maximally benefit from intervention and optimize their potential. Young children see their primary care providers 10 times in the first two years of life and standardized tools are recommended but not yet widely used to identify delays.

Initial Implementation: The initial steps of project formation will be iterative over the first 30 months to initiate Screening, Diagnosis and Referral Systems within 2 communities every 6 months.

Scale-Up Plan: After review and public comments are completed the assessment will be posted on IDOE’s website. A marketing team will assist with the dissemination of information to programs, professionals and families.

Milestones	Timeline
1 Develop ECMHC consultation framework will be developed including an implementation plan	Quarter 2, Year 1
2 Link ECMHC training and curriculum materials to Indiana’s FOUNDATIONS to the Indiana Academic Standards for Young Children Age Birth-5 and Indiana’s Infant Mental Health Endorsement.	Quarter 3, Year 1
3 Collaborate with an institution of higher learning to create and implement a program evaluation and outcome measurement system to ensure that the ECMHC system can document desired outcomes.	Quarter 3, Year 1
4 Increase utilization of ECMHC services to child care programs, particularly targeting rural and at risk communities.	Quarter 1, Year 2
5 Recruit ECMHC in each of identified regions to create community based networks of infant/toddler mental health endorsed individuals to provide assessment and technical assistance activities in partnership with Inclusion Specialists.	Quarter 3, Year 2
6 Expand number of providers with Infant Mental Health Endorsement across Levels 1, 2 and 3.	Quarter 4, Year 4

Rationale: When parents and caregivers are unable to provide supports that reduce disruptive behavior, children are ultimately removed from their early care and education programs. Nationally, these occurrences are on the rise. According to a national study of 4,000 preschools, three times more young children were expelled from preschool than all of grades K-12 put together (Gilliam, 2005). In child care settings, where staff may have less specialized training, as many as 27 out of 1,000 children demonstrate challenging behavior that is so disruptive or aggressive that it results in removal from the program (Gilliam & Shahar, 2006). Four times that number display “challenging behavior” of concern to their care providers. Indiana, with the third highest K-12 expulsion rate in the United States at .63% (National Center for Education Statistics, 2010), is likely to have a very high risk for expulsion from preschool and child care settings. Extrapolating national figures to Indiana, over 10,000 children could be at risk for expulsion from a child care program while nearly 40,000 could demonstrate difficult behavior that would concern providers.

Initial Implementation: During year 1, the ECMHC consultation framework will be developed including an implementation plan. Level 3 and 4 IMH providers will be invited to participate in training events focusing on early childhood mental health consultation in preparation for onsite assessment and technical assistance services to be offered at the end of year 1 and throughout years 2 through 4.

Scale-Up Plan: Recruitment and training will be offered statewide with special emphasis on regions lacking ECMHC specialists.

How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.

The activities in this High-Quality Plan for Supporting Standards and Assessment will prioritize early learning and development programs serving children with High Needs and participating in Paths to QUALITY

How the State will meet the needs of Children with High Needs

Our Comprehensive Assessments (ISTAR-KR) and the new Kindergarten Entry Assessment will be developed so that it supports the understanding of all children, including children who are English learners or children with disabilities. Professional development activities will also include ways to support children with high needs and will give teachers a method of understanding how to incorporate what they know about a child's background into their teaching strategies.

The measures of quality project will also help to support how to set up the environment for special populations as well as how to communicate acceptance with the adult-child interaction component. Professional development in this area will also touch on how to foster interactions between children, especially those in special populations.

Early Childhood standards focus on what children should know and be able to do. The Foundations are designed as a framework to assist professionals and administrators and others in understanding children's development milestones. Indiana plans to develop a continuous assessment system that will complement what the state has achieved already and build features to consistently assessing to: a) promote child learning and development, b) identify children for health and special services, c) monitor trends and evaluate programs and services, and d) hold individual children, teachers, and schools accountable.

D. A Great Early Childhood Workforce

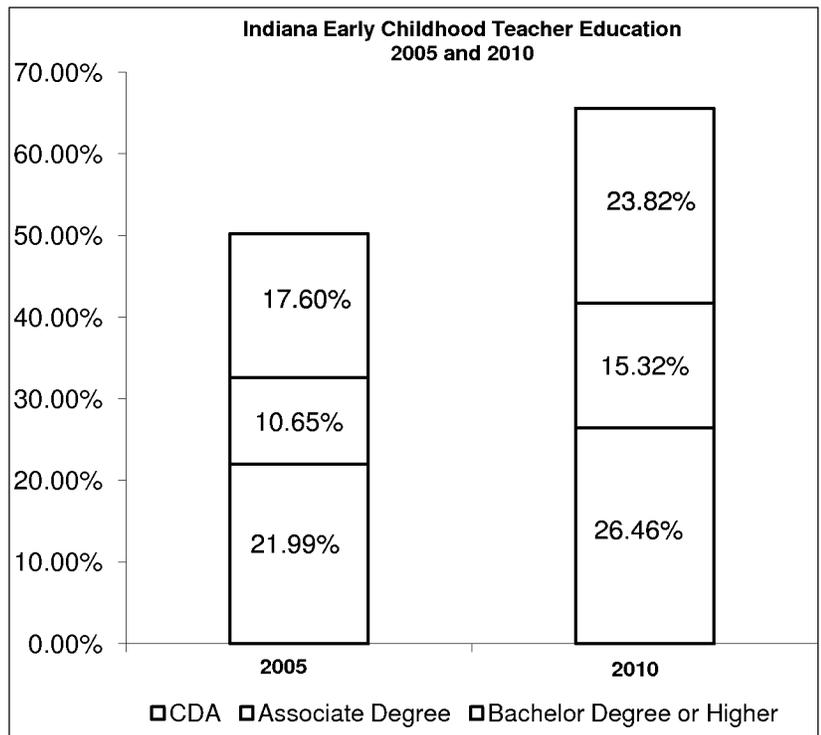
Indiana has made significant strides in ensuring a great early childhood education workforce in our programs. In 1998, to work in a licensed child care center or licensed family child care home as the lead teacher or provider you had to have a high school diploma and twelve clock hours of training. Data from the first Indiana Early Childhood Workforce Study in 2005 confirmed a dismal picture of teacher qualifications, compensation and turnover. Employers were not supportive of additional professional development for their staff often due to the limitation of the administrators obtaining higher qualifications. Indiana lacked comprehensive opportunities for early childhood professionals to increase their skills connected to career pathways.

Over the last fifteen years **Indiana can report steady, incremental gains** in its improved child care licensing and regulatory system, professional development system linked to the state early learning education standards and most recently developed Indiana Core Knowledge and Core Competencies, and incentives built into the quality rating and improvement system – Paths to QUALITY™.

Significant milestones in the development and progression of Indiana’s Early Childhood Professional

Development System supporting the workforce include:

- ✓ 1998 – Indiana developed a progressive professional development system that incorporated horizontal as well as vertical movement through the Indiana Professional Development System.



- ✓ 1998 – Launch of the T.E.A.C.H. Early Childhood® INDIANA scholarship project supporting Child Development Credential (CDA) Training, Child Development Associate (CDA) Assessment and early childhood associate scholarships.
- ✓ 2001 – In Indiana the Child Development Associate Credential (CDA) was fully integrated as the equivalent of nine to twelve credit hours in the Indiana Ivy Tech Community College Associate degree.
- ✓ 2002- Indiana licensing regulations for licensed Family Child Care Homes requires a Child Development Associate Credential (CDA) or the equivalent.
- ✓ 2002 – Indiana licensing regulations for licensed Child Care Centers requires the director to have a bachelor’s degree or the equivalent.
- ✓ 2002 – Launch of the Indiana Non Formal Child Development Associate (CDA) project. Community based CDA training organizations provide the 120 clock hours of training by an instructor that meets the qualifications to articulate the training into the associate degree at the Ivy Tech Community College.
- ✓ 2004 – Indiana licensing regulations for lead teachers in licensed Child Care Centers requires a Child Development Associate Credential (CDA) or the equivalent.
- ✓ 2004 – T.E.A.C.H. Early Childhood® INDIANA launches the bachelor degree statewide
- ✓ 2004 – Infant Toddler System in Indiana (ITSI) network was funded to support research and professional development for infant and toddler providers.
- ✓ 2004 – Indiana Youth Development Credential was released connected to college credit and supported by T.E.A.C.H. Early Childhood® INDIANA scholarship.
- ✓ 2005 – Indiana Ivy Tech Community College became a statewide community college with common curriculum. All ninety-two counties have access to early childhood/child development certificates, credentials and degrees (face to face and online).
- ✓ 2007 – Indiana Early Childhood Higher Education Forum convened with outcomes related to increased articulation between the two and four year, public and private higher education institutions providing early childhood, elementary education, family and consumer science – child development degrees. The Indiana Early Childhood Higher Education Forum adopted the NAEYC Core competencies as guidance for teacher preparation in Indiana.
- ✓ 2009 – Indiana Early Childhood Higher Education Forum held the first annual Early Childhood Higher Education Articulation Summit. The outcome was a commissioned paper

“The Status of Early Childhood Articulation Between Two and Four Year Institutions in Indiana”.

- ✓ 2010 – Indiana Department of Education revised the rules for teacher preparation (REPA) maintaining the early childhood teacher licensure and adding early childhood as an approved minor for other licenses.
- ✓ 2010 – Statewide launch of the quality rating and improvement system –Paths to QUALITY™ build on the licensing requirements with increased professional development at each of the four levels.
- ✓ 2011 – Indiana Department of Education, Career and Vocational Education, Family Consumer Science, Child Development created a pathway for high school students to obtain their Child Development Associate Credential (CDA) and twelve credit hours of the early childhood associate degree at Indiana Ivy Tech Community College.
- ✓ 2011 – Convening of the Indiana Professional Development Network. Mission of the Indiana Professional Development Network coordinates, strengthens, and promotes a system of cross-sector partners and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, children and youth.
- ✓ 2012 – Indiana has the first high school student to receive the Child Development Associate Credential (CDA) and twelve credit hours toward the associate degree in the nation.
- ✓ 2013 –Indiana Professional Development Network adopted the Indiana Core Knowledge and Competencies
- ✓ 2013 – Eleven out of twelve Indiana Ivy Tech Community Colleges are accredited by NAEYC.
- ✓ 2013 – Sixteen (16) articulations agreements are in place between the two and four year public and private institutions in early childhood and child development

Since 1998-2013 – T.E.A.C.H. Early Childhood – Total scholarships awarded 14,495 completing a total of 118, 272 credit hours, with an average salary increase of seven percent (7%) for associate degree recipients with a 2% turn over.

(D)(1). Developing a Workforce Knowledge and Competency Framework and progression of credentials.

Earlier this year the Indiana Professional Development Network adopted the Indiana Core Knowledge and Competencies (CKC). The Indiana CKCs allows for *Specialty Core*

Knowledge and Core Competencies; Indiana professionals who work with a specific age group or hold a specific position will use this document as a basis and be able to use their specialty core knowledge and core competencies; i.e. Indiana Youth Development Credential, Indiana Early Childhood Program Administrator Credential, Mental Health Specialists, Infant-Toddler Specialists, and Early Interventionists etc. They provide a set of expectations that describes what Early Childhood Educators (including those working with children with disabilities and English learners) should know and be able to do.

Need for Core Knowledge and Core Competencies: CKCs refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. Indiana developed this document to establish a cross-sector foundation of core knowledge and core competencies for professionals working with children/youth. The Indiana CKCs:

- Define a range of knowledge and competency skills that professionals need to possess to be able to provide high quality early care and education and youth development (infants, toddlers, preschoolers, children and youth) and facilitate child/youth learning and development. The Indiana Core knowledge and competencies serve as foundations for decisions and practices carried out by professionals in all settings of early care and education and youth development (infants, toddlers, preschoolers, children and youth).
- Provide guidelines for education, coursework and training programs in meeting the needs of professionals in the field of early care and education and youth development (infants, toddlers, preschoolers, children and youth).
- Support the identification and delivery of high quality, comprehensive, coordinated, and family-centered services and supports that help all children reach their full potential.
- Serve as a means for incorporating new research findings and knowledge into practice in early care, education and youth development (infants, toddlers, preschoolers, children and youth).
- Establish a set of standards for early care and education and youth development (infants, toddlers, preschoolers, children and youth) that promotes recognition of the significance and professional nature of the field.

Indiana’s CKCs apply to professionals working in a variety of settings and positions and to professionals working with different age groups including infants, toddlers, preschoolers, school age and youth. The CKCs include different approaches for implementation based on professional: 1) Professionals, Teachers, Practitioners; 2) Directors, Program Administrators; 3) Indiana Quality and Improvement System- Paths to QUALITY; 4) Trainers, Mentors, Coaches, Technical Assistance (TA)/Training Organizations; 5) Higher Education Faculty, Staff, and Administrators; and 6) State and Local Agencies.

a) Develop a common, statewide Workforce Knowledge and Competency Framework designed to promote children’s learning and development and improve child outcomes;

High-quality early education experiences are critical for improving the educational outcomes of Children with High Needs. Many elements impact the quality of early learning and development Programs; well-trained early childhood educators who have the knowledge and skills to support each child’s learning and development are among the most important (Barnett, 2004). These frontline early childhood staff ensure that Program Standards, Early Learning and Development Standards, and other best practices are implemented with fidelity, effectively bridging research and practice in every early childhood setting. Indiana relies on investments in a Great Workforce as a key strategy for improving program quality that will promote children’s learning and development and improve child outcomes. Our investments build on our Workforce Knowledge and Competency Framework: Indiana Core Knowledge and Competencies a framework that guide early childhood professionals towards what providing quality early childhood learning experience entails.

The first edition of the Indiana Core Knowledge and Competencies is evidence-based drawing upon the early childhood education literature as well as standards for best practice established by various national professional organizations. The Competencies promote children’s optimal development, as defined by the Indiana Early Learning Standards: Foundations to the Indiana Academic Standards for Children from Birth to Age 5. Indiana Core Knowledge and Competencies includes a set of expectations that describes what early childhood professionals; including those working with children with disabilities and English learners should know and be able to do. The Indiana’s Workforce Knowledge and Competency Framework, provides competencies that are evidence based; incorporates knowledge and application of the Foundations, address a comprehensive assessment system, child development, health, and

culturally and linguistically appropriate strategies for working with families. In addition Indiana's CKCs includes knowledge of early mathematics and literacy development and effective instructional practices to support mathematics and literacy development in young children; incorporates effective use of data to guide instruction and program improvement; includes effective behavior management strategies that promote positive social and emotional development and reduce challenging behaviors, and knowledge of protective factors and effective approaches to partnering with families and building families' knowledge, skills, and capacity to promote children's health and development.

The development of the Indiana's CKCs incorporated feedback from experts at Indiana's postsecondary institutions and other early learning and development experts and early childhood professionals. The Core Knowledge and Competencies cover eight core content areas, including: Child Growth and Development; Health, Safety and Nutrition, Observation and Assessment, Learning Environment and Curriculum, which includes sub-competencies: materials and activities, personal care and routines, physical development, language development and literacy, cognitive development, personal and social/emotional development, creativity and arts, and positive interaction and guidance. Knowledge and skills across the eight domains are interdependent, thus preparing Indiana's teachers and professionals using a whole-child orientation.

Indiana's CKCs framework has the elements of the Program Definition (Section III): (a) is evidence based; (b) incorporates knowledge and application of the State's Early Learning and Development Standards, the Comprehensive Assessment Systems, child development, health, and culturally and linguistically appropriate strategies for working with families; (c) includes knowledge of early mathematics and literacy development and effective instructional practices to support mathematics and literacy development in young children; (d) incorporates effective use of data to guide instruction and program improvement; (e) includes effective behavior management strategies that promote positive social and emotional development and reduce challenging behaviors; (f) incorporates feedback from experts at the State's postsecondary institutions and other early learning and development experts and Early Childhood Educators; and (g) includes knowledge of protective factors and effective approaches to partnering with families and building families' knowledge, skills, and capacity to promote children's health and development.

(b) Develop a common, statewide progression of credentials and degrees aligned with the Workforce Knowledge and Competency Framework; and

The Indiana Professional Development Network (IPDN) coordinates, strengthens, and promotes a system of cross-sector partners and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, children and youth. The vision is that all professionals serving infants, toddlers, preschoolers, children, youth and their families have the competence, skills, and knowledge to prepare Indiana's next generation to thrive. IPDN adopted the Core Knowledge and Competencies in April 2013. The intention of that work is to now implement the CKC with early childhood professionals having an identified career pathway that they can sequence the achievement of increased qualifications, understand the professional possibilities resulting from such acquisitions, and be appropriately compensated. The Indiana Early Childhood and School Age Pathway both vertically and laterally recognize professionals working directly with children and families and those providing non-direct service to children and their families. Indiana will apply the principles necessary to integrate the Career Pathway into regulations and the quality rating and improvement system, provide academic advisement and tracking through the T.E.A.C.H. Early Childhood@ INDIANA counselors, assure diversity, inclusion and access within state policies and track the compensation parity across the Career Pathway.

The implementation workgroup includes representation from the Indiana Ivy Tech Community College and public 4-year degree colleges and universities, and they will conduct in-depth analysis of the existing coursework offered in the Indiana 2-year degree colleges and the Indiana 4-year degree colleges and universities. This analysis will be presented to teachers and professionals to present accessibility and offerings of coursework and how it will articulate to next level degree and transfer from college to another. The workgroup will collaborate with the Indiana Early Childhood Higher Education Forum to identify colleges and universities offering credentials and degrees.

The workgroup will work with the Indiana Professional Development Network's Credentials, Degrees and Pathways Subcommittee to identify and review existing credentials and for the creation of new or refined credentials that will more effectively prepare Indiana's workforce to serve at-risk populations, such as infants and toddlers with high needs, English language learners, and children with developmental delay. Furthermore, workgroup intends to

identify each credential career lattice and align to different levels of the Indiana core competencies.

(c) Engage postsecondary institutions and other professional development providers in aligning professional development opportunities with the State’s Workforce Knowledge and Competency Framework.

The development of Indiana’s Core Knowledge and Competency framework included representation from higher education and other professional development providers. The Indiana Early Childhood Professional Development Network has a strong commitment to expand the Indiana professional development system beyond the traditional settings of early care and education to all settings where professionals care and educate children and families. The Indiana Early Childhood Professional Development Network encompasses and supports those working with children from birth through age 18 in a variety of community-based settings, including center-based family child care, out-of-school time programs, and home visiting programs. The Network has historically provided training and support for professionals serving children/youth from birth through age 13 in early care and education settings. The Network has now expanded to include youth professionals working with school age youth up to age 18 and those working in out-of-school time and school-based programs. The INPDN’s vision is “All professionals serving infants, toddlers, preschoolers, children, youth, and their families have the competence, skills and knowledge to prepare Indiana’s next generation to thrive.”

In carrying out the vision, five sub-committees were formed: Credentials, Pathways and Qualifications, Core Knowledge and Competencies, Quality Assurance, Funding, and Systems Alignment. The Core Knowledge and Competency sub-committee met in July 2011 and identified seven core knowledge areas. These core knowledge areas were used as a starting point to research existing competencies for professionals working with young children and youth. Development of the first draft of Indiana Core Knowledge and Competencies was charged to the Indiana Professional Development Network (IPDN) leadership team in July 2012. The leadership team includes members from Indiana Association for Child Care Resource and Referral, Indiana Association for the Education of Young Children, Inc., Higher Education (2-year degree college and 4-year degree university), Indiana Department of Education, Indiana First Steps, Infant/Toddler Specialists of Indiana, Head Start, Bureau of Child Care, School Age and Youth Development agencies and is funded by the Indiana Head Start Collaboration Office.

Primary resources have been the work done in Arkansas, Illinois, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nevada, New Jersey, New Mexico, Pennsylvania, and West Virginia on the Common Core Content, NAEYC's Guidelines for the Preparation of Early Childhood Professionals, the CDA Competency Manual, Foundations to the Indiana Academic Standards for Young Children Birth to Age 5, Indiana Youth Development Credential, Indiana Early Childhood Program Administrator Credential, Head Start Performance Standards, and Division of Early Childhood (DEC) Standards.

Feedback has been received from the IPDN subcommittee of Core Knowledge and Competencies and IPDN Leadership Team. IPDN members provided feedback on the Indiana Core Knowledge and Competencies document before publishing. The Indiana Professional Development Network's full membership adopted the Indiana Core Knowledge and Competencies document in April 2013.

(D)(2) Supporting Early Childhood Educators in improving their knowledge, skills, and abilities.

Indiana is committed to investing in the development of its early childhood professionals as a strategy for increasing program quality and children outcomes. Goals presented in D1 will be accomplished by promoting access to effective professional development, supporting early childhood professional's progression on the Career Lattice, and bolstering the capacity of the state to track and monitor workforce outcomes. The introduction to Section D. details how Indiana has developed a common, statewide progression of credentials and degrees aligned with the Workforce Knowledge and Competency Framework and engaging postsecondary institutions and other professional development providers in aligning professional development opportunities with the State's Workforce Knowledge and Competency Framework. Indiana's plan to support early childhood educators in improving their knowledge, skills and abilities by expanding access to professional development that are aligned with the Indian's Workforce Knowledge and Competency Framework, connecting professional development to coaching and mentoring, providing scholarship and incentives that have strong evidence in meeting child outcomes. Indiana intentionally has worked to develop and embed all early childhood professional development into established professional workforce systems – national Child Development Associate Credential (CDA), credit-based certificates, credentials and degrees in early childhood, family and consumer science and human services. Fifteen years of investment and intentionality

in the Indiana Early Childhood Professional Development System provides statewide accessibility for the CDA, early childhood associate, bachelor and master degrees. In 1998, Indiana only had five local Community Colleges offering child development certificates and degrees. Now in Indiana, an early childhood professional can obtain their Child Development Associate Credential (CDA) through a community based training organization or an Indiana Ivy Tech Community College or an online CDA program offered by the Indiana Ivy Tech Community College. All Child Development Associate (CDA) programs funded by the FSSA, DFR, Bureau of Child Care maintain the same standards for instructors thus allowing them to articulate into the associate degree at the community college. Indiana now has over sixteen articulation agreements allowing early childhood professionals the opportunity to complete their CDA and move to an associate and on to a bachelor degree.

Indiana Family and Social Services Administration, Division of Family Resources, Bureau of Child Care contracted with the Indiana Association for the Education of Young Children (sponsor and license holder for the T.E.A.C.H. Early Childhood® INDIANA project) to conduct the Indiana Child Care Workforce Study in 2005 and repeat the same study in 2010 as a comparison study. Indiana's commitment to supporting the skills, knowledge and abilities were reported in the study results:

Indiana Child Care Workforce Study: 2005 to 2010 Comparison of the Education of the Indiana Child Care Workforce

Twenty-nine percent of directors, 15% of teachers, and 9% of family child care providers have an Associate degree or higher in Early Childhood Education, a significant increase from 2005. Thirty-nine percent of directors, 23% of teachers, and 15% of family child care providers have an Associate's degree or higher in another field, such as Elementary Education or Business. In 2005, Indiana child care workers reported an interest in achieving higher levels of education, and the reported data indicate an increase in the percent with a Bachelor's Degree or higher in Early Childhood Education or Child Development. In 2010, Indiana child care workers continued to express interest in achieving higher levels of education. As shown in TABLES 1, 2 and 3, many family child care providers, directors, and teachers have completed college courses.

Table 1-Educational Attainment of Licensed Family Child Care Providers

Highest Education Completed***	2005	2010
Bachelor Degree or Higher in ECE/CD*	2%	2%
Bachelor Degree or Higher in Other Field	10%	10%
Associate Degree in ECE/CD*	5%	7%
Associate Degree in Other Field	6%	5%
Other Educational Credits		
Child Development Associate Credential (CDA)	24%	36%
Educational Pursuits		
Currently Taking ECE/CD* Courses	21%	15%
*ECE/CD=Early Childhood Education/Child Development		
***Percentages do not total 100% due to multiple responses possible		

Table 2-Educational Attainment of Licensed Child Care Center / Unlicensed Registered Ministry Child Care Ministry Directors

Highest Education Completed***	2005	2010
Bachelor Degree or Higher in ECE/CD*	12%	13%
Bachelor Degree or Higher in Other Field	37%	37%
Associate Degree in ECE/CD*	12%	16%
Associate Degree in Other Field	5%	2%
Other Educational Credits		
Child Development Associate Credential (CDA)	22%	17%
Educational Pursuits		
Currently Taking ECE/CD* Courses	17%	15%
*ECE/CD=Early Childhood Education/Child Development		
***Percentages do not total 100% due to multiple responses possible		

Table 3- Educational Attainment of Teachers in Licensed Child Care Centers/Unlicensed Registered Child Care Ministries

Highest Education Completed***	2005	2010
Bachelor Degree or Higher in ECE/CD*	5%	6%
Bachelor Degree or Higher in Other Field	16%	20%
Associate Degree in ECE/CD*	8%	11%
Associate Degree in Other Field	4%	5%
Other Educational Credits		

Child Development Associate Credential (CDA)	23%	28%
----------------------------------------------	-----	-----

Educational Pursuits

Currently Taking ECE/CD* Courses	22%	21%
----------------------------------	-----	-----

*ECE/CD=Early Childhood Education/Child Development

***Percentages do not total 100% due to multiple responses possible

(a) Providing and expanding access to effective professional development opportunities that- (1) Are aligned with the State’s Workforce Knowledge and Competency Framework; (2) Tightly link training with professional development approaches, such as coaching and mentoring; and (3) Are supported by strong evidence (e.g. available evaluations, developmental theory, or data or information) as to why these policies and incentives will be effective in improving outcomes for Children with High Needs;

Indiana has worked hard to embed professional development opportunities into the existing certificates, credentials and degree programs at the higher education institutions. The Indiana General Assembly passed legislation in 2013 that increases the number of mandatory credit hours that articulate and puts limits on the number of credit hours at the associate to 60 and the bachelor degree at 120. Currently in Indiana, all articulations agreements transfer 55 credit hours minimum from an associate to a bachelor degree.

In 2007, the Indiana Early Childhood Higher Education Forum convened with a stated outcome to increase articulation agreements across the two and four year public and private higher education institutions. Indiana Ivy Tech Community College (a statewide community college system) lends itself to increased ability to articulate. Indiana currently has sixteen (16) articulation agreements between the two and four year higher education institutions. All high school career and vocational programs with instructors meeting the educational requirements have in place an articulation agreement for 12 credit hours into the associate degree program at Indiana Ivy Tech Community College at no cost to the student. The early childhood articulation agreements included early childhood, family and consumer science – child development, and early childhood special education.

Indiana school age professionals have an Indiana Youth Development Credential that is equivalent to the CDA and articulates twelve credit hours into the associate of human services at the Indiana Ivy Tech Community College and some four-year institutions. Additional work is needed to secure statewide access to the early childhood bachelor degree in early childhood for teacher licensure and non-licensure. Indiana needs to continue to work on the rigor, relevance, and compensation parity and employer evaluation of the higher education degrees.

Indiana has not developed a lot of new credentials and certificates, as some other states have done, but has rather invested in existing sustainable professional development systems and career pathways leading to higher compensation. The certificates and credentials developed in Indiana are articulated into the associates and the bachelor degree. Paths to QUALITY, Indiana's quality rating and improvement system, is built on the state licensing requirements. Indiana Family and Social Service Administration, Division of Family Resources, Bureau of Child Care currently employs the child care licensing staff. Indiana would like to support the National Association for Regulatory Administration's (NARA) national credential for the state regulatory staff. The NARA credential recognizes professional behavior and achievement and affirms that an individual possess a unique body of knowledge. A professional credential also means that an individual will act according to a specific set of standards and a code of ethics. Finally, the NARA credential certifies your commitment to continuous professional growth and to excellence in human care licensing. The NARA Credential is transferrable to all states and all jurisdictions. Indiana would like to credential up to 73 licensing staff with the NARA through a Professional Development Scholarship. The scholarship would cover the cost for the four classes, cost of the credentialing process, and the funds necessary to bring the training to Indiana. This would provide a consistent body of knowledge for the individuals licensing facilities that serve high need children and families.

Infant and Toddler Specialist of Indiana developed a set of infant and toddler credential competencies. The infant and toddler competencies were aligned and included in the Indiana Core Knowledge and Competence document adopted by the Indiana Professional Development Network in April. Indiana would like to convene all the higher education programs offering coursework in infant and toddler development to create a statewide Indiana Infant and Toddler Credential. The Indiana Infant and Toddler Credential would be a part of the Indiana Early Childhood Career Pathways and the Indiana Early Childhood and School Age Career Guide.

Indiana will continue to expand the accessibility and opportunity to transfer credentials, certificates, courses, and credits degrees by convening Indiana Early Childhood and School Age higher education representatives on an annual basis.

) Implementing effective policies and incentives (e.g., scholarships, compensation and wage supplements, tiered reimbursement rates, other financial incentives, management opportunities) to promote professional improvement and career advancement along an articulated career pathway that- (1) Are aligned with the State’s Workforce Knowledge and Competency Framework; (2) Tightly link training with professional development approaches, such as coaching and mentoring; and (3) Are supported by strong evidence (e.g., available evaluations, developmental theory, or data or information) as to why these policies and incentives will be effective in improving outcomes for Children with High Needs;

Indiana has found that T.E.A.C.H. Early Childhood@INDIANA scholarships have served as a powerful incentive for the early childhood workforce to improve their education, compensation and retention. In evaluating the early childhood workforce in Indiana there are special populations of early childhood professionals working with high need children that would benefit from T.E.A.C.H. Early Childhood® INDIANA scholarships: (1) mentors, coaches, trainers and technical assistance specialists; (2) teachers working with infants and toddlers; (3) high school child development students; (3) high school career and vocational teachers.

All T.E.A.C.H. scholarships are based on four components: (1) a scholarship that supports specified continuing education, (2) completion of a required amount of education, (3) the award of a compensation incentive based on completion of the required education and (4) a specified retention period the scholarship recipient must remain in their program or the field. In this activity special scholarships will be developed to allow up to (100) mentors, coaches, trainers and technical assistance specialist to take course work leading to a state credential within a bachelor’s or master’s level degree; (2) 100 infant and toddler providers to complete an Indiana Infant and Toddler credential at the associate, bachelor or master level leading to a degree; (3) 100 high school child development students a scholarship for the Child Development Associate (CDA) assessment scholarship and (4) 50 high school career and vocational teachers eighteen hours of early childhood coursework at the masters level to allow the articulation from the high school child development program into the associate at Indiana Ivy Tech Community College.

(c) Publicly reporting aggregated data on Early Childhood Educator development, advancement, and retention;

Every day in Indiana over 116,000 families entrust the care and education of their children to child care workers in licensed child care centers, registered ministries, licensed

family child care homes, and Head Start and Early Head Start programs around the state.

(Source: US Department of Labor, Bureau of Labor Statistics, United States).

The 2005 Indiana Child Care Workforce Study provided a baseline of information about the working conditions of the people in Indiana who care for and educate our youngest children. In 2010, the Indiana Association for the Education of Young Children, Inc., with funding from the Indiana Family and Social Service Administration, Division of Family Resources, Bureau of Child Care coordinated a statewide survey to collect comprehensive data about the child care workforce in Indiana. The 2010 Indiana Child Care Workforce Study provided a follow up study comparing the data collected in 2010 to that collected in 2005.

The data from the workforce surveys provide information about this very important industry and the critical issues that child care professionals face. The 2010 Indiana Child Care Workforce Study provides a comparison to the 2005 Indiana Child Care Workforce Study, which provided decision-makers with the facts to evaluate and plan statewide initiatives to support child care professionals and the children whom they care for and educate daily. (Please find attached the 2010 Indiana Child Care Workforce Study)

d) Setting ambitious yet achievable targets for--(1) Increasing the number of postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework and the number of Early Childhood Educators who receive credentials from postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework; and (2) Increasing the number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.

Indiana's High Quality Plan to increase the number of postsecondary institutions and professional development providers with programs aligned to the Workforce Knowledge and Competency Framework – Indiana Core Knowledge and Competencies is detailed in Section D.1. Indiana's target is to have all twenty-one (21) institutions of higher education offering certificates, credentials, and degrees aligned with the Indiana Core Knowledge and Competencies by December of 2014. At the same time, Indiana will implement the same ambitious plan for all professional development providers – bringing total alignment by 2014, as detailed in D.1. Indiana plans to increase the number early childhood educators achieving higher levels of certificates, credentials and degrees by 50% or more.

Performance Measures for (D)(2)(d)(1): Increasing the number of Early Childhood Educators receiving credentials from postsecondary institutions and professional development providers with programs that are aligned to the Workforce Knowledge and Competency Framework					
	Baseline (Today)	Target - end of calendar year 2014	Target - end of calendar year 2015	Target - end of calendar year 2016	Target – end of calendar year 2017
Total number of “aligned” institutions and providers	21	23	25	27	29
Total number of Early Childhood Educators credentialed by an “aligned” institution or provider	3,329	3,636	3,852	4,108	4,364
<i>[Please indicate whether baseline data are actual or estimated and describe the methodology used to collect the data, including any error or data quality information; and please include any definitions you used that are not defined in the notice. If baseline data are not currently available please describe in your High-Quality Plan in your narrative how and when you will have baseline data available.]</i>					

Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.										
Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)	<i>Baseline and Annual Targets -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	Baseline (Today)		Target-end of calendar year 2014		Target-end of calendar year 2015		Target- end of calendar year 2016		Target- end of calendar year 2017	
	#	%	#	%	#	%	#	%	#	%
Credential Type 1 <i>Child Development Associate:</i>	3,298	20.86	3,548		3,798		4,048		4,298	
Credential Type 2 <i>Infant Toddler Mental Health:</i>	40		42		46		48		50	
Credential Type 3 <i>NARA:</i>	0	0	4	13%	8	26%	12	40%	16	53%
Credential Type 4 <i>Career and Technical</i>	0		20		10		10		10	

Performance Measures for (D)(2)(d)(2): Increasing number and percentage of Early Childhood Educators who are progressing to higher levels of credentials that align with the Workforce Knowledge and Competency Framework.										
Progression of credentials (Aligned to Workforce Knowledge and Competency Framework)	<i>Baseline and Annual Targets -- Number and percentage of Early Childhood Educators who have moved up the progression of credentials, aligned to the Workforce Knowledge and Competency Framework, in the prior year</i>									
	Baseline (Today)		Target-end of calendar year 2014		Target-end of calendar year 2015		Target-end of calendar year 2016		Target-end of calendar year 2017	
	#	%	#	%	#	%	#	%	#	%
<i>Instructor Credential</i>										
Credential Type 5: Early Childhood Mentor, Coach, Technical Assistance Credential	0		50		25		15		10	
<p><i>Include a row for each credential in the State’s proposed progression of credentials, customize the labeling of the credentials, and indicate the highest and lowest credential. [Please indicate if baseline data are actual or estimated; describe the methodology used to collect the data, including any error or data quality information.]</i></p>										

HIGH-QUALITY PLAN

Key Goal 1: Indiana has a Workforce Core Knowledge and Competency framework and progression of credentials.

Milestones:	Timeline
1 Develop statewide training on Indiana Core Knowledge Competencies.	Quarter 1, Year 1
2 Identify current systems that provide TA and training to ensure training is aligned with Indiana Core Knowledge and Competencies.	Quarter 3, Year 1
3 Align current coursework, credentials and degrees to Indiana Core Knowledge and Competencies.	Quarter 1, Year 2
4 Revise career lattice that is aligned with Indiana Core Knowledge and Competencies levels and areas.	Quarter 3, Year 2
5 Develop a process for checking and evaluating the implementation activities to date.	Quarter 3, Year 3
6 Review and document modifications to Indiana CKCs based on evaluation results	Quarter 4, Year 4

Rationale: Earlier this year Indiana approved the Core Knowledge and Competencies. We have developed a plan to promote the utilization of them and alignment with other coursework and credentials.

Initial Implementation: The CKCs are available on FSSA’s website. A summary of the CKCs will be shared with early childhood educators

Scale-Up Plan: Overview of the CKCs will be delivered in face-to- face workshop format and recorded webinars on stakeholders’ existing websites. Opportunities to present face-to-face workshops such as Indiana Early Childhood Conference, Indiana AEYC Chapters’ conferences, local Child care Resource and Referrals conferences and training calendars, school age conferences, infant-toddler mental health conference, Fist Steps conferences, etc..

Milestones	Timeline
1 Develop an Indiana Early Childhood and School Age Career Pathway with a career lattice built on the Indiana Core Knowledge and Competencies.	Quarter 3, Year 1
2 Develop and distribute an Indiana Early Childhood Career Guide build on the Indiana Early Childhood and School Age Career Pathway.	Quarter 1, Year 2
3 Provide professional development advising utilizing the T.E.A.C.H. Early Childhood@ INDIANA counselors.	Quarter 2, Year 2
4 Gather, track and disseminate information on the progression of professionals	Quarter 3,

in the Indiana Early Childhood and School Age Career Pathway.

Year 4

Rationale: The Indiana Professional Development Network (IPDN) coordinates, strengthens, and promotes a system of cross-sector partners and resources for the professional development, career advancement, and recognition of individuals serving infants, toddlers, preschoolers, children and youth. The vision is that all professionals serving infants, toddlers, preschoolers, children, youth and their families have the competence, skills, and knowledge to prepare Indiana’s next generation to thrive. IPDN adopted the Core Knowledge and Competencies in April 2013. The intention of that work is to now implement the CKC with early childhood professionals having an identified career pathway that they can sequence the achievement of increased qualifications, understand the professional possibilities resulting from such acquisitions, and be appropriately compensated. The Indiana Early Childhood and School Age Pathway both vertically and laterally recognizing professionals working directly with children and families and those providing non-direct service to children and their families. Indiana will apply the principles necessary to integrate the Career Pathway into regulations and the quality rating and improvement system, provide academic advisement and tracking through the T.E.A.C.H. Early Childhood® INDIANA counselors, assure diversity, inclusion and access within state policies and track the compensation parity across the Career Pathway.

Initial Implementation: The Indiana Early Childhood and School Age Career Pathway will be made available on FSSA’s website for public comment.

Scale-Up Plan: After comments are received and changes are made, it will be disseminated across the state. T.E.A.C.H. Early Childhood® INDIANA counselors will advise students on it.

Key Goal 2: Indiana’s early childhood educators are supported to improve their knowledge, skills, and abilities.



Milestones	Timeline
1 Track new articulation agreements; track completion of revision of existing articulation agreements	Quarter 1, Year 3
2 Track and provide scan of career and technical/vocational high schools that have articulation agreements with 2-year degree colleges	Quarter 3, Year 3
3 Assure 2-year early childhood degree offerings statewide; policy changes to ensure all Indiana Ivy Tech Community College regions are sanctioned to offer associate of science in early childhood education	Quarter 4, Year 3
5 Post Indiana Early Childhood two-year-and-four-year degree institutions with articulating institutions on website	Quarter 3, Year 4

Rationale: Indiana currently has sixteen (16) articulation agreements between the two and four year higher education institutions. Additional work is needed to secure statewide access to the early childhood bachelor degree in early childhood for teacher licensure and non-licensure. Indiana needs to continue to do work on the rigor, relevance, and compensation parity and employer evaluation of the higher education degrees. The Indiana Early Childhood Higher Education Forum had been working to identify barriers of articulation degree completion; i.e. from career and technical/vocational high school/dual credit to an associate degree, from an associate degree to a bachelor degree and completion

of the bachelor degree; vocational high school/dual credit instructors meeting the dual credit instructor educational qualifications; and other barriers as identified.

Initial Implementation: Indiana Early Childhood Higher Education Forum’s document on 2-year-and-4-year degree offerings will include add elementary education degrees without early childhood offerings available.

Scale-Up Plan: After articulation revisions, Indiana Early Childhood Higher Education Forum will provide recommendations on accessibility and affordability of 2-year-and-4-year early childhood degrees.



Milestones	Timeline
1 Develop the bachelor/master level scholarships for mentors, coaches, trainers, and technical assistance specialist; the associate/bachelor/master level scholarships for the infant and toddler credential; the high school career and vocational education teachers; and the CDA Assessment scholarship for the high school child development students.	Quarter 3, Year 1
2 Advertise the bachelor/master level scholarships for mentors, coaches, trainers, and technical assistance specialist; the associate/bachelor/master level scholarships for the infant and toddler credential; the high school career and vocational education teachers; and the CDA Assessment scholarship for the high school child development students.	Quarter 4, Year 1
Award the bachelor/master level scholarships for mentors, coaches, trainers, and technical assistance specialist; the associate/bachelor/master level scholarships for the infant and toddler credential; the high school career and vocational education teachers; and the CDA Assessment scholarship for the high school child development students.	Quarter 1 Year 2
3 Manage the bachelor/master level scholarships for mentors, coaches, trainers, and technical assistance specialist; the associate/bachelor/master level scholarships for the infant and toddler credential; the associate/bachelor/master level scholarships for the infant and toddler credential; and the CDA Assessment scholarship for the high school child development students.	Quarter 2, Year 4

Rationale: T.E.A.C.H. Early Childhood@INDIANA scholarships are a strong incentive for professionals to advance their education and improve their knowledge, skills and abilities. Indiana plans to expand TEACH to currently non-eligible professionals including (1) mentors, coaches, trainers and technical assistance specialists; (2) teachers working with infants and toddlers; (3) high school child development students; (3) high school career and vocational teachers.

Initial Implementation: Indiana will initially focus on developing the new scholarship programs by working with higher education institutions and other providers in those core areas..

Scale-Up Plan: After the scholarship program is developed, it will be marketed across through our network of early childhood education professionals.



Milestones:		Timeline
1	Develop, advertise, award and manage the NARA Professional Development Scholarship for licensing staff.	Quarter 2, Year 1
2	Convene infant and toddler stakeholders to discuss the development of a statewide Indiana Infant and Toddler Credential.	Quarter 3, Year 1
3	Assess the higher education institutions currently offering course work at the CDA, associates, bachelors, and masters level for the infant and toddler credential.	Quarter 1 Year 2
4	Assess the need for the Infant and Toddler Credential across all sectors of early childhood and early intervention.	Quarter 3, Year 2
5	Advertise the Indiana Infant and Toddler Credential to all early childhood facilities.	Quarter 4, Year 2

Rationale: Indiana has not developed a lot of new credentials and certificates, as some other states have done, but has rather invested in existing sustainable professional development systems and career pathways leading to higher compensation. The certificates and credentials developed in Indiana are articulated into the associates and the bachelor degree. Indiana would like to support the National Association for Regulatory Administration’s national credential for the state regulatory staff. Indiana would like to convene all the higher education programs offering coursework in infant and toddler development to create a statewide Indiana Infant and Toddler Credential.

Initial Implementation: Work with higher education and professional providers to develop the credentials and a plan to advertise/implement.

Scale-Up Plan: Advertise the new credentials and enroll participants.

Milestones		Timeline
1	CCIS Modifications Initiation	Quarter 2 Year 1
2	CCIS Modifications Requirements	Quarter 3 Year 1
3	CCIS Modifications Design	Quarter 3 Year 1
4	CCIS Modifications Development	Quarter 4 Year 1
5	CCIS Modifications Testing	Quarter 4 Year 1
6	CCIS Modifications Deployment/Training	Quarter 1

		Year 2
7	Registry Caregiver Module Initiation	Quarter 1 Year 2
8	Registry Caregiver Module Requirements	Quarter 1 Year 2
9	Registry Caregiver Module Design	Quarter 1 Year 2
10	Registry Caregiver Module Development	Quarter 2 Year 2
11	Registry Caregiver Module Testing	Quarter 2 Year 2
12	Registry Trainer Module Deployment/Training	Quarter 3 Year 2
13	Registry Trainer Module Initiation	Quarter 3 Year 2
14	Registry Trainer Module Requirements	Quarter 3 Year 2
15	Registry Trainer Module Design	Quarter 3 Year 2
16	Registry Trainer Module Development	Quarter 4 Year 2
17	Registry Trainer Module Testing	Quarter 4 Year 2
18	Registry Trainer Module Deployment/Training	Quarter 1 Year 3
19	TTAM Interface Initiation	Quarter 1 Year 3
20	TTAM Interface Module Requirements	Quarter 1 Year 4
21	TTAM Interface Module Design	Quarter 1 Year 4
22	TTAM Interface Module Development	Quarter 2 Year 4
23	TTAM Interface Module Testing	Quarter 2 Year 4
24	TTAM Interface Module Deployment	Quarter 3 Year 4

Rationale: These software enhancements must be made to CCIS in order to create a comprehensive professional development registry that includes teacher level data on both education and training hours received that is linked back to program level data for all ELD program types.

Initial Implementation: System design documents will be created; modifications completed tested and implemented, starting with key partnering agencies including IDOE, IAIEYC, IACCRR, TCC and evaluators from Purdue University.

Scale-Up Plan: Access will be expanded to allow all programs and professionals assess to select

information. Training and technical assistance will be developed for programs and early childhood professionals to assist in the use of the registry. Reports will be built to assist with tracking of Indiana’s professional development goals for the early childhood workforce. Data will be shared among key partners including higher education, community college and agencies responsible for developing training.

How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.

The High-Quality Plan to implement the activities and projects described in this section relies on coordination and collaboration of agencies and organizations across early childhood sectors. The opportunities offered will draw on the professional development infrastructure elements and strengthen new opportunities by developing cross-sectors linkages. The development of the Indiana Core Knowledge and Competencies was founded on a cross-sector approach that This document allows for “Specialty Core Knowledge and Core Competencies”; Indiana professionals who work with a specific age group or hold a specific position will use this document as a basis and be able to use their specialty core knowledge and core competencies; i.e. Indiana Youth Development Credential, Indiana Early Childhood Program Administrator Credential, Mental Health Specialists, Early Interventionists etc.

How the State will meet the needs of Children with High Needs

While the opportunities described in this section is open to all early childhood teacher and professionals, the provision of free-or low-cost training and coaching, accessibility of credentials and degrees, and access to educational scholarship will be targeted to early childhood professionals serving Children with High Needs. Evaluation will be conducted to assess the effectiveness of the coordination of these efforts and the degree to which outreach activities efforts are identifying and recruiting early childhood professionals who are serving Children with High Needs. Increasing the number of professional development entities aligning training with Indiana Core Knowledge and Competencies will elevate the trainer and trainer standards and result in education and training based on a research-based framework that will reflect changes in child, family, and educator populations; cultural proficiency and dual language learners; and Children with high Needs.

E. Measuring Outcomes and Progress

In order to address the school readiness gap for high-needs children, Indiana plans to adopt and implement a consistent Kindergarten Entry Assessment (KEA) to include all essential domains of school readiness. In a cross-State consortium with Ohio and Maryland, Indiana acting in an Advisory role, we are collectively working together to develop a new comprehensive KEA that will be used statewide in 2016-2017. Indiana also plans to develop an early learning data system that is connected to our Statewide Longitudinal Data System (SLDS).

Indiana is responding to both selection criteria in this Section (E)(1) Understanding the status of children’s learning and development at kindergarten entry and (E)(2) Building or enhancing an early learning data system to improve instruction, practices, services and policies.

(E)(1) Understanding the status of children’s learning and development at kindergarten entry.

Indiana has built some critical key components necessary to understand the status of children’s learning and development upon kindergarten entry, but we several more steps to ensure that we have a Comprehensive Assessment system to measure outcomes and progress for students to determine their kindergarten readiness. Indiana does have a kindergarten readiness assessment the ISTAR-KR, which is discussed thoroughly in section C2 of this grant application. This is currently the only early childhood assessment available that ties to any K-12 systems. If an early learning program utilizes the ISTAR-KR, this information is available to the school district they attend for Kindergarten. Unfortunately, not all districts utilize the information that is contained in the ISTAR-KR unless that student has an Individualized Education Plan (IEP). The Indiana Department of Education is pleased that there are 10 districts in the state that began using ISTAR-KR with all incoming Kindergarten students in the fall of 2013. Since this is the first round of information that would be collected with nothing to compare it with, there is no data available to make claims of Kindergarten readiness of children at this juncture.

Indiana’s elementary schools utilize a a wide variety of assessments that range from district designed assessment to what they have purchased such as Teaching Strategies Gold, Classroom Assessment Scoring System (CLASS), The Early Language and Literacy Classroom Observation Tool (ELLCO), Supports for Early Literacy Assessment (SELA), High/Scope Child

Figure 2: Critical Elements of Indiana's High-Quality Plan



Observation Record (COR), Work Sampling System, Boehm – Preschool, and others. The use of any of these assessments may give a small snapshot of where a child is in some areas of school readiness, but it does not provide a comprehensive picture.

In Indiana, school readiness is more than just academic preparedness or a focus on language and literacy but also must include health and social-emotional preparedness. This is also why Indiana's High-Quality Plan includes a focus on the health and well being of children and their families as described in Section C3. Indiana does not currently have an adopted Kindergarten Entry Assessment (KEA) used throughout the state. Before we can establish clear goals and targets for our children, we must first establish a baseline of where they are in all essential domains of readiness. As a result, our first priority and action step is to adopt and implement a rigorous and valid KEA statewide by the 2016-2017 school year.

Indiana recently became part of Maryland and Ohio's approved KEA grant application and is participating as an Advisory state (See Appendix). Indiana is excited to work with this cross-State consortium to find best practices that will guide Indiana's selection of a statewide KEA that will provide a consistent and reliable assessment for all children at entry into kindergarten.

The KEA is a critical component of Indiana’s High-Quality Plan that includes early learning and development standards (Foundations), high quality early learning programs, and professional development for the Workforce, all designed to enhance the school-readiness skills of children, especially High Needs children, entering kindergarten and ensure that students are on a learning trajectory to graduate from high school ready for college and careers.

Indiana plans to improve the practice and process of transition from early childhood programs or from a child’s home to Kindergarten. The goal is that consistent information is provided to the schools from the early learning program or for the school to be able to gain that same information from the families and through assessment.

The design of the KEA would integrate information contained within an existing ISTAR-KR School Readiness Report and merge it into the newly designed KEA. It would capture key elements of a child’s skill levels, integrate those data points into the KEA system and make that information and data available to the school receiving the child.

The extent to which the State has a High-Quality Plan to implement, independently or as part of a cross-State consortium, a common, statewide Kindergarten Entry Assessment that informs instruction and services in the early elementary grades and that—

(a) Is aligned with the State’s Early Learning and Development Standards and covers all Essential Domains of School Readiness

The cross-State consortium has a compelling vision for developing a state-of-the-art assessment system composed of a KEA and aligned formative assessments. This enhanced system—supported by expanded use of technology and targeted professional development—provides valid and reliable information on each child’s learning and development across the essential domains of school readiness, which will lead to better instruction, more informed decision-making, and reductions in achievement gaps over time. This would also lead to valuable information for Children with High Needs including those with special needs and English Learners. The Consortium recognizes that achieving this vision will be challenging, requiring high levels of commitment, technical expertise, and collaboration across member States and partners, and strong management skills, systems, and supports.

Indiana currently has early learning and development standards, the Foundations, for children birth to age five in the essential domains of school readiness: English/Language Arts,

Mathematics, Science, Social Studies, Physical Skills, Personal, Care Skills, Fine Arts, Social/Emotional Skills, and Approaches Toward Learning. With a strong foundation of early learning and development standards, Indiana will ensure that the new KEA will be aligned with the Foundations and also cover all essential domains of school readiness. Indiana does not intend to duplicate efforts and systems already developed but instead to build on the strong foundations in place.

By participating in the cross-State consortium with Ohio and Maryland, who are also trailblazers in this arena, Indiana will adopt a new comprehensive KEA that will be used to inform instruction and services to students both before and after kindergarten entry.

The expected KEA blueprint for the consortium in which Indiana is participating as an Advisory member may include assessment standards within each domain of learning or development; alignment with Indiana’s early learning and development standards, including each States’ kindergarten standards; and three types of assessment approaches measuring essential skills and knowledge of incoming kindergarteners in age-appropriate, reliable, and valid formats. The data will be used to inform early-childhood education and care stakeholders, guide decision-making about professional-development needs, and assist teachers in data-driven instructional decision-making to meet each student’s individual needs.

The KEA will gather and provide assessment data on the following domains and learning progressions. The following chart is included to explain the plan for the cross-State consortium to develop or adopt a KEA for Indiana. This chart was included in awarded Enhanced Assessment Grant in which Indiana is participating as an Advisory state

Domain	Strands	Learning Progression
Social Foundations	Social Emotional Approaches to Learning and Executive Function	Awareness and Expression of Emotion Relationship with Adults Conflict Resolution Self-Control Persistence Working Memory Problem Solving Initiative Cooperation with Peers
Language and Literacy	Reading Speaking and Listening Writing	Story/Text Comprehension Phonological Awareness Phonics and Letter

	Language	Recognition Communication Emergent Writing Grammar Vocabulary
Mathematics	Counting and Cardinality Operations of Algebraic Thinking Measurement and Data Geometry	Number Sense Number Operation Classification Measurement Shapes
Motor Development and Physical Well-being	Physical Education Health	Coordination – Large Motor Coordination – Small Motor Safety and Injury Prevention Personal Care Tasks
Science	Skills and Processes/Life Science	Inquiry and Observation
Social Studies	Government History	Responsible Behavior Events in the Context of Time
The Arts	Music Visual Arts Theater Dance	Music Visual Arts Theater Dance

(b) Is valid, reliable, and appropriate for the target population and for the purpose for which it will be used, including for English learners and children with disabilities;

Building on a highly successful existing effort already underway between Maryland and Ohio, the proposed system greatly expands the use of technology for more authentic and compelling items and tasks; efficiency of administration, scoring, and reporting; and increased student motivation. The end result will be a more reliable and valid system that provides timely, actionable data to identify individual student and program strengths and weaknesses, drive instruction, support curricular reform, and inform all stakeholders in the system about the effectiveness of preschool and kindergarten programs.

For the purpose of establishing reliability and validity evidence for the new KEA for its population of kindergarten students, including English learners and students with disabilities, Ohio and Maryland plan to draw upon relevant educational testing standards and guidance (e.g., AERA, 1999; Joint Committee on Standards for Educational Evaluation, 2003; Snow and Van Hemel, 2008; The National Early Childhood Accountability Task Force, 2007).

The *Joint Standards for Educational and Psychological Testing* (AERA, APA, & NCME, 1999) function as the predominant basis for the evaluation of educational assessment programs by the measurement community. The Standards “provide criteria for the evaluation of tests, testing practices, and the effects of test use” (p. 2) by addressing issues related to test construction and documentation, test fairness, and applications of testing across disciplines. Further, the U.S. Department of Education’s Peer Review Guidance for Evaluating Evidence of Final Assessments under Title I of the Elementary and Secondary Education Act (1999) specifically recommends that States use the Standards to document the technical quality of large-scale assessments. In the Standards, validity is defined as the “degree to which evidence and theory support the interpretations of test scores entailed by proposed uses of tests” (p. 9). The interrelationships among the interpretations and proposed uses of test scores and the sources of validity evidence define the validity argument for an assessment. The evaluation of scores from multiple sources of evidence forms the foundation of what is referred to as the unitary conceptualization of validity (Kane, 2006); this perspective will form the foundation for the validation of KEA.

Evidence Based on Test Content: Test construction is at the heart of instrument validation. Alignment and accessibility will be the major considerations in the selection of content for KEA 2.0. Educators of students with disabilities and English language learners will play an active role in item development and review in both the pilot and field-test phases. All items will undergo a bias (fairness) review to address cultural stereotyping, item-irrelevant characteristics that may render student groups at an advantage or disadvantage, sensitive topics, and offensive language.

Validity evidence based on test content will include:

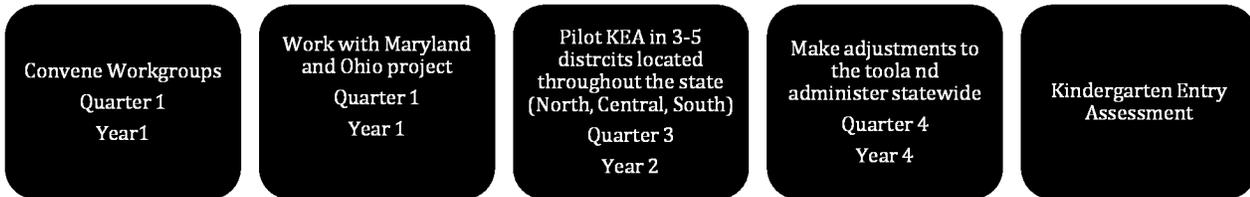
- Alignment reports that demonstrate alignment with kindergarten and grade 1 standards (where applicable);
- Review and revision of the test specifications;
- Review of item writer and editor training protocols; and
- Empirical survey of a representative sample of preschool and kindergarten teachers to demonstrate the depth of instruction on and relative importance of the Consortium

standards. Samples will be constructed to represent diversity in student populations, geography, and program types.

(c) Is administered beginning no later than the start of the school year ending during the fourth year of the grant to children entering a public school kindergarten; States may propose a phased implementation plan that forms the basis for broader statewide implementation;

In the fall 2015 school year, Indiana plans to pilot the KEA in 3-5 districts to test the process and administration of the tool. The remainder of that school year will focus on making improvements and changes, as needed, to the tool and process for statewide implementation the following year. Indiana plans to have full statewide implementation by year 3 of the grant (2016 – 2017). With this timeline, we will have the last year to assess the process and report out on progress. It will also provide much needed data on the prepared of children as they enter kindergarten.

Figure 3: Indiana Kindergarten Entry Assessment Plan



The 9 Regional Early Learning Specialists will work with ELD programs to pilot the assessment, gather feedback and take suggestions into consideration for the final KEA. The Regional Early Learning Specialists have the following responsibilities for this project.

High-Quality Plan	Components of Project Work
KEA	<ul style="list-style-type: none"> Engage regional Kindergarten readiness workgroups comprised of principals, families representatives, teachers, administrators, early

	<p>learning professionals, Head Start representatives, FSSA – Bureau of Child Care Staff and DOE staff including special education representatives, representatives from culturally and linguistically diverse backgrounds and populations;</p> <ul style="list-style-type: none"> • Work among the workgroups and other Regional Early Learning Specialists to identify best practices in the state and from partnership with Maryland and Ohio; • Pilot the KEA with 3-5 districts with at least one from Northern, Central and Southern Indiana in order to determine effective processes for implementation • Work with IT contractor on development for use, ensuring the data connects with the SLDS and reporting is articulated for necessary stakeholders.
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(d) Is reported to the Statewide Longitudinal Data System, and to the early learning data system, if it is separate from the Statewide Longitudinal Data System, as permitted under and consistent with the requirements of Federal, State, and local privacy laws; and

The data from the KEA will be reported to the Statewide Longitudinal Data System. The agencies and stakeholders involved will collaborate on the data to be included to decide the method for data collection and reporting. As can be viewed in points 4.1 – 4.5 of the Indiana Statewide Longitudinal Data System (SLDS) project plan in the Appendix, all parties who wish to participate in the SLDS project must commit to adhere to the rigorous data quality, security and oversight standards enumerated by the Department of Workforce Development, Commission For Higher Education and the Indiana Department of Education. Actions undertaken to ensure secure, quality and consistent data have included developing data dictionaries and mapping tables using a list of all Master Data Elements, thoroughly reviewing the physical location of the SLDS, conducting a gap analysis for needed data elements and developing robust security measures. In addition to agreeing to participate actively in these activities, each individual partnering agency is still bound by their commitments to the Federal Government to keep their respective data secure and unidentifiable to users of the system.

This table is an overview of potential reports that may be available from the data collected through the KEA. It gives an overview of the audience and why it is relevant to this audience.

Audience	Reports	Benefits/Uses
----------	---------	---------------

Principals and Administrators	<ul style="list-style-type: none"> • Summary by school-level performance reports by domain • Summary performance reports by student’s age and/or birth date • Summary performance reports by gender, race/ethnicity, English Learners and/or disability status, and other demographic characteristics • Quarterly or biannual facility-/school-level formative assessment reports • Quarterly or biannual teach-/co teacher-level formative assessment reports • Quarterly or biannual formative assessment reports by domain • Status reports providing early learning programs information on the preparedness of their students for entry into kindergarten 	<ul style="list-style-type: none"> • Informs principals of professional development needs for teachers and co-teachers • Informs principals of strengths and possible weaknesses in programs • Informs principal of intervention needs for students • Supports routine stat analysis of student and teacher performance.
Audience	Reports	Uses
Teachers	<ul style="list-style-type: none"> • Summary performance reports on current classes • Summary performance reports on current classes by domain • Summary performance reports on individual students • Quarterly formative assessment reports on current classes • Quarterly formative assessment reports on current classes by domain • Quarterly formative assessment reports on individual students • Reports analyzing how close classes are to projected targets, based on the first summative assessment 	<ul style="list-style-type: none"> • Promotes evidence-based instructional decisions for classes and individual students • Generates ongoing performance data for timely refinement and adjustment of instructional strategies • Promotes personalization of instruction • Informs teachers of any gaps in the curriculum • Informs teachers of needed professional development for improving performance
Audiences	Reports	Benefits/Uses
Families	<ul style="list-style-type: none"> • Summary performance reports for children by domain • Quarterly formative assessment reports for children by domain • Quarterly reports analyzing how close children are to reaching end-of-year targets 	<ul style="list-style-type: none"> • Creates transparency between the facility/school and the family • Encourages a collaborative approach to student learning • Supports the personalization of

		instructional deliver and needed interventions <ul style="list-style-type: none"> • Informs future supports needed to help students reach targeted goals (e.g. grouping, homework, tutoring)
--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

(e) Is funded, in significant part, with Federal or State resources other than those available under this grant (e.g., with funds available under section 6111 or 6112 of ESEA).

Additional funding with Federal or State resources other than those available under this grant is limited by the several situations. First, Indiana has made a significant contribution to the development and implementation of ISTAR-KR with other grants and state funds over the past several years. This has created a strong foundation to enhance the ISTAR-KR and develop the KEA. Second, Indiana is participating as an advisory member in the Maryland and Ohio consortium. This consortium has much work to accomplish and it could be several years until this work is completed. At this time, it is difficult to appropriate funds this far in advance. Indiana will continue to pursue additional funding sources available under this grant when the timing is right. Third, Indiana has undergone a change in leadership and the vision for assessment is utilizing growth measures. This is a change from past practice; therefore, Indiana is developing the vision and the direction of assessment. Because of this, it is difficult to dedicate additional dollars from other Federal and State resources until particular assessment details are developed and finalized. Indiana has a history of maximizing resources in the development and implementation of projects. An example of this is the development and implementation of ISTAR-KR. To this point, the development of the KEA and the implementation of the KEA will encompass various staff members that are paid with federal and state dollars. Although a specific amount may not be able to be dedicated at this time, dollars associated with staff and time will be dedicated to the project. Indiana is committed to developing, implementing, and maintaining a high-quality Kindergarten Entry Assessment.

(E)(2) Building or enhancing an early learning data system to improve instruction, practices, services, and policies

Indiana’s vision is to build on the strength of our existing early childhood data system, CCIS, administered by FSSA and develop a coordinated early learning data system that is

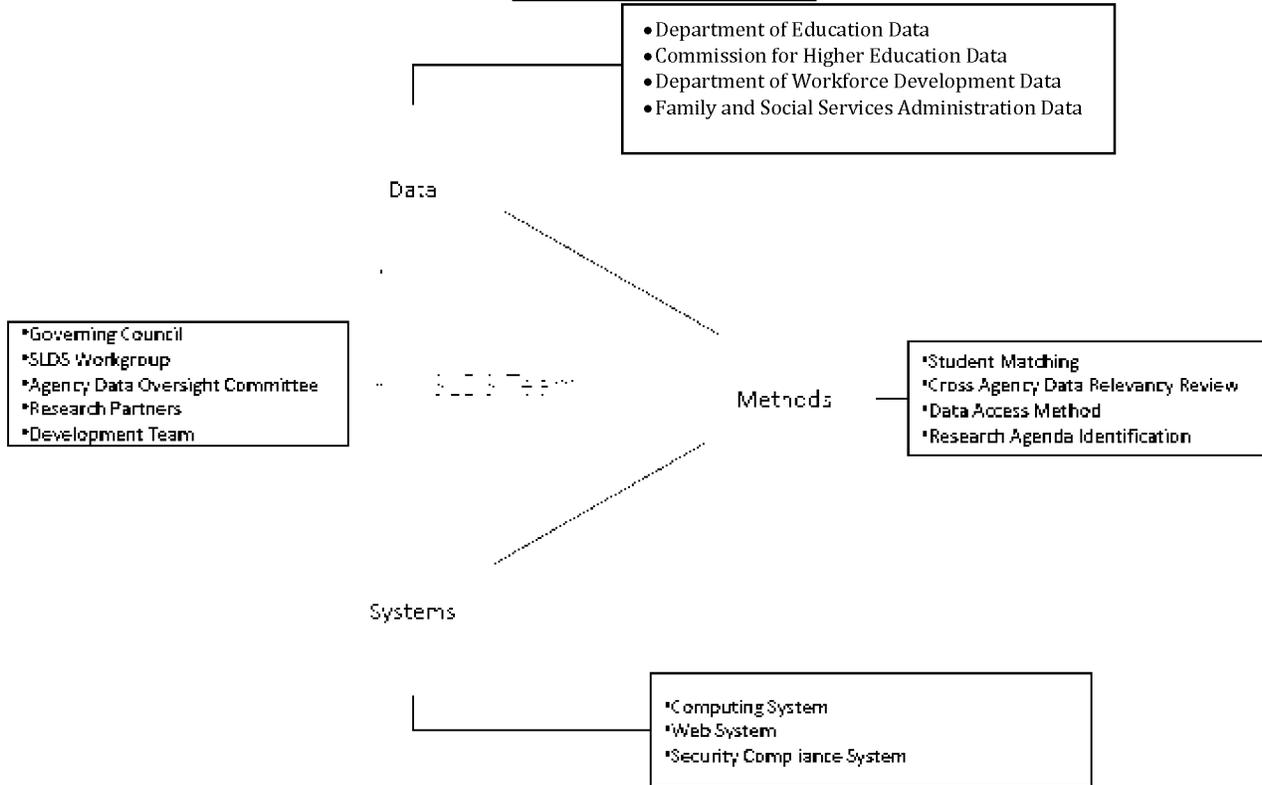
embedded and included with Indiana Statewide Longitudinal data System (SLDS) that becomes the source of data driven reform to ensure continuous improvement of early learning in Indiana. The SLDS will allow for data to be exchanged using standard data formats and definitions and provide the important information needed to improve programs, practices, services, policies and advance Indiana's P-20 work. The early learning data system will provide vital, relevant, timely, and accessible data to educators, administrators, and each individual state agency involved will be able to access the data to drive reform and improve the quality of early learning in Indiana. The data system will contain the data necessary for Indiana to answer key questions such as the following:

- Which Indiana children have access to high-quality early learning care and education programs?
- What supports have been utilized by these children such as CCDF vouchers, Early Education Matching Grant Scholarships and/or early intervention services?
- Is the quality of program improving as evidenced by increased Paths to QUALTIY ratings
- Which programs are best preparing students for Kindergarten and success long-term as evidenced by the school readiness measures of students enrolled in the program?
- What are the characteristics of great effective programs, including levels of teacher education and experience as obtained from the integrated Early Childhood PD registry and environmental and teacher-child interactions as derived from the CCIS case management and PTQ rating data? Are children on track for success when they enter school?
- Are children on track for success throughout the P-20 spectrum as evidenced through analysis of student assessment and achievement data?
- What policies and investments impact early learning as evidenced through data analysis and comparing the analysis to particular policies and investments that have been enacted?
- What policies and investment impact the workforce?

Integration with CCIS

Indiana Statewide Longitudinal Data System:

Project Overview



History and Status of Indiana’s Statewide Longitudinal Data System (SLDS):

Indiana has been proactive in the development of a data infrastructure that will provide the necessary data for education stakeholders across the state. In 2007, the Indiana Department of Education (IDOE) was awarded a Federal Fiscal Year (FY) 07 Statewide Longitudinal Data Systems (SLDS) grant. The proposed purpose of the FY07 grant was to build upon and integrate Indiana’s previously existing data collection system to create a comprehensive Pre-School through Higher Ed, P-20 data system, giving the IDOE, key education stakeholders and state agencies, and the public the ability to access, query, analyze, and report on relevant and important education information from early childhood through employment.

To reach this overall goal, IDOE used FY07 SLDS funds to implement a School Personnel Number and Course Completion data collection to allow for teacher/student linkages; work toward cross-agency data exchange with workforce and higher education; construct an

agency wide data warehouse and reporting tools for both internal and external users; create the Learning Connection portal for educators, parents, and students to obtain information about student performance, and for teachers to exchange lesson plans and ideas to increase the accuracy of data by creating policies and procedures around data collection; enhance the already existent data validation system; and create a robust data steward program. At the close of the project, IDOE worked with an evaluator, the Center for Evaluation and Education Policy (CEEP) at Indiana University, to review the effectiveness of the project as a whole.

History of Indiana’s Early Learning and Development Database- CCIS

In addition to the work being done to connect K-12 data with Indiana’s workforce data, Indiana has also been developing a robust early childhood data system, called CCIS and is housed by FSSA, that includes significant data on over 5,000 ELD programs and interfaces with other databases to provide significant data on families and children receiving public funds. These systems are web-based and integrated with each other as well as a number of external systems, and are described in more detail below. The Bureau of Child Care’s primary software systems consist of the following major components:

1. Child Care Information System (CCIS) – ELD and School Age Out of School program tracking
2. Automated Intake System (AIS) – CCDF subsidy eligibility system
3. Wireless Webforms (WW) – mobile software for tracking field-based work for both licensing and QRIS
4. Carefinder – public web portal for information on regulated providers

Child Care Information System (CCIS) Maintains and tracks data on all Licensed and Registered programs, as well as all Legally Licensed Exempt Programs including unlicensed Head Start sites, School Age Out of School Time programs and Family Friend and Neighbor providers, certified to accept CCDF payments. In addition, CCIS connects with the Automated Intake System (AIS), Wireless Webforms Mobile Inspection Software, State Fire Marshal and Carefinder (Indiana’s public licensing information web site). CCIS consists of the following modules:

Regulated Child Care System (RCCS): Includes key data on environmental characteristics of ELD programs. RCCS manages inspections, enforcements, complaints and other regulated provider information in accordance with Indiana’s program and legislative rules. **(Proposed RTT-ELC funded enhancements to this module include the ability to add and track unregulated preK programs including those operated by schools and unlicensed Head Starts to complete a full picture of PreK programs operating within the State)**

Paths to QUALITY (PTQ): Indiana’s Quality Rating and Improvement System tracks data on ELD programs participating in Indiana’s statewide QRIS system including detailed case management data on technical assistance received and measures of program characteristics and quality. The PTQ system integrates with Wireless Webforms so it can support mobile mentoring and rating efforts to ensure successful quality improvement and compliance with QRIS standards and rating visits.

Provider Eligibility Standards (PES): Contains data on unlicensed programs receiving CCDF funds, include key measures of health and safety program standards

CCDF Quality: Tracking of CCDF funded quality initiatives. Allows for detailed tracking of quality improvement expenditures, links resources to program quality outcomes and professional development efforts

Caregiver Qualifications (CQ): Contains data on ELD professionals including demographic information and results of background checks (**proposed enhancements to this module include the addition of detailed educational data and interface with Indiana’s training database (TTAM)**)

Automated Intake System (AIS): AIS is a complete child care eligibility system for the CCDF program. AIS tracks family and child information, to determine eligibility and calculate subsidy and co-pay amounts based on market rates. In addition, AIS has full budget capabilities to track, allocate and procure funds and exchanges information with the time and attendance swipe card system located at the child care provider. Voucher data is sent to a third party payment system enabling providers to receive timely payments for only those children and amounts authorized. AIS exchanges data with the TANF, Food Stamps and Medicaid systems. Additionally, AIS includes an interface to support scanning of all paper eligibility backup documentation by case to enable CCDF program monitoring on 100% of authorized cases each year.

Wireless Webforms (WW) The WW mobile inspection software platform is being used to conduct licensing and registration inspections, quality rating inspections, and Family, Friends and Neighbors program verification inspections (PES). State inspectors, private consultants and not-for-profit field staff use tablet PC’s with WW software to record inspection information on site. Data is transmitted via a cellular signal, or any other type of Internet connection, to CCIS. The use of WW replaces the process of completing manual inspection forms on-site and the need to return the forms to the office for data entry.

Carefinder: Data collected in CCIS on providers, including information on inspections, complaints and enforcements, is available on a public portal called Carefinder (www.childcarefinder.in.gov).

Plans to Interface with Statewide Longitudinal Data System (SLDS)

The SLDS currently collects information from the Department of Education (DOE) on educators, parents and student as well as data from the Department of Workforce Development (DWD) on higher education and workforce data. If awarded funds from the Race to the Top – Early Learners Challenge Grant, Indiana will be able to collect and disseminate data for a population that has not been included in our SLDS program previously, the information on early childhood programs currently being collected by FSSA. CCIS will provide information on ELD programs including data on programs from all types of auspices including community based licensed centers and licensed family child care homes, FFN settings, school based PreK and Head Start program. CCIS will also provide data on low income families utilizing child care subsidies in ELD settings.

The Caregivers Qualifications module in CCIS will be expanded to a comprehensive Child Care Registry system that will track the educational qualifications; professional development and work experience of child care workers. The Registry will interface with Indiana’s Training and Technical Assistance Management system (TTAM), which has data on educational hours, earned by over 16,000 child care professionals. The Registry will also provide a portal for child care workers to learn about and participate in available training and track their progress on a career lattice (see details in section D of the application).

The Bureau of Child Care will also begin performing inspections in currently unregulated ELD programs including school based PreK programs as part of the inclusion of these programs in Paths to QUALITY. The CCIS system will be enhanced to collect PTQ Level 1 monitoring information, Paths to QUALITY participation including case notes, rating levels and supports received, and professional development information on early childhood educators just as this information is currently being collected by FSSA for regulated programs. This data will be made available to the SLDS data exchange.

Currently, other agencies in addition to FSSA are collecting and maintaining data critical to the full understanding of early childhood health, wellness and school readiness. There are many challenges to effective data exchange between these agencies that must first be addressed in order to build a fully integrated and assessable data system. Data is not uniformly collected, nor are there common data definitions or agreed upon data exchange practices. . The first steps of Indiana’s RTT-ELC high quality plan is to address these challenges by developing agreed upon

cross-agency uniform data fields and common definitions thereby enabling future linkages and sharing across state agencies such as the Indiana Department of Education, Family and Social Services Administration, Department of Child Services, Department of Health, and the Indiana Department of Workforce Development. Indiana's plan focuses on filling the need for an interoperable solution to utilize data to inform programs, participants, and others dedicated to reform and development linked to outcomes. Not only will the collection of early childhood data assist our educators in effectively addressing the needs of children in the first years of a their K-12 education, it will also allow for long term planning on the policies we need to develop a workforce that is not just competitive regionally but can compete with any workforce in the world.

Education reform in Indiana has become a data driven enterprise. Early learners are the last piece of this puzzle to make our Statewide Longitudinal Data System a true P-20 data system. The K-12 database includes unique student identifiers and collects most information required at the K-12 student record level. The CCIS data system includes unique family and child identifiers for low-income families receiving CCDF vouchers, as well as unique program and professional identifiers. These components are linked to provide a picture of the quality level of the program in which CCDF children are enrolled, the teacher qualifications of that program, and of attendance at that program. The expanded system for early learners will link the data contained at IDOE, FSSA and Workforce Development to provide an accurate and timely understanding of school readiness, academic growth, literacy and math proficiency, graduation rates, and the eventual post secondary educational achievement of students. The database, by connecting student level data with program level data, will give a deeper understanding of the connection between students' school readiness and the ELD programs in which the students were enrolled. This data driven understanding will enable policy makers to modify the current early childhood system to ensure that ELD programs are receiving the supports essential in assisting students for school. By connecting teacher level data with both the student and program level data, Indiana will be able to ensure that professionals serving young children have the education and training that result in increased effectiveness and greater positive developmental outcomes for children. Teacher level data will provide greater understanding of other factors that affect academic achievement including turnover and retention, staff demographics, educator preparation and

credentials, and educator effectiveness. The system will also include some child and family demographic information that will further define the needs of children.

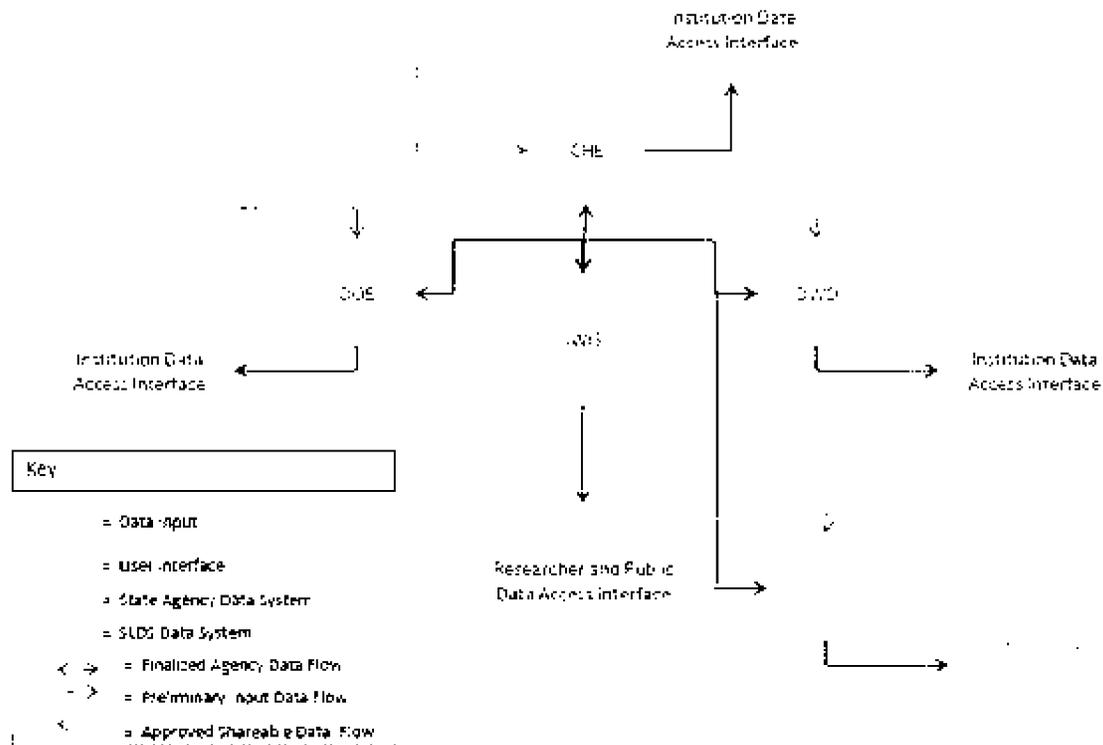
In addition to the development of common data fields and definitions, data practices must be developed and implemented across all users to ensure that data is valid and reliable. Data security practices must also be firmly in place to protect the privacy of individuals. In order for the data to be useful to state agencies, policy makers, administrators and educators, the system must be able to produce timely, relevant reports. Training and technical assistance on using the system will be provided for stakeholders to encourage widespread utilization of data.

The extent to which the State has a High-Quality Plan to enhance the State’s existing Statewide Longitudinal Data System or to build or enhance a separate, coordinated, early learning data system that aligns and is interoperable with the Statewide Longitudinal Data System, and that either data system--

(a) Has all of the Essential Data Elements;

The Project Plan Export Report for the SLDS, located in the Appendix, illustrates that Indiana is at a place in development that allows for an integrated early learning data system. Since the SLDS has not been fully developed, the incorporation of early learning data can be done on the front end of development. If awarded the grant, Indiana will ensure that all essential data elements for early learning are included and will enable a uniform data collection and easy entry for participating state agencies. The following areas of development have not occurred and allow for easy integration to create a robust SLDS: develop stakeholder plan, develop strategic plan, develop research agenda, define data management and controls, develop data dictionary, conduct gap analysis, mock up reports, identify data sets, develop user interface, design professional development, etc. These are just a few of the pivotal steps that have not occurred and will occur with early learning data. From the release of the system, early learning data could be available for use. When fully operational the SLDS will be web-based and users will be able to access information through a secure portal. Partner agencies will be able to generate reports from software such as Report Builders. The Indiana Department of Education will administer the data system, assign user roles, grant access, monitor system security, and collaborate with all agencies to ensure a strong migration of data. The possibilities of the SLDS for early learners in Indiana are numerous. The funding from this grant will allow for the data from all participating agencies to form and inform the work.

Indiana Statewide Longitudinal Data System: System Integration



(b) Enables uniform data collection and easy entry of the Essential Data Elements by Participating State Agencies and Participating Programs;

The data collection in the SLDS will consist of uniform data sets that will be determined by all stakeholders involved. The project plan, located in the Appendix, lays out a distinct timeline for this to occur. Although many of the components are operations for K-12, workforce, and post secondary, early learning information can be incorporated as uniform data sets. Work groups from each agency and stakeholders from both public and private early learning programs, including those that serve students with disabilities and English learners will participate in the conversation to enable uniform data collection and easy entry. The web-based secure portal will enable easy access by all participating agencies and programs.

The project plan also includes a robust professional development plan once all of the systems are operational. The early learning programs, both private and public, will be able to participate in the professional development. The professional development plan begins on 10/1/2014 as indicated in 6.3 of the project plan and will conclude 6/30/2015. These dates are

well within the implementation of the Race to the Top Early Learning Challenge grant. The Regional Early Learning Specialists will lead the professional development, in partnership with Coaches and educational partners, for the early childhood educators. These Specialists will be participating in a Train-the-Trainer model. These individuals will become local experts and users for the SLDS. They will serve their local areas and work with programs on the importance and power of data collection and easy entry. This will ensure clean data and accurate analysis that will provide the information necessary to improve student learning and early learning progress in Indiana

(c) Facilitates the exchange of data among Participating State Agencies by using standard data structures, data formats, and data definitions such as Common Education Data Standards to ensure interoperability among the various levels and types of data;

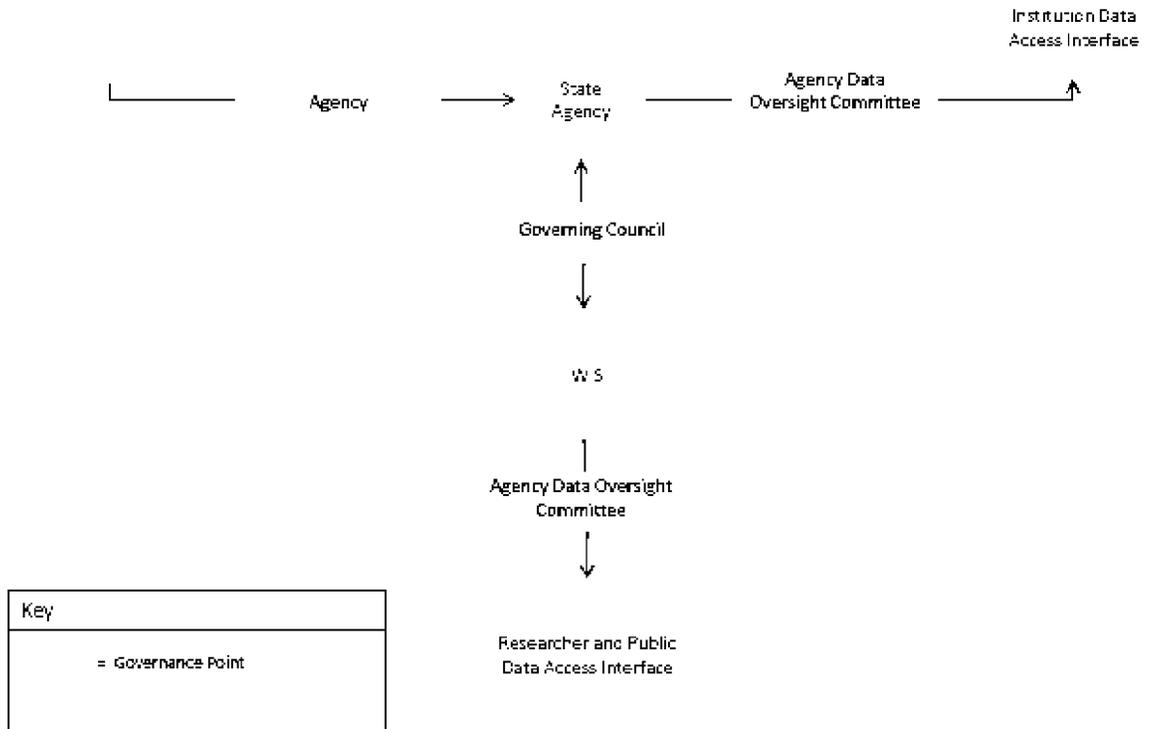
In order to facilitate cross-agency data exchange, Indiana established a P-20 data system within the Indiana Workforce and Intelligence System (IWIS). IWIS provided IDOE with matched higher education and workforce data, and IDOE matched those data to its K12 data. The IWIS project was useful and served its purpose, but that an overwhelming amount of manual work was necessary to create the giant data warehouse. Because of this issue IDOE applied for and was awarded a SLDS FY12 grant.

The SLDS FY12 funding was awarded to develop a federated data system to enable automated linkages between K12, higher education, and workforce data. This system is to advance Indiana's P-20 data system from its 1.0 version (where manual linkages and time intensive protocols make data access a lengthy and arduous process), to a next generation 2.0 system that leverages agency data for seamless data access and reporting without requiring the data to be physically loaded in a central repository

The data system will allow for the state and local education agencies to use common data and definitions to see trends, respond to data, and inform policies that will increase the quality of the education at early learning centers as measured by to be determined data and the ability to link and track the success on third grade state achievement tests and beyond. Because Indiana will be using unique identifiers and data sets, student achievement will be able to be tracked by encompassing the data from all participating agencies. FSSA will be able to have its data leveraged for seamless data access. This will allow for reporting on various data sets. This work

is contingent on the process of collaboration of agencies, integration of processes, and migration of data. The foundational work of several other agencies is already in place and the ability to add the early learning data structures, formats, and definitions are the next steps.

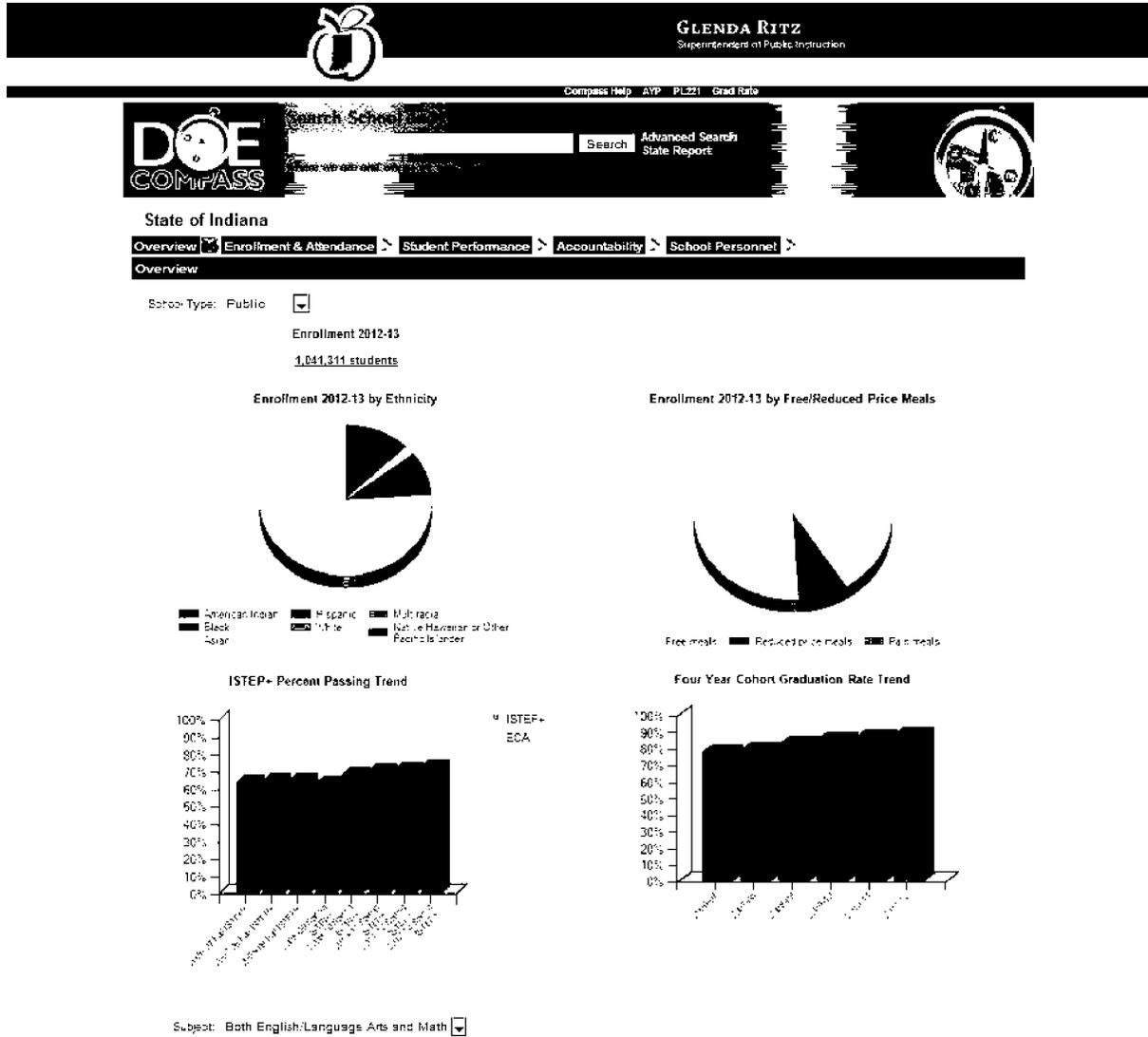
Indiana Statewide Longitudinal Data System: Data Governance

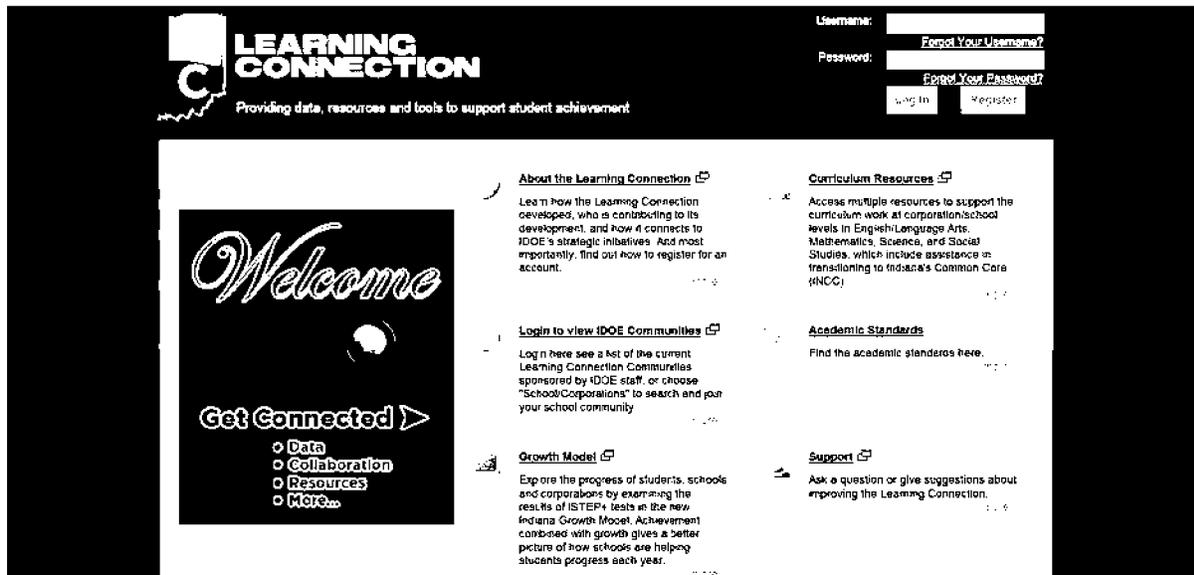


(d) Generates information that is timely, relevant, accessible, and easy for Early Learning and Development Programs and Early Childhood Educators to use for continuous improvement and decision making and to share with parents and other community stakeholders; and

The SLDS will be developed in a way that greatly informs the transition from early learning to Kindergarten. Currently, Indiana does not have a formal protocol or data system that informs the families and educators during the early learning years and through the transition. Systems and reporting do exist from Kindergarten to third grade. The IDOE has developed **DOE Compass** (Chart 1 below) an online portal for reporting enrollment, attendance, student performance, accountability, and information on school personnel. It has also developed

Learning Connection (Chart 2 below), a portal to provide data, resources, and tools to support student achievement for educators, administrators, and stakeholders.





The High-Quality Plan includes the development of a SLDS, which allows for similar common portals to be developed for early learning in Indiana. Compass and Learning Connection are widely used by educators and the public in gaining **important, timely and relevant information** about schools. By collecting data from the participating state agencies, Indiana will be able to provide a web-based reporting tool similar to what is in existence for early learning. The vital data from the early learning programs often ends at the conclusion of the early learning program and does not travel with the student to Kindergarten and is not made accessible by all necessary stakeholders. The SLDS will provide early learning educators the ability to **track student progress and individualize learning** as early as possible. The SLDS will equip educators with the data necessary to individualize and maximize instruction and families with the information necessary to support student progress.

(e) Meets the Data System Oversight Requirements and complies with the requirements of Federal, State, and local privacy laws.

As can be viewed in points 4.1 – 4.5 of the Indiana Statewide Longitudinal Data System (SLDS) project plan, all parties who wish to participate in the SLDS project must commit to adhere to the rigorous data quality, security and oversight standards enumerated by the Department of Workforce Development, Commission For Higher Education and the Indiana Department of Education. Actions undertaken to ensure secure, quality and consistent data have included developing data dictionaries and mapping tables using a list of all Master Data Elements, thoroughly reviewing the physical location of the SLDS, conducting a gap analysis for

needed data elements and developing robust security measures. In addition to agreeing to participate actively in these activities, each individual partnering agency is still bound by their commitments to the Federal Government to keep their respective data secure and unidentifiable to users of the system.

HIGH-QUALITY PLAN

Key Goal 1: Indiana’s children, especially High Needs children, enter Kindergarten ready to learn.

Milestones:	Timeline
<p>1 Form a Kindergarten Readiness workgroup. This workgroup would be comprised of principals, family advocates, teachers, administrators, early learning professionals, Head Start representatives, FSSA, Bureau of Child Care and Indiana Department of Education staff including Special Education representatives, representatives from culturally and linguistically diverse backgrounds and populations.</p>	<p>Quarter 1, Year 1</p>
<p>2. Participate as an advisory member to do the following: Initial Item and technology development, Human Subjects Committee Protocol, Student Cognitive and Teacher Interviews, Item and Technology Development, Pilot Test Recruitment and Preparation, and Bias/Content Review of Items</p>	<p>Quarters 1-3, Year 1</p>
<p>3 Participate as an advisory member in Pilot Test administration, Analyze Data from Pilot Test,</p>	<p>Quarters 3 - 4, Year 1</p>
<p>4 Work with districts and community partners to identify best practices in the state around effective transitions from early childhood to Kindergarten or 1st grade.</p>	<p>Quarter 3, Year 1</p>
<p>5 Technical Reports, Technical Advisory Committee Meeting, Revise Development Specifications, Item Development, Field Test Recruitment, Bias and Content Review of Items, and Field Test preparations</p>	<p>Quarters 1 - 2, Year 2</p>
<p>6 7 Participate as an Advisory member in Field Test Administration, Analyze Data from Field Test, Field Test Reports, and Technical Advisory Committee</p>	<p>Quarters 3 and 4, Year 2</p>
<p>8 Work with stakeholders, work group, and agencies to determine a KEA assessment for Indiana.</p>	<p>Quarters 1-4, Year 3</p>
<p>9 Align assessment with ISTAR-KR and other early learning assessments in K-12.</p>	<p>Quarters 1-4, Year 3</p>
<p>10 Pilot the KEA with 3-5 districts and determine effective processes for implementation.</p>	<p>Quarter 1-4, Year 3-4</p>
<p>11 Based on the pilot, make adjustments to the tool and administer statewide.</p>	<p>Quarters 1-4, Year 4</p>

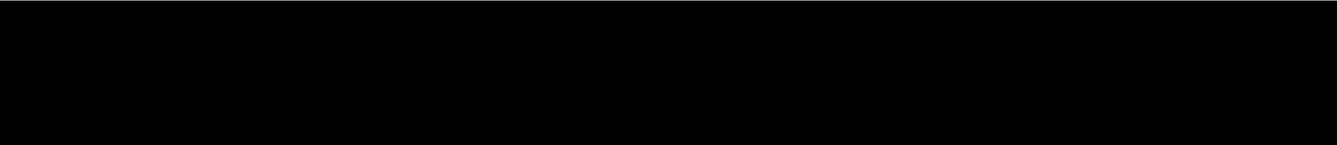
Rationale: Indiana does not have a consistent Kindergarten Entry Assessment (KEA) used throughout the state. Indiana is participating in a cross-State consortium to develop and adopt a KEA. Indiana plans to implement that KEA to address this gap in our system and to provide information on best

practices to early learning programs and to K-1 classroom teachers.

Initial Implementation: Learn from KEA as an advisory member and communicate with work group of stakeholders. Develop, adopt, or create a KEA for Indiana that is aligned to ISTAR-KR and other K-12 assessments. Pilot the adopted KEA in 3-5 districts.

Scale-Up Plan: After the pilot, Indiana will adjust the KEA and processes as needed. Indiana will implement the KEA statewide by the end of the fourth year.

Key Goal 2: Indiana has an integrated Statewide Longitudinal Data System.



Milestones	Timeline
1 Develop vision, governance model, policies and MOU agreement for participating agencies.	Quarter 1, Year 1
2 Develop data dictionary and mapping table using list of Master Data Elements that exist across all agencies.	Quarter 1, Year 2
3 Conduct gap analysis to identify data elements needed for program objectives not currently collected. Develop the reporting features to monitor the status of children’s learning and development from preschool through third grade.	Quarter 4, Year 2 Quarter 1, Year 3
4 Identify data sets and develop/ build interface	Quarter 4, Year 3
Develop and implement a professional development and a technical assistance plan for the SLDS that ensures a comprehensive understanding and usage of the system.	Quarter 1, Year 4
Launch the new integrated SLDS.	Quarter 2, Year 4
Provide professional development for using reports and query system, understanding the data, interpreting results and community and family outreach to access the SLDS.	Quarters 2-4, Year 4
5 Collect data and perform analytics on data collections	Quarter 3, Year 4

Rationale: Indiana currently does not have an early learning component included in our SLDS. This will ensure all essential data elements for early learning are included and will enable a uniform data collection and easy entry for participating state agencies.

Initial Implementation: FSSA and IDOE will meet with the SLDS team and discuss the integration and migration of the early learning data. This can occur as soon as the grant is awarded. Because the foundational pieces are already in place, the work of this grant can be incorporated into the current timeline. Indiana will test the new interface and incorporate feedback. Then we will pilot the system in different geographic locations.

Scale-Up Plan: Changes will be made based on the pilot and the new reporting features will be live and available to the public and educators. The timeline calls for professional development during the

2014-2015 school year. A statewide implementation could be ready for the 2015-2016 and/or the 2016-2017 school year.



Milestones	Timeline
1 Project initiation with developer.	Quarter 2 Year 1
2 Requirements Defined by team.	Quarter 3 Year 1
3 Designs produced to determine data sets, functionality and reporting. Development of the system.	Quarters 3/4 Year 1 Quarter 4 Year 1
4 Test internally and externally for feedback Launch the new Registry.	Quarter 4, Year 1 Quarter 1, Year 2
5 Ongoing maintenance and support.	Years 2-4

Rationale: In order to fully understand school readiness for all Hoosier children, ELD programs of all types must be entered into the state data base. Currently CCIS includes information on licensed, registered and CCDF certified programs, but is unable to enter program, QRIS and professional data for unlicensed programs providing early learning services to Hoosier children. This new module to CCIS will allow Indiana to track the full range of ELD programs.

Initial Implementation: CCIS is currently fully operational and used by multiple partner agencies. Indiana will design, develop, test and implement this new module using our current software development lifecycle.

Scale-Up Plan: Once the module is complete, Indiana will begin collecting data on these added program types, starting with those programs working towards entry into Paths to QUALITY.

How the State will address the needs of the different types of Early Learning and Development Programs, if applicable.

The voice of the various types of programs is essential in the success of the SLDS. Indiana has a wide range of programs with a wide range of program models. The state will address the needs of different types of Early Learning and Development programs by doing the following:

- Create work groups of diverse program administrators to work together on defining data sets, reports, and needs
- The Regional Early Learning Specialists will work throughout the regions to continue the conversation and inform the state administrators of needs of individualization
- Prototypes and mock up reports will be disseminated for input and feedback
- A needs assessment will be conducted to ensure a high-quality professional development plan is created
- Professional development will be delivered through various mediums such as workshops, webinars, and technical assistance
- The Regional Early Learning Specialists will participate in a Train-the-Train model for the SLDS and conduct individualized professional development workshops
- High-quality support materials will be created and made available

How the State will meet the needs of Children with High Needs

The development of the common SLDS is the foundation for promoting School Readiness for Children with High Needs. Indiana's SLDS will provide the necessary data to meet the individualized needs of low-income families, children with disabilities, English learners, migrant, homeless, and foster care. The SLDS has the potential to increase student achievement. The unique identifier tied to the various data sets will allow for analysis that will inform reform and improvement. For example, a teacher with a High Needs student will be able to review information about that student and truly understand the data to make data-driven decisions.

The data for Children with High Needs will be immediately available for educators so that formative decisions can be made. Children with High Needs need intervention and support from the beginning. Often times, information for early learners does not travel from the early learning program to the Kindergarten classroom. Simply, the SLDS will ensure the vital data for Children with High Needs is available from the beginning and this will provide more time for instruction and support. The information from multiple agencies will provide an accurate description of child's strengths, weaknesses, and needs. This data will be used to inform instructional strategies and individualized learning plans, which will close the achievement and opportunity gaps. The SLDS will also impact children with High Needs by identifying excellence that can be built upon. Particular schools, programs, teachers, or geographic areas

may be doing great things and getting results with children with High Needs that can be tracked and reported. The SLDS will provide the information necessary to create a research agenda to capitalize on the successes.

Competition Priorities

Priority 1: Absolute Priority

Promoting School Readiness for Children with High Needs.

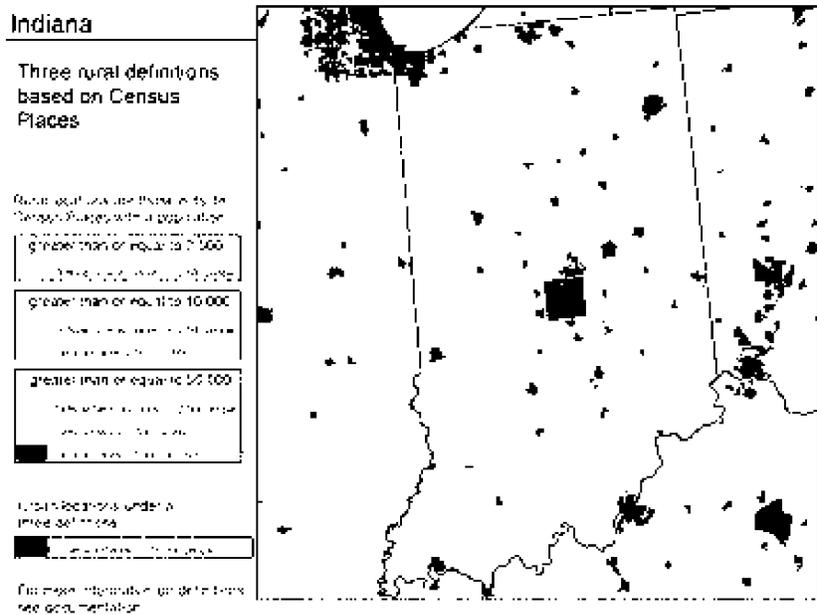
Indiana has addressed promoting school readiness for children with high needs throughout our entire RTT-ELC application.

Priority 3: Competitive Preference Priority—Understanding the Status of Children’s Learning and Development at Kindergarten Entry

Indiana addressed this Competitive Preference Priority 3 by writing to selection criterion (E)(1).

Priority 5: Addressing the Needs of Children in Rural Areas.

According to the U.S. Census data for Indiana, 70% of Hoosier children live in a metropolitan area while 30% live in a rural area (USDA-ERS, 2007). Of the 92 counties in Indiana, only 46 (or half) have a town greater than a 50,000 population (denoted by the red areas on the map below. Of Indiana’s 275,368 rural students, 30.9% live in poverty, which is higher than the national average.²⁰



²⁰ *Why Rural Matters 2011-12: Statistical Indicators of the Condition of Rural Education in the 50 States.*

Rural populations exist in the following Indiana counties: Adams, Blackford, Cass, Clinton, Crawford, Daviess, Decatur, DeKalb, Dubois, Fayette, Fountain, Fulton, Grant, Henry, Huntington, Jackson, Jay, Jefferson, Jennings, Knox, Kosciusko, LaGrange, Lawrence, Marshall, Martin, Miami, Montgomery, Noble, Orange, Parke, Perry, Pike, Pulaski, Randolph, Ripley, Rush, Scott, Spencer, Starke, Steuben, Switzerland, Union, Wabash, Warren, Wayne, and White.

To address the early learning needs in rural counties, Indiana will implement three approaches that will close the educational and opportunity gaps for children with High Needs, increase the number and percentage of low-income children who are enrolled in high-quality early learning and development programs, and enhance the system of high-quality early learning programs and services. These three approaches will work in partnership to provide specialized services the isolated “islands” of rural communities and help children in these areas succeed, close educational and opportunity gaps for Children with High Needs, increase the number and percentage of low-income children who are enrolled in high-quality Early Learning and Development Programs, and enhance the State’s integrated system of high-quality early learning programs and services.

Approach #1 – Regional Early Learning Specialists

Indiana is committed to creating equitable and high quality opportunities for all Indiana early learning students by providing levels of support and intervention to early learning programs. Indiana will accomplish this mission of support through the use of regional early learning specialists partnering with all participating agencies. Each of the ten regional coordinators will be based in the nine regions served by the Indiana Association for Child Care Resource and Referral Local Agencies. These regions serve all Counties with rural populations.

Nine Indiana CCR&R Districts: Given the relevance of data to analyze impact on educational outcomes, the regional early learning specialists will study early



learning program data and assist with improving programs. Specialists will then provide services based on individual rural community needs through technical assistance, professional development, and serving as a liaison for the early learning and K-12 relationships. The specialists will also focus on recruiting and connecting community partners to connect with early learning programs to provide service, personnel, and support. We have found many partners throughout the state who are concerned and interested in assisting with the education of our Hoosier children. The specialists will serve as the bridge for community partners and Indiana early learning programs, particularly for rural areas that are geographically diverse.

Rural districts and communities struggle with limited resources and may have difficulty establishing the highest-quality and personally engaging curricular environments. By providing early learning programs a prescriptive and proactive approach of supports and interventions, it is the Indiana's goal to improve services to programs and ultimately improve student growth and achievement and Kindergarten readiness. The regional early learning specialists will provide services to meet the unique needs of high need children in rural areas, including:

- Providing home visits and needs assessment to provide additional access to services in rural areas.
- Development and distribution of information resources in DVD or print form for dissemination in rural areas with limited broadband access
- Special assistance in screening and referral for those that may not have the same community network resources that are available in urban areas
- Provision of resources and referrals for professional development and opportunities for collaboration across rural districts
- Assisting rural districts in sharing information from successful program outcomes
- Facilitating partnerships between early learning programs and rural school districts to make quality child care more accessible, for example through co-location of child and family services, greater alignment between early childhood and K–12 programs and increased parental involvement
- Encouraging those rural institutions whose early childhood programs are not Paths to QUALITY™ accredited to make a concerted effort to obtain and maintain program accreditation (or increase rank for those that are accredited) and thereby improve the quality

of their early childhood education programs, with particular emphasis on the Matching Grant Program discussed in Approach #2

- Fostering coordination between multiple local, state, and federal programs that support expanded early childhood education and care in rural communities.

Each rural region will have unique strengths and challenges and assistance will be differentiated to programs in response to the needs. By sharing resources and celebrations, the specialists will be able to connect programs in need of services and support with one another. The specialists, participating agencies and the programs we serve will model the concept that by working together and utilizing our diversity and talents we will build successful early learning programs with equitable and high quality opportunities for all rural early learners.

Approach #2 – Match Title Grants Focused on Rural Early Learning Programs

Indiana recognizes the importance of building upon existing support systems among rural families with young children to expand access to early education programs. To increase the access for Children with High Needs in rural areas and to create high-quality early learning rural programs, Indiana will use Early Learning Challenge grant dollars for Title Match Grants (\$7,500,000). Through a competitive grant process, schools or districts serving rural populations will be able to apply to become part of the Title Match Grants Cohort which will provide dollars for a three year period of time. This project will only be available to targeted rural communities and communities with a high population of English learners and/or migrant students. The focus on targeted communities will meet the Absolute Priority of Promoting School Readiness for Children with High Needs and the Competitive Preference Priority of Addressing the Needs of Children in Rural Areas.

This program will increase the quality of rural programs because it is an incentive for current Title funded programs to participate in the Paths to Quality, Indiana’s Quality Rating and Improvement System (QRIS), which is explained in depth in Section B. In order to qualify for the match grant, the grantee would have to submit a plan on meeting all of the requirements to receive a Paths to Quality rating of Level 3 or 4 (the top two quality tiers). The grant will also require that programs put into place specific interventions that meet the needs of Children with High Needs in rural communities. Although the following list is not exhaustive, it does

encompass specific strategies and interventions that may be included in the Title I Match Grant application for rural communities:

- Scholarships to attend early learning programs in rural communities to increase access, particularly for children living in rural poverty
- Supplemental dollars for transportation to increase access in areas where early learning program transportation resources are limited
- Parental education and involvement programs to foster a “whole family” approach to early education and fight the impacts of geographic isolation with social support.
- High-quality use of assessment and data in planning and instruction to ensure rural programs are implementing what works for positive outcomes
- Activities to improve school readiness by improving the quality of the program and recruit and retain providers that are trained in early childhood education
- Improve the use of the Foundations to impact student learning
- Implementation of English language development standards, instructional best-practices, and cultural and linguistically appropriate materials

Overall, this project will allow Indiana to pilot many of its reform and improvement initiatives in a way that will facilitate monitoring and data collection of rural communities. The project will allow us to establish best practices with the cohort group for rural communities, which encourage sharing information with known and trusted educators in these communities who are familiar with the unique challenges of serving children in rural settings. The three year process will allow Indiana to collaborate with the local education agencies to identify best practices that will inform future reform and improvements in the priority rural areas. The findings and results from this project can then be implemented on a wider scale throughout the state. This project will inform Indiana’s stakeholders, public and private early learning investors, future policy, and ultimately drive sustainable work beyond the grant.

Approach #3 – Equitable Representation on Work Groups for Foundations and Assessments

Indiana is committed to ensuring the voice of the early learning professionals and stakeholders is heard in all processes of meeting the goals outlined in the Race to the Top - Early Learning Challenge Grant. Indiana believes in grassroots change supported by the state, local

agencies, and community partners. In order to transform early learning and provide opportunities for innovation in rural communities and provide equal representation, Indiana commits to including rural professionals and stakeholders in the work groups that will shape the work of the ISTAR-KR, Foundations, KEA, and other projects. This will be accomplished by hosting regional meetings and offering travel stipends for meetings that are held in Indianapolis. Indiana will also utilize technology and other communication strategies to ensure all areas of the state are represented at meetings when travel is not possible. The voice of the rural community stakeholders will shape the products that are produced and the level of support that is implemented. Indiana is dedicated to using the qualitative and quantitative data collected from rural communities to shape the future work and policy of early learning.

Weaved throughout Indiana’s High-Quality Plan is an intentional focus on our rural communities. Indiana is a state of many small towns with strong identities and local relationships. We will work to ensure that all Hoosier children, especially High Needs children, have access to and are participating in high quality early learning programs to be ready for kindergarten.

Priority 6: Invitational Priority -- Encouraging Private-Sector Support.

Indiana has a long-standing commitment to public-private partnerships that can foster additional successful implementation of the RTT – ELC grant. Private sector support can accelerate program delivery and enhance economic efficiency. Indiana supports public-private partnerships that encourage development of more affordable, accessible, high quality early childhood care and education, as well as address issues related to the child care workforce. Indiana does not fully fund early childhood education programs, and thus perhaps the link to private sector support is even more important than in other states.

Many businesses in Indiana understand the vital role of early education in the health of the community, and in return their own financial health. A hallmark component of our High-Quality Plan is to build on the support of the private-sector to improve outcomes for children, families and Indiana communities. Indiana has the broad support of organizations in these sectors as core partners in early childhood education efforts (as indicated by their Letters of Support):

- Nonprofit organizations
- Business/private sector
- Related professional associations
- Universities
- Philanthropic organizations
- Community-based organizations
- Parent and family organizations
- Health providers and child development centers
- Advocacy organizations

Some of the assets of our private sector community include the following examples:

1. **Anthem Indiana Medicaid** - As one of the Managed Care companies serving Hoosiers in the Hoosier HealthWise Program, Anthem Medicaid is a critical partner to improve childhood health. They know that keeping kids healthy prepares them to be successful students and citizens. Anthem's letter of support is signed by their Chief Medical Officer, which demonstrates their leadership's commitment to advancing our goals.

2. **Busy Bees Academy** Columbus, Indiana’s solution to the pre-kindergarten problem is Busy Bees Academy, which opened in 2009. The preschool is a project of the Community Education Coalition, a partnership of school, business and community leaders that tries to align learning opportunities with economic development. The group had long invested in high school and higher education. The coalition sees funding for pre-kindergarten programs as vital to Columbus’ prosperity. Half of the students attend Busy Bees on a \$5 a week scholarship. Interested families — there were about 250 last year — compete in a lottery for 90 spots. The school’s 90 other students pay full tuition, \$80 per week. The first year there wasn’t a waiting list for paying families. But Busy Bees has become so popular that there’s now a lottery for those spots, too. For low-income students who don’t get a spot through the lottery, the Community Education Coalition also provides scholarships for students to attend partnering private and faith-based programs. In 2011, the group raised about \$100,000 to enroll 75 children at other preschools in the community.
3. **Early Childhood Development Coalition of Southwest Indiana** - With the help of \$500,000 awarded to United Way of Southwest Indiana through the Indiana Association of United Ways, the community was awarded a Lilly Endowment grant that required a 1:1 match. United Way of Southwest Indiana, local foundations, the school corporation, local government officials, the Chamber of Commerce, health organizations, major employers and the Child Care Resource and Referral agency convened and agreed that a vibrant, growing economy required a prepared, educated workforce beginning with high quality early childhood education. These partners formed the Early Childhood Development Coalition (ECDC). Together with early childhood educators, universities, community agencies and others, a framework for the Coalition was constructed and ECDC expanded to include seventy local organizations with a common goal of school readiness for young children, especially those most at-risk. ECDC leverages relationships and resources to achieve this common goal.
4. **The Southwest Indiana Business Leaders Roundtable (SWI Roundtable)** - represents leadership from ten of the top local employers in the area. Manufacturing, government, higher education, health, and financial sectors are represented. Recognizing that improved early childhood experiences for High Need children are essential to developing better educated, trained citizens fully prepared to work in the global marketplace, the SWI

Roundtable is committed to advancing the cause of high quality early childhood education and family engagement in Indiana. SWI Roundtable affirmed and demonstrated that commitment by pledging up to \$500,000 annually for a minimum of two years to tap into state dollar-for dollar matching funds for a pilot scholarship program for at-risk four-year olds. These private sector efforts are complimented by efforts from the local Head Start and the Child Care Development Fund providers and extraordinary efforts from the Evansville Vanderburgh School Corporation (the 3rd largest urban school district in the state of Indiana) which annually directs \$1M in Title I funding to the provision of high quality preschool services.

5. **Goodwill Industries of Central Indiana** – is one of the most profitable Goodwills in America, and they put their resources to great use for children and families. Since 2004, Goodwill has expanded its mission of career and workforce development to prepare young students for the workforce by opening a Charter School, The Met. Soon they became even more committed to start earlier and use evidence-based interventions. Goodwill now provides the evidence-based Nurse Family Partnerships program in Central Indiana and has the capacity to serve 600 families (the new families that would be funded through this grant).
6. **PNC Bank** – Indiana is fortunate to have PNC Bank in our state, whose primary philanthropic focus is on Early Childhood Education (with an emphasis on underserved children). Their commitment is evidenced by a multi-year, \$350 Million investment across this area of need.
7. **United Way of Central Indiana** – has invested more than \$1 million in high quality early learning programs through their Paths to QUALITY Registered Ministry Outreach expansion project that enrolled 35 programs in Level 1. United Way has expanded the project to include more organizations and leveraged additional funding sources to support the work. In addition, they provide other early learning and development programs and are a Champion in the community.
8. **United Way of Greater Lafayette** – provided Kindergarten Countdown Camp for 165 soon-to-be kindergarteners to help them get ready for school. They are acting as a Champion in that community to bring together the Chamber and other private sector entities to support kindergarten readiness for children in their community.

Indiana has some incredible leaders and Champions to be the voice of our youngest Hoosiers. An example of a strong public-private partnership is included in our High-Quality Plan. Indiana plans to expand our new, and first state funded PreK initiative, **Early Education Matching Grant (EEMG)**. Indiana's EEMG is designed to increase the number of low income four year olds receiving early education from ELD programs rated at Level 3 and Level 4 of Paths to QUALITY. To participate, ELD Programs must secure a match from the private sector.

Through the Early Learning Challenge Grant, Indiana will collaborate with local businesses that are active or are interested in becoming active in the early childhood education arena. We will identify existing successful model programs with public-partnerships at the state and local levels. We will seek input from business leaders to help guide our activities and communication.

Current early childhood education programs in Indiana already supported by our business community can provide some inspiration for these efforts. Public-private partnerships have largely been the driving force behind current early childhood education programs, using a combination of federal, local, corporate and philanthropic resources to establish and support programs. These partnerships incentivize new (for those communities who do not have current programs) and continued (for those who are currently supporting programs) early childhood education support efforts. The following is a snapshot of organizations working to promote public-private partnerships to further education efforts in Indiana. We would use these programs as models of successful public-private partnerships to build upon and expand our early childhood education efforts through the RTT – ELC grant program.

Budget

BUDGET PART I: SUMMARY

Budget Table I-1: Budget Summary by Budget Category

OVERALL STATEWIDE BUDGET					
Budget Table I-1: Budget Summary by Budget Category					
(Evidence for selection criterion (A)(4)(b))					
Budget Categories	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	90,000	90,000	90,000	90,000	360,000
2. Fringe Benefits	30,000	30,000	30,000	30,000	120,000
3. Travel	200,800	190,800	180,800	180,800	753,200
4. Equipment	30,200	10,000	10,000	10,000	60,200
5. Supplies	57,000	57,000	52,000	52,000	218,000
6. Contractual	5,413,848	4,903,780	5,055,740	5,204,502	20,577,870
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	5,821,848	5,281,580	5,418,540	5,567,302	22,089,270
10. Indirect Costs*	19,779	19,779	21,774	21,774	83,106
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	3,527,423	5,327,423	5,427,423	5,427,423	19,709,690
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	400,000
13. Total Grant Funds Requested (add lines 9-12)	9,469,050	10,728,782	10,967,737	11,116,499	42,282,066
14. Funds from other sources used to support the State Plan	0	0	0	0	0

15. Total Statewide Budget (add lines 13-14)	9,469,050	10,728,782	10,967,737	11,116,499	42,282,066
-----------------------------------------------------	------------------	-------------------	-------------------	-------------------	-------------------

Budget Table I-2: Budget Summary by Participating State Agency

OVERALL STATEWIDE BUDGET					
Budget Table I-2: Budget Summary by Participating State Agency					
(Evidence for selection criterion (A)(4)(b))					
Agency Name	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
Family and Social Services Administration	4,549,848	4,934,580	4,874,540	5,035,302	19,394,270
Indiana Department of Education	1,491,779	2,366,779	2,665,774	2,653,774	9,178,106
Indiana State Department of Health	3,427,423	3,427,423	3,427,423	3,427,423	13,709,690
Total Statewide Budget	9,469,050	10,728,782	10,967,737	11,116,499	42,282,066

Budget Table I-3: Budget Summary by Project

OVERALL STATEWIDE BUDGET					
Budget Table I-3: Budget Summary by Project					
(Evidence for selection criterion (A)(4)(b))					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
RTT-ELG Governance	224,800	224,800	224,800	224,800	899,200
PTQ Participation	1,838,182	1,517,780	1,517,380	1,517,380	6,390,722
PTQ Advancement	404,366	625,600	722,680	722,680	2,475,326
PTQ Awareness Campaign	300,000	700,000	300,000	700,000	2,000,000
Career and Education Incentives	487,000	608,900	770,180	555,942	2,422,022

SLDS	786,175	343,425	343,425	343,425	1,816,450
EEMG	100,000	1,900,000	2,000,000	2,000,000	6,000,000
Regional Early Learning Specialists	939,250	923,395	923,395	923,395	3,709,435
Standards and Assessments	151,104	140,534	439,529	427,529	1,158,696
Review My Curriculum	0	101,425	101,425	101,425	304,275
Evidence- Based Home Visiting	996,548	996,548	996,548	996,548	3,986,192
Early Childhood Mental Health Framework	97,007	97,007	97,007	97,007	388,028
Early Screening and Increased Referrals	2,333,868	2,333,868	2,333,868	2,333,868	9,335,470
Professional Development Registry	805,750	172,500	172,500	172,500	1,323,250
Paths to QUALITY Healthy Environment	5,000	43,000	25,000	0	73,000
Total Statewide Budget	9,469,050	10,728,782	10,967,737	11,116,499	42,282,066

Budget Part I -Narrative

Participating State Agencies and Associated Budgetary and Project Responsibilities

1. Family and Social Services Administration (FSSA)

FSSA serves as the lead agency for managing the grant and will have the following budgetary and management responsibilities for the following projects:

- **Governance** – expenses associated with the Project Manager and costs associated with the Early Childhood Advisory Council;
- **PTQ Participation** – selection, oversight, and fiscal management of contracts to conduct recruitment, coaching, training, technical assistance and other necessary support services and activities for Early Learning and Development programs to participate.
 - PTQ Family Engagement - selection, oversight, and fiscal management of contracts to develop family engagement for PTQ programs
- **PTQ Level Advancement** – selection, oversight, and fiscal management of contracts to recruit PTQ programs, provide intensive coaching, prioritized participation in professional development and credential programs, and other educational incentives for PTQ programs to increase their level of quality.
- **PTQ Consumer Awareness Campaign** – develop and oversee the Paths to QUALITY (PTQ) 4-year marketing plan; target specific entities that interact with high needs children and their families (WIC, Foster Care, Family Court System, DCS); identify other access points for high-needs families; negotiate media buys at the local level; and revising current Paths to QUALITY material and create new materials that are audience specific for families with high needs children.
- **Career and Education Incentives** – oversee five key projects:
 - **Career Pathway** – selection, oversight, and fiscal management of contracts to develop an Indiana Early Childhood and School Age Career Pathway with a career lattice built on the Indiana Core Knowledge and Competencies and develop and distribute an Indiana Early Childhood Career Guide build on the Indiana Early Childhood and School Age Career Pathway.
 - **Articulation** – selection, oversight, and fiscal management of contracts to expand current high school to two year and two and four year articulation agreements.

- **Credentials** – selection, oversight, and fiscal management of contracts to develop, advertise, award, and manage the NARA Professional Development Scholarship for ELD program licensing staff; and to convene infant toddler stakeholders to discuss the development of a statewide Infant-Toddler credential.
- **T.E.A.C.H. Scholarship Expansion** – selection, oversight, and fiscal management of contracts to increase the number of T.E.A.C.H. scholarships currently offered and extend eligibility to individuals who are currently ineligible for T.E.A.C.H. including Resource and Referral training and technical assistance staff and ELD program licensing staff.
- **Core Knowledge and Competencies (CKC)** – selection, oversight, and fiscal management of contracts to increase the number of trainings and educational coursework that aligns with Indiana’s newly released CKCs and ensure the revised career lattice aligns with the CKCs.
- **Statewide Longitudinal Data System** – selection, oversight, and management of contracts to interface CCIS with the State Longitudinal Data System (SLDS).
- **Early Childhood Education Matching Grant Expansion** – selection, oversight, and management of contracts to manage the expansion of the Early Education Matching Grant to promote enrollment of High Needs children in Paths to QUALITY.
- **Professional Development Registry** – selection, oversight, and fiscal management of contracts to create a professional development registry interfaced with the current Child Care Information System database to increase the number of Early Childhood Educators with educational data within CCIS.
- **PTQ Environmental Health** – selection, oversight, and fiscal management of contracts to establish criteria for environmental health grants for PTQ programs; assemble IDEM 5-star environmental health kits for ELD programs; develop training programs for PTQ support staff and ELD program licensing staff; develop trainings for ELD programs; advertise and award the environmental health grants to ELD programs; measure the success of the trainings and grant program; and submit recommendations to FSSA/BCC for standards and indicators in PTQ addressing the elimination of health hazards.

2. Indiana Department of Education

- **Statewide Longitudinal Data System** - Contract for the incorporation of early learning data, migration of agency data, custom reports, and professional development for implementation.
- **Early Childhood Education Matching Grant Expansion** – selection, oversight, and management of the expansion of the Early Education Matching Grant to target Title 1 through a competitive grant process. Potential grantees will have to be licensed and on Paths to QUALITY, show a high-quality plan for obtaining a level 3 or 4 on Paths to QUALITY, identify the number of new children of High Needs that will be included, and how the program will implement key components such as the SLDS, Foundations, ISTAR-KR, and the KEA. Programs may also qualify by partnering with a private early learning program that is a Paths to QUALITY Level 3 or Level 4.
- **Regional Early Learning Outreach Specialists** – Responsible for providing the support, technical assistance, and professional development at the local level to execute all projects and will build capacity and sustainability for the work.
- **Standards and Assessments** – responsible for management of the three key projects:
 - **Foundations Framework Alignment and Expansion** – lead the assessment of the current Foundations documents to ensure it is culturally and linguistically appropriate and addresses all domains of school readiness; management and oversight of contract to enhance the Foundations to make it more accessible and user-friendly to different audiences.
 - **Expansion of ISTAR-KR** – lead the adoption of a comprehensive assessment system and expanded utilization of ISTAR-KR; management and oversight of contracts associated with project.
 - **Kindergarten Entry Assessment Development and Implementation** – Lead the adoption of a Kindergarten Entry Assessment and its alignment with ISTAR-KR and other Kindergarten – 3rd grade assessments; management and oversight of contracts associated with project.
- **Review My Curriculum** – management and oversight of contract to complete the development of the “Review My Curriculum” online resource and portal. This portal will allow for the review of curriculum to help the early learning program and professional

identify and clarify which curriculum is best for the ELD program setting-whether in a home, center-based or ministry site.

3. Indiana State Department of Health.

- **Evidence-Based Home Visiting** - selection, oversight, and fiscal management of contracts to provide evidence-based home visiting through Nurse Family Partnership and Healthy Families Indiana.
- **Early Childhood Mental Health Framework** - selection, oversight, and fiscal management of contracts to equip early education professionals to gain knowledge, skills and credentials to support children develop social and emotional competence to be successful in school and life.
- **Early Screening and Increased Referrals** - selection, oversight, and fiscal management of contracts to increase health and behavioral screenings of young children and identification of disorders early for timely intervention of appropriate services.

List of Projects and a Description of how these Projects will Result in Full Implementation of the State Plan

Indiana’s State Plan targets four key audiences: Children, Families, Early Childhood Professionals and Early Learning and Development (ELD) programs. By focusing on the consumers, or end-users, we have developed a high level plan that is customized to the individual needs of our target audiences. Based on this framework, we have identified four overarching goals embedded throughout our High-Quality Plan: (1) Indiana’s Kindergarteners are ready to succeed in school; (2) Hoosier families have the necessary knowledge, skills and resources necessary to support their child’s well being, including academic success; (3) Early childhood educators are highly qualified and prepared to meet the needs of each student; and (4) ELD programs are highly rated and accessible to families. To accomplish these goals, the following projects are included within the application for RTT-ELC aligned primarily to one of the four main goals:

1. Indiana’s Kindergarteners are ready to succeed in school.

- **Early Childhood Education Matching Grant Expansion (B4)** – Indiana will expand our new, and first, state-funded preschool program that will serve High Needs children in high quality, defined as Level 3 or 4 (the highest), Paths to QUALITY programs. Specific efforts with the RTT-ELC funds will go towards an expansion of the matching grant as well as technical assistance to support license-exempt programs become eligible to receive this competitive grant.
- **Standards and Assessments (C1, C2, E1)** - Indiana needs to ensure that our Early Learning and Development Standards are developmentally, culturally, and linguistically appropriate across each age group and that they cover all Essential Domains of School Readiness. Indiana wants the Standards to be accessible and used in the classroom, home, and other early learning settings. In the current format, the Standards are not user-friendly. Indiana has not adopted an approach to develop continuous assessment process and practices in the early childhood field. Indiana already has ISTAR-KR and is available for use without cost to the public and private early childhood education programs. . Indiana is participating in a cross-State consortium to develop and adopt a Kindergarten Entry Assessment (KEA). Indiana plans to implement that KEA to address this gap in our system and to provide information on best practices to early learning programs and to K-

1 classroom teachers. Together with the Foundations, the ISTAR-KR and KEA assessment-rating instruments demonstrates a strong early childhood system for Indiana early childhood education programs to prepare young children for kindergarten through third grade.

- **Early Screening and Increased Referrals (C3)**- Indiana will strengthen our health and behavioral systems and networks to increase the number of High Needs children that are screened and referred for services during the critical first five years. Partnering with our health partners to leverage their expertise and resources to reach all children, especially those in our rural communities and connect them to appropriate and timely follow-up care and interventions.

2. Hoosier families have the necessary knowledge, skills and resources necessary to support their child’s well being, including academic success.

- **Evidence-Based Home Visiting (C3)**– Indiana is fortunate to have several home visiting programs available to families. We plan to expand two evidence-based home visiting programs, Nurse Family Partnership and Healthy Families Indiana. Through these family engagement models, Indiana is equipping and empowering families with knowledge and tools to support their child’s development from the beginning.
- **PTQ Consumer Awareness Campaign (B2)** –To reach out to all families, and especially the most vulnerable, we must reach out to the people on the frontlines interacting with High Needs children. Indiana will develop relevant specialized materials, training, and outreach strategies to provide timely information to families when they need it the most.

3. Early childhood educators are highly qualified and prepared to meet the needs of each student.

- **Review My Curriculum (C1)** - ELD programs in Indiana need research-based, developmentally appropriate information about how to choose curricula to use in their programs. Indiana plans to complete the “Review My Curriculum” website, an online portal for professionals and programs to learn about the components of high-quality curricula and what features/aspects to consider when making appropriate early childhood

curricula choices as well as connecting the curricula to Foundations. Indiana will also provide training and technical assistance to ensure wide use of this new resource.

- **Early Childhood Mental Health (ECMH) Framework (C3)** – Indiana will expand upon our existing cadre of Infant Toddler Mental Health Specialists by increasing the number of credentials and expanding training and professional development opportunities to support the social and emotional development of children. Through the ECMH framework, caregivers and teachers learn ways to set up effective environments (i.e., attention to routines, space) and gain new skills in behavioral supports.
- **Career and Education Incentives (D1) (D2)** – Indiana is committed to investing in the development of its early childhood professionals as a strategy for increasing program quality and children outcomes. Indiana will support early childhood professional’s progression on the Career Lattice, and bolster the capacity of the state to track and monitor workforce outcomes. Indiana plans to support early childhood educators by expanding access to professional development that is aligned with the Indian’s Workforce Knowledge and Competency Framework, connecting professional development to coaching and mentoring, and providing scholarship and incentives that have strong evidence in meeting child outcomes. Indiana also plans to create a **Professional Development Registry** that will interface with the current Child Care Information System database to increase the number of Early Childhood Educators with educational data within CCIS.

4. ELD programs are highly rated and accessible to families.

- **PTQ Participation (B2) (B4)** – Indiana currently has 2,300 ELD programs active in Paths to QUALITY. We plan to increase the number of participating programs through outreach to different types of ELD programs, specifically licensed-exempt programs. We also plan to promote **PTQ Level Advancement** and encourage ELD programs to move up to the next Level in Paths to QUALITY. The new **Regional Early Learning Specialists** will work to promote and prepare Title 1 publicly funded, license-exempt programs to enroll. Unlicensed registered ministries and English learner programs will also be a focus. Throughout all of our outreach efforts, focusing on increasing the “supply” of high quality ELD programs, we also plan to invest in PTQ Family Engagement efforts

to promote the value of Paths to QUALITY and encourage a “demand” for high quality ELD programs.

- **PTQ Environmental Health (B2) (B4) (C3)** - To address lead poisoning and other environmental health issues among young children, Indiana began the first in the nation environmental recognition program for child care providers, the Indiana Department of Environmental Management’s Environmental Recognition Program for Child Care Providers. The Five Star program began 13 years ago with a recognition that early education and development programs are a business with staff who need to be educated and aware of hazards that may be present that could negatively impact the children in their care. Indiana will focus on disseminating “Five Star kits” to early education and development professionals who complete the environmental health trainings. Kits would include items necessary to become a member of the Five Star program, including “No Idling” signs, “No Smoking” signs, radon test kits, member signs, etc.

While most of the projects are interconnected, there is one project in particular, the **Statewide Longitudinal Data System (SLDS) (E2)**, that is fundamental to the implementation of our High-Quality plan and achievement of our overall objective of increasing the number of High Needs children that are ready for kindergarten. The SLDS impacts our four target audiences by connecting student level data with program level data. Families, ELD programs and professionals will have access to “School Readiness Reports” that will provide a deeper understanding of the connection between students’ school readiness and the ELD programs in which the students were enrolled as well as several other important factors.

BUDGET PART II: PARTICIPATING STATE AGENCY

1. Family and Social Services Administration

Participating State Agency-Level Budget Table II-1 (Evidence for selection criterion (A)(4)(b))					
Budget Category	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	90,000	90,000	90,000	90,000	360,000
2. Fringe Benefits	30,000	30,000	30,000	30,000	120,000
3. Travel	10,800	10,800	10,800	10,800	43,200
4. Equipment	5,200				5,200
5. Supplies	0	0	0	0	0
6. Contractual	4,213,848	3,803,780	3,643,740	3,804,502	15,465,870
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	4,349,848	3,934,580	3,774,540	3,935,302	15,994,270
10. Indirect Costs*	0	0	0	0	0
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	100,000	900,000	1,000,000	1,000,000	3,000,000
12. Funds set aside for participation in grantee technical assistance	100,000	100,000	100,000	100,000	400,000
13. Total Grant Funds Requested (add lines 9-12)	4,549,848	4,934,580	4,874,540	5,035,302	19,394,270
14. Funds from other sources used to support the State Plan	0	0	0	0	0

15. Total Statewide Budget (add lines 13-14)	4,549,848	4,934,580	4,874,540	5,035,302	19,394,270
-----------------------------------------------------	------------------	------------------	------------------	------------------	-------------------

Budget Table II-2: Participating State Agency Budget By Project

Participating State Agency-Level Budget Table II-2 (Evidence for selection criterion (A)(4)(b))					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
<RTT-ELG Governance>	224,800	224,800	224,800	224,800	899,200
<PTQ Participation>	1,838,182	1,517,780	1,517,380	1,517,380	6,390,722
<PTQ Advancement>	404,366	625,600	722,680	722,680	2,475,326
<PTQ Awareness Campaign>	300,000	700,000	300,000	700,000	2,000,000
<Career and Education Incentives>	487,000	608,900	770,180	555,942	2,422,022
<SLDS>	384,750	142,000	142,000	142,000	810,750
EEMG	100,000	900,000	1,000,000	1,000,000	3,000,000
<Regional Early Learning Specialists>	0	0	0	0	0
<Standards and Assessments>	0	0	0	0	0
<Review My Curriculum>	0	0	0	0	0
<Evidence-Based Home Visiting>	0	0	0	0	0
<Early Childhood Mental Health Framework.>	0	0	0	0	0

< Early Screening and Increased Referrals>	0	0	0	0	0
<Professional Development Registry>	805,750	172,500	172,500	172,500	1,323,250
<Paths to QUALITY Healthy Environment>	5,000	43,000	25,000	0	73,000
Total Statewide Budget	4,549,848	4,934,580	4,874,540	5,035,302	19,394,270

Roles and Responsibilities

- **Governance** – FSSA/BCC will contract with an RTT-ELC Project Manager to oversee and coordinate all RTT-ELC projects led by FSSA/BCC. Staff time will be attributed to overall project management and inter-agency coordination.
- **PTQ Participation** – four targeted outreach and engagement efforts
 - **Registered Ministry Paths to QUALITY™ (PTQ) participation**– selection, oversight, and fiscal management of contracts to conduct recruitment, coaching, training, technical assistance and other necessary support services and activities for unlicensed registered ministries to increase the number of registered ministries completing the Voluntary Certification Program (VCP) and enrolling in PTQ, therefore increasing the number of children, including high-needs children, with access to high quality ELD programs.
 - **School-based PTQ participation** – selection, oversight, and fiscal management of contracts to conduct PTQ-related coaching, training, and technical assistance for currently unlicensed school-based ELD programs, including Head Start Programs, to increase the number of school-based and Head Start ELD programs who are licensed and enrolled in PTQ, therefore increasing family access to high-quality ELD programs. The PTQ expansion specialists responsible for PTQ-related program support activities will coordinate with Indiana Department of Education Early Learning Specialists...

- **English Language Learners (ELL) Quality Improvement** – selection, oversight, and fiscal management of contracts to develop family communication material (print and media); create coordinated methods for communicating with ELL families through local communities; host an annual ELD professional development conference for ELL early childhood educators; promote awareness of the CCDF voucher program to ELL families; improve access to CCDF subsidies for ELL families; and increase the number of ELL ELD programs that are licensed and enrolled in PTQ through targeted outreach, coaching, training, and technical assistance.
- **PTQ Family Engagement** - selection, oversight, and fiscal management of contracts to develop family engagement training and resources for PTQ programs
- **PTQ Level Advancement** – selection, oversight, and fiscal management of contracts to recruit PTQ programs, provide intensive coaching, prioritized participation in professional development and credential programs, and other educational incentives for PTQ programs to increase their level of quality and therefore to increase:
 - the number of highly rated programs participating in the system
 - the number of Indiana families and high-needs children with access to highly rated ELD programs
- **PTQ Environmental Health** – selection, oversight, and fiscal management of contracts to establish criteria for environmental health grants for PTQ programs; assemble IDEM 5-star environmental health kits for ELD programs; develop training programs for PTQ support staff and ELD program licensing staff; develop trainings for ELD programs; advertise and award the environmental health grants to ELD programs; measure the success of the trainings and grant program; and submit recommendations to FSSA/BCC for standards and indicators in PTQ addressing the elimination of health hazards.
- **PTQ Consumer Awareness Campaign** – FSSA/BCC will oversee the Paths to QUALITY (PTQ) Marketing and Outreach committee and other key stakeholders in their efforts to reach high needs families and children by developing a 4-year marketing plan; targeting specific entities that interact with high needs children and their families (WIC, Foster Care, Family Court System, DCS); identifying other access points for high-needs

families; negotiating media buys at the local level; and revising current Paths to QUALITY materials and creating new materials that are audience specific for families with high needs children.

- **Career and Education Incentives** – includes oversight of five key projects.
 - **Career Pathway** – selection, oversight, and fiscal management of contracts to develop an Indiana Early Childhood and School Age Career Pathway with a career lattice built on the Indiana Core Knowledge and Competencies and develop and distribute an Indiana Early Childhood Career Guide build on the Indiana Early Childhood and School Age Career Pathway.
 - **Articulation** – selection, oversight, and fiscal management of contracts to expand current high school to two year and two and four year articulation agreements.
 - **Credentials** – selection, oversight, and fiscal management of contracts to develop, advertise, award, and manage the NARA Professional Development Scholarship for ELD program licensing staff; and to convene infant toddler stakeholders to discuss the development of a statewide Infant-Toddler credential.
 - **T.E.A.C.H. scholarship expansion** – selection, oversight, and fiscal management of contracts to increase the number of T.E.A.C.H. scholarships currently offered and extend eligibility to individuals who are currently ineligible for T.E.A.C.H. including Resource and Referral training and technical assistance staff and ELD program licensing staff.
 - **Core Knowledge and Competencies (CKC)** – selection, oversight, and fiscal management of contracts to increase the number of trainings and educational coursework that aligns with Indiana’s newly released CKCs and ensure the revised career lattice aligns with the CKCs.
- **Professional Development Registry** – selection, oversight, and fiscal management of contracts to create a professional development registry interfaced with the current Child Care Information System database to increase the number of Early Childhood Educators with educational data within CCIS.
- **Early Childhood Data System Expansion** – selection, oversight, and management of contracts to interface CCIS with the State Longitudinal Data System (SLDS).

- **Early Childhood Education Matching Grant expansion** – selection, oversight, and management of contracts to manage the expansion of the Early Education Matching Grant to provide school-based ELD programs the supports needed to become licensed and enroll in PTQ.

Explanation by Budget Category Line Item

1. Personnel

Two ELD program licensing consultants (\$45,000 a year each) will be added to the current ELD program licensing staff within FSSA/BCC to assist with increased licensing caseloads as more ELD programs become licensed and join PTQ as a result of the PTQ expansion projects for registered ministries and school-based ELD programs.

2. Fringe benefits

Fringe benefits are calculated at a third of the salary for the two ELD program licensing positions discussed above (\$30,000 total).

3. Travel

Travel is calculated at \$10,800 a year for both of the ELD program licensing staff discussed above (\$5,400 per position). This calculation is based on the average amount spent on travel for all of Bureau of Child Care’s out-based ELD program licensing consultants.

4. Equipment

Equipment has been calculated at \$5,200 for the first year only for both of the positions discussed in numbers 1-3 above. Equipment will include a computer, printer, and other necessary technological devices (air card, secure memory stick) required for the position. The calculations are based on the average cost of equipment for one licensing consultant (\$2,600).

5. Supplies

No supplies budget is included in Indiana’s RTT-ELC application.

6. Contractual

- a. \$899,200 has been set aside for RTT-ELC governance, which will include a contract with an RTT-ELC Project Manager to oversee and coordinate all RTT-ELC projects

- led by FSSA/BCC; \$400,000 (\$100,100/year) for the required training and technical assistance; and costs to coordinate the Plan and inter-agency work.
- b. \$3,695,120 has been set aside for contracts associated with the registered ministry PTQ participation expansion project to increase the number of unlicensed registered ministries accepting CCDF who have attained voluntary certification and are enrolled in PTQ, with the ultimate goal of increasing the availability of high quality ELD programs for high needs families and children. This is part of the PTQ Participation project category.
 - c. \$1,693,692 has been set aside for contracts associated with the school-based PTQ participation expansion project to increase the number of school-based programs (including public pre-k programs and Head Start programs) who are licensed and enrolled in PTQ, with the ultimate goal of increasing the availability of high quality, rated ELD programs for high needs families and children. This is part of the PTQ Participation project category.
 - d. \$740,600 has been set aside for contracts associated with the English Language Learners (ELL) Quality Improvement Project to increase the supply of and demand for high-quality ELL programs by recruiting ELL providers into licensure and PTQ and by educating ELL families on available resources such as CCDF and on the importance of high quality ELD programs. This is part of the PTQ Participation project category.
 - e. \$2,475,326 has been set aside for contracts associated with the PTQ Level Advancement project to increase the number of ELD programs participating in the top levels of PTQ.
 - f. \$261,310 has been set aside for contracts associated with the PTQ family engagement project, as well as for continued efforts at FSSA/BCC to enhance family engagement strategies within PTQ based on the requirement of a recent legislative mandate (refer to Section B1a4). This is part of the PTQ Participation project category.
 - g. \$73,000 has been set aside for contracts associated with the PTQ Environmental Health project to increase awareness of environmental health issues among early childhood educators and ELD program support and monitoring staff as well as to

- improve the environmental health of the environments provided by ELD programs on PTQ.
- h. \$2,000,000 has been set aside for work and contracts associated with the PTQ consumer awareness campaign to increase consumer (family) knowledge of high-quality early learning and development settings and their options for finding those settings.
 - i. \$180,000 has been set aside for contracts associated with the Career Pathway project. This is part of the Career and Education Incentives category.
 - j. \$100,000 has been set aside for contracts associated with an Articulation project to secure statewide access to early childhood bachelor degrees in early childhood for teacher licensure and non-licensure by expanding current high school to two year and two and four year articulation agreements. This is part of the Career and Education Incentives project category.
 - k. \$60,000 has been set aside for contracts associated with a Credentials project to support the National Association for Regulatory Administration’s national credential for state ELD program licensing staff and to develop a statewide Infant and Toddler Credential. This is part of the Career and Education Incentives project category.
 - l. \$1,327,792 has been set aside for contracts associated with the T.E.A.C.H. scholarship expansion project that will increase the number of early childhood professionals with credentials and degrees by making T.E.A.C.H. scholarships available to a wider range of individuals, many of whom are not currently eligible for traditional T.E.A.C.H. scholarships. This is part of the Career and Education Incentives project category.
 - m. \$321,000 has been set aside for contracts associated with the CKC project to implement Indiana’s newly released Core Knowledge and Competencies for the Early Childhood workforce. This is part of the Career and Education Incentives project category.
 - n. \$1,323,250 has been set aside for contracts associated with the development of a PD registry that will increase the number of early childhood educators with educational data within CCIS.

- o. \$810,000 has been set aside for a Childhood Data System Expansion that will create an interface between CCIS and the State Longitudinal Data System to create more effective data sharing and data-driven decision making.

7. Training Stipends

No training stipends are included in Indiana’s RTT-ELC application.

9. Other

No “other” costs are included in Indiana’s RTT-ELC application.

10. Total Direct Costs

- a. Year one: \$4,349,848
- b. Year two: \$3,934,580
- c. Year three: \$3,774,540
- d. Year four: \$3,935,302
- e. Total Direct Costs: \$15,994,270

11. Indirect Costs

No Indirect costs are included in Indiana’s RTT-ELC application.

12. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, other partners

A four-year total of \$3,000,000 has been set aside to expand Indiana’s Early Education Matching Grant to provide additional matching grants to school-based programs (including Title I and Part B of IDEA) who are willing to become licensed and enroll in Paths to QUALITY. This project will be implemented through a partnership between FSSA and the Indiana Department of Education, where IDOE will manage the disbursement of the matching grants; FSSA will establish contracts to provide Paths to QUALITY Expansion Coordinators to help school-based ELD programs become licensed and enroll in Paths to QUALITY; and IDOE will provide early learning specialists to assist programs with technical assistance related to the unique circumstances and challenges they face as a school-based ELD program.

13. Funds set aside for participation in grantee technical assistance

A total of \$400,000 (\$100,000/year) has been set aside for participation in grantee technical assistance.

2. Indiana Department of Education

Participating State Agency-Level Budget Table II-1					
(Evidence for selection criterion (A)(4)(b))					
Budget Category	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	0	0	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	190,000	180,000	170,000	170,000	710,000
4. Equipment	25,000	10,000	10,000	10,000	55,000
5. Supplies	57,000	57,000	52,000	52,000	218,000
6. Contractual	1,200,000	1,100,000	1,412,000	1,400,000	5,112,000
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	1,472,000	1,347,000	1,644,000	1,632,000	6,095,000
10. Indirect Costs*	19,779	19,779	21,774	21,774	83,106
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	0	1,000,000	1,000,000	1,000,000	3,000,000
12. Funds set aside for participation in grantee technical assistance	0	0	0	0	0
13. Total Grant Funds Requested (add lines 9-12)	1,491,779	2,366,779	2,665,774	2,653,774	9,178,106
14. Funds from other sources used to support the State Plan	0	0	0	0	0
15. Total Statewide Budget (add lines 13-14)	1,491,779	2,366,779	2,665,774	2,653,774	9,178,106

Participating State Agency-Level Budget Table II-2					
(Evidence for selection criterion (A)(4)(b))					
Project	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
<RTT-ELG Governance>	0	0	0	0	0
<PTQ Participation>	0	0	0	0	0
<PTQ Advancement>	0	0	0	0	0
<PTQ Awareness Campaign>	0	0	0	0	0
<Career and Education Incentives>	0	0	0	0	0
<SLDS>	401,425	201,425	201,425	201,425	1,005,700
EEMG		1,000,000	1,000,000	1,000,000	3,000,000
<Regional Early Learning Specialists>	939,250	923,395	923,395	923,395	3,709,435
<Standards and Assessments>	151,104	140,534	439,529	427,529	1,158,696
<Review My Curriculum>	0	101,425	101,425	101,425	304,275
<Evidence-Based Home Visiting>	0	0	0	0	0
<Early Childhood Mental Health Framework.>	0	0	0	0	0
< Early Screening and Increased Referrals>	0	0	0	0	0
<Professional Development Registry>	0	0	0	0	0

<Paths to QUALITY Healthy Environment>	0	0	0	0	0
Total Statewide Budget	1,491,779	2,366,779	2,665,774	2,653,774	9,178,106

Roles and Responsibilities

- **Regional Early Learning Outreach Specialists** – These new employees will provide the support, technical assistance, and professional development at the local level to execute all projects and will build capacity and sustainability for the work.
- **Early Education Match Grant** - The Indiana Department of Education will issue Title I Match Grants through a competitive grant process. Potential grantees will have to be licensed, show a high-quality plan for obtaining a level 3 or 4 on Paths to QUALITY, how more Children of High Need will be included, and how the program will implement key components such as the SLDS, Foundations, ISTAR-KR, and the KEA. Programs may also qualify by partnering with a private early learning program that is a Paths to QUALITY Level 3 or Level 4.
- **Foundations Framework Alignment and Expansion** - This project will be focused on expanding the current Foundations documents and to ensure it is culturally and linguistically appropriate; management and oversight of the contract associated with this project. This is included in the Standards and Assessment project category.
- **Expansion of ISTAR-KR** - This project will be focused on expanding the current ISTAR-KR assessment and to ensure it is culturally and linguistically appropriate; management and oversight of the contract associated with the project. This is included in the Standards and Assessment project category.
- **Kindergarten Entry Assessment Development and Implementation** - This project will be to develop a Kindergarten Entry Assessment and align it the ISTAR-KR and other Kindergarten – 3rd grade assessments. This is included in the Standards and Assessment project category.
- **My Curriculum** – Contract to continue develop of the Review My Curriculum online resource and portal. This portal will allow for the review of curriculum to help the early

learning program to identify, and clarify which curriculum is best for the childcare setting-whether in a home, center-based or ministry site. Management and oversight of the contract associated with this project.

- **Statewide Longitudinal Data System** - Contract for the incorporation of early learning data, migration of agency data, custom reports, and professional development for implementation. Management and oversight of the contract associated with this project.

Explanation by Budget Category Line Item

1. Personnel

No costs have been allocated under this budget category.

2. Fringe Benefits

No costs have been allocated under this budget category.

3. Travel

- a. Travel costs of \$35,000 over the four year grant period are included for travel and daily stipends for work groups and individual stakeholders that will work to expand, enhance, and review the Foundations document.
- b. The budget includes \$35,000 over the four-year grant period for travel and daily stipends for work group members and individual stakeholders that will work to expand, enhance, and review the ISTAR-KR assessment.
- c. Travel costs of \$40,000 over the four-year grant period are included for travel and daily stipends for work groups and individual stakeholders that will work to expand, enhance, and review the KEA assessment.
- d. Employees receive reimbursement for mileage. An average of 100 miles per day was used as an average. The travel expenditures also include dollars to attend additional meetings and conferences.

4. Equipment

Because each Early Learning Specialist will be working remotely in his or region, technology and supplies will need to be supplied to each. This is an estimated cost based on computers, printers, software, and additional potential technology. The budget reflects the amount of dollars to adequately set up a regional specialist with technology and supplies each year of

the grant. In Years 2 – 4, an amount is budgeted to maintain the quality of the technology, including funds for accidentals and repairs, and funds for additional equipment that may be needed.

5. Supplies

- a. The Early Learning Specialists will need professional development and office supplies. This is an estimated cost based on printing and office supplies.
- b. The budget also includes professional development costs for the Early Learning Specialists over the course of the year.
- c. An additional \$8,000 is budgeted for professional development and meeting supplies for the expansion and enhancement of the Foundations and ISTAR-KR.
- d. A budget amount of \$10,000 is included for professional development and meeting supplies for the development, design, and implementation for the Kindergarten Entry Assessment.

6. Contractual

- a. Contractual costs of \$62,000 are included to produce the professional version of the Foundations, to produce culturally and linguistically appropriate versions of the Foundations, to produce online versions of the documents and to create small user-friendly tools to disseminate to different stakeholders.
- b. \$50,000 is budgeted to design a user-friendly App that can be used by educators, families, and other stakeholders.
- c. \$400,000 over four years is included to produce the updated ISTAR-KR that may include the following: modifications to ensure it is culturally and linguistically appropriate, support documents, updated versions of the assessment, and updates to the online access.
- d. \$500,000 is budgeted for an RFP over years 3 and 4 to produce the Kindergarten Entry Assessment that is not limited to, but may include, the following: the assessment, implementation guides, culturally and linguistically appropriateness research, support documents, and online access.

7. Training Stipends

No training stipends are included in Indiana’s RTT-ELC application.

8. Other

No “other” costs are included in Indiana’s RTT-ELC application.

9. Total Direct Costs

- a. Year one: \$1,472,000
- b. Year two: \$1,347,000
- c. Year three: \$1,644,000
- d. Year four: \$1,632,000
- e. Total Direct Costs: \$6,095,000

10. Indirect Costs

Indirect costs, when included, are budgeted at 5.7%. (Indirect Cost Rate letter is in Appendix.)

11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, other partners

A four-year total of \$6,000,000 has been set aside (\$3,000,000 allocated to FSSA and \$3,000,000 allocated to IDOE) to expand Indiana’s Early Education Matching Grant to provide additional matching grants to school-based programs (including Title I and Part B of IDEA) who are willing to become licensed and enroll in Paths to QUALITY. This project will be implemented through a partnership between FSSA and the Indiana Department of Education, where IDOE will manage the disbursement of the matching grants; FSSA will establish contracts to provide Paths to QUALITY Expansion Coordinators to help school-based ELD programs become licensed and enroll in Paths to QUALITY; and IDOE will provide early learning specialists to assist programs with technical assistance related to the unique circumstances and challenges they face as a school-based ELD program.

12. Funds set aside for participation in grantee technical assistance

No costs were allocated for this budget category.

3. Indiana State Department of Health

Participating State Agency-Level Budget Table II-1					
(Evidence for selection criterion (A)(4)(b))					
Budget Category	Grant Year 1 (a)	Grant Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
1. Personnel	0	0	0	0	0
2. Fringe Benefits	0	0	0	0	0
3. Travel	0	0	0	0	0
4. Equipment	0	0	0	0	0
5. Supplies	0	0	0	0	0
6. Contractual	0	0	0	0	0
7. Training Stipends	0	0	0	0	0
8. Other	0	0	0	0	0
9. Total Direct Costs (add lines 1-8)	0	0	0	0	0
10. Indirect Costs*	0	0	0	0	0
11. Funds to be distributed to localities, Early Learning Intermediary Organizations, Participating Programs, and other partners	3,427,423	3,427,423	3,427,423	3,427,423	13,709,690
12. Funds set aside for participation in grantee technical assistance	0		0	0	0
13. Total Grant Funds Requested (add lines 9-12)	3,427,423	3,427,423	3,427,423	3,427,423	13,709,690
14. Funds from other sources used to support the State Plan	0	0	0	0	0
15. Total Statewide Budget (add lines 13-14)	3,427,423	3,427,423	3,427,423	3,427,423	13,709,690

Participating State Agency-Level Budget Table II-2					
(Evidence for selection criterion (A)(4)(b))					
Project	Grant Year 1 (a)	Grnat Year 2 (b)	Grant Year 3 (c)	Grant Year 4 (d)	Total (e)
<RTT-ELG Governance>	0	0	0	0	0
<PTQ Participation>	0	0	0	0	0
<PTQ Advancement>	0	0	0	0	0
<PTQ Awareness Campaign>	0	0	0	0	0
<Career and Education Incentives>	0	0	0	0	0
<SLDS>	0	0	0	0	0
EEMG	0	0	0	0	0
<Regional Early Learning Specialists>	0	0	0	0	0
<Standards and Assessments>	0	0	0	0	0
<Review My Curriculum>	0	0	0	0	0
<Evidence-Based Home Visiting>	996,548	996,548	996,548	996,548	3,986,192
<Early Childhood Mental Health Framework.>	97,007	97,007	97,007	97,007	388,028
< Early Screening and Increased Referrals>	2,333,868	2,333,868	2,333,868	2,333,868	9,335,470
<Professional Development Registry>	0	0	0	0	0
<Paths to QUALITY Healthy Environment>	0	0	0	0	0

Total Statewide Budget	3,427,423	3,427,423	3,427,423	3,427,423	13,709,690
-------------------------------	------------------	------------------	------------------	------------------	-------------------

Roles and Responsibilities

- **Evidence-Based Home Visiting** - selection, oversight, and fiscal management of contracts to provide evidence-based home visiting through Nurse Family Partnership and Healthy Families Indiana.
- **Early Childhood Mental Health Framework** - selection, oversight, and fiscal management of contracts to equip early education professionals to gain knowledge, skills and credentials to support children develop social and emotional competence to be successful in school and life.
- **Early Screening and Increased Referrals** - selection, oversight, and fiscal management of contracts to increase health and behavioral screenings of young children and identification of disorders early for timely intervention of appropriate services.

Explanation by Budget Category Line Item

1. Personnel

a. No personnel are included in ISDH’s RTT-ELC grant budget.

2. Fringe Benefits

a. No fringe benefits are included in ISDH’s RTT-ELC grant budget.

3. Travel

a. No travel is included in ISDH’s RTT-ELC grant budget.

4. Equipment

a. No equipment is included in ISDH’s RTT-ELC grant budget.

5. Supplies

a. No supplies are included in ISDH’s RTT-ELC grant budget.

6. Contractual

a. No contractual services are included in ISDH’s RTT-ELC grant budget.

7. Training Stipends

a. No training stipends are included in ISDH’s RTT-ELC grant budget

8. Other

- a. No other costs are included in ISDH’s RTT-ELC grant budget

9. Total Direct Costs

- a. No Direct Costs are included in ISDH’s RTT-ELC grant budget.

10. Indirect Costs

- a. No Indirect Costs are included in ISDH’s RTT-ELC grant budget.

11. Funds distributed to localities, Early Learning Intermediary Organizations, Participating Programs, or other partners through MOUs, interagency agreements, contracts, or other mechanisms authorized by State procurement laws

- a. \$3,986,192 Evidence-Based Home Visiting
- b. \$388,028 Early Childhood Mental Health Framework
- c. \$9,335,470 Early Screening and Increased Referrals
- d. In total: \$13,709,690

12. Funds set aside for participation in grantee technical assistance

- a. No grantee technical assistance funds are included in ISDH’s RTT-ELC grant budget.

13. Total Funds Requested

- a. Year 1 - \$3,427,423
 - b. Year 2 - \$3,427,423
 - c. Year 3 - \$3,427,423
 - d. Year 4 - \$3,427,423
- TOTAL: \$13,709,690

14. Other Funds Allocated to the State Plan

- a. There are no additional funds allocated to the ISDH’s RTT-ELC State Plan.

15. Total Budget

- a. Year 1 - \$3,427,423
 - b. Year 2 - \$3,427,423
 - c. Year 3 - \$3,427,423
 - d. Year 4 - \$3,427,423
- TOTAL: \$13,709,690

BUDGET: INDIRECT COST INFORMATION

To request reimbursement for indirect costs, please answer the following questions:

Does the State have an Indirect Cost Rate Agreement approved by the Federal government?

YES
NO

If yes to question 1, please provide the following information: (Participating State Agency: Indiana Department of Education)

Period Covered by the Indirect Cost Rate Agreement (mm/dd/yyyy):
From: 07 / 01 / 2013 To: 12 / 31 / 2013

Approving Federal agency: X ED HHS Other
(Please specify agency): U.S. Department of Education

Directions for this form:

1. Indicate whether or not the State has an Indirect Cost Rate Agreement that was approved by the Federal government.
2. If “No” is checked, the Departments generally will authorize grantees to use a temporary rate of 10 percent of budgeted salaries and wages subject to the following limitations:
 - (a) The grantee must submit an indirect cost proposal to its cognizant agency within 90 days after the grant award notification is issued; and
 - (b) If after the 90-day period, the grantee has not submitted an indirect cost proposal to its cognizant agency, the grantee may not charge its grant for indirect costs until it has negotiated an indirect cost rate agreement with its cognizant agency.

If “Yes” is checked, indicate the beginning and ending dates covered by the Indirect Cost Rate Agreement. In addition, indicate whether ED, HHS, or another Federal agency (Other) issued the approved agreement. If “Other” was checked, specify the name of the agency that issued the approved agreement.