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## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 1**

## **Great Start, Great Investment, Great Future: The Plan for Early Learning and Development in Michigan**

# Great Start, Great Investment, Great Future

The Plan for Early Learning and Development in Michigan

• Michigan Department of Education | Office of Great Start •  
May 2013



THE KRESGE FOUNDATION



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STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

RICK SNYDER  
GOVERNOR

MICHAEL P. FLANAGAN  
STATE SUPERINTENDENT

May 2013

Dear Governor Snyder, Michigan Legislators, and Citizens:

On behalf of the Michigan Department of Education's Office of Great Start, I am pleased to present Michigan's comprehensive plan for early learning and development. This plan includes a look at Michigan's current system and offers recommendations for ensuring that every Michigan child is born healthy; developmentally on track from birth through third grade; ready to succeed in school when they arrive; and reading proficiently by the end of third grade.

Redesigning a system that serves over one million children and invests \$9.4 billion annually is a multi-year, multi-faceted effort. Achieving this task requires ongoing vision and support from people from all sectors across the state.

We thank the nearly 1,400 Michigan parents, service providers, policymakers, early childhood experts, and advocates from state, regional, and local levels who volunteered their time and talents to help develop this plan.

Simply creating a plan, however, does not improve outcomes for young children. The Michigan Department of Education and its many partners look forward to working with you to implement these recommendations and build a better future for Michigan.

Sincerely,

(b)(6)

Deputy Superintendent

Office of Great Start  
Michigan Department of Education

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# Executive Summary



## *Early childhood matters, and Michigan isn't doing enough to support young children.*

Early childhood matters. Experts are able to quantify what parents and families already know. Children are learning from the moment they are born. Children's brains develop very quickly in their early years, and this development is not hardwired. It is dramatically affected by children's environment.

Michigan has numerous programs and services designed to set our youngest Michiganders on a path to success. Unfortunately, these programs and services are often uncoordinated, difficult to find, and all too frequently, they fail to serve children and families well.

In 2011, Governor Rick Snyder took bold steps by calling for an integrated, coordinated system of early learning and development in Michigan, and creating the Office of Great Start (OGS), located in the Michigan Department of Education (MDE). The creation of this office included a charge to lead efforts to coordinate and integrate Michigan's investments in children from before birth through age 8.

There are sound policy reasons for focusing public resources on Michigan's youngest children. Too many children arrive at kindergarten inadequately prepared, leading to greater future expenses in areas such as special education and grade repetition. Increasing public investment in younger children, particularly children whose families are unable to provide for some needs, offers an opportunity to leverage scarce public resources for great public good.

In order to realize Governor Snyder's vision of being one of the best states in the country to raise a child, OGS and its partners must implement a coordinated system and track progress toward the following outcomes:

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

## *This report reflects the voices of nearly 1,400 Michiganders.*

In 2012, the Michigan Legislature required the Office of Great Start to create a comprehensive state plan for early learning and development. To meet this requirement, OGS has spent the past year engaging stakeholders across the state about ways to improve Michigan's early childhood system. Outreach included 48 interviews with policymakers, service providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, service providers, and parents and grandparents of young children.

What did Michiganders say? Some parts of the system are working well. There is an increasing awareness of the importance of early childhood. There are more efforts to coordinate, collaborate, and ensure program quality. And many participants mentioned specific programs that are working well for children and families. But there is work to be done. Parents need more information on early learning and development and more support in their role as their children's first teachers. And access to high-quality programs must be expanded. Certainly there are bright spots, but coordination, collaboration, and quality need to improve across the entire system.

Participants also offered advice on how to improve the system, and their ideas are woven throughout the vision and recommendations in this report. For example, many participants stressed the importance of parent voice in this effort, and the need for improved coordination among state, regional, and local service providers. They also urged the system to be keenly aware of local needs and allow for local flexibility in meeting outcomes when possible.

## *There are common principles that must guide every early childhood effort in Michigan.*

In every conversation with stakeholders about early childhood, the values that people hold dear were evident. For

Michigan's system-building effort to succeed, all partners must incorporate these principles into their work:

- Children and families are the highest priority.
- Parents and communities must have a voice in building and operating the system.
- The children with the greatest need must be served first.
- Invest early.
- Quality matters.
- Efficiencies must be identified and implemented.
- Opportunities to coordinate and collaborate must be identified and implemented.

*OGS and its partners must focus on six high-leverage areas to improve opportunities and outcomes for Michigan's young children.*

Redesigning a system that serves over one million children a year, invests \$9.4 billion annually, and includes 89 programs and services is a multi-year, multi-pronged effort. These recommendations outline a plan for achieving the four early childhood outcomes through a persistent focus on six high-leverage areas. By focusing on these high-impact areas, OGS and its partners will leverage resources for change in the most efficient manner possible.

### 1. Build Leadership within the System

- Ensure high-level administration commitment and accountability.
- Clarify the role of the Office of Great Start.
- Formalize early childhood leadership and collaboration among MDE, DCH, and DHS.
- Create an advisory body for OGS to ensure more meaningful state, local, and parent input.
- Identify and share best practices in local early childhood leadership, including exemplary Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs).

### 2. Support Parents' Critical Role in Their Children's Early Learning and Development

- Seek input from parents regarding their needs for information and parenting education, and strategies to increase parent involvement in their children's early learning and development.
- Strengthen a network for disseminating information to parents and families of young children.
- Expand and coordinate strategies to reach and connect with eligible families and children.

- Provide training and technical assistance on effective approaches for parenting education and strategies to increase parent involvement.

### 3. Assure Quality and Accountability

- Develop measures of system and program effectiveness tied to the four early childhood outcomes.
- Develop a coordinated early childhood data system.
- Support continuous quality improvement through training and technical assistance.
- Enforce program effectiveness measures.
- Require transparency.
- Disseminate information to parents and families.
- Use data to direct investments.
- Ensure early childhood service provider quality.

### 4. Ensure Coordination and Collaboration

- Foster system coordination and collaboration.
- Demonstrate collaboration by example.
- Promote local collaboration.
- Promote local flexibility.

### 5. Use Funding Efficiently to Maximize Impact

- Fund quality.
- Focus first on children with highest needs.
- Support common priorities through collaborative funding strategies.
- Blend and braid funding.
- Engage philanthropic partners.

### 6. Expand Access to Quality Programs

- Expand and enhance GSRP.
- Improve coordination between GSRP and Head Start.
- Increase access to developmental screening and early intervention.
- Increase access to and capacity of Early On<sup>®</sup>.
- Increase access to evidence-based mental health promotion, prevention, and intervention services.
- Redesign the child care subsidy to ensure access to high-quality providers.
- Increase access to home visiting programs.
- Expand evidence-based medical home initiatives.
- Expand access to Pathways to Potential.
- Improve access to transportation.

***Building a strong early childhood system that achieves outcomes for children requires support from a range of partners.***

The real success of this plan will be measured in its ability to achieve a meaningful impact on the lives of young Michiganders. Implementing this plan will require partners from all corners of the state to come together and invest in the strategies that nearly 1,400 stakeholders envisioned during the drafting of this report. Everyone—parents, community members, policymakers, advocates, service providers, staff at DCH, DHS, and ECIC, and elected officials—has an essential role in building this system.

Only by working together, through coordinated and intentional investment, can we ensure that every Michigan child is born healthy, developmentally on track from birth through third grade, ready to succeed in school when they arrive, and reading proficiently by third grade.

## Acronyms to Know

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Several acronyms are used throughout this report. Here are the most common.

<b>DCH</b>	Michigan Department of Community Health
<b>DHS</b>	Michigan Department of Human Services
<b>ECIC</b>	Early Childhood Investment Corporation
<b>GSC</b>	Great Start Collaboratives
<b>GSPC</b>	Great Start Parent Coalitions
<b>GSRP</b>	Great Start Readiness Program
<b>GSST</b>	Great Start Systems Team
<b>ISD</b>	Intermediate school district
<b>K</b>	Kindergarten
<b>LHD</b>	Local health department
<b>MDE</b>	Michigan Department of Education
<b>OGS</b>	Office of Great Start
<b>P</b>	Prenatal
<b>PreK</b>	Prekindergarten or preschool
<b>PQA</b>	Program Quality Assessment
<b>RRC</b>	Regional Resource Centers

# The Challenge Facing Michigan



Early childhood matters. Experts are able to quantify what parents and families already know. Children are learning from the moment they are born. Children's brains develop very quickly in their early years, and this development is not hardwired. It is dramatically affected by children's environment. There are programs and services across Michigan designed to ensure that our youngest Michiganders are on a path to future success. Unfortunately, these programs and services are often difficult to find, uncoordinated, and, all too frequently, not serving children and families well.

In 2011, Governor Rick Snyder took bold steps to address these problems by calling for an integrated, coordinated system of early learning and development in Michigan. He created the Office of Great Start (OGS), located in the Michigan Department of Education, and charged the office with coordinating and integrating Michigan's investments in children from before they are born through age eight. He also set clear outcomes for OGS and Michigan's early childhood system. He said Michigan should be the best state in the country to be a child, and he set forth four early childhood outcomes to track progress in achieving this goal.

## Exhibit 1. Early Childhood Outcomes

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

In 2012, the Michigan Legislature signaled its interest in early learning and development by commissioning this report. For the past year, the Office of Great Start has led an effort to ask parents, families, community members, policy-makers, providers, advocates, and others how we can more effectively, and efficiently, serve young children and their families.

As this report makes clear, there are sound policy reasons for focusing more public resources on Michigan's youngest children. Many children arrive at kindergarten inadequately prepared, leading to greater future expenses in areas like special education and grade repetition. Increasing public investment in younger children, particularly for children whose families are unable to provide for some needs, offers an opportunity to more effectively leverage scarce public resources.

Governor Snyder and the legislature have acknowledged that the time to act is now. High-quality early investments work, and in a time of scarce resources they deliver a high return on investment not only for children and families, but for all Michigan residents.

This report makes the case for investing early and wisely and explains exactly what Michigan can do to act now to create a strong early learning and development system and a better future for Michigan's children.

# Why Early Childhood Matters



Early investments are a crucial step to ensuring that every Michigan child is born healthy, developmentally on track, ready to succeed in school, and reading in third grade. There is a deep research base that demonstrates again and again that investing early in families and their young children is critical to help children—and their communities—not only succeed, but prosper.

## Early Brain Development

In the first 1,000 days of life a child's brain develops very quickly. "What's most important for people to understand is that newborns have most of the brain cells that they will have for their entire life, but relatively little of the connections, the circuits among the different cells," says Dr. Jack Shonkoff, leader of The Center on the Developing Child at Harvard University. He goes on to explain, "What happens very, very rapidly is that the brain is building connections, it's building synapses."

Now here's the critical part. Dr. Shonkoff continues, "This process of building the architecture of the brain is dramatically influenced by life experiences. It is not genetically hardwired. Literally, our environment shapes the architecture of our brain in the first year of life."<sup>1</sup>

In other words early experiences—both positive and negative—lay the groundwork for the rest of a child's life. Researchers have seen the impact of early experiences from vocabulary development<sup>2</sup> to basic math knowledge.<sup>3</sup> How much of a difference can experiences make? Consider one

study about vocabulary development. Researchers found that children who were engaged by adults regularly heard roughly thirty million more words in their first years of life than children who were not spoken to regularly.<sup>4</sup> Thirty million! As one researcher puts it, "Skills begets skill; learning begets learning."<sup>5</sup>

## Success of Early Interventions

Research has shown that investments in high-quality early interventions work. Home visiting and preschool are only a couple of examples. Home visiting programs pair parents with a professional who provides them with support, knowledge, and resources to promote positive parenting practices, empower families to be self-sufficient, increase school readiness, and more.<sup>6</sup> Research has shown that home visiting programs lead to stronger relationships between parents and children as well as stronger early language and literacy skills. In the longer term, families that were involved in home visiting were less likely to be participating in welfare and it was more likely for the father to have a presence in the home.<sup>7</sup>

The research base for preschool is also strong. The Perry Preschool Project—a famous longitudinal study of the effectiveness of preschool—is cited frequently for its short- and long-term effects. Participants, when compared to non-program participants, were more likely to score well on achievement tests, graduate from high school on time,

1 Interview on Michigan Radio, November 14, 2012, <http://stateofopportunity.michiganradio.org/post/five-things-know-about-early-childhood-brain-development> (accessed 4/17/13).

2 B. Hart and T.R. Risley. (N.d.) The Early Catastrophe: The 30 million word gap by age 3. *American Educator*. [www.aft.org/newspubs/periodicals/ae/spring2003/hart.cfm](http://www.aft.org/newspubs/periodicals/ae/spring2003/hart.cfm) (accessed 4/17/13).

3 MU Math Study, University of Missouri-Columbia, <http://mumathstudy.missouri.edu/pubs.shtml> and Lauran Neergard, Early number sense plays role in later math skills, study finds, *The Detroit News* (March 26, 2013), [www.detroitnews.com/article/20130326/SCHOOLS/303260371/1026/schools/Early-number-sense-plays-role-later-math-skills-study-finds](http://www.detroitnews.com/article/20130326/SCHOOLS/303260371/1026/schools/Early-number-sense-plays-role-later-math-skills-study-finds) (accessed 4/17/13).

4 Hart and Risley.

5 James J. Heckman and Dimitriy V. Masterov, *The Productivity Argument for Investing in Young Children*, T.W. Schultz Award Lecture at the Allied Social Sciences Association annual meeting (Chicago: January 5–7, 2007), 3, [http://jenni.uchicago.edu/human-inequality/papers/Heckman\\_final\\_all\\_wp\\_2007-03-22c\\_jsb.pdf](http://jenni.uchicago.edu/human-inequality/papers/Heckman_final_all_wp_2007-03-22c_jsb.pdf) (accessed 4/17/13).

6 In 2012, the Michigan Legislature passed Public Act 291 of 2012, which defines home visiting and its goals. The goals listed here are consistent with that legislation but are not inclusive.

7 The Pew Center on the States, *The Case for Home Visiting* (N.p.: The Pew Center on the States, May 2010), [www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State\\_policy/067\\_10\\_HOME%20Moms%20Brief%20Final\\_web.pdf?n=9905](http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State_policy/067_10_HOME%20Moms%20Brief%20Final_web.pdf?n=9905) (accessed 4/17/13).

and be employed later in life.<sup>8</sup> Michigan's own state-funded preschool program, the Great Start Readiness Program (GSRP), has also undergone a rigorous 19-year evaluation (which started in 1994) with equally compelling short- and long-term effects. GSRP participants are more likely to be ready for kindergarten and proficient in math and reading, and they are less likely to repeat a grade. They are also more likely to graduate on time from high school.<sup>9</sup>

A growing body of research also suggests that early childhood interventions, particularly for young children with high needs, are more effective than efforts later in a child's life.<sup>10</sup> Nobel Laureate James Heckman explains, "Advantages accumulate; so do disadvantages. A large body of evidence shows that post-school remediation programs like public job training and General Educational Development (GED) certification cannot compensate for a childhood of neglect for most people."<sup>11</sup>

### Return on Early Investments

Finally, early childhood investments have been shown to have a high return on investment. In other words, investing early works. Heckman has found that high-quality early interventions can help to reverse the effects of harmful experiences early in a child's life. These efforts, Heckman explains, "benefit not only the children themselves, but also their children, as well as society at large."<sup>12</sup>

Economists from the Minnesota Federal Reserve agree: "Dollars invested in ECD [early childhood development] yield extraordinary public returns."<sup>13</sup> Estimates of returns vary, ranging from a cost savings of \$2.50 to \$17 for every dollar invested.<sup>14</sup>

In 2009, Wilder Research looked at the return on investment of Michigan's commitment to young children and school readiness over the past 25 years. It estimated that these investments have led to \$1.15 billion in cost savings and additional revenue. The study identified cost savings in the K–12 education system from fewer students repeating grades, reduced government spending, increased tax revenues, and reduced social costs (welfare, crime, incarceration) to the public.<sup>15</sup>

Researchers have found that return on investment is highest for investments made when children are youngest. Unfortunately, public investment is lowest for children from birth through age 4 and increases when they begin kindergarten.

8 L. Schweinhart, et al., *The High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions* (Ypsilanti, Mich.: High/Scope Press, 2005), [www.highscope.org/file/Research/PerryProject/specialsummary\\_rev2011\\_02\\_2.pdf](http://www.highscope.org/file/Research/PerryProject/specialsummary_rev2011_02_2.pdf) (accessed 4/17/13).

9 L. Schweinhart et al., *Attachment A: Summary of Great Start Readiness Program Evaluation Findings 1995–2011* (Ypsilanti, Mich.: High/Scope, March 2012), [www.highscope.org/file/Research/state\\_preschool/MGSRP%20Report%202012.pdf](http://www.highscope.org/file/Research/state_preschool/MGSRP%20Report%202012.pdf) (accessed 4/17/13).

10 Heckman and Masterov, *The Productivity Argument*.

11 Ibid.

12 Ibid.

13 Art Rolnick and Rob Grunewald, *Early Childhood Development: Economic Development with a High Public Return* (Minneapolis, Minn.: Federal Reserve Bank of Minneapolis, December 2003), 7, [www.minneapolisfed.org/publications\\_papers/studies/earlychild/abc-part2.pdf](http://www.minneapolisfed.org/publications_papers/studies/earlychild/abc-part2.pdf) (accessed 4/17/13).

14 U.S. Chamber of Commerce, Institute for a Competitive Workforce, *Why Business Should Support Early Childhood Education* (Washington, D.C.: ICW, 2010), 5, [http://icw.uschamber.com/sites/default/files/ICW\\_EarlyChildhoodReport\\_2010.pdf](http://icw.uschamber.com/sites/default/files/ICW_EarlyChildhoodReport_2010.pdf) (accessed 4/17/13).

15 R. Chase et al., *Cost savings analysis of school readiness in Michigan*, prepared for the Early Childhood Investment Corporation (Minneapolis, Minn.: Wilder Research, November 2009), 2, [http://greatstartforkids.org/sites/default/files/file/ECIC\\_WilderStudy.pdf](http://greatstartforkids.org/sites/default/files/file/ECIC_WilderStudy.pdf) (accessed 4/17/13).

# Michigan's Call to Action



“Our goal must be to create a coherent system of health and early learning that aligns, integrates and coordinates Michigan’s investments from prenatal to third grade. This will help assure Michigan has a vibrant economy, a ready work force, a pool of people who demonstrate consistently high educational attainment, and a reputation as one of the best states in the country to raise a child.”

—Governor Rick Snyder, April 2011

In June 2011, under Executive Order 2011-8, Governor Snyder created the Office of Great Start within the Department of Education and charged it with refocusing the state’s early childhood investment, policy, and administrative structures by adopting a single set of early childhood outcomes and measuring performance against those outcomes. The Michigan Department of Education Office of Great Start (commonly referred to as OGS) now serves as the leader of a statewide effort focused on early learning and development.

Currently, resources for families and children are spread across different levels of government and various agencies. Since its creation in June 2011, the Office of Great Start has been working to build upon Governor Snyder’s vision for Michigan’s children and has begun to create a coherent system of health and early learning that coordinates and integrates Michigan’s investments for children before birth through age eight.

## Reorganizing to Get the Job Done

It is critical to recognize that the early childhood system envisioned for Michigan is not simply an early childhood education system. The four early childhood outcomes established by Governor Snyder reflect a far broader vision. Michigan can only achieve these outcomes through a comprehensive, collaborative effort spanning health, human services, and education at the state and local levels.

To this end, Executive Order 2011-8 consolidated responsibility for several early learning and development programs under a single agency to maximize positive outcomes for children, reduce duplication and administrative overhead, and reinvest resources into quality improvement and service delivery. All authority, powers, duties, functions, and responsibilities of the Office of Child Development and Care, the Head Start Collaboration Office, and the Office of Early Childhood Education and Family Services were transferred to the Office of Great Start. The executive order directs the Superintendent of Public Instruction and the Director of the Department of Human Services (DHS) to coordinate these transfers and develop a memorandum identifying any pending settlements, issues, or obligations to be resolved by the respective departments.

Executive Order 2011-8 also directs the director of the Department of Community Health (DCH) to coordinate with the Superintendent of Public Instruction concerning administration of the programs and services that DCH provides that affect early childhood development. The stated intent is that the programs and services that DCH provides should complement and support the efforts of OGS (and vice versa), and that the early childhood resources of both departments should be used in a coordinated fashion.

A memorandum of agreement developed in 2012 among the Governor’s Office, MDE, OGS, and the Early Childhood

## Exhibit 2. Early Learning and Development Programs Moved to OGS



Investment Corporation (ECIC) further clarifies the role of OGS. OGS is charged with administration of Michigan's public early childhood programs and

- aligns, consolidates, and/or integrates early childhood funding and related programs around the four outcomes for young children;
- coordinates the governor's policy, budget, and programs for early childhood issues; and
- acts as the governor's spokesperson for early childhood issues.<sup>16</sup>

ECIC takes its lead from OGS on policy, programming, and leadership in early childhood. The vast majority of ECIC's state and federal funding comes through the Office of Great Start.

The ECIC was created in 2005 under an interlocal agreement with the state's intermediate school districts and is governed by an independent board appointed by the governor. ECIC is charged with creating state-local and public-private partnerships to better serve and advance the interests of young children in Michigan. In that regard, ECIC:

- Serves as a contractor to the state for early childhood innovation, information, research, and program evaluation, subject to bids and selection, compensation, evaluation, and measurement in the same manner as any other contractor

- Through philanthropic funding, conducts independent advocacy efforts with Michigan's parent network and others, and undertakes other activities designed to inform the State of Michigan of evidenced-based research and community strategies that work and are important to support young children<sup>17</sup>

These specific relationships and programs are a foundation that spurs greater coordination and collaboration across the full system. Executive Order 2011-8 explains that "Michigan's early childhood development programs and funding are fragmented across state government;" and that there must be a more focused approach to investment, policy, and administrative structures. The creation of the Office of Great Start is a crucial first step toward a stronger, more efficient, integrated early childhood system.

### Planning for Action

In 2012, the Michigan Legislature required the Office of Great Start to complete a report that contains a comprehensive state plan for early childhood learning and development. The legislature detailed several requirements that this report must fulfill, including specific fiscal components and an early childhood systems analysis.<sup>18</sup>

16 Memo from the Governor's Office, MDE, and ECIC, Early Childhood Partners (Lansing, Mich.: November 26, 2012).

17 Memo from the Governor's Office November 26, 2012.

18 PA 200 of 2012, 73, [www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0200.pdf](http://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0200.pdf).

The required fiscal components are:<sup>19</sup>

- Identification of funding sources and amounts supporting early childhood learning and development;
- Identification of the agency responsible for distributing funding;
- Identification of recipients of each type of funding;
- Identification of the dollar amount and percentage spent for administrative purposes;
- Recommendations that ensure funding is coordinated efficiently and effectively to achieve program outcomes; and
- A fiscal map of federal, state, local, and private expenditures on programs and services for children, from birth through age 8, and their families.

The required early childhood systems analysis components are:<sup>20</sup>

- Identification of programs that support early childhood learning and development;
- Identification of existing roles of state, local, and private partners related to the delivery of services, improving quality and increasing accountability;
- Identification of the number of children and families served, how many are eligible, and the capacity of programs to serve more; and
- Recommendations that align and integrate programs, services, and the roles of state, local, and private partners, including the Office of Great Start and the Early Childhood Investment Corporation, to eliminate administrative duplication and ensure cost-effectiveness, efficiency, and achievement of program outcomes.

The legislature also directed OGS to include performance metrics that should be used to measure progress toward achieving early childhood learning and development outcomes.

The Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system. Outreach included 48 interviews with policymakers, providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, program service providers, and parents and grandparents of children under age 9. Coupled with the fiscal and systems analysis and expertise from professionals in the Michigan Departments of Education, Community Health, and Human Services and the Early Childhood Investment Corporation, these voices are the foundation for the guiding principles, leading indicators, and recommendations contained in this report.

The Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system.

This engagement and research centered around six study components, described on the next page: a program inventory, fiscal analysis, key informant interviews, parent focus groups, a community survey, and leading indicators, or performance metrics, for the four early childhood outcomes. All of these components culminated in this report and recommendations.

<sup>19</sup> For a discussion of some of the challenges encountered in addressing the components, see Appendix VII.

<sup>20</sup> Ibid.

### Exhibit 3. Areas of Study

**Program Inventory:** OGS completed an inventory of 89 programs, services, and efforts to serve young children and their families and improve system infrastructure that support early childhood learning and development. The Early Childhood Program Inventory (Appendix I) documents this work and provides an overview of each program, including its purpose, eligibility criteria, the number of children served, the amount of money used by recipients from federal and state investments, and the early childhood outcome(s) that it addresses.

**Fiscal Map:** To understand the investments that currently support children from birth through age 8 and their families, OGS gathered, estimated, and reviewed state and federal investments across 89 programs and services in four agencies. This analysis allowed OGS to review the total investment through several different lenses, including investment by age range and by department. The Fiscal Map can be found in Appendix II.

**Key Informant Interviews:** To document the best thinking from key stakeholders across the state, OGS conducted 48 hour-long interviews. The interview questions were designed to identify what key stakeholders believe children need to be healthy and succeed in school, what is working and not working right now in early childhood, how children who are “high need” should be identified, how public resources should be invested to ensure that children can be healthy and successful, how collaboration and coordination among stakeholders can be improved, what the role of OGS should be, how success should be measured, and how accountability can be ensured. A summary of the interviews is provided in Appendix III (along with a list of participants and interview questions).

**Parent Focus Groups:** To complement the interviews, three focus groups were held with parents across Michigan. One focus group was recruited through the Great Start Collaborative of Kent County in Grand Rapids, one through Starfish Family Services in Inkster, and the third through Traverse Bay Area Intermediate School District Early Childhood Services in Traverse City. Overall, 35 people participated. They were predominantly women, ranging in age from teenagers to adults in their mid-forties. These parents each have at least one child under age 9, and as many as four children under age 9. The report of the focus group findings can be found in Appendix IV.

**Stakeholder Survey:** Nearly 1,300 people responded to an online survey fielded by OGS to reach parents and other stakeholders. A link to the survey was sent by e-mail to several MDE e-mail lists and DCH, DHS, and ECIC were asked to distribute the survey as well. Respondents included parents, grandparents, and paid caregivers of children under age 9, early childhood educators and administrators, providers and administrators of other services for young children, and early childhood advocates. Survey respondents were asked what they believe is working well to ensure that young children are successful, what is not working as well as it should, and what could be done to address the problems identified. They were also asked to offer specific suggestions for improving access to programs and services. The summary of survey responses can be found in Appendix V.

**Leading Indicators:** Finally, OGS worked with MDE, DCH, DHS, and ECIC to develop a list of high-level performance metrics—an early childhood dashboard—to track progress toward achieving the four early childhood outcomes. A more detailed discussion of the performance metrics can be found on page 26 and Appendix VI.

OGS has worked closely with professionals within MDE, DCH, DHS, and ECIC to incorporate their expertise and experience in the development of this report. Professionals in many agencies helped to ensure accuracy of information, provided information and critiques (as appropriate) of the current system, and offered feedback on the recommendations.

OGS is committed to building a comprehensive early childhood system in Michigan, and this report is an essential step in the process. However, OGS acknowledges that development of an integrated system will take time and ongoing commitment by the Governor’s Office, the legislature, MDE, DCH, DHS, and other state agencies. This report also takes into consideration that improving the well-being of Michigan’s young children must be accomplished with limited public resources. The information and the recommendations presented in this report provide a strong foundation for continued efforts to improve outcomes for Michigan’s young children and their families.

# Michigan's Current Early Childhood System



As young children grow and develop, there are many programs and services available through the public and private sectors that work to ensure that every child achieves the four early childhood outcomes. The bulk of these services are administered by the Michigan Departments of Education, Community Health, and Human Services and delivered by regional and local partners. OGS met with professionals from each agency to better understand the programs, delivery mechanisms, improvement strategies, and accountability efforts that make up Michigan's current early childhood system.

## Programs and Delivery Mechanisms

These three departments offer a wide range of programs and services. Some programs serve children directly, others serve parents or caregivers directly, while others do not provide direct services and instead support the infrastructure of the early childhood system. These programs address a range of service areas including health care and prevention services, developmental assessment and interventions, parent education and supports, and early learning and development. State agencies commonly partner with local or regional partners (such as schools, public health department, communities, and non-profit organizations) to deliver these services to young children and their families.

### Michigan Department of Education

MDE relies on a large network of public schools and intermediate school districts (ISDs) to provide most of its programs and services to families. There are currently 549 school districts and 256 public school academies (commonly called charter schools) in Michigan.<sup>21</sup> Public schools offer K–3 instruction, but they also provide supplementary food programs (such as the National School Lunch Program and After-school Snack Program), and sometimes house services such as school-based health clinics.

<sup>21</sup> Michigan Department of Education. (N.D). *Number of Public School Districts in Michigan* [www.michigan.gov/documents/numbsch\\_26940\\_7.pdf](http://www.michigan.gov/documents/numbsch_26940_7.pdf), (accessed 4/17/13).

Public schools are supported by a network of 56 intermediate school districts. ISDs focus much of their attention on the K–12 system, but they are also formally involved in early childhood services by administering several efforts including:

- Early On<sup>®</sup>—Michigan's statewide system of early screening and intervention for children from birth to age 3,
- Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs)—local organizations that support the development of a local early childhood system and ensure parent leadership and voice, and
- Great Start Readiness Program (GSRP)—the state-funded preschool program.

OGS also administers funding for child development and care. This funding stream supports both child care subsidy and early learning and development quality activities. Services are typically delivered through child care centers, family homes, group home and aides/relative providers statewide. Training and technical assistance is offered to these providers through 10 Regional Resource Centers across the state and links to educational opportunities through community colleges and universities.

Other department efforts, such as training and technical assistance, are often provided through other mechanisms such as ECIC or universities.

### Michigan Department of Community Health

DCH is the umbrella agency for public health programs and the state's Medicaid program. The vast majority of these programs and services are delivered to children and families by local providers, including 45 local health departments (LHDs) serving Michigan's 83 counties, health plans, health systems, hospitals, community mental health service programs, physicians, universities, federally qualified health

centers, and others. Thus, the majority of the department's budget is used to provide services through contracts with a full array of providers who interact directly with children and families. For example, DCH provides direct oversight and administration of programs such as Medicaid, MICHild, and Healthy Kids Dental, while the direct services associated with these programs are provided to children and families by health care providers. Many other DCH programs and services, such as prenatal care, hearing and vision screening, behavioral health services, services for children with developmental disabilities, and immunizations are provided directly to children and families by local health departments and other contracted providers.

### **Michigan Department of Human Services**

DHS has two main service areas: "assistance" and "services." Under the assistance umbrella, DHS provides food assistance through the Supplemental Nutrition Assistance Program (SNAP), assists clients with Medicaid eligibility and enrollment, and provides temporary cash assistance to low-income pregnant women and families with minor children, among other things. Under the umbrella of "services," DHS provides children's services, adult services, and family and community services. This includes the administration of Children's Protective Services (CPS), foster care, child support, juvenile justice, and the family preservation program.

To deliver assistance and services, DHS contracts with providers at the county level. There are DHS offices in every county in the state. Clients can visit these offices to determine eligibility for and enroll in assistance programs. DHS contracts with private agencies and service providers for many of the services it administers, including CPS, foster care supervision, and services offered through the family preservation program.

### **Quality and Accountability**

The agencies have a variety of mechanisms to support program and service quality improvement and accountability. Many programs must respond not only to state expectations, but, because they benefit from a federal grant, must also meet federal improvement guidelines. Efforts to improve quality and efforts to ensure accountability often overlap. For that reason, these issues are discussed together.

### **Michigan Department of Education**

MDE promotes quality improvement primarily through training and technical assistance that is responsive to needs identified by teachers and other providers in the field, as

well as through analysis of data and feedback received through federal monitoring of programs and services. The Great Start to Quality initiative is one example. It provides parents and families with information about the quality of child care and preschool providers across the state. This effort also helps child care and preschool providers improve the care and education they offer. The School Improvement Plan, required by the federal grant Title I, is another specific tool used to require continuous improvement at the school and district level. Through this planning process, schools and districts analyze data, identify areas of need and interventions, and implement improvement strategies. To spotlight schools that have overcome risk factors for low student achievement and demonstrated quality, MDE started recognizing schools that are "Beating the Odds" in 2009. These schools are recognized by the MDE and looked to as models for other schools across the state.

In recent years, efforts to promote accountability have been supported by greater access to technology and improved ability to use data to monitor quality. The MDE also ensures adherence to financial obligations associated with state and federal funding, and ensures compliance with all funding requirements. The MDE has established criteria for designating schools as Priority Schools (those performing in the bottom 5 percent of all Michigan schools) and Focus Schools (those with the largest achievement gap between high- and low-performing students). These designations allow MDE to identify which types of support are needed for schools facing challenges, and also to work with these schools to develop plans for improvement. A third school designation—Reward Schools (those performing in the top 5 percent of Michigan schools)—allows MDE to identify and highlight best and promising practices.

### **Michigan Department of Community Health**

Quality assurance and improvement strategies vary by program in the Michigan Department of Community Health. There are performance reporting requirements for Medicaid health plans and Community Mental Health Services Programs, and program, budget, accounting, and legal staff within DCH work together to ensure that funds are spent appropriately and are accounted for across all programs.

Programs administered by DCH are guided by contracts and/or policies that specify how services are to be delivered. Because many of the programs administered by DCH are funded with both state and federal dollars, monitoring of program quality and cost occurs at both the state and

federal levels. For programs that receive federal funding, DCH requires reports on quality and outcome measures from local providers that, in turn, enable the state agency to provide data and information to the appropriate federal agency.

DCH is also required to submit reports to the state budget office regarding its expenditures on programs that are paid for with state funds. State and federal auditors are housed within DCH, and the number and intensity of audits has increased in recent years, leading to an increased emphasis on accountability for efficient use of program funds and achieving outcomes. Additionally, DCH is often required by law or regulation to prepare reports to the governor and/or legislature on a variety of programs. For example, the Public Health Code requires DCH to provide an annual report on child lead poisoning screening and prevention efforts.

The state's data warehouse is a large repository for a variety of program data from DCH and other departments. DCH can use the data to identify who receives services, which outcomes are achieved, and what the cost is to provide the program or service. Data systems such as this one allow for the identification of opportunities for quality improvement. The department also partners frequently with state universities, including Michigan State University, the University of Michigan, and Wayne State University, to evaluate pilot programs to establish evidence-based and best practices.

### **Michigan Department of Human Services**

There are multiple levels of oversight for DHS programs and services, especially in children's services. There is a specified ratio of "front-line" workers to supervisors, and there are program managers who have oversight of supervisors, and program directors have overall responsibility for service delivery. Child welfare field operations staff address identified service delivery problems and also oversee county-level DHS offices.

The Office of the Family Advocate steps in when a negative or problematic interaction with a family occurs. This office is accountable to the DHS director, and provides recommendations to the director and the staff at the county level to address problems. The Office of the Children's Ombudsman reviews cases and client issues as they arise and provides recommendations to address challenges, which are filtered through the Office of the Family Advocate.

CPS and foster care advisory committees comprise supervisors from DHS and private agencies who have contracts with DHS to provide services. These committees are responsible for understanding current practices and reviewing policies as they are being developed and implemented to identify the impact the policies will have on the children and families served.

The development of policies within DHS entails an extensive, multi-level process to identify any potential negative effects and to ensure appropriate application of new policies. New policies are first reviewed by the relevant program office and then, with program feedback incorporated, the policy undergoes full departmental review, when every manager and director has an opportunity to review the policy and recommend any further changes.

In addition to program oversight and policy review, DHS uses its centralized intake system to monitor the quality of services provided. During quarterly meetings of intake staff and supervisors, cases that have been assigned for investigation are reviewed to ensure that program policy is being applied consistently.



# Michigan's Investment in Early Childhood



A central part of understanding Michigan's early childhood system is understanding the fiscal landscape: how much money is invested, where it comes from, where it goes, and how public and private investments support the system. This report and fiscal analysis consider investments in 89 programs identified as serving young children (from birth through age 8) and their families across four areas: community health, education, human services, and tax credits. These areas are generally administered by DCH, MDE, DHS, and Treasury respectively. Two education programs, Head Start and Early Head Start, are included in the education investments, but are not administered by MDE. These local programs receive federal funding directly.<sup>22</sup> While it is beyond the scope of this report to look at the effectiveness of each of these programs and determine if they are the right investments, the Program Inventory (Appendix I) and Fiscal Map (Appendix II) provide a comprehensive look at each of Michigan's current early childhood investments.

## Public Investment

Michigan's early childhood system is supported by an annual investment of \$9.4 billion in state and federal resources. This investment represents approximately \$8,800 per child from birth through age 8 in Michigan. Average public investment in children ages 5 through 8 is significantly greater (\$11,500 per child) than the average investment in children from birth through age 4 (\$6,500 per child).

K–12 public education represents the largest single investment in young children, with \$3.4 billion invested annually in state School Aid Funding, all for children ages 5 through 8.

Medicaid represents the second largest investment at \$1.6 billion, with \$1.2 billion directed at children from birth through age 4, and \$0.4 billion directed at children ages 5 through 8. Other large investments include the federal Earned Income Tax Credit (\$0.8 billion), and the Food Assistance Program (\$0.6 billion).

### Exhibit 4. Summary of State and Federal Investment in Young Children in Michigan

<b>Number of programs supporting children</b>	<b>89 federal and state programs</b>
<b>Total annual investment</b>	<b>\$9.4 billion</b>
Total state investment	\$4.6 billion
Total federal investment	\$4.8 billion
Total funding for children from birth through age 4	\$3.7 billion
Total funding for children ages 5 through 8	\$5.7 billion
<b>Average funding per child</b>	<b>\$8,800 per child from birth through age 8</b>
	\$6,500 per child from birth through age 4
	\$11,500 per child for ages 5 through 8

<sup>22</sup> A detailed profile on each of these programs and their annual spending estimates can be found in the Early Childhood Program Inventory (Appendix I).

The \$4.6 billion invested in School Aid Funding and other education efforts represents nearly half (49 percent) of overall spending on young children. Of this investment, \$0.6 billion supports children from birth through 4 and \$4 billion supports children ages 5 through 8.

Community health investments are \$1.9 billion, with \$1.5 billion supporting children ages birth through 4 and \$0.4 billion supporting children ages 5 through 8. There is \$1.4 billion in investment in human services with \$0.8 billion directed at children ages birth through 4 and \$0.6 billion directed at children ages 5 through 8. Finally, the Michigan Department of Treasury and the U.S. Department of Treasury administered tax credits with an estimated investment of \$1.5 billion toward young children in Michigan, with \$0.9 billion directed at children from birth through age 4 and \$0.6 directed at children ages 5 through 8.

Given the earlier discussion regarding the high rate of return on early childhood investment (page 7), it may seem puzzling that Michigan invests so much more in children ages 5 through 8 than it does in children from birth through age 4. However, the reason for this discrepancy is clear. Michigan supports free public education for children once

they reach kindergarten age. Long ago, Michigan decided that a public investment in the education of all of the state's children was of fundamental importance, and this view is enshrined in the state constitution, which directs the legislature to maintain and support a free public school system. The state's support for K–12 education is by far the largest single investment Michigan makes in young children.

In 2012, the K–12 investment across the early childhood system (birth through age 8) totaled \$3.4 billion, with all of this investment directed at children ages 5 and older.<sup>23</sup> The K–12 investment represents approximately \$6,800 per child ages 5 through 8. It also represents 59 percent of spending on children ages 5 to 8, and 74 percent of state (i.e., nonfederal) resources invested in Michigan's early childhood system.

Traditionally, the state has not invested as heavily in early learning and care for young children from birth through age 4. The largest investment for this age group is Medicaid (\$1.2 billion) followed by the federal Earned Income Tax Credit (\$481 million) and the Food Assistance Program (\$366 million).

### Exhibit 5. Investment by Age and Type (in billions)

From birth through age 4, public investments are focused on health programs (generally administered by DCH). When children turn 5, investments shift to education programming (primarily administered by MDE).

	Community health	Education	Human services	Tax credits
Birth through age 4 (range of 5 years)	\$1.477	\$0.645	\$0.777	\$0.848
Ages 5 through 8 (range of 4 years)	\$0.473	\$3.982	\$0.588	\$0.622

Note: Exact figures are available in the Fiscal Map (Appendix II).

<sup>23</sup> For the purpose of this analysis, children are assumed to be age 5 when they enter kindergarten.

## Private Spending

Much of the investment in young children in Michigan is made by families with private dollars—particularly for children from birth through age 8. As any parent can attest to, raising children is an expensive proposition. To be successful, children need loving supportive homes, but they also need healthy food, a safe place to live, access to health care, high-quality child care (whether provided by family members or a nonrelated caregiver), and a high-quality early learning environment.

The federal government recently estimated that the cost of raising a child from birth through age 18 for a middle-income married couple is \$234,900—and the first years of a child’s life are especially expensive. On average, it costs \$12,370 a year to support a child from birth to his or her second birthday.<sup>24</sup>

Spending on child rearing obviously varies with family income. For single-parent households with family income less than \$59,410, the average annual spending to support a child from birth through age 2 was \$7,760. However, even supporting this level of spending is difficult or impossible for many Michigan families. Approximately 4 in 10 Michigan children live in households below 200 percent of the poverty line, while 1 in 3 live below 150 percent of poverty and slightly more than 1 in 5 live below the poverty line.<sup>25,26</sup> Young children living in homes with incomes below these thresholds are more at risk of not achieving the early childhood outcomes of being born healthy; being healthy, thriving, and developmentally on track from birth to third grade; being developmentally ready to succeed at time of school entry; and being able to read proficiently by the end of the third grade. Michigan’s early childhood system is aimed at ensuring that every young child can achieve these outcomes—regardless of family income.

Private philanthropy from foundations, corporations, and nonprofit corporations (such as United Way) is an important supplement to the early childhood programs and services that are provided by the government. Philanthropic efforts, ranging from direct services to families and children to system building, can at times look similar to programs supported by state and federal investments. A distinct advantage of private philanthropy is that it can fund innovative programs to show policymakers which types of programs are best at supporting young children.

Spending in the arena of private philanthropy helps thousands of children across Michigan. However, this level of spending is clearly a complement to, not a substitute for, public spending. Private philanthropy can fund innovation, model projects, and fill gaps in the social safety net, but the assets of private philanthropy are insufficient to replace public spending.

24 These estimates are from Mark Lino, *Expenditures on Children by Families, 2011* (Washington, D.C.: United States Department of Agriculture, Center for Nutrition Policy and Promotion, Miscellaneous Publication No. 1528-2011, June 2012). Note: some expenditures supported by government aid are included in the totals. Middle income was defined in the study as before-tax income of between \$59,410 and \$102,870.

25 Calculations by the Citizens Research Council of Michigan using the 3 percent American Community Survey sample for 2010, as compiled by Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek, *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database] (Minneapolis: University of Minnesota, 2010).

26 The poverty line varies with family size. For 2012, the poverty line for a family of four was \$23,050. See: <http://aspe.hhs.gov/poverty/12poverty.shtml>.

# Michigan Stakeholders' Perspectives



Nearly 1,400 stakeholders participated in interviews, focus groups, and an online survey about the state's early childhood system. They identified what is working well and what's not working as well as it should. They also offered suggestions for how to improve the system. This section summarizes their input and identifies key themes. A full summary of the interviews, focus groups, and survey can be found in Appendices III, IV, and V.

## What Is Working Well?

Through key informant interviews, focus groups, and the online survey, all of the nearly 1,400 stakeholders engaged in the development of this report were asked what is working well to make sure the four early childhood outcomes can be achieved for young children in Michigan. These stakeholders—whether parents, service providers, or policymakers—all readily identified aspects of Michigan's early childhood system that are working well. In the comments they offered they included system features and state-level activities as well as specific programs and local interventions that support children and families.

### *Awareness of Importance of Early Childhood*

Many of the key informant interviewees and more than 70 of the online survey respondents noted an increasing awareness of the importance of early childhood. A few said creation of OGS is evidence of this increased awareness, and a handful commented that the appointment of a deputy superintendent for early childhood is a step in the right direction. One survey respondent put it this way: "OGS firmly establishes that early childhood has a strong voice within MDE, public schools, business, and politically."

Some interviewees and survey respondents also pointed out that acknowledgement of the importance of the early years of a child's life can be found in widening circles. As one interviewee said, "The constituency of people who are interested in early childhood is expanding, including business and philanthropy." Some noted bipartisan support for

early childhood among state legislators, and a few pointed to greater parent engagement in early childhood initiatives.

### *Education and Information on Child Development for Parents*

Parents' understanding of early childhood development and involvement in their own children's education are critical to good outcomes, according to many stakeholders. Several interviewees noted parent education and involvement when asked what young children and their families need most; parents participating in the focus groups talked about parent involvement and strong parent-child relationships when they were asked about the characteristics of families that are doing well; and more than 100 survey respondents included education and information on early childhood development as an area that is working well with regard to early childhood.

Survey respondents said they are pleased with efforts to give parents useful information for raising their children and involve them in the education of their children. As one survey respondent commented, "Parents are educated on child development and what to look for as far as warning signs. Educators and parents work together closely to plan the child's education. Parents need to be as involved as possible in the education of their children." However, parent understanding of early childhood development was also identified as an area for improvement by many survey respondents and interviewees.

### *Coordination and Collaboration*

More than 100 survey respondents and several interviewees commented on positive collaborative efforts and coordination to meet the needs of families and children, particularly in local communities. They emphasized the importance of local input and planning. Great Start Collaboratives were mentioned specifically. As one survey respondent put it, "The focus on local solutions delivered through a collaborative network supported by the intermediate school districts has been a positive combination."

While most of the comments about collaboration and coordination were general or with regard to efforts at the local level, some survey respondents identified positive steps toward coordination at the state level. One survey respondent said, “I think our state is doing a much better job with systems building and working on key infrastructure pieces.”

### **Efforts to Ensure Quality**

About 100 survey respondents and several interviewees spoke positively about efforts to improve the quality of programs and services available to young children and their families. Some noted that good provider training is available to help ensure quality. Great Start to Quality, an initiative to develop a quality rating system for early learning programs and child care settings, received the most mentions specifically. Comments made by survey respondents suggested it is a “good start” to setting standards and helping parents identify high-quality providers. However, a few of the parents participating in the focus groups mentioned their concern that the quality rating system is confusing and the website is awkward to navigate. A few interviewees also noted that more should be done to communicate information about the quality rating program to both parents and providers.

### **Programs and Services**

More than 300 survey respondents identified health care services and supports that are working well, including prenatal care and education, well child visits, home visiting services, food and nutrition programs, and infant mental health services. The WIC (Women, Infants, and Children) program was mentioned specifically by more than 50 respondents. Several interviewees said they believe access to health care coverage for young children in Michigan is working well or trending in the right direction.

More than 200 survey respondents said early screening and intervention programs that help identify and address delays and other learning challenges among young children are working to ensure that children are thriving and developmentally on track. Some respondents named specific programs, including Early On, Head Start, and Early Head Start.

About 250 survey respondents offered comments on the ways in which early childhood education and care is contributing to children’s success. About 100 of these respondents said that access to these programs and services is improving; another 150 said that the quality of available programs and services is good. The specific programs identified

most often as providing a high quality preschool experience were the Great Start Readiness Program (GSRP) and Head Start, with each mentioned by about 100 participants.

In addition to survey respondents, a large number of interviewees also commented on the high quality of the Great Start Readiness Program. A few lamented that GSRP is not more widely available because the evidence shows such positive outcomes for the children served by the program. And several interviewees mentioned positive outcomes associated with the Head Start and Early Head Start programs. They spoke of the ability of Head Start to reach children at a young age with high-quality programming.

Some survey respondents said that high-quality child care is contributing to achieving positive outcomes for children. And both parents and administrators spoke highly of the dedication and qualifications of staff within child care and preschool programs as well as in the public school system.

### **Characteristics of Programs That Work Well for Parents**

As parents in the focus groups described what they like about programs or services that are working well and what makes them work well, the following characteristics emerged:

- **Affordable.** Services are provided free, charges are based on family income, or scholarships are available.
- **Trustworthy.** Parents can build a relationship of trust with professionals who are consistently available and responsive.
- **Informal.** There are informal opportunities for parents to connect and interact with other parents, and opportunities for children to interact with other children.
- **Diverse.** There is diversity in the socioeconomic characteristics of the children and families participating in the program.
- **Easy to enroll.** Application requirements are simple to understand and complete.
- **Informative.** There are opportunities to learn about child development and available resources.
- **Safe.** Services are offered in a location or by an entity that feels safe and non-threatening to the parent.
- **Convenient.** Services are delivered in the family’s home or neighborhood.
- **Welcoming.** An open-door policy and informal structures encourage parent involvement.

## What Is Not Working as Well as It Should?

In the key informant interviews, parent focus groups, and online survey, when stakeholders were asked what is not working they identified many areas of Michigan's early childhood system that need improvement, including several of the same areas that some stakeholders had said are working well.

### Consideration of Parent and Child Needs

Some interviewees said that efforts to serve children and families do not sufficiently take into account what parents or their children need or want, sometimes unfairly penalizing parents or presuming they are incompetent. A few suggested that efforts to engage community members and parents in the design of programs that will meet their needs have not resulted in genuine grassroots involvement.

### Parenting Skills and Involvement

More than 200 survey respondents noted that more needs to be done to help parents fulfill their critical role in assuring their children's well-being, whether by providing training on appropriate parenting techniques, encouraging and supporting parent involvement in their children's education, or engaging parents in program planning and development. Many said that high-risk families are in need of far greater outreach efforts.

...more needs to be done to help parents fulfill their critical role in assuring their children's well-being.

Parents participating in the focus groups also discussed parenting skills and involvement as an area needing improvement. They identified parent involvement in their child's development as a characteristic of families that are doing well, but said that many parents need more information about child development and basic parenting skills. They pointed out that the challenges of parenting can be overwhelming for many parents that do not have a network of family and friends to provide information and support.

### Coordination and Collaboration

Interviewees and survey respondents had similar concerns about the lack of coordination among early childhood programs and services. They identified a number of contributing factors, including separate lines of service, separate funding streams, lack of a shared vision, and competition among stakeholders.

## Availability of and Access to Programs and Services

The availability of programs and services and access to them was identified as an area that is not working well by key informants, survey respondents, and parents participating in focus groups. Some interviewees expressed frustration with limited investment in early childhood programs and services, including limited funding for children from birth to age 3 and GSRP, low Medicaid reimbursement rates, and poor allocation of resources based on evidence and documented need. Nearly 300 survey respondents said that access to and availability of services is limited. The challenges noted were most often related to health care services, programming for children from birth to age 3, and preschool programs.

Some survey respondents noted that many children are not receiving appropriate developmental screenings and are, therefore, not being referred to or connected with necessary services. Many noted specifically that health care providers have an important role to play in screening and referral.

Parents participating in focus groups described difficulty finding out about programs and services, barriers that make it difficult to access services, and the limited availability of some services. According to survey respondents, the primary barriers to services are lack of awareness of services, limited availability of transportation, lack of affordability of programs (especially child care and preschool), and programs offered at inconvenient times and locations.

The state's child care subsidy received quite a bit of attention from interviewees as something that is not currently working well. Some interviewees said the child care subsidy, as it is currently formulated, is inadequate to promote the use of high-quality child care and early learning among low-income families.

### Efforts to Ensure Quality

Concerns regarding quality of services were raised by key informant interviewees and survey respondents. Several interviewees said they believe that *high-quality* early childhood education and care are not widely available, and a few blamed low compensation levels for child care providers and preschool teachers as a barrier to improving quality. Survey respondents also said that there are many services for which quality could be improved.

A few interviewees suggested that lack of an effective data collection and evaluation system prevents the state from moving forward with development of a statewide system for

early childhood. These interviewees are seeking a way to assess quality of services and outcomes for individual programs as well as the development of a system that reaches across programs. Survey respondents also noted challenges that exist with current efforts to evaluate and monitor the quality of programs and services.

### **Availability of Funding**

Of course, the availability of services and programs is directly linked to availability of funding. Survey respondents said that many programs are underfunded, limiting their scope and availability. They also noted that funding tends to be unstable, with budget cuts a constant worry. In one of the parent focus groups, participants said lack of continuity in program funding makes it difficult to keep parents and families engaged in programs, and differences in funded services between one geographic area and another can also be frustrating for families.

Some of the parents participating in the focus groups raised a concern related to funding requirements for some programs. They noted a lack of diversity among the families and children participating in programs. They said there are benefits from participation in programs with children and families who have different backgrounds and experiences, but because of income eligibility requirements for some programs, the children and families participating all tend to have the same socioeconomic background.

### **How Can Michigan's Early Childhood System Be Improved?**

Stakeholders in key informant interviews, parent focus groups, and the online survey provided a wealth of suggestions for improving the system of early childhood services and supports in Michigan.

Their suggestions for how to make improvements in the early childhood system can be organized in six categories: building leadership; supporting parents' critical role; assuring quality and accountability; ensuring coordination and collaboration; using funding to maximize impact; and expanding access to quality programs and services. Not surprisingly, these six areas are very similar to the areas in which stakeholders said the early childhood system is not working as well as it should.

#### **Building Leadership**

Key informant interviewees and online survey respondents called for strong leadership at the state level to guide

efforts to improve early childhood programming and services. Some said more needs to be done to build understanding of the importance of early childhood, develop a shared vision, provide clear guidelines, and clarify expectations for goals and outcomes.

When asked specifically what the role of the Office of Great Start should be in meeting the needs of young children and their families, interviewees offered a variety of ideas, but, collectively, their responses emphasize the importance of creating a focal point for early childhood.

Some described the role OGS should perform in ensuring a common purpose among early childhood efforts and setting a statewide agenda. Others described a role of convening stakeholders, coordinating financial resources, and clarifying roles and accountability among all early childhood partners. Several of these interviewees noted that OGS will need a high level of authority to enable it to effectively carry out these functions.

Some interviewees suggested that OGS should promote local control and flexibility in the implementation of early childhood programs and services, within a statewide framework for accountability. There were also several suggestions that OGS should set standards to which partners are held accountable and ensure best use of evidence-based practices. Some interviewees said it would be helpful for OGS to take the lead in sharing information with stakeholders regarding resources and latest research to support early childhood efforts.

Interviewees and online survey respondents suggested reaching out to parents and trusted community organizations and engaging them in making decisions about programs and services. As one interviewee said, parents need to "enlighten and inform professionals who make decisions. We need families to be a leading voice in discussions." Some interviewees suggested that reaching out to parents and families to involve them in identifying and creating solutions would be an effective way to begin addressing the wide disparities that exist among children of differing races and income levels.

#### **Supporting Parents' Critical Role**

About 130 survey respondents said parents need more information about child development and basic parenting skills. Many said this information should be provided in the prenatal period or even before, but many simply said that parents need to understand developmentally appropriate strategies for raising children. Many interviewees also

identified the need to educate parents and a few emphasized the need for a strategy that reaches both parents and their children.

Parents participating in the focus groups also talked about the difficulties of parenting and the need for parent education and information. Some of these parents said improving community outreach to parents and families would help solve problems such as lack of information on child development and awareness of services. They advised using a variety of outreach mechanisms with an emphasis on personal contact and creation of trusting relationships.

### **Assuring Quality and Accountability**

Key informant interviewees, survey respondents, and parents participating in focus groups all offered suggestions for assuring quality and accountability in the early childhood system through evaluation, performance measurement, program requirements, provider incentives, training and technical assistance, and/or transparency in reporting.

Key informant interviewees were asked specifically how they would measure success for the four early childhood outcomes. They offered a variety of specific indicators and metrics. More than half of the interviewees also provided broad suggestions for how to go about measuring success. These include:

- Reaching agreement among state and local departments and agencies on what to measure and how to measure it
- Implementing a common, longitudinal data system that can be accessed and used by multiple stakeholders to assess effectiveness of individual programs and the system as a whole
- Measuring both process and outcomes to provide solid information regarding successes and setbacks
- Setting achievable short- and long-term goals

Parents participating in the focus groups were asked to consider what they would want to know or see graded if a “report card” existed to keep track of progress on early childhood in Michigan. By far, the first and most common response was that they would want to know about the availability of or access to high-quality early childhood learning programs. But several parents acknowledged that it would be difficult to define and track the *quality* of programs. One parent mentioned that it also would be important to track access to health care, and another suggested tracking availability of intervention services.

Quality and accountability are inextricably linked, and interviewees offered several suggestions for improving accountability among stakeholders who have a role in reaching the four early childhood outcomes. A majority of interviewees said that improving accountability among stakeholders is best facilitated through shared metrics and effective strategies for measuring and evaluating success. As one person put it simply, “Use the data. And if we don’t have good data, get good data.” Many interviewees also recommended the use of financial incentives to encourage providers of programs and services to achieve outcomes, suggesting that funding for providers who do not achieve expected outcomes should be decreased or discontinued.

Many survey respondents said the qualifications and credentials of service providers should be improved, and most said additional training should be provided. Some survey respondents echoed the interviewees and said that program providers should receive financial incentives for achieving quality goals.

### **Ensuring Coordination and Collaboration**

Key informant interviewees and about 90 survey respondents said coordination and collaboration among state and local entities must be improved to support access to and quality of services. Some survey respondents specifically said that coordination and communication between PreK services and the K–12 system should be improved to ensure smooth transitions for children and parents.

**Many interviewees also recommended the use of financial incentives to encourage providers to achieve outcomes.**

When key informant interviewees were asked how state and local partners can better work together to meet the needs of young children and their families, interviewees offered a variety of suggestions. Some suggested finding ways, across state departments, to make sure that people who have responsibility for meeting the various needs of children and families are communicating and working together. A few interviewees reiterated their hope that bringing education, human services, and health programming together under the auspices of OGS will improve coordination among these state departments in a way that will also improve coordination at the local level. Several survey respondents also called on state departments and agencies to model collaboration.

Some survey respondents said service providers at the local level should communicate with each other to better understand the services each delivers and reduce duplication. They also suggested collaborating at the local level to “share responsibilities” given shrinking resources. Some interviewees suggested forming “hubs” in local communities to bring together people from a variety of sectors to learn from each other about community resources and programs, and to coordinate early childhood initiatives. A few interviewees said the state should lead by setting guidelines or standards that support and promote collaboration, but should allow local flexibility in service delivery and program implementation.

### *Using Funding to Maximize Impact*

As described under stakeholder suggestions for assuring quality and accountability, many interviewees recommended the use of financial incentives to encourage providers of programs and services to achieve outcomes. Some suggested that funding for providers who do not achieve expected outcomes should be decreased or discontinued. Some survey respondents concurred, saying that program providers should receive financial incentives for achieving quality goals.

Parents participating in focus groups suggested providing continuity in funding for programs so that families can count on the services being available and programs can reach out to families without uncertainty. Parents participating in focus groups also suggested revising program eligibility requirements and using payment mechanisms such as sliding fee scales to expand access to early childhood programs to families at all income levels and increase the diversity of children and families served.

Interviewees were asked how resources should be distributed for delivering services to children in the state—whether more intensive levels of programming should be offered to those with the highest needs, or whether less intensive services should be offered to all children. A large majority of interviewees indicated that the state should focus its resources on those who are at greatest risk of not achieving the four early childhood outcomes. Several interviewees argued for an approach that combines targeted services for a smaller number of children with some set of universal services for all children.

When interviewees were asked how they would define “high need” children, most suggested that a variety of risk factors should be considered, including income, family and home environment, developmental ability, and race or ethnicity.

Given the wide disparities that can be found in leading childhood indicators among children of differing races and income levels, interviewees were asked how these disparities might be addressed. The following ideas were mentioned repeatedly by interviewees:

- Reaching out to parents and families directly to involve them in identifying and creating solutions
- Targeting interventions to those at greatest risk
- Creating a coordinated, cohesive strategy to reach all children in the early years
- Offering universal PreK (potentially through the expansion of GSRP)

### *Expanding Access to Quality Programs and Services*

Key informant interviewees were asked where the state should invest its resources to best meet the needs of children in Michigan, given the types of services and programs whose effectiveness is supported by evidence. The following ideas were promoted by interviewees:

- Creating a strong system infrastructure that includes coordination and collaboration, perhaps through the development and expansion of community access hubs
- Focusing resources on children from birth to age 3 and their families
- Ensuring that pregnant women have access to prenatal care and that young children have a regular source of medical care where providers are working to identify any developmental delays
- Making investments in high-quality preschool and child care programs, including GSRP and Head Start
- Providing professional development to child care and preschool providers

About 150 survey respondents also said preschool programs should be more widely available. While many respondents spoke generally of the need to expand preschool options, GSRP was the program mentioned most often by name (40 respondents). Survey respondent suggestions for expanding preschool programs included increasing the number of slots and locations available to serve children ages 3 and 4. Suggestions from parents participating in focus groups also included expanding access to early childhood programs for families at all income levels, including preschool programs.

About 50 survey respondents said that access to high-quality services would be improved with more effective and timely screenings and assessments leading to appropriate

referrals. More than 100 others said the availability of prevention and early intervention services should be increased. Nearly 50 of these respondents emphasized the need for prevention and early intervention through programs such as Early On. Approximately 35 respondents said home visiting provides a great way to reach parents with important information about development. Another 35 respondents called for a greater emphasis on services for children from birth to age 3, noting that most brain development occurs during this stage of growth.

About 100 survey respondents commented on the need for improved access to and availability of health care services. Nearly 40 of these respondents called for increased availability of mental health services for children and families. Several said that infant mental health services should be more widely available, and many said that mental health workers, including social workers, should be available in schools to assist teachers and students with mental health and behavioral challenges.

Nearly 70 survey respondents offered suggestions for improving the affordability of programs and services. Some of these respondents said the child care subsidy should

be increased to allow parents to pay for higher quality care. One said, “Examine the current child care subsidy rate against the actual cost of care by area, and raise the subsidy rate as needed to make care more affordable.” Another said, “Child care assistance should be funded to reflect quality care instead of custodial care.” Parents participating in the focus groups suggested offering programs and services on a sliding fee scale, or providing scholarships or discounts.

Focus group participants also suggested improving community outreach through multiple mechanisms, including personal contact, going to where parents and families are apt to be, creating a central location or source for information about services, and providing navigators to help families understand the services available to them.

More than 100 survey respondents said that transportation should be provided to a variety of programs and services, including busing to and from preschool programs. Some said programs should have transportation built into their budgets and should provide the services directly. Others suggested offering gas vouchers or bus tokens.



**High-quality early  
childhood education  
and care are not  
widely available.**

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# Michigan's Vision for Early Childhood



## Michigan: The Best State to Raise a Child

Governor Snyder's vision for Michigan includes "a coherent system of health and early learning that aligns, integrates and coordinates Michigan's investments from prenatal to third grade...and a reputation as one of the best states in the country to raise a child." If Michigan is to achieve this goal, what will that mean for young children and their families? In addition to outlining his vision for Michigan's early childhood system, Governor Snyder set his expectations in four outcomes to guide state, local, and private efforts affecting the health and well-being of children from the prenatal period through age 8. They are:

### Early Childhood Outcomes

1. Children are born healthy.
2. Children are healthy, thriving, and developmentally on track from birth to third grade.
3. Children are developmentally ready to succeed in school at time of school entry.
4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

## Guiding Principles

To achieve these four outcomes, the early childhood community must operate on a strong foundation that will support and guide all work across the system. Based on input from stakeholders across Michigan, OGS has defined the following guiding principles for Michigan's early childhood system. These principles can energize the public and private sector, span multiple agencies and service areas, and ensure that future efforts are positioned to meet the needs of Michigan's youngest children.

In every conversation with stakeholders about early childhood, the values that people hold dear were evident. For Michigan's system building effort to succeed, agencies and programs big and small must incorporate these principles into their work.

## Guiding Principles

**Children and families are the highest priority.** Michigan's early childhood system was created to support children and families across the state. All efforts must consider the needs of children and families first and foremost.

**Parents and communities must have a voice in building and operating the system.** From Detroit to Grand Rapids and Harbor Beach to Iron Mountain, the shape and size of communities vary widely across Michigan and so do their needs. Through purposeful, ongoing parent and community involvement, the early childhood system can target interventions and supports that best meet local needs.

**The children with the greatest need must be served first.** Interviewees were asked whether Michigan should focus on serving as many children as possible with limited services, or on serving fewer children but with more comprehensive services. Overwhelmingly, interviewees chose the latter option. Children at the greatest risk for not achieving the four early childhood outcomes (based on income, family and home environment, developmental ability, and race or ethnicity) must be a priority across the system.

**Invest early.** Children's brains are developing fastest when public investment in that growth and development is lowest. The system must be oriented toward prevention and early intervention instead of remediation.

**Quality matters.** Again and again stakeholders said that high-quality programs and services are the key to improving outcomes for children and families. Without a focus on quality, the early childhood system will fall short.

**Efficiencies must be identified and implemented.** Both public and private resources must be spent wisely. At a time when there is more work to be done than funding to do it, agencies and programs must identify ways to streamline operations, while also maintaining high-quality services.

**Opportunities to coordinate and collaborate must be identified and implemented.** In order to spend resources wisely and improve services for children and families, agencies and programs must identify and implement new ways to coordinate efforts. This will no doubt require a change in current practice, but will pay dividends for children across the state.

# Michigan's Early Childhood Dashboard

## Leading Indicators of Young Children's Well Being

The Office of Great Start, the Departments of Education, Community Health, and Human Services, and the Early Childhood Investment Corporation worked collaboratively to propose a list of leading indicators of children's well-being. The list of indicators is presented in this report as Michigan's Early Childhood Dashboard, a shared dashboard that will be used by all three departments to track progress toward the four early childhood outcomes. Refer to Appendix VI for data sources and notes.

For some of the outcomes, there is no satisfactory current source of primary data and development of a new data source is proposed. As early childhood data systems and collection continue to improve, OGS and its key partners anticipate reevaluating the leading indicators to ensure they incorporate the best data available.

**OUTCOME**  
**1**

Children Are Born Healthy

	MI	US
<b>1.1 Preterm Births</b> (percentage of live births before 37 completed weeks of gestation)	12.3% (2011)	11.7% (2011)
<b>1.2 Infant Mortality</b> (number of infant deaths per 1,000 live births)	7.1 (2010)	6.2 (2010)
<b>1.3 African American Infant Mortality Rate</b> (number of infant deaths per 1,000 live births)	14.2 (2010)	11.6 (2010)

**OUTCOME**  
**3**

Children Are Developmentally Ready to Succeed in School at Time of School Entry

	MI	US
<b>3.1 High-Quality Early Learning</b> (percentage of children aged birth to 5 who are in high-quality early learning settings, both preschool and child care)	TBD	
<b>3.2 Kindergarten Readiness</b> (percentage of children entering kindergarten who are developmentally ready to succeed in school)	TBD	

TBD—To be developed

\*\*\*—Comparable data are not available at the national level.

**OUTCOME**  
**2**

Children Are Healthy, Thriving, and Developmentally on Track from Birth to Third Grade

	MI	US
<b>2.1 Teen Births</b> (births per 1,000 women aged 15–19)	27.8 (2011)	31.3 (2011)
<b>2.2 Maternal Depression</b> (percentage of mothers experiencing postpartum depression)	11.3% (2010)	11.7% (2010)
<b>2.3 Child Abuse and Neglect</b> (rate of confirmed investigations of child abuse and neglect per 1,000 children aged birth to 8)	19.1 (2012)	***
<b>2.4 Medical Home</b> (percentage of children aged birth to 5 receiving care that meets the criteria of a medical home)	63.5% (2011–12)	58.2% (2011–12)
<b>2.5 Poverty</b> (percentage of children aged birth to 5 living below 100% Federal Poverty Level)	29.5% (2011)	25.6% (2011)

**OUTCOME**  
**4**

Children Are Prepared to Succeed in Fourth Grade and Beyond by Reading Proficiently by the End of Third Grade

	MI	US
<b>4.1 MEAP Reading Proficiency</b> (percentage of children performing at or above proficient on the Michigan Educational Assessment Program 4th Grade Reading Assessment)	68.0% (2011–12)	***
<b>4.2 NAEP Reading Proficiency</b> (percentage of children performing at or above proficient on the National Assessment of Educational Progress 4th Grade Reading Assessment)	31.0% (2011)	32.0% (2011)

# Recommendations for Reaching Michigan's Early Childhood Outcomes



Redesigning a system that serves over one million children a year, invests \$9.4 billion dollars annually, and includes 89 programs and services is a multi-year, multi-pronged effort. These recommendations outline a plan for achieving the four early childhood outcomes through a persistent focus on six high-leverage areas: leadership, parent education and involvement, quality and accountability, coordination and collaboration, efficient funding, and access to quality programs. By focusing on these high-impact areas, OGS and its partners will most efficiently leverage resources for system change.

Office of Great Start has spent the past year engaging stakeholders across the state about the best ways to improve Michigan's early childhood system. These recommendations are informed by a range of participants including 48 interviews with policymakers, providers, and advocates at the state and local levels; three focus groups with parents of young children; and nearly 1,300 online survey responses from early childhood educators, administrators, program service providers, and parents and grandparents

of children under age 9. These voices, together with the fiscal and systems analysis, information on best practices, and expertise from professionals in the Michigan Departments of Education, Community Health, and Human Services and the Early Childhood Investment Corporation, are the foundation for the guiding principles, leading indicators, and recommendations presented in this report.

Each recommendation is followed by Priority Action Items that identify the initial steps required to make the recommendation a reality, and a Rationale describing the basis for the recommendation and priority action items.



## Recommendations

1. Build Leadership within the System
2. Support Parents' Critical Role in Their Children's Early Learning and Development
3. Assure Quality and Accountability
4. Ensure Coordination and Collaboration
5. Use Funding Efficiently to Maximize Impact
6. Expand Access to Quality Programs

## RECOMMENDATION 1.

# Build Leadership within the System

### Priority Action Items:

- ❖ **Ensure high-level administration commitment and accountability.** It is essential that the legislature, Governor's Office, the state superintendent, and the Governor's People, Health, and Education Executive Group demonstrate a strong commitment to building an early childhood system and take responsibility for implementing the recommendations of this report.
- ❖ **Clarify the role of the Office of Great Start.** The Michigan Department of Education's Office of Great Start must clearly articulate its role and how it will work with key partners. To refocus the state's early childhood investment and serve children and families most effectively, OGS, in collaboration with its key partners, will:
  - Set a statewide vision and agenda
  - Act as the state's spokesperson for early childhood issues
  - Coordinate the state's policy and align funding and programs to achieve early childhood outcomes
  - Establish statewide standards and metrics
  - Support local control and flexibility
  - Share information about research and resources
- ❖ **Formalize early childhood leadership and collaboration among MDE, DCH, and DHS.** A deputy director(s) from each department who reports to the agency executive should be assigned to champion early childhood and ensure progress toward the four early childhood outcomes. Together, these deputy directors should be responsible for ensuring coordination and collaboration and making cross-agency policy and funding recommendations to strengthen Michigan's early childhood system.
- ❖ **Create an advisory body for OGS to ensure more meaningful state, local, and parent input.** Office of Great Start should create a new advisory council that includes parents, local providers, and other community leaders from diverse economic and geographic backgrounds with a stake in early childhood efforts. This council should offer a regular forum for early childhood leaders from state agencies and community stakeholders to make decisions. The council will focus on
  - (a) integrating programs across agencies at the state and local levels, (b) understanding local challenges, and (c) learning from successful local efforts. Along with creation of this new council, the state should consolidate, repurpose, or eliminate existing advisory bodies. For example, the Early Learning Advisory Council and the Great Start Operations Team, which have representation from MDE, DCH, DHS, and ECIC, could be combined.
- ❖ **Identify and share best practices in local early childhood leadership, including exemplary Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs).** Local leadership is a critical element of a broad statewide system. GSCs and GSPCs were designed to foster local leadership, but their effectiveness varies across the state. OGS should identify and share lessons learned and best practices from GSCs and GSPCs, at the same time holding them accountable for moving their communities toward the four early childhood outcomes. OGS and its key partners should also share best practices and lessons learned from other community efforts to develop early childhood leadership.

### Rationale:

Governor Rick Snyder's Executive Order 2011-8 established the Michigan Department of Education's Office of Great Start with the express aim to "refocus the state's early childhood investment, policy, and administrative structures by adopting a single set of early childhood outcomes and measuring performance against those outcomes."<sup>27</sup> In this role, OGS is charged with:

- Aligning, consolidating and/or integrating early childhood funding and related programs around the governor's early childhood outcomes;
- Coordinating the state's policy, budget and programs for early childhood issues; and
- Acting as the state's spokesperson for early childhood issues.

<sup>27</sup> Office of the Governor. (2011). Executive Order 2011-8: Executive Reorganization. [www.michigan.gov/documents/snyder/EO-2011-8\\_357030\\_7.pdf](http://www.michigan.gov/documents/snyder/EO-2011-8_357030_7.pdf). (accessed 4/17/13).

The need for this renewed focus on early childhood is supported in the leadership roles that many stakeholders articulated for OGS in the key informant interviews:

- Setting a statewide vision and agenda
- Coordinating activity and financial resources among various programs and initiatives
- Establishing statewide standards and metrics
- Supporting local control and flexibility
- Sharing information about research and resources

This report sets a clear vision and agenda that many early childhood stakeholders expect and desire from OGS. It reflects the perspectives, insights, and expectations of a wide range of parents and other community members who use or provide early childhood services, advocates, and state administrators. One interviewee explains:

*OGS is the portfolio manager of early childhood resources. That is, it makes investments that make the most difference for the four outcomes. The promise of the office is getting all government players on the same playbook—DHS, Medicaid, DCH, and the governor. Use metrics under each of the four outcomes to get to the whole child.*

OGS's success in its leadership role will depend on strong coordination and collaboration among the three departments that administer the majority of programs for children from prenatal through age 8 and their families.<sup>28</sup> By identifying “a single set of early childhood outcomes” and establishing OGS, the governor took critical steps toward ensuring that the state departments will work toward common goals. Governor Snyder's executive order calls for transfer of specific programs to the Office of Great Start from the Michigan Department of Human Services, and coordination with the Michigan Department of Community Health “...concerning administration of the programs and services...that affect early childhood development.”<sup>29</sup>

To put it bluntly, without true coordination and collaboration among MDE, DCH, DHS, and the legislature, efforts to improve the lives of young children will not succeed. Given the governor's priority on early childhood and the need for the highest level of collaboration, OGS recommends that the directors of DCH and DHS appoint an early childhood liaison at the deputy director level—a peer to the deputy

superintendent of early childhood in MDE—to ensure that interagency coordination and collaboration are a reality.

Right now, the three departments do work together on several coordinating bodies, such as the Great Start Systems Team (GSST). And this report itself is evidence of meaningful collaboration among the agencies, as the leading indicators and program inventory could not have been completed without the active engagement of staff from all three departments. The key informant interviews suggest, however, that current efforts may not be as effective as they could be if recommendations from coordinating bodies (such as the GSST) had the attention of department deputy directors and directors. One interviewee explains:

*A strength is that the departments are all at the table now, but it has been a struggle to get them there. The Great Start Systems Team gives a sense of what could happen, but it hasn't been grounded in a supportive administrative structure at the upper levels. There needs to be a clear objective for each meeting and an end goal, not just sharing updates about what each department is doing. We don't share a common vision. We need to have a clearer idea of what our work plan is for early childhood.*

The People, Health, and Education Executive Group—including the state superintendent and the directors of DCH, DHS, and Civil Rights—has made early childhood strategies and metrics tied to the four outcomes a regular agenda item. Having deputy directors responsible for early childhood policy development and implementation in each department, with regular reporting and discussion by the directors in the People, Health, and Education Executive Group, would be a sure sign that early childhood will have the leadership—and focus on outcomes—that Governor Snyder believes it should have.

In order to lead effectively, OGS's authority to adopt a single set of early childhood outcomes and measure performance against those outcomes must be recognized and supported. As OGS works with DCH, DHS, and other key partners to develop metrics, OGS must balance accountability for the four early childhood outcomes with local flexibility and control. On the one hand, the office must establish statewide standards and measures for the programs that it oversees, as this is essential to its accountability role. And DCH and DHS must do the same in a coordinated effort with OGS on initiatives that reach young children. On the other hand, as OGS heard from many interviewees and online survey respondents, OGS must also understand and encourage local flexibility to meet the unique needs of different communities. To guide the development and implementation

28 This is not to say that there are no other agencies with a critical role in the early childhood system. The State Budget Office and Department of Treasury are two additional examples. The three agencies referenced regularly in these recommendations—MDE, DCH, and DHS—are, however, the central focus of this report.

29 Office of the Governor. (2011). Executive Order 2011-8: Executive Reorganization. [www.michigan.gov/documents/snyder/EO-2011-8\\_357030\\_7.pdf](http://www.michigan.gov/documents/snyder/EO-2011-8_357030_7.pdf). (accessed 4/17/13).

of programs and services in local communities, interviewees said that the office should work hard to share best practices and lessons learned from state and national research and the experiences of Michigan communities. As one interviewee stated, “The role [of OGS] is to be able to capture what is occurring at the ground level—the realities for families and kids—and translate that to better policy.” OGS must offer robust information on what works and what doesn’t to local communities—and it must learn from the unique experiences of communities that have successfully begun to address the four early childhood outcomes.

Building leadership within the early childhood system must obviously go beyond state government. In fact, state and local interviewees and online survey respondents alike called for OGS to engage community leaders, especially parents, in decision making. As one interviewee put it:

Frankly, OGS and the state would do well to develop partnerships with people in the community, not just their surrogates. If they are going to do that, they have to be purposeful about how they engage with the people in those communities.

This report’s findings and recommendations reflect broad stakeholder input. But this input must not stop with the report. For this plan to make a meaningful positive difference in young children’s lives, it must be implemented and modified with enthusiastic support and engagement from parents and other local community leaders. To ensure that the communication channels remain open and that regular opportunities for community input are available, OGS should establish an advisory council with parents and other community leaders as members. The council should also regularly hold community forums and conversations across the state to obtain insight from parents and other community leaders, including parents of children with high needs, on how best to implement this report’s recommendations, how to identify and share best practices, and how to call attention to other issues that should be addressed in the early childhood system. The voices of parents must be heard

The voices of parents must be heard relentlessly and seriously if communities and the state are to make meaningful progress toward the four early childhood outcomes.

relentlessly and seriously if communities and the state are to make meaningful progress toward the four early childhood outcomes.

GSCs and GSPCs are examples of local coordinating bodies that have played an important role in leadership, coordination, and collaboration at the local level. Michigan State University’s recently completed evaluation of these initiatives offers a comprehensive view of “GSPC and GSC characteristics related to local success...and what propels the GSCs/GSPCs forward toward greater accomplishments.”<sup>30</sup> For the evaluation, researchers asked parents who are members of the GSCs and GSPCs, local service providers, and “outside community members” a range of questions, including whether they think that GSCs and GSPCs have “improved outcomes for children and families.”<sup>31</sup> Forty-seven percent of respondents answered this question “quite a bit” or “a great deal.”<sup>32</sup> This member self-assessment provides useful information about the growth of collaboratives and parent coalitions, but the assessment of their role in improving outcomes for children and families is subjective and can only be validated by objective measures of children’s well-being within each of the four early childhood outcomes.

Key informant interviews and online survey responses conducted for this report paint a mixed portrait of the effectiveness of the GSCs and the GSPCs. Some are clearly excelling while others are struggling. With the Michigan State University evaluation as one important resource, OGS should work with the GSCs and GSPCs to identify best practices that can be shared with the underperforming collaboratives and coalitions. This must be done, of course, as OGS, in its role of ensuring accountability, makes sure that GSCs are demonstrating how their work moves communities toward the four early childhood outcomes.

In addition to GSCs, there are many other local collaborative bodies, such as community collaboratives supported through DCH and United Way or by DHS. OGS should collaborate with state agencies and other key partners to identify and share best practices in local coordination and collaboration that can inform multiple collaborative efforts.

<sup>30</sup> Pennie Foster-Fishman and the System exChange Evaluation Team, Michigan State University, *Evaluation of the Great Start Initiative: Statewide Feedback Report* (East Lansing, Mich.: MSU, January 10, 2013), 7.

<sup>31</sup> *Ibid.*, 20.

<sup>32</sup> *Ibid.*

## RECOMMENDATION 2.

# Support Parents' Critical Role in Their Children's Early Learning and Development

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### Priority Action Items:

- ❖ **Seek input from parents regarding their needs for information and parenting education, and strategies to increase parent involvement in their children's early learning and development.** The Office of Great Start and its key partners, working through the newly formed advisory council (see Recommendation 1), should reach out to the parent community to find out what parents—particularly those who are not currently engaged in Great Start Collaboratives and Parent Coalitions or other parent efforts—want and need in the way of information, parenting education, and support. Regular community forums or conversations could provide a mechanism for an ongoing listening campaign to inform the work of OGS and its partners in the early childhood system.
- ❖ **Strengthen a network for disseminating information to parents and families of young children.** OGS, in partnership with MDE, DCH, and DHS, should identify the entities in local communities that are trusted advisors for parents and then use them as a core network to disseminate clear and concise information to families about the importance of early childhood learning and development and the services offered for young children.
- ❖ **Expand and coordinate strategies to reach and connect with eligible families and children.** Any program or provider that receives state funding for services for early childhood learning and development should be required to document how it informs potentially eligible families about the availability and eligibility criteria of its services, and how it establishes connections with eligible families. Programs and providers also should share information with each other and alter their activities as necessary so that outreach efforts at the community level address gaps, reduce duplication, and result in increased connections with parents and families.
- ❖ **Provide training and technical assistance on effective approaches for parenting education and strategies to increase parent involvement.** MDE, DCH, and DHS should collaborate to serve as a collective resource to local communities for information and training on effective approaches for parenting education and strategies to increase parents' involvement in their child's early learning and development. These efforts should identify and build on best practices at the local level.

### Rationale:

Parents, grandparents, and other family members who are responsible for raising young children have the most important role in achieving the outcomes established for early childhood. They are the primary caregivers, first teachers, and greatest assets for young children. However, many of the parents participating in the focus groups and survey respondents said that parents need more information about early childhood learning and development and basic parenting skills.

Parents and families also know best what they need in terms of information, parenting education, and support, and they can provide the best advice on how to connect with parents and provide information. Through the newly formed advisory council, OGS will seek input from parents and other community leaders across the state, including parents of children with high needs, on how best to engage with parents and families of young children. An ongoing listening campaign will be used to seek input from parents and other caregivers on the most effective strategies for parenting education and outreach. OGS will use the input to shape, refine, and disseminate effective strategies.

While extended family members and friends are often the first source of advice and support for parents of young children, there are many service providers, organizations, or other entities that serve as trusted advisors and sources of information for families in local communities. Interviewees and focus group participants could name many such resources in their communities. These trusted advisors could provide a link to parents, particularly those who may be the most difficult to engage. By establishing a core network of trusted advisors, OGS, along with its key partners, will create a mechanism for dissemination of information about the importance of early childhood learning and development and the services available to support families with young children.

Many, but not all, state-funded programs include strategies for parent outreach. And some state-funded initiatives are designed expressly for the purpose of parent education and/or outreach. One example is Great Parents, Great Start. This effort works to improve school readiness for children and promote strong families by encouraging positive parenting skills.

However, many of the comments offered in parent focus groups and the online survey indicate that parents are not aware of all of the resources available to them. The difficulties that parents face in identifying and accessing resources vary by family and by community. For example, parents may perceive a stigma associated with requesting help; or there may be language or cultural barriers; or distance, hours of operation, or location of services may present challenges for parents. To expand parent awareness and use of available resources, every state-funded provider of services for young children should be required to document the strategies they have in place to reach and connect with families in their community that may be eligible for

the services they provide. To address gaps in outreach efforts and reduce duplication at the community level, service providers should be encouraged to share information and even modify their outreach activities if necessary to improve accessibility to parents and families with young children.

The leadership roles articulated for the Office of Great Start in key informant interviews include coordinating activity among various programs and sharing information. As part of the resources made available to local communities, OGS, in collaboration with its key partners, should include training and technical assistance on best practices in dissemination of information, parenting education, and strategies to increase parents' involvement in their child's early learning and development.



**Parents, grandparents, and other family members who are responsible for raising young children have the most important role in achieving the outcomes established for early childhood.**

## RECOMMENDATION 3.

# Assure Quality and Accountability

### Priority Action Items:

- ❖ **Develop measures of system and program effectiveness tied to the four early childhood outcomes.** MDE, DCH, and DHS must develop clear measures of effectiveness for every early childhood program and provider under their purview. These agencies must also coordinate efforts to ensure that consistent measures are applied across similar programs (for example, all three agencies have supplemental food programs).
- ❖ **Develop a coordinated early childhood data system.** To assess program effectiveness, OGS and its key partners must continue implementation of a coordinated early childhood data system focused on enabling real-time data exchanges; identifying service gaps; supporting capacity to view a child’s longitudinal health and development from entry into a publicly funded early childhood service or program; and maintaining compliance with all state and federal regulations related to security, privacy, and confidentiality. This data system will allow greater use of existing and new data points for analysis of the early childhood system as a whole, including costs, utilization rates, capacity, and progress toward outcomes.
- ❖ **Support continuous quality improvement through training and technical assistance.** MDE, DCH, and DHS must identify opportunities for or provide training and technical assistance to programs and providers to improve performance on measures of program effectiveness. Additional training may focus on specific areas for improvement, such as assuring fidelity to evidence-based models that lead to improved outcomes.
- ❖ **Enforce program effectiveness measures.** If programs or individual providers fail to demonstrate effectiveness after receiving training and technical assistance, MDE, DCH, and DHS must require corrective action plans. Should corrective action fail to lead to improved outcomes, funding should be redirected to effective programs and providers.
- ❖ **Require transparency.** MDE, DCH, and DHS should require programs and providers that receive state funding and serve young children from prenatal through age 8 to publicly report available data about their enrollment, funding, service areas, eligibility criteria, administrative costs, and effectiveness (within the constraints of available data at that time). Much of these data are already reported to state agencies, but they are not easily available to the general public. This information

will introduce a level of public accountability for state agencies, programs, and providers.

- ❖ **Disseminate information to parents and families.** OGS, with support from MDE, DCH, and DHS, must provide parents and families with useful tools to help them be informed consumers about the quality of early childhood services. This effort will build on the work of the Great Start to Quality initiative as well as the priority actions outlined for parent education and involvement in Recommendation 2.
- ❖ **Use data to direct investments.** High-quality programs are an essential, but insufficient, part of maintaining an early childhood learning and development system that drives outcomes for children and their families. OGS, and its key partners, must regularly review Michigan’s portfolio of programs and statewide performance on the early childhood outcomes. If the current portfolio is not collectively improving outcomes for children, decisions must be made about how to use new funding and repurpose current investments to achieve the four early childhood outcomes.
- ❖ **Ensure early childhood service provider quality.** OGS, with support from MDE, DCH, and DHS, should evaluate recruitment practices, pre-service training, and ongoing professional development available to early childhood service providers who work directly with families and children.

### Rationale:

Quality matters. Stakeholders said again and again that in order to create a strong early childhood system, the Office of Great Start—and its many partners—must focus on promoting and maintaining high standards for all programs and services. One interviewee said it best: “Research tells us if you don’t have a quality program, it makes no difference. Whatever you do must be high quality.”

OGS—with its peers at MDE, DCH, and DHS—must begin this enhanced focus on quality by developing criteria to determine program effectiveness that align with progress toward the four early childhood outcomes. Some programs, like the Great Start Readiness Program (GSRP), already have a tool in place to evaluate program effectiveness. The Program Quality Assessment (PQA) is currently used with all GSRP sites and helps assess program quality and identify possible staff training needs. Other programs will need to

develop tools that focus both on outcomes and progress. One interviewee expressed the importance of evaluating program effectiveness this way: “We need a quality rating and improvement system for every program. Otherwise, we don’t know what to fix.” Because this is a large, cross-agency undertaking, OGS should start with programs under its direct purview, and then reach out to other agencies to share lessons learned while developing effectiveness criteria.

Data collection and management will be a critical component of implementing program effectiveness criteria and improving overall program quality. One interviewee explained,

*We lack the resources to build the data system needed to track health and system outcomes—for both individual services and for a linked system to aggregate results for analysis/improvement and to assure information sharing across services in real time to manage care coordination.*

Michigan’s current data collection and management infrastructure for programs and services serving young children is limited. There are some bright spots where data collection is robust, but these instances are focused on one area (such as health or education), and data are not able to be easily cross-referenced with other essential information about children’s well-being. Work is already under way to improve Michigan’s early childhood data system, and this critical work will dramatically improve agencies’ ability to use real-time information to guide decision making and streamline evaluation efforts.

Setting standards and collecting data alone, however, do not lead to improvement. OGS and its partners must identify opportunities for or provide training and technical assistance to programs and providers to improve knowledge of and performance on measures of program effectiveness. Providing access to high-quality training and technical assistance efficiently will be an essential, though challenging, undertaking for OGS and its partners. In addition to training and support around the effectiveness measures, the agencies should also identify other opportunities for improvement, such as assuring fidelity to evidence-based models that lead to improved outcomes. Many survey participants noted that some training is already available. As one stated, “I have been able to attend local classes that help me work/play better with the children in my care.”

After providing the support necessary for improvement, the Office of Great Start and other agencies must also enforce program effectiveness criteria. Underperforming programs

drain state resources and waste critical time in young children’s lives. OGS should start this effort by requiring that funded programs provide evidence of progress toward outcomes. If adequate progress cannot be demonstrated, that provider will be required to complete corrective action. If improvement is still not evident, the program may not be granted state dollars. (There is an additional discussion about this approach under Recommendation 5.) Again, this is a critical component of not only the work of OGS, but also early childhood programs at DCH, DHS, and across MDE. The Office of Great Start will work closely with other agencies to create an informal community of practice around quality and accountability to help ensure that best practices are shared across the early childhood system.

Another accountability tool is to require programs and providers to be transparent and publicly report data about enrollment, funding, service areas, eligibility criteria, administrative costs, and effectiveness. While much of this data is already reported to the agencies, reporting is neither consistent nor public. The Early Childhood Program Inventory (included as Appendix I to this report) is a start toward this public reporting. Additional information could be included in the inventory to allow for easily accessible information about each program serving young children.

Such reporting is not only an accountability effort, but it also provides parents and community members with better information about the programs available to them. By collecting these data, and then disseminating it to the public—specifically parents—OGS and its partners are providing tools to help parents be informed consumers. This information will build on efforts like the Great Start to Quality initiative, an effort that provides parents with information about the quality of the child care and early learning options in their local community, as well as other parent education and involvement efforts outlined in Recommendation 2.

Program-level improvements alone are not enough to move the entire early childhood system toward achieving the four early childhood outcomes. OGS and its partners will need to regularly analyze performance data at the system level: What interventions are working? Where are children and families struggling? What new efforts should be introduced to address changing needs? How well are different programs complementing, not competing, with each other? This review and analysis will help ensure that resources are used effectively and that programs and services are available to the children and parents who need them to achieve the four early childhood outcomes.

An essential part of improving quality will be cultivating and supporting effective early childhood educators and providers. Several survey participants commented on the commitment of early childhood educators, and many parents attributed their children's learning to strong educators. Dedication is one component of effective early childhood educators, but this commitment must be complemented by coordinated recruitment efforts, quality pre-service training, ongoing professional development, and regular feedback to guide improvement. As two interviewees explained:

Leadership across all spectrums—medical, education, nutrition—is one investment [that should be made]. [We should be] creating incentives to get the best and brightest to come to these areas. That will help make sure we have best and evidence-based practices. The neediest communities should get the best people to be able to close the gap more quickly.

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There is good evidence within the professionalization of the early childhood field. Improving professional development in terms of degrees and how teachers and care providers work together and plan together and reflect on their practices on a weekly basis.

## RECOMMENDATION 4.

# Ensure Coordination and Collaboration

### Priority Action Items:

- ❖ **Foster system coordination and collaboration.** State agencies must lead a system-wide focus on effective coordination and collaboration. These efforts will begin by implementing the high-level communications and community engagement strategies outlined in Recommendation 1.
- ❖ **Demonstrate collaboration by example.** MDE should lead by example by strengthening collaboration among programs within its purview, such as early learning and care programs (like GSRP, Head Start, and child care) and other programs within the department including special education, Title I, Section 31A, food programs, and K–12. Closer links among these programs will ensure that existing funding reaches more children more effectively. This work has begun with the creation of the Office of Great Start within MDE.
- ❖ **Promote local collaboration.** OGS and its key partners should support community efforts to develop local service “hubs” and/or identify community navigators and health workers that can help parents and families learn about and gain access to a variety of public and private services and supports at the state and local levels. By exchanging information about services and implementation models for robust outreach, referral, and follow-up across all providers, communities can establish a “no wrong door” policy for parents and families who need a range of services.
- ❖ **Promote local flexibility.** MDE, DCH, and DHS should set clear standards for program implementation, fidelity to the program model, and outcomes, but also allow flexibility in how those standards are achieved in local communities.

### Rationale:

While coordination and collaboration are often identified as critical elements in any service delivery system—and the early childhood system is no exception—the terms are not always clearly understood in practice. Coordination and collaboration can be viewed along a continuum, beginning with regular communication to inform the efforts of another entity, program, or service provider. Real coordination begins when entities, programs, or providers agree to alter activities or policies for the mutual benefit of the target populations they serve. Collaboration is achieved when partners commit to share resources (such as time, personnel, and

funds) to achieve a common purpose, and ultimately enhance the capacity of another entity for mutual benefit and a common purpose. Moving along this continuum to increase coordination and collaboration among early childhood efforts at the state and local levels is essential to achieving the four early childhood outcomes.

As work to build a coherent early childhood system begins, stakeholders must be cautious not to create an early childhood silo. The efforts described here must work to coordinate early childhood programs and services without isolating them from other services and systems that serve families and children.

Stakeholders in the interviews and the survey identified places where coordination and collaboration are working well in local communities to meet the needs of children and their families; several examples are discussed earlier in this report. More often, however, stakeholders observed a lack of coordination and communication among key stakeholders at all levels.

Efforts to strengthen coordination and collaboration should start at the state level with a single locus for communication about early childhood efforts. The governor’s People, Health, and Education Executive Group, which includes representatives from the departments of Education, Human Services, Community Health, and Civil Rights, is the most logical location for these conversations and efforts (as discussed in Recommendation 1). This high-level support builds a foundation for efforts across state agencies and at the local level.

At the state level, there are a variety of similar services and supports that are provided by programs within MDE, DCH, and DHS. It is quite possible that a single family is served by multiple offices within one department or, in some cases, all three departments for a single type of service such as supplemental food services. OGS should start coordination efforts by developing demonstration projects with similar programs across MDE. Potential starting points may include early learning programs (such as GSRP, Head Start, child care, special education), school-based programs (such as Title I or Section 31A), and food programs. The demonstrations should lead to the development of models for staffing, funding, eligibility criteria, application processes,

data collection, service delivery, rules and regulations, and technical assistance. Closer links among these programs will ensure that existing funding reaches more children more effectively.

At the local level, stakeholders identified many communities where there is strong coordination and collaboration among agencies and service providers. But many also lamented the lack of even basic communication among agencies and service providers where they believe it would be beneficial to families. OGS should examine communities where access to services is simplified for families through coordinated eligibility and service delivery models. OGS should then select a small group of communities that appear to have infrastructure and relationships in place to support true collaboration and pilot the development of “hubs” to identify and develop models for this type of collaboration to be replicated across the state. OGS should look for opportunities to integrate with current efforts like DHS Pathways to Potential program, which places caseworkers, called “success coaches,” in schools to work closely with students, their families, and teachers to connect them with programs they need, such as employment, food, or child care assistance. This effort began in fall 2012 in four communities and is expected to expand.

The development of local programs and services must carefully balance the need for state guidelines and accountability and respect the unique needs of communities across Michigan (also discussed in Recommendation 1). Stakeholders called for flexibility from the state entities that fund the programs. They note that each community has unique assets and challenges and that identifying how to meet local needs should be determined by local service providers. OGS and other state agencies must not be too prescriptive in delineating how programs and communities achieve the early childhood outcomes. As one interviewee said: “The state should focus on establishing goals for programs, providing adequate funding for those goals, and then having mechanisms for monitoring achievement of results. The state should not micro-manage the details.”

The tension between the need for accountability and desire for local flexibility will be especially pronounced when programs are evidenced-based and rely on fidelity to ensure outcomes. The state should expect and require fidelity to evidence-based models, but work to ensure that models can be embedded within a local system responsive to the unique needs of a community.

## RECOMMENDATION 5.

# Use Funding Efficiently to Maximize Impact

### Priority Action Items:

- ❖ **Fund quality.** MDE, DCH, and DHS must require all early childhood programs and providers to demonstrate evidence of progress toward outcomes before they are eligible to receive continued state funding. (See Recommendation 3 for details on how this should be done.)
- ❖ **Focus first on children with highest needs.** When determining how to use early childhood resources, MDE, DCH, and DHS should target funding in ways that will support children with high need. Evidence shows that there are disparities across leading indicators by race and income. Resources should be targeted to address these disparities.
- ❖ **Support common priorities through collaborative funding strategies.** MDE, DCH, and DHS must work together to identify collaborative funding strategies. This effort should start by introducing a cross-agency request for proposals.
- ❖ **Blend and braid funding.** Efforts to blend and braid federal, state, and local funding should begin by convening the budget directors of MDE, DCH, and DHS. These experts can create and establish common contract and grant requirements for local providers, including accountability measures and reporting requirements.
- ❖ **Engage philanthropic partners.** OGS and its partners at the state and local levels must also engage the philanthropic community in this work by sharing the statewide vision for early childhood and identifying innovative opportunities for partnership.

### Rationale:

Like all state agencies and efforts, the early childhood system has an obligation to use state resources efficiently and effectively. Michigan currently risks diluting the impact of its early childhood resources by supporting programs that vary widely in terms of quality. In Recommendation 3, several strategies are outlined that will push programs to improve, and OGS and its partners must be willing to complement that with clear accountability. All agencies that administer funds to support programs and services for young children and their families should require that programs provide evidence of progress toward program effectiveness criteria as a condition of funding. This expectation ensures that

valuable state and federal resources are supporting efforts that are continuously improving and achieving positive outcomes for children and families.

In addition to narrowing funding efforts based on quality, OGS should also focus on serving young children with the highest need first. While there is no doubt that some statewide efforts must continue to be universally available—such as hearing and vision screenings—more intensive services—such as home visits—should be available to children and families with the highest need. Key stakeholders overwhelmingly agreed with this approach during the interview process. They suggested identifying children with high needs by considering income, family and home environment, developmental abilities, and race or ethnicity. Interviewees generally agreed that several factors should be considered. One explained, “It would have to be a broad definition. I don’t think there is one variable. I don’t think labels are set in stone. Kids who come from high-concentrated poverty areas have a risk factor, but some perform very well.”

Another way to think about children with the highest need is to look at disparities across the system. Leading indicators—such as infant mortality rates and performance on statewide math and reading assessments—regularly show a disparity in outcomes by race and income. OGS and its partners must identify these disparities and ask, “What can the system do to prevent these disparities? And how can it intervene when prevention efforts were unsuccessful?”

Funding quality and focusing efforts is not enough. The Office of Great Start and its partners at DCH and DHS should also focus on creating a united funding approach to meet shared outcomes. As discussed throughout this report, OGS was charged with four outcomes of early childhood well-being. While some aspects of the outcomes are under the direct supervision of OGS, achieving these outcomes will require cross-agency efforts. One way to start promoting these shared outcomes (and ensure efficient use of resources) is for MDE, DCH, and DHS to issue a joint request for proposals. This effort would work to envision a desired practice—such as community hubs—that the agencies collectively agree promotes progress toward the early childhood outcomes.

OGS and its cross-agency partners must also lead efforts to make it easier to combine traditionally distinct funding opportunities through braiding and blending funding to make progress toward the four early childhood outcomes. Braiding funding occurs when various funding streams support the same effort, but each fund source retains its unique requirements and expectations. Blending goes further and occurs when funding sources are combined into a single source with a single set of requirements. While both techniques can occur at the recipient (often local) level, state support is essential. As one interviewee explained, “At the local level we’re trying to work around the system, rather than the system working for us.” Efforts to make the system work more effectively for providers (and subsequently children and families) should begin by convening the budget directors of MDE, DCH, and DHS, experts from the State Budget Office, and local providers. These experts can identify and address: competing requirements and regulations, differing administrative structures (such as funds that flow

through the state or an intermediary versus funds that are awarded directly to local grantees), varying goals, and other state/federal structures that make it difficult to combine various funding streams at the program level.

Another key partner in funding this statewide vision for Michigan’s early childhood system is private philanthropy. Michigan is blessed with a strong philanthropic sector. The state has more than 2,000 foundations, and a recent estimate put total annual giving (for all purposes, not just early childhood) by Michigan foundations at \$1.4 billion.<sup>33</sup> Spending by private philanthropy helps thousands of children across Michigan. OGS and its partners should engage the philanthropic community to share the state’s vision for early learning and development and identify new opportunities to work together.

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33 Statistics from the Council of Michigan Foundations, available at [www.michiganfoundations.org/s\\_cmf/doc.asp?CID=18668&DID=11412](http://www.michiganfoundations.org/s_cmf/doc.asp?CID=18668&DID=11412) (accessed 2/12/13).

## RECOMMENDATION 6.

# Expand Access to Quality Programs

### Priority Action Items:

- ❖ **Expand and enhance GSRP.** Funding should be made available to allow for the expansion of the Great Start Readiness Program (GRSP), with a focus on reaching four-year-olds in households with a low annual income.
- ❖ **Improve coordination between GSRP and Head Start.** OGS should ensure meaningful coordination between GSRP and Head Start by promoting the development of a single application form and blending funding to create full-day preschool opportunities for children with high needs.
- ❖ **Increase access to developmental screening and early intervention.** Providers that come into contact with parents and young children on a routine basis (such as physicians and child care providers) should be provided with and trained in the use of standardized, reliable, and valid tools to conduct developmental screenings (including assessing social and emotional health and screening for maternal depression) and make referrals for service as appropriate. These providers should also work to ensure that families connect with necessary services so intervention is provided as early as possible.
- ❖ **Increase access to and capacity of Early On.** Early On builds public awareness of developmental delays, conducts initial evaluations, and works with families of children with development delays or disabilities to identify and enroll in the appropriate services.
- ❖ **Increase access to evidence-based mental health promotion, prevention, and intervention services.** Providers serving families and young children should have access to integrated and evidence-based early childhood mental health services to include mental health consultation in primary care, early care and education, home visiting, and child welfare programming. Services should increase provider and family knowledge and capacity to support social and emotional development of young children and increase access to mental health services, preventing longer-term familial mental health problems (maternal depression, at risk of expulsion from early care and education, trauma, etc.).
- ❖ **Redesign the child care subsidy to ensure access to high-quality providers.** The Office of Great Start should redesign the child care subsidy to ensure that recipients can access high-quality child care services. This subsidy should no longer be viewed as only a work support but as an early learning and development opportunity for low-income children aimed at improving outcomes and educational achievement.
- ❖ **Increase access to home visiting programs.** Home visiting programs with proven success for improving outcomes should be expanded to reach more families, consistent with Public Act 291 of 2012.
- ❖ **Expand evidence-based medical home initiatives.** OGS and its key partners should build on the success of evidence-based medical home models (such as CHAP and Michigan's Primary Care Transformation [MiPCT] project) to expand access to medical homes for children and their families.
- ❖ **Expand access to Pathways to Potential.** DHS is currently working in four communities to place success coaches in schools through its Pathways to Potential program. This prevention-focused effort connects students, parents, and teachers directly with coaches who can help students and families connect with the programs they need, such as employment, food, or child care assistance. Expansion plans are already developed and should be implemented.
- ❖ **Improve access to transportation.** Any program or provider that receives state funding for early childhood services must demonstrate how it addresses transportation barriers for families who are eligible to participate in the program. Increasing access to and improving coordination of transportation is a key consideration for ensuring access to programs and services for families in need.

### Rationale:

Without access to high-quality early childhood programs and services, many children—especially those from families with low incomes and other risk factors—will struggle to achieve the four early childhood outcomes. These programs represent efforts that should be considered first for expansion as new funding becomes available. In its role monitoring and funding programs, the legislature should strongly consider funding programs that are making progress toward the four early childhood outcomes.

The Great Start Readiness Program (GSRP) has an evidence-based curriculum, and a rigorous, long-term evaluation has proven its effectiveness. The program, however, is not currently funded at a level that will allow the maximum number

of eligible children to participate. More than 29,000 four-year-olds are eligible but not currently served by the program. The governor has proposed additional funding of \$65 million in FY 2014 and \$130 million in FY 2015 for GSRP. This additional funding is critical to increasing the number of low-income children who are ready for school, are proficient in reading at the end of third grade, and graduate on time from high school.

There is considerable overlap in the eligibility criteria for GSRP and the Head Start program, and many children are eligible for both programs. Coordination must be improved, including the development of a single application form and promotion of blended funding to create full-day preschool opportunities for at-risk children. For example, if the additional GSRP funding is approved by the legislature, OGS intends to use up to half of it on four-year-olds in Head Start, giving a full-day of preschool to children living in households below the federal poverty line. If this blending occurs, classrooms will have to meet the higher GSRP standards (teacher qualifications and student-to-teacher classroom ratios), leading to more children who are ready to succeed at school entry.

In order to provide access to many of the supportive services available to children and families, certain risk factors must be identified. While many survey respondents noted that more providers, including family physicians, are conducting screenings and making referrals as appropriate, many more said they fear that children are falling through the cracks because problems are not identified at a time when intervention will be most beneficial. To ensure that children and families benefit from the services that will help them thrive, increased attention must be given to screening and early intervention. Progress on this effort is already under way; for example, DCH is currently providing training to pediatricians and family practice physicians who see children to support them in the use of objective developmental screening tools. This project currently is funded by private philanthropy and Medicaid. While more must be done, it is a step toward improving access to early screening and intervention.

Several interviewees focused on the need to increase funding for Early On, the state's early intervention program. One explained,

*It's our first opportunity to address developmental delays well so that kids start kindergarten ready. It's underfunded. A prevalence study showed that 7-8 percent of infants and toddlers have issues and we're serving only 2 percent.*

Early On provides a range of services including public awareness campaigns (“Don’t worry, but don’t wait”), initial evaluations, and intervention services.

Mental health promotion, prevention, and intervention services should be more widely available to young children and their families, according to survey respondents. Some respondents explained that mental health services are limited and not enough attention is given to the mental health needs of young children and their parents. As expansion is considered, mental health efforts must be integrated and include consultations in primary care, early care and education, home visiting, and child welfare programming.

The child care subsidy has traditionally been seen as an effort to help parents reengage in the workforce. The goal of the program, however, should change to focus on early learning. To meet this goal, the policies behind the child care subsidy must change. Michigan currently has one of the lowest reimbursement rates in the nation. This means that qualifying families cannot afford to access high-quality care for their children. The reimbursement rate must be increased to be high enough to access high-quality child care. Stakeholders mentioned again and again (through the interview process, focus groups, and surveys) that the child care subsidy is not working for Michigan's children. One interviewee explained, “[The] child care subsidy isn’t designed to get high-need kids into high-quality care and early learning.” Another agreed, “We need to have higher standards with our child care providers—regardless of where [children] receive services.” In addition to increasing the provider reimbursement rate, OGS must also review the eligibility criteria.

Home visiting is an early intervention that has much support from stakeholders. PA 291 of 2012 specifies the types of home visiting programs that can be supported with public funding from MDE, DCH, and DHS, requiring fidelity to evidence-based models or promising practices that have a solid evaluation component. While these types of programs tend to reach a limited number of families, they are designed to promote positive parenting practices, enhance social-emotional development, support cognitive development of children, and increase school readiness, among other things. These are all aims that are supported by a wide range of stakeholders.

Medical homes also received support from stakeholders. As one interviewee said, “If we’re going to ensure kids are born healthy, we need a medical home for every pregnant woman, and then having a medical home as the child grows

is critical.” Medical homes provide patients with all of the care they need to be and stay healthy. This comprehensive approach to health care allows care to be coordinated and has been shown to reduce costs and improve health outcomes for children and families. Stakeholders specifically mentioned CHAP (Children’s Healthcare Access Program) and MiPCT (Michigan’s Primary Care Transformations) as evidence-based models to follow.

Pathways to Potential was unveiled by DHS in summer 2012 and is an effort to place DHS case workers, called “success coaches” in this program, as close to children and families as possible. Success coaches work in Family Resource Centers located in the school. These hubs bring together resources ranging from job placement to child care and food assistance. While the effort is in its infancy, initial results are positive. Efforts should be made not only to expand the program to more communities, but also to link additional early childhood services (such as early screenings and early learning and care programs) to the Family Resource Centers. While survey respondents did not mention this program by name, many said that mental health workers, including social workers, should be available in schools to assist teachers and students with mental health and behavioral challenges.

Another important barrier to accessing services that was identified through the surveys is lack of options for transportation. Many parents and other stakeholders noted that lack of busing options for preschool presents a challenge to getting children to the program. They also said, generally, that limited public transportation options can make it difficult to access any programs—preschool or otherwise. Service providers should be required to demonstrate the efforts they are making to address transportation barriers or provide transportation to services. OGS must also work closely with experts from the Department of Transportation to identify possible statewide and local solutions to this problem.

# Conclusion



The Office of Great Start is grateful to all of those who contributed to the development of this plan. Through a collaborative process, stakeholders with a range of experiences and expertise were able to concentrate on how Michigan can more effectively serve its young children.

The inventory of the current system, comprehensive dashboard to track improvement, and thoughtful reflection about the necessary changes required to build a system of support form the foundation for the hard work that is still to come. The real success of this plan will be measured in its ability to have a meaningful impact on the lives of young Michiganders. Implementing this plan will require partners from all corners of the state to come together and invest in the strategies that nearly 1,400 stakeholders envisioned during the drafting of this report. Everyone—parents,

community members, policymakers, advocates, service providers, staff at DCH, DHS, and ECIC, and elected officials—has an essential role in building this system.

How can you help? Be a child's first teacher. Put children and families first. Speak up and listen. Serve the children with the greatest needs first. Invest early. Focus on quality. Identify and implement efficient programs. Look for opportunities to coordinate and collaborate.

Only by working together, through coordinated and intentional investment, can we ensure that every Michigan child is born healthy, developmentally on track from birth through third grade, ready to succeed in school when they arrive, and reading proficiently by third grade.

# Great Start, Great Investment, Great Future

The Plan for Early Learning and Development in Michigan

• Michigan Department of Education | Office of Great Start •

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 2**

## **Early Childhood Program Inventory**



# Early Childhood Program Inventory

*An Inventory of Government-funded Programs, Services, and Infrastructure Building Efforts for Young Children from Birth through Age 8 and their Families*



**Spring 2013**

Office of Great Start • State of Michigan

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## About the Early Childhood Program Inventory

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### Overview

The Early Childhood Program Inventory is a comprehensive look at state and federal investments that support Michigan's children (from birth through age 8 or grade 3) and their families. This inventory of programs, services, and efforts to improve system infrastructure represents the most comprehensive look at early childhood programming in Michigan ever compiled. The inventory provides a brief profile of each program and is intended to provide only basic programmatic information. For additional details about a specific program, please reference the program's website or the resources used to compile the profile (listed in the footnotes for each program).

**Note:** For the purposes of this inventory, the term “**program**” is used to refer to programs, services, and infrastructure building efforts that contribute to Michigan's early childhood system.

This inventory was created to be a resource for policymakers, parents, families, community members, program staff, state officials, advocates, and more. To help readers locate specific programs and learn about the broader system, programs are organized alphabetically by the agency that administers the program.

### Program Selection

To be included in this inventory, programs must:

- Receive state and/or federal funding (In other words, efforts funded completely by local or private dollars are not included in this inventory.)
- Serve children (birth through age 8) and/or their families directly or indirectly

To compile the list of programs included in the inventory, the Office of Great Start (OGS):

1. **Reviewed programs included in previous early childhood reports**, including the 2010 report *Building a Sustainable Future: Analysis of the Fiscal Resources Supporting Children from Birth Through Age 8 in Michigan* (written by The Finance Project and funded by the W.K. Kellogg Foundation)
2. **Shared a draft list of programs** with staff members at the Department of Community Health (DCH), Department of Education (MDE), Department of Human Services (DHS), and the Early Childhood Investment Corporation (ECIC)
3. **Incorporated feedback** from staff members at DCH, MDE, DHS, and ECIC
4. **Added or removed** from the list throughout the research process to ensure the list of programs accurately reflects current efforts (recommendations were approved by relevant agency staff)

The final list of programs included in this inventory was truly a cross-agency effort.

### *Partners*

This inventory was compiled as part of a legislative requirement of the OGS. It was created with assistance from staff at the DCH, MDE, DHS, and ECIC. The OGS was also aided by a team of researchers from Public Sector Consultants (PSC) and the Citizens Research Council (CRC).

### *Feedback*

The best effort was made to include the most current information in the inventory. To provide feedback or updates to the inventory, please contact Jeremy Reuter in the Office of Great Start at [reuterj@michigan.gov](mailto:reuterj@michigan.gov).

## Acronyms to Know

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Several acronyms are used throughout the inventory. Here are the most common.

**DCH** Michigan Department of Community Health

**DHS** Michigan Department of Human Services

**ECIC** Early Childhood Investment Corporation

**K** Kindergarten

**MDE** Michigan Department of Education

**OGS** Office of Great Start

**PreK** Prekindergarten or preschool

## How to Read the Early Childhood Program Inventory

The Early Childhood Program Inventory includes profiles on nearly 100 programs. What information is included in the profile? Below is a sample program profile with a description of each element in the profile.

**1** **Early Hearing Detection and Intervention (EHDI)**

**2** DCH

**3** **Overview**

The Early Hearing Detection and Intervention (EHDI) Program "works with hospitals and clinics to identify newborns and infants who have a hearing loss. While the hospitals do the hearing screens on the newborns, the EHDI program is working with community providers and developing information for families.

"The goals for the EHDI Program are called '1-3-6'. (1) All infants are screened for hearing loss no later than 1 month of age, preferably before hospital discharge... (3) All infants who do not pass the screening will have a diagnostic audiologic evaluation no later than 3 months of age. (6) All infants identified with a hearing loss receive appropriate early intervention services no later than 6 months of age."

Guide by Your Side (GBYS) "is a program for families with infants and young children who are deaf or hard of hearing. GBYS gives families who recently learned of their child's hearing loss an opportunity to meet with another parent of a deaf or hard of hearing child."<sup>2</sup>

**4** **Who Is Served?**

<b>Group Served:</b>	<b>CHILDREN</b>	Parents/Caregivers	Infrastructure (no direct service)
<b>Ages Served:</b>	Birth-3	<b>5</b>	

**6** **Eligibility Criteria:** All children are eligible.

**1. Program name**—This is the formal name of the program. If an acronym is commonly used, that is included here as well.

**2. Agency**—This is the agency that is responsible for administering the program.

**3. Overview**—Here we provide a brief description of the program and its goals. As often as possible, descriptions are quoted from publicly available materials that were produced by the programs themselves (such as websites or brochures).

**4. Group Served**—Some programs in the inventory serve children directly, others serve parents or caregivers directly, while others do not provide direct services and instead support the infrastructure of the early childhood system. More than one area may be highlighted.

**5. Ages Served**—This is a summary of the ages served by the program. If a program serves a population outside of children birth through age 8 and their families, that is included in this data point. Some programs will have an "N/A" here for "not applicable." This means the program does not serve children, parents, or caregivers directly.

**6. Eligibility Criteria**—This is a summary of how a family, child, or grantee may qualify for a program. Some programs have extremely complex eligibility criteria. This is intended to be a brief overview and does not necessarily document the nuance of a program's eligibility criteria.

<b>7</b>	<b>Children Served</b>		<b>Note(s):</b> Data were provided by the DCH and are from FY 2012.	<b>8</b>
	Birth–Preschool Age	107,736		
	K–Grade 3	0		
	<b>Total (Birth–Grade 3)</b>	<b>107,736</b>		
<b>9</b>	<b>Dollars Invested Annually</b>		<b>Note(s):</b> Data were provided by the DCH and are from FY 2012.	
	Federal Investment	\$511,682		
	State Investment	\$367,154		
	<b>Total Investment</b>	<b>\$878,836</b>		
<b>10</b>				
<b>Early Childhood Outcome Addressed</b>				
Children are...				
<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade	
—	★	★	—	

**7. Children Served**—If a program directly serves a child or their family the number of children served is provided. If a program does not directly serve a child or their family, it is marked “N/A,” or not applicable. Where possible, the inventory provides the exact number of children served. However, it was often not possible to document the exact number of children served. In those cases, the OGS used the best estimates available. See the Appendix, Methodology: Program Inventory Estimates, for a full summary of how the number of children served was calculated for each program. Please note all data were reviewed by agency staff for accuracy.

**8. Notes**—To help readers understand the data points included in the program profiles, this section presents important notes about the data points. For a full methodology, please see the Appendix, Methodology: Program Inventory Estimates.

**9. Dollars Invested Annually**—To be included in the inventory, programs must receive federal and/or state funding. This data point shows how much funding comes from which source. Where possible, the inventory provides the exact investment from federal and state sources. However, it was not always possible to obtain exact funding data. In those cases, the OGS used the best estimates available. See the Appendix, Methodology: Program Inventory Estimates, for a full summary of how funding by source data was calculated. Please note all funding by source data was reviewed by agency staff for accuracy.

**10. Early Childhood Outcome Addressed**—The OGS was charged with four outcomes by Governor Rick Snyder. A star indicates that the program reported that it addresses that particular outcome. This section is intended to help the reader consider programs that may be leveraged to improve certain outcomes. A star does not indicate that the program can document a direct link to that outcome.

## Childhood Lead Poisoning Prevention Program

DCH

### Overview

"The Childhood Lead Poisoning Prevention Program helps provide education and outreach regarding lead hazards and the impact of lead poisoning. Prevention strategies are included in a state work plan for preventing childhood lead poisoning. Technical assistance is offered to health care professionals to support appropriate health services for children exposed to lead or with lead poisoning, including local health departments who may provide some direct services. Additionally, this program receives and analyzes the lead testing results data from across the state for use in monitoring the extent to which children are still lead poisoned and to inform policy and practice relative to the continuing need to prevent lead poisoning and to intervene as early as possible when it is detected."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** Birth–6, and pregnant women<sup>2</sup>

**Eligibility Criteria:** All children in Michigan can be tested for lead poisoning. It is particularly stressed that this be done in communities where environmental and housing risks for lead poisoning are highest. Testing is done as part of well-child primary care visits, the WIC program and through many health departments. Medicaid health plans are required to do testing as part of well child care.<sup>3</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$860,950
State Investment	\$114,900
<b>Total Investment</b>	<b>\$975,850</b>

**Note(s):** Data were provided by the DCH and are from FY 2012. Investments here support: education and outreach, technical assistance, surveillance, prevention, quality assurance, and evaluation. The costs for screening and testing for children covered by Medicaid are included elsewhere in this report.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> E-mail from Brenda Fink, MDCH, 3/22/13.

<sup>2</sup> Phone call with Nancy Peeler, MDCH, 10/8/12.

<sup>3</sup> E-mail from Brenda Fink, MDCH, 3/22/13.

## Children with Serious Emotional Disturbance Home & Community Based Services Waiver

DCH

### Overview

The Serious Emotional Disturbance Waiver (SEDW) "is currently available in a limited number of counties and Community Mental Health Services Programs (CMHSPs).

"The Children's SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children up to age 20 with SED, who are enrolled in the SEDW prior to their 18th birthday. The MDCH operates the SEDW through contracts with the CMHSPs. The SEDW is a fee-for-service program administered by the CMHSP in partnership with other community agencies. The MDCH has a partnership with the Michigan Department of Human Services (MDHS) to serve children in MDHS foster care in eight of the SEDW counties.

"The SEDW enables Medicaid to fund necessary home and community-based services for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and are at risk of hospitalization without waiver services. The CMHSP is responsible for assessment of potential waiver candidates."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–20

**Eligibility Criteria:** "To be eligible for this waiver, the child must: [1] meet current MDCH contract criteria for, and be at risk of, hospitalization in a state psychiatric hospital (Hawthorn Center); [2] demonstrate serious functional limitations that impair his/her ability to function in the community...; [3] be under the age of 18 when approved for the SEDW; [4] be financially eligible for Medicaid when viewed as a family of one (i.e., when parental income and assets are waived); and [5] be in need of and receive at least one waiver service per month."<sup>2</sup>

Children Served	
Birth–Preschool Age	7
K–Grade 3	29
<b>Total (Birth–Grade 3)</b>	<b>36</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$441,811
State Investment	\$229,737
<b>Total Investment</b>	<b>\$671,548</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

<sup>1</sup>Michigan Department of Community Health, Children with Serious Emotional Disturbances Waiver website, [www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_7145-168285--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_7145-168285--,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

- Children with Serious Emotional Disturbance Home & Community Based Services Waiver •

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

## Children's Special Health Care Services (CSHCS)

DCH

### Overview

Children's Special Health Care Services (CSHCS) "strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life through the appropriate use of the CSHCS system of care... CSHCS helps persons with chronic health problems by providing: [1] coverage and referral for specialty services based on the person's health problems; [2] family centered services to support [families] in [their] role as primary caretaker of [their] child, [3] community based services to help [families] care for [their] child at home and maintain normal routines, [4] culturally competent services which demonstrate awareness of cultural differences, and [5] coordinated services to pull together the services of many different providers who work within different agencies."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** "Children must have a qualifying medical condition and be 20 years old or under. Persons 21 and older with cystic fibrosis or certain hereditary blood coagulation disorders commonly known as hemophilia may also qualify."<sup>2</sup>

**Eligibility Criteria:** "Several factors decide whether a person is eligible for CSHCS: (1) Residency: Must be a Michigan resident; (2) Citizenship: Must be a US citizen or documented non-citizen admitted for permanent residence or a non-citizen legally admitted migrant farm worker (i.e., seasonal agricultural worker); (3) Age: Children must have a qualifying medical condition and be 20 years old or under. Persons 21 and older with cystic fibrosis or certain hereditary blood coagulation disorders commonly known as hemophilia may also qualify; (4) Qualifying Medical condition: A MDCH medical consultant reviews each case to determine eligibility. Severity and chronicity of the person's condition as well as the need for treatment by a specialist are factors considered. More than 2,500 diagnoses are potentially eligible."<sup>3</sup>

Children Served	
Birth–Preschool Age	3,004
K–Grade 3	2,420
<b>Total (Birth–Grade 3)</b>	<b>5,424</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$8,490,018
State Investment	\$6,342,993
<b>Total Investment</b>	<b>\$14,833,011</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

<sup>1</sup>Michigan Department of Community Health, Children's Special Health Care Services website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_35698-15087--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_35698-15087--,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	—	—

## Children's Waiver Program (CWP)

DCH

### Overview

The Children's Waiver Program (CWP) "provides Medicaid funded home and community-based services to children (under age 18) who are eligible for, and at risk of, placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Children with developmental disabilities and who have challenging behaviors and/or complex medical needs are served through this program.

"The CWP enables children to remain in their parent's home or return to their parent's home from out-of-home placements regardless of their parent's income. The waiver services include: family training; non-family training; speciality services (e.g. music, recreation, art and message therapy); community living supports; transportation; respite care; environmental accessibility adaptations, and speciality medical equipment.

"The program has a capacity to serve 464 children statewide. Although the program is at capacity, a waiting list is maintained, using a priority rating system to add new children to the program when openings occur."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–18

**Eligibility Criteria:** Eligible children must be: under the age of 18; covered by Medicaid; and eligible for, and at risk of, placement into an Intermediate Care Facility for the Mentally Retarded (ICF/MR).<sup>2</sup>

Children Served	
Birth–Preschool Age	1
K–Grade 3	8
<b>Total (Birth–Grade 3)</b>	<b>9</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$289,367
State Investment	\$150,467
<b>Total Investment</b>	<b>\$439,834</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Community Health, Children's Waiver Program website, [www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_7145-14669--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_7145-14669--,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

## Dental Services: Healthy Kids Dental

DCH

### Overview

Healthy Kids Dental (HKD) is the contracted Medicaid waiver dental plan between the Michigan Department of Community Health (MDCH) and Delta Dental. HKD is a dental benefit program for Medicaid eligible beneficiaries under the age of 21 who reside in selected eligible counties. Dental services such as X-rays, cleanings, fillings, root canals, tooth extractions and dentures are covered benefits.<sup>1</sup>

Healthy Kids Dental enrollees must receive treatment from a dentist who participates in Delta Dental's Healthy Kids Dental program. Approximately 80% of Michigan dentists are Delta Dental providers and participating dentists agree to accept Delta Dental's payment for covered services as payment in full and do not charge the enrollee. If a service is not covered by Healthy Kids Dental the dentist must discuss the fees and payment plan with the enrollee or responsible party before treatment is rendered.<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–21<sup>3</sup>

**Eligibility Criteria:** Available to Medicaid beneficiaries under the age of 21 who reside in selected eligible counties.<sup>4</sup>

Children Served	
Birth–Preschool Age	123,055
K–Grade 3	92,290
<b>Total (Birth–Grade 3)</b>	<b>215,345</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$22,954,887
State Investment	\$9,267,021
<b>Total Investment</b>	<b>\$32,221,908</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			—

<sup>1</sup> Delta Dental, *Healthy Kids Dental improves oral health of children enrolled in Medicaid* (HKD Fact Sheet v2.5), [www.deltadentalmi.com/MediaLibraries/Global/documents/HKD-Fact-Sheet.pdf](http://www.deltadentalmi.com/MediaLibraries/Global/documents/HKD-Fact-Sheet.pdf) (accessed 2/3/13).

<sup>2</sup> Delta Dental, *How Healthy Kids Dental Works* website, [www.deltadentalmi.com/Individuals/Individual-Plans/Healthy-Kids-Dental-and-MIChild/Healthy-Kids-Dental/How-Healthy-Kids-Dental-Works.aspx](http://www.deltadentalmi.com/Individuals/Individual-Plans/Healthy-Kids-Dental-and-MIChild/Healthy-Kids-Dental/How-Healthy-Kids-Dental-Works.aspx) (accessed 2/3/13).

<sup>3</sup> HKD Fact Sheet v.2.5.

<sup>4</sup> Ibid.

## Dental Services: SEAL! Michigan Program

DCH

### Overview

The SEAL! Michigan dental sealant program is a school-based program designed to provide eligible students with dental sealants on their first and second permanent molars to prevent tooth decay. SEAL! Michigan operates through a competitive grant process that currently provides nine grantees with funds to operate a school-based program.<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Grades 1, 2, 6, and 7

**Eligibility Criteria:** SEAL! Michigan grantees must target schools in which 50% or more of the students participate in the Free and Reduced Lunch program, or provide justification if less than 50% of a school's students are participants (e.g., Health Professional Shortage Area [HPSA], non-Healthy Kids county). Grantees serve all students in grades 1, 2, 6, or 7 who return a positive permission slip. Grantees must focus on schools in counties that are not served by Healthy Kids Dental.<sup>2</sup>

Children Served	
Birth–Preschool Age	0
K–Grade 3	2,105
<b>Total (Birth–Grade 3)</b>	<b>2,105</b>

**Note(s):** Data were provided by the DCH and are from the FY 2010–2011 school year.

Dollars Invested Annually	
Federal Investment	\$464,862
State Investment	\$92,244
<b>Total Investment</b>	<b>\$557,106</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	—	★	—

<sup>1</sup> Michigan Department of Community Health, *SEAL Michigan! School-based Dental Sealant Program* (ASTDD [Association of State & Territorial Dental Directors]: N.p., December 27, 2010), [www.michigan.gov/documents/mdch/SEAL\\_Best\\_Practice\\_JM\\_Short\\_369419\\_7.pdf](http://www.michigan.gov/documents/mdch/SEAL_Best_Practice_JM_Short_369419_7.pdf) (accessed 2/3/13).

<sup>2</sup> Ibid.

## Early Childhood Comprehensive Systems Grant

DCH (and ECIC)

### Overview

An Early Childhood Comprehensive Systems (ECCS) Grant was first awarded to Michigan in 2004 to develop and subsequently implement a comprehensive early childhood system. The ECCS Grant supported the original Great Start Blueprint that led to the creation of the Early Childhood Investment Corporation (ECIC) and the Great Start Collaboratives/Parent Coalitions. Currently, the ECCS Grant continues to support infrastructure building efforts in the early childhood system like the Great Start Systems Team which brings together leaders from publicly funded early childhood programs to work on issues of shared concern in system building.<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$200,171
State Investment	\$0
<b>Total Investment</b>	<b>\$200,171</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> E-mail from Joan Blough, 10/24/12, and Early Childhood Comprehensive System Grant FY 2011 Progress Report.

## Early Hearing Detection and Intervention (EHDI)

DCH

### Overview

The Early Hearing Detection and Intervention (EHDI) Program "works with hospitals and clinics to identify newborns and infants who have a hearing loss. While the hospitals do the hearing screens on the newborns, the EHDI program is working with community providers and developing information for families.

"The goals for the EHDI Program are called '1-3-6'. (1) All infants are screened for hearing loss no later than 1 month of age, preferably before hospital discharge... (3) All infants who do not pass the screening will have a diagnostic audiologic evaluation no later than 3 months of age. (6) All infants identified with a hearing loss receive appropriate early intervention services no later than 6 months of age."<sup>1</sup>

Guide by Your Side (GBYS) "is a program for families with infants and young children who are deaf or hard of hearing. GBYS gives families who recently learned of their child's hearing loss an opportunity to meet with another parent of a deaf or hard of hearing child."<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–3

**Eligibility Criteria:** All children are eligible.

Children Served	
Birth–Preschool Age	107,736
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>107,736</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$511,682
State Investment	\$367,154
<b>Total Investment</b>	<b>\$878,836</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Community Health, Michigan Early Hearing Detection and Intervention Program website, [www.michigan.gov/ehdi](http://www.michigan.gov/ehdi) (accessed 2/3/13).

<sup>2</sup> Michigan Department of Community Health, *Guide By Your Side Program* website [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_21429-120286--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_21429-120286--,00.html) (accessed 2/3/13).

## Family Center for Children and Youth with Special Health Care Needs

DCH

### Overview

The Center is a section of the DCH Children's Special Health Care Services. Its primary purpose "is to help shape CSHCS policies and procedures and to help families navigate the CSHCS system. Through its Family Support Network of Michigan, the Center provides emotional support and information statewide to families of children with special health care needs. The Center is also the coordinating partner of Michigan's Family-to-Family Health Education and Information Center."<sup>1</sup>

Services include: "(1) answering the CSHCS Family Phone Line; (2) distributing "Family Linkages," a newsletter of interest to families; (3) coordinating Relatively Speaking, a biennial conference uniquely for siblings; (4) directing the Family Support Network of Michigan; (5) administering scholarships to enable Michigan parents to attend conferences; (6) leading training & presentations related to children with special needs and to parent-professional collaboration; (7) coordinating Michigan's Family-to-Family Health Information and Education Center; (8) assisting youth with special needs and their families in the transition to adulthood."<sup>2</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with children with special health care needs.<sup>3</sup>

**Eligibility Criteria:** All families of children with special health care needs are eligible. (Their children do not necessarily need to be enrolled in CSHCS.)<sup>4</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$104,600
State Investment	\$294,173
<b>Total Investment</b>	<b>\$398,773</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by the DCH) and population data. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

**Born healthy**

Healthy, thriving, and **developmentally on track** from birth to 3rd grade

Developmentally **ready to succeed in school** at time of school entry

Prepared to succeed in 4<sup>th</sup> grade and beyond by **reading proficiently** by the end of 3rd grade



<sup>1</sup> Michigan Department of Community Health, Family Center for Children and Youth with Special Health Care Needs website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_35698-56603--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_35698-56603--,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

## Family Planning: Plan First!

DCH

### Overview

Plan First! covers family planning services, which are "defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy. There are no patient co-pays for family planning services, supplies or pharmaceuticals."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Women ages 19–44<sup>2</sup>

**Eligibility Criteria:** "MDCH offers family planning services to women: 19 through 44 years of age; who are not currently Medicaid eligible; who have family income at or below 185% of the federal poverty level (FPL); who reside in Michigan; and meet Medicaid citizenship requirements"<sup>3</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$7,398,932
State Investment	\$934,365
<b>Total Investment</b>	<b>\$8,333,297</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

Born healthy	Healthy, thriving, and developmentally on track from birth to 3rd grade	Developmentally ready to succeed in school at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by reading proficiently by the end of 3rd grade
★	—	—	—

<sup>1</sup> Michigan Department of Community Health, Family Planning, Plan First! website, [www.michigan.gov/mdch/0,1607,7-132--146295--,00.html](http://www.michigan.gov/mdch/0,1607,7-132--146295--,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Family Planning: Title X

DCH

### Overview

"The Michigan Family Planning Program makes available general reproductive health assessment, comprehensive contraceptive services, related health education and counseling, and referrals as needed to every citizen of the state. The program's strong educational and counseling component helps to reduce health risks and promote healthy behaviors.

"While services are available to anyone, the primary target population is low-income women and men. Individuals with income levels at or below poverty can receive the full array of program services at no cost. No one is denied services because of inability to pay. Through contracts with 36 agencies, a network of local programs assures availability of the services statewide."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Varies by funded program

**Eligibility Criteria:** Varies by funded program, but all programs focus primarily on low-income women and men.<sup>2</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$8,105,309
State Investment	\$279,800
<b>Total Investment</b>	<b>\$8,385,109</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
	—	—	—

<sup>1</sup> Michigan Department of Community Health, Family Planning website, [http://www.michigan.gov/mdch/0,1607,7-132-2942\\_4911\\_4912\\_6216---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_4912_6216---,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

## Family Support Subsidy (FSS) Program

DCH

### Overview

"The Family Support Subsidy (FSS) Program provides financial assistance to families that include a child with severe developmental disabilities. The intent is to help make it possible for children with developmental disabilities to remain with or return to their birth or adoptive families. The program provides a monthly payment of \$222.11. Families are able to use this money for special expenses incurred while caring for their child."<sup>1</sup>

### Who Is Served?

**Group Served:** Children **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Families with children birth–18

**Eligibility Criteria:** "Qualifications: Child must be younger than 18 years of age and live in the family home in Michigan. The family's most recently filed Michigan income tax form must show a taxable income of \$60,000 or less. The Multidisciplinary Evaluation Team of the local public or intermediate school district must recommend the child for an educational eligibility category of severe cognitive impairment, severe multiple impairment or autism spectrum disorder. Children with autism spectrum disorder must be receiving special education services in a program for students with autism spectrum disorder or in a program for students with severe cognitive impairment or severe multiple impairments."<sup>2</sup>

Children Served	
Birth–Preschool Age	1,706
K–Grade 3	1,467
<b>Total (Birth–Grade 3)</b>	<b>3,173</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$8,629,970
State Investment	\$0
<b>Total Investment</b>	<b>\$8,629,970</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	—	—

<sup>1</sup> Michigan Department of Community Health, Family Support Subsidy Program website, [www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_7145-14670--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_7145-14670--,00.html) (accessed 2/3/13).

<sup>2</sup> Ibid.

## Fetal Alcohol Spectrum Disorder (FASD)

DCH

### Overview

The Fetal Alcohol Spectrum Disorder (FASD) program has three main components: (1) Five FASD Diagnostic Centers of Excellence to evaluate and diagnose children, birth to 18 years of age, providing an initial plan of care and referral to community-based resources for intervention; (2) Eight community-based project mini-grants to provide integration with existing early childhood programs to incorporate FASD screening, outreach, education and supportive services to children and families; (3) FASD education is provided by medical and allied health professionals...

"The overall goals of the state public health program are to: reduce the number of children born in Michigan with FAS and FASD; provide early childhood evaluation and diagnosis; and assist those children & their families who are affected with needed intervention services and support for optimum health and development."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN**    **PARENTS/CAREGIVERS**    Infrastructure (no direct service)

**Ages Served:** Children from birth–18 and their families; Women ages 15–44 years of age<sup>2</sup>

**Eligibility Criteria:** "Children affected by prenatal alcohol exposure and their families, birth to 18 years. Women of reproductive age who use alcohol and are sexually active and report not using reliable method of contraception , 15 to 44 years of age."<sup>3</sup>

Children Served	
Birth–Preschool Age	350
K–Grade 3	353
<b>Total (Birth–Grade 3)</b>	<b>703</b>

**Note(s):** Data were provided by the DCH and are from FY 2010-11.

Dollars Invested Annually	
Federal Investment	\$158,898
State Investment	\$0
<b>Total Investment</b>	<b>\$158,898</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> E-mail from Debra Kimball, DCH, 10/22/12.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Fetal-Infant Mortality Review (FIMR)

DCH

### Overview

"Fetal-Infant Mortality Review (FIMR) is a process of identification and analysis of factors that contribute to fetal and infant death through chart review and interview of individual cases. FIMR complements other studies of infant death but uses an approach that is community-based and designed to bring together local health providers, consumers, advocates and leaders. FIMR identifies strengths and areas for improvements in overall service systems and community resources for women, children and families. FIMR also provides direction towards the development of new policies to safeguard them.

Fetal and infant mortality review has two goals: (1) to describe significant social, economic, cultural, safety, health and systems factors that contribute to mortality; and (2) to design and implement community-based action plans founded on the information obtained from the reviews."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE (no direct service)**

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$213,149
State Investment	\$0
<b>Total Investment</b>	<b>\$213,149</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
	—	—	—

<sup>1</sup> Michigan Department of Community Health, Fetal-Infant Mortality Review website: [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_4912-12563--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4912-12563--,00.html) (accessed 2/4/13).

## Hearing Screening

DCH

### Overview

"The Hearing Screening Program supports the screening of children by the Local Health Department at least once between the ages of 3 and 5 years and every other year between the ages of 5 and 10 years... Many children are unaware that they hear differently from their peers. Early identification of hearing problems can alleviate speech/language delays, social/emotional delays, academic delays and psychological delays.

"The program is a 3 stage process that involves a preliminary screening (Stage I), an Intermediate Sweep and/or audiogram (Stage II) and the Medical Referral stage (Stage III). About 5% of all children screened require a medical referral.

"The goals of the hearing screening program are to: identify hearing loss in children as early as possible; reduce preventable hearing loss and ear disease by providing assistance in obtaining prompt medical care for children at-risk for hearing loss; identify hearing impaired children so that their educational, medical and social needs may be defined; and to help parents and school personnel to understand the child's needs related to the hearing loss."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Ages 3–5, and Grades K, 2, and 4<sup>2</sup>

**Eligibility Criteria:** *Preschool-aged children:* All children are eligible to be screened at least once between the ages of 3 and 5.<sup>3</sup>

*School-aged children:* "Screening is available to all children in Michigan, and are conducted in public, private, and charter schools as well as during health department-based clinics."<sup>4</sup>

Children Served	
Birth–Preschool Age	100,186
K–Grade 3	205,814
<b>Total (Birth–Grade 3)</b>	<b>306,000</b>

**Note(s):** The total number of children served was provided by the DCH. The age split was unknown, so it was estimated based on the grades served by this program. Data are for FY 2012.

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$1,890,940
<b>Total Investment</b>	<b>\$1,890,940</b>

**Note(s):** Total dollars were provided by the DCH and were apportioned by age using the estimates of the number of children served by age. Data are for FY 2012.

<sup>1</sup> Michigan Department of Community Health, Michigan Hearing and Vision Screening Programs, Hearing Screening website, [www.mihearingvision.com/hearing.html](http://www.mihearingvision.com/hearing.html) (accessed 2/4/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

## Home-Based Services Intervention

DCH

### Overview

"The Mental Health Home-Based Services intervention combines the use of individual therapy, family therapy, case-management and family collateral contacts as an approach to reducing reliance on placement in substitute care settings such as hospitals or residential treatment centers. Services are primarily provided in the family home or community and may vary in intensity, application and duration depending on the needs of the family.

"Home-based services are designed through a planning process that mandates the active participation of the family as members of the home-based services team. The resulting plan of service becomes the on-going guideline for service delivery. The plan of service is a comprehensive plan which identifies family strengths and needs, determines appropriate interventions and identifies resources developed in collaboration with family members and other agencies. Home-based services are accessed through local Community Mental Health Services Programs (CMHSPs). The Division of Mental Health Services to Children and Families certifies home-based services programs operated through CMHSPs and provides training and technical assistance to home-based services staff and programs."<sup>1</sup>

### Who Is Served?

**Group Served:** CHILDREN PARENTS/CAREGIVERS Infrastructure (no direct service)

**Ages Served:** Children birth–18 and their families

**Eligibility Criteria:** These services are provided to Medicaid-eligible individuals in families with multiple service needs who require access to a continuum of mental health services. The following dimensions are considered for home-based services: diagnosis, degree of disability/functional impairment, and duration/history.<sup>2</sup>

Children Served	
Birth–Preschool Age	1,079
K–Grade 3	943
<b>Total (Birth–Grade 3)</b>	<b>2,022</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$6,191,236
State Investment	\$3,219,368
<b>Total Investment</b>	<b>\$9,410,604</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

<sup>1</sup> Michigan Department of Community Health, Home-Based Services website, [www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_7145-14675--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_7145-14675--,00.html) (accessed 2/4/13).

<sup>2</sup> Michigan Department of Community Health. (2013). Medicaid Provider Manual (p. 824-827). <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf> (accessed 4/2/13).

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

## Home Visiting Initiative—MIECHV

DCH

### Overview

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is a five-year federal grant program that funds a cross-agency home visiting initiative. The program has three objectives: (1) expand evidence-based local home visiting services in communities with the highest concentration of risk; (2) build a home visiting infrastructure at the state and local level; and (3) integrate home visiting into the early childhood system.

The goal of this federal initiative is to assess whether prevention-focused home visiting programs can improve health outcomes and reduce health care costs, as part of a community integrated health care system. The MIECHV objectives are supported by PA 291 of 2012, which requires the use of evidence-based or promising home visiting models. Data about the array of home visiting programs in place across Michigan are still being collected; this will help guide state and local infrastructure building efforts, and help develop a continuum of effective, high-quality home visiting models. The state partners are studying means to sustain the system and services built under MIECHV after federal funding ends.<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN**    **PARENTS/CAREGIVERS**    **INFRASTRUCTURE** (no direct service)

**Ages Served:** Families with young children from birth–5<sup>2</sup>

**Eligibility Criteria:** *Families and Children:* Varies by funded program.

*Programs:* Funding to local communities for direct service expansion is based on a statewide needs assessment. Communities that were selected to expand local home visiting services were identified by highest "concentration of risk." Risk factors to determine eligible communities include premature birth, low-birth-weight infants, infant mortality, poverty, crime, domestic violence, school dropout rates, substance abuse, unemployment, and child maltreatment.<sup>3</sup>

Children Served	
Birth–Preschool Age	TBD
K–Grade 3	TBD
<b>Total (Birth–Grade 3)</b>	<b>TBD</b>

**Note(s):** Data about the system of home visiting services in Michigan are not yet available. Public Act 291 of 2012 requires that home visiting data be reported in FY 2014.

Dollars Invested Annually	
Federal Investment	\$2,266,750
State Investment	\$0
<b>Total Investment</b>	<b>\$2,266,750</b>

**Note(s):** Data were provided by the DCH and are from FY 2011. Annual funding will vary over the five-year project period.

<sup>1</sup> Phone call with Nancy Peeler, DCH, 10/16/12.

<sup>2</sup> E-mail from Nancy Peeler, DCH, 11/5/12.

<sup>3</sup> Michigan Department of Community Health (2010), Michigan Maternal, Infant and Early Childhood Home Visiting Program Statewide Needs Assessment website, [http://www.michigan.gov/documents/mdch/Statewide\\_Needs\\_Assessment\\_Narrative\\_and\\_Appendices\\_335084\\_7.pdf](http://www.michigan.gov/documents/mdch/Statewide_Needs_Assessment_Narrative_and_Appendices_335084_7.pdf) (accessed 3-15-13).

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

## Immunization Program

DCH

### Overview

The Immunization Program's mission is to minimize and prevent the occurrence of vaccine-preventable diseases in Michigan. The Immunization Program is responsible for decreasing the incidence of vaccine preventable disease, increasing immunization opportunities for Michigan citizens, and leading several immunization-related programs including the following: the Vaccines for Children (VFC) Program that gives childhood vaccines to eligible children;<sup>1</sup> the Perinatal Hepatitis B program which provides direct case management to infants born to mothers who are surface antigen positive to hepatitis B;<sup>2</sup> and the Michigan Care Improvement Registry (MCIR), a computerized registry of immunization records for people across Michigan.<sup>3</sup> The DCH Immunization Division, in partnership with local health departments, has extensive immunization education programs to ensure that health care providers and the public are properly informed about vaccinations.

"The Immunization program works to break down identified barriers to immunization, avoiding missed opportunities in those individuals who need immunizations, increasing access to immunization, and raising coverage levels in all Michigan populations... The Immunization Program works closely with WIC and Medicaid partners through a state based workgroup, and at the local level. The program maintains external relationships through Michigan Advisory Committee on Immunizations (MACI), Flu Advisory Board (FAB), and the Alliance for Immunizations in Michigan Coalition (AIM)."<sup>4</sup>

### Who Is Served?

**Group Served:**      **CHILDREN**                  Parents/Caregivers                  **INFRASTRUCTURE (no direct service)**

**Ages Served:**      VFC program: Children under age 19

**Eligibility Criteria:** MCIR is a statewide registry. The Public Health Code requires that all vaccines administered to children be entered into the registry.<sup>5</sup>

"VFC is a Federal program providing all [Advisory Committee on Immunization Practices [ACIP] recommended vaccines to qualifying children less than 19 years of age who are eligible if:

1. Medicaid eligible or enrolled
2. Uninsured
3. American Indian/Alaska Native
4. Underinsured"<sup>6</sup>

Children Served	
Birth–Preschool Age	425,272
K–Grade 3	185,839
<b>Total (Birth–Grade 3)</b>	<b>611,111</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

<sup>1</sup> Michigan Department of Community Health, Michigan Vaccines for Children Program, *Vaccines for Your Child* (Lansing, Mich.: MDCH, November 2012), [www.michigan.gov/documents/after\\_9\\_VFC\\_brochure\\_128629\\_7.pdf](http://www.michigan.gov/documents/after_9_VFC_brochure_128629_7.pdf) (accessed 2/4/13).

<sup>2</sup> E-mail from Robert Swanson, DCH, 11/9/12.

<sup>3</sup> Michigan Public Health Institute, Michigan Care Improvement Registry, Public Information website, [www.mcir.org/publiccontent.html](http://www.mcir.org/publiccontent.html) (accessed 2/4/13).

<sup>4</sup> E-mail from Robert Swanson, DCH, 11/9/12.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

• Immunization Program •

Dollars Invested Annually	
Federal Investment	\$10,570,384
State Investment	\$4,168,382
<b>Total Investment</b>	<b>\$14,738,766</b>

**Note(s):** Data were provided by the DCH and are from FY 2012. While the children above are served by the programs mentioned here, funding for vaccinations comes from a different source (\$87 million in federal funding), and is not included in this total.

**Early Childhood Outcome Addressed**

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

## Infant Death Prevention and Bereavement

DCH

### Overview

"The Infant Death Prevention and Bereavement program, in FY12, included the provision of both risk reduction services to reduce accidental infant sleep-related deaths (safe sleep), and education, training, promotion and coordination of bereavement counseling home visits. The bereavement counseling component provides grief support, by local health department staff, to families experiencing a sudden and unexpected death of a child under the age of one, excluding deaths by trauma (fire, drowning, and homicide). For communities with an active Fetal Infant Mortality Review (FIMR) team, services can be provided to families experiencing any type of infant and perinatal death."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      **INFRASTRUCTURE (no direct service)**

**Ages Served:** *Bereavement Services:* Families with children under age 1

*Prevention Services:* All ages<sup>2</sup>

**Eligibility Criteria:** *Bereavement Services:* All families that have experienced a sudden and unexpected death of a child under age 1, excluding deaths by trauma.

*Prevention Services:* Available to the general public.<sup>3</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$172,046
State Investment	\$0
<b>Total Investment</b>	<b>\$172,046</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	—	—

<sup>1</sup> E-mail from Jeff Spitzley, MDCH, 11/1/12.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Local Maternal & Child Health (LMCH) Program

DCH

### Overview

Through the Local Maternal & Child Health (LMCH) Program flexible funds from the Federal Title V/Maternal and Child Health Block Grant are made available to local health departments to address locally identified health needs of women and children in their jurisdictions. Each local health department uses a defined needs assessment process to determine and identify their maternal and child health (MCH) needs and also identifies which of the 18 priority MCH measures established by the MCH Bureau of the Department of Health and Human Services and 10 measures established by DCH are addressed in the plan.<sup>1</sup>

The program's objectives are to: (1) provide mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services; (2) assist local health departments in providing MCH services based on needs of the community by funding or filling in gaps for funding for programs; and (3) reduce infant mortality and to promote the health of mothers and infants as defined by individual local health departments based on a needs assessment.<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Women ages 20–44 and children from birth–19

**Eligibility Criteria:** Each local health department uses a defined needs assessment process to determine/identify their MCH needs.<sup>3</sup>

Children Served	
Birth–Preschool Age	21,445
K–Grade 3	15,548
<b>Total (Birth–Grade 3)</b>	<b>36,993</b>

**Note(s):** The number of children served was estimated using total program enrollment and the number of children below 150% of the federal poverty level. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$2,551,030
State Investment	\$0
<b>Total Investment</b>	<b>\$2,551,030</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using the number of children served (estimated above) and assumes that investment split proportionally. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Comprehensive Agreement: <http://egramms-mi.com/dch/user/categoryprograms.aspx?CategoryCode=COMP&CatDesc=Comprehensive%20Agreement>. (accessed 2/15/13).

<sup>2</sup> Ibid.

<sup>3</sup> E-mail from Jeanette Lightning, DCH, 10/16/12.

## Maternal & Child Health (MCH) Medicaid Outreach

DCH

### Overview

Medicaid Administrative Outreach includes those functions or activities that are performed to inform eligible or potentially eligible individuals about Medicaid and how to access Medicaid programs. There are seven activity categories: (1) Medicaid outreach and public awareness; (2) facilitating Medicaid eligibility determination; (3) program planning, policy development, and coordination; (4) referral, coordination and monitoring of services; (5) Medicaid-specific training on outreach eligibility and services; (6) arranging for Medicaid-related transportation; and (7) arranging for provision of Medicaid-related translation.<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

**Note(s):** N/A means “not available” because data are not collected on service to individuals.

Dollars Invested Annually	
Federal Investment	\$2,357,255
State Investment	\$0
<b>Total Investment</b>	<b>\$2,357,255</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> E-mail from Jeanette Lightning, MDCH,10/16/12.

## Maternal Infant Health Program (MIHP)

DCH

### Overview

The Maternal Infant Health Program (MIHP) "is a Home Visiting program for pregnant women and infants with Medicaid insurance. MIHP provides support service to women and to parents so they have healthy pregnancies, good birth outcomes, and healthy infants."<sup>1</sup>

Services include: maternal and infant health and psychosocial assessments; development of beneficiary care plans; coordination of MIHP services with the beneficiary's medical care provider; home or office visits provided with interventions based on the beneficiary's plan of care; transportation services if needed; referrals to local community services and childbirth education or parenting classes."<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Pregnant women and infants

**Eligibility Criteria:** "MIHP is a program for all Michigan women with Medicaid health insurance who are pregnant and all infants with Medicaid. It is a benefit of their insurance."<sup>3</sup>

Children Served	
Birth–Preschool Age	21,000
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>21,000</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$7,057,433
State Investment	\$2,352,478
<b>Total Investment</b>	<b>\$9,409,911</b>

**Note(s):** Data were provided by the DCH and are from FY 2012. The split between federal and state investment was not known, so the estimate assumes that these dollars split the same as the overall Medicaid program.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Michigan Department of Community Health, *MIHP: Maternal Infant Health Program* (Lansing, Mich.: MDCH, September 2012), [www.michigan.gov/documents/mdch/MIHP\\_Beneficiaries\\_Brochure-DCH-1416\\_393191\\_7.pdf](http://www.michigan.gov/documents/mdch/MIHP_Beneficiaries_Brochure-DCH-1416_393191_7.pdf) (accessed 2/4/13).

<sup>2</sup> Michigan Department of Community Health, Maternal Infant Health Program website, [www.michigan.gov/mdch/0,4612,7-132-2943\\_4672-106183--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2943_4672-106183--,00.html) (accessed 2/4/13).

<sup>3</sup> Ibid.

## Medicaid Health Care

DCH

### Overview

“Medicaid provides medical assistance for Michigan’s low-income residents who meet certain eligibility criteria as defined by both [the Centers for Medicare and Medicaid Services] CMS and the State. These are identified as people who are either ‘categorically needy’ or ‘medically needy.’ The categorically needy group generally includes infants, children, and pregnant women in low-income families, low-income elderly, blind and disabled persons, and certain low-income Medicare beneficiaries.

“The medically needy group includes people who have substantial medical costs but their income is too high for them to qualify for Medicaid. They must ‘spend down’ their income until it reaches a level at which they meet Medicaid’s income and asset requirements.”<sup>1</sup>

### Who Is Served?

**Group Served:**      **CHILDREN**              **PARENTS/CAREGIVERS**              Infrastructure (no direct service)

**Ages Served:**      Birth–19 and pregnant women

**Eligibility Criteria:** Eligible applicants must: (1) be under age 19, or pregnant; (2) have a Social Security Number (or have applied for one); (3) live in Michigan, even for a short time; (4) be a U.S. citizen or a qualified immigrant; and (5) meet monthly family income limits (185% of the federal poverty level for infants under age 1 and pregnant women, 150% of the federal poverty level for children ages 1–19)<sup>2</sup>

Children Served	
Birth–Preschool Age	409,201
K–Grade 3	295,673
<b>Total (Birth–Grade 3)</b>	<b>704,874</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$1,184,913,104
State Investment	\$387,987,511
<b>Total Investment</b>	<b>\$1,572,900,615</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			—

<sup>1</sup> Michigan Department of Community Health. (2012). 2012 DCH Annual Report.

<sup>2</sup> E-mail from James Bowen, MDCH, 3/22/12.

## Michigan Maternal Mortality Surveillance Program

DCH

### Overview

The Michigan Maternal Mortality Surveillance Program conducts reviews of all deaths of women while pregnant or within one year of termination of pregnancy, regardless of the cause. The program systematically collects data, analyzes it, disseminates the findings, and works to develop prevention strategies. The program's goal is "to identify medical, systems and patient issues that can then be addressed to improve women's health."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** All deaths of women while pregnant or within one year of termination of pregnancy, regardless of the cause.<sup>2</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$25,635
State Investment	\$0
<b>Total Investment</b>	<b>\$25,635</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
	—	—	—

<sup>1</sup> Violanda Grigorescu, Director, MDCH Division of Genomics, Perinatal Health and Chronic Disease Epidemiology, Michigan Maternal Mortality Surveillance presentation (2009), [www.michigan.gov/documents/mdch/Michigan\\_Maternal\\_Mortality\\_Surveillance\\_MMMS\\_Division\\_Day\\_345436\\_7.pdf](http://www.michigan.gov/documents/mdch/Michigan_Maternal_Mortality_Surveillance_MMMS_Division_Day_345436_7.pdf) (accessed 2/4/13).

<sup>2</sup> Ibid.

## MiChild

DCH

### Overview

MiChild is a health care program (payer) for Michigan children who are low-income and uninsured.<sup>1</sup> "MiChild has a higher income limit than Healthy Kids. There is only an income test [to qualify]. Like Healthy Kids, MiChild is for children who are under age 19. There is a \$10 per family monthly premium for MiChild. [This monthly premium covers] all of the children in one family. The child must be enrolled in a MiChild health and dental plan in order to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services."<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–19

**Eligibility Criteria:** To be eligible, children must: (1) be under age 19; (2) have no comprehensive health insurance, including Medicaid; (3) have a Social Security Number (or have applied for one); (4) live in Michigan, even for a short time; (5) be a U.S. citizen or qualified immigrant; and (6) meet income requirements.<sup>3</sup>

Children Served	
Birth–Preschool Age	15,931
K–Grade 3	15,826
<b>Total (Birth–Grade 3)</b>	<b>31,757</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$14,899,961
State Investment	\$4,692,361
<b>Total Investment</b>	<b>\$19,592,322</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Michigan Department of Community Health, MiChild website, [www.michigan.gov/mdch/0,1607,7-132-2943\\_4845\\_4931---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4845_4931---,00.html) (accessed 2/4/13).

<sup>2</sup> Michigan Department of Community Health, Health Care Programs Eligibility website, [www.michigan.gov/mdch/0,1607,7-132-2943\\_4860-35199--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4860-35199--,00.html) (accessed 2/4/13).

<sup>3</sup> Michigan Department of Community Health, *MiChild Healthy Kids Plan First* (Lansing, Mich.: MDCH, July 2008), [www.michigan.gov/documents/MiChild\\_english\\_5\\_65774\\_7.03\\_pms539.pdf](http://www.michigan.gov/documents/MiChild_english_5_65774_7.03_pms539.pdf) (accessed 2/4/13).

## MI Healthy Baby

DCH

### Overview

"In Fiscal Year 2012, the MI Healthy Baby program primarily focused on four components: (1) promotion of 2-1-1 as a way to connect to community maternal child health resources; (2) promotion of the text4baby program; (3) creation and promotion of the mobile website [www.mihealthybaby.mobi](http://www.mihealthybaby.mobi); and (4) promotion of the importance of women being healthy before, during, and after pregnancy through an advertising campaign. The third year of federal grant funding for this program was cut, so beginning in Fiscal Year 2013, it is just the mobile website and text4baby promotion that is being maintained."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families before, during, and after pregnancy<sup>2</sup>

**Eligibility Criteria:** Available to the general public.

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$664,593
State Investment	\$0
<b>Total Investment</b>	<b>\$664,593</b>

**Note(s):** Data were provided by the DCH and are from FY 2012. Federal funding was eliminated after FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	—	—

<sup>1</sup> E-mail from Jeff Spitzley, DCH, 11/1/12.

<sup>2</sup> MI Healthy Baby website, [www.mihealthybaby.mobi](http://www.mihealthybaby.mobi) (accessed 2/3/13).

## Newborn Screening Program

DCH

### Overview

"Newborn Screening is the process of early identification of health conditions followed by their subsequent timely treatment before the onset of disease processes. Newborn Screening is a public health program required by Michigan law to find babies with rare but serious disorders who require early treatment. All babies need to be tested in order to find the small number who look healthy but have a rare medical condition. Babies with these conditions seem healthy at birth but can become very sick in a short time... The program has three main goals: (1) assure that all Michigan infants receive newborn screening; (2) provide follow-up for infants with positive screening tests, ensuring access to treatment; and (3) provide long-term follow-up and monitoring of health outcomes. The program is funded by fees collected from the newborn screening cards."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth

**Eligibility Criteria:** All babies are eligible.

Children Served	
Birth–Preschool Age	111,375
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>111,375</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$10,621,067
<b>Total Investment</b>	<b>\$10,621,067</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Michigan Department of Community Health, Newborn Screening Program Epidemiologist website, [www.michigan.gov/mdch/0,4612,7-132-2944\\_5327-12856--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2944_5327-12856--,00.html) (accessed 2/4/13).

## Nurse-Family Partnership

DCH

### Overview

The "Nurse-Family Partnership (NFP) is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Independent research proves that communities benefit from this relationship — every dollar invested in NFP can yield up to five dollars in return."<sup>1</sup>

NFP goals include: (1) improve pregnancy outcomes by helping women engage in good preventive health practices; (2) improve child health and development by helping parents provide responsible and competent care; and (3) improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** At-risk mothers and their children through age 2

**Eligibility Criteria:** Target populations are individualized by community, but NFP programs focus on populations that are experiencing excessive infant mortality.<sup>3</sup>

Children Served	
Birth–Preschool Age	490
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>490</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$2,104,039
State Investment	\$1,500,000
<b>Total Investment</b>	<b>\$3,604,039</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Nurse-Family Partnership, *State Profile 2012: Nurse-Family Partnership in Michigan* (Denver, Colo.: Nurse-Family Partnership, 2012), [www.nursefamilypartnership.org/assets/PDF/Communities/State-profiles/MI\\_State\\_Profile](http://www.nursefamilypartnership.org/assets/PDF/Communities/State-profiles/MI_State_Profile) (accessed 2/4/13).

<sup>2</sup> Ibid.

<sup>3</sup> E-mail from Nancy Peeler, DCH, 11/6/12.

## Obesity Prevention in Early Learning and Development Programs Utilizing NAP SACC

DCH

### Overview

"The Michigan Department of Community Health/Cardiovascular Health, Nutrition & Physical Activity Section and the Early Childhood Investment Corporation (ECIC), partner to offer an early childhood obesity prevention grant opportunity utilizing the Nutrition & Physical Activity Self-Assessment for Child Care (NAP SACC) to improve healthy eating and physical activity policies within the [early childhood] center."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Ages 2–5<sup>2</sup>

**Eligibility Criteria:** "All Michigan early care and education programs serving 2-5 year old children with high-needs in licensed centers are eligible to apply for this funding opportunity in collaboration with the Great Start to Quality Resource Center serving their county. High-need children are those who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are English learners, who are migrant, homeless, or in foster care or who reside on "Indian lands", as that term is defined by Section 8013(6) of the Elementary and Secondary Education Act, of 1965. Priority is given to applicants that demonstrated established relationships, programs with strong administrative support and programs that have health and/or obesity prevention as part of their mission or vision."<sup>3</sup>

Children Served	
Birth–Preschool Age	1,500
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>1,500</b>

**Note(s):** Data were provided by the DCH and are from FY 2012. Because this program operates in child care centers and not kindergarten classrooms, all enrollment is listed as "birth-preschool age."

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$30,000
<b>Total Investment</b>	<b>\$30,000</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—			—

<sup>1</sup> E-mail from Rochelle Hurst, DCH, 10/10/12.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Parent Leadership

DCH

### Overview

"The Parent Leadership in State Government Training Project provides a free two-day leadership training for Michigan parents who want to help impact local, state, and federal program planning and policy development. The training covers improving leadership skills, making meetings most effective, how to successfully handle conflict, and many other topics. During the two-day training, each parent will develop an individual action plan that will put his or her new leadership skills to use... Staff helps put these action plans into place by providing assistance to newly trained parents seeking positions on advisory boards, committees, and projects."<sup>1</sup>

The Parent Leadership Project is a collaborative effort of the Michigan Departments of Community Health, Human Services, Education, and the Children's Trust Fund.<sup>2</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Parents

**Eligibility Criteria:** "Any parent in Michigan who has a child age birth to 18 years old and has received specialty services in Michigan for their child."<sup>3</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$60,390
State Investment	\$0
<b>Total Investment</b>	<b>\$60,390</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by the DCH) and population data. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Center for Educational Networking, Parent Leadership in State Government Training press release, [www.cenmi.org/Events/Details/tabid/137/EventId/328/Default.aspx](http://www.cenmi.org/Events/Details/tabid/137/EventId/328/Default.aspx) (accessed 2/5/13).

<sup>2</sup> E-mail from Nancy Peeler, DCH, 1/24/13.

<sup>3</sup> Center for Educational Networking, Parent Leadership in State Government Training press release.

## Pediatric AIDS Prevention and Support

DCH

### Overview

"The Maternal and Child HIV/AIDS Program's services are aimed at achieving the best possible comprehensive care for women, youth, and children infected and/or affected by HIV/AIDS. This program serves to assure that coordination of existing medical care and social support services exists for families living with HIV/AIDS..."

"The HIV/AIDS Prevention and Intervention Section (HAPIS) administers the Ryan White Part D funds... Part D services are designed to be comprehensive, community-based, culturally competent, and family-centered. Funded agencies provide primary and specialty medical care, psychological services, logistical coordination and support, outreach, and case management. Part D employs family case managers and family advocates who serve to link families with needed care across service systems. The Part D Program works to assure that HIV positive women have access to medical therapies that reduce transmission of HIV to their newborn(s), as well as access to clinical trials that provide them state-of-the-art treatment. Part D further assures that HIV exposed, HIV positive children, and youth have access to available clinical trials."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** HIV-positive women, youth, children, and HIV-exposed children, as well as affected family members.<sup>2</sup>

**Eligibility Criteria:** HIV-positive women, youth, children, and HIV-exposed children, as well as affected family members.<sup>3</sup>

Children Served	
Birth–Preschool Age	116
K–Grade 3	30
<b>Total (Birth–Grade 3)</b>	<b>146</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$1,229,007
State Investment	\$0
<b>Total Investment</b>	<b>\$1,229,007</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
		—	—

<sup>1</sup> Michigan Department of Community Health, Maternal and Child HIV/AIDS Program website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_4912-12591--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4912-12591--,00.html) (accessed 2/5/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Pregnancy Risk Assessment Monitoring System (PRAMS)

DCH

### Overview

"The Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing survey project of mothers who deliver live births in Michigan. PRAMS is part of a national effort to reduce infant mortality and adverse birth outcomes by providing information useful for developing and implementing intervention programs and for evaluating existing programs. This data is used to monitor progress toward national and state pregnancy-related health objectives, including the increase of positive birth outcomes. PRAMS is also used to identify and monitor selected self-reported maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver live-born infants... PRAMS generates statewide estimates of important perinatal health indicators among women delivering live infants. PRAMS staff collect data through a mailed survey with follow-up of non-respondents by telephone. The PRAMS survey is revised every three to five years, and each revision is referred to as a phase."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$201,935
State Investment	\$0
<b>Total Investment</b>	<b>\$201,935</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
	—	—	—

<sup>1</sup> Michigan Department of Community Health. PRAMS website. [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_21428---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_21428---,00.html) (accessed 2/15/13).

## Prenatal Smoking Cessation (PSC)

DCH

### Overview

"The Prenatal Smoking Cessation (PSC) Program is currently designed to work with pregnant smokers who are receiving health services in prenatal programs. The PSC intervention model, "Smoke Free for Baby and Me" program, is designed to assess the stage of readiness to quit smoking and deliver clear, strong, personalized, and consistent intervention messages to help the person quit smoking. Upon completion of an assessment and identification of the stage of readiness to quit smoking, a three to five minute one on one counseling is conducted as part of these services. Effectiveness of this type of intervention has been found to be high when the messages and materials are consistent, supportive, relative to each client's readiness to quit, and provided each time the woman is seen for pregnancy-related services. The intervention is designed to be easily integrated into other medical, health and support services."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Pregnant women of all ages

**Eligibility Criteria:** Pregnant women who smoke, or who are exposed to tobacco smoke, are eligible for this program.<sup>2</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$2,621
State Investment	\$7,861
<b>Total Investment</b>	<b>\$10,482</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	—	—

<sup>1</sup> Michigan Department of Community Health, Prenatal Smoking Cessation website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911-12609--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911-12609--,00.html) (accessed 2/5/13).

<sup>2</sup> E-mail from Jeanette Lightning, MDCH, 10/16/12.

## Prevention Direct Services: Child Care Expulsion Prevention (CCEP) Program

DCH

### Overview

"Child Care Expulsion Prevention (CCEP) has provided services within child care settings serving children birth up to age five. These services have been found to be effective in supporting young children at risk of expulsion to stay in their care setting successfully and to help teachers and families to foster social and emotional growth of all young children within their care."<sup>1</sup>

"CCEP programs provide early childhood mental health consultation for parents and child care providers caring for children ages 0-5, who are experiencing behavioral or emotional challenges that put them at risk for expulsion from child care. CCEP aims to reduce expulsions, improve the quality of child care, and increase the number of parents and providers who successfully nurture the social-emotional development of infants, toddlers and preschoolers."<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN**      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** "Child care providers and parents who care for children under the age of six who are experiencing behavioral and emotional challenges in their child care settings."<sup>3</sup>

**Eligibility Criteria:** Children with a serious emotional disturbance diagnosis.<sup>4</sup>

Children Served	
Birth–Preschool Age	53
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>53</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$36,402
State Investment	\$18,929
<b>Total Investment</b>	<b>\$55,331</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Community Health, Reducing Expulsion of Children from Child care website, [www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_7145-14785--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_7145-14785--,00.html) (accessed 2/5/13).

<sup>2</sup> Michigan Department of Community Health, CCEP fact sheet, 4/25/05, <http://earlychildhoodmichigan.org/articles/10-03/CCEP10-03.htm> (accessed 2/5/13).

<sup>3</sup> Michigan Department of Community Health, *Medicaid Provider Manual* (Lansing, Mich.: MDCH, January 1, 2013), [www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) (accessed 2/6/13).

<sup>4</sup> Phone call with Mary Ludtke, DCH, 11/21/12.

## Prevention Direct Services: Infant Mental Health

DCH

### Overview

Infant mental health "[p]rovides home-based parent-infant support and intervention services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder. PIHPs [Prepaid Inpatient Health Plans] or their provider networks may provide infant mental health services as a specific service when it is not part of a Department certified home-based program."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN**      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Pregnant women, children birth–1, and families<sup>2</sup>

**Eligibility Criteria:** "The population served by an infant mental health specialist will vary community by community but typically involves families with multiple risks. Those risk factors may include: adolescent parents, poor, single parents, first born infants, low birth weight infants, and parents had a diagnosis of mental illness, developmental disability, or substance abuse."<sup>3</sup>

Children Served	
Birth–Preschool Age	478
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>478</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$327,619
State Investment	\$170,358
<b>Total Investment</b>	<b>\$497,977</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—		—	—

<sup>1</sup> Michigan Department of Community Health, *Medicaid Provider Manual* (Lansing, Mich.: MDCH, January 1, 2013), <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf> (accessed 2/6/13).

<sup>2</sup> Michigan Department of Community Health, Infant Mental Health website, [www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_7145-14659--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_7145-14659--,00.html) (accessed 2/5/13).

<sup>3</sup> Ibid.

## Prevention Direct Services: Other Models

DCH

### Overview

“The Prevention Direct Services: Other Models includes the following services:

“**Children of Adults with Mental Illness** prevents emotional and behavioral disorders among children whose parents are receiving services from the public mental health system and to improve outcomes for adult beneficiaries who are parents. The Integrated Services approach includes assessment and service planning for the adult beneficiaries related to their parenting role and their children’s needs. Treatment objectives, services, and supports are incorporated into the service plan through a person-centered planning process for the adult beneficiary who is a parent. Linking the adult beneficiary and child to available community services, respite care and providing for crisis planning are essential components.

“**Parent Education** is provided parents using evaluated models that promote nurturing parenting attitudes and skills, teach developmental stages of childhood (including social-emotional developmental stages), teach positive approaches to child behavior/discipline and interventions the parent may utilize to support healthy social and emotional development, and to remediate problem behaviors.

“**School Success Program** works with parents so that they can be more involved in their child’s life, monitor and supervise their child’s behaviors; works with youth to develop pro-social behaviors, coping mechanisms, and problem solving skills; and consults with teachers in order to assist them in developing relationships with these students. Mental Health staff also act as a liaison between home and school.”<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN**      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Children ages 5–8 and their parents

**Eligibility Criteria:** Adults and children eligible for Specialty Mental Health Services and Supports from the Community Mental Health Services Program are eligible for these programs.<sup>2</sup>

Children Served	
Birth–Preschool Age	0
K–Grade 3	213
<b>Total (Birth–Grade 3)</b>	<b>213</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$258,288
State Investment	\$134,306
<b>Total Investment</b>	<b>\$392,594</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

<sup>1</sup> E-mail with Mary Ludtke, MDCH, 3/5/13.

<sup>2</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

## Project LAUNCH

DCH

### Overview

Project LAUNCH is a systems building grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). "The purpose of Project LAUNCH Michigan (MI) is to improve the comprehensive wellness of all young children 0-8 and their families by using the public health approach to expand and enhance our early childhood system of care. MI LAUNCH will increase the use of evidence-based practices that promote comprehensive wellness as well as the integration of behavioral health into primary care."<sup>1</sup>

The goal of Project LAUNCH is for "all children to reach physical, social, emotional, behavioral, and cognitive milestones."<sup>2</sup> In Michigan, Saginaw County is the pilot site for LAUNCH and receives the majority of the funding; funding at the state level is used for evaluation and to coordinate lessons learned from Saginaw with state-level implications.<sup>3</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers **INFRASTRUCTURE** (no direct service)

**Ages Served:** Birth–8<sup>4</sup>

**Eligibility Criteria:** Project LAUNCH services in Saginaw are allocated to serve 70% urban and 30% rural participants. Since Project LAUNCH is a systems building grant, eligibility criteria for individual children is determined by service, at the local level.<sup>5</sup>

Children Served	
Birth–Preschool Age	177
K–Grade 3	153
<b>Total (Birth–Grade 3)</b>	<b>330</b>

**Note(s):** The number of children served was estimated using total enrollment and population data. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$976,617
State Investment	\$0
<b>Total Investment</b>	<b>\$976,617</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using the number of children served (estimated above) and assumes the investment is split proportionally. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Michigan Department of Community Health. (2011). 2011 Title V Maternal and Child Health Block Grant. [http://michigan.gov/documents/mdch/MCH\\_Needs\\_Assessment\\_325491\\_7.pdf](http://michigan.gov/documents/mdch/MCH_Needs_Assessment_325491_7.pdf) (accessed 3/15/13).

<sup>2</sup> National Center for Mental Health Promotion and Youth Violence Prevention, Project Launch website, <http://projectlaunch.promoteprevent.org/about/about-launch> (accessed 2/5/13).

<sup>3</sup> Phone call with Nancy Peeler, DCH, 10/16/12.

<sup>4</sup> Project Launch website.

<sup>5</sup> Phone call with Nancy Peeler 10/16/12 and Project Launch Michigan state profile, [http://projectlaunch.promoteprevent.org/sites/default/files/grantee\\_summary\\_mi\\_0.pdf](http://projectlaunch.promoteprevent.org/sites/default/files/grantee_summary_mi_0.pdf) (accessed 2/5/13).

## Safe Delivery

DCH

### Overview

"Safe Delivery allows for the anonymous surrender of an infant (within 72 hours of birth) to an Emergency Service Provider (ESP) without the expressed intent to return for the newborns. ESP's are defined as a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that individual is inside the premises and on duty. ESP also includes a paramedic or an emergency medical technician when either of those individuals is responding to a 9-1-1 emergency call. The intent of the law was to allow for an anonymous safe surrender of the newborn without fear of prosecution and to make the child available for adoption. Private adoption agencies assume responsibility for the child as soon as medical authorities determine that the child has not been neglected or abused and that the infant is not more than 72 hours old."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Babies less than 72 hours old<sup>2</sup>

**Eligibility Criteria:** All babies are eligible.

Children Served	
Birth–Preschool Age	13
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>13</b>

**Note(s):** Data were provided by the DCH and are from calendar year 2012. All program data are collected and reported based on the calendar, not fiscal, year.

Dollars Invested Annually	
Federal Investment	\$69,703
State Investment	\$0
<b>Total Investment</b>	<b>\$69,703</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Department of Human Services. Safe Delivery Fact Sheet. (September 7, 2011), [www.michigan.gov/documents/dhs/SAFE\\_DELIVERY\\_STATISTICS\\_UPDATE\\_REVISIED\\_as\\_of\\_September\\_7\\_2011\\_doc\\_REV\\_1\\_362698\\_7.pdf](http://www.michigan.gov/documents/dhs/SAFE_DELIVERY_STATISTICS_UPDATE_REVISIED_as_of_September_7_2011_doc_REV_1_362698_7.pdf), (accessed 2/6/13).

<sup>2</sup> Ibid.

## Safe Sleep

DCH

### Overview

The Safe Sleep program provides a statewide, consistent, comprehensive message and strategy to inform families and caregivers about unsafe sleep. Michigan has an Infant Safe Sleep State Advisory Team which is "a public/private partnership that coordinates statewide efforts to implement Infant Safe Sleep and reduce infant deaths related to unsafe sleep environments."<sup>1</sup>

### Who Is Served?

**Group Served:** Children **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Families and caregivers of young children

**Eligibility Criteria:** Available to the general public.

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$115,764
State Investment	\$0
<b>Total Investment</b>	<b>\$115,764</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	—	—

<sup>1</sup> Michigan Department of Community Health. (2011). 2011 Title V Maternal and Child Health Block Grant. [http://michigan.gov/documents/mdch/MCH\\_Needs\\_Assessment\\_325491\\_7.pdf](http://michigan.gov/documents/mdch/MCH_Needs_Assessment_325491_7.pdf) (accessed 3/15/13).

## School-Based Services

DCH

### Overview

The Medicaid School-Based Services (SBS) program "helps defray some of the rapidly increasing costs to schools for the health care and related services delivered to students with Individualized Education Programs (IEPs)—under Part B of the Individuals with Disabilities Education Act (IDEA)—as well as services for infants, toddlers, and their families in Early On® programs—under Part C of IDEA. All [56] of Michigan's intermediate school districts (ISDs), Detroit Public Schools, and the Michigan School for the Deaf and Blind are enrolled with Medicaid as 'providers.'"<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–21<sup>2</sup>

**Eligibility Criteria:** "Coverage applies to individuals up to the age of 21 who are eligible under the provisions of the Individuals with Disabilities Education Act (IDEA) of 1990 as amended in 2004 and to those enrolled in programs that require an Individualized Education Program (IEP) or an Individualized Family Services Plan (IFSP)."<sup>3</sup>

Children Served	
Birth–Preschool Age	151,656
K–Grade 3	270,205
<b>Total (Birth–Grade 3)</b>	<b>421,861</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$79,524,229
State Investment	\$0
<b>Total Investment</b>	<b>\$79,524,229</b>

**Note(s):** Data were provided by the DCH and are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Michigan Department of Education. Michigan Medicaid School-Based Services (SBS) Program Helps Cover the Costs of School Health Care Services. (February 2010). <http://focus.cenmi.org/2010/02/01/michigan-medicaid-school-based-services-sbs-program-helps-cover-the-costs-of-school-health-care-services/> (accessed 2/15/13).

<sup>2</sup> Michigan Department of Community Health, *Medicaid Provider Manual* (Lansing, Mich.: MDCH, January 1, 2013), [www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf](http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf) (accessed 2/6/13).

<sup>3</sup> Ibid.

## Shaping Positive Lifestyles and Attitudes through School Health (SPLASH)

DCH

### Overview

Shaping Positive Lifestyles and Attitudes through School Health (SPLASH) "works to increase the likelihood that people, including young children [that are] eligible for food assistance, will make healthy food choices with a limited budget and choose active lifestyles that are consistent with the 2010 U.S. Dietary Guidelines and MyPlate. The purpose of SPLASH is to provide low-income students and families with access to evidence-based education on improving nutrition and increasing physical activity to help them achieve sustainable healthy lifestyles."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** K–Grade 12<sup>2</sup>

**Eligibility Criteria:** "Schools are selected who qualify with greater than 50% free and reduced lunch participation, where nutritional and physical activity education would otherwise be limited."<sup>3</sup>

Children Served	
Birth–Preschool Age	0
K–Grade 3	55,400
<b>Total (Birth–Grade 3)</b>	<b>55,400</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$515,003
State Investment	\$0
<b>Total Investment</b>	<b>\$515,003</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	—		—

<sup>1</sup> E-mail from Rochelle Hurst, MDCH, 10/10/12.

<sup>2</sup> Ibid.

<sup>3</sup> SPLASH website, 2011, [www.health-splash.org/what.htm](http://www.health-splash.org/what.htm) (accessed 2/6/13).

## Substance Abuse Treatment: Designated Women's Programs

DCH

### Overview

The women's programs "exclusively provide services to pregnant women, and women with children, including those who are in need of bringing their children into treatment. Residential programs incorporate a variety of health, FASD [fetal alcohol spectrum disorder] prevention, parenting, child care, case management, specialized medical care, therapeutic interventions for the woman and family, and additional services within substance abuse treatment. Outpatient programs focus on therapeutic interventions for the woman and family, parenting and FASD prevention, case management and ancillary services as needed.

"Michigan currently has 55 designated women's specialty programs. These programs provide outpatient, intensive outpatient and residential treatment services to women, and their children if needed.

"To be designated the programs must have the following services (established by CFR 96.124) available: (1) primary medical care for women, including immunization, for children; (2) primary pediatric care, including immunizations, for children; (3) gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services; (4) therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and (5) sufficient case management and transportation to ensure that women and their children have access to services provided by 1 to 4 above."<sup>1</sup>

### Who Is Served?

**Group Served:**      **CHILDREN**      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:**      Pregnant women or women with children

**Eligibility Criteria:** Participating women must "be pregnant or have children. The children do not have to be in her care and custody, but in order to qualify for services, she must retain her parental rights."<sup>2</sup>

Children Served	
Birth–Preschool Age	2,594
K–Grade 3	2,230
<b>Total (Birth–Grade 3)</b>	<b>4,824</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$2,482,106
State Investment	\$0
<b>Total Investment</b>	<b>\$2,482,106</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

<sup>1</sup> E-mail from Jeffery L. Wieferich, MDCH, 11/2/12.

<sup>2</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

## Vision Screening

DCH

### Overview

"Vision screening of pre-school children is conducted by local health department staff at least once between the ages of 3 and 5 years, and school-age children are screened in grades 1, 3, 5, 7 and 9."<sup>1</sup>

"Screening, re-testing and referral is done. The battery of vision screening tests is administered by local health department staff trained by the Vision Consultant in the Division of Family and Community Health at MDCH... Follow-up for all screening is required which assures that care is received."<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Ages 3–5 and Grades 1, 3, 5, 7, and 9<sup>3</sup>

**Eligibility Criteria:** All children are eligible.

Children Served	
Birth–Preschool Age	82,021
K–Grade 3	170,575
<b>Total (Birth–Grade 3)</b>	<b>252,596</b>

**Note(s):** The total number of children served was provided by the DCH. The age split was unknown, so it was estimated based on the grades served by this program. Data are for FY 2012.

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$1,277,910
<b>Total Investment</b>	<b>\$1,277,910</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by the DCH) and the number of children in the ages tested. The estimate assumes costs are proportional. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Community Health, Vision Screening website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4911\\_4912\\_6238-260487--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4911_4912_6238-260487--,00.html) (accessed 2/6/13).

<sup>2</sup> Michigan Department of Community Health. (2011). 2011 Title V Maternal and Child Health Block Grant. [http://michigan.gov/documents/mdch/MCH\\_Needs\\_Assessment\\_325491\\_7.pdf](http://michigan.gov/documents/mdch/MCH_Needs_Assessment_325491_7.pdf) (accessed 3/15/13).

<sup>3</sup> Vision screening website.

## WIC Project FRESH

DCH

### Overview

"WIC Project FRESH is a program that makes fresh produce available to low-income, nutritionally-at-risk consumers, through Michigan farmers' markets... Participants may buy locally grown fresh fruits and vegetables, but are especially encouraged to buy broccoli, carrots, potatoes, squash, peaches, apples and tomatoes. A variety of produce rich in vitamins A, C, and folic acid are emphasized."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Women and children up to age 5

**Eligibility Criteria:** "Women and children up to age 5 (excluding infants) currently enrolled in the WIC program can get coupons for fresh fruits and vegetables. Women who are either pregnant or breastfeeding are targeted to help meet their special nutritional needs."<sup>2</sup>

Children Served	
Birth–Preschool Age	13,260
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>13,260</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$327,826
State Investment	\$0
<b>Total Investment</b>	<b>\$327,826</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Michigan Department of Community Health, Project FRESH – Farmer's Market Nutrition Program website, [www.michigan.gov/mdch/1,1607,7-132-2942\\_4910\\_4921---,00.html](http://www.michigan.gov/mdch/1,1607,7-132-2942_4910_4921---,00.html) (accessed 2/6/13).

<sup>2</sup> Ibid.

## Women, Infants, & Children (WIC)

DCH

### Overview

WIC "is a federally-funded program that serves low and moderate income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who have a nutrition-related health problem. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care [and other services]. WIC foods are selected to meet nutrient needs such as calcium, iron, folic acid, [and] vitamins A & C. Participants exchange WIC food benefits at approved retail grocery stores and pharmacies."<sup>1</sup>

"The mission of the Michigan WIC program is to improve health outcomes and quality of life for eligible women, infants and children."<sup>2</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Pregnant women, breast feeding women, non-lactating women, and children birth–5<sup>3</sup>

**Eligibility Criteria:** Participants must have an income below 185% of the federal poverty level.<sup>4</sup>

Children Served	
Birth–Preschool Age	298,965
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>298,965</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$132,455,018
State Investment	\$0
<b>Total Investment</b>	<b>\$132,455,018</b>

**Note(s):** Data were provided by the DCH and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

Born healthy	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Michigan Department of Community Health, How Does WIC Work website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4910\\_6329-12648--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4910_6329-12648--,00.html) (accessed 2/6/13).

<sup>2</sup> Michigan department of Community Health, WIC Program Mission Statement website, [www.michigan.gov/mdch/0,4612,7-132-2942\\_4910\\_6329-220895--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2942_4910_6329-220895--,00.html) (accessed 2/6/13).

<sup>3</sup> Michigan Department of Community Health, *WIC Income Calculation Reference Sheet*, Updated 04/12, [www.michigan.gov/documents/mdch/WIC\\_Program\\_Guidelines\\_4-2011\\_352292\\_7.pdf](http://www.michigan.gov/documents/mdch/WIC_Program_Guidelines_4-2011_352292_7.pdf) (accessed 2/6/13).

<sup>4</sup> Ibid.

## Adoption Services Program

DHS

### Overview

"The Adoption Services Program provides for adoption planning and placement of children who are permanent court wards due to termination of parental rights. Services are provided to recruit and support permanent placements of children in homes that are capable of meeting the longterm physical, emotional, educational and behavioral needs of the child. Efforts are made to place children into adoptive homes as soon as possible following termination of parental rights. Services are provided by local DHS office adoption staff or adoption purchase of service contracts with 63 private Michigan child-placing agencies. Children receiving adoption services are in foster care and may have special needs (be older, a member of a sibling group, or may be physically, mentally or emotionally challenged). Adoption services include assessing the placement needs of the child; recruitment, orientation and training of potential adoptive families; completion of an adoptive family assessment (home study); certification of eligibility for adoption subsidy; adoptive placement and supervision; and the provision of post-adoption support services."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Birth–18<sup>2</sup>

**Eligibility Criteria:** Children who are permanent court wards due to termination of parental rights are eligible.<sup>3</sup>

Children Served	
Birth–Preschool Age	1,154
K–Grade 3	670
<b>Total (Birth–Grade 3)</b>	<b>1,824</b>

**Note(s):** Data were provided by the DHS and are from calendar year 2011.

Dollars Invested Annually	
Federal Investment	\$8,243,172
State Investment	\$16,176,845
<b>Total Investment</b>	<b>\$24,420,017</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (based on the line item appropriation) and assumes funding splits proportionally based on the number of children served. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Michigan Department of Human Services, *Adoption Services Manual* (Lansing, Mich.: DHS, August 1, 2012), <http://www.mfia.state.mi.us/olmweb/ex/adm/adm.pdf> (accessed 4/1/13).

<sup>3</sup> MDHS, *Program Descriptions FY2013*.

## Adoption Subsidy

DHS

### Overview

"The Adoption Subsidy program provides support subsidy, nonrecurring adoption expenses reimbursement, and/or medical subsidy to adoptive families after the adoptive placement, or final adoption of a special needs child in Michigan. The financial support assists families with caring for special needs children (for example, older children, sibling groups, children placed with relatives, children with disabilities, medical, and/or mental health needs, children whose parental rights have been terminated, etc).

"The eligibility criteria for subsidy assistance are determined by established federal and/or state laws, and DHS policies. Each individual child's circumstance is considered in determining eligibility, and whether one or more subsidy benefits will be approved to support the adoption. Adoption support subsidy assists adoptive families with the daily costs of caring for the child.

"The subsidy rates are linked to the foster care rate that would be appropriate if the child were in a family foster home. Support subsidy benefits are the same regardless of the funding sources. Nonrecurring adoption expenses are reimbursements to the adoptive family for expenses (up to \$2,000) specifically related to the adoption. Adoption support subsidy and nonrecurring adoption expenses require that an approved subsidy agreement is in place prior to the finalized adoption for eligibility. Adoption Medical subsidy assists adoptive parents with the costs of care for a physical, mental, and/or emotional condition which exists, or the cause of which existed, prior to the adoption."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Birth–18<sup>2</sup>

**Eligibility Criteria:** "The eligibility criteria for subsidy assistance are determined by established federal and/or state laws, and DHS policies. Each individual child's circumstance is considered in determining eligibility, and whether one or more subsidy benefits will be approved to support the adoption."<sup>3</sup>

Children Served	
Birth–Preschool Age	3,078
K–Grade 3	6,613
<b>Total (Birth–Grade 3)</b>	<b>9,691</b>

**Note(s):** Data were provided by the DHS and represent the count on June 1, 2011.

Dollars Invested Annually	
Federal Investment	\$48,652,203
State Investment	\$29,416,202
<b>Total Investment</b>	<b>\$78,068,405</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (based on the line item appropriation) and assumes funding splits proportionally based on the number of children served. Data are from FY 2012.

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Michigan Department of Human Services, *Adoption Services Manual* (Lansing, Mich.: DHS, August 1, 2012), <http://www.mfia.state.mi.us/olmweb/ex/aam/aam.pdf> (accessed 4/1/13).

<sup>3</sup> Michigan Department of Human Services, *Program Descriptions FY2013*.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

## Child Care Licensing

DHS

### Overview

The Child Care Licensing Division (part of the Bureau of Children and Adult Licensing) "is responsible for the protection of vulnerable children less than one year-of-age through age 17. Children are in out-of-home child care facilities for periods less than 24 hours. The division licenses and regulates: child care centers (capacity based on square footage); family child care homes (1-6 children); and group child care homes (7-12 children)."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$14,850,279
State Investment	\$3,390,520
<b>Total Investment</b>	<b>\$18,240,799</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (based on combining several line item appropriations) and the number of children served in other state-supported child care programs.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

## Children's Protective Services

DHS

### Overview

"Children's Protective Services (CPS) investigates allegations that a child under the age of 18 is being abused or neglected by a caretaker (a person defined in the law as responsible for the child's health or welfare.) CPS also assesses the safety of all children in the household and, if necessary, initiates actions needed to protect them. If there is a preponderance of evidence that abuse or neglect occurred, CPS assists the family in resolving issues that place the children at risk."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–18

**Eligibility Criteria:** "Reports must meet the following three criteria to be assigned for investigation: [1] the alleged victim is under 18 years of age; [2] the alleged perpetrator is a parent, legal guardian or other person responsible for the child's health and welfare; [3] the allegations minimally meet the child abuse and neglect definitions in the Child Protection Law."<sup>2</sup>

Children Served	
Birth–Preschool Age	71,571
K–Grade 3	50,147
<b>Total (Birth–Grade 3)</b>	<b>121,718</b>

**Note(s):** Data were provided by the DHS and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$47,260,943
State Investment	\$24,097,625
<b>Total Investment</b>	<b>\$71,358,568</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (based on the line item appropriations) and additional costs (estimated by DHS staff) for staff benefits. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Ibid.

## Children's Trust Fund Direct Service Grants

DHS

### Overview

The Children's Trust Fund (CTF) supports Direct Services grants that "fund community-based child abuse prevention programs and services. The grants support families that have risk factors or challenges that could impact positive parenting and optimal child development. Strong emphasis is placed on assuring that funded initiatives are appropriately integrated into broader community plans for serving children and families."<sup>1</sup>

Specifically, "direct service programs: [1] provide services that are designed to promote strong, nurturing families and prevent child abuse and neglect, [2] focus on parent/guardian skills training and support in the areas of child development, child care skills, and stress management, and [3] provide services like respite care, parent support groups, responsible fatherhood, home visitation, family resource and support centers, positive youth development, and other community-based prevention programs."<sup>2</sup>

### Who Is Served?

**Group Served:** CHILDREN PARENTS/CAREGIVERS Infrastructure (no direct service)

**Ages Served:** Varies by funded program

**Eligibility Criteria:** Varies by funded program

Children Served	
Birth–Preschool Age	890
K–Grade 3	611
<b>Total (Birth–Grade 3)</b>	<b>1,501</b>

**Note(s):** Total children served was obtained from the CTF FY 2011 Community-Based Child Abuse Prevention grant report and was apportioned based on the age distribution of children below the poverty line. Data are for FY 2011.

Dollars Invested Annually	
Federal Investment	\$334,366
State Investment	\$0
<b>Total Investment</b>	<b>\$334,366</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from the CTF website) and the assumption that funding splits proportionally based on the number of children served. Data are from FY 2012.

*Note: The Children's Trust Fund receives nearly two-thirds of its funding from private sources.*

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Children's Trust Fund, *The Power of One* (Lansing, Mich.: Children's Trust fund, n.d.), [www.michigan.gov/documents/ctf/CAP\\_month\\_Pamphlet\\_227378\\_7.pdf](http://www.michigan.gov/documents/ctf/CAP_month_Pamphlet_227378_7.pdf) (accessed 2/8/13).

<sup>2</sup> Ibid.

## Children's Trust Fund Local Councils

DHS

### Overview

"The Children's Trust Fund serves as a voice for Michigan's children and families and promotes their health, safety, and welfare by funding effective local programs and services that prevent child abuse and neglect."<sup>1</sup> The CTF currently partners with local prevention councils that serve 81 of Michigan's 83 counties. "Local councils develop and facilitate collaborative prevention programs in their communities. Activities include public awareness campaigns, training for professionals in the child welfare field, information and referrals, local resource directories, and educational workshops for parents and youth."<sup>2</sup> Local council education series and activities reached over 80,000 children in FY 2011.<sup>3</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$433,862
State Investment	\$0
<b>Total Investment</b>	<b>\$433,862</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from the CTF website) and the assumption that funding splits proportionally based on the number of children served. Data are from FY 2012.

*Note: The Children's Trust Fund receives nearly two-thirds of its funding from private sources.*

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	—	—

<sup>1</sup> Children's Trust Fund, *The Power of One* (Lansing, Mich.: Children's Trust Fund, n.d.), [www.michigan.gov/documents/ctf/CAP\\_month\\_Pamphlet\\_227378\\_7.pdf](http://www.michigan.gov/documents/ctf/CAP_month_Pamphlet_227378_7.pdf) (accessed 2/8/13).

<sup>2</sup> Ibid.

<sup>3</sup> Children's Trust Fund, *Community-Based Child Abuse Prevention Grant Report* (2012). <http://friendsnrc.org/state-resources>.

## Child Support Administration

DHS

### Overview

The Child Support Administration helps "parents establish a financial partnership to support their child(ren)."<sup>1</sup> "Child support is money a parent pays to help meet his/her child's needs when the parent is not living with the child. The court orders the support. The support may be part of a court order in a: divorce; paternity action; child custody action; family support action; [or] interstate action."<sup>2</sup>

In Michigan, the Office of Child Support "provides case initiation services to customers, operates the State Disbursement Unit, provides some centralized enforcement services and is responsible for policy development and training."<sup>3</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with children

**Eligibility Criteria:** "A person can receive child support if all of the following apply: [1] (s)he is the parent of a minor child or is the person who has custody of a minor child; [2] the minor child lives in the person's home; [3] the child is financially dependent on that person; [4] one or both of the child's parents do not live with the child; [and] 5] the court has ordered a child support payment."<sup>4</sup>

Children Served	
Birth–Preschool Age	234,439
K–Grade 3	201,502
<b>Total (Birth–Grade 3)</b>	<b>435,941</b>

**Note(s):** The number of children served was estimated using the total number of children in the IV-D child support program and population data. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$95,794,556
State Investment	\$15,739,518
<b>Total Investment</b>	<b>\$111,534,074</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (based on combining several line item appropriations) and assumes funding splits proportionally based on the number of children served. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Human Services, Child Support website, [www.michigan.gov/dhs/0,4562,7-124-5528---,00.html](http://www.michigan.gov/dhs/0,4562,7-124-5528---,00.html) (accessed 2/8/13).

<sup>2</sup> Michigan Department of Human Services, *Understanding Child Support: A Handbook for Parents* (Lansing, Mich.: DHS, n.d.), [www.michigan.gov/documents/dhs/DHS-PUB-748\\_209001\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PUB-748_209001_7.pdf) (accessed 2/8/13).

<sup>3</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>4</sup> Michigan Department of Human Services, *Understanding Child Support: A Handbook for Parents*.

## Families First of Michigan (FFM)

DHS

### Overview

"Families First of Michigan (FFM) serves families that have at least one child at imminent risk of placement in out-of-home care. Families with children in out-of-home care are eligible for referral to the program when it is determined that reunification is not appropriate without intensive services and the Family Reunification Program (FRP) is not available. If indicated in the contract as a referral source, some contract areas are designated as providing services to families referred from tribal referral sources. Similarly, referrals may also be made by designated domestic violence shelter programs for families with at least one child at risk of homelessness due to domestic violence.

"FFM offers families intensive, short-term crisis intervention and family education services in their home for four weeks using the FFM model. FFM workers are available and accessible to the family 24 hours a day, seven days a week. The workers assist families by establishing individual family goals designed to reduce risk of out-of-home placement and increase child safety. FFM workers assist families in meeting goals by teaching, modeling and reinforcing appropriate parenting and providing concrete services and connections to community services."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with children from birth–18<sup>2</sup>

**Eligibility Criteria:** "Families with children in out-of-home care are eligible for referral to the program when it is determined that reunification is not appropriate without intensive services and the Family Reunification Program (FRP) is not available. Specific FFM contracts are identified to accept referrals from domestic violence (DV) shelters. Referrals to FFM are limited to those families that include a parent or guardian (survivor of DV) and at least one child under 18 years of age. For the referral to FFM due to DV, the term "risk" refers to risk of homelessness due to DV, living in a potentially violent environment, or other risks to a child's welfare. A DHS juvenile justice specialist (JJS) may make a referral to the FFM agency if the youth is at imminent risk of being placed in long-term out-of-home placement due to delinquency or incorrigibility."<sup>3</sup>

Children Served	
Birth–Preschool Age	2,639
K–Grade 3	1,849
<b>Total (Birth–Grade 3)</b>	<b>4,488</b>

**Note(s):** The number of children served was estimated using the total number of families served (provided by DHS), assumptions about the number of children per family, and data from Children's Protective Services. Data are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$10,098,415
State Investment	\$0
<b>Total Investment</b>	<b>\$10,098,415</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from the line item appropriation) and the assumption that funding splits proportionally based on the number of children served. Data are from FY 2012

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Michigan Department of Human Services. Families First of Michigan Program Guidelines & Website. [www.michigan.gov/dhs/0,4562,7-124-7119\\_50648\\_7210-15373--,00.html](http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_7210-15373--,00.html). (accessed 2/6/13)

<sup>3</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

## Family Independence Program (FIP)

DHS

### Overview

"The goal of the Family Independence Program (FIP) is to help families achieve self-support and independence, to reduce dependence on public assistance and increase self-sufficiency. FIP provides a monthly cash assistance grant for both one- and two-parent families. Cash assistance assists in covering personal needs costs (clothing, household items, etc.), housing, heat, utilities and food, in conjunction with Food Assistance Program benefits. Jobs, Education, and Training (JET) is Michigan's ongoing programming approach within FIP to provide employment and training services."<sup>1</sup>

### Who Is Served?

**Group Served:** CHILDREN PARENTS/CAREGIVERS Infrastructure (no direct service)

**Ages Served:** All ages

**Eligibility Criteria:** "FIP eligibility is based on financial and non-financial factors:

*"Financial Eligibility Factors:* To be eligible for FIP, a family must meet income and asset requirements. The family's income (minus earned income disregards) plus certifiable child support income is deducted from the payment standard to determine whether or not the family is eligible to receive assistance. The asset limit is \$3,000 for cash assets (which includes cash on hand or in savings and checking accounts, investments, retirement plans and trusts). The property asset limit is \$500,000.

*"Non-Financial Eligibility Factors:* Major non-financial eligibility factors include, but are not limited to: the time on assistance, age of children, cooperation with employment and training (including development of a Family Self-Sufficiency Plan), school attendance and child support requirements. FIP recipients are required to participate up to 40 hours per week in employment and/or employment-related activities."<sup>2</sup>

Children Served	
Birth–Preschool Age	42,725
K–Grade 3	26,477
<b>Total (Birth–Grade 3)</b>	<b>69,202</b>

**Note(s):** Data were available in the DHS Green Book ([www.michigan.gov/dhs/](http://www.michigan.gov/dhs/)) and are as of August 2012.

Dollars Invested Annually	
Federal Investment	\$76,317,796
State Investment	\$129,383,281
<b>Total Investment</b>	<b>\$205,701,077</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by the DHS) and the number of children served. The estimate implicitly assumes that all program dollars are used to support children. Data are from FY 2012.

*Note: Policy changes regarding timelines have occurred but are not yet reflected in these data.*

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

## Family Reunification Program (FRP)

DHS

### Overview

"Family Reunification Program (FRP) services are available to those families who have a child residing in out-of-home placement due to abuse or neglect, who may be returned home with intensive services within 30 days of the FRP referral. Out-of-home placement includes, but is not limited to: residential treatment, family foster care, group family foster care, relative placement, psychiatric hospitalization, and detention (if dual wardship).

"The Family Reunification Program seeks to increase permanency by facilitating early return home from foster care and decreasing subsequent returns to foster care in abuse and neglect cases. FRP is not available in all counties, but where it is available, a referral is mandatory (as contract capacity permits) for all abuse and neglect foster care cases where the goal is to return the child home. During the intervention period, each time a child is returned home, the FRP team provides 8–12 hours of face-to-face contact with the family for the first two weeks after the child is returned to the family."<sup>1</sup>

### Who Is Served?

**Group Served:** CHILDREN PARENTS/CAREGIVERS Infrastructure (no direct service)

**Ages Served:** Families with children from birth–18<sup>2</sup>

**Eligibility Criteria:** "For the family to be eligible for services, one of the following must apply: (1) a written court order allowing return of the child(ren) to a permanent family home has been obtained by the foster care worker; (2) return home must be anticipated / planned within 30 days of the referral to FRP; (3) the child(ren) was returned home unexpectedly at a court hearing, and the referral to FRP is made within 48 hours of the written court order for the child(ren) to return home at that time."<sup>3</sup>

Children Served	
Birth–Preschool Age	707
K–Grade 3	495
<b>Total (Birth–Grade 3)</b>	<b>1,202</b>

**Note(s):** The number of children served was estimated using the total number of families served (provided by DHS), assumptions about the number of children per family, and data from Children's Protective Services. Data are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$1,742,935
State Investment	\$494,437
<b>Total Investment</b>	<b>\$2,237,372</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from the line item appropriation) and data from Children's Protective Services. Data are from FY 2012.

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Michigan Department of Human Services Reporting Abuse and Neglect website, [www.michigan.gov/dhs/0,4562,7-124-7119\\_50648\\_7193---,00.html](http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_7193---,00.html) (accessed 2/9/13).

<sup>3</sup> DHS, *Program Descriptions FY 2013*.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

## Food Assistance Program (FAP)

DHS

### Overview

"The goal of the Food Assistance Program (FAP) is to raise the food purchasing power of low-income persons. Limited food purchasing power contributes to hunger and malnutrition. FAP is one of the federal safety net programs. Benefits are 100 percent federally funded and administrative costs are shared equally between the state and the federal government. FAP benefits are not considered income or assets for FIP [Family Independence Program], SDA [State Disability Assistance] Medicaid (MA), or any other federal, state or local programs. Therefore, any other assistance for which a FAP household qualifies is not reduced because of the household's receipt of FAP benefits. FAP benefits can be used to buy eligible food at any Food and Nutrition Service-authorized retail food store or approved meal provider. Eligible items include any food or beverage product intended for human consumption except alcoholic beverages, tobacco, and food prepared for immediate consumption."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** All ages

**Eligibility Criteria:** "Groups of people living in the same household are eligible for FAP benefits based on assets, net income, the size of the household, and certain expenses. FAP groups are categorically eligible if all group members receive Family Independence Program (FIP) benefits, State Disability Assistance (SDA) benefits, Supplemental Security Income, or if they meet the income and asset limits. A group is not categorically eligible for FAP if any member of the group is disqualified for an intentional program violation (IPV), trafficking, parole and probation violation, or is a fugitive felon."<sup>2</sup>

Children Served	
Birth–Preschool Age	218,235
K–Grade 3	167,207
<b>Total (Birth–Grade 3)</b>	<b>385,442</b>

**Note(s):** Data were available in the DHS *Green Book* (<http://www.michigan.gov/dhs/>) and are as of August 2012.

Dollars Invested Annually	
Federal Investment	\$646,626,947
State Investment	\$1,280,279
<b>Total Investment</b>	<b>\$647,907,226</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from the appropriation) and the number of children served. The estimate assumes that program dollars support children and families. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Ibid.

## Foster Care

DHS

### Overview

"The Children's Foster Care Program provides placement and supervision of children who have been removed from their homes due to abuse or neglect. The court authorizes removal of children from their parents and refers them to DHS for placement, care and supervision. Foster care is viewed as a short-term solution to an emergency situation and permanency planning must continue throughout the child's placement in care. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children into care through assessment and service planning. When families cannot be reunified, children must be prepared for safe, appropriate permanent placements through adoption, guardianship or another permanent placement."<sup>1</sup>

### Who Is Served?

**Group Served:** CHILDREN PARENTS/CAREGIVERS Infrastructure (no direct service)

**Ages Served:** Birth–18<sup>2</sup>

**Eligibility Criteria:** The Foster Care Program serves children who have been removed from their homes due to abuse or neglect.<sup>3</sup>

Children Served	
Birth–Preschool Age	5,095
K–Grade 3	2,844
<b>Total (Birth–Grade 3)</b>	<b>7,939</b>

**Note(s):** Data were provided by the DHS and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$100,809,877
State Investment	\$73,391,823
<b>Total Investment</b>	<b>\$174,201,700</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by the DHS) and assumes funding splits proportionally based on number of children served. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Ibid. Note that in some circumstances services may be extended until age 21.

<sup>3</sup> Ibid.

## Guardianship Assistance Program (GAP)

DHS

### Overview

"The Guardianship Assistance Program (GAP) provides financial support to ensure permanency for children who may otherwise remain in foster care until reaching the age of majority. Guardianship assistance supports the goals of the Adoption and Safe Families Act of 1997, which determined that guardianship provides permanency for foster children when reunification and adoption are not viable permanency goals. The transfer of legal responsibility removes the child from the child welfare system, allows a caregiver to make important decisions on the child's behalf, establishes a permanent caregiver for the child, and addresses financial needs through ongoing assistance payments. Juvenile guardianship should not be used for temporary placement of children and the program is specifically for children who would remain in foster care until the age of majority if the juvenile guardianship was not established."<sup>1</sup>

### Who Is Served?

**Group Served:** CHILDREN PARENTS/CAREGIVERS Infrastructure (no direct service)

**Ages Served:** Birth–21<sup>2</sup>

**Eligibility Criteria:** "In order to be eligible for GAP, the child must be in licensed foster care and meet either Title IV-E or state funded guardianship assistance requirements. Children who qualify for Title IV-E funded guardianship assistance are categorically eligible for Medicaid. Children who qualify for GAP are eligible for nonrecurring expenses reimbursement, the Medical Subsidy Program and services through the Post Adoption Resource Centers.

During FY 2011, Michigan began extending GAP benefits to eligible children. The Guardianship Assistance Program may continue for eligible children until their 21st birthday if they are in school, in job training, employed or incapable due to a documented medical condition. Youth who enter into guardianship after age 16 are eligible for Education and Training Vouchers (ETV)."<sup>3</sup>

Children Served	
Birth–Preschool Age	114
K–Grade 3	63
<b>Total (Birth–Grade 3)</b>	<b>177</b>

**Note(s):** The number of children served was estimated using total enrollment (from DHS program materials) with the same proportional split as Foster Care. Data are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$585,731
State Investment	\$635,480
<b>Total Investment</b>	<b>\$1,221,211</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from DHS program materials) and the assumption that funding splits proportionally based on the number of children served. Data are from FY 2012.

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2014* (Lansing, Mich.: DHS, January 13, 2012), [http://www.michigan.gov/documents/dhs/FY\\_2014\\_DHS\\_Program\\_Descriptions\\_2-5-2013\\_412026\\_7.pdf](http://www.michigan.gov/documents/dhs/FY_2014_DHS_Program_Descriptions_2-5-2013_412026_7.pdf) (accessed 3/27/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

## Refugee Assistance Program (RAP)

DHS

### Overview

"The Refugee Assistance Program (RAP) is a federal program which helps refugees become self-sufficient after their arrival in the United States. RAP provides assistance to individuals and families who have left their country of origin because of political, religious or ethnic persecution. Services provided include: Refugee Cash Assistance, Refugee Medical Assistance, Health Screening, Employment Support Services and if qualified, Unaccompanied Minors Foster Care. Refugees may also be eligible for cash assistance and services funded by Temporary Assistance for Needy Families (TANF). Private providers under contract with the RAP deliver services.

"DHS is the designated agency responsible for the delivery of services to refugees. DHS staff determines eligibility and makes necessary referrals, monitors contractor compliance, and develops grant proposals for this public-private partnership program. Primary resettlement is accomplished through local affiliates of national voluntary agencies. Eight local affiliates of national agencies have resettled refugees in more than 60 Michigan counties."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** All ages<sup>2</sup>

**Eligibility Criteria:** "RAP provides assistance to individuals and families who have left their country of origin because of political, religious or ethnic persecution."<sup>3</sup>

Children Served	
Birth–Preschool Age	332
K–Grade 3	282
<b>Total (Birth–Grade 3)</b>	<b>614</b>

**Note(s):** Data were provided by the DHS and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$3,654,081
State Investment	\$0
<b>Total Investment</b>	<b>\$3,654,081</b>

**Note(s):** Data were provided by the DHS and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Strong Families/Safe Children

DHS

### Overview

"Strong Families/Safe Children (SF/SC) is a community-based initiative in response to federal funding for new and enhanced family preservation and support services. SF/SC funds provide preventive services to families at risk of child abuse/neglect (family support services), services to families at risk of out-of-home placement or in crisis (family preservation placement prevention), time-limited reunification services, and adoption promotion and support services. The Department of Human Services (DHS) partners with Community Collaborative groups to select services based on assessment of local needs. The local Collaborative groups include the directors of the local human services agencies, the prosecutor, the probate judge, the school superintendent, advocacy organizations, child welfare parents and other stakeholders."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Families with children from birth–18<sup>2</sup>

**Eligibility Criteria:** SF/SC provides preventative services for: (1) families at risk of child abuse/neglect, (2) families at risk of out-of-home placement, or (3) in crisis.<sup>3</sup>

Children Served	
Birth–Preschool Age	8,456
K–Grade 3	5,925
<b>Total (Birth–Grade 3)</b>	<b>14,381</b>

**Note(s):** The number of children served was estimated using the total number of families served (provided by DHS), assumptions about the number of children per family, and data from Children's Protective Services. Data are from FY 2010.

Dollars Invested Annually	
Federal Investment	\$8,479,131
State Investment	\$0
<b>Total Investment</b>	<b>\$8,479,131</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (from the appropriation), the number of children served, and Children's Protective Services data. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> Michigan Department of Human Services, *Program Descriptions FY2013* (Lansing, Mich.: DHS, January 13, 2012), [www.michigan.gov/documents/dhs/DHS-PgmDescFY2013\\_379405\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-PgmDescFY2013_379405_7.pdf) (accessed 2/6/13).

<sup>2</sup> Michigan Department of Human Services. Strong Families/Safe Children website. [http://www.michigan.gov/dhs/0,4562,7-124-7119\\_50648\\_7210-15393--,00.html](http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_7210-15393--,00.html) (accessed 3/15/13)

<sup>3</sup> DHS, *Program Descriptions FY2013*.

## Great Start Early Learning Advisory Council

ECIC

### Overview

The Improving Head Start Act of 2007 called for the establishment of state early childhood advisory councils to improve the quality, availability, and coordination of programs and services for children ages birth to five years. Among other activities, the councils are charged with:

- Developing recommendations to increase access to high-quality early childhood care and education programs;
- Conducting a periodic needs assessment of the quality and availability of programs; and
- Advising state policymakers on the development of a comprehensive early childhood data system, a statewide professional development system, and research-based early learning standards.<sup>1</sup>

Michigan's Great Start Early Learning Advisory Council "is comprised of stakeholders representing a broad range of constituencies, including education, child care, Head Start, higher education, state government, foundations, parent, and local early childhood governance structures ... The Council advises on collaborative efforts to coordinate, improve, and expand existing early learning programs and services, including making use of existing reports, research and planning efforts."<sup>2</sup>

### Who Is Served?

**Group Served:** Children                      Parents/Caregivers                      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$987,923
State Investment	\$0
<b>Total Investment</b>	<b>\$987,923</b>

**Note(s):** Data were provided by the ECIC and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> NGA Center for Best Practices, *Creating a Comprehensive State Early Childhood Advisory Council* (Washington, D.C.: NGA, May 2009), [www.nga.org/files/live/sites/NGA/files/pdf/0905ECACFAQ.PDF](http://www.nga.org/files/live/sites/NGA/files/pdf/0905ECACFAQ.PDF) (accessed 2/11/13).

<sup>2</sup> Early Childhood Investment Corporation (ECIC), Early Learning Advisory Council website, <http://greatstartforkids.org/content/early-learning-advisory-council> and call with Karen Roback, 10-31-12 (accessed 2/11/13).

## 21st Century Community Learning Centers (21st CCLC)

MDE

### Overview

"The 21st Century Community Learning Centers (21st CCLC) Grant Program's focus is to provide expanded academic enrichment opportunities for children attending low-performing schools. Tutorial services and academic enrichment activities are designed to help students meet local and state academic standards in subjects such as reading and math. In addition, 21st CCLC programs provide youth development activities, drug and violence prevention programs, technology education programs, art, music and recreation programs, counseling and character education to enhance the academic component of the program."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** PreK–Grade 12<sup>2</sup>

**Eligibility Criteria:** "Each applicant will define the school(s) intended for service at each proposed site. All students who attend those schools are eligible to attend the project. However, each school building proposed for service must have at least 30 percent of the students from low-income families for the school to be eligible for service. Low-income families are defined as those whose children qualify for free-or reduced-price meals. Applicants must provide equitable services to private school students and their families, if those students are part of the target population defined in the application."<sup>3</sup>

Children Served	
Birth–Preschool Age	0
K–Grade 3	13,825
<b>Total (Birth–Grade 3)</b>	<b>13,825</b>

**Note(s):** The number of children served was estimated using total program enrollment (provided by MDE program materials) and total K–12 enrollment. Data are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$12,084,695
State Investment	\$0
<b>Total Investment</b>	<b>\$12,084,695</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and assumes spending splits proportionally based on the number of children served. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

<sup>1</sup> Michigan Department of Education, 21<sup>st</sup> Century Community Learning Centers website, [www.michigan.gov/mde/0,4615,7-140-6530\\_6809-39974--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6530_6809-39974--,00.html) (accessed 2/11/13).

<sup>2</sup> Michigan Department of Education, *21<sup>st</sup> Century Community Learning Centers Frequently Asked Questions* (Lansing, Mich.: MDE, N.d.), [www.michigan.gov/documents/mde/2009\\_21st\\_CCLC\\_FAQ\\_270697\\_7.pdf](http://www.michigan.gov/documents/mde/2009_21st_CCLC_FAQ_270697_7.pdf) (accessed 2/11/13).

<sup>3</sup> Ibid.

## Afterschool Snack Program

MDE

### Overview

"The Afterschool Snack Program provides a nutritious, low cost or free snack after school to children in public and private schools, public school academies, and residential child care institutions throughout Michigan."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** PreK–Grade 12 (Note: PreK students are eligible if the program is administered by the Local Education Agency [LEA] or private school.)<sup>2</sup>

**Eligibility Criteria:** *Schools:* To qualify, schools must participate in the National School Lunch Program and sponsor/operate an afterschool care program.<sup>3</sup>

*Students:* If a site is "area eligible" (located in an attendance area or school where at least 50% of enrolled children are eligible for free and reduced price meals) then all students receive a snack free of charge. If the site is not "area eligible," then any student may purchase a snack, and prices vary based on family income (families must complete the free and reduced price lunch application).<sup>4</sup>

Children Served	
Birth–Preschool Age	389
K–Grade 3	5,422
<b>Total (Birth–Grade 3)</b>	<b>5,811</b>

**Note(s):** The number of children served was estimated using total program enrollment (provided by MDE program materials) and data about students qualifying for free and reduced lunch. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$595,553
State Investment	\$0
<b>Total Investment</b>	<b>\$595,553</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and assumes spending splits proportionally based on the number of children served. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Education, Afterschool Snack Program website, [www.michigan.gov/mde/0,4615,7-140-43092\\_50144-194517--,00.html](http://www.michigan.gov/mde/0,4615,7-140-43092_50144-194517--,00.html) (accessed 2/11/13).

<sup>2</sup> Phone call with Marla Moss, 10/22/12.

<sup>3</sup> U.S. Department of Agriculture, Afterschool Snacks website, [www.fns.usda.gov/cnd/Afterschool/default.htm](http://www.fns.usda.gov/cnd/Afterschool/default.htm) (accessed 2/11/13).

<sup>4</sup> U.S. Department of Agriculture, *The School-based Afterschool Snack Program* (N.p.: USDA, n.d.), [www.fns.usda.gov/cnd/Afterschool/AfterschoolFactSheet.pdf](http://www.fns.usda.gov/cnd/Afterschool/AfterschoolFactSheet.pdf) (accessed 2/11/13).

## Child and Adult Care Food Program (CACFP)

MDE

### Overview

"The Child and Adult Care Food Program (CACFP) provides federal funds to nonresidential child care facilities to serve nutritious meals and snacks. The CACFP plays a vital role in improving the quality of child care and making it affordable for many families requiring child care. The goal of the CACFP is to improve and maintain the health and nutritional status of children in care while promoting the development of good eating habits."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Children birth–12; migrant children birth–15; and all handicapped children, regardless of age, if the majority of the enrollees in the child care center are ages 18 years old or younger; and youth through age 18 in eligible after school programs and emergency shelters.<sup>2</sup>

**Eligibility Criteria:** "Children must be enrolled in the child care program and within the regulatory age limits ...Eligible child care facilities include: licensed child care centers; Head Start programs; after school care programs; emergency shelters providing residential and food services to homeless children; family child care homes, including relative care providers; and some private, for-profit child care centers."<sup>3</sup>

Children Served	
Birth–Preschool Age	50,207
K–Grade 3	27,195
<b>Total (Birth–Grade 3)</b>	<b>77,402</b>

**Note(s):** Total enrollment data was provided by the MDE. MDE staff provided suggestions on how to approximate the age split of program participants. Data are for FY 2011.

Dollars Invested Annually	
Federal Investment	\$58,683,193
State Investment	\$0
<b>Total Investment</b>	<b>\$58,683,193</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and assumes spending splits proportionally based on the number of children served. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Education, Child and Adult Care Food Program website, [www.michigan.gov/mde/0,1607,7-140-43092\\_25656---,00.html](http://www.michigan.gov/mde/0,1607,7-140-43092_25656---,00.html) (accessed 2/11/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Child Development and Care (CDC) Program

MDE

### Overview

The goal of the Child Development and Care (CDC) Program is "to provide children in very low-income families with high-quality, affordable and accessible early learning and development opportunities and to assist the family in achieving economic independence and self-sufficiency. Payments for care provided to eligible children are issued to the early childhood educator on behalf of the parent."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Children under age 13, and children ages 13–18 with restrictions<sup>2</sup>

**Eligibility Criteria:** Parents/substitute parents may be eligible for CDC if they are unavailable to provide care because of: (1) family preservation, (2) high school completion, (3) an approved activity, and (4) employment. There are four eligibility groups. Three are categorically eligible (and don't consider income, but still require a valid need reason): protective services, foster care, and FIP/EFIP-related. One requires documentation of valid need reason and income eligibility (which ranges from 120-173% of the federal poverty level depending on group/family size).<sup>3</sup> Note: Eligibility is determined by the Department of Human Services.<sup>4</sup>

Children Served	
Birth–Preschool Age	46,217
K–Grade 3	28,366
<b>Total (Birth–Grade 3)</b>	<b>74,583</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$102,358,344
State Investment	\$34,119,448
<b>Total Investment</b>	<b>\$136,477,792</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

<sup>1</sup> Michigan Department of Education. (2012) OGS Legislative Budget Summary. Internal Document.

<sup>2</sup> Michigan Department of Human Services. (2012) CDC Program Requirements. <http://www.mfia.state.mi.us/olmweb/ex/bem/703.pdf> (accessed 4/2/13).

<sup>3</sup> Ibid.

<sup>4</sup> OGS Legislative Budget Summary

## Commodity Supplemental Food Program (CSFP)

MDE

### Overview

The Commodity Supplemental Food Program (CSFP) is administered by the Food Distribution Unit, and "is designed to improve the health of low-income elderly 60 years and older, pregnant and postpartum women, infants, [and] children under six years of age by supplementing their diets with nutritious USDA donated foods."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Birth–6, pregnant and postpartum women, and seniors ages 60 and older

**Eligibility Criteria:** Mothers and children must have an income at or below 185% of the federal poverty level. Seniors must have a household income at or below 130% of the federal poverty level.<sup>2</sup>

Children Served	
Birth–Preschool Age	42,746
K–Grade 3	19,365
<b>Total (Birth–Grade 3)</b>	<b>62,111</b>

**Note(s):** The number of children served was estimated using total program enrollment and the number of children in households with income under 200% of the federal poverty level. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$1,601,062
State Investment	\$0
<b>Total Investment</b>	<b>\$1,601,062</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE) and assumes spending splits proportionally based on the number of children served. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	—

<sup>1</sup> Michigan Department of Education Food Distribution Program website, [www.michigan.gov/mde/0,4615,7-140-43092\\_61446--00.html](http://www.michigan.gov/mde/0,4615,7-140-43092_61446--00.html) (accessed 2/11/13) and phone call with Marla Moss, 10/22/12.

<sup>2</sup> Michigan Department of Education, Commodity Supplemental Food Program (CSFP) Manual (Lansing, Mich.: MDE, May 2011), [www.michigan.gov/documents/mde/CSFP\\_Manual\\_257555\\_7.pdf](http://www.michigan.gov/documents/mde/CSFP_Manual_257555_7.pdf) (accessed 2/11/13).

## Early Childhood Block Grant: Great Parents, Great Start

MDE

### Overview

"[Great Parents, Great Start] grants are awarded to intermediate school districts for collaborative community parent education efforts focused on families with preschool children birth to age five. Programs are designed to improve school readiness and foster the maintenance of stable families by encouraging positive parenting skills. Programs should include at least all of the following service components for parents: information on the development of children from birth to age five, and examples of learning opportunities that promote their development, methods to enhance parent-child interaction to promote comprehensive development of infants and toddlers, promotion of access to needed community services through a community-school-home partnership."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Families with children ages birth–5<sup>2</sup>

**Eligibility Criteria:** Great Parents, Great Start targets both a universal population (all families with children birth to five) and a population for more intensive services (families with children 0–5 for families of high risk).<sup>3</sup>

Children Served	
Birth–Preschool Age	12,518
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>12,518</b>

**Note(s):** Data were provided by the MDE and are from July 1, 2011 through June 30, 2012.

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$5,000,000
<b>Total Investment</b>	<b>\$5,000,000</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

<sup>1</sup> Michigan Department of Education. (2012) OGS Legislative Budget Summary. Internal Document.

<sup>2</sup> E-mail from Cheryl Hall, MDE, 10/22/12.

<sup>3</sup> Ibid.

## Early Childhood Block Grant: Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs)

MDE

### Overview

"Each Great Start Collaborative (GSC) is charged with overseeing the planning, implementation and ongoing improvement of an infrastructure designed to support a local, comprehensive early childhood system. Their mission, based upon a two-year statewide process (2002–2004) that involved citizens from all parts of the state that ultimately led to the Great Start initiative, aims to ensure that all Michigan children enter school safe, healthy, and eager to succeed in school and life. Each Collaborative commits to a set of activities designed to assess community capacity and challenges, to develop strategic plans to improve services for children [from] birth to 5 years of age and their families, and to increase local understanding and involvement in this issue. In addition, a priority is placed on engaging parents in local efforts through parent involvement on the Collaborative and the development of local Great Start Parent Coalitions."<sup>1</sup>

Training and technical assistance for the Great Start Collaboratives and Parent Coalitions is provided by the Early Childhood Investment Corporation (ECIC).

### Who Is Served?

**Group Served:** Children                      Parents/Caregivers                      **INFRASTRUCTURE (no direct service)**  
**Ages Served:**                      N/A  
**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$5,900,000
<b>Total Investment</b>	<b>\$5,900,000</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
			

<sup>1</sup> Michigan Department of Education. (2012) OGS Legislative Budget Summary. Internal Document.

## Early Head Start

MDE

### Overview

"Early Head Start (EHS) serves children from birth to 3 years of age. EHS provides support to low-income infants, toddlers, pregnant women and their families. Early Head Start programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women to access comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward self-sufficiency."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Families with children under age 3 and pregnant women<sup>2</sup>

**Eligibility Criteria:** "Children ... from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Children from homeless families, and families receiving public assistance such as TANF or SSI are also eligible. Foster children are eligible regardless of their foster family's income."<sup>3</sup>

Children Served	
Birth–Preschool Age	3,673
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>3,673</b>

**Note(s):** Data were provided by the MDE and are from FY 2012. The number of children served represents the total funded enrollment.

Dollars Invested Annually	
Federal Investment	\$42,455,432
State Investment	\$0
<b>Total Investment</b>	<b>\$42,455,432</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> Head Start State Collaboration Office, *Head Start in Michigan, Guide for Physicians and Health Care Providers* (N.p.: Head Start State Collaboration Office, December 2011), <http://michheadstart.org/sites/michheadstart.org/files/u6/HS%20Health%20Brochure.pdf> (accessed 2/11/13).

<sup>2</sup> U.S. Department of Health and Human Services, Head Start Act website, <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act/headstartact.html#645A> (accessed 2/11/13).

<sup>3</sup> Head Start Act. Participation in Head Start Programs. <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act/headstartact.html#645>. (accessed 4/2/13).

## Early On®

MDE

### Overview

"Each State in the U.S. has an early intervention system. In Michigan, it is called Early On. This system of early intervention services is for infants and toddlers, birth to three years of age, with developmental delay(s) and/or disabilities, and their families.

"Early On Michigan is the system of early intervention services for infants and toddlers, birth to three years of age, with developmental delays and/or disabilities. Early On supports families as their children learn and grow."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth until age 3<sup>2</sup>

**Eligibility Criteria:** "Eligibility criteria for Early On fall under two categories: 1) developmental delay, and 2) established conditions. Children are evaluated by a multidisciplinary team using a comprehensive evaluation. Children are found eligible under developmental delay if they have a delay of 20 percent or 1 standard deviation below the mean in one or more developmental domains. A child is found eligible under established conditions when there is documentation of the diagnosis provided by a health or mental health care provider who is qualified to make the diagnosis."<sup>3</sup>

Children Served	
Birth–Preschool Age	20,485
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>20,485</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$11,852,205
State Investment	\$0
<b>Total Investment</b>	<b>\$11,852,205</b>

**Note(s):** Data were provided by the MDE and are from FY 2012. Also note infant and toddler services and supports may be contributed through other locally controlled or accessed funding mechanisms, with Early On and Part B being what the federal law calls "payer of last resort."

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

<sup>1</sup> Early On Michigan, What is Michigan *Early On*, [www.1800earlyon.org/about.php?ID=1](http://www.1800earlyon.org/about.php?ID=1) (accessed 2/11/13).

<sup>2</sup> Ibid.

<sup>3</sup> Early On Michigan. Early On Eligibility. [www.michigan.gov/documents/mde/Eligibility\\_for\\_Early\\_On\\_352750\\_7.pdf](http://www.michigan.gov/documents/mde/Eligibility_for_Early_On_352750_7.pdf) (accessed 2/11/13).

## Great Start to Quality

MDE (with ECIC)

### Overview

Great Start to Quality launched in Michigan in the fall of 2011. This tiered quality rating and improvement system has been designed to increase the quality of early learning and care provided in all licensed child care and preschool programs and includes unlicensed, subsidized providers within the quality improvement portion of the system. Great Start to Quality helps parents find the best child care and preschool for their child, and helps providers improve the care and education they give to children. Standards set by Great Start to Quality are used to rate child care and preschool programs to ensure that Michigan's youngest children have high-quality early learning experiences.<sup>1</sup>

Other components of Great Start to Quality include: Great Start to Quality Resource Centers, the Great Start to Quality STARS On Line Platform, Great Start CONNECT, and Teacher Education and Compensation Helps (TEACH)—a scholarship program for early childhood educators working in child care and preschool settings.<sup>2</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$12,723,000
<b>Total Investment</b>	<b>\$12,723,000</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

<sup>1</sup> The Early Childhood Investment Corporation, 2013. (E-mail with Joan Blough, 1/16/13)

<sup>2</sup> Ibid.

## Great Start Readiness Program (GSRP)

MDE

### Overview

"GSRP-Formula provides formula driven state aid funds to public school districts and public school academies. GSRP-Competitive provides funding to agencies through a competitive application process. Intermediate school districts (ISDs) are the fiscal agents for GSRP grantees, expending funds on behalf of, and in coordination with, a group of formula consortium members or competitive (subcontractor) grantees. The purpose of the funding for both Formula and Competitive grantees is to provide preschool programs for four-year-old children who may be "at risk" of school failure. There is no cost to families, but enrolled children must qualify for the program. Both center-based and home-based models are available. All programs must provide strong family involvement and parent education components as well as preschool education."<sup>1</sup>

### Who Is Served?

**Group Served:**     **CHILDREN**                      Parents/Caregivers                      Infrastructure (no direct service)

**Ages Served:**     Age 4

**Eligibility Criteria:** "There are eight consolidated risk factors. Based on the prevalence data, family income continues to be the most utilized factor in determining eligibility for GSRP. It was determined that tiered income eligibility was needed to ensure GSRP is finding and providing services to its target population and focusing on those most at risk. Therefore, family income has been split from one factor into two factors. Extremely low family income is defined as below 200 percent of the federal poverty level and low family income is defined as between 200 to 300 percent of the federal poverty level. In addition, as part of the prioritization process, at least 75 percent of children must be identified with one of these two factors:

The eight risk factors used to determine GSRP eligibility are:

1. Extremely low family income
2. Low family income
3. Diagnosed disability or identified developmental delay
4. Severe or challenging behavior
5. Primary home language other than English
6. Parent(s) with low educational attainment
7. Abuse/neglect of child or parent
8. Environmental risk<sup>2</sup>

Children Served	
Birth–Preschool Age	30,669
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>30,669</b>

**Note(s):** The number of children served represents the number of part-day "slots," or spaces, available for use. Number of children served was provided by the MDE. Total served is for the 2011–12 school year.

<sup>1</sup> Michigan Department of Education, Great Start Readiness Program (GSRP) website, [www.michigan.gov/mde/0,1607,7-140-6530\\_6809\\_50451---,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_6809_50451---,00.html) (accessed 2/11/13).

<sup>2</sup> Michigan Department of Education, GSRP Implementation Manual, Section: Eligibility (Lansing, Mich.: MDE, September 2011), [www.michigan.gov/documents/mde/Eligibility\\_353313\\_7.pdf](http://www.michigan.gov/documents/mde/Eligibility_353313_7.pdf) (accessed 2/11/13).

• Great Start Readiness Program (GSRP) •

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$104,275,000
<b>Total Investment</b>	<b>\$104,275,000</b>

**Note(s):** Data were provided by the MDE (based on the appropriation) and are from FY 2012.

**Early Childhood Outcome Addressed**

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

## Head Start

MDE

### Overview

"Head Start is a federally funded early childhood program serving young children ages 3 to 5. Head Start promotes school readiness by providing a comprehensive early childhood program including education; physical, oral and mental health; parent education; community services; literacy promotion; transportation; nutrition; and physical activity."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** Ages 3–5

**Eligibility Criteria:** "Children ... from families with incomes below the poverty guidelines are eligible for Head Start and Early Head Start services. Children from homeless families, and families receiving public assistance such as TANF or SSI are also eligible. Foster children are eligible regardless of their foster family's income."<sup>2</sup>

Children Served	
Birth–Preschool Age	31,930
K–Grade 3	0
<b>Total (Birth–Grade 3)</b>	<b>31,930</b>

**Note(s):** The number of children served represents the number of part-day "slots," or spaces, available for use. Data were provided by the MDE and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$224,199,264
State Investment	\$0
<b>Total Investment</b>	<b>\$224,199,264</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Head Start State Collaboration Office, *Head Start in Michigan, Guide for Physicians and Health Care Providers* (N.p.: Head Start State Collaboration Office, December 2011), <http://michheadstart.org/sites/michheadstart.org/files/u6/HS%20Health%20Brochure.pdf> (accessed 2/11/13).

<sup>2</sup> Head Start Act. Participation in Head Start Programs.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act/headstartact.html#645>. (accessed 4/2/13).

## Head Start State Collaboration Office (HSSCO)

MDE

### Overview

"[The Head Start State Collaboration Office] HSSCO was established to create a visible presence for Head Start at the state level and support the development of multi-agency and public/private partnerships at the State level intended to assist in: building early childhood systems and access to comprehensive services and support for all low-income children; encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives; and to augment Head Start's capacity to be a partner in State initiatives on behalf of children and their families including the involvement of Head Start in State policies, plans, processes, and decisions affecting the Head Start target population and other low-income families."<sup>1</sup>

### Who Is Served?

**Group Served:** Children      Parents/Caregivers      **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** N/A

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$225,000
State Investment	\$56,250
<b>Total Investment</b>	<b>\$281,250</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
★	★	★	★

<sup>1</sup> Michigan Department of Education. (2012) OGS Legislative Budget Summary. Internal Document.

## K–12 Public School System

MDE

### Overview

Michigan maintains a free, public education system that serves children from kindergarten (commonly age 5) through twelfth grade (commonly age 18). The K-12 system serves children through 549 local school districts and 256 public school academies (PSAs) – both of which are operated by and accountable to a local school board<sup>1</sup>. The state provides funding, sets graduation requirements, requires that certain content standards are taught, and requires students participate in a series of standardized assessments. Local schools then provide direct services to children and make decisions around how to implement state standards and allocate funding.

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** K–Grade 12

**Eligibility Criteria:** Students may enroll in kindergarten if they are five years of age by the date specified in the Revised School Code. For the 2012–13 school year, students must be five years of age on December 1. By the 2015–2016 school year, that date will shift to September 1. Parents of children who will turn five years of age by December 1 may choose to enroll their child in kindergarten if they notify the district in writing before June 1.<sup>2</sup>

Children Served	
Birth–Preschool Age	0
K–Grade 3	460,886
<b>Total (Birth–Grade 3)</b>	<b>460,886</b>

**Note(s):** Data were provided by MDE headcount and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$3,359,673,543
<b>Total Investment</b>	<b>\$3,359,673,543</b>

**Note(s):** The total investment in children birth–grade 3 was estimated by summing the total number of children served in grades K–3 for each district by the per pupil foundation grant for the district. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

<sup>1</sup> Michigan Department of Education. Number of Public School Districts in Michigan. [http://www.michigan.gov/documents/numbsch\\_26940\\_7.pdf](http://www.michigan.gov/documents/numbsch_26940_7.pdf) (accessed 4/2/13).

<sup>2</sup> State of Michigan. The Revised School Code: 380.1147, <http://www.legislature.mi.gov/%28S%28q4pm0q551fhggp55v53xtp45%29%29/mileg.aspx?page=GetObject&objectname=mcl-380-1147> (accessed 3/11/13).

## Migrant Education Program

MDE

### Overview

"The Migrant Education Program is designed to support high-quality comprehensive educational programs for migratory children to help reduce the educational disruptions and other problems that result from repeated moves. The program provides educational and support services to migrant children and youth through both regular school year and summer programs ... The program also supports identification and recruitment activities across the state to locate migrant families and inform them of available services."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–21<sup>2</sup>

**Eligibility Criteria:** Children are eligible if they have experienced a qualifying move in the previous 36 months. A qualifying move is a move made to obtain temporary or seasonal work in agriculture or fishing. A child may make a qualifying move if they have moved with or moved to join an adult who was seeking qualifying work (temporary or seasonal work in agriculture or fishing) within the last 36 months. A child may make a qualifying move separate from the family if it is for the purpose of obtaining qualifying work for themselves, as in the case of a young adult. Priority is given to children who are not achieving core academic curriculum standards and whose education has been interrupted during the regular school year.<sup>3</sup>

Children Served	
Birth–Preschool Age	1,866
K–Grade 3	1,738
<b>Total (Birth–Grade 3)</b>	<b>3,604</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$4,794,336
State Investment	\$0
<b>Total Investment</b>	<b>\$4,794,336</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	—	★	★

<sup>1</sup> Michigan Department of Education, Migrant Education Program website, [www.michigan.gov/mde/0,1607,7-140-6530\\_30334\\_38824---,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_30334_38824---,00.html) (accessed 2/11/13).

<sup>2</sup> E-mail from Shereen Tabrizi, MDE, 10/29/12.

<sup>3</sup> Migrant Education Program website and e-mail update from Shereen Tabrizi, 1/22/13.

## National School Lunch Program (NSLP)

MDE

### Overview

"The National School Lunch Program (NSLP) provides nutritious, low cost, or free lunches to school age children in public and private schools, public school academies, and residential child care institutions throughout Michigan."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** PreK–Grade 12 (Note: PreK students are eligible if the program is administered by the Local Education Agency [LEA] or private school.)<sup>2</sup>

**Eligibility Criteria:** "Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. (For the period July 1, 2012, through June 30, 2013, 130 percent of the poverty level is \$29,965 for a family of four; 185 percent is \$42,643.) Children from families with incomes over 185 percent of poverty pay a full price, though their meals are still subsidized to some extent. Local school food authorities set their own prices for full-price (paid) meals, but must operate their meal services as non-profit programs."<sup>3</sup>

Children Served	
Birth–Preschool Age	19,551
K–Grade 3	272,261
<b>Total (Birth–Grade 3)</b>	<b>291,812</b>

**Note(s):** The number of children served was estimated using total program enrollment (provided by MDE program materials) and data about students qualifying for free and reduced lunch. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$88,823,504
State Investment	\$7,028,251
<b>Total Investment</b>	<b>\$95,851,755</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and assumes spending splits proportionally based on the number of children served. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

Born healthy	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Education, National School Lunch Program website, [www.michigan.gov/mde/0,4615,7-140-43092\\_50144-194515--,00.html](http://www.michigan.gov/mde/0,4615,7-140-43092_50144-194515--,00.html) (accessed 2/13/13).

<sup>2</sup> Phone call with Marla Moss, 10/22/12.

<sup>3</sup> U.S. Department of Agriculture, Food and Nutrition Service, *National School Lunch Program* (Alexandria, Va.: USDA, August 2012), [www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf](http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf) (accessed 2/13/13).

## School Breakfast Program (SBP)

MDE

### Overview

"The School Breakfast Program (SBP) provides cash assistance to States to operate nonprofit breakfast programs in schools and residential childcare institutions. It provides nutritious, low cost or free breakfasts to school age children in public and private schools, public school academies, and residential child care institutions throughout Michigan."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** PreK–Grade 12 (Note: PreK students are eligible if the program is administered by the Local Education Agency [LEA] or private school.)<sup>2</sup>

**Eligibility Criteria:** "Any child at a participating school may purchase a meal through the School Breakfast Program. Children from families with incomes at or below 130 percent of the Federal poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 30 cents. (For the period July 1, 2012, through June 30, 2013, 130 percent of the poverty level is \$29,965 for a family of four; 185 percent is \$42,643) Children from families over 185 percent of poverty pay full price, though their meals are still subsidized to some extent."<sup>3</sup>

Children Served	
Birth–Preschool Age	7440
K–Grade 3	103,608
<b>Total (Birth–Grade 3)</b>	<b>111,048</b>

**Note(s):** The number of children served was estimated using total program enrollment (provided by MDE program materials) and data about students qualifying for free and reduced lunch. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$28,003,287
State Investment	\$1,130,724
<b>Total Investment</b>	<b>\$29,134,011</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and assumes spending splits proportionally based on the number of children served. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Education, School Breakfast Program website, [www.michigan.gov/mde/0,4615,7-140-43092-194516-,00.html](http://www.michigan.gov/mde/0,4615,7-140-43092-194516-,00.html) (accessed 2/13/13).

<sup>2</sup> Phone call with Marla Moss, 10/22/12.

<sup>3</sup> U.S. Department of Agriculture, Food and Nutrition Service, *The School Breakfast Program* (Alexandria, Va.: USDA, August 2012), [www.fns.usda.gov/cnd/breakfast/AboutBFast/SBPFactSheet.pdf](http://www.fns.usda.gov/cnd/breakfast/AboutBFast/SBPFactSheet.pdf) (accessed 2/13/13).

## Section 31a – At-Risk

MDE

### Overview

"Section 31a of the State School Aid Act provides funding to eligible districts for supplementary instructional and pupil support services for pupils who meet the at-risk criteria specified in the legislation. ... The funds may also be used for class size reductions in grades 1–6 in schools above the district's poverty percentage. Section 31a funds are limited to direct services to pupils and may not be used for administrative or other related costs."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth to age 5, and K–Grade 12

**Eligibility Criteria:** "Students: [Eligible students must meet certain] criteria including low achievement on MEAP tests in mathematics, reading or science; failure to meet core academic curricular objectives in English language arts or mathematics (applies to grade K-3 pupils only); or the presence of two or more identified at-risk factors."<sup>2</sup> "Children birth–age 5 who meet the at-risk criteria used to determine eligibility of children for the Great Start Readiness Program (GSRP)" are also eligible.<sup>3</sup>

"Schools: Local school districts, PSAs and The Education Achievement System with a current year combined state and local revenue per membership pupil of less than or equal to the current year basic foundation allowance are eligible. A one-time application needs to be completed by new PSAs, The Education Achievement System or school districts that have not received Section 31a funds in the past."<sup>4</sup>

Children Served	
Birth–Preschool Age	7,392
K–Grade 3	241,615
<b>Total (Birth–Grade 3)</b>	<b>249,007</b>

**Note(s):** The number of children served was estimated using program eligibility criteria and the number of students qualifying for free and reduced lunch from ages 5–8. Data are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$65,814,776
<b>Total Investment</b>	<b>\$65,814,776</b>

**Note(s):** Data were provided by the MDE and are from FY 2012. The total investment in children birth–grade 3 was estimated using total K–12 spending (provided by the MDE) and the number of students qualifying for free and reduced lunch from ages 5–8. Data are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

Born healthy	Healthy, thriving, and developmentally on track from birth to 3rd grade	Developmentally ready to succeed in school at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by reading proficiently by the end of 3rd grade
—	★	★	★

<sup>1</sup> Michigan Department of Education, Section 31a-At-Risk website, [www.michigan.gov/mde/0,1607,7-140-6530\\_30334-43638--00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_30334-43638--00.html) (accessed 2/13/13).

<sup>2</sup> Ibid.

<sup>3</sup> Michigan Department of Education, Office of Field Services, *Section 31a Program for At-risk Pupils, Allowable Uses of Funds* (Lansing, Mich.: MDE, 12/10/09, amended 8/30/12), [www.michigan.gov/documents/mde/Section\\_31a\\_Allowable\\_Uses\\_of\\_Funds\\_6-7-12\\_Update\\_388392\\_7.pdf](http://www.michigan.gov/documents/mde/Section_31a_Allowable_Uses_of_Funds_6-7-12_Update_388392_7.pdf) (accessed 2/13/13).

<sup>4</sup> Ibid.

## Special Education

MDE

### Overview

Special Education services and programs are provided through Michigan's intermediate school districts (ISDs) and local school districts. A Free Appropriate Public Education (FAPE) is provided to all eligible children and students at no cost to their families. These services and/or programs are to be provided in the Least Restrictive Environment (LRE), meaning that a student who has a disability should have the opportunity to be educated with non-disabled peers, to the greatest extent appropriate.

Components of Special Education in Michigan include: Early Childhood Special Education (Part B, 619 of IDEA) which provides services and/or programs for eligible children 3 to 5 years of age, School-age Special Education (Part B of IDEA) which is available to eligible students 6–21 years of age, and Michigan Mandatory Special Education (MMSE). MMSE is an additional mandate that spans beyond the federal IDEA mandate for eligible children 0–3 years of age and eligible students 22 through 25 years of age.<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth through 25<sup>2</sup>

**Eligibility Criteria:** "The Individuals with Disabilities Education Act (IDEA) identifies the categories of disabilities that states must serve. The statute requires that all eligible children and youth be identified and provided appropriate services; a multidisciplinary team (the IEP team) develops an Individualized Education Program (IEP).

"To be determined eligible, a child must: (1) be determined to be a child with a disability; and (2) be determined to need special education and related services in order to make progress in the general education curriculum. The delivery of an individualized education program to an eligible student is determined to constitute a free and appropriate public education or FAPE."<sup>3</sup>

Children Served	
Birth–Preschool Age	18,426
K–Grade 3	39,682
<b>Total (Birth–Grade 3)</b>	<b>58,108</b>

**Note(s):** Children served was estimated from the 2011 MDE report: *Data Portrait: Special Education State-ISD Summary Report*. This report provides counts for ages 0–2, 3–5, and 6–21. These counts were allocated based on the overall population of children by age in Michigan.

Dollars Invested Annually	
Federal Investment	\$67,183,741
State Investment	\$180,710,047
<b>Total Investment</b>	<b>\$247,893,788</b>

**Note(s):** Special education spending for districts and ISDs, including transportation, was allocated based on the number of students served. Data are from 2012.

<sup>1</sup> E-mail from Teri Johnson, MDE, 10/31/12

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

## Summer Food Service Program (SFSP)

MDE

### Overview

"The Summer Food Service Program (SFSP) was created to ensure that children in lower-income areas could continue to receive nutritious meals during long school vacations, when they do not have access to the National School Lunch or School Breakfast Programs."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Birth–18 years<sup>2</sup>

**Eligibility Criteria:** "The SFSP Income Eligibility Standards are the same as those used for reduced-price eligibility in the National School Lunch and Breakfast Programs. Eligible participants include: (1) children who are 18 years of age or younger, (2) disabled persons, regardless of age, who are determined by MDE or a local public educational agency (school district or public school academy) to be mentally or physically disabled and who participate in a public or non-profit private school program established for the mentally or physically disabled."<sup>3</sup>

Children Served	
Birth–Preschool Age	3,231
K–Grade 3	44,997
<b>Total (Birth–Grade 3)</b>	<b>8</b>

**Note(s):** The number of children served was estimated using total program enrollment (provided by MDE program materials) and data about students qualifying for free and reduced lunch. Data are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$2,455,409
State Investment	\$0
<b>Total Investment</b>	<b>\$2,455,409</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and assumes spending splits proportionally based on the number of children served. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> Michigan Department of Education, About Summer Food Service Program website, [www.michigan.gov/mde/0,4615,7-140-43092\\_34491-108669--,00.html](http://www.michigan.gov/mde/0,4615,7-140-43092_34491-108669--,00.html) (accessed 2/15/13).

<sup>2</sup> Michigan Department of Education Office of School Support Services, *Summer Food Service Program Fact Sheet* (Lansing, Michigan: MDE, January 2013), [www.michigan.gov/documents/mde/2011\\_SFSP\\_FACT\\_SHEET\\_345369\\_7.pdf](http://www.michigan.gov/documents/mde/2011_SFSP_FACT_SHEET_345369_7.pdf) (accessed 2/15/13).

<sup>3</sup> Ibid.

## The Emergency Food Assistance Program (TEFAP)

MDE

### Overview

The Emergency Food Assistance Program (TEFAP) is administered by the Food Distribution Unit in the MDE, and "supplements the diets of low-income persons of all ages, including elderly people, by providing emergency food and nutrition assistance."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** **PARENTS/CAREGIVERS** Infrastructure (no direct service)

**Ages Served:** All ages eligible<sup>2</sup>

**Eligibility Criteria:** "TEFAP income qualification for households with a member at 60 years of age and older is 160% of the Poverty Income Guidelines and households with all members under 60 years is 130% of the Poverty Income Guidelines."<sup>3</sup>

Children Served	
Birth–Preschool Age	174,217
K–Grade 3	133,958
<b>Total (Birth–Grade 3)</b>	<b>308,175</b>

**Note(s):** Data were provided by the MDE and are from FY 2011.

Dollars Invested Annually	
Federal Investment	\$4,432,073
State Investment	\$0
<b>Total Investment</b>	<b>\$4,432,073</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total program spending (provided by MDE program materials) and the number of children served in the Food Assistance Program. Data are from FY 2011.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> Michigan Department of Education, Food Distribution Program website, [www.michigan.gov/mde/0,4615,7-140-43092\\_61446---,00.html](http://www.michigan.gov/mde/0,4615,7-140-43092_61446---,00.html) (accessed 2/15/13).

<sup>2</sup> Ibid.

<sup>3</sup> Michigan Department of Education, Food Distribution Unit, The Emergency Food Assistance Program (TEFAP) Manual (Lansing, Mich.: May 2011), [www.michigan.gov/documents/mde/TEFAPProgramManual\\_updated\\_May\\_2011\\_Final\\_REV\\_6-01-11\\_\\_354590\\_7.pdf](http://www.michigan.gov/documents/mde/TEFAPProgramManual_updated_May_2011_Final_REV_6-01-11__354590_7.pdf) (accessed 2/15/13).

## Title I, Part A – Improving Basic Programs

MDE

### Overview

"The Title I, Part A program is designed to help disadvantaged children meet high academic standards by participating in either a schoolwide or a targeted assistance program. Schoolwide programs are implemented in high-poverty schools following a year of planning with external technical assistance and use Title I funds to upgrade the entire educational program of the school. Targeted assistance programs provide supplementary instruction to children who are failing or most at risk of failing to meet the district's core academic curriculum standards. School-based decision-making, professional development, and parent involvement are important components of each district's Title I, Part A program."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Early learning programs to grade 12<sup>2</sup>

**Eligibility Criteria:** *Schoolwide Programs* - "A school that serves an eligible school attendance area in which not less than 40 percent of the children are from low-income families, or not less than 40 percent of the children enrolled in the school are from such families" is eligible for a schoolwide program. These schools are not required to identify individual children for participation.<sup>3</sup>

*Targeted Assistance Programs* - Schools that do not qualify for (or choose not to operate) a schoolwide program, must identify and serve children that are "identified by the school as failing, or most at risk of failing, to meet the State's challenging student academic achievement standards."<sup>4</sup>

Children Served	
Birth–Preschool Age	10,577
K–Grade 3	241,615
<b>Total (Birth–Grade 3)</b>	<b>252,192</b>

**Note(s):** Data were provided by the MDE and are from FY 2010 (for birth–preschool age) and 2012 (for K–grade 3).

Dollars Invested Annually	
Federal Investment	\$163,952,031
State Investment	\$0
<b>Total Investment</b>	<b>\$163,952,031</b>

**Note(s):** The total investment in children birth–grade 3 was estimated using total K–12 spending (provided by the MDE) and the number of students qualifying for free and reduced lunch from ages 5–8. Data are from FY 2012.

<sup>1</sup> Michigan Department of Education, Title I website, [www.michigan.gov/mde/0,4615,7-140-28753-69709--,00.htm](http://www.michigan.gov/mde/0,4615,7-140-28753-69709--,00.htm) (accessed 2/15/13).

<sup>2</sup> U.S. Department of Education, Part A-Improving Basic Programs Operated by Local Educational Agencies website, Section 1114, Schoolwide Programs, [www2.ed.gov/policy/elsec/leg/esea02/pg2.html#sec1114](http://www2.ed.gov/policy/elsec/leg/esea02/pg2.html#sec1114) (accessed 2/15/13).

<sup>3</sup> Ibid.

<sup>4</sup> U.S. Department of Education, Part A-Improving Basic Programs Operated by Local Educational Agencies website, Section 1115, Schoolwide Programs, [www2.ed.gov/policy/elsec/leg/esea02/pg2.html#sec1114](http://www2.ed.gov/policy/elsec/leg/esea02/pg2.html#sec1114) (accessed 2/15/13).

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	★

## Title II – Improving Teacher and Principal Quality

MDE

### Overview

"[Title II] supports partnerships between high-need [Local Education Agencies] LEAs, college/departments of teacher education, and college/departments of arts and sciences" to "increase academic achievement by improving teacher and principal quality. This program is carried out by: increasing the number of highly qualified teachers in classrooms; increasing the number of highly qualified principals and assistant principals in schools; and increasing the effectiveness of teachers and principals by holding LEAs and schools accountable for improvements in student academic achievement."<sup>1</sup>

### Who Is Served?

**Group Served:** Children                  Parents/Caregivers                  **INFRASTRUCTURE** (no direct service)

**Ages Served:** N/A

**Eligibility Criteria:** The MDE identifies eligible LEAs. To qualify LEAs must: (1) have indicated that at least one instructional staff member was not Highly Qualified, and (2) have over a 20% poverty rate according to data provided by the U.S. Census Bureau Small Area Income and Poverty Estimates.<sup>2</sup>

Children Served	
Birth–Preschool Age	N/A
K–Grade 3	N/A
<b>Total (Birth–Grade 3)</b>	<b>N/A</b>

Dollars Invested Annually	
Federal Investment	\$28,562,539
State Investment	\$0
<b>Total Investment</b>	<b>\$28,562,539</b>

Note(s): Data were provided by a report from the National Education Association and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	—	★	★

<sup>1</sup> U.S. Department of Education. Improving Teacher Quality State Grants. Program Description: [www2.ed.gov/programs/teacherqual/index.html](http://www2.ed.gov/programs/teacherqual/index.html) (accessed 3/12/13).

<sup>2</sup> Michigan Department of Education, 2012-2013 Title II Part A(3) Improving Teacher Quality Grant Program website, Eligible Local Education Agency (LEA) partners, [www.michigan.gov/mde/0,4615,7-140-6530\\_5683\\_5703-137803--,00.html](http://www.michigan.gov/mde/0,4615,7-140-6530_5683_5703-137803--,00.html) (accessed 2/15/13).

## Title III – Language Instruction for Limited English Proficient Students

MDE

### Overview

"The Title III program is designed to assure speedy acquisition of English language proficiency, assist students to achieve in the core academic subjects, and to assist students to meet State standards. It also provides immigrant students with high-quality instruction to meet challenging State standards, and assists the transition of immigrant children and youth into American society."<sup>1</sup>

### Who Is Served?

**Group Served:** **CHILDREN** Parents/Caregivers Infrastructure (no direct service)

**Ages Served:** Ages 3–21 years<sup>2</sup>

**Eligibility Criteria:** Students age 3–21 must meet both of the following requirements to qualify as Limited English Proficient (English Learner):

(1) The student's home language survey states that a language other than English is spoken at home or that the student's native language is a language other than English; and

(2) Assessment results show that the student is not proficient in English according to the Michigan English Language Proficiency Assessment (ELPA), and/or is not on grade level in reading or math according to state-approved, valid, and reliable reading and math assessments.<sup>3</sup>

Children Served	
Birth–Preschool Age	444
K–Grade 3	29,241
<b>Total (Birth–Grade 3)</b>	<b>29,685</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

Dollars Invested Annually	
Federal Investment	\$3,810,805
State Investment	\$0
<b>Total Investment</b>	<b>\$3,810,805</b>

**Note(s):** Data were provided by the MDE and are from FY 2012.

### Early Childhood Outcome Addressed

Children are...

Born healthy	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	—	★	★

<sup>1</sup> Michigan Department of Education, English language learner programs website, [www.michigan.gov/mde/0,1607,7-140-6530\\_30334\\_40078---,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_30334_40078---,00.html) (accessed 2/15/13).

<sup>2</sup> E-mail from Shereen Tabrizi, 10/28/12.

<sup>3</sup> Michigan Department of Education, Office of Field Services, Special Populations Unit, English Learner Program Entrance and Exit Protocol 2012 (Lansing, Mich.: MDE, 2012), [www.michigan.gov/documents/mde/Entrance\\_and\\_Exit\\_Protocol\\_10.30.12\\_402532\\_7.pdf](http://www.michigan.gov/documents/mde/Entrance_and_Exit_Protocol_10.30.12_402532_7.pdf) (accessed 2/15/13).

## Child and Dependent Care Credit

Treasury

### Overview

The Child and Dependent Care Tax Credit is a federal subsidy in the form of a tax credit in which qualifying child care expenses may be claimed up to a certain percentage contingent on income. The credit may be worth up to \$3,000 for child care expenses for one qualifying child and up to \$6,000 for two or more qualifying children. Qualifying children must meet six tests: age, relationship, support, dependent, citizenship, and residence. The care that is provided to a qualifying child must be in order for the parent to work or to look for work.<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with qualifying children under the age of 13<sup>2</sup>

**Eligibility Criteria:** "The credit can be up to 35 percent of [the filer's] qualifying expenses, depending upon [his/her] adjusted gross income [AGI]."<sup>3</sup> The following percentages apply: for AGI that is over \$0 but not over \$15,000, 35% of work-related child care expenses qualifies to claim for credit; \$15,000–\$17,000 = 34%; \$17,000–\$19,000 = 33%; \$19,000–\$21,000 = 32%; \$21,000–\$23,000 = 31%; \$23,000–\$25,000 = 30%; \$25,000–\$27,000 = 29%; \$27,000–\$29,000 = 28%; \$29,000–\$31,000 = 27%; \$31,000–\$33,000 = 26%; \$33,000–\$35,000 = 25%; \$35,000–\$37,000 = 24%; \$37,000–\$39,000 = 23%; \$39,000–\$41,000 = 22%; \$41,000–\$43,000 = 21%; \$43,000–No Limit = 20%.<sup>4</sup>

Children Served	
Birth–Preschool Age	104,622
K–Grade 3	104,622
<b>Total (Birth–Grade 3)</b>	<b>209,244</b>

**Note(s):** The number of children served was estimated using IRS Statistics of Income and U.S. Census data.

Dollars Invested Annually	
Federal Investment	\$68,970,467
State Investment	\$0
<b>Total Investment</b>	<b>\$68,970,467</b>

**Note(s):** The annual investments were estimated using IRS Statistics of Income and U.S. Census data.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	★	—

<sup>1</sup> U.S. Department of the Treasury, Internal Revenue Service, Ten Things to Know about the Child and Dependent Care Credit website: [www.irs.gov/uac/Ten-Things-to-Know-About-the-Child-and-Dependent-Care-Credit](http://www.irs.gov/uac/Ten-Things-to-Know-About-the-Child-and-Dependent-Care-Credit) (accessed 2/15/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> U.S. Department of the Treasury, Internal Revenue Service, *Child and Dependent Care Expenses* (Publication 503) (Washington, D.C.: IRS, October 29, 2012), [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf) (accessed 2/15/13).

## Child Tax Credit

Treasury

### Overview

The Child Tax Credit is a federal tax credit that is worth up to \$1,000 per qualifying child depending on the filer's income. Qualifying children must meet six tests: age, relationship, support, dependent, citizenship, and residence.<sup>1</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with qualifying children under age 17<sup>2</sup>

**Eligibility Criteria:** "The credit is limited if [the filer's] modified adjusted gross income is above a certain amount. The amount at which this phase-out begins varies depending on [the filer's] filing status. For married taxpayers filing a joint return, the phase-out begins at \$110,000. For married taxpayers filing a separate return, it begins at \$55,000. For all other taxpayers, the phase-out begins at \$75,000. In addition, the Child Tax Credit is generally limited by the amount of the income tax [the filer] owes as well as any alternative minimum tax [they] owe."<sup>3</sup>

Children Served	
Birth–Preschool Age	337,627
K–Grade 3	265,353
<b>Total (Birth–Grade 3)</b>	<b>602,980</b>

**Note(s):** The number of children served was estimated using IRS Statistics of Income, Brookings Institution data, and U.S. Census data.

Dollars Invested Annually	
Federal Investment	\$521,019,719
State Investment	\$0
<b>Total Investment</b>	<b>\$521,019,719</b>

**Note(s):** The annual investments served were estimated using IRS Statistics of Income, Brookings Institution data, and U.S. Census data.

### Early Childhood Outcome Addressed

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
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<sup>1</sup> U.S. Department of the Treasury, Internal Revenue Service, Ten Facts about the Child Tax Credit website (last reviewed or updated 1/31/13), [www.irs.gov/uac/Ten-Facts-about-the-Child-Tax-Credit](http://www.irs.gov/uac/Ten-Facts-about-the-Child-Tax-Credit) (accessed 2/15/13).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

## Earned Income Tax Credit – Federal

Treasury

### Overview

"EITC, the Earned Income Tax Credit, sometimes called EIC, is a tax credit to help [filers] keep more of what [they] earned. It is a refundable federal income tax credit for low to moderate income working individuals and families. Congress originally approved the tax credit legislation in 1975 in part to offset the burden of social security taxes and to provide an incentive to work. When EITC exceeds the amount of taxes owed, it results in a tax refund to those who claim and qualify for the credit. To qualify, [filers] must meet certain requirements and file a tax return, even if you do not owe any tax or are not required to file."<sup>1</sup>

Qualifying children must have a valid social security number and pass four tests: relationship, age, residency, and joint return.<sup>2</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with qualifying children under age 19, or under age 24 (if the child is a full-time student), or a child of any age if he or she is permanently disabled.

**Eligibility Criteria:** "The income eligibility guidelines and maximum credit amounts for Tax Year 2012 are listed below:<sup>3</sup>

- Families with one qualifying child who earned less than \$36,920 in 2012 (or less than \$42,130 for married workers filing jointly) are eligible for a credit of up to \$3,169.
- Families with two qualifying children who earned less than \$41,952 in 2012 (or less than \$47,162 for married workers filing jointly) are eligible for a credit of up to \$5,236.
- Families with three or more qualifying children who earned less than \$45,060 in 2012 (or less than \$50,270 for married workers filing jointly) are eligible for a credit of up to \$5,891.
- Workers without a qualifying child who earned less than \$13,980 in 2012 (or less than \$19,190 for married workers filing jointly) are eligible for a credit of up to \$475.

For everyone, investment income must be \$3,200 or less for the year.

Children Served	
Birth–Preschool Age	257,741
K–Grade 3	186,862
<b>Total (Birth–Grade 3)</b>	<b>444,603</b>

**Note(s):** The number of children served was estimated using IRS and Michigan Department of Treasury data.

<sup>1</sup> U.S. Department of the Treasury, Internal Revenue Service, EITC Home Page—It's easier than ever to find out if you qualify for EITC website (last reviewed or updated 3/4/13), [www.irs.gov/Individuals/EITC-Home-Page--It%E2%80%99s-easier-than-ever-to-find-out-if-you-qualify-for-EITC](http://www.irs.gov/Individuals/EITC-Home-Page--It%E2%80%99s-easier-than-ever-to-find-out-if-you-qualify-for-EITC) (accessed 2/15/13).

<sup>2</sup> U.S. Department of the Treasury, Internal Revenue Service, Qualifying Child Rules (last reviewed or updated 2/1/13), [www.irs.gov/Individuals/Qualifying-Child-Rules](http://www.irs.gov/Individuals/Qualifying-Child-Rules) (accessed 2/15/13).

<sup>3</sup> Michigan EITC website, [www.michiganeic.org/about](http://www.michiganeic.org/about) (accessed 2/15/13).

• Earned Income Tax Credit – Federal •

Dollars Invested Annually	
Federal Investment	\$831,394,938
State Investment	\$0
<b>Total Investment</b>	<b>\$831,394,938</b>

**Note(s):** The annual investments served were estimated using IRS and Michigan Department of Treasury data.

**Early Childhood Outcome Addressed**

Children are...

<b>Born healthy</b>	Healthy, thriving, and <b>developmentally on track</b> from birth to 3rd grade	Developmentally <b>ready to succeed in school</b> at time of school entry	Prepared to succeed in 4 <sup>th</sup> grade and beyond by <b>reading proficiently</b> by the end of 3rd grade
—	★	—	—

## Earned Income Tax Credit – Michigan

Treasury

### Overview

"EITC, the Earned Income Tax Credit, sometimes called EIC is a tax credit to help [filers] keep more of what [they] earned. It is a refundable federal [and state] income tax credit for low to moderate income working individuals and families... When EITC exceeds the amount of taxes owed, it results in a tax refund to those who claim and qualify for the credit. To qualify, [filers] must meet certain requirements and file a tax return, even if [filers] do not owe any tax or are not required to file."<sup>1</sup> Michigan's state credit is equal to 6 percent of a filer's federal credit.<sup>2</sup>

Qualifying children must have a valid social security number and pass four tests: relationship, age, residency, and joint return.<sup>3</sup>

### Who Is Served?

**Group Served:** Children      **PARENTS/CAREGIVERS**      Infrastructure (no direct service)

**Ages Served:** Families with qualifying children younger than 19, or younger than 24 (if the child is a full-time student), or a child of any age if he or she is permanently disabled.

**Eligibility Criteria:** "The income eligibility guidelines and maximum credit amounts for Tax Year 2012 are listed below:<sup>4</sup>

- Families with one qualifying child who earn less than \$36,920 in 2012 (or less than \$42,130 for married workers filing jointly) are eligible for a credit of up to \$3,169.
- Families with two qualifying children who earn less than \$41,952 in 2012 (or less than \$47,162 for married workers filing jointly) are eligible for a credit of up to \$5,236.
- Families with three or more qualifying children who earn less than \$45,060 in 2012 (or less than \$50,270 for married workers filing jointly) are eligible for a credit of up to \$5,891.
- Workers without a qualifying child who earn less than \$13,980 in 2012 (or less than \$19,190 for married workers filing jointly) are eligible for a credit of up to \$475.

"For everyone, investment income must be \$3,200 or less for the year."<sup>5</sup>

Children Served	
Birth–Preschool Age	248,264
K–Grade 3	179,991
<b>Total (Birth–Grade 3)</b>	<b>428,255</b>

**Note(s):** The number of children served was estimated using IRS and Michigan Department of Treasury data.

<sup>1</sup> U.S. Department of the Treasury, Internal Revenue Service, EITC Home Page—It's easier than ever to find out if you qualify for EITC website (last reviewed or updated 3/4/13), [www.irs.gov/Individuals/EITC-Home-Page--It%E2%80%99s-easier-than-ever-to-find-out-if-you-qualify-for-EITC](http://www.irs.gov/Individuals/EITC-Home-Page--It%E2%80%99s-easier-than-ever-to-find-out-if-you-qualify-for-EITC) (accessed 2/15/13).

<sup>2</sup> Michigan EITC website, What is the Earned Income Tax Credit?, [www.michiganeic.org/taxpayers/i-can-e-file-free-online-tax-preparation](http://www.michiganeic.org/taxpayers/i-can-e-file-free-online-tax-preparation) (accessed 2/15/13).

<sup>3</sup> U.S. Department of the Treasury, Internal Revenue Service, Qualifying Child Rules website (last reviewed or updated 2/1/13), IRS: [www.irs.gov/Individuals/Qualifying-Child-Rules](http://www.irs.gov/Individuals/Qualifying-Child-Rules) (accessed 2/15/13).

<sup>4</sup> Michigan EITC website, [www.michiganeic.org/about](http://www.michiganeic.org/about) (accessed 2/15/13).

<sup>5</sup> Ibid.

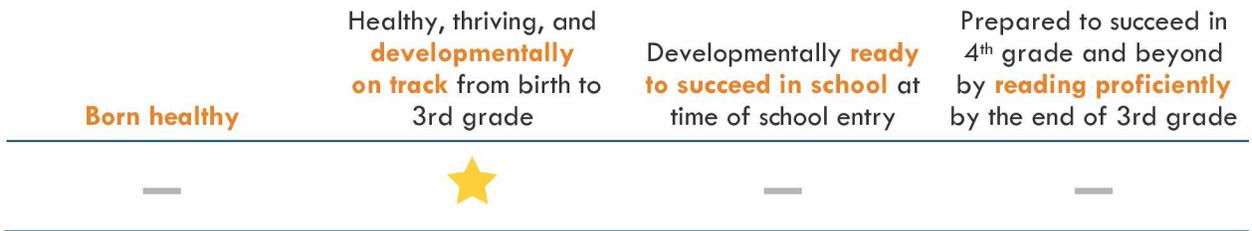
• Earned Income Tax Credit – Michigan •

Dollars Invested Annually	
Federal Investment	\$0
State Investment	\$48,049,479
<b>Total Investment</b>	<b>\$48,049,479</b>

**Note(s):** The annual investments served were estimated using IRS and Michigan Department of Treasury data.

**Early Childhood Outcome Addressed**

Children are...



## Appendix

### Methodology: Program Inventory Estimates

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#### Overview

The early childhood program inventory is a comprehensive look at state and federal programs supporting young children in Michigan and their families. Young children are defined as those 8 years old or younger. The program inventory contains a summary of the number of children served by the program and the dollars spent on children by each of these programs. In some cases, very accurate caseload and spending information was available for the programs, while in other cases it was necessary to estimate caseload and spending information.

This appendix contains a brief description of the methodology used to derive the estimates for each program in the inventory. As mentioned above, the administering department is not always able to provide exact caseload and spending information that directly corresponds to the age categories in the program inventory. For example, an agency may be able to provide the number of children ages 0–18 served by a program, but it might not have information on how many of these children fall into the age categories of birth to preschool age (0–4) and kindergarten to grade 3 (5–8).<sup>1</sup> In these cases, the totals for the age categories were estimated from the best data available. The data and methodology used in developing each of these estimates are described below.

**Note:** Throughout the program inventory and this report, two age ranges are discussed. “Birth to preschool age” refers to children ages 0–4. “Kindergarten to grade 3” refers to children ages 5–8.

#### Census Information

In many instances where exact counts of the number of young children served were unavailable, the agency was able to provide a count of the number of children served ages 0–18. In many such cases the number of children ages 0–8 was estimated using U.S. Census data. Two primary types of Census data were used: Census data by age and the Census age data further subdivided into the number at each age based on income.

Michigan Census data by age were used to obtain a total count of the number of children at every age. In other words, the Census has the number of children in Michigan age 0, age 1, age 2, etc. (These data can be found at: [www.census.gov/popest/data/state/asrh/2011/](http://www.census.gov/popest/data/state/asrh/2011/).) At the time these estimates were calculated, 2011 was the most recent year available for population by age. Population by age was estimated for 2012 by shifting all of the 2011 data one year forward. The number of children age 1 in 2011 was assumed to be the number of children age 2 in 2012. The number of children in 2012 age 0 (i.e., birth to age 1) was estimated by assuming the number of children age 0 was lower than the number of 2012 children age 1 (or alternatively

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<sup>1</sup> One of the challenges in creating these estimates was determining how to calculate estimates for children at ages 4 and 5 when some children are enrolled in preschool programs, while others are attending kindergarten. To ensure that funding intended for preschool children is reported separately from funding intended to serve school-aged children, this report assumes that programs serving preschool children serve children ages 0–4, and programs serving school-aged children serve children ages 5–8.

• Appendix •  
Methodology: Program Inventory Estimates

the number of 2011 children age 0) by the average percentage decline in the age 0 population over the past 4 years. The number of young children in Michigan has been declining for demographic reasons. For example, in 2011, there were 122,320 five-year-olds, but just 113,146 children age zero.

The second type of Census data used was obtained by subdividing the children by age data into the number at each age based on income. Specifically, the population counts were divided into those at 100 percent, 150 percent, 200 percent, and 300 percent of the poverty line. These percentages were calculated using the 3-year American Community Survey (ACS) sample. The 3 percent sample contains data from 2008, 2009, and 2010. While this is less current than the 1 percent 2010 sample, the larger 3 percent sample has less sampling error with respect to estimating poverty by age. When dividing a year of age into each of the poverty brackets, one poverty rate was used for children ages 0–4 and a second for children 5–18. For example, 25.7 percent of children ages 0–4 were estimated to be below 100 percent of poverty and 20.6 percent of ages 5–18. The poverty rate was not calculated separately for each year of age because the small cell sizes would result in unacceptably large sampling errors. When examining the data in the 3 percent sample, the poverty rate was relatively constant across ages for children ages 5 and up.<sup>2</sup>

## Individual Program Estimate Methodology

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### *Department of Community Health Estimates*

- **Childhood Lead Poisoning Prevention Program (CLPPP)**  
Program spending was provided by the DCH. The number served is not applicable for this program since it provides administrative support. The cost of administering tests is funded by Medicaid. Data are from 2012.
- **Children with Serious Emotional Disturbance Home & Community Based Services Waiver**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Children's Special Health Care Services (CSHCS)**  
Program spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Children's Waiver Program (CWP)**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.

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<sup>2</sup> The raw ACS data were from: Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek, *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010. Staff at the Citizens Research Council of Michigan performed the calculations using these data.

• **Appendix** •  
Methodology: Program Inventory Estimates

- **Dental Services: Healthy Kids Dental**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Dental Services: SEAL! Michigan Program**  
Program spending was provided by the DCH. The number of participants by age was taken from DCH program materials. Dollars are assumed to split proportionally with the number of participants. Expenditure data are from FY 2012. Caseload data are from the FY 2010–2011 school year.
- **Early Childhood Comprehensive System Grant**  
Funding was provided by the DCH. This program supports program infrastructure so caseload counts are not applicable. All funding was assumed to support programs for children ages 0–4. Data are from FY 2012.
- **Early Hearing Detection and Intervention (EHDI)**  
Program spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Family Center for Children and Youth with Special Health Care Needs**  
Program funding was provided by the DCH. Funding was split into two age categories based on each category's share of the under-18 population. Spending data are from FY 2012.
- **Family Planning: Plan First!**  
Program funding was provided by the DCH. All dollars were allocated to ages 0–4. Data are from FY 2012.
- **Family Planning: Title X**  
Program funding was provided by the DCH. All dollars were allocated to ages 0–4. Data are from FY 2012.
- **Family Support Subsidy (FSS) Program**  
Program spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Fetal Alcohol Spectrum Disorder (FASD)**  
Program funding and caseload information were provided by the DCH. Spending data are from FY 2012 and the number of children served is for FY 2010-11.
- **Fetal-Infant Mortality Review**  
Total spending was provided by the DCH. The number of children served is not applicable. Data are from FY 2012.
- **Hearing Screening**  
Total program spending and the total number of children served were provided by the DCH. Program information indicated that screenings occurred at least once between ages 3–5 and in kindergarten, grade 2, and grade 4. The estimate assumed that children were tested at

• **Appendix** •  
Methodology: Program Inventory Estimates

ages 4, 5, 7, and 9 and that the screenings split proportionally based on each age's share of the total number of children for that age. The dollars are assumed to split proportionally with the number of children tested. Data are from FY 2012.

- **Home-Based Services Intervention**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Home Visiting Initiative—MIECHV**  
Caseload information for this program is not yet available. Public Act 291 of 2012 requires that home visiting data be reported in FY 2014. Spending data were provided by the DCH and were from FY 2011.
- **Immunization Program**  
Total spending for the immunization program was provided by the DCH for FY 2012. The DCH also provided the total number of children served by the program for ages 0 to 4 and 5 to 8. Information on spending by age was not available, so the program dollars were split proportionally with the number of children.
- **Infant Death Prevention and Bereavement**  
Spending information was provided by the DCH. Data are from FY 2012.
- **Local Maternal & Child Health (LMCH) Program**  
DCH program description materials provided total program spending and the number of children served ages 0–9 and ages 10–19. The number of children ages 0–9 was split into the number of children ages 0–4, 5–8, and over 8 based on the respective shares of children ages 0–9 in these age categories that were below 150 percent of the poverty line. The dollars were assumed to split proportionally with the program recipients. Data are from FY 2011.
- **Maternal Infant Health Program (MIHP)**  
Program spending and caseload information were provided by the DCH. The data are for FY 2012.
- **MCH Medicaid Outreach**  
Total program spending was provided by the DCH staff. The number of children served was not available because data are not collected based on services to individuals. Data are from FY 2012.
- **Medicaid Health Care**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Michigan Maternal Mortality Surveillance Program**  
Program spending was provided by the DCH. Data are from FY 2012.

• **Appendix** •  
Methodology: Program Inventory Estimates

- **MIChild**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **MI Healthy Baby**  
Program spending was provided by the DCH. Caseloads are not applicable for this program. Data are from FY 2012. Note that federal funding for this program was eliminated after FY 2012.
- **Newborn Screening Program**  
Program spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Nurse Family Partnership**  
Total spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Obesity Prevention in Early Learning and Development Programs Utilizing NAP SACC**  
Information on program spending and enrollment was provided by the DCH. The program enrollment totals indicated that they were for ages 0–5. Because the program serves children in a preschool setting, this estimate counted all of those children in the birth-preschool age category (also referred to as ages 0 to 4). Data are from FY 2012.
- **Parent Leadership**  
Total program spending was provided by the DCH. Funding split into age categories based on the share of children ages 0–18 that are 0–4 and 5–8. The number of children served is listed as not applicable because this program directly serves parents. Data are from FY 2012.
- **Pediatric Aids Prevention and Support**  
Program spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Pregnancy Risk Assessment Monitoring System (PRAMS)**  
Program spending was provided by the DCH. Data are from FY 2012.
- **Prenatal Smoking Cessation (PSC)**  
Program spending was provided by the DCH. Data are from FY 2012.
- **Prevention Direct Services: Child Care Expulsion Prevention Program**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Prevention Direct Services: Infant Mental Health**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.

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- **Prevention Direct Services: Other Models**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Project LAUNCH**  
Total spending and caseload information were provided by the DCH. Project LAUNCH serves children ages 0–8. The totals for ages 0 to 8 were subdivided into ages 0–4 and 5–8 based on the overall share each of these age groups makes up of the 0 to 8 population in Michigan. Dollars were split proportionally with the number served. Spending data are from FY 2012. Number of children served is for FY 2011.
- **Safe Delivery**  
Program information was provided by the DCH. Spending is for FY 2012. Number of children served is for CY 2012.
- **Safe Sleep**  
Program spending was provided by the DCH. Caseload data are not applicable. Data are from FY 2012.
- **School-Based Services**  
Program spending and caseload information were provided by the DCH. Data are from FY 2011.
- **Shaping Positive Lifestyles and Attitudes through School Health (SPLASH)**  
Program information was provided by the DCH. Data are from FY 2012.
- **Substance Abuse Treatment: Designated Women's Programs**  
Program spending and caseload information were provided by the DCH. Data are from FY 2012.
- **Vision Screening**  
Total spending and caseload information were provided by the DCH. DCH program description materials indicated that children are tested at least once between the ages of 3 and 5 for preschoolers and in grades 1, 3, 5, 7, and 9. The estimate assumes that children are tested at ages 4, 6, 8, 10, 12, and 14 and splits the number of screenings and dollars into these buckets based on the proportional share of the population in each of these age brackets. Data are from FY 2012.
- **WIC Project FRESH**  
Program spending and caseload information were provided by the DCH.
- **Women, Infants, & Children (WIC)**  
Program spending and caseload information were provided by the DCH.

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*Department of Human Service (DHS) Estimates*

- **Adoption Services Program**

The total dollars spent for the adoption services program was based on the FY 2012 DHS line item appropriation for Adoption Support Services. The DHS provided the total number of adoptions in the state and the total number of adoptions in the age categories 0–4 and 5–8. The dollars were assumed to split proportionally with the number of adoptions. The number of adoptions is for FY 2011.

- **Adoption Subsidy**

The total dollars for the adoption subsidy was based on the FY 2012 DHS line item appropriation for Adoption Subsidies. The DHS provided the total number of children served by the adoptions subsidy and the total number in the age categories 0–4 and 5–8. The dollars were assumed to split proportionally with the number of children served. Caseloads are as of June 2011.

- **Child Care Licensing**

The starting point for this estimate was the line item appropriation for Adult Foster Care, Children’s Welfare, and Day Care Licensure in the FY 2012 DHS budget. The number of children served is listed as N/A because the program does not directly serve children. The spending is split between Pre–K and K–3 based on estimates used for the Childcare Development Fund (CDF).

- **Children’s Protective Services**

The starting point for dollars spent was the FY 2012 DHS line item appropriation for Child Protective Services. This line item was increased by 60 percent per a DHS recommendation in order to reflect the cost of fringe benefits for staff. The grand total of all investigated children ages 0–18 and the number of investigated children ages 0–4 and 5–8 was provided by DHS. The dollars were assumed to split proportionally with the number of children. The caseload data are from FY 2011.

- **Children’s Trust Fund Direct Service Grants**

Program spending was calculated by summing the direct service grants reported by CTF on its Web page ([www.michigan.gov/ctf](http://www.michigan.gov/ctf)). CTF program materials also report the total number of children served. The number of children ages 0–4 and 5–8 was estimated from this total based on the proportional share of children in these age categories that are below the poverty line. Spending was assumed to be proportional to the number of children served. Data on the number of children served are from FY 2010.

- **Children’s Trust Fund Local Councils**

Program spending was provided by the DHS. This program does not directly serve children so the reported total was N/A. Spending is split into the age categories 0–4 and 5–8 using the same proportions that were used for the Children’s Trust Fund Service Grants.

- **Child Support Administration**

The estimate started with the DHS line item appropriations for: Child Support Enforcement, Legal Support Contracts, Child Support Incentive Payments, Child Support Automation, and

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State Disbursement Unit. The starting point for enrollment was the number of children reported by the DHS to be in the IV-D child support program in 2011. The dollars and the number of children were split proportionally based on the number of children ages 0–18 who are ages 0–4 (23.8 percent) and 5–8 (20.5 percent).

- **Families First of Michigan (FFM)**

This estimate started with the total FY 2012 appropriation for Families First. The number of families served in FY 2012 was provided by the DHS. Each family was assumed to have 2.39 children. This total is based on the ratio of Family Independence Program (FIP) children to FIP adults. The number of families and the number of children per family were multiplied to calculate an estimated number of children served. The percentage of these children ages 0–4 and 5–8 was based on the estimates used for Child Protective Services. The dollars were assumed to split proportionally based on the number of children.

- **Family Independence Program (FIP)**

This estimate started with the total FY 2012 appropriation for FIP. The DHS *Green Book* contains the total number of children served by FIP and the number of children ages 0–4 and 5–8. The report used had data for the number of children as of August 2012. Program dollars were allocated proportionally to the age categories based on the number of children in each category. The estimate assumes that all program dollars are used to support children, and does not allocate any of the dollars to supporting adults.

- **Family Reunification Program (FRP)**

This estimate started with the FY 2012 appropriation for Family Reunification. The total number of families served in FY 2012 was provided by the DHS. The number of children served was estimated using the ratio of adults to children in the FIP program. The split into the age categories was calculated using the same methodology that was used for Child Protective Services.

- **Food Assistance Program (FAP)**

This estimate started with the FY 2012 appropriation for the Food Assistance Program. The total number of program recipients and the total number of children ages 0–4 and ages 5–8 were taken from the DHS *Green Book*. The caseload data are from August of 2012. The dollars were split proportionally based on the percentage of recipients in the age categories. The assumption used to apportion dollars for FAP differs from that of FIP. For FIP, all spending was assumed to go to support children, while for FAP, spending was assumed to support both adults and children based on their proportional representation among program recipients.

- **Foster Care**

The DHS provided information on the number of children enrolled in the program both in total and for the 0–4 and 5–8 age brackets for FY 2012. The DHS also provided FY 2012 spending for the program in total. The dollars were split proportionally into the age brackets based on the number of children.

- **Guardianship Assistance Program (GAP)**

The total number of children enrolled for FY 2012 was taken from DHS program materials. Enrollment was split into ages 0–4 and 5–8 using the same proportional split as Foster Care.

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Total spending was the FY 2012 line item appropriation for the Guardianship program. Spending was split by age proportionally based on the number of children served.

- **Refugee Assistance Program (RAP)**

The DHS provided program information and spending totals. Minor adjustments to the estimates were made to account for the unaccompanied minor program.

- **Strong Families/Safe Children**

This estimate started with the FY 2012 appropriation for Strong Families Safe Children. The total number of families served was taken from the DHS program description. Each family was assumed to have 2.39 children based on the ratio of FIP children to FIP adults. Children were split into the 0–4 and 5–8 age brackets using the same assumptions as Child Protective Services.

### *Early Childhood Investment Corporation*

- **Great Start Early Learning Advisory Council**

Spending data were provided by the Early Childhood Investment Council and are from FY 2012.

### *Michigan Department of Education Estimates*

- **21st Century Community Learning Centers (21st CCLC)**

Total spending and caseload information for this program are taken from MDE program materials. Spending data are for FY 2012, while caseload information is for FY 2010. The dollars and students were allocated to K–3 based on K–3 enrollment statewide as a percentage of total K–12 enrollment.

- **Afterschool Snack Program**

Total spending and total students served for the Afterschool Snack program for FY 2011 were taken from MDE program materials. Allocating this total to the appropriate age categories took several steps. First, free/reduced lunch headcount data by grade were downloaded. The total number of free/reduced lunch students was compared to total enrollment to obtain the share of K–12 qualifying for free/reduced lunch. Total enrollment for pre–K was available, but not the share that qualified for free/reduced lunch. Therefore, pre–K was assumed to be eligible for free/reduced lunch at the same rate as the overall K–12 population.

To allocate the totals to the age categories, it was assumed that the participants in the Afterschool Snack Program mirrored the free/reduced lunch population in proportion. For example, of the pre–K to 12 free/reduced lunch population, 31.5 percent were in grades K–3 and 2.3 percent were pre–K. Based on this, it was assumed that 31.5 percent of Afterschool Snack participants were grades K–3 and 2.3 percent were pre–K. The dollars were split proportionally based on number of students.

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- **Child and Adult Care Food Program (CACFP)**

The estimates for this program are based on information received from the MDE. Average daily attendance and total payments were taken from the MDE fact sheet. Children at day care centers and home providers represent 85 percent of the children served by this program and 85 percent of the dollars spent. Of this total, 70 percent are ages 0-4 and 30 percent are ages 5-8.. Of the remaining children served by the program, MDE estimates that half are ages 5 to 8. Data are from FY 2011
- **Child Development and Care (CDC) Program**

Program spending and caseload information were provided by the MDE. Data are from FY 2012
- **Commodity Supplemental Food Program (CSFP)**

This program serves children and adults. The MDE provided total spending and the number of people served, and they were able to subdivide the data into age 0, ages 1–6, and adults served. The number served for ages 1–6 was split into ages 0–4 and 5–8 categories (with children ages 1-4 placed into the 0-4 category and children ages 5-6 placed into the 5-8 category) using the proportional share of these age categories among those from households with income under 200 percent of the poverty. The dollars were split proportionally based on the number served. Data are from FY 2011.
- **Early Childhood Block Grant: Great Parents, Great Start**

Program spending is from MDE program materials. The total number served was provided by MDE and covers the period July 1, 2011 through June 30, 2012.
- **Early Childhood Block Grant: Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs)**

Total spending is from MDE program materials and is for FY 2012.
- **Early Head Start**

Program spending and caseload information were provided by the MDE. Data are from FY 2012.
- **Early On<sup>®</sup>**

Program enrollment and spending information were provided by the MDE. Data are from FY 2012.
- **Great Start to Quality**

Total spending is from MDE program materials and is for FY 2012. Enrollment information is not applicable.
- **Great Start Readiness Program (GSRP)**

The number of children served and total spending are from MDE program materials. The number served is for the FY 2011–12 school year and the spending data are from FY 2012.
- **Head Start**

Total spending and enrollment were provided by the MDE. Data are from FY 2012.

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- **Head Start State Collaboration Office (HSSCO)**  
Total spending was provided by the MDE. Spending is for FY 2012.
- **K–12 Public School System**  
Total enrolment is from MDE headcount data for grades K–3. Total spending represents the per pupil foundation allowance for each district multiplied by the number of students in the district in grades K–3. Data are from FY 2012.
- **Migrant Education Program**  
Program data were provided by the MDE. Data are from FY 2012.
- **National School Lunch Program (NSLP)**  
Total enrollment and spending were taken from MDE program materials. Allocations methods were the same as those used in the After School Snack Program. Data are from FY 2011.
- **School Breakfast Program (SBP)**  
Total enrollment and spending were spending taken from MDE program materials. Allocation methods were the same as those used in the After School Snack Program. Data are from FY 2011.
- **Section 31a – At-Risk**  
Total spending on Section 31a programs was taken from MDE program materials. Funding for Section 31a programs aimed at preschoolers was assumed to be for children ages 0–4. Program spending for ages 5–8 was estimated using the share of free/reduced lunch children in grades K–3. In addition, 100 percent of the funding identified as “K-3 Early Intervening Programs” was assumed to go toward children ages 5–8. The number of children ages 0–4 was estimated using the number of children served by the two 31a programs directed at preschoolers. The student count for the remaining programs was not an unduplicated count. Therefore, the number of students ages 5–8 qualifying for free/reduced lunch was used as a proxy for the number of children in this age range served by Section 31a programs.
- **Special Education**  
The number of children served was estimated from the 2011 report: *Data Portrait: Special Education State-ISD Summary Report*. This report provides special education counts for ages 0–2, 3–5, and 6–21. Population by age data were used to allocate these totals proportionally into the 0–4 and 5–8 age categories. Special education spending was taken from Senate Fiscal Agency Program descriptions. The total spending includes the appropriations reimbursing intermediate school districts and school districts for 28.6138% of total approved costs for special education students and 70.4165% of special education transportation costs. The spending data are from FY 2012 and were allocated proportionally by age.
- **Summer Food Service Program (SFSP)**  
Total spending and the number of children served were taken from MDE program materials. Allocations to ages 0–4 and 5–8 were done using the same methodology as the After School Snack Program. Data are from FY 2011.

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- **The Emergency Food Assistance Program (TEFAP)**  
 Total spending was taken from MDE program materials. The total number served was provided by the MDE. Data are from FY 2011. This program serves adults and children. The total number of children served was based on the percentage of Food Assistance Program recipients that are children. Allocations to ages 0–4 and 5–8 were based on the percentage of Food Assistance Program recipients in those age categories.
- **Title I, Part A – Improving Basic Programs**  
 The total number of children served was taken from MDE program materials. This total was assumed to be for K–12 and was allocated to ages 5–8 based on the share of free/reduced lunch recipients in this age range. Title I is allocated to K–12 grades, and it is allowable to serve preschoolers with the funds; however, the Michigan Electronic Grants System does not have the ability to collect preschool information yet. Spending and caseloads are for FY 2012.
- **Title II – Improving Teacher and Principal Quality**  
 Total spending was taken from National Education Association information reporting Title II appropriations for all 50 states. Data are from FY 2012.
- **Title III – Language Instruction for Limited English Proficient Students**  
 Total spending and students served information were provided by the MDE. Data are from FY 2012.

### *Tax Credit Estimates<sup>3</sup>*

- **Child and Dependent Care Credit**  
 IRS Statistics of Income data were used to calculate the number of returns claiming this credit and the dollars claimed in Michigan for tax year 2008. Household size was calculated using Census data and return filing status statistics and further assumptions were made to estimate the number of children ages 0–4 and 5–8 represented in these households. IRS filing projections were used to grow the estimates to 2012.
- **Child Tax Credit**  
 Brookings Institution data were used to calculate the number of returns claiming this credit and the dollars claimed in Michigan for 2008. Census data and filing status data were used to estimate household size and further assumptions were made to estimate the number of children ages 0–4 and 5–8 represented in these households. IRS filing projections were used to grow the estimates to 2012.
- **Earned Income Tax Credit – Federal**  
 Federal EITC data for Michigan for 2008 from the Brookings Institution for 2008 were used as an estimate starting point. Michigan Department of Treasury data on the household size of Michigan EITC recipients were used to estimate the number of children in households receiving the EITC, and the number of children ages 0–4 and 5–8 was derived from this total using population data. The dollars were assumed to split proportionally with the number of children.

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<sup>3</sup> The methodology for estimating the tax credits is quite involved and only a summary is presented here. Additional information on the methodology used is available upon request.

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Total federal spending for the Michigan EITC was grown from 2008 to 2012 using the same assumptions as were used for the Michigan EITC. All EITC dollars were assumed to support children rather than adults.

- **Earned Income Tax Credit – Michigan**

A Michigan Department of Treasury report was used to estimate the number of children in households receiving the EITC in 2008. Census data were used to apportion these children by age. IRS projections on the number of Michigan filers for 2012 were used to grow the estimate of children served from 2008 to 2012. The dollars were grown from FY 2008 to FY 2012 using Michigan Department of Treasury estimates of EITC growth. The estimates were also adjusted for changes in Michigan tax law.

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 3**

## **Fiscal Map**

## Fiscal Map: Investment Detail by Program, Type, Age Range, and Source for FY 2012<sup>1</sup>

The Fiscal Map contains financial data for all programs included in the Early Childhood Program Inventory (Appendix I). Where possible, exact information is provided. If exact figures were not available, investments were estimated. See the methodology in Appendix I for a discussion of how each number was derived.

Program name	Lead agency	Investment ages 0–4	Investment ages 5–8	Total investment ages 0–8	Total federal investment	Total state investment
<b>Community Health Programs</b>						
Childhood Lead Poisoning Prevention Program	DCH	\$975,850	\$0	\$975,850	\$860,950	\$114,900
Children with Serious Emotional Disturbance Home & Community Based Services Waiver	DCH	\$130,579	\$540,969	\$671,548	\$441,811	\$229,737
Children's Special Health Care Services (CSHCS)	DCH	\$9,748,197	\$5,084,814	\$14,833,011	\$8,490,018	\$6,342,993
Children's Waiver Program	DCH	\$48,870	\$390,964	\$439,834	\$289,367	\$150,467
Dental Services: Healthy Kids Dental	DCH	\$18,553,406	\$13,668,502	\$32,221,908	\$22,954,887	\$9,267,021
Dental Services: SEAL! Michigan Program	DCH	\$0	\$701,418	\$701,418 <sup>2</sup>	\$464,862	\$92,244
Early Childhood Comprehensive System Grant	DCH	242,842	0	\$242,842 <sup>3</sup>	200,171	0
Early Hearing Detection and Intervention (EHDI)	DCH	\$878,836	\$0	\$878,836	\$511,682	\$367,154
Family Center for Children and Youth with Special Health Care Needs	DCH	\$95,052	\$81,697	\$176,749	\$46,362	\$130,387
Family Planning: Plan First!	DCH	\$8,333,297	\$0	\$8,333,297	\$7,398,932	\$934,365
Family Planning: Title X	DCH	\$8,385,109	\$0	\$8,385,109	\$8,105,309	\$279,800
Family Support Subsidy (FSS) Program	DCH	\$4,640,997	\$3,988,973	\$8,629,970	\$8,629,970	\$0
Fetal Alcohol Spectrum Disorder (FASD)	DCH	\$79,110	\$79,788	\$158,898	\$158,898	\$0
Fetal-Infant Mortality Review (FIMR)	DCH	\$213,149	\$0	\$213,149	\$213,149	\$0
Hearing Screening	DCH	\$619,104	\$1,271,836	\$1,890,940	\$0	\$1,890,940
Home-Based Services Intervention	DCH	\$3,851,157	\$5,559,447	\$9,410,604	\$6,191,236	\$3,219,368
Home Visiting Initiative - MIECHV	DCH	\$2,266,750	\$0	\$2,266,750	\$2,266,750	\$0
Immunization Program	DCH	\$10,256,704	\$4,482,062	\$14,738,766	\$10,570,384	\$4,168,382
Infant Death Prevention and Bereavement	DCH	\$172,046	\$0	\$172,046	\$172,046	\$0
Local Maternal & Child Health (LMCH) Medicaid Outreach	DCH	\$1,478,860	\$1,072,170	\$2,551,030	\$2,551,030	\$0
Maternal & Child Health (MCH) Medicaid Outreach	DCH	\$2,738,395	\$1,976,116	\$4,714,511 <sup>4</sup>	\$2,357,255	\$0
Maternal Infant Health Program (MIHP)	DCH	\$9,409,911	\$0	\$9,409,911	\$7,057,433	\$2,352,478
Medicaid Health Care	DCH	\$1,203,543,687	\$369,356,928	\$1,572,900,615	\$1,184,913,104	\$387,987,511

<sup>1</sup> When FY 2012 data were not available, the most recently available data were used. See the Appendix I for more detail.

<sup>2</sup> Total investment also includes \$144,312 of private dollars.

<sup>3</sup> Total investment also includes \$42,671 of private dollars.

<sup>4</sup> Total investment also includes \$2,357,256 of local dollars.

Program name	Lead agency	Investment ages 0–4	Investment ages 5–8	Total investment ages 0–8	Total federal investment	Total state investment
<b>Community Health Programs (cont.)</b>						
Michigan Maternal Mortality Surveillance Program	DCH	\$25,635	\$0	\$25,635	\$25,635	\$0
MIChild	DCH	\$9,398,513	\$10,193,809	\$19,592,322	\$14,899,961	\$4,692,361
MI Healthy Baby	DCH	\$664,593	0	\$664,593	\$664,593	0
Newborn Screening Program	DCH	\$10,621,067	\$0	\$10,621,067	\$0	\$10,621,067
Nurse-Family Partnership	DCH	\$3,604,039	\$0	\$3,604,039	\$2,104,039	\$1,500,000
Obesity Prevention in Early Learning and Development Programs Utilizing NAP SACC	DCH	\$30,000	\$0	\$30,000	\$0	\$30,000
Parent Leadership	DCH	\$34,562	\$29,706	\$64,268 <sup>5</sup>	\$60,390	\$0
Pediatric AIDS Prevention and Support	DCH	\$976,471	\$252,536	\$1,229,007	\$1,229,007	\$0
Pregnancy Risk Assessment Monitoring System (PRAMS)	DCH	\$201,935	\$0	\$201,935	\$201,935	\$0
Prenatal Smoking Cessation (PSC)	DCH	\$10,482	\$0	\$10,482	\$2,621	\$7,861
Prevention Direct Services: Child Care Expulsion Prevention (CCEP) Program	DCH	\$55,331	\$0	\$55,331	\$36,402	\$18,929
Prevention Direct Services: Infant Mental Health	DCH	\$497,977	\$0	\$497,977	\$327,619	\$170,358
Prevention Direct Services: Other Models	DCH	\$0	\$392,594	\$392,594	\$258,288	\$134,306
Project LAUNCH	DCH	\$525,202	\$451,415	\$976,617	\$976,617	\$0
Safe Delivery	DCH	\$69,703	\$0	\$69,703	\$69,703	\$0
Safe Sleep	DCH	\$115,764	\$0	\$115,764	\$115,764	\$0
School-Based Services	DCH	\$28,616,208	\$50,908,021	\$79,524,229	\$79,524,229	\$0
Shaping Positive Lifestyles and Attitudes through School Health (SPLASH)	DCH	\$0	\$515,003	\$515,003	\$515,003	\$0
Substance Abuse Treatment: Designated Women's Programs	DCH	\$1,334,819	\$1,147,287	\$2,482,106	\$2,482,106	\$0
Vision Screening	DCH	\$414,953	\$862,957	\$1,277,910	\$0	\$1,277,910
WIC Project FRESH	DCH	\$401,320	\$0	\$401,320 <sup>6</sup>	\$327,826	\$0
Women, Infants, & Children (WIC)	DCH	\$132,455,018	\$0	\$132,455,018	\$132,455,018	\$0
<b>TOTAL Community Health Investment</b>		<b>\$1,476,715,500</b>	<b>\$473,009,012</b>	<b>\$1,949,724,512</b>	<b>\$1,511,122,362</b>	<b>\$435,980,539</b>
<b>Human Services Programs</b>						
Adoption Services Program	DHS	\$15,449,945	\$8,970,072	\$24,420,017	\$8,243,172	\$16,176,845
Adoption Subsidy	DHS	\$24,795,640	\$53,272,765	\$78,068,405	\$48,652,203	\$29,416,202
Child Care Licensing	DHS	\$9,156,298	\$9,084,501	\$18,240,799	\$14,850,279	\$3,390,520

<sup>5</sup> Total investment also includes \$3,878 of private dollars.

<sup>6</sup> Total investment also includes \$73,494 of private dollars.

Program name	Lead agency	Investment ages 0–4	Investment ages 5–8	Total investment ages 0–8	Total federal investment	Total state investment
<b>Human Services Programs (cont.)</b>						
Child Protective Services	DHS	\$41,959,316	\$29,399,252	\$71,358,568	\$47,260,943	\$24,097,625
Children's Trust Fund Direct Service Grants	DHS	\$198,262	\$136,104	\$334,366	\$0	\$334,366
Children's Trust Fund Local Councils	DHS	\$257,257	\$176,605	\$433,862	\$433,862	\$0
Child Support Administration	DHS	\$60,061,465	\$51,623,308	\$111,684,773 <sup>7</sup>	\$95,794,556	\$15,739,518
Families First of Michigan (FFM)	DHS	\$5,937,936	\$4,160,479	\$10,098,415	\$10,098,415	\$0
Family Independence Program (FIP)	DHS	\$126,998,909	\$78,702,168	\$205,701,077	\$76,317,796	\$129,383,281
Family Reunification Program (FRP)	DHS	\$1,315,590	\$921,782	\$2,237,372	\$1,742,935	\$494,437
Food Assistance Program (FAP)	DHS	\$366,841,272	\$281,065,954	\$647,907,226	\$646,626,947	\$1,280,279
Foster Care	DHS	\$117,138,406	\$65,385,991	\$182,524,397 <sup>8</sup>	\$100,809,877	\$73,391,823
Guardianship Assistance Program (GAP)	DHS	\$783,735	\$437,476	\$1,221,211	\$585,731	\$635,480
Refugee Assistance Program (RAP)	DHS	\$1,822,189	\$1,831,892	\$3,654,081	\$3,654,081	\$0
Strong Families/Safe Children	DHS	\$4,985,786	\$3,493,345	\$8,479,131	\$8,479,131	\$0
<b>TOTAL Human Services Investment</b>		<b>\$777,702,006</b>	<b>\$588,661,694</b>	<b>\$1,366,363,700</b>	<b>\$1,063,549,928</b>	<b>\$294,340,376</b>
<b>Early Childhood Investment Corporation (ECIC) Programs</b>						
Great Start Early Learning Advisory Council	ECIC	\$987,923	\$0	\$987,923	\$987,923	\$0
<b>TOTAL ECIC Investment</b>		<b>\$987,923</b>	<b>\$0</b>	<b>\$987,923</b>	<b>\$987,923</b>	<b>\$0</b>
<b>Education Programs</b>						
21st Century Community Learning Centers (21st CCLC)	MDE	\$0	\$12,084,695	\$12,084,695	\$12,084,695	\$0
Afterschool Snack Program	MDE	\$39,901	\$555,652	\$595,553	\$595,553	\$0
Child and Adult Care Food Program (CACFP)	MDE	\$38,064,774	\$20,618,419	\$58,683,193	\$58,683,193	\$0
Child Development and Care (CDC) Program	MDE	\$97,484,330	\$38,993,462	\$136,477,792	\$102,358,344	\$34,119,448
Commodity Supplemental Food Program (CSFP)	MDE	\$1,101,888	\$499,174	\$1,601,062	\$1,601,062	\$0
Early Childhood Block Grant: Great Parents, Great Start	MDE	\$5,000,000	\$0	\$5,000,000	\$0	\$5,000,000
Early Childhood Block Grant: Great Start Collaboratives (GSCs) and Parent Coalitions (GSPCs)	MDE	\$5,900,000	\$0	\$5,900,000	\$0	\$5,900,000
Early Head Start	N/A <sup>9</sup>	42,455,432	\$0	\$42,455,432	42,455,432	0

<sup>7</sup> Total investment also includes \$150,699 of local dollars.

<sup>8</sup> Total investment also includes \$8,322,697 of both local and private dollars.

<sup>9</sup> Early Head Start is not administered by MDE, rather local programs are funded and supported by the US Department of Health and Human Services.

Program name	Lead agency	Investment ages 0–4	Investment ages 5–8	Total investment ages 0–8	Total federal investment	Total state investment
<b>Education Programs (cont.)</b>						
Early On®	MDE	\$11,852,205	\$0	\$11,852,205	\$11,852,205	\$0
Great Start to Quality	MDE	\$12,723,000	\$0	\$12,723,000	\$0	\$12,723,000
Great Start Readiness Program (GSRP)	MDE	\$104,275,000	\$0	\$104,275,000	\$0	\$104,275,000
Head Start	N/A <sup>10</sup>	\$224,199,264	\$0	\$224,199,264	\$224,199,264	\$0
Head Start State Collaboration Office (HSSCO)	MDE	\$281,250	\$0	\$281,250	\$225,000	\$56,250
K–12 Public School System	MDE	\$0	\$3,359,673,543	\$3,359,673,543	\$0	\$3,359,673,543
Migrant Education Program	MDE	\$2,482,306	\$2,312,030	\$4,794,336	\$4,794,336	\$0
National School Lunch Program (NSLP)	MDE	\$6,421,894	\$89,429,861	\$95,851,755	\$88,823,504	\$7,028,251
School Breakfast Program (SBP)	MDE	\$1,951,926	\$27,182,085	\$29,134,011	\$28,003,287	\$1,130,724
Section 31a—At-Risk	MDE	\$2,766,931	\$63,047,845	\$65,814,776	\$0	\$65,814,776
Special Education	MDE	\$78,605,821	\$169,287,967	\$247,893,788	\$67,183,741	\$180,710,047
Summer Food Service Program (SFSP)	MDE	\$164,508	\$2,290,901	\$2,455,409	\$2,455,409	\$0
The Emergency Food Assistance Program (TEFAP)	MDE	\$2,505,532	\$1,926,541	\$4,432,073	\$4,432,073	\$0
Title I, Part A—Improving Basic Programs	MDE	\$7,077,403	\$161,672,184	\$168,749,587	\$168,749,587	\$0
Title II—Improving Teacher and Principal Quality	MDE	\$0	\$28,562,539	\$28,562,539	\$28,562,539	\$0
Title III—Language Instruction for Limited English Proficient Students	MDE	\$56,994	\$3,753,811	\$3,810,805	\$3,810,805	\$0
<b>TOTAL Education Investment</b>		<b>\$645,410,359</b>	<b>\$3,981,890,709</b>	<b>\$4,627,301,068</b>	<b>\$850,870,029</b>	<b>\$3,776,431,039</b>
<b>Tax Credits</b>						
Child Dependent Care Credit	Treasury	\$45,980,311	\$22,990,156	\$68,970,467	\$68,970,467	\$0
Child Tax Credit	Treasury	\$291,734,944	\$229,284,775	\$521,019,719	\$521,019,719	\$0
Earned Income Tax Credit - Federal	Treasury	\$481,968,759	\$349,426,179	\$831,394,938	\$831,394,938	\$0
Earned Income Tax Credit - Michigan	Treasury	\$27,854,809	\$20,194,670	\$48,049,479	\$0	\$48,049,479
<b>TOTAL Tax Credit Investment</b>		<b>\$847,538,823</b>	<b>\$621,895,780</b>	<b>\$1,469,434,603</b>	<b>\$1,421,385,124</b>	<b>\$48,049,479</b>

<sup>10</sup> Head Start is not administered by MDE, rather local programs are funded and supported by the US Department of Health and Human Services.

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 4**

## **Early Childhood Standards Quality (ECSQ) for Infants and Toddlers**



# Early Childhood Standards of Quality

for Infant and Toddler Programs

**Michigan State Board of Education**

*Initially Approved December 12, 2006*

*Revised March 12, 2013*



powered by the **Early Childhood Investment Corporation**  
and Michigan's Great Start Collaboratives

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**The strands, most goals and some text:**

© Crown copyright 1996 New Zealand. Adapted from: Ministry of Education (1996). *Te Whāriki: He Whāriki Mātauranga mō ngā Mokopuna o Aotearoa: Early Childhood Curriculum*. Wellington, New Zealand: Learning Media.

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## Acknowledgments

**The Michigan State Board of Education adopted early learning expectations for children in the preprimary age group of 3-5 years as early as the 1970s.**

After the Michigan State Board of Education approved the latest rendition of these guidelines, *Early Childhood Standards of Quality for Prekindergarten* (ECSQ-PK) in March 2005, early childhood leaders and practitioners in Michigan turned their thoughts immediately to a similar document to address both early learning outcomes and quality program standards for settings serving infants and toddlers. It was clear that the new document would be more difficult to develop since it would be “from scratch,” where the ECSQ-PK document was a revision and compilation of previous work. Starting from the ECSQ-PK framework, an Ad Hoc Committee and a Steering Committee were convened, and work began in the spring of 2005.

Quality in program standards, although calling for much discussion, was not terribly difficult to define. The groups decided early that program standards would need to address family and group family child care settings as well as center-based, classroom programs, since so many infants and toddlers are cared for in family settings. The committee considered child care licensing rules as the basis for a system of quality programming, and built upon, but did not necessarily repeat, those rules in these quality standards. The decision was also made not to include relative and aide, or nanny care, whether it occurred in the child’s own home or the caregiver’s home, unless the home was regulated by child care licensing rules. The ECSQ-PK document provided guidance in many areas and the final document includes topics similar to the topics for preschool children, although the relationship with families permeates the other standards in the infant-toddler document and is not set aside separately as it is for the preschool document.

Defining reasonable outcomes for infants’ and toddlers’ development and learning proved a much more difficult task. The Ad Hoc Committee met and discussed a framework based on five developmental areas set out by the National Educational Goals Panel in the early 1990s: Physical Well-Being and Motor Development, Social and Emotional Development, Approaches Toward Learning, Language Development, and Cognition and General Knowledge. The framework of these five developmental domains was used in the ECSQ-PK document, with additions to make clear the alignment to grade level expectations in kindergarten and the primary grades. Similar documents for infants and toddlers from other states were consulted, and a working draft was developed. The Steering Committee met to review this initial draft, and members were very uncomfortable. The framework resembled a checklist or developmental wheel; the information included was readily

available at any bookstore with a section on parenting or child development. The committee considered what contribution this document could make and what influence it would have on the field. Would it negatively reduce the importance of infant and toddler programs to merely making sure children were meeting the developmental milestones in a timely manner? Worse, might it be used to assess children who are within the wide range of “normal” development and encourage programs to help children reach certain milestones prematurely? Would that help meet the agreed-upon goal of making sure children in the earliest years are “safe, healthy, and eager to succeed in school and in life”? The Steering Committee asked: What contribution could the State Board of Education definitions of reasonable early development and learning outcomes make to the early childhood field? How could the State Board of Education promote the highest practices in settings for infants and toddlers that would help reach the state-wide goal? Clearly, the Steering Committee was searching for an alternate framework that would include goals for children’s development and learning, but in a broader, environmental context. The committee expressly wanted the responsibility for children’s development to fall on the adults in children’s lives, their families and caregivers, and not on the small shoulders of babies and toddlers.

One member of the Steering Committee was familiar with the work that had been done in New Zealand on early childhood curriculum theory and practice, *Te Whāriki*<sup>1</sup>. In te reo Māori, the language of the indigenous people of New Zealand, Te Whāriki literally means a woven mat. In this context, Te Whāriki refers to the interwoven principles and strands that together form the whāriki or framework of the curriculum. In New Zealand, there are many ways in which each early childhood program can weave the particular pattern that makes its program different and distinctive, creating an integrated foundation — a whāriki — for each child’s development and learning.

The Steering Committee was very attracted to the work in New Zealand, but very clear that the principles on which the work was based could not apply directly and wholly in Michigan. New Zealand’s work focuses very much on the cultural context; Michigan is very different culturally from New Zealand. Michigan’s document is a derivation of the New Zealand early childhood curriculum framework and not a direct carry-over. In New Zealand, the socio-cultural basis of the document leads to a move away from a focus on developmental expectations to a more expansive view of learning outcomes for young children. It is this larger view of learning outcomes that the Michigan committee shares with New Zealand, but because of the differing cultural context, it must be emphasized that the work is not the same, and the document that follows reflects Michigan’s children, their families, and those who also care for and educate them. We are very thankful to our colleagues in New Zealand for allowing us to use their framework to spur new thinking and support for the youngest children in Michigan.

---

<sup>1</sup> New Zealand Ministry of Education. (1996). *Te Whāriki: He Whāriki Mātauranga* mō ngā Mokopuna o Aotearoa: Early Childhood Curriculum. Wellington, New Zealand: Learning Media. Available at: [www.minedu.govt.nz/goto/tewhariki](http://www.minedu.govt.nz/goto/tewhariki).

Because the Steering Committee and Ad Hoc Committee were familiar with concepts about alignment, and cognizant of the need to be able to align learning for children over time, many of the ideas in this document for infant and toddler programs are stated in ways that are similar to the statements in ECSQ-PK. However, children's development is not a straight line; one discrete skill or milestone does not lead directly to another in a single chain of developments. For the very youngest, it is difficult to differentiate between developmental domains such as approaches to learning, social and emotional development, language and cognition. For example, a baby first calling her father — and no one else — “dada,” is demonstrating her emotional connection to a familiar adult, her newly-found communicative ability to repeat a sound and attach meaning to it, a cognitive understanding of object constancy, initiative, and so on. If any one of these is missing, the child probably won't develop this particular skill. One action falls in many domains — and that skill will later lead to a number of other skills in a variety of domains. The Steering Committee tried to find an image to describe the connection among the various developmental and learning outcomes. Alignment suggests that the connections are linear. Inspired by *Te Whāriki*, the committee began to talk about weaving and braiding, where strands of development twist together and later unravel in new ways. Perhaps the image is of a tree, where the roots are the strands in this document, and the skills we see later are the branches and leaves. It may not be possible to trace all the connections directly, but the early developments all contribute to the later accomplishments.

In 2011, the Office of Great Start was created by Executive Order<sup>2</sup> to lead the work of the Great Start system to achieve these Prenatal to Age 8 Outcomes:

- Children born healthy;
- Children healthy, thriving, and developmentally on track from birth to third grade;
- Children developmentally ready to succeed in school at the time of school entry; and
- Children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

To achieve these outcomes, a project to update and expand the *Early Childhood Standards of Quality* documents was undertaken.

From 2011 to 2013, Ad Hoc Committees were again convened to update and revise *Early Childhood Standards of Quality for Infant and Toddler Programs* and *Early Childhood Standards of Quality for Prekindergarten*. A third document, *Early Childhood Standards of Quality for Kindergarten through Third Grade* was proposed, and a program standards document for before- and after-school and summer programs for school-age children and youth, *Michigan Out-of-School Time Standards* was revised and accepted by the State Board of Education. Recommendations of activities and an extensive longitudinal alignment were

---

<sup>2</sup> Office of the Governor. (2011). Available at: [http://michigan.gov/documents/snyder/EO-2011-8\\_357030\\_7.pdf](http://michigan.gov/documents/snyder/EO-2011-8_357030_7.pdf)

also completed. When used together, this suite of standards for programs and expectations for young children, in all programs and settings, in school and out of school, provides a framework for the Great Start System.

Listed on the next pages are the members of the original 2005-2006 Ad Hoc Committee and the Steering Committee. Their task continued long beyond the initial timeline, with many more meetings and discussions and revisions than originally planned. Their dedication to the very youngest children in Michigan has led to this remarkable document. Also listed are the members reconvened in 2011-2013 to review and update the document to support the work of the Office of Great Start in achieving the prenatal outcomes to age 8. Their work was thorough and inspiring.

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## Early Childhood Standards of Quality for Infant and Toddler Programs

### INTRODUCTION

**W**hat happens to children in their first three years of life shapes every year thereafter. It is the period of the most rapid growth and development and the period in which having the most responsive caregiving from family members and other caregivers is critical to the development of well-being, trusting relationships, and a growing knowledge about their world. When infants and toddlers are cared for in settings outside their homes, responsive and nurturing caregiving requires deliberate and intensive attention to their physical and emotional needs as well as their inborn desire to make sense of the world about them.

In this document, five strands frame reasonable outcomes for the development and learning of infants and toddlers, as well as high-quality program standards which detail how responsive caregiving can support infants' and toddlers' healthy growth and development. It is an extension of earlier efforts by the Michigan State Board of Education and its partners to define quality programs for three- and four-year-old children and the learning that might be expected of children in that age range. It is part of a chain of documents intended to provide guidance to all those involved in supporting the development and learning of young children across the early childhood years.

**Michigan: An Early Leader in Defining Standards for Quality Programs and Development and Learning Expectations for Preschool Children**

As early as 1972 the Michigan State Board of Education approved “Preprimary Objectives” for children ages 3-5. The first link in the current chain of documents was created in November of 1986 when the State Board of Education approved the document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds*. The purpose of that document was to provide the framework for the design and implementation of a high-quality preschool program targeted to four-year olds at risk of school failure.

Recognizing the value and need for quality early childhood education programs for children four through eight years old, the Michigan State Board of Education appointed another committee to develop *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, and adopted those standards in December of 1992. Although used broadly and because of the wide age/grade range covered, many of the standards were most applicable to public school districts. At about the same time, the education of children with disabilities was addressed through the development of procedural safeguards and other rules for Early Childhood Special Education [formerly Pre-Primary Impaired (PPI)] classrooms.

In August 2002, the Michigan State Board of Education adopted the report of its Task Force on Ensuring Early Childhood Literacy. The report directed the Department of Education to develop a single document, including both expectations for young children’s development and learning and quality standards for the operation of programs that would enable them to reach those expectations.

Federal requirements for early childhood opportunities for states also supported the need for a revision of the current documents. It had become apparent that a document that focused specifically on children ages three and four and the programs that serve them would help to address issues of varying and sometimes conflicting program standards. These conflicts had made inclusion of targeted groups of children in some programs difficult. In response to these many requests and systemic needs, the Department of Education convened an interagency group in 2004 to lead the development of a revised document to apply to settings serving three- and four-year-old children, *Early Childhood Standards of Quality for Prekindergarten*. The State Board of Education accepted that document in March 2005.

Immediately following the acceptance of the prekindergarten document, the State Board of Education convened another interagency group to lead the development of an entirely new document to apply to programs and settings for children from birth to age three. The product of that work is this document, *Early Childhood Standards of Quality for Infant and Toddler Programs*. This document includes both a framework for discussing children’s development and learning and the quality standards for environments that will enable infants and toddlers to progress in their development and learning.

### **Building a System of Education and Care for All Young Children**

In January 2003 and paralleling the work on the new Prekindergarten and Infant and Toddler documents, Michigan embarked on a policy journey to develop a comprehensive early childhood system, with the vision of *A Great Start for every child in Michigan: safe, healthy, and eager to succeed in school and in life*. The Great Start effort begins with the philosophic underpinning that every child in Michigan is entitled to early childhood experiences and settings that will prepare him/her for success. As this systems work unfolded, it became clear that expectations for young children's learning and the program standards, which define a high-quality program above and beyond child care licensing rules, were a critical foundation for the newly envisioned system.

In 2006, the Governor signed into law new vigorous academic requirements for high school graduation. Policymakers from the State Board of Education and the Legislature agreed that Michigan's future is dependent on a highly educated workforce, and that the early development and learning for all Michigan's children would hold the key to their success in school and beyond. Children who enter school with inadequate preparation have a difficult time catching up; children who are behind at kindergarten entry are unlikely to be prepared for the rigorous high school curriculum.

Building on these efforts in 2011 the Governor issued an Executive Order creating the Office of Great Start, with broad outcomes for children through grade three.

The system of early childhood education and care standards is thus critical for the success of Michigan's children. The system of standards includes standards for infants and toddlers, preschoolers, and primary grade children and contain both frameworks for early development and learning and program quality standards for classroom-based programs and family and group home child care programs and out-of-school time programs. Standards for early childhood professional development are part of the system.

This set of high-quality standards sets the stage for the development of a comprehensive and coordinated system of services. At the same time, individual programs and funding agencies will further define specific methods to put into practice the standards included in *Early Childhood Standards of Quality for Infant and Toddler Programs* and *Early Childhood Standards of Quality for Prekindergarten* through accompanying operating procedures and implementation manuals. Minimum legal standards (Licensing) for the operation of classroom early childhood education and care settings and family and group child care homes will continue to be the basis for this system.

Michigan also operates a quality rating and improvement system, Great Start to Quality, which allows for a staircase of increasing quality and supports for programs to reach the high quality described in the program standards in *Early*

*Childhood Standards of Quality for Infant and Toddler Programs.* The standards and the accompanying indicators in the *Early Childhood Standards of Quality* are meant to define settings of the highest quality. The body of research on early childhood practice makes it abundantly clear that settings of high quality are necessary to achieve positive outcomes for children.

### **Using Early Childhood Standards of Quality for Infant and Toddler Programs**

The two major sections of this document, “Early Development and Learning Strands for Infants and Toddlers” and “Quality Program Standards for Infant and Toddler Programs,” can be used both independently and together, but make the most sense when they are consulted as a package. The early development and learning strands are first in this document so that the focus is where it needs to be, on the children, with anticipated outcomes identified. The statements of the knowledge, skills, and attitudes delineated in the goals in each of the early learning strands that infants and toddlers will begin to develop are followed by examples of experiences and caregiver strategies that will help very young children develop and learn in that area. The program standards define characteristics of early childhood settings that are associated with these results for the youngest children. When programs display the high-quality standards and caregivers provide the kinds of experiences and utilize the strategies in the document, the children are more likely to begin to reach the goals we set for their development and learning.

The Glossary at the end of the document is not exhaustive, but does provide guidance in understanding the particular terms used in the document. Please be sure to consult the Glossary to clarify terms that may be used in highly specific ways to indicate inclusion of children with special needs and circumstances in their lives.

The bibliography (References and Resources) at the very end of the document is not exhaustive, but is meant to provide guidance for those who desire additional information about particular topics. The Advisory Committee included sources for the work as well as more general and seminal work on early childhood standards and program quality.

When *Early Childhood Standards of Quality for Infant and Toddler Programs* is implemented and utilized as a complete document, the State Board of Education believes that Michigan will improve its early childhood programs and settings enabling them to reach even higher quality, that our children will reach the goals we have set for them, and that we will achieve our vision of a Great Start for them all.

## Alignment with Related Documents

Michigan's *Early Childhood Standards of Quality for Infant and Toddler Programs* (ECSQ-IT) is intended to help early childhood programs provide high-quality settings and to respond to the diversity of children and families. The ECSQ-IT builds on the minimum regulations detailed in the Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes and incorporates the essential elements of the program and child outcome standards required for various other early childhood programs. In addition, they are aligned with the *Early Childhood Standards of Quality for Prekindergarten* (ECSQ-PK).

### Alignment with Related Program Standards

Licensing Rules for Child Care Centers – Since the ECSQ-IT makes the presumption that infant/toddler programs in centers are already in compliance with the Licensing Rules for Child Care Centers, these minimum regulations have not been duplicated in the ECSQ-IT. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Licensing Rules for Family and Group Child Care Homes – Since the ECSQ-IT makes the presumption that infant/toddler programs in homes are already in compliance with the Licensing Rules for Family and Group Child Care Homes, these minimum regulations have not been duplicated in the ECSQ-IT. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Head Start Performance Standards [45 CFR 1301-1311] – Head Start is a comprehensive child and family development program. The Performance Standards detail requirements for all aspects of program operation, many of which extend beyond the range of services covered by the ECSQ-IT. Many portions of the HSPS are substantially the same as the standards in ECSQ-IT.

## Alignment with Related Early Learning Expectations and Strands of Development and Learning

Defining early learning goals for very young children is a relatively recent development in the early childhood education and care field, particularly for infants and toddlers. Care must be taken to connect standards at different levels of development in a manner that respects the capacities of children at various ages and avoids setting out expectations that are unreasonable for a particular age or that suggest to program leaders that recognized best practices can be set aside in the name of higher achievement. It is recommended that users of this

document familiarize themselves with the learning expectations for older children so that they can guard against inappropriate uses with younger children. The “Early Development and Learning Strands for Infants and Toddlers” detailed in this document align with the following documents which define expectations for children in the three- and four-year-old age range:

*Early Childhood Standards of Quality for Prekindergarten: Early Learning Expectations for Three- and Four-Year-Old Children* – This is the document described in the introduction that was developed to replace the child outcome portion of *Early Childhood Standards of Quality for Prekindergarten through Second Grade* (1992). Programs receiving funding through the Michigan Department of Education are required to plan their curricula using the learning outcomes described in this document. Its use is voluntary in other programs.

Head Start Child Development and Early Learning Framework– This framework is used by Head Start programs serving three-to-five-year-old children to shape curriculum and to guide the creation of child assessments.

#### **Alignment with Related Documents**

Vision and Principles of Universal Education, 2005 – This Michigan State Board of Education document outlines the belief that each person deserves and needs a concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood.



## Early Development and Learning Strands for Infants and Toddlers

### INTRODUCTION

“The best job in the world” is how many infant and toddler caregivers describe their work. They know that what they do on a daily basis makes a difference now and will do so throughout the lives of the infants and toddlers in their care. How caregivers soothe, feed, diaper, and bathe infants and encourage toddlers to try new things may seem mundane, but the responsive, thoughtful, and intentional way caregivers interact with infants and toddlers while carrying out these seemingly simple routines forms the basis of their emotional health and relationship development and shapes their approaches to learning throughout their lives. Infants and toddlers whose families and other caregivers focus on building trust and healthy relationships set the stage for a lifetime of responsible living and learning.

The years between 2006 when this document was initially developed and the present have seen remarkable advances in our knowledge about and understanding of the prenatal period and the first years for babies and toddlers. How their health and development is supported shapes all that comes later. Happily, families and caregivers now have ready access to a wealth of credible and trustworthy information through the Internet. A sampling of these sources will be included with each section of the development and learning goals in this 2013 revision.

The early development and learning goals in this document are organized around five strands (Well-Being, Belonging, Exploration, Communication, and Contribution\*). This organizational scheme was selected deliberately so that program planners, leaders, and caregivers will have a positive framework in which to view potential developmental and learning outcomes for children who receive care and early learning opportunities in high-quality settings.

The Strands are deliberately presented in a format that avoids the creation of a checklist of developmental milestones. Such checklists are readily available in textbooks on child development and in materials designed to alert parents and caregivers to potential concerns with a child's developmental trajectory. Instead, the descriptions of developing knowledge, skills, and attitudes in this document are intended to define what young children from birth to three might reasonably be learning and doing, and what adults should be helping them to learn and do, in high-quality programs and settings. How these early learning strands are stated is intended to protect infants and toddlers from either an underestimation of their potential or from the pressure of expectations more appropriate for older preschoolers. The emphasis in this document is placed on significant physical, social-emotional, and cognitive paths appropriate for infants and toddlers.

As important as it is that infants and toddlers develop in these domains and accomplish the milestones, it is also important to pay attention to the "mood" of the accomplishment and its meaning in the child's life. The early learning strands and the goals within them are as much about developing "will" as developing "skill." Children who reach the developmental milestones and learn and develop in atmospheres and setting where:

- their well-being is emphasized;
- it is clear that they belong;
- they are celebrated when they explore and communicate; and,
- they understand that they will be able to make a contribution, will become successful as students and act as responsible participants in later schooling and in life beyond school as family members and citizens.

This section of *Early Childhood Standards of Quality for Infant and Toddler Programs* is meant to apply to **all** children in the birth to three age range in Michigan irrespective of gender, ability, age, ethnicity, home language or background. It recognizes that young children's growth, development, and learning are highly idiosyncratic and never more so than during these first years of life. Young children learn at different rates across the various strands of their development and not all children master skills and content within an area in the same order, although there are patterns to their development. All areas of child development are important to the success of early learners; the development and learning within and across the Strands are interrelated. The Strands are an organizational framework intended to provide caregivers and families with a way to think about and discuss each child's unique developmental and learning pathway.

The sections that follow are organized with a brief introduction to each Strand, followed by related goals. The lists of knowledge, skills and attitudes that follow the goals are not meant to be exhaustive because each infant and toddler will demonstrate progress in many ways. Each goal is then followed by Examples of Experiences and Strategies. The Questions for Reflection are intended to help program leaders and caregivers direct their efforts to strengthen their programs by suggesting questions that focus on practices related to development and learning in that particular area. In every case, it must be emphasized that infants and toddlers do not complete their development or learning in any area, but rather are set on a course for achieving skills, acquiring knowledge, and developing positive attitudes. They are beginners in their development and learning, and adults in their lives support them as they move forward on paths toward future accomplishments.

The most important effect of using the Strands to guide practice will be that caregivers become more responsive, intentional and informed in their everyday work with babies and toddlers. There can be no better outcome.

\*The developers of this document offer special thanks to colleagues in the Ministry of Education of New Zealand who graciously agreed to permit Michigan to use their early childhood curriculum document, Te Whāriki, as the basis for this section of Early Childhood Standards of Quality for Infant and Toddler Programs. Please see the Acknowledgements for more information about Te Whāriki.

**STRAND A: WELL-BEING****STRAND A****Well-being**

The health and well-being of each infant and toddler is protected and nurtured.

**Goals: Infants and toddlers experience environments where:**

1. their physical health is promoted;
2. their social and emotional well-being is nurtured; and
3. they are kept safe from harm.

All children have a right to quality, preventive, and ongoing health care; to protection from harm and anxiety; and to early education and care settings that provide harmony, consistency, affection, reasonable boundaries, warmth, and sensitivity. Infants and toddlers routinely experience transitions from their homes and the security of their families to other early education and care settings. They need as much consistency and continuity of experience as possible in order to develop trust and the confidence to explore and to establish a secure foundation of remembered and anticipated people, places, things, and experiences. Child care licensing standards are designed to prevent negative health and safety outcomes for young children. This strand is designed to describe the development and learning of infants and toddlers when their health and well-being are positively impacted by a nurturing and protective environment.

**Goal 1: Infants and toddlers experience environments where their physical health is promoted.****Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

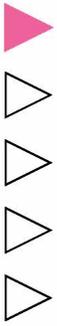
- a. Increasing awareness, understanding, and appreciation of their bodies and how they function.

**STRAND A: WELL-BEING**

- b. Increased coordination (e.g., eye-hand movements)
- c. Emerging self-help and self-care skills for eating, drinking, toileting, resting, sleeping, washing, and dressing.
- d. Positive attitudes towards eating, sleeping, toileting, and active movement.

**Examples of Experiences and Strategies:**

- Caregivers observe and respond promptly to signals of distress, hunger, and tiredness.
- Caregivers are guided by each infant's individual rhythms, leading toward some regularity in feeding and sleeping.
- Caregivers use the American Academy of Pediatrics (AAP)/USDA standards to plan and provide appropriate food and sleep environments for infants and toddlers.
- Familiar, relaxed, and individualized routines for feeding, toileting, diaper changing, and dental care are established with parents and carried out by familiar caregivers.
- Primary caregivers provide routine care whenever possible.
- Caregivers use feeding time as a way to connect with infants.
- Caregivers provide opportunities for physical development to occur through movement and exercise.
- Caregivers respond with attention and respect to infants' and toddlers' attempts to communicate their feelings of well-being or discomfort.
- Daily routines are flexible, individualized, calm, and positive.
- There is a supportive approach to toilet learning, using unhurried and familiar routines that do not cause shame or embarrassment.
- Plenty of time is given for children to practice their developing self-help and self-care skills when eating, drinking, toileting, resting, washing, tooth brushing, and dressing based on each child's developmental level.
- If a mother wishes to breastfeed exclusively, the program makes every effort to provide breast milk to the child and supplement only when breast milk is not available.
- Family-style meal service (use of serving platters, bowls, and pitchers on the table so all present can serve themselves) is encouraged, except for infants and very young children whose special needs require an adult to feed them.
- Adults model good nutritional and eating habits, including sitting at the table during meals and eating the same food served to toddlers.
- Toddlers are offered a widening range of familiar and unfamiliar foods that are culturally sensitive and diverse.

**STRAND A: WELL-BEING**

- Toddlers are offered a widening range of familiar and unfamiliar foods that are culturally sensitive and diverse.
- Comfortable safe spaces and opportunities for rest and sleep are provided with some flexibility about routines.

**Questions for Reflection**

1. Does the daily routine include outdoor time for both infants and toddlers? How is outdoor time planned and organized to strengthen infants' and toddlers' curiosity?
2. In what ways are self-help skills in washing and eating encouraged? How effective are these approaches?
3. What procedures are employed to ensure that meals and snacks are nutrient-rich?
4. In what ways are individual nutrition needs or preferences addressed, and how are children given opportunities to help themselves?
5. In what ways do parents and caregivers collaborate over children's well-being (e.g., toilet learning), and is this collaboration continuously re-evaluated so that it has effective outcomes for children?
6. How does staff find age appropriate ways to talk about health, nutrition, and dental care with children and with families?
7. In what ways are dental health practices supported?
8. Are there adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health procedures using instructions from parents and health care providers?

**Goal 2: Infants and toddlers experience environments where their social and emotional well-being is nurtured.**
**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

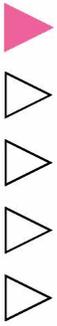
- a. Emerging skill in self-regulation.
- b. An increasing capacity to pay attention, focus, concentrate, and be involved.
- c. A growing capacity to tolerate and enjoy a moderate degree of change, surprises, uncertainty, and potentially puzzling events.
- d. A sense of personal worth and the worth of others, and reassurance that personal worth does not depend on today's behavior or ability.
- e. An increasing ability to identify their own emotional responses and those of others.

**STRAND A: WELL-BEING**

- f. Confidence and ability to express emotional needs without fear.
- g. Trust that their social-emotional needs will be responded to.
- h. A trusting relationship with nurturing and responsive caregivers.
- i. The ability to respond and engage in reciprocal interactions.
- j. Emerging capacities for caring and cooperation.

**Examples of Experiences and Strategies:**

- Infants are handled in a gentle, confident, and respectful way.
- Infants experience continuity of care.
- Unhurried time and opportunity are provided for the infant and familiar caregivers to build a trusting and caring relationship together.
- There is help and encouragement for infants to feel increasingly competent.
- Infants should have supervised, interactive tummy time every day when they are awake, increasing the amount of time as the infant shows enjoyment of the activity.
- Infants have opportunities to see and react to their reflections in mirrors.
- There are one-to-one interactions that are intimate and sociable.
- The environment is predictable, dependable, and has reasonable adaptations to the physical setting or program to accommodate children with special needs.
- There are opportunities for toddlers to be independent and make choices knowing that comfort, emotional security, and familiar caregivers are available.
- Toddlers who are trying to do things for themselves or for other children are encouraged and supported.
- Caregivers accept and support expression and resolution of a wide range of feelings and emotions from toddlers.
- Toddlers are helped to resolve conflicts and move on to new challenges.
- The environment is stimulating and caregivers acknowledge that the “comfort threshold” is different for each toddler.
- Caregivers help toddlers understand and accept necessary limits without anxiety or fear.
- Caregivers recognize that at times an individual toddler needs to be the center of attention.

**STRAND A: WELL-BEING****Questions for Reflection**

1. In what ways are infants and toddlers encouraged to develop a sense of trust, caring, and cooperation?
2. What do caregivers do to foster reciprocal relationships between staff and children, with other children, staff and families, and with other programs?
3. How are staffing schedules organized to ensure that each infant and toddler has primary caregivers and other familiar people to relate to during the day? What happens to support the child when one of the primary caregivers is absent?
4. How is individuality recognized and promoted?
5. What do the caregivers do to make children feel important?
6. How are children made to feel comfortable in expressing their thoughts and feelings?
7. How do caregivers recognize when children are upset, anxious or withdrawn? Can they respond appropriately?

**Goal 3: Infants and toddlers experience environments where they are kept safe from harm.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Increasing awareness of what can harm them.
- b. Increasing confidence that they can participate and take risks without fear of harm.
- c. Comfort in expressing their fears openly with trust that their fears will be taken seriously.
- d. Ability to respond to caregiver instructions related to safety.

**Examples of Experiences and Strategies:**

- Infants are closely supervised at all times.
- Quick attention is given to any changes in an infant's temperature, health, and/or usual behavior.
- Vigilant caregiver supervision protects infants from potential hazards in the environment (e.g., from insects, litter on the ground, over-exposure to sun).
- Infants are protected from rough handling or accidents with older children.
- Caregivers have support from other staff who can step in to comfort chronically crying infants.

**STRAND A: WELL-BEING**

- The environment is challenging but safe for all infants and toddlers.
- Playthings and surfaces are kept clean and maintained throughout the day, and attention is paid to avoiding cross-infection.
- Caregivers are alert to possible hazards and vigilant over what is accessible, can be swallowed, or can be climbed on; toddlers are encouraged to recognize genuine hazards.
- Toddlers are encouraged to communicate their needs and wants, using positive communication skills, such as emergent language, picture cards, and pointing, sign language, and without the use of such behaviors as biting or hitting.
- Toddlers are promptly supported, but not overprotected, when an accident occurs.
- Caregivers raise toddlers' awareness about what is safe and what is harmful and the probable consequences of certain actions.
- Toddlers have opportunities to develop self-care skills and to protect themselves from harm within secure and safe limits and at their own level.

**Questions for Reflection**

1. What are the procedures for ensuring that the environment is safe, clean, and well maintained, taking into account the specific developmental challenges of children with special needs?
2. What kinds of emergency drills are there; how often are they reviewed; and how suitable are they especially for those children who are non-ambulatory?
3. How are children helped to understand and avoid hazards, and how effective are these approaches?
4. In what ways does the program provide opportunity for positive discussion of rules and safety?
5. In what ways does the program minimize the possibility of child abuse occurring in the center or home, and what procedures are in place to deal with issues of neglect or abuse?
6. Are caregivers and parents knowledgeable of practices, policies, and procedures to ensure a safe and healthy environment?



**STRAND B: BELONGING****STRAND B****Belonging**

Infants and toddlers feel a sense of belonging.

**Goals: Infants and toddlers experience environments where:**

1. they know that they belong and are valued;
2. they are comfortable with the routines, schedules, and activities;
3. they increasingly understand the nature and boundaries of acceptable behavior; and
4. positive connections among families, the program, and the children are affirmed.

A high-quality infant and toddler early education and care setting should be like a caring family setting: a secure and safe place where each child is entitled to and receives respect and the best care. In the widest sense, the feeling of belonging contributes to inner well-being, security, and identity and is rooted in a secure and long-lasting relationship with a primary caregiver. Infants and toddlers need to know that they are accepted for who they are. They should know that what they do can make a difference and that they can explore and try out new activities while feeling safe and supported. The education and care setting as experienced by the children has meaning and purpose, just as activities and events at home do.

The families of all children should feel that they are welcomed members of the early education and care setting, and that they can participate in the program. They can genuinely participate in decision making related to their children and, as appropriate, to the operation of the program.

**STRAND B: BELONGING****Goal 1: Infants and toddlers experience environments where they know they belong and have a place.****Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An attachment to their primary caregivers and primary care group.
- b. A feeling of being valued as an important individual who belongs within the group setting.
- c. An increasing ability to play an active part in the day to day activities of the program.
- d. Skills in caring for the environment (e.g., cleaning up, wiping the table, flushing the toilet, helping others).
- e. Confidence in and an ability to express their ideas.
- f. A comfort level in taking on different roles in their environment (e.g., helping others, turning off the water, holding the door).

**Examples of Experiences and Strategies:**

- Each infant and toddler has a primary caregiver whose temperament fits well with the temperament of the infant.
- A primary caregiver has major responsibility for each infant's care, so that infants can anticipate who will welcome and care for them.
- Caregivers respond promptly when infants communicate their needs in order to foster infants' feelings of competence.
- Each infant has a familiar sleeping space and eating area.
- Infants' favorite comfort items are available to them throughout the day.
- The program is sufficiently flexible to routinely meet infants' needs and preferences for a particular person or way of doing something.
- Caregivers talk to infants and narrate their experiences.
- Caregivers affirm toddlers' growing recognition of things that belong to themselves or others, such as shoes, clothing, comfort items, and/or toys.
- The program provides opportunities for conversations with toddlers that affirm their identity and self-knowledge.
- The program enables toddlers to take part in small group activities (e.g., at the water table or the art table).
- Caregivers recognize and respect toddlers' passionate attachment to particular people and things.
- Caregivers affirm toddlers' efforts to move physically away from primary caregivers while reassuring the children of their presence.
- Caregivers listen to toddlers' ideas, preferences and dislikes.

**STRAND B: BELONGING**

- Caregivers allow toddlers to select from among activities and experiences offered in the program.
- Adults model what children can do during outdoor active play time. Toddlers are able to express spontaneous affection to one or more of the people with whom they spend a lot of time.
- Toddlers have opportunities to help to arrange and put things away.
- Each infant and toddler has a place for personal possessions and creations.
- Infants and toddlers are encouraged to take opportunities for cleaning up and caring for the indoor and outdoor environment and the people in it.

**Questions for Reflection**

1. How does the program ensure that all infants and toddlers are receiving supportive, responsive care, attention, and affection from primary caregivers, and that they will always find familiar caregivers who know and understand them? How well are these goals achieved?
2. How does the program match the temperaments and personality styles of caregivers and infants and toddlers to one another?
3. How do the program (e.g., its policies and procedures) and staff support and foster infants' and toddlers' attachment to particular people and objects of comfort?
4. How is knowledge about infants and toddlers collected and shared among caregivers and families and does this provide sufficient information for those who need it?
5. What are the procedures for individual welcomes and farewells for all children and for helping new infants and toddlers settle in?
6. What arrangements are made for personal space and personal belongings? Are these suitable for the infants and toddlers, the caregivers, and the setting?
7. What aspects of the environment help infants and toddlers and families feel that this is a place where they belong?

**Goal 2: Infants and toddlers experience environments where they are comfortable with routines, schedules, and activities.**
**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An understanding of the routines, family customs, and regular events of the program.

**STRAND B: BELONGING**

- b. An understanding that these routines, customs, and regular events can differ from their homes and from other settings. 
- c. An understanding that they and others can be a part of the group 
- d. Capacities to predict routines and regular events that make up the day or the session. 
- e. A growing ability to cope with change. 
- f. Enjoyment of and interest in a moderate degree of change. 
- g. Increasing mastery of self-help skills to assist with daily personal routines.
- h. An increasing sense of independence and competence during daily routines and activities.

**Examples of Experiences and Strategies:**

- The pace and time of routines is guided, as much as possible, by each infant's needs.
- A regular but flexible schedule is established that allows for participation throughout the day (e.g., going for a walk, going outside).
- Adults demonstrate enjoyment of physical activity, encourage children to explore the world around them, support child-initiated activity, plan thoughtful structured activity and play with children, helping to lay a strong foundation for lifelong health.
- The program includes familiar rhymes, songs, and chants.
- There are predictable routines with reassuring emphasis on the familiar, with new elements introduced gradually and thoughtfully into the program.
- Caregivers are comfortable with reading the same story again and again.
- Toddlers' favorite games and happenings are identified and included in the program.
- Toddlers are able to maintain their own routines and ways of doing things (e.g., wearing a favorite hat, sleeping with a favorite blanket).
- Rules are kept to a minimum through the establishment of comfortable, well-understood routines.
- The program allows unhurried time for the repetition and practice of toddlers' developing skills and interests.
- Caregivers accept toddlers' unique ways of doing things as being part of their developing sense of self.
- Caregivers take time to listen and talk with children about upcoming events (e.g., visitors, fire drills) that are out of the ordinary, so that they can anticipate and be comfortable with them.

**STRAND B: BELONGING****Questions for Reflection**

1. How is staffing arranged to ensure that individual children's needs are met by primary caregivers during routines? How can this be improved?
2. How are routines consistent yet flexible enough to meet the needs of individual children?
3. In what ways are routines used as positive and interactive learning experiences? Are there other ways this can be done?
4. In what situations can children be offered choices? When is this not feasible or appropriate?
5. If staff members experience stress, how are they supported, and how are the effects minimized?
6. How do caregivers find out and use favorite stories, songs, and rhymes to promote infants' and toddlers' security within the environment?
7. What kinds of regular events and customs of significance to the families are incorporated into the routines? How?

**Goal 3: Infants and toddlers experience environments where they increasingly understand the nature and boundaries of acceptable behavior.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An increasing capacity to successfully communicate their feelings, needs, and wants.
- b. A recognition that the setting has reasonable boundaries and expectations for behavior.
- c. The beginning of an understanding of the reasons for boundaries and expectations.
- d. Expectations that the setting is predictable, fair, and consistently caring.
- e. An increasing awareness of the impact and consequences of their actions
- f. An increasing ability to self-regulate their behavior.
- g. The ability to express disagreement with peers and caregivers in developmentally appropriate ways.

**Examples of Experiences and Strategies:**

- Infants' behaviors are accepted without judgment and the program has sufficient flexibility to accommodate natural variations in moods and behavior.

**STRAND B: BELONGING**

- Caregivers gently soothe infants while they are attending to another child.
- Unhurried primary caregivers and other familiar caregivers are always nearby.
- Infant needs are responded to gently and promptly to minimize causes of distress or disengagement.
- Caregivers help toddlers begin to express and regulate their feelings as appropriate to each toddler's development.
- Caregivers offer only genuine choices to toddlers and respect their decisions.
- Possible causes of frustration and conflict for toddlers are minimized (e.g., avoidance or elimination of large group activities, waiting periods, abrupt transitions, a crowded environment).
- Toddlers are given support in dealing with conflict and frustrations.
- Toddlers' intensity of feelings is understood, accepted, and guided and the resulting behaviors are seen as a normal and important part of their development.
- Desired and reasonable expectations and limits are set and applied in a consistent and equitable manner.

**STRAND B: BELONGING****Questions for Reflection**

1. In what ways are the children shielded from the effects of stress on staff? Are there other, more effective ways of approaching an issue?
2. What kinds of support systems are available for parents to enable them to promote positive behaviors and guide their infants and toddlers effectively? How well do these support systems work?
3. How are parents involved in the child guidance policies of the program? Are the strategies used agreeable and apparent to all parents?
4. How does the program help caregivers and parents understand when child behaviors are developmentally appropriate and when the behaviors may reflect risk? Do caregivers receive continuous professional support in understanding and addressing child guidance issues?
5. Do caregivers look at how the environment and caregiver practices influence behaviors that raise concern (e.g., biting, hitting, prolonged crying)? Are there elements that can be changed to foster positive behavior for infants and toddlers?
6. When necessary, does the program have a way of making referrals to outside resources for prevention and intervention? How does the program support staff and parents to allow for successful continuity of care rather than putting an infant or toddler at risk of expulsion from the program?
7. How does the program support all infants and toddlers, including the child whose behavior is viewed as challenging to the caregiver? How are caregivers working to teach and support infants and toddlers in developing the skills they need to be successful?
8. How is parental knowledge about problems that may be occurring respected and incorporated into exploration of how to resolve the problem? When sharing difficult issues, is staff sensitive and objective?
9. How are disagreements about infant and toddler guidance issues resolved, and how empowering and equitable are the processes for infants and toddlers and parents?
10. Does the program examine rules with respect to their necessity and flexibility and whether they are negotiable? How well do the rules achieve their intended function? Are all rules developmentally appropriate for infants and toddlers?
11. Do caregivers call for assistance and relief if the behavior of an individual infant or toddler or group of infants or toddlers causes stress? What processes are in place to support caregivers when this happens?

**STRAND B: BELONGING**

**Goal 4: Infants and toddlers experience environments where positive connections among their families, the program, and the children are affirmed.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An understanding of the links between the early childhood education and care setting and their homes through people, images, objects, languages, sounds, smells, and tastes.
- b. Interest and pleasure in discovering new environments where the people, images, objects, languages, sounds, smells, and tastes are sometimes different from those at home.
- c. The ability to interact with an increasing number of significant people in their lives, beyond their families and primary caregivers.

**Examples of Experiences and Strategies:**

- Breastfeeding is supported by providing mothers with opportunities to breastfeed while their children are in care.
- Language, songs, key words, and routines that infants are familiar with at home are used in the program setting.
- Infants under two years of age should not be exposed to screen time to ensure that each child is encouraged to take advantage of active play, engagement with other children, and interactions with adults.
- Toddlers two and older should only be exposed to limited, intentional and developmentally appropriate interactive technology and media to ensure that each child is encouraged to take advantage of active play, engagement with other children, and interactions with adults.
- Caregivers talk to and with infants and toddlers about family members.
- Opportunities are arranged for families to meet each other and the infants and toddlers in the program setting (e.g., breakfast, a shared lunch, a picnic).
- The program includes short walks to see other people and other places; toddlers have regular small outings around the neighborhood.
- Programs display pictures of infants' and toddlers' families.
- Conversations with caregivers about home, family members, and happenings are a natural part of the program.
- Special playthings and comfort items from home are respected, accepted, and made accessible to infants and toddlers.
- Toddlers are encouraged to show parents things they have done, made, or found and talk about them.

**STRAND B: BELONGING**

- The program provides toddlers with widening experiences of the world through a range of playthings, books, pictures, and happenings.

**Questions for Reflection**

1. How is daily information about infants and toddlers shared among caregivers and between parents and caregivers? How well does this meet the needs of all (e.g., children, families, caregivers)?
2. In what ways do the environment and program activities reflect the values, homes, and cultures of the families? What impact does this have on staff and infants and toddlers?
3. What kinds of opportunities do the infants and toddlers have to explore the neighborhood and their culture?
4. In what ways are staff and parents able and encouraged to be resources for each other?
5. What procedures are used to communicate with parents about persistent problems (e.g., biting, not wanting to eat)? How effectively do these procedures contribute to resolving the problem in ways that are beneficial for the infant or toddler and comfortable for the family?

## STRAND C

## Exploration

Infants and toddlers learn through active exploration of the environment.



### Goals: Infants and toddlers experience environments where:

1. the importance of spontaneous play is recognized and play is valued as meaningful learning;
2. they gain confidence in and greater control of their bodies;
3. they learn strategies for active exploration, thinking, and reasoning;
4. they develop a growing sense of social relationships, the natural environment, and the physical world; and
5. their interests and initiative provide direction for learning opportunities and for the practice and mastery of developing skills.

Infants and toddlers learn through active exploration that is guided and supported by caregivers and other children. Young children encounter every aspect of their environment and routine daily interaction as a context for learning. Observant caregivers engage infants and toddlers in experiences that offer challenges and that present opportunities for development and learning. The wider world of family and community is an integral part of any early childhood education and care program.

Children learn through play – by doing, through questions, by interacting with others, by manipulating familiar and novel materials, by practice and repetition, by setting up theories or ideas about how things work and trying them out, and by the purposeful and respectful use of resources. They also learn by making links with their previous experiences. This strand incorporates some of the strategies that enable infants and toddlers to explore, learn from, and make sense of the world.

**STRAND C: EXPLORATION**

**Goal 1:** Infants and toddlers experience environments where the importance of spontaneous play is recognized and play is valued as meaningful learning.

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Strategies for exploring and satisfying their curiosity.
- b. Symbolic, pretend, and dramatic play.
- c. Creativity and spontaneity in their play.
- d. The ability to make decisions and choose their own materials.
- e. An emerging understanding that not knowing and being uncertain are part of learning.
- f. Emerging expressions of intentionality in their play and relationships.

**Examples of Experiences and Strategies:**

- Interesting and challenging playthings are easily within reach of infants and available to toddlers so that they can try out new things and explore the further possibilities of familiar objects.
- Infants have freedom to move and to practice and extend skills.
- Everything in the immediate environment is regarded as a learning resource.
- Caregivers are aware of the potential for all interactions and experiences to result in learning (e.g., using feeding time to hold infants; engage in conversation during toddler meal times).
- Intermittent doses of activity are beneficial for infants and toddlers throughout the day (e.g., infants can bounce to music and roll during tummy time, toddlers can climb outside or run a simple obstacle course).
- Meaningful and, where possible, authentic contexts are provided for toddlers' play and work (e.g., brooms are used to sweep, water is used for cleaning walls, bowls are used for serving and mixing).

**Questions for Reflection**

1. What roles do caregivers have when children are playing and how do these roles promote children's curiosity, creativity, and exploration?
2. Are infants offered supervised, interactive tummy time every day when they are awake, increasing the amount of time as the infant shows enjoyment of the activity.
3. How do caregivers react when children make 'mistakes'? How does this support learning?

**STRAND C: EXPLORATION**

4. In what ways are meaningful opportunities provided for infants and toddlers to use real things in a variety of ways (e.g., rattles, cloth blocks, mirrors, saucepans, garden tools, telephones, cameras)?
5. How do caregivers respond to and support infants' and toddlers' exploration in dramatic and pretend play?
6. How is the environment arranged to support and encourage infants and toddlers in making simple choices?



**Goal 2: Infants and toddlers experience environments where they gain confidence in and greater control of their bodies.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Increasing control over their bodies, including increasing abilities in the use of large and small muscles, balance and coordination of eye-hand movements, and increasing agility, coordination, and balance.
- b. Strategies for actively exploring and making sense of the world by using their bodies, including active exploration with all the senses, and the use of tools, materials, and equipment to extend skills.
- c. Confidence with moving in space, moving to rhythm, and playing near and with others.
- d. Awareness of good hygiene practices (e.g., tooth brushing, hand washing, covering mouth/nose when coughing).



**STRAND C: EXPLORATION****Examples of Experiences and Strategies:**

- Infants experience a safe environment with equipment or furniture to hold on to, to balance against, or to pull themselves up on.
- Infants are encouraged to mouth, finger, grasp, pull, and push materials that are safe and interesting, can be manipulated in a variety of ways, and require minimal caregiver assistance.
- Toddlers are encouraged to develop skills at their own rates and to know and begin to understand their own abilities and limitations.
- Caregivers, insuring children's safety, wait to let toddlers indicate that they need assistance rather than assuming that they need help.
- Toddlers have access to an increasing range of safe and interesting materials that can enhance both large and small motor skills.

**Questions for Reflection**

1. How are the program's materials and equipment used and modified to foster children's confidence in what they do and extend their ability to control their bodies?
2. How is play equipment selected and arranged to support physical development and to promote learning and growth?
3. In what ways and to what extent are infants and toddlers allowed and encouraged to do things for themselves?
4. In what circumstances might it be necessary to limit children's exploration, and how can this be done while continuing to encourage active discovery?
5. Is there a comprehensive system to make certain the setting and the materials and equipment within it are safe? What is the process for continuous assessment of its effectiveness?
6. What opportunities are there for infants and toddlers to combine physical activities with music, language, and emergent problem-solving skills?

**Goal 3: Infants and toddlers experience environments where they learn strategies for active exploration, thinking, and reasoning.**
**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. The confidence to explore and make sense of their world through simple problem solving, recognizing patterns, learning from trial and error, asking questions, listening to others, simple planning, observing, and listening to stories.

**STRAND C: EXPLORATION**

- b. An attitude of themselves as “explorers” — competent, confident learners who ask questions and make discoveries. 
- c. The confidence to choose and experiment with materials, to explore actively with all the senses, and to use what they learn to generalize their learning to other experiences.   

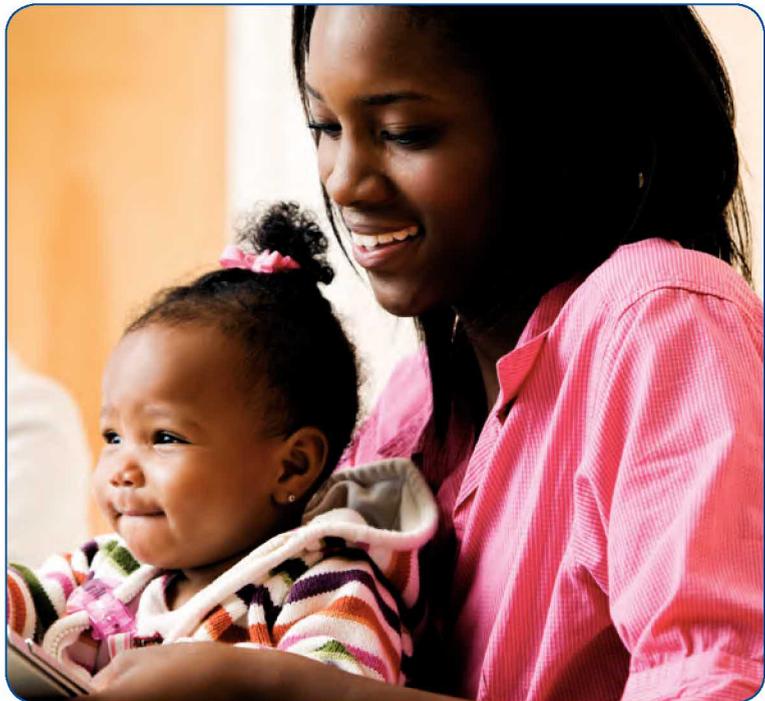
- d. The ability to learn new things from the materials and people around them.   


**Examples of Experiences and Strategies:**

- Young infants experience various positions during the day so they see things from a variety of perspectives.
- Infants experience different play spaces, such as smooth floors, carpet, grass, sand, soft and hard surfaces, and indoor and outdoor spaces.
- Infants have opportunities for outdoor experiences using gross motor skills, such as pulling to stand on equipment, dumping and pouring safe natural materials, and occasionally riding in a stroller or carriage.
- Infants have opportunities to watch and join in with other children and to see and hear new things.
- Infants have a variety of indoor and outdoor sensory experiences (e.g., a range of smells, temperatures, sounds).
- Infants can move freely and touch things (e.g., games for exploring their toes, faces, hair, fingers and those of other familiar people are encouraged and repeated).
- A variety of different kinds of materials are available for infants to feel and explore.
- Toddlers are encouraged to manipulate various materials in ways that change them from continuous to discrete and back again (e.g., cutting up dough and squashing the pieces back together again, transferring water to small bottles and emptying them).
- Toddlers have the opportunity to help prepare meals and snacks so that they will be more likely to try and to eat new, nutritious things.
- Toddlers have opportunities to collect, sort, and organize objects and play materials in a variety of ways and to develop a sense of order (e.g., by grouping similar materials or putting things in their right place).
- Toddlers have opportunities to recognize similarities and differences (e.g., matching, symmetry).
- Caregivers talk with toddlers in ways that promote their thinking and reasoning about what they are doing.
- Toddlers have opportunities for active exploration with the support, but not the interference, of caregivers.

**STRAND C: EXPLORATION****Questions for Reflection**

1. In what ways, and how effectively, do caregivers help children to find the right level of challenge?
2. How are equipment and playthings selected and arranged to extend infants' and toddlers' understanding of concepts (e.g., patterns, shapes, colors)?
3. What opportunities do children have to collect and sort objects for a meaningful purpose?
4. What opportunities are there for children to take things apart, put them together, and figure out how they work? How well do these opportunities promote children's learning?
5. How do caregivers pose questions to toddlers that encourage toddlers to try new strategies and to problem solve?
6. How do caregivers arrange the environment and plan the daily schedule to support and encourage toddlers' self-motivated exploration?



**STRAND C: EXPLORATION**

**Goal 4: Infants and toddlers experience environments where they develop a growing sense of social relationships, the natural environment, and the physical world.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. The ability to question, explore, generate, and modify their own ideas about the world around them.
- b. Familiarity with a variety of materials (e.g., sand, water, ice, bubbles, blocks, paper).
- c. Spatial understandings, including an awareness of how two- and three-dimensional objects can be fitted together and moved in space.
- d. A knowledge of the natural environment in the outdoor area of the program and the local neighborhood (e.g., the neighborhood park, grassy field, a wooded area).
- e. Social relationships and social concepts (e.g., friendship, authority, social rules and understandings).

**Examples of Experiences and Strategies:**

- The environment includes features that infants and toddlers can become familiar with, recognize, and explore and which caregivers talk about with them.
- Caregivers demonstrate that they share infants' pleasure in discovery.
- Infants are helped to see familiar things from different positions (e.g., close up or from a distance, from the front or back).
- Infants under two years of age should not be exposed to screen time to ensure that each child is encouraged to take advantage of active play, engagement with other children, and interactions with adults.
- Infants are encouraged to try things out by using objects as tools.
- Older infants are encouraged to name objects and people in their environment.
- Caregivers respond to infants' explorations, provide commentary about what they are experiencing, and share infants' pleasures in discovery.
- Toddlers have access to books and pictures about aspects of their everyday world.
- Toddlers are encouraged and helped to name, think about, and talk about what they are doing.
- Toddlers two and older should only be exposed to limited, intentional and developmentally appropriate interactive technology and media to ensure that each child is encouraged to take advantage of active play, engagement with other children, and interactions with adults.

**STRAND C: EXPLORATION**

- Toddlers have opportunities to explore the ways that shapes and objects fit together by using two- and three-dimensional materials.
- Toddlers have opportunities to help safely, and with consideration of good hygiene practices, take care of animals and other living things.
- Caregivers initiate questions, and answer toddlers' questions, about why things happen.
- Toddlers have opportunities and are encouraged to help other children in the group.

**Questions for Reflection**

1. How are experiences moderated for infants and toddlers so that the world does not appear too confusing?
2. What genuine, safe opportunities are there for infants and toddlers to change things and to explore the consequences of their actions?
3. What opportunities are there for infants and toddlers to engage in cooperative dramatic play, and how does it contribute to their development and learning?
4. How do caregivers seek information from parents and families about addressing family happenings (e.g., the birth of siblings, the death of a family member)?
5. What practices or procedures are in place to determine what events might happen that could upset children and how are these situations addressed?

**Goal 5: Infants and toddlers experience environments where their interests and initiative provide direction for learning opportunities and for the practice and mastery of developing skills.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Progressively more complex skills.
- b. The ability to pursue interests independently.
- c. The understanding that they have a significant role in initiating exploration, play, and learning.

**Examples of Experiences and Strategies:**

- Caregivers have regular individual interactions with infants to explore sound, touch, smell, and laughter.

**STRAND C: EXPLORATION**

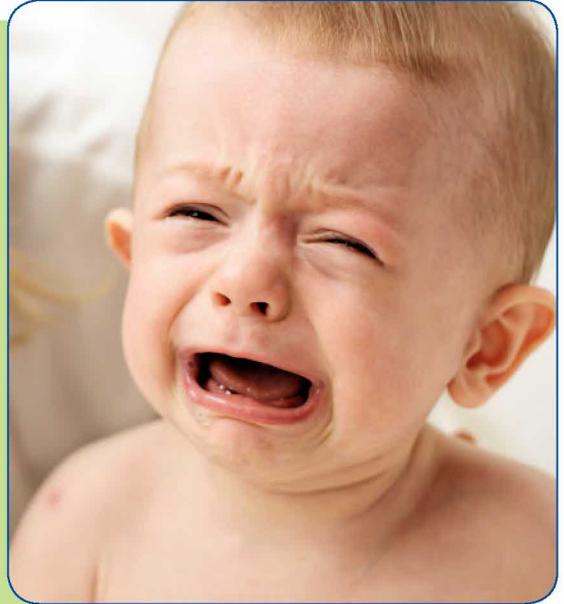
- Caregivers place objects within reach for young infants to encourage exploration and making choices.
- For older infants, objects and toys are placed within reach and in close proximity to encourage infants to move to materials of interest and to make choices.
- Familiar and consistent objects are available to develop skills (e.g., including eye-hand coordination, their sense of competency), and to promote an understanding of cause and effect.
- Caregivers organize the environment to capitalize on infants' curiosity as a prime motivator for exploration and learning; they encourage infants to develop skills at their own pace.
- Caregivers assess the environment and make changes to respond to toddlers' interests and developing skills.
- Caregivers understand the importance of curiosity in toddlers' exploration and learning and encourage and support toddlers' questioning and experimenting.
- Toddlers have opportunities for in-depth exploration with caregivers providing guidance and expansion.
- Caregivers ask toddlers open-ended questions.
- The environment is arranged to provide toddlers with easy access to a variety of materials and opportunities to make genuine choices and to learn from them.
- Meals are organized by offering healthy food so that toddlers can decide what to eat or whether to eat at all, thus learning self-regulation in the context of healthy eating.
- Caregivers encourage social interaction and conversation during snack and mealtimes, using vocabulary related to the concepts of color, shape, size, quantity, number, temperature of food, and events of the day.

**Questions for Reflection**

1. How does the environment encourage infants and toddlers to initiate their own play and learning?
2. What role do caregivers have in identifying infants' and toddlers' developmental levels and interests and how is this information used?
3. How do caregivers support and expand child-initiated learning experiences and assist each child in the practice and mastery of skills?
4. What is the balance between child- and caregiver-initiated activities?
5. How often, and in what ways, are the routines adjusted or activities changed to allow for children's spontaneity and interests?
6. How is the environment arranged so that children can find and use materials of interest to them and begin to learn to replace them when finished?

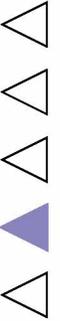
**STRAND D: COMMUNICATION****STRAND D****Communication**

Infants and toddlers use a variety of means to communicate their needs and thoughts, and to understand and respond to other people and ideas.

**Goals: Infants and toddlers experience environments where:**

1. they develop attitudes and skills to communicate successfully with others;
2. they have opportunities to communicate through the use of symbols/pictures, signs, and stories; and
3. they discover and develop different ways to be creative and expressive about their feelings and thoughts.

Human communication takes many forms from its beginnings in the responsive relationships between infants and their parents and other primary caregivers. Beginning in infancy, one of the major cultural tasks for children is to develop competence in and understanding of language. Language does not consist only of words, sentences, and stories; it includes the language of gestures, facial expressions, images, art, dance, mathematics, movement, rhythm, and music. During these early years, infants and toddlers are learning to communicate their experiences in many ways, and they are also learning to interpret the ways in which others communicate and represent experiences. They develop increasing competence in symbolic, abstract, imaginative, and creative thinking. Language grows and develops in meaningful contexts when infants and toddlers have a desire to interact, a reason to communicate, and a need to understand.

**STRAND D: COMMUNICATION****Goal 1: Infants and toddlers experience environments where they develop attitudes and skills to communicate successfully with others.****Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

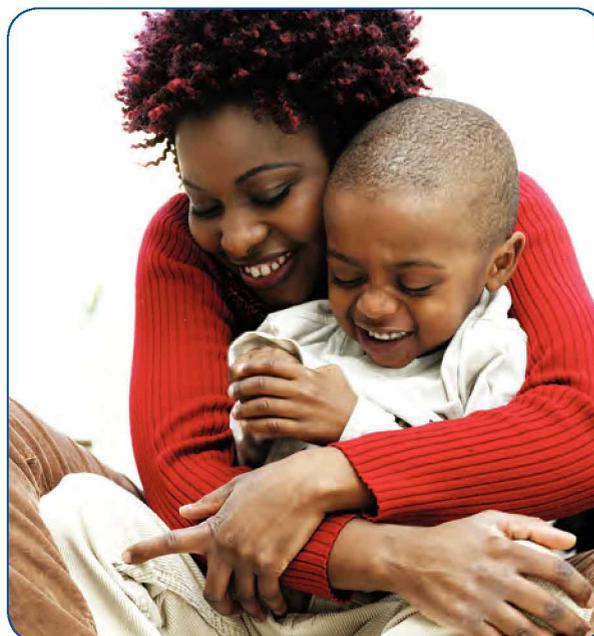
- a. The ability to express their feelings and emotions in a range of appropriate ways.
- b. Confidence that their first languages [e.g., whether spoken English, a spoken language other than English, or American Sign Language (ASL)] are valued, supported, and understood.
- c. Responsive and reciprocal communication skills (e.g., turn-taking).
- d. A playful interest in repetitive sounds and words, and aspects of language (e.g., rhythm, rhyme, alliteration).
- e. Increasing skill with and understanding of non-verbal messages, including the ability to attend to and make non-verbal requests.
- f. The inclination and ability to communicate, pay attention, and respond appropriately to others.
- g. Increasing knowledge and skill in syntax, meaning, and vocabulary in at least one language.
- h. Language skills in real, play, and problem-solving contexts as well as in more structured language contexts (e.g., through books, finger plays, singing, storytelling/re-enacting).
- i. Communication skills for increasingly complex purposes (e.g., expressing and asking others about intentions, expressing feelings and attitudes, negotiating, predicting, planning, reasoning, guessing, storytelling).

**Examples of Experiences and Strategies:**

- Caregivers are aware of infants' sensitivity to caregiver body language/ facial expression and of the need to use expressive body language to assist infants to read signals.
- Caregivers respond positively to infants' gestures, expressions, and sounds (e.g., infants turning their heads away from food, breaking eye contact, crying or babbling, pointing).
- Caregivers are promptly aware of how children communicate signs of tiredness, discomfort, fullness, or stress.
- The program includes action games, finger plays, and songs.
- The program includes role models who are home language communicators of the child's natural language (e.g., deaf role models whose first language is ASL, role models in spoken languages other than the primary spoken language of the program).

**STRAND D: COMMUNICATION**

- Infants are regarded as active participants in verbal communication and non-verbal communication and caregivers respond to their early attempts at communication/verbalization.
- Simple words and/or signs are used to make consistent connections with objects and people who are meaningful to each infant.
- Many and varied opportunities are provided to be playful with sounds.
- Language is used to soothe and comfort.
- Infants and toddlers hear adults conversing with one another so that they have exposure to complex adult conversation and novel vocabulary.
- Toddlers have opportunities to use their bodies as a way to communicate (e.g., through action games, listening games, pretend play, dancing).
- Caregivers carefully attend to toddlers' requests and suggestions.
- Toddlers are helped to communicate feelings and ideas in a variety of ways.
- Caregivers help to extend toddlers' verbal communication ability by accepting and supporting early words in their first language, modeling new words and phrases, allowing toddlers to initiate conversation, and giving them time to respond and converse.
- Caregivers use simple, clear phrases with toddlers and have realistic expectations of toddlers' verbal, signed, and listening skills.
- Caregivers model increasingly complex language and novel vocabulary.
- Toddlers have many opportunities to communicate with other children, to play language-based games, and to encounter a widening range of books, songs, poems, stories, and chants.



**STRAND D: COMMUNICATION****Questions for Reflection**

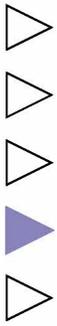
1. In what ways, and to what extent, are caregivers able to identify, encourage, and respond to each child's non-verbal communication?
2. How aware are caregivers of their own styles of non-verbal communication?
3. How fluent are caregivers in each child's home language?
4. In what ways do children communicate with each other without talking (e.g., infant signs), and how do caregivers support this non-verbal communication?
5. How effectively do caregivers read each other's body language as a way of improving communication and supporting each other?
6. In what ways does the program provide for one-to-one language interaction, especially between a caregiver and a child?
7. To what extent do caregivers include children's home languages when talking with them?
8. What strategies do caregivers use to extend conversations with children, and how effective are these strategies?
9. What opportunities are there for children to be exposed to storytelling (stories read, signed, and told), poems, chants, and songs? How well do these connect to the children's home cultures?
10. What range of voices do children hear?
11. What role models are available (adults or children) to the child to grow and expand knowledge of his/her primary language?



**Goal 2: Infants and toddlers experience environments where they have opportunities to communicate through the use of symbols/pictures, signs, and stories.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An understanding that symbols/pictures can be "read" by others, and that thoughts, experiences, and ideas can be represented through gestures, signs, words, pictures, print, numbers, sounds, shapes, models, facial expression, and photographs.
- b. Familiarity with symbols/pictures and their uses (including print) by exploring and observing them in activities that have meaning and purpose and are developmentally appropriate for infants and toddlers.
- c. Familiarity with an appropriate selection of the stories and literature valued by the cultures in their community.

**STRAND D: COMMUNICATION**

- d. Familiarity with numbers and their uses by exploring and observing the use of numbers in activities that have meaning and purpose for infants and toddlers.
- e. An interest in exploring and using mathematical, reading, and writing materials.
- f. An interest in creating and using symbols/pictures.
- g. An expectation that words, books, numbers, and other symbols/pictures can amuse, delight, comfort, illuminate, inform, and excite.

**Examples of Experiences and Strategies:**

- Caregivers read books to infants, tell/sign them simple stories, and communicate to them about objects and pictures.
- Infants are able to feel and manipulate books and to see and handle photographs and pictures.
- Numbers are used in conversation and interactive times (e.g., finger plays, chants); every day number patterns are highlighted (e.g., two shoes, four wheels, five fingers).
- Caregivers draw attention to concepts (e.g., differences between more and less, big and small).
- The program includes songs, rhymes, stories, books, and chants that repeat sequences.
- Toys with a variety of colors, textures, shapes, and sizes to experiment with and explore freely are available in the environment.
- Toddlers have many opportunities to play simple games and to use an increasing range of toys and materials, which feature a variety of symbols/pictures, shapes, sizes, and colors.
- Caregivers' conversations with toddlers are rich in number ideas, so that caregivers extend toddlers' knowledge about numbers.
- Caregivers model the process of counting to solve every day problems (e.g., asking, "How many children want to go on a walk?").
- Toddlers are encouraged to develop the language of position (e.g., above and below, inside and outside) and the language of probability (e.g., might, can't).
- The toddler's name is written on belongings and any personal space, and names or symbols/pictures are used to enable toddlers to recognize their own possessions.
- The language of the child's culture is used as well as the primary spoken and written language of the program.
- Books are available for the toddler to read and carry about; reading books and telling stories are frequent, pleasurable, intimate, and interactive experiences.

**STRAND D: COMMUNICATION**

- Children experience a wide range of stories and hear and practice storytelling.
- Children are frequently exposed to storytelling in their natural/home languages.

**Questions for Reflection**

1. To what extent are the children's cultural and ethnic backgrounds well represented in the activities, stories, and symbols/pictures found in the program?
2. To what extent are culturally specific family foods included when feeding infants and toddlers?
3. What is the most effective group size for telling and reading stories, and what factors influence this?
4. How often are stories read aloud/signed, and are there more opportunities for this to happen?
5. In what ways, and for what purposes, do children see mathematics being used and how does this influence their interest and ability in mathematics (e.g., more or less, before or after, big and little, up and down)?
6. In what ways are children exposed to the uses and concepts of print? How could their exposure be increased?

**Goal 3: Infants and toddlers experience environments where they discover and develop different ways to be creative and expressive about their feelings and thoughts.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Familiarity with the properties and characteristics of the materials used in the creative and expressive arts.
- b. Skill and confidence with the processes of art (e.g., drawing, collage, painting, print-making, constructing).
- c. Skill with media that can be used for expressing a mood or a feeling or for representing information (e.g., crayons, pencils, paint, blocks, wood, musical instruments, movement).
- d. An ability to be creative and expressive through a variety of activities (e.g., pretend play, art, storytelling, music).
- e. An awareness that music, art, drama, and dance can be expressions of feeling, mood, situation, and culture.
- f. Confidence to sing songs, including songs of their own, and to experiment with chants and pitch patterns.

**STRAND D: COMMUNICATION**

- g. An increasing ability to keep a steady beat (e.g., through speech, chants, dances, movement to simple rhythmic patterns).
- h. An expectation that music, art, drama, and dance can amuse, delight, comfort, illuminate, inform, and excite.
- i. Familiarity with a variety of types of music, art, drama, and dance as expressions of feeling, mood, situation, occasion, and culture.

**Examples of Experiences and Strategies:**

- Caregivers respect, support, and enjoy the variety of ways that infants sense, interact with, and respond to the environment.
- Infants see, hear, and participate in creative and expressive activities in their own ways (e.g., by putting a hand in the paint, clapping hands, babbling).
- Infants have opportunities to experience patterns and sounds in the natural environment (e.g., leaves in sunlight, the sound of rain).
- Caregivers respond and encourage infants' expressive and creative actions (e.g., reflecting movements, joining in clapping).
- Programs should promote infants' and toddlers' active play every day. Infants and toddlers should have ample opportunity to do vigorous activities such as rolling, crawling, running, climbing, and dancing wherever and whenever it is safe to do so.
- Toddlers have experiences with creative materials (e.g., paint, glue, dough, sand, found objects) and are given opportunities for creative play using natural materials (e.g., collecting leaves, arranging pebbles).
- Toddlers are introduced to tools and materials for art and allowed to experiment with them.
- Props for pretend play are available, and caregivers interact with toddlers' emerging make-believe play.
- The program provides opportunities for toddlers to learn skills with musical instruments (e.g., drums, shakers, bells).

**Questions for Reflection**

1. How is creative expression used to communicate children's cultural backgrounds?
2. What daily opportunities are there for children to express themselves through creative arts and physical activity?
3. In what ways are all children included in creative activities and able to explore creative areas of interest?

**STRAND E: CONTRIBUTION****STRAND E****Contribution**

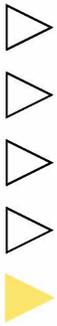
Infants and toddlers have opportunities for learning that are equitable, promote social competency, and value each child's and family's contribution.

**Goals: Infants and toddlers experience environments where:**

1. the opportunities for learning are equitable, irrespective of gender, ability, age, ethnicity, or background;
2. they are affirmed as individuals;
3. they are encouraged to interact and learn with and alongside others; and
4. they and their families are empowered to make contributions within the program and as members of their communities.

Caregivers recognize, acknowledge, and build on each child's special strengths. They allow each infant and toddler to make a contribution or to "make his or her mark," acknowledging that each has the right to active and equitable participation in the program. Making a contribution includes developing satisfying relationships with adults and peers. Through interaction with others, infants and toddlers engage in social play, develop an awareness of routines and rules, develop a wide range of relationships, and make their needs known. Early experiences in the development of social confidence have long-term effects, and staff in early childhood education and care settings plays a significant role in helping children to initiate and maintain relationships with peers.

Through respectful, nurturing interaction with others, infants develop a sense of security and trust enabling them to explore their world and develop a sense of identity. In the earliest months of the child's life, this happens through a strong and trusting relationship with the primary caregiver. As these relationships continue and development progresses, toddlers will learn to take another's point of view,

**STRAND E: CONTRIBUTION**

to empathize with others, to ask for help, to see themselves as a help for others, and to discuss or explain their ideas to adults or to other children. As a result of their contributions to peers, the program, and the community, children develop understanding and awareness of others, positive and accepting attitudes, and the ability to exhibit caring, cooperation, honesty, pride, and independence.

Parents and caregivers have a wealth of valuable information and understanding regarding their children and their contributions and are key to creating effective connections and consistency across homes, the program, and the community.

**Goal 1: Infants and toddlers experience environments where the opportunities for learning are equitable, irrespective of gender, ability, age, home language, ethnicity, or background.**

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. Empathy, understanding, and awareness of others' feelings, and make comforting and accepting gestures to peers and others in distress.
- b. Emerging concern for other children who may be excluded from activities because they are different.
- c. Understanding of the pro-social value of honesty and truthfulness to the extent their construction of and perception of reality permits it.
- d. The ability to carry out or follow through on simple tasks that help or benefit themselves or others.
- e. Positive and accepting attitudes toward people of a variety of backgrounds/characteristics (e.g., race, physical characteristics, culture, language spoken or signed, ethnic background).
- f. The ability to respond and engage in developmentally appropriate reciprocal interactions.
- g. Emerging skills in caring and cooperation.

**Examples of Experiences and Strategies:**

- Both girls and boys are encouraged to enjoy challenges.
- Picture books are selected which show girls, boys, women, and men in a range of roles.
- Caregivers avoid making developmental comparisons between children, recognizing that their development is variable.
- The program encourages care practices that are culturally respectful and appropriate in relation to feeding, sleeping, toileting, clothing, and washing.

**STRAND E: CONTRIBUTION**

- A primary caregiver is assigned to each infant and toddler to promote continuity of care and responsive caregiving.
- Infants and toddlers wear clothing that does not restrict their movement and play; parents are involved in understanding why this is important.
- Caregivers expect and encourage boys and girls to take similar parts in caring and domestic routines.
- Caregivers expect and encourage exuberant and adventurous behavior in both girls and boys.
- Caregivers respect the needs of toddlers to observe and be apart at times, and to take on new challenges at other times.
- In talking with toddlers, caregivers do not link occupations to gender (e.g., by assuming that doctors are men, that nurses are women).
- Activities, playthings, and expectations take account of the fact that each toddler's developmental stage and mastery of skills is different.
- Each child's culture is included in the program on a continuous basis through song, language, pictures, playthings, and dance.
- Caregivers model the kind of behaviors they would expect and value in young children.

**Questions for Reflection**

1. How are books and pictures selected, and do these procedures ensure that books and pictures show children of various genders, ethnicity, age, and ability in a range of roles?
2. Are there situations where, for reasons of age or ability, a child is not included in something, and how can the situation be adapted to ensure inclusion?
3. In what ways and how well is the curriculum genuinely connected to the families and cultures?
4. In what ways do caregivers encourage children of different ages to play together, and how well is this achieved?
5. Do primary caregivers communicate positively, openly, and respectfully, expressing themselves in a language and style appropriate to children's age, developmental level, and individuality?
6. Do caregivers model the same kind of self-regulation, empathy, acceptance of others, and engagement with learning that they would expect and value in young children?
7. Do caregivers have positive expectations and encourage infants and toddlers to undertake challenging tasks with their assistance, and to do well at an activity within the child's capacity to perform?

**STRAND E: CONTRIBUTION**
**Goal 2: Infants and toddlers experience environments where they are affirmed as individuals.**
**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. A sense of “who they are,” their place in the wider world of relationships, and the ways in which these are appreciated.
- b. A range of abilities and interests (e.g., spatial, visual, linguistic, physical, musical, logical or mathematical, personal, social) which build on the children’s strengths.
- c. A sense of being able to make something happen that matters to them and to others.
- d. A growing sense that they are valued and that their presence and activities gain positive responses from others.
- e. A sense of optimism, that life is exciting and enjoyable, and they have a positive place within it.
- f. The ability to look forward to events that affirm their growth (e.g., getting taller, getting new shoes, a first haircut, looking forward to upcoming visitors and events).
- g. An awareness of themselves as unique individuals.

**Examples of Experiences and Strategies:**

- Infants are carefully observed so that caregivers know individual infants well, respect their individual ways (e.g., in food preferences, handling), and respond to them appropriately.
- Caregivers learn each infant’s individual preferences and rituals (e.g., for going to bed, for feeding).
- Caregivers respond to infants’ signals of pleasure, discomfort, fear, or anger.
- Caregivers help to extend infants’ pleasure in particular activities (e.g., hearing specific music, responding to colors, enjoyment of certain rhythms).
- The program builds on the passions and curiosity of each toddler.
- Toddlers are encouraged to do things in their own particular ways when this is appropriate.
- Toddlers’ preferences in play activities (e.g., liking sand but not water) are respected.
- Toddlers are encouraged to contribute to small-group happenings (e.g., joining in the dance, bringing chairs around the table for snack time).
- Caregivers talk positively with toddlers about differences in people, places, things, and events.

**STRAND E: CONTRIBUTION****Questions for Reflection**

1. How often does staff observe individual children? In what ways are these observations carried out and shared and what are the observations used for?
2. In what circumstances is it appropriate for the needs of the group to take priority over those of individual children?
3. How often, and in what circumstances, can children obtain individual attention?
4. In what ways does the program accommodate the individual strengths, interests, and individual ways of doing things represented by each child and family? What impact does this have on children, and are there other ways children's individuality could be encouraged?
5. What staffing provisions are made for ensuring that individual attention is given to infants and toddlers with special needs, and are these provisions sufficient?
6. In what ways, and how well, does the program provide for children with unusual interests or exceptional abilities?
7. In what ways do caregivers encourage children to undertake challenging tasks with their assistance, and avoid negative responses and labeling if the child does not succeed?
8. How does the program use an array of positive responses to affirm children as individuals?



**STRAND E: CONTRIBUTION**
**Goal 3: Infants and toddlers experience environments where they are encouraged to interact and learn with and alongside others.**
**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. An increasing ability to take another's point of view and to empathize with others.
- b. Ways to enjoy solitary play when they choose to be alone.
- c. An increasing sense of competence and confidence in growing abilities.
- d. Acceptable ways to assert their independence.
- e. 'Friendship skills,' where they can play harmoniously with their peers through cooperation and participate in the give and take of ideas.
- f. An increasing ability to share by showing interest in and awareness of the feelings of others.

**Examples of Experiences and Strategies:**

- The environment is organized so that infants are safe in the company of other children or older children.
- Caregivers talk to infants about what other children are doing and encourage the infant's interest in other children.
- Caregivers respond to infants' social communication (e.g., smiles, gestures, noises).
- Infants are included in appropriate social happenings.
- Caregivers provide guidance and support in resolving conflicts (e.g., sharing floor space).
- Many opportunities are provided for self-selected small-group activities (e.g., action songs, listening to stories, exploring novel materials together, going for a walk).
- Toddlers have opportunities to help with the care of others.
- Group activities for toddlers have an individual aspect to them as well (e.g., using brushes to paint water on concrete involves both individual and team efforts).
- Toddlers' preferences for solitary or parallel play are accommodated.
- Sufficient playthings are available for parallel play, and caregivers mediate in toddlers' conflicts over possessions.
- Caregivers support toddlers' attempts to initiate social interactions with other children and staff.
- There are realistic expectations about toddlers' abilities to cooperate, take turns, or wait for assistance.

**STRAND E: CONTRIBUTION****Questions for Reflection**

1. How does the program allow children to care for and support other children, and how well do they do this?
2. What do children learn best from each other, and how is this learning facilitated?
3. How are the materials and activities organized to facilitate learning to take turns?
4. To what extent is sharing important? When should there be enough playthings to prevent conflict?
5. What sorts of happenings and activities do the children enjoy most as a group?
6. Are there creative and constructive problem-solving activities that encourage infants and toddlers to cooperate with and support each other? How effective are these activities?
7. How are infants and toddlers helped to see the other person's perspective and learn how to compromise in a mutually respectful way?



**STRAND E: CONTRIBUTION**

**Goal 4:** Infants and toddlers experience environments where they and their families are empowered to make contributions within the program and as members of their communities.

**Early Knowledge, Skills, and Attitudes Infants and Toddlers Begin to Develop**

- a. A growing sense of themselves as part of a family.
- b. A sense of pride in themselves and their families.
- c. A growing sense of connection and consistency across their homes, the program and their community.
- d. A positive sense about their participation in the program, their families, and their community.

**Examples of Experiences and Strategies:**

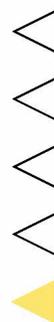
- Parents and caregivers communicate with each other in order to attain a consistent and understanding approach to the care of their children.
- Families play various roles in the program setting because their special strengths and skills are recognized and utilized.
- Families are given the opportunity to create connections between activities at the program and at home.
- Infants and toddlers experience security, connection and consistency between home and the program as a result of sharing information about concerns, interests, and activities.
- Infants and toddlers experience natural learning opportunities in the community as part of the family and caregivers' daily routine and activities (e.g., walks in the neighborhood, grocery shopping with the family, visiting the local park).
- Both the families and the program offer infants and toddlers an array of activities and resources, including those that promote physical health, appropriate to their developmental characteristics and needs.
- Caregivers and parents model appropriate behavior and values for other parents and children.

**Questions for Reflection**

1. How does the program respect family culture and encourage families to share their culture?
2. In what ways does two-way communication take place between program and home?

**STRAND E: CONTRIBUTION**

3. Are there creative ways to help the family extend learning from the program setting to the home? What are these techniques?
4. How are opportunities for spontaneous learning supported at home, in the program, and in the community?
5. How are parents involved in assessing and evaluating the program?
6. How does the program demonstrate respect for the aspirations of parents for their children?

**Digital Resources for Early Development and Learning Strands****Center on the Developing Child**

<http://developingchild.harvard.edu/>

**Center on the Social and Emotional Foundations for Early Learning (CSEFEL)**

<http://csefel.vanderbilt.edu/>

**Children & Nature Network**

<http://www.childrenandnature.org/>

**Collaborative for Academic, Social, and Emotional Learning**

<http://casel.org>

**Early Head Start**

<http://eclkc.ohs.acf.hhs.gov>

**Michigan Association for Infant Mental Health**

<http://www.mi-aimh.org/>

**Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8**

[http://www.naeyc.org/files/naeyc/file/positions/PS\\_technology\\_WEB2.pdf](http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf)

**ZERO TO THREE**

<http://www.zerotothree.org/child-development/>



## Quality Program Standards for Infant and Toddler Programs

### INTRODUCTION

The standards in this section of the document define quality in home- and center-based programs for infants and toddlers, regardless of sponsorship or funding. They build upon the minimums defined in Michigan's Licensing Rules for Child Care Centers and Licensing Rules for Family and Group Child Care Homes. Each program standard is followed by a list of statements that illustrate a variety of ways a quality program may demonstrate that it meets the standard. A particular program will meet some, but perhaps not all, of the items that demonstrate each standard.

Funding stipulations of certain targeted programs may require programs to meet particular standards in specific ways. Programs funded for targeted populations may have required components to meet the standards. Although almost all children can be successfully served in programs that are open to all children of a particular age, in some cases this is not possible because of funding restrictions or the needs of the children themselves for specialized services that cannot be provided with sufficient intensity in an inclusive program. For example, programs for children with special needs will find that the program standards themselves are still applicable, but that they need to be met in particular ways to

meet the needs of the children enrolled. Implementation documents, operating manuals, applications, and the like will provide additional guidance to such targeted programs.

Many of the program standards in this document that define high quality in infant and toddler programs are identical to or very similar to the program standards in the *Early Childhood Standards of Quality for Prekindergarten*. In many aspects, high-quality early childhood programs for infants and toddlers are like high-quality programs for preschoolers. In the majority of cases, programs that serve infants and toddlers also serve preschoolers; however, many programs that serve preschoolers do not serve younger children.

It is important to note the differences in quality standards for the different age groups. Although the topics covered are the same, there are important differences in actual standards, such as adult:child ratio and group size. In infant and toddler programs, the environment of care and learning includes structural elements and elements of relationship and program climate in a very interrelated fashion. In many cases, the relationship between the very young child and his/her caregiver defines the curriculum. Infants and toddlers learn communication skills, make cognitive gains, and even grow and develop physically within the context of this special relationship.

The Quality Program Standards in this document and in the *Early Childhood Standards of Quality for Prekindergarten* are used as the basis for the assessable program standards that define high quality in Michigan's *Great Start to Quality* Tiered Quality Rating and Improvement System. Not all program standards are easy to assess, but Michigan aims to create an achievable ladder of quality for infant and toddler settings that helps our youngest children achieve the child development and learning goals described by the *Strands of Development and Learning* in the first section of this document.

It is also important to note that the role of children's families is most critical to the success of infant and toddler programs. The needs of children and families are so interwoven at this stage of development that it makes little sense to separate them. Therefore, while the prekindergarten standards include a separate section on the relationship with parents, in this document, the relationship with the family is woven into all of the program standards areas.

Programs that meet these high-quality program standards will create an interpersonal and physical environment that creates a greater likelihood that infants and toddlers who participate will begin to develop in the ways described in the *Early Development and Learning Strands for Infants and Toddlers*. Children with this strong foundation are on a path that will lead to success as students in school and as individuals in their lives.

**A. THE PROGRAM'S STATEMENT OF PHILOSOPHY****A. The Program's Statement of Philosophy**

A high-quality infant/toddler education and care program, whether in a center or home setting, begins with an underlying theory or statement of fundamental beliefs — beliefs about why the program exists, what it will accomplish, and how it will serve all the infants and toddlers and their families involved in the program. The philosophy establishes a framework for program decisions and provides direction for goal setting and program

implementation, the foundation upon which all interactions and activities are based. In programs also serving older children, the program's philosophy statement specifically addresses the beliefs regarding how to serve infants and toddlers as distinct from the overall statement about the broader age range of children.

The philosophy statement guides decisions about how the program:

- Promotes a climate of acceptance and inclusion by enrolling children of varying cultural, ethnic, linguistic, and racial backgrounds who have a range of abilities and special needs.
- Nurtures a partnership between families and the program.
- Provides qualified and nurturing staff members who use developmentally appropriate practices and who develop warm, responsive relationships with each child and family.
- Enhances each infant's and toddler's social emotional and physical health and well-being through the assignment of a primary caregiver.
- Establishes a warm, stimulating, and multi-sensory environment filled with developmentally appropriate materials and activities.
- Provides for continuous staff development reflective of most current information about infants' and toddlers' development and early learning.
- Maintains a continuous assessment and evaluation system that regularly monitors individual infants' and toddlers' development and the important aspects of the program's quality to support children's continued development and learning.
- Fosters collaboration with the community and ensures appropriate referrals.

Program administrators/caregivers use current research about very young children's growth, development, and learning in combination with national standards to inform the development of its philosophy statement.

**A. THE PROGRAM'S STATEMENT OF PHILOSOPHY**

**1. Program Standard: A written philosophy statement for the infant/toddler education and care program is developed, reviewed, and amended as appropriate.**

**A Quality Program:**

- a. Uses input from staff, the governing board, families, and community representatives; requirements of legislation; research findings; and/or other significant information sources which impact the education and care of very young children to inform the development and annual review and revision as applicable of the philosophy statement.
- b. Recommends, as applicable, adoption and annual reaffirmation of the philosophy statement by the governing or advisory board of the program.

**2. Program Standard: The philosophy statement is comprehensive, addresses all aspects of the program, and is based on research and widely accepted best practice.**

**A Quality Program:**

- a. Uses the philosophy statement to define the purpose and nature of the program.
- b. Aligns the philosophy statement with all applicable federal, state and local laws, standards, licensing requirements, and guidelines for infant and toddler programs.
- c. Uses the philosophy statement to address the social, economic, cultural, linguistic, and familial needs of the community served by the program.
- d. Bases the philosophy on evidence-based information (e.g., references about the importance of early relationship development; significant influences on early brain development).

**3. Program Standard: The philosophy establishes a foundation for the design, implementation, and operation of the program; it provides direction for goal setting and informs decision making on a continuous basis.**

**A Quality Program:**

- a. Uses the philosophy to develop the program's goals and objectives.
- b. Assures that the philosophy is visible in the program's operational plan (e.g., policies, activities, and experiences, nature of the family partnership, caregiver practices) and its implementation.
- c. When operating as a part of a program serving a broader age range of children, uses the philosophy statement to demonstrate understanding of the specific and unique nature and needs of infants and toddlers as

**A. THE PROGRAM'S STATEMENT OF PHILOSOPHY**

- distinct from the older children in the early childhood (birth through eight) age range.
- d. Views the philosophy statement as a living document consulted frequently in daily decision making.
- e. Applies the philosophy in the evaluation and any subsequent revision of the program.
- f. Uses the philosophy statement in the development of staff hiring practices and job descriptions, personnel evaluations, and professional development activities.
- g. Uses the philosophy statement to resolve potential conflicts about program practices.

**4. Program Standard: The program promotes broad knowledge about its philosophy.****A Quality Program:**

- a. Disseminates copies of the philosophy statement to program staff, governing board members, families, and other interested persons.
- b. Includes discussion of how the philosophy affects the operation of the program in staff development and information sessions for families, other agencies, and community members.

**B. COMMUNITY COLLABORATION AND FINANCIAL SUPPORT****B. Community Collaboration and Financial Support**

Development and learning are enhanced when early childhood education and care programs work collaboratively and cooperatively with community programs, institutions, organizations, and agencies to meet and advocate for the broader needs of infants and toddlers and their families through direct services or referrals. Although the sponsorship and location of programs may vary (e.g., be single owner, agency-sponsored, home-based, center-based), all benefit from locating and using community resources and supports to enhance services and strengthen program quality.

Financial support for early childhood programs also varies widely. Many programs depend entirely on parent fees; others receive the majority of their support from public sources. Regardless of the source of the program's resources, the components of high-quality infant and toddler programs are well established (e.g., well-qualified staff; evidence-based practices, including a major emphasis on relationships between children and their primary caregivers; strong family partnerships, reflective supervision, ongoing professional development) and do not differ based on the program's sources of support.

**1. Program Standard: The program shows evidence of participation in early childhood collaborative efforts within the community.**

**A Quality Program:**

- a. Participates in the on-going development of a common community philosophy of early childhood expectations.
- b. Shares information on available community services and eligibility requirements for services with administrators, families, and all early childhood caregivers.
- c. Is informed about state and national efforts regarding the well-being of infants and toddlers and brings such information to the attention of community collaborators.
- d. Plans with other community programs/agencies for coordination of a comprehensive, seamless system of services for all children and families in the community.
- e. Explores and, to the extent possible, employs joint funding (e.g., funding from public, private, family sources) of the program.
- f. Encourages and participates in joint and/or cooperative professional development opportunities.

**B. COMMUNITY COLLABORATION AND FINANCIAL SUPPORT**

- g. Promotes outreach efforts in the community to develop and extend knowledge about infants and toddlers as part of ongoing public relations.
- h. Links to a community early childhood collaborative council or networking group, when available.
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**2. Program Standard: Program staff works cooperatively and collaboratively with other early childhood programs in the community in order to facilitate transitions of infants and toddlers across programs and settings.**

**A Quality Program:**

- a. Collaborates to ensure a smooth transition for infants and toddlers and their families into the program and, as necessary, from the program into other early childhood settings.
- b. Promotes an awareness of all early childhood programs in the community and an identification of commonalities.
- c. Facilitates transitions by sharing appropriate printed materials and activities for families.
- d. Maintains a process on confidentiality and release of information to allow for sharing information as appropriate.
- e. Cooperates with Early On<sup>®</sup> personnel (Early Intervention, Part C of IDEA; see Glossary) to address the transition needs of children, including infants and toddlers with delays and/or disabilities.
- f. Participates in joint funding and professional development opportunities for staff regarding transitions for infants and toddlers and their families.

**3. Program Standard: Program staff works with public and private community agencies and educational institutions to meet the comprehensive needs of individual infants and toddlers and their families.**

**A Quality Program:**

- a. Supports the empowerment of families to access needed services for their infants and/or toddlers.
- b. Reduces systems barriers by working with collaborating entities to expand existing support services for infants and toddlers (e.g., physical and mental health services, parenting initiatives).
- c. Shares available community resources to achieve specific objectives with the entire early childhood community (e.g., health screenings, counseling, food programs).
- d. Has knowledge of community programs and their eligibility requirements.

**B. COMMUNITY COLLABORATION AND FINANCIAL SUPPORT**

- e. Shares physical space whenever possible (e.g., well-baby clinic, referral specialists, food pantry, clothing bank).
- f. Encourages professional organizations and local entities to share information about training, conferences, and other professional development opportunities with all center and home early education and care programs in the community.
- g. Participates in the preparation and implementation of contracts or memoranda of agreement between/among participating agencies.
- h. Advocates on behalf of infants and toddlers and their families and supports the further development of high-quality early childhood education and care programs in the community.

**4. Program Standard: The program is enhanced through its connections with community groups, agencies, and the business community.**

**A Quality Program:**

- a. Invites members from community groups/organizations (e.g., senior citizen, volunteer, and service groups; business organizations; faith-based communities; charitable organizations; libraries; museums) to support the program.
- b. Encourages families and members from community groups/agencies to become involved in the work of the early childhood collaborative council or networking group, if applicable.
- c. Promotes and participates in community programs for families.

**5. Program Standard: Funds and resources are identified, secured, and used to provide a high-quality, accessible infant/toddler program supportive of infants, toddlers, and their families.**

**A Quality Program:**

- a. Designates funds to implement, evaluate, and improve all program components and accomplish the program's objectives.
- b. Designates funds to obtain and maintain a safe supportive and stimulating environment for infants, toddlers, their families, and the staff.
- c. Designates funds to attract, retain, and professionally grow qualified, competent, and nurturing staff.
- d. Designates funds to foster effective program/family partnerships.
- e. Provides funds to address unexpected occurrences (e.g., additional staffing needs, facility maintenance, disaster recovery).

**C. PHYSICAL AND MENTAL HEALTH, NUTRITION , AND SAFETY****C. Physical and Mental Health, Nutrition, and Safety**

Infants' and toddlers' physical, mental (social, emotional and behavioral), and oral health; good nutrition, optimum vision and hearing; and safety are essential to their development and learning. Optimal development and learning can best occur when infants' and toddlers':

- Health needs are recognized and addressed, and
- Physical and emotional well-being are supported.

Michigan's licensing rules for family and group homes and child care centers address many areas of physical and mental health, safety and nutrition. The standards included in this document supplement, but do not reiterate licensing requirements and describe services provided in a high-quality program. Particular licensing rules, such as those related to safe sleep for infants, sun safety, and many others, are assumed. In addition, provisions of other Michigan and federal rules and laws must also be followed [e.g., Occupational Safety and Health Administration (OSHA) requirements, pest control management policies, the Americans with Disabilities Act (ADA), the confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Education Rights and Privacy Act (FERPA), and the Michigan Child Care Organizations Act 116 of 1973].

In partnership with families, a high-quality early education and care program addresses health needs by establishing a mutual exchange of information between parents and the program and by providing services directly or, in collaboration with families and with their consent, by creating linkages with agencies or individual infancy and early childhood behavioral and health care providers that do provide such services.

**1. Program Standard: A Program Health Plan is developed to support the maintenance and improvement of children's health; the plan is developed and implemented with family input and describes policies, procedures, and resources to meet the physical, social, emotional, behavioral, and oral health; vision and hearing; nutrition; and safety needs specific to infants and toddlers.**

**C. PHYSICAL AND MENTAL HEALTH, NUTRITION , AND SAFETY****A Quality Program:**

- a. Ensures that the Program Health Plan addresses infants' and toddlers' preventive and primary physical, mental, oral, and nutritional health care needs through direct service and/or the provision of information and referral to their parents.
- b. Ensures that the Program Health Plan provides for reviewing and updating health records according to the most current Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers at least annually.
- c. Ensures that the Program Health Plan recognizes, establishes, and implements a protocol for addressing physical and mental health concerns (e.g., lack of weight gain, obesity, vision and/or hearing problems, difficulty with calming/regulation, oral health issues).
- d. Ensures that the Program Health Plan implements a protocol that includes discussion with parents about their preferences and choices in referrals to appropriate behavioral health care providers and agencies when health issues are identified.
- e. Ensures that the Program Health Plan addresses the implementation of any recommended treatment plans [e.g., Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), behavioral and health management plans].
- f. Ensures that the Program Health Plan has policies and implementation processes to address physical, mental, oral, and nutritional, health care, and safety emergencies.
- g. Ensures that the Program Health Plan has a process for identifying and addressing individual children's health action plans, including those relating to allergies and medications.
- h. Ensures that the Program Health Plan contains a process for observing each child's health and development on a daily basis and communicating these observations to the child's family, to the child's other caregivers, and to specialized staff, with recommendations for family to seek a medical opinion as necessary.
- i. Ensures that the Program Health Plan contains a process for sharing daily communication logs with parents.
- j. Ensures that the Program Health Plan supports infants' and toddlers' optimal nutrition through policies/protocols to:
  - Follow U.S. Department of Agriculture (USDA) nutritional guidelines specific to infants and toddlers;
  - Provides food service and nutrition education in support of obesity prevention and reduction.
  - Accommodate medically-based diets or other dietary requirements;
  - Support and accommodate mothers who are breastfeeding;



**C. PHYSICAL AND MENTAL HEALTH, NUTRITION , AND SAFETY**

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- Address optimal feeding and feeding patterns while being respectful of individual and family needs (regardless of age requirements); and to
  - Assure that nutritional services contribute to the development and socialization of children by encouraging caregivers to interact with children during mealtime and eat the same food served to toddlers.
- k. Ensures that the Program Health Plan contains a provision requiring the training of caregivers to understand and implement any complex or unusual components of the Individual Child Health Plans (e.g., glucose finger pricks for children with diabetes, epinephrine for children with life-threatening allergic reactions, plans to respond to food allergies, plans to accommodate lead-affected children, diapering for older children with special needs) (see Standard 3 below).
  - l. Ensures that the Program Health Plan contains a policy regarding dismissing children to non-custodial parents/guardians, or to parents who appear to be under the influence of alcohol or drugs.

**2. Program Standard: In collaboration with parents, comprehensive Individual Child Health Plans are developed and maintained for each child enrolled in the program.**

**A Quality Program:**

- a. With family consent, implements plans to accommodate a child's health care, mental health, or safety needs before services to a child begin or as soon as possible after the need is identified.
- b. Assures that the Individual Child Health Plan includes all health information as required in licensing (e.g., physical assessment, immunization status or waiver, emergency care statement, medicine administration/application).
- c. Incorporates relevant components of the Program Health Plan into each child's Individual Child Health Plan (see Program Standard 1 above).
- d. Assures that the Individual Child Health Plan addresses any unique needs of the child and is sensitive to culture and family choices.

**3. Program Standard: The program's policies and practices support the inclusion of infants and toddlers with special health care and developmental needs and assure that a child's special needs are reflected in the child's Individual Child Health Plan.**

**A Quality Program:**

- a. Has adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health care procedures.

**C. PHYSICAL AND MENTAL HEALTH, NUTRITION , AND SAFETY**

- b. Protects the privacy of the child affected, and her or his family, while promoting understanding of the child's special physical and/or mental health care needs.
- c. Assures that staff members receive written, clear, and thorough instructions on how best to meet the child's physical and/or mental health or developmental needs (e.g., instructions supplied by parents, by behavioral and/or health care or other providers).
- d. Obtains assistance from community partners (e.g., hospitals, intermediate school districts, community mental health agencies, local health departments) for ways to include and accommodate the child in the program.

**4. Program Standard: The program adheres to the requirements set forth under the Americans with Disabilities Act (ADA) in welcoming and accommodating children and families with disabilities.**

**A Quality Program:**

- a. Makes all personnel familiar with the provisions of the ADA, and established policies that support the inclusion of children or parents with disabilities (e.g., toileting/diapering).
- b. Develops partnerships with parents, program staff, and other professionals to plan and design ways to make the physical setting and program accessible and beneficial.
- c. Provides services to each child with special needs that are equal to and as effective as services for all other children, in the same rooms or activity areas as all other children.
- d. Assesses and removes barriers affecting the accessibility of the facility (e.g., accessible parking; firm, smooth non-slip floor surfaces; clear pathways; ramps; handrails in restrooms).
- e. Makes reasonable, individualized, developmentally appropriate adaptations to daily activities to include children, parents, and others with disabilities.
- f. Makes use of assistive technology as appropriate.
- g. Fully accommodates medically-based diets or other dietary restrictions.

**C. PHYSICAL AND MENTAL HEALTH, NUTRITION , AND SAFETY**

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**5. Program Standard: Staff participates in on-going professional development in order to understand and have the skills necessary to implement the written Program Health Care Plans and the Individual Child Health Care Plans.**

**A Quality Program:**

- a. Provides staff development on the identification of typical growth and development, vision and hearing skills, oral health development, and nutritional status.
- b. Provides staff development on the observation and identification of the early signs of:
  - Emotional and behavioral challenges;
  - Child abuse and neglect;
  - Health care concerns;
  - Communicable disease;
  - Acute illness; and
  - Developmental delay or other special need.
- c. Educates staff in how to communicate observations and concerns to parents in a way that is sensitive, objective, and confidential.
- d. Provides staff development for caregivers in securing or providing referrals for needed services and documents all follow-up efforts.

**6. Program Standard: All staff has current certification in First Aid and Cardio-Pulmonary Resuscitation (CPR) for Infants, Children, and Adults and current training in universal precautions.**

**A Quality Program:**

- a. Provides professional development for all staff working with children regarding safe environments and regulatory requirements.
- b. Identifies available professional development opportunities and shares resources.
- c. Educates all staff in sanitation procedures including universal precautions.
- d. Educates all staff on CPR for infants, children and adults, and first aid in accordance with the schedule established by the American Red Cross.

**C. PHYSICAL AND MENTAL HEALTH, NUTRITION , AND SAFETY**

**7. Program Standard: The program has policies and procedures to maintain a safe indoor and outdoor environment for infants and toddlers.**

**A Quality Program:**

- a. Implements and, at a minimum, annually reviews written policies and procedures for staff and parents regarding safety and the environment.
- b. Annually updates the background check for all personnel relating to felony convictions involving harm or threatened harm to an individual and relating to involvement in substantiated child abuse and neglect.
- c. Conducts a daily assessment of the safety and suitability of the physical environment.
- d. Is in a physical location that is free of environmental risks (e.g., lead, mercury, asbestos, indoor air pollutants).
- e. Monitors outdoor air pollutants and responds appropriately (e.g., Ozone Action Days, heat warnings, exposure to sun).
- f. Implements an Individual Pest Management Plan in accordance with the requirements of the Michigan Department of Agriculture's law on pesticides.

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

○ **D. Staffing and Administrative Support and Professional Development**

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Staffing for licensed and regulated infant/toddler programs requires individuals with differing levels of education and experience as required by regulation and the program's administering agency. All caregiving staff, support staff, and non-paid personnel (e.g., parents, volunteers) should have training, experience, and access to professional development activities needed for their responsibilities. Strong, knowledgeable, and effective administrative leadership is needed to support an effective infant/toddler program.



High-quality programs for infants and toddlers and their families employ caregivers who are professionally educated. Such education provides the infant/toddler caregiver with the necessary knowledge and skills to plan and implement a program that is developmentally and individually appropriate and specific to the education and care of infants and toddlers.

**Relevant professional development topics include but are not limited to:**

- The role of the caregiver (e.g., providing infants and toddlers with sensitive, responsive and nurturing care, attending to the foundations of trust, acknowledging the importance of language as a foundation for literacy);
- The role of the infant and toddler caregiver in establishing healthy habits;
- The importance of very early development of cognitive and social skills and physical well-being in children; understanding of the critical importance of the years from birth to kindergarten entrance to later accomplishments and to success in later schooling;
- Knowledge about growth and development of the whole child including children with special needs;
- How to develop supportive and cooperative relationships and partnerships with families;
- How to design and maintain an appropriate physical environment that both stimulates and soothes, and challenges infants and toddlers to engage with curiosity while protecting them from elements that would cause stress;
- How to provide safe and healthy environments;
- How to provide environments that promote and provide adequate time for positive caregiver-caregiver, caregiver-child and child-child relationships and interactions;

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- Understanding of the importance of the consistency of the primary caregiver in promoting infants' and toddlers' social and emotional health/well-being;
- How to provide daily experiences that are individualized and age appropriate and that promote development in all areas: self-concept, emotional, social, physical, language and cognitive;
- How to develop and support a rich language environment;
- How to monitor and assess children's development;
- Knowledge about and understanding of cultural and linguistic diversity, cultural competence;
- How to work with families whose primary language is different from the primary language used by staff in the program; and
- Information about community resources to support families and programs.

**Note:** Please consult the Glossary for definitions of the staff roles discussed in this section (e.g., caregiver, lead caregiver, program administrator, infant/toddler specialist).

**1. Program Standard: The program employs caregivers who have formal professional preparation specific to the education and care of infants and toddlers and temperament that enables them to develop and implement a program consistent with the program's philosophy.**

**A Quality Program:**

- a. Employs caregivers who have the following preparation in center-based programs:

**Lead Caregiver: Minimum:** Bachelor's degree or higher in early childhood education, child development, nursing, or other child-related field, any of which have included specific course content in infant/toddler growth, development and curriculum. Preferred: Caregiver may also have achieved and maintains an endorsement at Level 2 or higher of the Michigan Association of Infant Mental Health (MiAIMH).

**Caregiver: Minimum:** Associate's degree in early childhood education, child development, nursing or other child-related field, any of which have included specific course content in infant/toddler growth, development and curriculum, or hold a Child Development Associate (CDA) credential focused on infant/toddler care. Preferred: Caregiver may also have achieved and maintains an endorsement at Level 1 or higher of the MiAIMH.

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- b. Employs caregivers who have the following preparation in family and group home programs:
  - 1) **Caregiver: Minimum:** Associate's degree or higher in early childhood education, child development, nursing, or other child-related field any of which have included specific course content in infant/toddler growth, development and curriculum, or hold a Child Development Associate (CDA) credential focused on infant/toddler care; or have achieved and maintains an endorsement at Level 1 or higher of the MiAIMH.
  - 2) **Assistant Caregiver: Minimum:** Combination of experience and relevant college course-work equivalent to a year of college in early childhood education, child development, nursing, or other child-related field any of which have included specific course content in infant/toddler growth, development and curriculum; has satisfactorily completed at least one year of a vocational-occupational child care aide training program approved by the Department of Labor and Economic Growth; or has completed one year of apprenticeship in a recognized child care apprenticeship program sponsored by the U.S. Department of Labor.
- c. Employs caregivers whose preparation has included a supervised or monitored experience or practicum specific to the education and care of infants and toddlers.
- d. Employs caregivers whose preparation has included a parent education and family involvement component.
- e. Employs caregivers whose aptitude and temperament allow for responsive and sensitive infant and toddler caregiving.

**2. Program Standard: Staffing patterns and practices allow for program implementation, continuity of care, consistency of staff, and optimal interactions among staff, children and families.**

**A Quality Program:**

- a. Maintains a recommended ratio of 1:3 (volunteers are not counted to meet recommended ratios):
  - 1) In center-based settings, maintains recommended group sizes as follows:
    - Maximum of six infants, birth to 12 months of age;
    - Maximum of nine young toddlers, 12-24 months of age;
    - Maximum of 12 older toddlers, 24-36 months of age; or
    - The number of children specified in applicable regulations/laws, if lower.
  - 2) In child care home settings, maintains a recommended ratio of 1:3 children less than 36 months of age, with no more than two children (if

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- family child care) or three children (if group child care) under the age of 24 months.
- 3) In all settings in which infants and toddlers are cared for in mixed age groups, maintains a group size of six or less.
- b. In order to promote continuity of care and responsive caregiving to each infant and toddler, assigns a caregiver who has primary and long-term responsibility for that child.
- c. Assigns at least one lead caregiver to each group.
- d. Assigns staff, as appropriate, to support the requirements of any Individualized Educational Program (IEP) or Individualized Family Service Plan (IFSP).
- e. Assures that the infant/toddler program is under the direction of administrative/supervisory personnel in consultation with a specialist in infant/toddler development and care.
- f. Provides staff with paid time for planning with colleagues and specialists.
- g. Enhances staff retention as well as greater continuity and consistency for children by providing consistent reflective, responsive supervision and mentoring of staff.
- h. Implements policies that support and promote staff retention and longevity.

**3. Program Standard: Support staff and volunteers are assigned to roles that enhance the program's goals.**

**A Quality Program:**

- a. Provides orientation on program goals and objectives as well as basic methods of positive interaction with infants and toddlers and their families.
- b. Assigns tasks and responsibilities that complement the skill level and areas of strength of support staff and volunteers.
- c. Offers professional development and advancement opportunities.
- d. Enhances the staff/child ratio and consistency of care through the use of support staff and volunteers who work directly with children. (However, volunteers and support staff are not counted to meet recommended ratios in Standard 2.)

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT****4. Program Standard: Policies and procedures ensure that administrators and staff participate in systematic, on-going professional development.****A Quality Program:**

- a. Assures that professional development is based upon program and individual needs assessments, and aligns with the plans for professional development individualized by each staff member in consultation with administrative leadership.
- b. Assures that professional development is grounded in up-to-date evidence-based practice and supports the program goals.
- c. Assures that staff members participate each year in early childhood professional development activities that allow staff to achieve higher levels of functioning (e.g., in-service activities, professional workshops, seminars, training programs, credential and endorsement programs, courses at institutions of higher learning, teacher exchanges, observations, mentoring).
- d. Supports staff affiliation with local, state, or national professional organizations and organizations that advocate on behalf of young children and families.
- e. Maintains a collection of professional development resources.
- f. Has a written plan for and documents staff participation in professional development activities.
- g. Assures that professional development enables all staff to effectively support the participation of infants and toddlers with special needs and those learning a language other than their primary language.
- h. Assures that professional development emphasizes and supports the importance of partnerships with families.
- i. Requires administrators and supervisors to support the provision of and staff participation in individually appropriate and responsive staff development and in-service training.

**5. Program Standard: The program employs or identifies a program administrator qualified to lead, implement, evaluate, and manage a high-quality education and care program for infants and toddlers.****A Quality Program:**

- a. Employs an administrator in a center-based program who:
  - 1) Has educational preparation in developmentally appropriate early childhood education and educational preparation and experience in the supervision, management, and evaluation of personnel, facilities, and program budget and in the coordination of the program with other local, state, and federal agencies;

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- 2) Is assigned the responsibility for obtaining the resources necessary to fund the program; and
- 3) Is assigned the responsibility for the collaborative efforts of the program (e.g., those described in the Community Collaboration section).
- b. Employs an individual to operate a family and group home program who:
  - 1) Meets the caregiver qualifications for family and group child care identified in Program Standard 1 of this section;
  - 2) Implements procedures so that the program is operated as a small business, with specific attention paid to supervision and evaluation of caregiving staff, maintenance and upgrading of the physical spaces used for care, and appropriate handling of accounts;
  - 3) Seeks opportunities to coordinate with other local entities involved in supporting families with infants and toddlers, while advocating for high standards in all programs that touch their lives;
  - 4) Identifies and uses resources necessary to implement high-quality programming for infants and toddlers; and
  - 5) Seeks opportunities to collaborate with programs in the greater community and across the state in order to increase knowledge or enhance service.

**6. Program Standard: The program employs, contracts with, or has access to and regularly consults with an infant/toddler specialist.**

**A Quality Program:**

- a. Employs, contracts with, or has access to an infant/toddler specialist who has a graduate degree in early childhood, child development, or other child-related field, any of which have included specific course content in infant/toddler growth, development, and curriculum.
- b. Preferably, employs, contracts with, or has access to an infant/toddler specialist who has achieved and maintains an endorsement at level 2 or higher of the MAIHM.
- c. Employs, contracts with, or has access to an infant/toddler specialist who has specific experience in planning, developing, and implementing programs for infants and toddlers and has the ability and experience to evaluate family and group early education and care programs according to specific criteria for these age groups.

**D. STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

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**7. Program Standard: The program and its personnel are evaluated annually.****A Quality Program:**

- a. Arranges for the infant/toddler specialist and/or the program administrator to annually evaluate staff performance according to local, state, and national standards for high-quality infant/toddler education and care and/or criteria using a variety of techniques (e.g., observation, self-evaluation).
- b. Conducts staff evaluation in an on-going relationship-based reflective manner.
- c. Arranges for, under the direction of the infant/toddler specialist and/or the program administrator and in conjunction with caregivers, support staff, parents, and collaborative partners, an annual evaluation of the program.
- d. Conducts program evaluation using local, state, and national standards or criteria for high-quality, effective infant/toddler education and care.

**E. AN ENVIRONMENT OF CARE AND LEARNING****E. An Environment of Care and Learning**

A high-quality infant/toddler program views the development and learning of very young children as an integrated process encompassing all the domains of development (social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical). As development and learning are intertwined, so are the components of care and learning environment in a high-quality program. The leaders of an effective program understand that the program's structure, how relationships are nurtured, the physical environment, and the activities and experiences offered to children are interdependent and must be considered together in planning and carrying out the program. The interpersonal and physical environment in a high-quality program is designed to enable infants and toddlers to experience:



- well-being;
- a sense of belonging;
- confidence in exploration;
- growing skill in communication; and
- the opportunity to contribute.

When such opportunities are provided, infants and toddlers are able to develop and sustain a sense of trust, emotional well-being, self-regulation, growing social competence, an aptitude for learning, and the confidence necessary to be successful now and later in school and life. From the foundation of warm responsive caregiver-child relationships, young children's development and learning take place. This occurs through rich interpersonal interactions and as a result of direct experiences with a variety of materials. Direct communication with each child throughout the day promotes language development. Infant and toddler environments must be rich in vocabulary that enlarges the child's access to ideas and experiences.

The standards in this section are organized in four components; none of them stands alone.

**Program Structure (Standards 1 through 7)**

A high-quality infant/toddler education and care setting, whether in a center or home and regardless of its sponsorship, complies with all applicable regulations and implements and maintains appropriate and consistent policies and procedures. How the program assigns caregiving staff is critical to supporting the optimum development of infants and toddlers. A program is organized to make certain its physical and human resources support the philosophy and make the best use of available resources.

## E. AN ENVIRONMENT OF CARE AND LEARNING

### Relationships and Climate (Standards 8 through 12)

Nurturing and supportive relationships are essential for the healthy development of infants and toddlers. A high-quality infant/toddler program is individualized to meet each child's needs and promote positive relationships between and among children, caregivers, staff and families. The quality of the nurturing relationships infants and toddlers experience form the basis of much of their overall development. Emerging knowledge about development confirms the central role strong and positive relationships play in cognitive and social-emotional development.

### Space, Equipment and Materials (Standards 13 through 15)

A high-quality care and learning environment for infants and toddlers occurs in a physical space that is organized and equipped to support their emotional and physical comfort and to foster their independence, self-reliance, exploration and discovery. The space is safe, warm and comfortable, and allows caregivers to easily interact with individual children and children to interact with one another. The setting should also be inviting and comfortable for their families and have room for them to interact with caregivers and children.

The kind, quality, and quantity of toys and other learning materials in the environment play a critical role in advancing the development of infants and toddlers. Toys and materials must be adequate and appropriate to children's age, developmental levels, and culture, and relate to what they are learning. High-quality programs assure that the space, materials, and equipment promote learning experiences, children's well-being, positive interactions with caregivers and other children, a sense of belonging, and overall program quality.

### **Activities and Experiences (Standards 16 through 20)**

Caregivers use their understanding of infant/toddler development and their knowledge about the individual children in their group to organize activities and experiences within the learning environment. Whether or not children's development and learning are supported depends on everything that happens on a daily basis within the setting, encompassing everything caregivers do, the way space is organized, the materials available, how children are grouped, the nature of interactions, the day's schedule and routines, and the management of transitions across the day.

Routine daily activities and individualized experiences promote each child's progress in all areas of development. Activities and experiences in a high-quality infant/toddler program are thoughtfully planned and based on an evidence-based framework consistent with the goals of the program and with standards established by the program's governing body and any applicable legislative and regulatory requirements. Activities and experiences are consistent with and support reasonable expectations for infants' and toddlers' development and learning, including those with special needs, and are culturally and linguistically responsive.

Individualized planning provides a coherent and intentional set of experiences and activities to support the development of all infants and toddlers across all domains. These activities and experiences provide the foundation for all development and learning into the preschool years and beyond.

**E. AN ENVIRONMENT OF CARE AND LEARNING****PROGRAM STRUCTURE: STANDARDS 1 - 7**

**1. Program Standard: The program provides an environment that complies with all applicable local, state, federal, and accrediting agency regulations and provides a safe, well-maintained, and healthy environment.**

**A Quality Program:**

- a. Has a current, non-restricted state-issued license or certificate of registration/approval appropriate to the type of program/facility and demonstrates compliance with all other relevant local, state, and federal regulations and legislation.
- b. Complies with all facility and program requirements of the sponsoring and/or accrediting agency.
- c. Makes provisions for all children based upon individual abilities and capacities to ensure the safety, comfort, and full participation of each child.
- d. Ensures parents and staff are knowledgeable about all health and safety policies and procedures which apply to the program.

**2. Program Standard: The program maintains staffing patterns that ensure continuity of care and responsive caregiving from consistent primary caregivers.**

**A Quality Program:**

- a. Assigns a primary caregiver to each child with the intent of supporting child and caregiver attachment over an extended period of time, with particular attention to limiting the number of caregiver transitions experienced by a child, especially those under 36 months of age.
- b. Assigns a lead caregiver to each group of infants and toddlers.
- c. Exceeds minimum staff/child ratios and group sizes required by licensing to ensure adequate time for relaxed and unhurried interactions and the formation of secure attachments.
- d. Provides an infant/toddler specialist to work with caregivers to ensure ongoing quality improvement.
- e. Ensures all staff work together to meet the individual needs and advance the development and learning of each infant and toddler.
- f. Arranges staff schedules to ensure adequate time for sharing information about children during caregiver changes (e.g., information about observational assessment).
- g. Schedules time for staff to participate in planning, record keeping, and professional development.

**E. AN ENVIRONMENT OF CARE AND LEARNING**

**3. Program Standard: The program ensures that each individual infant's and toddler's emotional and physical needs are met at all times.**

**A Quality Program:**

- a. Ensures that infants' and toddlers' needs are met as they arise (e.g., resting when tired, being comforted when upset).
- b. Balances and/or adapts daily routines based on children's needs.

**4. Program Standard: The program's philosophy, policies, and practices promote a climate of acceptance that supports and respects individual capacities and diversity of children, families, and staff.**

**A Quality Program:**

- a. Implements nondiscriminatory enrollment and employment policies.
- b. Establishes a climate that is respectful, accepting of, and responsive to children, families, and staff.
- c. Provides bias-free materials and promotes inclusive activities.

**5. Program Standard: The program's policies, procedures, and practices promote, respect, and support the inclusion and full participation of infants and toddlers with special needs.**

**A Quality Program:**

- a. Adapts and provides activities, routines, materials, and equipment to support each child's active participation regardless of ability level, physical dexterity, or communication skills.
- b. Arranges the physical environment to accommodate the needs of each infant and toddler.
- c. Makes equipment and materials accessible to all children.
- d. Uses families as resources for information about children's uniqueness.

**6. Program Standard: The program's policies, procedures, and practices promote, respect, and support the inclusion and full participation of infants and toddlers with home languages that differ from the primary language used in the program.**

**A Quality Program:**

- a. Has knowledge of and applies the latest knowledge about working with children whose home language differs from the primary spoken and written language of the program.

**E. AN ENVIRONMENT OF CARE AND LEARNING**

- b. Demonstrates an awareness and respect for the customs, heritage and values of the families and children and invites families to participate as resources.
- c. Integrates dual language learning opportunities into all aspects of the program.
- d. Provides books and other materials which reflect the home languages of the families whose infants and toddlers are enrolled in the program.

**7. Program Standard: The program's policies and practices promote, respect, and support partnerships with each family.**

**A Quality Program:**

- a. Budgets resources to build and foster partnerships between the program and all families.
- b. Provides ongoing educational opportunities for staff and families and support to enhance partnerships with families.

**E. AN ENVIRONMENT OF CARE AND LEARNING****RELATIONSHIPS AND CLIMATE STANDARDS 8 - 12**

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**8. Program Standard: The program facilitates a climate of supportive and responsive child-caregiver relationships that enhances the development of each infant and toddler.**

**A Quality Program:**

- a. Embraces and implements the philosophy of primary caregiving to ensure that caregivers are assigned to individual children based on a harmonious fit between caregiver and child.
- b. Assigns caregivers so that each infant and toddler has consistent primary caregivers enabling secure attachments and trusting relationships while being cared for by caregivers other than their parents.
- c. Supports sensitive, responsive, reciprocal relationships between caregivers and children.
- d. Ensures caregivers support each infant's and toddler's level of development by being responsive to individual strengths, interests, ways of communicating, temperament, cultural background, language, and learning styles.
- e. Ensures that caregivers nurture and interact with each child with warmth, respect, and caring.
- f. Supports each child's adjustment to the program and plans for smooth transitions when family and program changes occur.

**9. Program Standard: The program maintains ongoing partnerships with families to support families' continued engagement with and participation in their children's development and care.**

**A Quality Program:**

- a. Recognizes the family as the primary source of knowledge concerning the child.
- b. Forms respectful and responsive partnerships with families and provides opportunities for shared decision-making based on parents' expectations, dreams, and goals for their children.
- c. Forms partnerships with families to encourage the use of positive, consistent practices at home and in the program.
- d. Is sensitive and responsive to each family and encourages them to share their interests, skills, culture, and traditions.
- e. Distributes policies and procedures in family-friendly language, at an appropriate literacy level, and in each family's preferred means of communication.
- f. Communicates with each family about their child on a daily basis.

**E. AN ENVIRONMENT OF CARE AND LEARNING**

- g. Maintains confidentiality in accordance with a professional code of ethics and with program, state, and federal requirements.
- h. Provides opportunities for families to become familiar with the program and the staff prior to the child's enrollment.
- i. Facilitates transitions to other caregivers or program settings.
- j. Encourages and provides opportunities for families to participate in program activities, including observations of their infants and toddlers.
- k. Encourages parent involvement in program planning, implementation, and evaluation.
- l. Provides an on-site family resource area and information about family education, enrichment, or support programs and activities offered by the program, the community, or through referral.

**10. Program Standard: The program promotes the development of positive relationships between and among children.**

**A Quality Program:**

- a. Ensures that infants and toddlers have ongoing opportunities to interact informally with one another; the indoor and outdoor environments are structured to encourage such interactions.
- b. Ensures that caregivers model appropriate interactions with children.
- c. Encourages children to negotiate and resolve conflicts peacefully, with caregiver intervention and guidance when necessary, while respecting the limitations of children's emerging social and emotional skills.
- d. Encourages children to explore their environment with other children, leading to expanded perspectives, cooperation, collaboration, and a sense of belonging in social groups.
- e. Provides opportunities for children to interact in small groups, recognizing that large group experiences are typically inappropriate for infants and toddlers.
- f. Assures that caregiver-directed experiences are limited, of short duration, and rarely occur in groups.

**E. AN ENVIRONMENT OF CARE AND LEARNING**

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**11. Program Standard: The program provides opportunities for and encourages positive relationships among caregivers, staff, program administrators, the infant/toddler specialist, and other consultants and resource persons.**

**A Quality Program:**

- a. Provides time for caregiving staff to meet to discuss care practices, beliefs, attitudes, concerns, and individual staff and child strengths and needs (e.g., weekly formal meetings, informal daily discussions).
- b. Employs staff members who demonstrate flexibility and cooperation through respectful, positive, supportive interactions and practices.
- c. Provides reflective, responsive supervision a minimum of four hours per month for each caregiver.
- d. Encourages and supports staff involvement in all aspects of program development.

**12. Program Standard: The program uses positive and preventive guidance based on positive relationships with each child to assist each one to develop self regulation, communication, and social skills.**

**A Quality Program:**

- a. Implements positive, predictable, constructive and consistent guidance techniques with natural, logical consequences that are developmentally appropriate for infants and toddlers.
- b. Recognizes each infant and toddler's temperament, strengths and needs, and responds to and guides behavior accordingly.
- c. Supports each infant's and toddler's development of self-regulation and healthy self-esteem through nurturing and age-appropriate responses to verbal and non-verbal cues.
- d. Does not use food as a reward or punishment.
- e. Supports children's emerging communication and language to express their feelings, thoughts, and needs; supports the development of dual language competence.
- f. Continually monitors and minimizes factors that can lead to frustration and conflicts for infants and toddlers (e.g., those arising from conditions in the physical environment, daily experiences, routines).
- g. Partners with families to encourage the use of positive, consistent guidance techniques at home and in the program.

**E. AN ENVIRONMENT OF CARE AND LEARNING****SPACE, EQUIPMENT AND MATERIALS STANDARDS 13-15**

**13. Program Standard: The indoor space is safe, comfortable, accessible, and organized with sensitivity to the needs of children and their families and caregivers and is designed to promote individual, child/child, and child/caregiver activities and interactions.**

**A Quality Program:**

- a. Considers children's safety of the utmost importance when designing and provisioning the physical environment.
- b. Provides access to usable open space for infants and toddlers to explore safely.
- c. Uses appropriately designed furniture and equipment to promote accessibility, initiative and independence for all children.
- d. Organizes the space to include eating, sleeping, and activity areas as well as a place where a child can choose to be away from the group while continuing to be observed by a caregiver.
- e. Provides activity areas for infants and toddlers where equipment and materials of similar use are placed together.
- f. Arranges space to support social interactions between children and caregivers.
- g. Allows children to move and explore their environment without restraining them in equipment (e.g., avoiding the use of playpens, cribs, swings, activity saucers, walkers, feeding chairs).
- h. Provides infants with a safe, appropriate separate area for floor time away from the general traffic area.
- i. Prominently displays, at the child's level, children's creations, multicultural photos of children and families, and other items of interest to the children.
- j. Provides visual exposure and prompts to eat healthy foods and be more active (e.g. books, posters, fruit bowls, gardens).
- k. Provides space for storage of personal belongings for each child.
- l. Uses signs to clearly welcome parents and communicate schedules and daily routines.
- m. Provides a parent resource area.
- n. Provides dedicated space for staff to take breaks and securely store personal belongings.



**E. AN ENVIRONMENT OF CARE AND LEARNING**

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**14. Program Standard: The outdoor space is safe, comfortable, accessible, and organized with sensitivity to the needs of children and their families and caregivers and is designed to promote individual, child/child, and child/caregiver activities and interactions.**

**A Quality Program:**

- a. Provides usable, appropriate and safe outdoor play space, accessible to each child, in an area designed and designated for infants and toddlers.
- b. Includes a variety of safe surfaces in the outdoor area.
- c. Provides outdoor play equipment and materials, accessible to each child and of suitable design and size for infants and toddlers.
- d. Arranges the outdoor space to support social interactions among the children and their caregivers.
- e. Extends principles of responsive caregiving from the indoor to the outdoor environment (e.g., caregivers are engaged with the children rather than simply “watching” them).
- f. Capitalizes on the opportunities the outdoor environment presents for learning about the natural world (e.g., an area to observe food plants growing).
- g. Keeps children protected from any unsafe outdoor areas, equipment, and environmental hazards.

**15. Program Standard: Equipment, toys, materials, and furniture are supportive of the abilities and developmental level of each child.**

**A Quality Program:**

- a. Provides safe, appropriate, and sufficient equipment, toys, materials, and furniture to support and encourage each child to experiment and explore.
- b. Provides multiple sets of materials of most frequent interest to infants and toddlers.
- c. Provides instructional adjustments and adaptive devices for each child including those with disabilities to ensure their participation and comfort and support their development.
- d. Provides materials, equipment, and activities that reflect each child’s culture, developmental abilities, individual learning styles, and home language.

**E. AN ENVIRONMENT OF CARE AND LEARNING****ACTIVITIES AND EXPERIENCES STANDARDS 16 - 20**

**16. Program Standard: Activities and experiences build upon, support, and enhance infants' and toddlers' well-being, feeling of belonging, growing capacity to make contributions, communication, and expanding interest in exploration.**

**A Quality Program:**

- a. Uses knowledge of child development, current evidence-based best practice, and appreciation of individual differences to plan and prepare strategies to support children's development and learning and provide individualized age appropriate activities for each infant and toddler.
- b. Exposes children to skills, concepts, or information they would not discover on their own, through the use of age-appropriate caregiver-facilitated learning activities and experiences.
- c. Provides daily opportunities for children to explore both indoors and outdoors using all of their senses.
- d. Facilitates and encourages children's investigations and discoveries by supporting and responding to their cues, ideas, questions, and conversations.
- e. Provides opportunities and supports for each infant and toddler to develop and practice skills and acquire new knowledge across the developmental domains.
- f. Recognizes and uses daily routines as 'teachable' moments as a means to further infants' and toddlers' growth and development.
- g. Addresses health, nutrition, physical activity, and safety considerations throughout the written program plans for structured activities in the curriculum.
- h. Makes activities and materials available for extended periods of time so children can repeat and expand on their previous experiences.
- i. Continuously assesses and modifies the environment to enhance and expand children's skills and knowledge across all domains.
- j. Avoids the use and exposure to screen-based technology and media for children under 2 and limits use of any screen technology and interactive media in programs for children 2 and older to those that appropriately support responsive interactions between caregivers and children and only in limited, intentional and developmentally-appropriate ways to support children's learning and development.



**E. AN ENVIRONMENT OF CARE AND LEARNING**

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**17. Program Standard: Play is recognized and supported as the most appropriate mode of learning for infants and toddlers; this perspective is demonstrated in all aspects of the program.**

**A Quality Program:**

- a. Ensures that the contribution and importance of play to children's development, learning, and overall well-being is reflected in the program's philosophy statement and daily experiences and activities.
- b. Ensures that program administrators and caregivers can articulate to parents and others the value of play and how skills and knowledge acquired through play support development and extend learning across the domains.
- c. Provides a variety of play opportunities throughout the day for infants and toddlers individually and in groups, both indoors and outdoors as weather permits, and as appropriate to their age and development.
- d. Provides a daily schedule that includes extended blocks of time designated for child choice, play, and exploration.

**18. Program Standard: Activities and experiences are based on typical sequences of development across all developmental domains, while taking each child's unique capabilities, needs, and preferences into consideration.**

**A Quality Program:**

- a. Plans and implements learning experiences and activities based on each child's strengths, developing skill areas, levels of functioning, comprehension, culture, and preferences across all developmental domains (social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).
- b. Provides continuous opportunities for all infants and toddlers to experience success.
- c. Involves infants and toddlers in choosing activities and experiences.
- d. Ensures that infants' and toddlers' explorations are extended and enhanced by the planned activities and experiences.
- e. Provides toddlers with daily, physical activity that is vigorous (gets children "breathless" or breathing deeper and faster than during typical activities) for short doses of time.

**E. AN ENVIRONMENT OF CARE AND LEARNING****19. Program Standard: Activities and experiences are culturally relevant and designed to enable the participation of all infants and toddlers, including those with special needs.****A Quality Program:**

- a. Supports all infants and toddlers in achieving a sense of belonging to the group.
- b. With caregiver assistance when needed, integrates all infants and toddlers socially into the group and enables them to participate in activities regardless of abilities.
- c. Observes infants and toddlers carefully to identify their preferred ways of interacting with the environment (e.g., skills in handling objects and materials, frequency of communication, interest in listening to stories and songs, preferences in playing/working alone or with others).
- d. Designs activities and experiences in such a way that infants' and toddlers' ideas, interests, and concerns are acknowledged, respected, and promoted.
- e. Utilizes a variety of approaches to enable infants and toddlers with special needs to learn and express themselves.
- f. Provides experiences and activities in a sequence and at a rate that reflects individual special needs rather than a predetermined schedule.

**20. Program Standard: The daily schedule, routines, and transitions are predictable, yet flexible, and supportive and responsive to individual needs.****A Quality Program:**

- a. Schedules integrated experiences involving creative expression, sensory activities, gross and fine motor experiences, and language/literacy activities as regular components throughout the day.
- b. Ensures that infants have interactive, supervised tummy time every day when they are awake.
- c. Recognizes the importance of and plans for a balance of active, quiet, small group, paired, individual, independent, and guided activities; e.g., enjoyable
- d. As a means of supporting healthy habits, limits the amount of time children are seated to no more than fifteen minutes at a time, except during meals or naps.
- e. Arranges the physical environment and the routines so that each child can engage in child-initiated play and exploration throughout the day.
- f. Consistently prepares children for and provides smooth transitions and daily routines that are unhurried and purposeful with one-to-one nurturing interaction between primary caregivers and their children.

**E. AN ENVIRONMENT OF CARE AND LEARNING**

- g. Plans for and supports children who find transitions difficult (e.g., handling the separation process from home to the program with sensitivity and respect).
- h. Limits the amount of time that children wait in the transition between activities.
- i. Allows children to choose not to participate in group activities and to engage in another safe, appropriate activity.
- j. Prepares children and families for transitions into a new care and learning setting.
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**F. CHILD ASSESSMENT AND PROGRAM EVALUATION****F. Child Assessment and Program Evaluation**

During their first three years of life, children's growth and development is most rapid and is typically uneven and greatly influenced by their interpersonal and physical environments. Infants and toddlers present special challenges for appropriate assessment to an even greater extent than do preschoolers. Very young children have limited ways of responding to their interpersonal and physical environments. For example, babies cannot yet use language to indicate their understanding. Since other systems have not developed, many responses from the youngest children are motoric. Thus, an unexpected response may indicate a motor problem, although a cognitive ability or understanding was being examined. And most importantly, infants and toddlers do not understand testing in the same way older children do.



For the youngest children, it is essential to recognize the imprecision and limitations of many widely used assessment instruments. The younger the children, the more difficult it is to obtain reliable and valid assessment data. Infants and toddlers may be harmed if information from the wrong instruments is used in the wrong way; families are also harmed when inaccurate information negatively influences their understandings of their children's capabilities. Such inappropriate practices often result in the use of faulty information to make program placements or to alter children's learning opportunities. Such decisions can, and have been demonstrated to alter the course of children's lives.

Options for gathering and reporting information are numerous; however, it is critical that the methods selected are sensitive to variations of culture, race, class, gender, language, and ability among infants and toddlers and their families. Any time children are assessed, it is important to keep in mind the normal individual variation in growth and development and factors which can affect performance (e.g., time of day, fatigue, hunger, comfort and/or familiarity with the assessor).

Four purposes for assessing the developmental and learning progress of young children are widely recognized (NEGP, 1998):

- To support children's development and learning;
- To identify children who may need health and special services;
- To evaluate programs and monitor trends; and
- For high-stakes accountability (although rarely appropriate in infant/toddler programs).

## F. CHILD ASSESSMENT AND PROGRAM EVALUATION

- Understanding all four purposes is important for staff in infant/toddler programs; each of these purposes must be considered very carefully in designing an assessment, evaluation and accountability system. Understanding how these purposes apply is of particular importance in programs serving infants and toddlers.
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**Assessment to Support Development and Learning.** The first and most important use of child assessment data is to support children's development and learning. In most cases, observations of a child in a naturally occurring setting, with family or familiar caregivers, provides rich information about the child's development. This information learned from ongoing observations by parents and caregivers is of utmost importance because it can immediately inform practice. Assessment in order to plan activities for infants' and toddlers' daily experiences and to report to parents should always include multiple sources of information, multiple components, and occur at multiple points in time. Because growth and change are so rapid in the infant/toddler years, parents and caregivers must have opportunities for the exchange of information on a daily basis.

**Assessment to Identify Children for Special Services.** Assessment to identify infants or toddlers who may need specialized health services or other particular therapies is also critical when children are very young. Screening tools and procedures can be used in center and home settings to identify children who may need additional diagnostic assessment. Screening alone should never be used to offer a diagnosis of an infant's or a toddler's development, but only to refer the child for more in-depth assessment. Accurate assessment of sensory (hearing, vision) or health problems in infants and toddlers can only be accomplished by trained professionals with specialized assessments and equipment. A complete in-depth evaluation or developmental assessment should also be provided by a team of professionals.

**Program Evaluation.** Knowing how children are doing as a result of participating in a program or set of services is of critical importance to caregivers, teachers, parents, program leaders and local, state and federal agencies having responsibilities for the programs. Each of these stakeholders may have different reasons for needing the information well-designed child assessment can bring, but in the end, the most important stakeholder is the child (Council of Chief State School Officers, 2003). For older children, aggregated gain scores or actual average scores on assessments may be used to determine program effectiveness and to plan for program improvements.

In infant and toddler programs, it may be possible to aggregate the percentage of children making progress in a particular developmental domain, but these data should never be used as the sole measure of program effectiveness. In all cases, data must be aggregated in such a way as to prevent individual identification and protect child and family privacy. Data should not be aggregated when numbers of participating children are small because of the danger of personal identification. Large scale accountability programs

## F. CHILD ASSESSMENT AND PROGRAM EVALUATION

should include all of the safeguards for privacy typically included in professional research protocols.

In most infant and toddler settings and programs, it is preferable to use direct measures of caregiver characteristics (e.g., caregiver qualifications, participation in professional development) and of program quality (e.g., tools that assess the physical and interpersonal environment). Direct program evaluation can accurately document program quality and be used for program improvement purposes.

**High Stakes Accountability.** High stakes accountability involves using test results to remove funding from a program and/or to judge teacher effectiveness. Because of the small numbers of participants in most programs for infants and toddlers, and the large margins of error in assessments, child assessment for the purpose of high-stakes accountability in infant/toddler programs is rarely appropriate.

**1. Program Standard: The program uses information about each child gained from continuous family input, child observation, and from a variety of other sources to address individual needs and to plan experiences for individual children and groups.**

### A Quality Program:

- a. Uses sound developmental theory and other widely-accepted information about infant/toddler development and learning to understand and interpret infant/toddler behavior.
- b. Attends to each child's development in all domains (e.g., social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).
- c. Uses caregiver observation of children in daily activities and family reports as the primary sources of information about each child's development.
- d. Uses ongoing observational information to make immediate accommodations to address the individual needs of infants and toddlers (e.g., need for food, changing, repositioning).
- e. Uses more systematic, continuous, and cumulative observational methods (e.g., documented and dated) or other types of ongoing assessment to gain additional information about children (e.g., to know when to add more complex materials to the environment, to collect and interpret information to share with parents).



## F. CHILD ASSESSMENT AND PROGRAM EVALUATION

- f. Utilizes ongoing assessment information to determine the antecedents of child behaviors when appropriate.
- g. Utilizes assessment information for daily and long-term planning for individuals and groups.
- h. Has a systematic two-way process for sharing information about the development and learning of infants and toddlers with their parents.

**2. Program Standard: The program uses appropriate processes to identify infants and toddlers who may require additional supports, specialized programs, and other interventions.**

### A Quality Program:

- a. Uses valid and reliable developmental and behavioral screening tools and procedures, caregiver observation, and family input to identify concerns.
- b. In partnership with families, refers children to specialists when concerns indicate the need for additional assessment and evaluation.

**3. Program Standard: The program implements on-going processes of evaluation for program improvement.**

### A Quality Program:

- a. Bases program evaluation processes on the program's current philosophy, goals and objectives.
- b. Involves families, staff, the program's infant/toddler specialist (when not a regular staff member), and a variety of community members in an annual review of all program components and uses the resulting information to develop and implement an annual plan for improvement.
- c. Uses instruments that directly measure program quality and other data to evaluate how well the program is meeting its goals. In programs that serve older children as well as infants and toddlers, assessment of the quality of the infant and toddler experiences should be considered as a distinct aspect of the total program.
- d. Evaluates caregivers and program administrators with methods that reflect the program's philosophy and curriculum, and develops professional goals based on these evaluations.
- e. Regularly reviews the program's improvement plan and assesses progress throughout the year.
- f. Invites families exiting the program to provide input to the program during an exit interview or survey.
- g. Is accountable to funding and administrative agencies by providing required data.

**F. CHILD ASSESSMENT AND PROGRAM EVALUATION**

- h. Uses accepted safeguards for child and family privacy when providing data for research studies or accountability purposes.
- i. Actively avoids, insofar as possible, participation in assessment and evaluation processes that result in use of child outcome data for high-stakes purposes.



**4. Program Standard: The program implements policies and procedures for the appropriate use of screening, assessment, and evaluation tools.**

**A Quality Program:**

- a. Seeks assistance from professionals knowledgeable in both assessment and infant/toddler development when selecting and using assessment tools.
- b. Assures that the people conducting any assessment have received appropriate professional development specific to the tool being utilized.
- c. Uses instruments only for the purpose(s) intended [e.g., does not use screening tools to make decisions about placement or to assess progress, does not use a screening tool or an achievement (readiness) test to exclude children from programs in which they are legally entitled to participate, does not permit assessment findings to be used for high-stakes purposes].
- d. Uses instruments that respect and perform adequately when assessing children's developmental, cultural, and linguistic diversity and that of their families.



## Glossary for Early Learning and Development

**The Early Learning and Development Glossary is a component of the 2013 Early Childhood Standards of Quality (ECSQ) Project.**

This initiative has multiple components, including:

- Alignment of 2013 Preschool ECSQ through Grade 3 Learning Expectations in all domains;
- Alignment of Head Start Child Development and Early Learning Framework (HSF) 2011 with the Michigan ECSQ Preschool Early Learning Expectations (2013);
- Examples representative of positive, engaging child experiences in learning environments including PK through Grade 3 for all learning domains.
- Examples of intentional and responsive early learning practices for all adults involved in the education and care of young children in PK through Grade 3;
- Additional program standard indicators to assure alignment with expectations; and
- *Early Childhood Standards of Quality for Infant and Toddler Programs*

This Glossary is intended to supplement terms defined in the licensing regulations for child care centers and family and group child care homes and preschool settings. It contains terms applicable across the entire birth through grade 3 age ranges. However, some terms are applicable only to infants and toddlers and those who provide care for them. Likewise, other terms are more relevant to the preschool age child and environment or those in kindergarten or early primary through third grade, as age and grade level appropriate.

**Accessible/Accessibility:** As used in the ECSQ documents, these terms relate to either: 1) attention to materials and adaptations in the physical environment, so that children with special needs have equitable opportunities to learn, including adaptations that are required to be in compliance with federal and state laws regarding accessibility; and 2) whether quality and appropriate programs are available to families (e.g., geographically accessible, affordable, have needed hours of operation).

**Activity Areas:** In an infant/toddler setting, activity areas include spaces set up and provisioned to enable attention to children's needs across all domains (social, emotional, intellectual, language, creative, and physical) and include or may be referred to as areas for feeding, sleeping, learning/playing, and diapering. In preschool and early primary, activity areas (often called centers or work areas) are designated by age appropriate labels (e.g., Art, Science, Books, Building).

**Acute Illness:** A disease with an abrupt onset and usually of short duration (e.g., a cold, the flu).

**Administrative/Supervisory Personnel:** Program leaders at the program and/or administering agency level (e.g., program directors, specialists, and school district level or building principals/administrators/supervisors) who are responsible for administering, supervising, and leading program services, activities, and instructional and caregiving staff.

**Advisory Council:** A group convened to advise program leaders regarding planning, development, implementation, and evaluation of the program. The advisory council is typically comprised of parents and interested community members. Advisory councils may be established as a requirement of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.

**Age Appropriate:** Learning opportunities, experiences, a physical learning environment, equipment, materials and interactions with that match a child's age and/or stage of growth and development.

**American Sign Language (ASL):** A language of signs, gestures, and expressions, with its own grammatical structure, that is used by many in the deaf community; it is typically the deaf person's primary language while written English is routinely the secondary language (making ASL users bilingual).

**Approaches to Learning:** A term covering a range of attitudes, habits, and learning styles addressed in this Domain for PK-Grade 3. It reflects the dynamics of learning how to learn on one's own and in the company of others. It is the relationship between thinking, learning and acting; and it is the interaction between the learner and their environment. It includes the following two subdomains:

- **Habits of Mind:** A cluster of traits reflect thoughtful, individual approaches to learning, acting, creating, and problem solving.
- **Social Dispositions:** A cluster of selected positive behaviors that have value in society and allow children to participate and interact more effectively with others.

**Assessment:** A systematic procedure for obtaining information from observation, interviews, portfolios, projects, tests, and other sources that can be used to make judgments about characteristics of children or their programs.

**Assistant caregiver:** Term used in family or group home serving children from birth to age 5 to denote a person who works under the supervision of a caregiver.

This person may also be referred to as an 'Associate' or 'Para-Professional' or 'Aide' in public or private group settings.

**Assistive technology:** Any item, piece of equipment, product or system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities and promote participation and learning of anyone with disabilities.

**Auxiliary staff:** Personnel who are responsible for delivering support services offered by the program and/or required by federal or state regulations (e.g., nurses, Title 1 staff, special education consultants, speech/language therapists, school psychologists, nutrition specialists or social workers).

**Bilingualism:** The degrees of dual language competency including: 1) children who have acquired language skills in their first language and then begin to learn a second language, or 2) children who are not yet comfortable and capable in their first language, thus are learning two languages simultaneously

**Caregiver:** In a family or group child care program, the person who provides the direct care, supervision, guidance, and protection of children within the early childhood setting.

**Child Development Associate Credential (CDA):** Nationally recognized performance-based credential awarded through the Council for Professional Recognition, an independent subsidiary of the National Association for the Education of Young Children. A CDA credential is awarded following documentation and demonstration of knowledge and competence in working with children birth to five years of age.

**Child-Initiated:** Experiences which offer children choices among a wide range of opportunities for play and learning so that they can directly experience and manipulate new ideas and objects (e.g., choosing from a variety of activities throughout much of the day; creating their own ideas with art materials, block constructions, dance improvisations, or natural materials which encourage children to question, experiment, observe or pretend).

**Collaboration:** A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The result is a shared endeavor with members eventually committing themselves as much to the common goal as to the interests of participating agencies. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

- For *children*, this means the age-appropriate social disposition of working together to reach a goal, design a project, complete a task or get along in their behavior toward others.

**Community Collaborative** An organized group representative of the community, school or state and its early childhood or school based family- and child-serving programs. Such a council typically serves as a communication link among parents, or programs and provides direction in planning, developing, implementing, and reviewing the early childhood education initiatives. These 'Councils' may also be referred to as an 'Early Learning Council', 'Early Childhood Advisory Council', 'Parent Advisory Council' or a community designated initiative.

**Continuity:** The term is used in multiple contexts:

- **Of Teaching Staff:** A practice closely related to the assignment of a primary teacher to a child or group; intended to create a consistent personal relationship between a child and an adult.
- **Of Primary Teacher:** Each child is assigned to a primary teacher or assistant teacher so that children can remain with the same teacher or assistant teacher during a significant part, if not all, of their learning experience. This may be evident during the day; during a two-year pre-school experience; or in early primary, as looping the children with the same teacher for multiple years.
- **Of Care:** In this approach to staff assignment, transitions between teachers and individuals or small groups of children are minimized because these changes are seen as being stressful for the child and family.
- **Of Program:** An intentional programmatic practice that establishes a consistent primary teacher for the child or group of children. In this approach, transitions between multiple teachers are minimized to the benefit of the young child and the child's family.

Continuity of care enables children to develop and enhance a secure, attached relationship with an adult. Additionally, it supports the development of a sense of trust in others, independence, enhanced learning, and the ability to form early friendships and bonds throughout life.

**Culturally Responsive Teaching:** Demonstrating an awareness and respect for the customs, heritage and values of families and children; demonstrating and responding with a positive attitude for learning about various cultures and languages.

**Development and Learning:** The process of change in which the child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically determined characteristics and the learning process. Learning is the process of acquiring knowledge, skills, habits and values through relationships, experience and experimentation, observation, reflection, and/or instruction. Neither takes place in isolation.

**Developmentally Appropriate Practice:** All aspects of the program that address children's development and learning based on three important kinds of information:

- Knowledge about age-related human characteristics that permits general predictions within an age range about what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable, and also challenging to children;
- What is known about the strengths, interests and needs of each individual child so the adults can adapt for and be responsive to inevitable child variation; and
- Knowledge of the social, cultural and language contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful for the participating children and families.

In developmentally appropriate settings for all ages, effective teachers combine knowledge about the typical growth patterns of all children with careful study of the characteristics of each child in a particular group. The most effective learning takes place in that zone of children's development which is just beyond what a child can currently do with comfort, but is not so challenging that frustration and failure are the likely results. Based on continuous assessment, teachers make instructional decisions that lead to the greatest possible growth in each child's knowledge and skills

that support positive dispositions toward learning

**Digital Citizenship:** Digital citizenship refers to the need for adults and children to be responsible digital citizens through an understanding of the use, abuse, and misuse of technology as well as the norms of appropriate, responsible, and ethical behaviors related to online rights, roles, identity, safety, security, and communication.

**Digital Literacy:** The ability to use, understand and explore both technology and various types of interactive media.

**Domains:** Term used to describe various aspects of children's learning and/or development. Individual domains are closely interrelated and development in one domain influences and is influenced by development in other domains and terms used to describe them may vary.

The 2013 ECSQ-IT organizes development and learning domains into five Strands:

- Well-Being, Belonging, Exploration, Communication, and Contribution.

The 2013 ECSQ-PK uses these descriptive terms:

- Approaches to Learning-AL
- Creative Arts-CA
- Language and Early Literacy Development-LL
- Dual Language Learning-DLL
- Early Learning and Technology-TL
- Social, Emotional and Physical Health and Development-SEP
- Early Learning in Mathematics-M
- Early Learning in Science-S
- Early Learning in the Social Studies-SS

In K-3 these domain names are used:

- Approaches to Learning-AL
- Creative Arts-CA
- Language and Literacies-LL
- Dual Language Learning-DLL
- Technology-TL
- Social, Emotional and Physical Health and Development-SEP
- Mathematics-M
- Science-S
- Social Studies-SS

**Dual Language Learners:** Children, of any age, whose first language is not English; including those learning English for the first

time as well as those who may or may not have various levels of English proficiency. The term “dual language learners” encompasses other terms frequently used, such as Limited English Proficient (LEP), bilingual, English language learners (ELL), English as a second language learners (ESL), and children who speak a language other than English (LOTE).

**Early Childhood Education and Care:**

Provision of purposeful public or private, programs and services aimed at guiding and enhancing development and learning across the age span of young children from birth through age eight.

**Early Childhood Special Education:**

Federally- and state-mandated services for children with verified disabilities. These services may be provided in a self-contained classroom operated through a local school district or intermediate agency or in an inclusive setting at the local district or community level.

**Early Childhood (ZA or ZS) Endorsement:**

Endorsement on an elementary teaching certificate recommended by Michigan colleges and universities upon completion of an early childhood education program; may be required by the Michigan Department of Education or other funders for particular infant/toddler and preschool/ prekindergarten programs.

**Early Childhood Investment Corporation (ECIC):**

The Early Childhood Investment Corporation was founded in 2005 and charged with implementing a Great Start system for Michigan both at the state level as well as one community at a time. As part of that effort, The Investment Corporation also was given responsibility for leading the state’s federal child care quality efforts. The Early Childhood Investment Corporation was created to be the state’s focal point for information and investment in early childhood in Michigan so that children can arrive at the kindergarten door, safe, healthy and eager for learning and life.

**Early Childhood Specialist:** A qualified person who has responsibility for the evaluation of the program and instructional staff and provides coaching, mentoring, and training.

**Early Learning Expectations (ELEs):** Outcome statements that describe age appropriate skills, knowledge and dispositions across the development and learning domains; in ECSQ-IT and ECSQ-PK the ELEs are intended to reflect young children’s capacities following their participation in a high quality setting.

**Early On®:** Michigan’s comprehensive state-wide program of early intervention services for infants and toddlers with special needs, from birth through age two, and their families (Part C of IDEA).

**Evaluation:** The measurement, comparison, and judgment of the value, quality or condition of children’s accomplishments and/or of their programs, schools, caregivers, teachers, or a specific educational program based upon valid evidence gathered through assessment.

**Evidence-Based Practice:** Designing program practices based on the findings of current best evidence from well-designed and respected research and evaluation (e.g., better understanding of preschool children’s mathematics capabilities as a function of recent research).

**Family:** People related to each other by blood, marriage, adoption, or legal guardianship. Family members include biological parents (custodial and non-custodial), adoptive parents, foster parents, step-parents, grandparents and other relatives of significance to the child, and all siblings (half, step, full). In addition, any individual that the family defines as a part of their family, who has extensive contact with the child, and/or is a significant person in the child’s life, could be included.

**Family Collaboration/Partnership:** Refers to respecting family members as equal partners in all phases of the child’s experiences in the class/program. Families are integrated into the class/program through opportunities to plan and participate in all stages of their child’s learning, development and program/class implementation. Supportive opportunities encourage family members to expand their knowledge of child development, increase parenting skills, family literacy, extend children’s learning at home, and utilize community resources.

**Family Literacy:** Multigenerational Programs which serve the entire family and which involve parents and children in interactive literacy activities typically including training for parents regarding how to be the primary teacher for their children; parent literacy; and an early childhood program.

**First Language:** The home language of the child; may also be referred to as the native language of the child.

**Grade Level Content Expectations (GLCEs):** Statements of essential knowledge and skills for K-12 developed in response to federal and state requirements. GLCEs do not represent the entire richness of a curriculum, but do highlight that which is essential for all students to know and be able to do. The 2013 ECSQ Project includes the alignment of the Early Learning Expectations for Preschool (ELEs) with the K-3 GLCEs.

**Great Start:** The Vision of the Great Start initiative is: A Great Start for every child in Michigan; safe, healthy and eager to succeed in school and in life.

**The Mission:** The purpose of Great Start is to assure a coordinated system of community resources and supports to assist all Michigan families in providing a great start for their children from birth through age five.

**The System:** The Great Start system envisions a single, interconnected and intertwined network of public and private services and supports working together in a community to accomplish better results for young children and families. As with any system, there are both key programmatic components, and also infrastructure elements that ensure coordination and sustainability. The Office of Great Start is administered through the Michigan Department of Education. [www.michigan.gov/greatstart](http://www.michigan.gov/greatstart)

**Great Start Readiness Program:** Michigan's publicly-funded prekindergarten program targeted to four-year-old children who may be "at risk" of school failure. To participate a child must meet income eligibility requirements or be over-income with risk factors. No more than 10% of children over-income. All programs must provide strong family involvement/parent education components as well as comprehensive preschool education.

**Habits of Mind:** A cluster of traits reflect thoughtful, individual approaches to learning, acting, creating, and problem solving.

**Head Start Child Development and Early Learning Framework (2011):**

A framework of outcome statements which applies to the federal Head Start program and is intended to be reflective of what children should know or be able to do by the end of Head Start or upon entry into kindergarten. The Revised 2011

Framework [HSF] provides Head Start and other early childhood programs with a description of the developmental building blocks that are most important for a child's school and long-term success. Head Start children, 3 to 5 years old, are expected to progress in all the areas of child development and early learning outlined by the Framework. Head Start programs also are expected to develop and implement a program that ensures such progress is made. The Framework is not appropriate for programs serving infants and toddlers.

**Head Start Program Performance Standards:** Quality program standards which apply to the federal Head Start program and which address all aspects of early childhood development and health services, family and community partnerships, and program design and management.

**Inclusion:** The principle of enabling all children, regardless of their diverse abilities, to grow and learn through active participation in natural settings within their communities. Natural settings include the home and local early childhood programs.

**Individualized Education Program (IEP):** A written education plan for a child with special needs developed by a team of professionals and the child's parent(s); it is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need. IEPs are used for children starting at age 3, and for children under 3 served in early childhood special education classrooms.

**Individualized Family Service Plan (IFSP):** Refers both to a process and a written document required to plan appropriate activi-

ties and interventions that will help a child with special needs (birth through age two) and his or her family progress toward desired outcomes. It is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

**IDEA — Individuals with Disabilities Education Act:** A federal law that provides funding and guidance to states to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infants and Toddlers Program [known as Part C of IDEA (Early On® in Michigan)] for services to children birth through two years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages three to five.

**Infant and/or Toddler:** A child from birth to age three.

**Infant/Toddler Specialist:** A qualified person who provides coaching, mentoring, and training and who may have responsibility for the evaluation of the program and the caregiving staff.

**Instructional Specialist:** Professional staff who work collaboratively with the classroom teacher (and preferably in the regular classroom setting) in areas such as visual arts, music, physical education, library-media, and technology.

**Interactive media:** Digital and analog materials, including software programs, applications, broadcast and streaming media, some children's television programming, e-books, the Internet, and other forms of content designed to facilitate active and creative use by young children and to encourage social engagement with other children and adults.

**Integrated Approach:** Children's learning activities, experiences and projects that involve multiple domain areas of the curriculum, instead of constant isolated study of content areas; and facilitated through the organization and provision of space, (e.g., preschool children learn concepts through their play or in an activity like a project; early primary children work as a team on a

project that includes literacy, math and science or the arts).

**Learning Environment:** The physical representation of the curriculum that includes: relationships, human and social climate, teaching practices, and the space, materials, and equipment. Ideally, this includes both indoor and outdoor space.

**Literacy:** Traditionally described for children as the ability to read and write or use language proficiently. Expanded definitions of literacy have added: multimedia literacy, technology literacy, visual representation, listening or speaking.

**Mental Health:** The developing capacities of young children to experience, regulate, and express emotions; to form close and secure interpersonal relationships; and to explore the environment and learn. These capacities are considered alongside and within the context of family, learning and care environments, community, and cultural expectations. Child mental health is synonymous with healthy social, emotional development, behavioral and social dispositions of child well-being.

**MiAIMH:** The Michigan Association for Infant Mental Health (MiAIMH) is an organization of individuals who are devoted to nurturing and strengthening relationships between infants and their caregivers. MiAIMH has developed and administers a four-level endorsement process for infant and family service providers who work in a variety of ways with infants, toddlers, caregivers and families. (See: <http://mi-aimh.msu.edu/aboutus/index.htm>.)

**Non-paid staff:** A term used for volunteers, including parents.

**Parent Involvement:** A program component which recognizes the central role of parents in their children's development and learning, and establishes a working partnership with each parent through daily interactions, written information or translation, orientation to the program, home visits, and through regular opportunities for dialogue via parent conferences, participation in decision-making roles on advisory committees, needs assessments, participation as classroom volunteers, and flexible scheduling of meetings and events.

**Primary Caregiver or Teacher:** Each child is assigned to a primary teacher or assistant teacher so that children can remain with the same teacher or assistant teacher during a significant part, if not all, of their learning experience. Such continuity with their primary teacher or caregiver is critically important in the infant and toddler years, but continues to benefit children throughout the early childhood years.

This continuity of staffing may be evident during the day; during a two-year preschool experience; or in early primary, as looping the children with the same teacher for multiple years. Such continuity with primary caregivers and teachers enables children (particularly infants and toddlers) to develop and enhance a secure, attached relationship. This supports the development of a sense of trust in others, independence, enhanced learning, and the ability to form early friendships and bonds throughout life.

**Primary group:** The group of children under the care of the primary caregiver or teacher. To the maximum extent possible, the child's primary group is made up of the same children over an extended period of time to enhance stable relationships, promote pro-social behavior, and enable positive interactions and early friendships.

**Professional Development:** Refers to opportunities for program staff to receive ongoing training to increase their preparation and skills to educate and care for children. These include in-service training, workshops, college courses and degree programs, teacher exchanges, observations, coaching, seminars, mentoring, and credentialing programs.

**Program Administrator:** (See Administrative/Supervisory personnel)

**Program Health Plan:** Addresses children's preventive and primary physical, mental, oral, and nutritional health care needs through direct service and/or the provision of information and referral to their parents.

**Program Standard:** Widely-accepted expectations for the characteristics of quality in early childhood settings in homes, centers and schools. Such characteristics typically

include the ratio of adults to children; the qualifications and stability of the staff; characteristics of adult-child relationships; the program philosophy and curriculum model; the nature of relationships with families; the quality and quantity of equipment and materials; the quality and quantity of space per child; and safety and health provisions.

**Provider:** In family and group home child care this term is sometimes used to refer to the caregiver(s).

**Public Act 116:** Licensing rules for child care centers promulgated by the authority of Section 2, of Act Number 116 of Public Act of 1973 to the Michigan Department of Social Services, which set forth the minimum standards for the care, and protection of children. The rules apply to agencies, centers, or public and private schools providing child care services (Head Start, preschool full-day child care, before- and after-school, less than 24 hours) to children aged 2 ½ weeks to 13 years.

**Reflective Supervision:** A set of supervisory practices characterized by active listening and thoughtful questioning by both staff and supervisors with the goal of assuring that staff's work is of the highest possible quality, and that program outcomes are met. These goals are reached through the development of a supervisory relationship that is supportive and collaborative, and one that allows everyone in the program the opportunity to learn from their work with families and with one another. Reflective supervision can take various forms including individual, group or peer supervision.

**Responsive Care/Teaching:** Being 'responsive' includes knowing each child, responding to cues from the child, knowing when to expand on the child's initiative, when to guide, when to teach and when to intervene. A responsive teacher has an overall plan for each day, including materials and activities that are appropriate for the age, grade or developmental stage of each child. In addition, the teacher or caregiver should continually observe each child to discover what skills he or she is ready to explore and eventually master.

**Response to Intervention (RTI or Rtl):** A method of academic intervention used to provide early, systematic assistance to children who are having difficulty learning. RTI seeks to prevent academic failure through early intervention, frequent progress measurement, and increasingly intensive research-based instructional interventions for children who continue to have difficulty.

**School Readiness Goals:** The expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten.

**Screening:** The use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks.

**Self-Help Skills:** Adaptive skills that enable children to take care of themselves and move toward independence in activities related to eating, dressing, toileting, washing hands, etc.

**Social Dispositions:** A cluster of selected positive behaviors that have value in society and allow children to participate and interact more effectively with others.

**Staff:** Any person who has a role in the operation of the program. Staff may be paid or unpaid. (See definitions for support staff and non-paid staff.)

**Standardized Assessment Tool:** A testing instrument that is administered, scored, and interpreted in a standard manner. It may be either norm-referenced or criterion-referenced.

**Strand:** In PK-3, a subgroup of Early Learning Expectations which designate a smaller thread within a Domain or Subdomain. In the ECSQ-IT, Strand is used quite differently to frame holistic groupings of reasonable outcomes for the learning and development of very young children.

**Support staff:** Persons, whether paid or volunteer, employed by the program in such positions as food service, clerical, custodial, and transportation.

**Teacher:** The qualified person assigned the primary responsibility for planning and carrying out the program within an early childhood classroom. The teacher may work in partnership with other teachers or with paraprofessionals and has primary responsibility for planning, organizing and managing all aspects of the classroom learning environment; the assessment, diagnosis and reporting of the individual learning and developmental needs of the children; and the establishment of cooperative relationships with families and colleagues.

**Technology Literacy:** Technology Literacy is the ability to responsibly use appropriate technology to communicate, solve problems, and access, manage, integrate, evaluate, and create information to improve learning in all areas of learning and to acquire lifelong knowledge and skills in the 21st century. (See also, Digital Citizenship)

**Test:** One or more questions, problems, and/or tasks designed to estimate a child's knowledge, understanding, ability, skill and/or attitudes in a consistent fashion across individuals. Information from a test or tests contributes to judgments made as a part of an assessment process.

**Transition:** (1) Procedures and activities that support the family and facilitate the child's introduction to new learning environments (e.g., home to home- or center-based care setting, from preschool to kindergarten, from one school to another, from one grade to another, and from one country to another). (2) Within the program's daily schedule, transition also refers to the process of changing from one activity or place to another.

**Universal Design for Learning (UDL):** A set of principles is intended to assist educators and others to design flexible learning opportunities that provide children with: (1) multiple means of representation; (2) multiple means of expression; and, (3) multiple means of engagement. Such curricula reduce barriers to learning and provide learning supports to meet the needs of all learners. Educational technologies can be valuable resources in addressing these principles. These principles are typically applied in K-12 settings, but have implications for programs serving younger children. ([www.cast.org](http://www.cast.org)).





## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 5**

## **Early Childhood Standards of Quality (ECSQ) for Pre-Kindergarten**



# Early Childhood Standards of Quality

for Prekindergarten

**Michigan State Board of Education**

*Initially approved March 8, 2005*

*Revised March 12, 2013*



powered by the  
 Early Childhood Investment Corporation  
and Michigan's Great Start Collaboratives

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# Early Childhood Standards of Quality for Prekindergarten

## Introduction

This document stands on the shoulders of earlier efforts by the Michigan State Board of Education and its agency and organizational partners to define quality programs for young children and the learning that might be expected of children at certain ages and stages. Several documents and initiatives were the direct “parents” of this new document.

- As early as 1971, the State Board of Education approved *Preprimary Objectives* to describe the learning and development expected for preschool and kindergarten-age children. The objectives were divided into three domains: affective, psychomotor, and cognitive. These objectives were used as Michigan pioneered implementation of programs for preschool children with special needs in the early 1970s, before federal law mandated such programs.
- On November 5, 1986, the State Board of Education approved the document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds*. The purpose of that document was to provide the framework for the design and implementation of a high-quality preschool program targeted to four year olds at-risk of school failure.
- Recognizing the value and need for quality early childhood education programs for children four through eight years old, the Michigan State Board of Education appointed another committee to develop *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, and adopted those standards on December 15, 1992. Although used broadly, many of the recommendations were most applicable to public school districts because of the wide age range covered.
- At about the same time, procedural safeguards and other rules were adopted for Early Childhood Special Education (formerly Pre-Primary Impaired, PPI) classrooms.
- In August 2002, the Michigan State Board of Education adopted the report of its Task Force on Ensuring Early Childhood Literacy. The report directed the Department of Education to develop a single document, including expectations for young children’s development and learning, and quality standards defining programs that would allow them to reach those expectations. It had become apparent that a document was needed that focused on children ages three and four, and the programs that serve them. Additionally, varying program standards were making inclusion of targeted groups of children (e.g., children with disabilities) in some programs difficult.
- Further, emerging federal requirements for early childhood opportunities for states also supported the need for a revision of the current documents in 2005.

- Once this document was completed, it was clear that Michigan needed a similar document for younger children, and *Early Childhood Standards of Quality for Infant and Toddler Programs* was adopted by the State Board of Education on December 12, 2006.
- Early Learning Advisory Council funds provided the opportunity to revise both *Early Childhood Standards of Quality for Infant and Toddler Programs* and *Early Childhood Standards of Quality for Prekindergarten* from 2011-13. This revision reflects current initiatives to show continuity of development and programming from birth through age eight. The 2005 document included alignment with kindergarten standards and with Head Start national frameworks. Alignment with Michigan's adopted standards for kindergarten to third grade is linked to this document, as extensive alignment work has occurred. This required revisions to the Prekindergarten expectations as well as adoption of new expectations in some domains to span the prekindergarten to third grade years.

In January 2003, Michigan embarked on a journey to develop a comprehensive early childhood system, culminating in 2011 with an Executive Order creating the Office of Great Start to enable Michigan to achieve these Prenatal to Age 8 outcomes:

- Children born healthy;
- Children healthy, thriving, and developmentally on track from birth to third grade ;
- Children developmentally ready to succeed in school at the time of school entry; and
- Children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

The Great Start effort begins with a philosophic underpinning that every child in Michigan is entitled to early childhood experiences and settings that will prepare him/her for success. As the systems work unfolded, it became clear that expectations for young children's learning and quality program standards beyond minimum child care licensing rules were a critical foundation for all of the system. This system of early childhood education and care standards will ultimately address standards for infants and toddlers, preschoolers, and primary grade children, including both early learning expectations and program quality standards for classroom-based programs and family child care settings. Standards for parenting education programs and for professional development are also needed. Standards for out-of-school time programs (before- and after-school programs, and summer programs) for school-agers have likewise been developed.

This system of high quality standards sets the stage for the development of a comprehensive and coordinated system of services. Individual programs and funding opportunities will further define accomplishment of the standards through their own operating procedures and implementation manuals.

Michigan's Great Start to Quality Tiered Quality Rating and Improvement System ties programs together. It is based on the *Quality Program Standards* found in each age level document.

Young children's development and learning are highly dependent upon their relationships and environments. *Early Childhood Standards of Quality for Prekindergarten* is meant to provide guidance to all early care and education programs for providing all three- and four-year-old children with opportunities to reach essential developmental and educational goals. Carefully developed early learning expectations linked to K-12 expectations can contribute to a more cohesive, unified approach to young children's education. *Early Childhood Standards of Quality for Prekindergarten* includes both *Quality Program Standards for Prekindergarten Programs* and *Early Learning Expectations for Three- and Four-Year-Old Children*. Clear research-based expectations for the content and desired results of early learning experiences can help focus curriculum and instruction. By defining the content and outcomes of young children's early education, the early learning expectations will lead to greater opportunities for preschoolers' positive development.

Definition of a single set of *Early Learning Expectations* does not mean that every three- or four-year old's development and learning will be the same as every other child's development and learning. Learning and development in the early years is characterized by variability, dependent on experience, and connected across domains. Similarly, definition of a single set of *Quality Program Standards* does not imply that every preschool/prekindergarten classroom in Michigan will or should look the same. A variety of curricula, methodology, and program implementation strategies are required to meet the needs of the diversity of children and to provide choices to meet families' goals and preferences. The wide framework of the standards, based on research, and the range of opportunities for programs to meet those standards, will ensure a continuum of services to support Michigan's young children.

Continuity is important so that expectations of children at a certain age are consistent. Equally important, expectations must build so that children's learning is supported systematically over time.

When *Early Childhood Standards of Quality for Prekindergarten* is implemented and utilized as a complete document, the State Board of Education believes that Michigan will improve its early childhood settings to reach even higher quality, that our children will achieve the expectations we have set for them, and that we will achieve our vision of a Great Start for them all.

## Alignment with Related Standards Documents

Michigan's *Early Childhood Standards of Quality for Prekindergarten* (ECSQ-PK) is intended to help early childhood programs provide high-quality classroom settings and to respond to the diversity of children and families. The ECSQ-PK builds on the minimum regulations detailed in the Licensing Rules for Child Care Centers and incorporates the essential elements of the program and child outcome standards required for various other early childhood programs. In addition, they are aligned with the Michigan's expectations for children's learning in kindergarten and the primary grades in all domains and content areas.

## Alignment with Related Program Standards

Licensing Rules for Child Care Centers — Since the ECSQ-PK makes the presumption that preschool programs in centers are already in compliance with the Licensing Rules for Child Care Centers, these minimum regulations have not been duplicated in the ECSQ-PK. Users should also reference the Definitions in the licensing rules to supplement the Glossary in this document.

Head Start Performance Standards [45 CFR 1301-1311] — Head Start is a comprehensive child and family development program. The Performance Standards detail requirements for all aspects of program operation, many of which extend beyond the range of services covered by the ECSQ-PK. Many portions of the HSPS are substantially the same as the standards in ECSQ-PK.

## Alignment with Related Early Learning Expectations

Head Start Development and Early Learning Framework — This framework is used by Head Start programs serving three to five-year-old children to shape curriculum and to guide the creation of child assessments.

Extensive longitudinal alignment tables between the Early Learning Expectations and content and domain expectations by grade level from kindergarten through grade 3 are found on the Office of Great Start website at [www.michigan.gov/greatstart](http://www.michigan.gov/greatstart)

## Alignment with Related Documents

Vision and Principles of Universal Education, 2005 — This Michigan State Board of Education document outlines the belief that each person deserves and needs a concerned, accepting educational community that values diversity and provides a comprehensive system of individual supports from birth to adulthood.



## INTRODUCTION

Even as early as 1971, Michigan began to define what it is that is reasonable to expect for all young children to accomplish, and Michigan emphasized the need to attend to all the domains of development. In the 1992 document, *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, Michigan attempted to define what young children ages four to eight might reasonably be expected to know and be able to do and what they should be learning in high quality programs and settings. In 1992, student expectations were set mostly for the end of elementary school, the end of middle school, and the end of high school, so it seemed important to indicate what children should be learning in the preschool and primary years. The developers wanted to make sure that children would have the opportunity to learn content and acquire appropriate skills within a wide developmental period. Now that children's achievement is measured yearly beginning in third grade, it has become necessary to define the expectations for student achievement on an annual basis beginning in kindergarten, and by extension, to isolate the learning and development expectations for children before they enter formal schooling. These expectations are meant to emphasize significant

content appropriate for preschoolers at this very special time in their lives, to protect them from an underestimation of their potential and from the pressure of academic work meant for older children.

These expectations are not meant to prevent children from enrolling in age-appropriate learning experiences or to exclude them from needed services and supports. High quality preschool and prekindergarten settings, in centers, homes, and throughout the community, provide children experiences and opportunities that allow them to meet these expectations.

This section of *Early Childhood Standards of Quality for Prekindergarten* is meant to apply to all three- and four-year-old children in Michigan, both those whose development is typical and those who are of differing abilities and backgrounds. It recognizes that young children's growth, development, and learning are highly idiosyncratic. Young children learn at different rates in the various domains of their development and not all children master skills and content within a domain in the same order, although there are patterns to their development. All domains of child development are important to the success of early learners; the domains and learning and development within them are interrelated, and dissected here only to be able to discuss them.

The sections that follow are organized with a brief introduction to the domain and content area, followed by statements about children's learning. Each "early learning expectation" is illustrated by several items indicating how children typically exhibit their progress toward meeting that expectation. These items are not meant to be exhaustive; children will demonstrate their progress in many ways. At the end of each domain are examples of what children experience in order to make progress toward the expectations in that domain.

### **Approaches to Learning**

The Approaches to Learning Domain was extensively revised to be applicable to Prekindergarten to 3<sup>rd</sup> grade. The Approaches to Learning Expectations were developed as a part of the 2012-13 Michigan ECSQ–Birth through Grade 3 Alignment Project to create a link around important areas of development and learning between the Preschool and Kindergarten/Primary years. The Approaches to Learning Domain is about the dynamics of learning how to learn on one's own and in the company of others. It encompasses the domains of Intellectual Development and Approaches to Learning formerly found in the 2005 edition of ECSQ-PK and is deeply linked to the revision of the Social, Emotional and Physical Health and Development domain in the 2012-13 revision of the Early Learning Expectations (2013 ECSQ-PK) and the Social and Emotional Health in the Health subdomain of the K-3 Grade Level Content Expectations.

The Approaches to Learning Domain demonstrates the relationship between thinking, learning and acting. It is the interaction between learners and their environment and is comprised of two subdomains: Habits of Mind are traits that

become skillful individual approaches to learning, acting, thinking, creating and/ or problem solving; Social Dispositions are a cluster of selected positive behaviors that have value in society and allow children to participate and interact more effectively with others.

Expectations in the Approaches to Learning Domain are expressions of positive attitudes, skills and learning processes that (combined with wide-ranging content knowledge) build foundations for lifelong learning and responsible living in a continuously changing world. An important focus of the Expectations in Approaches to Learning is the attribute of being literate and educated and using those skills for the betterment of self, eventually living as a positive member of society.

### **Connections to Multiple Domains**

Expectations in the Approaches to Learning Domain intersect with content knowledge and skills in other PK-3 ECSQ Domains and with the Head Start Early Learning and Development Framework. The Approaches to Learning Domain contains new strategies that focus attention on the outcomes of sustained approaches in varying contexts. The Approaches to Learning Domain is formed at the intersection of knowledge and skills with behaviors or attitudes in social contexts, and when children are provided with opportunities to learn, create, or resolve problems.

The Approaches to Learning Domain is based on these assumptions:

- Learning is social. Habits of mind and social dispositions are formed by interactions with others — teachers, families and peers.
- The traits identified are those that we hope to foster in children and that continue to develop over time.
- The traits identified in the Approaches to Learning Domain are learned both from intentional instruction and modeling, and when integrated with other meaningful learning experiences that cross multiple domains of learning.

### **Critical Role of Teachers**

Preschool teachers play an active role in providing children with opportunities to learn, create, or resolve problems so that they can further develop the knowledge, behaviors and dispositions included in the Approaches to Learning Domain:

- Learning is facilitated by the intentional arrangement of the environment, throughout the daily routine, during large and small group times, intentional instruction, active child participation and peer interactions.
- Teacher-child interactions are positive and responsive. Teachers are alert and attentive to children's interests, developmental levels, and progress, and adapt to stretch children's learning and understanding.
- Teachers build communities of learners where these habits of mind and social dispositions are valued, practiced and nurtured daily.
- Social and emotional development is recognized as vital to successful learning, both in personal and interpersonal development.

**ELE: APPROACHES TO LEARNING**

## Approaches to Learning



### Subdomain: Habits of Mind

**1. Early Learning Expectation: Creativity-Imagination-Visualization.** Children demonstrate a growing ability to use originality or vision when approaching learning; use imagination, show ability to visualize a solution or new concept.

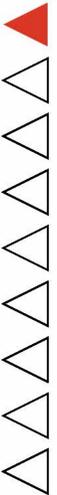
#### Emerging Indicators:

1. Can be playful with peers and adults.
2. Make connections with situations or events, people or stories.
3. Create new images or express ideas.
4. Propose or explore possibilities to suggest what an object or idea might be 'otherwise.'
5. Expand current knowledge onto a new solution, new thinking or new concept.
6. Approach tasks and activities with increased flexibility, imagination, inventiveness, and confidence.
7. Grow in eagerness to learn about and discuss a growing range of topics, ideas, and tasks.

**2. Early Learning Expectation: Initiative-Engagement-Persistence-Attentiveness. Children demonstrate the quality of showing interest in learning; pursue learning independently.**

**Emerging Indicators:**

1. Initiate 'shared thinking' with peers and adults.
2. Grow in abilities to persist in and complete a variety of tasks, activities, projects and experiences.
3. Demonstrate increasing ability to set goals and to develop and follow through on plans.
4. Show growing capacity to maintain concentration in spite of distractions and interruptions.
5. Explore, experiment and ask questions freely.



**3. Early Learning Expectation: Curiosity–Inquiry-Questioning-Tinkering-Risk Taking. Children demonstrate an interest and eagerness in seeking information (e.g., be able to see things from a different perspective, fiddling with something to figure it out or attempting a reasonable solution).**

**Emerging Indicators:**

1. Express a 'sense of wonder.'
2. Choose to take opportunities to explore, investigate or question in any domain.
3. Re-conceptualize or re-design (block structures, shapes, art materials, digital images, simple graphs).

**4. Early Learning Expectation: Resilience-Optimism-Confidence. Children demonstrate the capacity to cope with change, persist, move ahead with spirit, vitality and a growing belief in one's ability to realize a goal.**

**Emerging Indicators:**

1. Manage reasonable frustration.
2. Meet new and varied tasks with energy, creativity and interest.
3. Explore and ask questions.
4. Begin to organize projects or play; make and carryout plans.
5. Use stories and literature to pretend, play, act or take on characters to help establish their situation or reality.
6. Begin to set aside fear of failure when self-initiating new tasks.

**ELE: APPROACHES TO LEARNING**

**5. Early Learning Expectation: Reasoning-Problem Solving-Reflection. Children demonstrate a growing capacity to make meaning, using one's habits of mind to find a solution or figure something out.**

**Emerging Indicators:**

1. Begin to hypothesize or make inferences.
2. Show an increasing ability to ask questions appropriate to the circumstance.
3. Show an increasing ability to predict outcomes by checking out and evaluating their predictions.
4. Attempt a variety of ways of solving problems.
5. Demonstrate enjoyment in solving problems.
6. Gather information and learn new concepts through experimentation and discovery, making connections to what they already know.
7. Share through words or actions the acquisition of increasingly complex concepts.
8. Show an increasing ability to observe detail and attributes of objects, activities, and processes.

**Subdomain: Social Dispositions**

**6. Early Learning Expectation: Participation-Cooperation-Play-Networking-Contribution. Demonstrate increasing ability to be together with others, in play or intellectual learning opportunities and/or making positive efforts for the good of all; join a community of learners in person and digitally as appropriate.**

**Emerging Indicators:**

1. Learn from and through relationships and interactions.
2. Show an increasing ability to initiate and sustain age-appropriate play and interactions with peers and adults.
3. Begin to develop and practice the use of problem-solving and conflict resolution skills.
4. Recognize respectfully the similarities and differences in people (gender, family, race, culture, language).
5. Show an increasing capacity to consider or take into account another's perspective.
6. Can join a community of learners in person and digitally as appropriate; enjoy mutual engagement.
7. Contribute individual strengths, imagination or interests to a group.

8. Successfully develop and keep friendships.
9. Participate successfully as group members.
10. Demonstrate an increasing sense of belonging and awareness of their roles as members of families, classrooms and communities.

**7. Early Learning Expectation: Respect for Self and Others — Mental and Behavioral Health. Children exhibit a growing regard for one's mind and capacity to learn; demonstrate the capacity of consideration for others; show a growing capacity to self-regulate and demonstrate self-efficacy.**

**Emerging Indicators:**

1. Show increasing respect for the rights of others.
2. Extend offers (gestures, words) of help to peers or adults, to help them feel that they belong to the group.
3. Cope with stress in a reasonable and age appropriate way. Grow in their capacity to avoid harming themselves, others, or things around them when expressing feelings, needs and opinions.
4. Use positive communication and behaviors (do not mock, belittle, or exclude others).
5. Resolve (or attempt to resolve) conflicts respectfully.
6. Increasingly develop greater self-awareness; identify their own interests and strengths. Can be comfortable choosing to be alone.
7. Demonstrate the ability to care. Can respond with sensitivity or sincerity, later empathy.
8. Can resist and effectively respond to inappropriate peer pressure (as age appropriate).
9. Demonstrate positive feelings about their own gender, family, race, culture and language.
10. Exhibit a growing capacity to self-regulate, demonstrate self-efficacy and know acceptable boundaries.
11. Demonstrate a reasonable self-perception of confidence, can make choices and explain discoveries.



**ELE: APPROACHES TO LEARNING**

## 8. Early Learning Expectation: Responsibility-Ethical Actions. Children are becoming accountable or reliable for their actions to self and others.

### Emerging Indicators:

1. Contribute to the community (classroom, school, neighborhood) as age appropriate.
2. Grow in understanding of the need for rules and boundaries in their learning and social environments.
3. Show an increasing ability to follow simple, clear and consistent directions and rules.
4. Begin to take action to fix their mistakes, solve problems with materials and resolve conflicts with others; do not blame others inappropriately.
5. Take initiative to do something positive to contribute to their community (family, classroom, school, neighborhood) as age appropriate.
6. Increase understanding of the relationship between people and their environment and begin to recognize the importance of taking care of the resources in their environment.
7. Use materials purposefully, safely and respectfully more of the time.
8. Respect the property of others and that of the community.

### Examples of Children's Experiences and Teaching Practices to Support Learning Expectations in the Approaches to Learning Domain

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) help consider the experiences and prior learning of the children in their classrooms; and, 3) visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

The Examples provided in the Preschool ECSQ correspond to those found in the full PK-Grade 3 age/grade range as age and developmentally appropriate. See Examples connected to the Approaches to Learning Domain in related Expectations across other domains that offer rich opportunities for integrated learning across the curriculum.

### Examples of What Children Experience:

#### Habits of Mind

- Opportunities to explain their thinking process and to receive respectful feedback about how they reached a decision or created an object.
- Encouragement for their natural curiosity.

**ELE: APPROACHES TO LEARNING**

- Many opportunities to learn problem solving skills with teacher support, coaching and modeling of the thinking processes.
- The opportunity to come back to favorite activities or to reengage in a project.
- Activities that encourage their unique strengths, abilities and natural motivation.
- Opportunities to take the time to persevere, be engaged and use their curiosity through a long-term project or investigation.
- Time to reflect on their learning, actions, choices and reasoning.
- Participation on teams and collaborative projects that cross age, gender, ability and language capacities or approaches.
- Opportunities within the learning setting that build confidence and optimism (not ego).

**Social Dispositions**

- A responsive teacher.
- A feeling of belonging in this classroom.
- A place where they know the boundaries and the expectations.
- A feeling of being affirmed as an individual.
- Opportunities to discuss their understanding of their rights and responsibilities and those of others.
- Games and activities that are engaging to play with and alongside others.
- Time to discuss things that are both intriguing and troubling to them.
- Many opportunities to learn to solve problems with teacher support, coaching and modeling of the process.
- Appropriate responses (physical, verbal, social) in both positive and challenging situations.
- A positive environment where children are kind to each other in actions and words.
- An environment where no child is mocked, belittled, bullied or ignored.
- Daily opportunities to use good manners and receive appropriate feedback.
- Reinforcement to believe that the small things they do can make a difference in their classroom, at home, and in the larger community.
- Support to learn how to negotiate, participate and communicate in a variety of situations.

**ELE: APPROACHES TO LEARNING****What Teachers and Other Adults Do:****Habits of Mind**

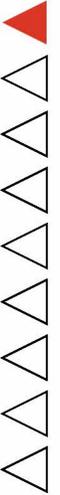
- Ensure that every child feels as if he or she belongs to this classroom of learners?
- Establish (with children) and enforce the rules of what is fair and acceptable behavior and communication in the classroom.
- Strive to become culturally competent in their teaching.
- Recognize and model respect for linguistic diversity.
- Establish a positive classroom climate.
- Build a learning environment where children feel physically, verbally and intellectually safe.
- Recognize that learning is a social encounter.
- Encourage children to follow their interests, curiosity, passion or talents; help children to discover what they want to learn more about and things they find fascinating.
- Celebrate learning and build confidence and resourcefulness.
- Balance digital learning with human interaction.
- Read biographies and autobiographies of people with accomplishment in the arts or sciences that demonstrate creativity, curiosity, passion and perseverance.
- Design cross-disciplinary collaborations that are age appropriate yet meaningful.

**Social Dispositions**

- Model pro-social behaviors.
- Honor the need for children to play.
- Use high quality literature that allows children to see others in similar 'stressful' situations to open doors for conversation and problem solving; e.g., divorce, military deployment, new baby, moving.
- Regularly initiate positive communications and positive interpersonal interactions with peers and children.
- Validate children's feelings, recognizing that each child responds to stress or joy differently and that these responses are influenced by culture and family experiences; seek assistance from professional sources when needed.
- Model and teach the ability to trust children and peers.
- Act ethically and model (as appropriate) the choice to do the right thing.
- Make it very clear that children are not allowed to be bullied or excluded.
- Ensure that every child feels as if he or she belongs to this classroom of learners.

**ELE: APPROACHES TO LEARNING**

- Foster empathy and understanding by reading or telling stories about other people.
- Establish a community of learners where all children, regardless of gender, ability, ethnicity, language or background, have rights and responsibilities.
- Introduce, model and coach children in new social skills and development of the ability to state their own opinion or idea appropriately.
- Plan an environment that minimizes conflict by providing enough materials, space and equipment and by setting clear expectations.



**ELE: CREATIVE DEVELOPMENT**

## Creative Arts (CA)



The creative arts include the visual arts (drawing, painting, ceramics, sculpture, printmaking, fiber, and multimedia), instrumental and vocal music, creative movement, and dramatic play (puppetry, storytelling, mime, and role playing). Support for children's creative development is essential to foster their appreciation of the arts and their competence, self-reliance, and success. Children's learning in all domains is enhanced by the integration of the creative arts with other areas of the curriculum. Teachers who encourage creativity nurture self-esteem and mutual respect. Children whose questions, individuality, and originality are honored see themselves as valued persons who can succeed in school and life.

**1. Early Learning Expectation: Visual Arts. Children show how they feel, what they think, and what they are learning through experiences in the visual arts.**

### **Emerging Indicators:**

1. Use their own ideas to draw, paint, mold, and build with a variety of art materials (e.g., paint, clay, wood, materials from nature such as leaves).
2. Begin to plan and carry out projects and activities with increasing persistence.
3. Begin to show growing awareness and use of artistic elements (e.g., line, shape, color, texture, form).
4. Create representations that contain increasing detail.

**2. Early Learning Expectation: Instrumental and Vocal Music. Children show how they feel, what they think, and what they are learning through listening, participating in, and creating instrumental and vocal music experiences.**

**Emerging Indicators:**

1. Participate in musical activities (e.g., listening, singing, finger plays, singing games, and simple performances) with others.
2. Begin to understand that music comes in a variety of musical styles.
3. Begin to understand and demonstrate the components of music (e.g., tone, pitch, beat, rhythm, melody).
4. Become more familiar with and experiment with a variety of musical instruments.



**3. Early Learning Expectation: Movement and Dance. Children show how they feel, what they think, and what they are learning through movement and dance experiences.**

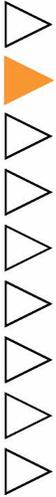
**Emerging Indicators:**

1. Can respond to selected varieties of music, literature, or vocal tones to express their feelings and ideas through creative movement.
2. Begin to show awareness of contrast through use of dance elements (e.g., time: fast/slow; space: high/middle/low; energy: hard/soft).
3. Begin to identify and create movement in place and through space.

**4. Early Learning Expectation: Dramatic Play. Children show how they feel, what they think, and what they are learning through dramatic play.**

**Emerging Indicators:**

1. Grow in the ability to pretend and to use objects as symbols for other things.
2. Use dramatic play to represent concepts, understand adult roles, characters, and feelings.
3. Begin to understand components of dramatic play (e.g., setting, prop, costume, voice).
4. Contribute ideas and offer suggestions to build the dramatic play theme.
5. Begin to differentiate between fantasy and reality.

**ELE: CREATIVE DEVELOPMENT**

### 5. Early Learning Expectation: Aesthetic Appreciation. Children develop rich and rewarding aesthetic lives.

#### Emerging Indicators:

1. Develop healthy self-concepts through creative arts experiences.
2. Show eagerness and pleasure when approaching learning through the creative arts.
3. Show growing satisfaction with their own creative work and growing respect for the creative work of others.
4. Can use alternative forms of art to express themselves depending on the avenues available to them (e.g., through the visual arts, if hearing impaired; through listening to music, if physically impaired).
5. Are comfortable sharing their ideas and work with others.
6. Use the creative arts to express their view of the world.
7. Begin to develop their own preferences for stories, poems, illustrations, forms of music, and other works of art.
8. Begin to appreciate their artistic heritage and that of other cultures.
9. Can talk about their creations with peers and adults.
10. Begin to develop creative arts vocabulary.

#### Examples of Children's Experiences and Teaching Practices to Support Learning Expectations in Creative Arts

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

The Examples provided in the Preschool ECSQ correspond to those found in the full PK-Grade 3 age/grade range as age and developmentally appropriate. See connected Examples in the Approaches to Learning Domain and related expectations in other domains that offer rich opportunities for integrated learning across the curriculum.

#### Examples of What Children Experience:

##### In the Visual Arts:

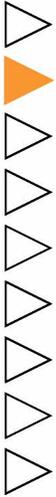
- Multiple opportunities to use a variety of art materials to create and explore the mediums, the results and the same concept using a variety of art materials.

**ELE: CREATIVE DEVELOPMENT**

- Time outside in the natural environment to observe and respect the visual beauty of nature; to draw and to connect the mathematical and scientific phenomena together as appropriate.
- Encouragement to develop confidence in their own creative expression largely through self-selected, process-oriented experiences.
- Explanations and demonstrations of how art tools and materials can be used and should be properly cared for and used safely,
- Opportunities to take the responsibility of caring for various art materials respectfully.
- Opportunities to use natural materials to design create or build both inside and outdoors.
- An environment with displays (at the child's eye level) of their art work, that of their peers and works by various local and professional artists with representations of various cultures. Displays that they have constructed themselves to show growth, to share with their parents.
- Encouragement to revise or add to their projects or documentations when they have new discoveries.
- Support for dual language learners in learning new 'art' processes or creative and descriptive vocabulary from both teachers and peers.
- Daily experiences that provide opportunities for exploration of the relationship of space and objects as well as color, balance, texture and design both indoors and outside.
- A sense of respect as they explain their personal works of art with a teacher, classmate, or parent, and describe how they were made.

**Through Music:**

- Pleasure when approaching learning through the creative arts, pleasure from listening to and making music.
- Growing satisfaction and a healthy self-concept about their own creative work with music and growing respect for the creativity of others.
- Adaptations and alternative forms of art so they can express ideas about music depending on the avenues available to them; e.g., through the visual arts, if hearing impaired; through listening to music, if physically impaired.
- Daily opportunities to make music alone and/or with others and opportunities to make choices about the music they like to listen to or move to.
- Time to express or interpret their reactions or feelings to a diverse range of music and dance from different cultures, musical genres and/or styles.
- The sights and sounds of the natural environment as a learning experience with musical undertones.

**ELE: CREATIVE DEVELOPMENT**

- A beginning appreciation of their musical heritage and that of other cultures.

**Through Movement and Dance:**

- An environment that contains materials and equipment for children to practice developing skills in movement, rhythm and dance; including games and activities that involve balance and body coordination.
- Opportunities to participate in both structured and unstructured movement activities; encouragement to make up their own dance movements or use dance to interpret or imitate feelings or other situations.
- A rich vocabulary of expressions to describe movement; e.g., gallop, twist, stretch, creep, waltz, tap, swinging, swaying, etc.
- Opportunities to experience performances of dance; e.g., performances by community, school groups, intergenerational groups or professionals.
- Encouragements to tap into their undiscovered talents, enliven their day, and use their imagination.
- Opportunities to view and participate in movement experiences from a variety of cultures, especially those represented by families of the children in the class.

**Through Dramatic Play and Theater:**

- The opportunity to role play and/or pantomime characters from familiar and culturally relevant songs, stories and nursery rhymes in person or through puppet shows they create.
- Opportunities where children can role play familiar roles or situations, practice positive interactions, or use their imaginations.
- Time to create various forms of props, puppets, or costumes for their dramatic play; or to create group-constructed murals or sets inside or outdoors for use with their play and presentations.
- A flexible environment that stimulates the imagination with appropriate and varied props, furniture, materials and enough space and time for children to become fully engaged.
- Opportunities to observe plays or dramatic presentations of peers, older students or community groups that are age appropriate and add to the cultural experiences of young children.
- Scaffolding from teachers to provide just the “right” amount of support to help them notice and elaborate upon what is happening while they are involved in dramatic play.
- Encouragement from adults to see themselves as actors, creators, designers through their projects; acknowledgement through verbal recognition and/or digital recordings of their efforts.

### Examples of What Teachers and Other Adults Do:

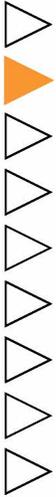
#### In the Visual Arts:

- Point out various forms of the visual arts found in books, photographs/ prints, digital representations and in a wide variety of settings.
- Use the names of primary and secondary colors including black and white as they use various art materials; e.g., tempera, finger paint, watercolors, crayons, markers, chalks; provide opportunities for children to create “new” colors.
- Work with family members and community partners to arrange opportunities for children to observe various artists who use different techniques and art media, assuring that artists from a variety of cultures are represented.
- Provide opportunities for children to observe that physical and intellectual disabilities are not barriers to expressing through the creative arts.
- Make specific comments about the qualities of children’s work to support their creativity and encourage their own sense of style.
- Provide new and unusual materials and ways to use them to create. Maintain adequate space for art experiences and explorations.
- Arrange the classroom schedule so that children can participate in individual and group art activities.
- Assure that opportunities to create and explore the visual arts ensure or accommodates the participation of children with special needs.
- Use children’s work as a springboard to explore and discuss art forms independently and in small groups; e.g., extend children’s understanding of balance, as an element in creating sculpture, to balancing one’s body in different ways.
- Display and respect art from different cultures and artistic traditions; i.e. museum postcards and prints, calendar art, internet web sites, videos, or sculpture.
- Intentionally incorporate the visual arts across the curriculum.
- Document child progress in exploration and experimentation by collecting work samples, taking photographs, and making notes that reflect child growth in the arts.

#### In Music:

- Model how children can make music with instruments; use appropriate musical terminology and descriptive language when talking about music experiences.
- Maintain a supportive atmosphere in which all forms of creative expression are encouraged, accepted and valued; make music a joyful experience.



**ELE: CREATIVE DEVELOPMENT**

- Adapt materials and experiences so children with disabilities can fully engage in various forms of music and other creative arts.
- Incorporate music into multiple areas of the curriculum, preferably on a daily basis; making connections, scaffolding learning, reinforcing creativity and the arts whenever possible.
- Participate in movement and dance activities with the children; model movement and support children's developing skills.
- Plan opportunities for children to sing and make music in many ways; e.g., singing songs with clear, easy melodies, singing finger plays; singing independently, listening to and singing many nursery rhymes, lullabies, and songs from around the world; sing or play nonsense songs or call-and-response songs.
- Arrange for children to make sounds by exploring those made by various rhythm instruments, e.g., wood blocks, sand blocks, notched rhythm sticks, rain sticks; and by melody instruments, e.g., tone bar, xylophone, hand bells, piano.

**In Movement and Dance:**

- Recognize and help students understand that dance and movement is innate, a form of cultural expression and that all cultures organize movement into one or more forms of dance.
- Provide age and developmentally appropriate creative movement opportunities for children to use their imagination, creativity and build self-confidence.
- Plan indoor and outdoor activities involving balancing, running, jumping and other vigorous movements to increase children's understanding of movement.
- Balance both child- and adult-led movement activities so that children experience kinesthetic learning by doing.
- Use movement experiences to prompt new vocabulary, social interaction, cooperation, language and conceptual development across multiple domains.
- Ensure that dancing is a joyful and accepted experience for all children.
- Adapt movement activities to assure the participation of children with physical, mental or learning disabilities.

**In Dramatic Play and Theater:**

- Utilize drama and the arts to fully engage children in learning.
- Encourage role play and problem-solving of classroom situations or reinforcing positive social skills. Help children identify emotions or problems that are surfacing in the classroom or on the playground in their dramatic play or drama work.

**ELE: CREATIVE DEVELOPMENT**

- Build an environment that offers props of varying realism to meet the needs of both inexperienced and capable players, including realistic props (e.g., cash registers, stethoscopes, dolls, coins, a variety of dress-up clothes, objects from different cultures, story books, puppets, digital tools, safe objects from various parental work environments) and open-ended objects; (e.g., cardboard tubes, unit blocks, or pieces of cloth, masks) to encourage the imagination.
- Assume a role and join in, express a range of voices or characters to show children that pretend play is important and to introduce new ideas they might want to use in their play.
- Dramatize stories from children's home cultures and ask families to share traditional stories from their cultures; provide or gather materials representing everyday life in cultures of the children in the classroom to incorporate in their dramatic play/theater activities.
- Encourage children to tell and act out stories, stressing beginnings and endings to introduce sequencing and other literacy skills.
- Take advantage of the potential that dramatic play and teacher-guided drama have to support development and learning across all domains.



**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT**

## Language and Early Literacy Development (LL)



Children begin to communicate at birth. During the preschool years they are emerging as language users and developing competence as listeners, speakers, readers, writers and viewers. Each of these language arts is strengthened by integrated literacy experiences in print-rich active learning environments in homes, neighborhoods, outdoor play spaces, and in all formal and informal early learning settings.

Having knowledge of the major characteristics of children's language development in the three- and four-year old age range enables parents, teachers and caregivers to provide support and strengthen children's emerging competence. Intentional learning experiences which support the early learning expectations outlined below will help young children become motivated and efficient communicators who listen, speak, read, write, and view effectively for meaningful purposes and for the pure joy of being literate.

**1. Early Learning Expectation: Emergent Reading. Children begin to understand written language read to them from a variety of meaningful materials, use reading-like behaviors, and make progress towards becoming conventional readers.**

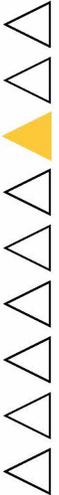
### **Emerging Indicators:**

#### **A. In comprehension strategies:**

1. Retell a few important events and ideas they have heard from written materials (e.g., in stories and in books about things and events).
2. Enlarge their vocabularies both with words from conversation and instructional materials and activities.

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT**

3. Use different strategies for understanding written materials (e.g., making predictions using what they already know, using the structure of texts, linking themselves and their experiences to the written materials, asking relevant questions).
4. Demonstrate reading-like behaviors with familiar written materials [i.e., moving from labeling pictures to creating connected stories using book language (e.g., “Once upon a time ... ”); using patterns and vocabulary that occur in printed material to making use of printed text (e.g., trying out what one is learning about words and sounds)].
5. Talk about preferences for favorite authors, kinds of books, and topics and question the content and author’s choices (critical literacy).

**B. In print and alphabetic knowledge:**

1. Show progress in identifying and associating letters with their names and sounds.
2. Recognize a few personally meaningful words including their own name, “mom,” “dad,” signs, and other print in their environment.
3. Participate in play activities with sounds (e.g., rhyming games, finger plays).

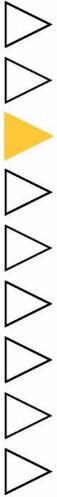
**C. In concepts about reading:**

1. Understand that ideas can be written and then read by others.
2. Understand print and book handling concepts including directionality, title, etc.
3. Understand that people read for many purposes (e.g., enjoyment, information, to understand directions).
4. Understand that printed materials have various forms and functions (e.g., signs, labels, notes, letters, types).
5. Develop an understanding of the roles of authors and illustrators.

**2. Early Learning Expectation: Writing Skills. Children begin to develop writing skills to communicate and express themselves effectively for a variety of purposes.**

**Emerging Indicators:**

1. Begin to understand that their ideas can be written and then read by themselves or others.
2. Use a variety of forms of early writing (e.g., scribbling, drawing, use of letter strings, copied environmental print) and move toward the beginning of phonetic and/or conventional spelling.

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT**

3. Begin to develop an understanding of purposes for writing (e.g., lists, directions, stories, invitations, labels).
4. Represent their own or imaginary experiences through writing (with/without illustrations).
5. Begin to write familiar words such as their own name.
6. Attempt to read or pretend to read what they have written to friends, family members, and others.
7. Show beginnings of a sense of the need to look over and modify their writings and drawings (e.g., adding to picture or writing).
8. Develop greater control over the physical skills needed to write letters and numbers.

**3. Early Learning Expectation: Spoken Language: Expressive.**  
**Children develop abilities to express themselves clearly and communicate ideas to others.**

**Emerging Indicators:**

1. Use spoken language for a variety of purposes (e.g., to express feelings, to ask questions, to talk about their experiences, to ask for what they need, to respond to others).
2. Show increasing comfort and confidence when speaking.
3. Experiment and play with sounds (e.g., rhyming, alliteration, playing with sounds, and other aspects of phonological awareness).
4. Continue to develop vocabulary by using words learned from stories and other sources in conversations.
5. Speak in increasingly more complex combinations of words and in sentences.
6. Understand the roles of the participants in conversation (e.g., taking turns in conversation and relating their own comments to what is being talked about; asking relevant questions).
7. Take part in different kinds of roles as a speaker (e.g., part of a group discussion, role playing, fantasy play, storytelling and retelling).
8. Use nonverbal expressions and gestures to match and reinforce spoken expression.
9. Show progress in speaking both their home language and English (if non-English-speaking children).
10. If appropriate, show progress in learning alternative communication strategies such as sign language.

**4. Early Learning Expectation: Spoken Language: Receptive.**  
**Children grow in their capacity to use effective listening skills and understand what is said to them.**

**Emerging Indicators:**

1. Gain information from listening (e.g., to conversations, stories, songs, poems).
2. Show progress in listening to and following spoken directions.
3. Show progress in listening attentively, avoiding interrupting others, learning to be respectful.
4. Respond with understanding to speech directed at them.
5. Understand the concept and role of an audience (e.g., being part of an audience, being quiet, being considerate, looking at the speaker).
6. Understand and respond appropriately to non-verbal expressions and gestures.
7. Show progress in listening to and understanding both their home language and English (if non-English-speaking children).



**5. Early Learning Expectation: Viewing Images and Other Media Materials.**  
**Children begin to develop strategies that assist them in viewing a variety of images and multimedia materials effectively and critically.**

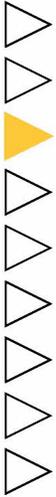
**Emerging Indicators:**

1. View images and other media materials for a variety of purposes (e.g., to gain information, for pleasure, to add to their understanding of written materials, for visual cues or creative purposes).
2. Use different strategies for understanding various media (e.g., making predictions using what they already know, using the structure of the image or media, linking themselves and their experiences to the content, asking relevant questions).
3. Begin to compare information across sources and discriminate between fantasy and reality.

**6. Early Learning Expectation: Positive Attitudes about Literacy.**  
**Children develop positive attitudes about themselves as literate beings — as readers, writers, speakers, viewers, and listeners.**

**Emerging Indicators:**

1. Choose to read, write, listen, speak, and view for enjoyment and information, and to expand their curiosity.

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT**

2. Demonstrate emotion from literacy experiences (e.g. laughter, concern, curiosity).
3. Make connections with situations or events, people or stories.
4. Approach tasks and activities with increased flexibility, imagination, inventiveness, and confidence.
5. Show growth in eagerness to learn about and discuss a growing range of topics, ideas, and tasks.

**7. Early Learning Expectation: Diversity of Communication. Children begin to understand that communication is diverse and that people communicate in a variety of ways.**

**Emerging Indicators:**

1. Understand that some people communicate in different languages and other forms of English.
2. Become aware of the value of the language used in their homes.
3. Become aware of alternate and various forms of communication (e.g., Braille, sign language, lip reading, digital communication tablets).
4. Begin to understand the value and enjoyment of being able to communicate in more than one language or form of communication.

**Examples of Children’s Experiences and Teaching Practices to Support Learning Expectations in the Language and Early Literacy Development Domain**

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

These Examples correspond to those developed for the PK-3 Alignment Project as they are age and developmentally appropriate. Rich opportunities for integrated learning across the curriculum may also be found in the Examples developed for other domains.

**Examples of What Children Experience:**

**Opportunities in Emergent Reading:**

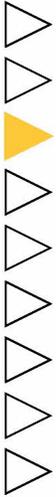
- Wide access to a variety of digital, print, and recorded forms of books, used in balance and as age appropriate; many books are readily available in their individual classroom.

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT**

- Time daily to experience books being read to them and reading alone, with partners and in small groups.
- Participation in a rich and responsive language and literacy environment using English and the home language of the child as often as possible.
- Playful opportunities to sing songs, rhymes, participate in joint book reading and saying chants that repeat, use alliteration or allow for call and response; having engaging books read aloud to them.
- An environment that reflects enthusiasm about literacy; time to read, write, and talk about preferences for their favorite authors, kinds of books, topics or writing styles.
- Adults reading fiction and non-fiction books to and with them on a daily basis, at home and at school.
- Opportunities to have rich conversation with classmates about books they have heard read or are reading.
- Use of environmental print to draw connections, build visual discrimination skill and print awareness; e.g., through visits to local shops or neighborhood walks to emphasize print in the context of everyday life.
- Books and literacy opportunities that make connections across domains and that relate to learning projects.
- Adults who take care to use digital resources sparingly and in developmentally appropriate ways.

**Opportunities to Develop Writing Skills:**

- Access to materials for writing; e.g., papers, writing tools, picture dictionaries, computers, small whiteboards, clipboards, book-making supplies.
- Models of handwriting in view as reminders of letter formation and the difference between upper and lowercase letters.
- Encouragement to use emergent writing for many purposes (e.g. lists, messages, letters to family or friends, labels, journals); teachers who model these behaviors and talk through the writing process.
- An age appropriate mix of independent writing and guided writing experiences that build small motor skills, visual acuity, and incorporate reading-writing experiences.
- Being engaged in writing everyday with support to move from early writing and drawing to incorporating more spelling, mechanics, revision, editing and publishing their own works.
- A place in the room where their writing is saved or displayed (journals, folder, class authors' library).

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT****Expressive and Receptive Spoken Language Learning Opportunities:**

- Many opportunities to communicate collaboratively with adults and other children, to play language-based games, and to encounter a widening range of books, songs, poems, stories and chants.
- Teachers who talk to them a lot, make comments, extend conversation and ask meaningful questions to encourage vocabulary and conversation skills.
- Encouragement to ask the meanings of and to use new words as they play and interact with others; e.g., in project work, a word wall.
- Activities that provide opportunities to explain simple processes to other children; verbally respond to music or art and express their thoughts and feelings.
- A language rich environment, where conversations occur, stories are told, digital recordings take place.
- The language of their home culture as well as the primary spoken and written language of the classroom.
- Opportunities to respect the sound and rhythm of other languages by hearing songs and languages other than their own; exposure to other communication forms (Braille, sign language).

**Opportunities to View Multimedia Materials** (*See Examples in Early Learning in Technology Domain*)

**Opportunities to Develop Positive Attitudes about Literacy** (*Examples are included throughout the topic areas above*)

**A Diversity of Communication** (*Examples are included throughout the topic areas above and are found in related Domains*)

**Teachers and Other Adults:****In Emergent Reading:**

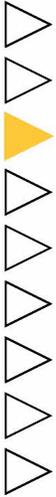
- Become aware of the child's literacy background, experiences, first language and family support.
- Build on the child's interests to expand book reading, vocabulary, word meanings, concepts and content in non-fiction books and make connections to the child's world.
- Use age appropriate forms of higher-level questioning and discussions about the meaning of text and ideas presented in books.
- Build children's sense of responsibility for becoming a competent, independent reader; e.g., explicitly teach strategies such as re-reading, predicting, connecting text to personal experience.
- Use age appropriate fiction and non-fiction books, signs/posters, and

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT**

- technology, to model research and to enlarge and enrich vocabulary for informal as well as content knowledge terminology.
- Support a balanced literacy approach with reading and writing across the curriculum; increasingly select more complex texts in keeping the students' skills and experience.
  - Balance instruction in both decoding skills and comprehension depending upon the child's skills.
  - Take opportunities to build upon children's comprehension skills by listening, responding, and asking questions; model re-reading for understanding.
  - Intentionally teach the difference between fiction and non-fiction books.
  - Intentionally communicate with and encourage parents' engagement with children's literacy interests and development, including the parents' use of reading, writing and communicating in their daily lives and work.
  - Model important reading practices; e.g., point out the title page, talk about the 'beginning' and 'end,' authors, illustrators, meaning, print marks on a page, re-reading.
  - Demonstrate the pleasure of reading.

**In Written Language and Skills Development:**

- Make writing opportunities a part of every day, across all subject domains. Build reading–writing connections.
- Read books that demonstrate the use of interesting vocabulary.
- Make it possible for children to create labels, lists, cards, letters and captions for pictures, journals, class stories and individual stories.
- Display children's writing to save what they have written either for their own enjoyment or as a way to assess progress over time.
- Write to model, to communicate with children and to demonstrate the conventions of written language.
- Accept emergent/invented spelling; take opportunities to provide explicit instruction on alphabetic principle, sound relationships and environmental print, as appropriate.
- Provide extra support for children with minimal prior language or literacy experience; reach out to families with family literacy strategies and guidance.
- Use technology to post student writing or projects both to demonstrate class accomplishments and for parent engagement; e.g., an audio class newsletter, class web page or wiki.

**ELE: LANGUAGE AND EARLY LITERACY DEVELOPMENT****In Expressive and Receptive Spoken Language Development:**

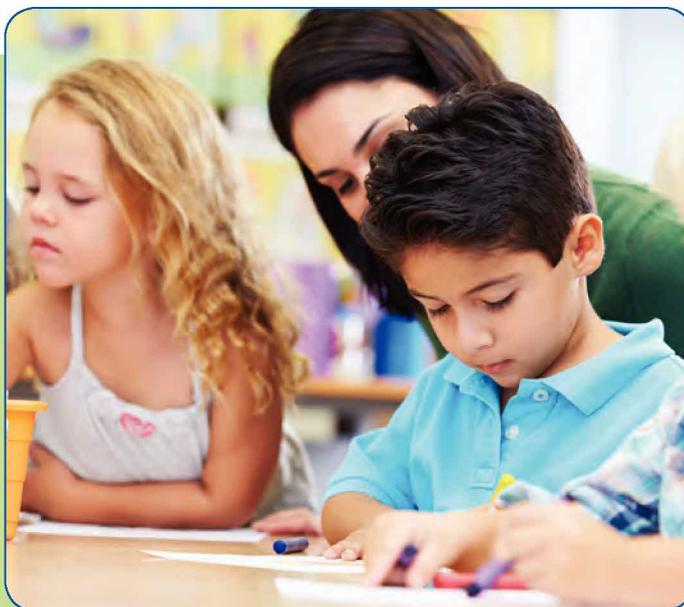
- Help children communicate feelings and ideas in a variety of ways; e.g., signed, spoken, acted out; provide appropriate vocabulary to help express feelings.
- Plan for rich classroom discussion using question and answer games, socio-dramatic play, oral reading, read books rich in vocabulary and ideas to generate conversation.
- Help extend children's verbal communication ability by accepting and supporting words, phrases, and sentences in their first language, modeling new words and phrases, and encouraging peer support for dual language.
- Use divergent or open-ended questions and comments.
- Model and intentionally teach listening, (not just in relation to obedience) use of memory, following directions and comprehension skills.
- Encourage children to initiate conversation, take turns, repeat, expand or rephrase their comments and provide them time to respond and expand their conversation.
- Model increasingly complex language in both direct and indirect way throughout the day.
- Use everyday activities to describe, name things, explain or predict.
- Model appropriate social behaviors of conversation, listening and responding.
- Assist parents in understanding the significance of having a conversation vs. one-word responses with their children to develop vocabulary and social skills.

**Viewing Multimedia Materials** *(See Examples in Technology Literacy Domain)*

**Developing Positive Attitudes about Literacy** *(Examples are included throughout the topic areas above)*

**Experiencing a Diversity of Communication** *(Examples are included throughout the topic areas above and in related Domains)*

## Dual Language Learning (DLL)



The new preschool Dual Language Learning Expectations were developed as part of the 2012-13 MI-ECSQ—Birth through Grade 3 Alignment Project. This new domain addresses the learning needs of the growing population of young children whose first language is not English or those who speak a language other than English at home. A similar domain is also found in the revised 2011 Head Start Child Development and Early Learning Framework: English Language Development. Reference to children learning dual languages deliberately interspersed across the ECSQ-PK in the initial developmental phase were left in place.

As a result of the multiple influences on young Dual Language Learners, defining 'progress' cannot necessarily be determined by age or specific grade level alone. Therefore, the DLL Expectations for preschool children apply to the age range from PK through Grade 3.

The full grade range of Prekindergarten through Grade 3 Expectations is found in the *2012-13 Alignment Document: Language and Literacy and Dual Language Learning*. Several critical understandings are unique to this subdomain, including the following:

### Commonly Used Definitions

- **Dual Language Learners:** Children whose first language is not English; including those learning English for the first time as well as those who may or may not have various levels of English proficiency. The term “Dual Language Learners” encompasses other terms frequently used, such as limited English proficient (LEP), bilingual, English language learners (ELL), English as a second language learners (ESL), and children who

**ELE: DUAL LANGUAGE LEARNING (DLL)**

speak a language other than English (LOTE). [Source: Office of Head Start website].

- **First Language:** The home language of the child; may also be referred to as the native language of the child.
- **Extent of Culturally Responsive Teaching:** Demonstrating an awareness and respect for the customs, heritage and values of the families and children. Demonstrating and responding with a positive attitude for learning about various cultures and languages.

**Approaches**

- The best entry into literacy is a child's first language. Literacy in a child's first language establishes a knowledge, concept and skills base that transfers from first language reading to reading in a second language.
- Learning opportunities should be integrated into all content areas using strategies that support Dual Language Learning.
- Bilingualism is a benefit to future learning and achievement.

**Degrees of Bilingualism**

Particularly with very young children, traits associated with bilingualism are not fixed capacities and a group of preschool children may be comprised of children who speak several languages and who represent different language and literacy capacities. Bilingualism encompasses children who:

- Have acquired language skills in their first language and then begin to learn a second language.
- Are not yet comfortable and capable in their first language, thus are learning two languages simultaneously.

**Influences on Progress in Dual Language Learning**

Children make progress in learning more than one language through:

- Both maturation and the trajectory of second language acquisition;
- Age of entry into an 'English' speaking environment;
- Extent of first language acquisition;
- Extent of support from the learning environment/program/classroom; and,
- The extent of culturally responsive teaching.

**1. Early Learning Expectation: Receptive English Language Skills. Children demonstrate an increasing ability to comprehend or understand the English language at an appropriate developmental level.**

**Emerging Indicators:**

1. Observe peers and adults with increasing attention to understand language and intent.
2. Respond with non-verbal actions and basic English words or phrases to communicate.
3. Demonstrate increased understanding of simple words and phrases used in daily routines or content studies.
4. Increase understanding of multiple meanings of words.
5. Exhibit a growing vocabulary of basic and high-frequency words.
6. Demonstrate a beginning of phonological awareness and phonics.



**2. Early Learning Expectation: Expressive English Language Skills. Children demonstrate an increasing ability to speak or use English at an appropriate developmental level.**

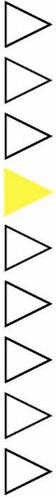
**Emerging Indicators:**

1. Express basic needs using common words or phrases in English.
2. Participate with peers and adults in simple exchanges in English.
3. As age appropriate, attempt to use longer sentences or phrases in English.
4. Continue to use and build home language as needed to build understanding of words and concepts in second language.

**3. Early Learning Expectation: Engagement in English Literacy Activities. Children demonstrate increased understanding and response to books, storytelling, and songs presented in English and increased participation in English literacy activities.**

**Emerging Indicators:**

1. Demonstrate increasing attention to stories and book reading.
2. Name or recall characters in stories.
3. Use both verbal and nonverbal methods to demonstrate understanding as early literacy skills also increase.
4. Begin to talk about books, stories, make predictions or take a guess about the book.

**ELE: DUAL LANGUAGE LEARNING (DLL)**

**4. Early Learning Expectation: Engagement in Writing. Children demonstrate an increasing ability to write words or engage in early stages of writing in English.**

**Emerging Indicators:**

*Alphabet*

1. Engage in early drawing or emergent writing attempts.
2. Copy letters of the English alphabet as age appropriate.

*Words*

3. Write or copying important words (name, friends, and family).
4. Write name using a capital letter at the beginning.
5. Copy words or labels from integrated learning (math, science, arts) experiences.
6. Use drawing and emergent writing together.

**5. Early Learning Expectation: Social Interaction. Children interact with peers in play, classroom and social situations using English with increasing ability and comfort; use first language when appropriate and share home culture.**

**Emerging Indicators:**

1. Demonstrate and also accept positive verbal and non-verbal interactions from peers.

*In English:*

2. Engage with the teacher and others in a positive manner.
3. Communicate emotions appropriately and beginning to label feelings.
4. Show both verbal and non-verbal attempts to participate with peers.

*In the First Language:*

5. Write, draw and talk about family and cultural traditions (songs, food, celebrations, etc.).
6. Demonstrate pride and recognition of first language.
7. Build skills in first language.

## Examples of Children’s Experiences and Teaching Practices to Support Learning Expectations in the Dual Language Learning Domain



These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

The Examples provided in the Preschool ECSQ correspond to those found in the full PK-Grade 3 age/grade range as age and developmentally appropriate. See connected Examples in the Language and Literacy Domain, the Learning in Technology Domain and the Approaches to Learning Domain and related Expectations in other domains that offer rich opportunities for integrated learning across the curriculum.

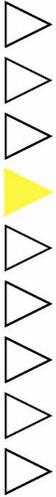
### Examples of What Children Experience:

#### *Receptive English Language Experiences:*

- Culturally responsive adults.
- Emotional support in a new environment.
- A daily routine that supports language acquisition and understanding of common words and phrases.
- A respectful environment where positive behaviors are mutually exchanged and expected.
- Adults who express a genuine interest in them.
- Clear demonstrations to assist in understanding words.
- Many opportunities to exchange language with peers and adults.

#### *Expressive English Language Experiences:*

- Encouragement to verbally express thoughts and questions in both first and second language.
- Helpful demonstrations and explanations, as appropriate, to build concept understanding in English and their first language.
- Peers who help to explain words or routines or paraphrase.
- A high level of positive emotional interaction.
- Labels and visual clues to learn words in conversations or routines as well as ‘academic’ language from all domains of learning.
- Many opportunities for play that highlights language and participation.

**ELE: DUAL LANGUAGE LEARNING (DLL)***Engagement in English Literacy Activities:*

- Many opportunities to practice language in both organized groups and free play with peers.
- Many opportunities to play and interact with peers in culturally relevant literacy activities and shared book experiences.
- A cooperative classroom routine.
- Repeated exposure to singing, rhyming games, word games, poems and puppets with peers and teachers.
- A well-stocked classroom library with high interest books to help learn concepts of print; and that can be extended to develop vocabulary.

*Engagement in Writing:*

- Many opportunities to practice drawing and emergent writing.
- Opportunities to write and draw about self and share these examples.
- Acceptance and encouragement to use emergent writing for longer periods of time than English speakers.
- Patience from teachers when explaining attempts at writing words.
- Assistance when trying to write words, or put words in order.
- Opportunities to draw and write on signs and cards or story murals or charts that have purpose and meaning in the classroom.
- A print rich environment where children can find useful words in print around the room.
- Help breaking apart word sounds to encourage writing.
- Encouragement to include home language in their writing.

*Social Interaction:*

- Support and active involvement from teachers to understand the English speaking environment.
- Interest in the child's culture and experiences prior to this classroom. These prior experiences are utilized to make connections and build self-confidence.
- Routines and expectations are consistent.
- Opportunities to have appropriate responsibilities in their classroom.
- Opportunities to plan and carry out activities in the classroom.
- A sense of belonging to the classroom community.
- Activities that build motivation to learn a new language.

**What Teachers and Other Adults Do:***For Receptive English Language Skills:*

- Whenever possible, provide instruction in the child's first language.
- Pair bilingual and monolingual staff if possible.
- Speak clearly, distinctly and at a reasonable rate for learners to grasp initial understanding.
- Use demonstrations to supplement understanding when possible.
- Demonstrate active listening, observation and encouragement to the child's expressions, questions, and attempts at language.
- Use actual names of objects and people in the classroom (rather than pronouns). Later build sentences with the addition of verbs.
- Extend and connect language learning opportunities across all domains: physical, social, cognitive and creative.
- Extend vocabulary to show additional use when appropriate.
- Provide some structured opportunities for interactions with English and non-English speaking children, as well as unstructured time.

*For Expressive English Language Skills:*

- Establish many opportunities for children from various cultures and backgrounds to play and learn together in both structured and free play time.
- Talk with families about their home/first language and expectations for their children.
- Partner bilingual children of varying skill levels to complete tasks or classroom jobs as a team, play together and solve problems using the skills of both.
- Extend and connect language learning opportunities across all domains: physical, social, cognitive and creative.
- Remember that oral language development in either language supports literacy development in both languages.
- Hold high yet reasonable and age appropriate expectations.
- Accept 'code switching' or language mixing for young learners.
- Encourage children to use all the languages they know.
- Continually evaluate and adapt teaching as fluency in English increases in individual children.

*Engagement in English Literacy Activities:*

- Design and implement meaningful literacy activities.
- Provide appropriate literacy materials in English as well as language examples of other cultures.

**ELE: DUAL LANGUAGE LEARNING (DLL)**

- Express and support positive expectations for all children.
- Provide high interest books that are culturally appropriate.
- Plan learning activities that actively involve children in book reading and activities that will relate to and reinforce ideas and vocabulary of the book.
- Plan for small groups of children to provide more individualized strategic literacy activities.
- Create role-playing situations to model and build vocabulary and social confidence.

*Engagement in Writing:*

- Become familiar with the child's previous life experiences and use these to make connections in English and develop reading and writing activities.
- Build an integrated instructional program that includes numerous opportunities to develop writing skills.
- Encourage drawing pictures prior to writing.
- Invite children to describe their drawing and writing attempts (tell me more about...).
- Provide wait time for children to explain their writing.
- Understand that writing can be very challenging for dual language children.
- Use writing in social activities, demonstrations and daily routines. Model writing, explaining their own thoughts about words (vocabulary and spelling, beginning and endings).

*Social Interaction:*

- Actively engage and build rapport with all children.
- Reinforce the rules and expectations of the classroom to build respect and cooperation.
- Make accommodations or adaptations for cultural and linguistic diversity.
- Ensure safety indoors and outdoors with bilingual signs, photos and labels.
- Accept both first language and English when children are describing their home and life outside of school.
- Share samples of children's work with their families and provide encouragement as emergent skills are evident.
- Model, interact, redirect and rephrase to help children maintain experiences with peers.
- Build and utilize home-school partnerships with translators, friends, neighbors and resource organizations.
- Use technology wisely to enhance and improve teaching and connecting with linguistically diverse children and families (e.g., translation software, digital photos, voice recorders).
- Assure that no child is verbally or socially ignored or left out.

## Technology Literacy- Early Learning in Technology (TL)



Digital technology plays an increasing role in the lives of young children in preschool programs and beyond. The array of such tools continues to expand as does understanding of both their potentials and cautions. Research supports young children's age-appropriate use of technology to support and to extend learning and development under the guidance of adults who understand how to use it appropriately. However, technology should never dominate the early learning environment and the daily schedule, nor replace the opportunity for children to have direct experience with peers, adults, and/or concrete materials and the natural world.

These new preschool technology learning expectations are derived from the 2009 Michigan Educational Technology Standards for Students, Grades PK-2\*. They replace PK Early Learning Expectations originally adopted in 2005.

### 1. Early Learning Expectation: Creativity and Innovation. Children use a variety of developmentally appropriate digital tools to learn and create.

#### Emerging Indicators:

1. Can describe and creatively use a variety of technological tools independently or with peer or adult help.
2. Understand that technology tools can be used throughout the day.
3. Understand that different technology tools have different uses, including communicating feelings and ideas.

**ELE: TECHNOLOGY LITERACY-EARLY LEARNING IN TECHNOLOGY (TL)**

**2. Early Learning Expectation: Communication and Collaboration. Children work together when using developmentally appropriate digital tools.**

**Emerging Indicators:**

1. Respond to other children's technology products vocally or within the technology tool.
2. Work with one or more other children to plan and create a product with a technology tool.

**3. Early Learning Expectation: Research and Information Literacy. With adult support and supervision, children interact with developmentally appropriate Internet based resources. With adult support, children use developmentally appropriate digital resources to locate and use information relating to a topic under study.**

**Emerging Indicators:**

1. Begin to be able to navigate developmentally appropriate websites.
2. Understand that the internet can be used to locate information as well as for entertainment.
3. Respond to information found on the internet in developmentally appropriate ways (e.g., tell what they learned, draw a picture, use the information to accomplish a task).

**4. Early Learning Expectation: Critical Thinking, Problem Solving, and Decision Making. Children can explain some ways that technology can be used to solve problems.**

**Emerging Indicators:**

1. Talk, ask questions, solve problems and share ideas with peers and adults, when using computers and other technology tools.
2. When faced with a problem, suggest the use of technology tool to solve the problem (e.g., take a picture of a block creation to show parents, find out the size of a dinosaur).

**ELE: TECHNOLOGY LITERACY-EARLY LEARNING IN TECHNOLOGY (TL)****5. Early Learning Expectation: Digital Citizenship. Children begin to understand how technology can be used appropriately or inappropriately.****Emerging Indicators:**

1. Begin to state and follow rules for safe use of the computer and other technology tools.
2. Begin to understand how technology can be used inappropriately (e.g., using another's cell phone without permission, using the Internet without supervision).
3. Identify the Michigan Cyber Safety Initiative's three rules (Keep Safe, Keep Away, Keep Telling).
4. Identify personal information that should not be shared on the Internet or the phone (e.g., name, address, phone).
5. Know to use the computer only when an adult is supervising and to inform a trusted adult if anything on the Internet creates discomfort.

**6. Early Learning Expectation: Technology Operations and Concepts. Children begin to learn to use and talk about technology tools appropriately.****Emerging Indicators:**

1. Can follow simple directions to use common technology tools.
2. Recognize and name the major parts of a computer and other devices.
3. Understand the need for and demonstrate basic care for technology equipment.
4. Use adaptive devices to operate a software program as necessary.

*\*Source: 2009 Michigan Educational Technology Standards for Students, Grades PK-2, <http://techplan.edzone.net/METS/METS2009PK2.pdf>*

### **Examples of Children's Experiences and Teaching Practices to Support Learning Expectations in the Early Learning in Technology Domain**

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

**ELE: TECHNOLOGY LITERACY-EARLY LEARNING IN TECHNOLOGY (TL)**

These Examples correspond to those developed for the PK-3 Alignment as age and developmentally appropriate. Rich opportunities for integrated learning across the curriculum may also be found in the Examples developed for other domains.

**Examples of What Children Experience:**

- Using technology tools connected to ongoing learning experiences in multiple areas of the curriculum.
- Adults willing to learn alongside them as they learn how to use and benefit from a variety of digital technologies.
- Have the opportunity to use technology in cooperative settings: e.g., having a peer act as a helper, doing research for a class project, digital exchanges with other classrooms.
- Learning opportunities that encourage peers with diverse abilities and languages to work together using digital tools.
- Opportunities to use digital tools that can respond and adapt to their individual learning needs.
- A balanced, yet on-going access to digital tools; e.g., there is not “computer time” as a part of the daily schedule, children are not taken to another room to use computers.
- Opportunities to help make rules for sharing and waiting; e.g., signing up to take a turn; finding other activities while waiting.
- Having their work documented with various methods of technology to share with parents and make a record of learning progress; e.g., photos of structures they build, video files, early written stories read and recorded, representations of science experiences, digital books and audio files.
- Access to language translation software for those who are learning another language.
- Age-appropriate interactive digital games used as one way to explore and learn new content in a variety of areas of the curriculum.

**Teachers and Other Adults:**

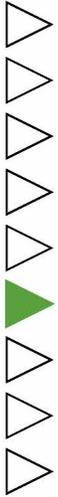
- Use technology integrated into the classroom in ways that enhance, but never replace the opportunity for young children to have direct experience with peers, adults, and/or real materials.
- Organize the classroom so that children can use digital technology with multiple areas of the curriculum; e.g., a camera in the science area, a computer or tablet in the writing area, an interactive whiteboard to expand understanding of math concepts.

**ELE: TECHNOLOGY LITERACY-EARLY LEARNING IN TECHNOLOGY (TL)**

- Take advantage of non-profit sites that rate programs/software; e.g., for their suitability for various ages, degree of accessibility, the quality of the content, when acquiring/ordering software.
- Select programs and digital content that emphasize concrete representations of objects and representations based in reality.
- Help parents to understand safe and appropriate uses of technology for their children and provide opportunities for family members to observe and learn from seeing their children using technology appropriately.
- Assist parents in locating places to attain free access to the Internet if such is not available in their homes, including digital learning opportunities for themselves; e.g., within the school, at local libraries, through businesses.
- Take advantage of technology that supports children who are learning two languages.
- Take advantage of technology that supports children who have special learning needs.
- Use technology as an enriching tool that keeps students actively engaged, avoiding the use of computers as digital workbooks.
- Model and talk about positive behavior, Internet safety and social implications with all types of technology; e.g., considerate use of cellphones; maintenance of a blog that uses “good” writing and serves as a way to record classroom events, always providing the source of information found on the Internet.
- Make intentional plans to access and use digital technology to take advantage of how it can help children analyze, learn, and explore areas of high interest in ways that are appropriate for their ages.
- Stay informed about the increasing role of digital technology in all aspects of children’s lives.
- Use technology tools to build children’s visual literacy; e.g., increasing use of digital tools to understand maps, diagrams, tables, graphs, dimension or perspective.
- Use technology tools to maintain a diverse picture of children’s learning progress; e.g., audio recordings, handhelds for quick assessments; photos of artwork, scans of writing efforts.



\*Source: 2009 Michigan Educational Technology Standards for Students, Grades PK-2  
<http://techplan.edzone.net/METS/METS2009PK2.pdf>

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

## Social, Emotional and Physical Health and Development (SEP)



During the preschool years, children increase self-understanding, cooperative and social interaction skills, improve movement skills, and develop greater knowledge about the importance of physical activity, exercise and good nutrition to their overall health. They learn more about how they can play an age appropriate role in their own social and emotional health and physical well-being. They begin to learn that their behavior affects their health and safety and recognize that they or their peers may participate in activities in a variety of ways, some with the help of adaptations. Good social and emotional health, physical well-being and healthy nutrition practices all contribute to improved learning.

### **Social and Emotional Development and Health**

To develop socially and emotionally, children need to develop the capacity to experience, express, and gain self-control over their emotions and social interactions. Children learn and thrive when they feel emotionally secure with and socially connected to adults who provide nurturing relationships and positive early learning experiences and with other children. When children feel emotionally secure and physically safe, they feel more confident to explore their environment and to learn.

An environment that is responsive to each child and that is predictable and consistent strengthens a child's confidence in approaching new challenges and enhances the development of trusting and healthy relationships. In the preschool years children grow in the ability to participate in the larger world beyond the family—to serve as a resource, to negotiate, to lead and follow, and to be actively involved in their relationships with others. The Expectations in Social Emotional Development and Health are closely related to the Approaches to Learning Domain.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)****Physical Development**

Physical development (fine and gross/large motor) is important to the achievement of general health. Gross motor development enhances body awareness, understanding of spatial relationships, and cognitive growth. Fine motor development fosters dexterity as well as coordination of the hand and eye when using the small muscles of the fingers and hands in a variety of activities. Children participate in physical activity for the sheer joy of it and also learn how many forms of vigorous physical activity contribute to their overall health.

**Physical Health, Safety and Nutrition**

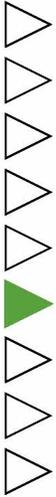
The preschool years offer many opportunities for children to learn how all aspects of their physical health and well-being are related, how to keep themselves safe in their physical and social environments and how good food choices help them grow to be strong and healthy. Children learn to care for and respect their bodies and, with adult support, contribute to keeping themselves healthy and safe. During meal and snack times, adults help them learn more healthy food choices, about their own food preferences more about the role of food in their own cultural celebrations and those of their peers.

**Social and Emotional Development and Health**
**1. Early Learning Expectation: Understanding of Self. Children develop and exhibit a healthy sense of self.**
**Emerging Indicators:**

1. Show an emerging sense of self-awareness.
2. Continue to develop personal preferences.
3. Demonstrate growing confidence in expressing their feelings, needs and opinions.
4. Become increasingly more independent.
5. Recognize and have positive feelings about their own gender, family, race, culture and language.
6. Identify a variety of feelings and moods (in themselves and others).

**2. Early Learning Expectation: Expressing Emotions. Children show increasing ability to regulate how they express their emotions.**
**Emerging Indicators:**

1. Grow in their capacity to avoid harming themselves, others, or things around them when expressing feelings, needs and opinions.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

2. Grow in their ability to follow simple, clear, and consistent directions and rules.
3. Use materials purposefully, safely, and respectfully more and more of the time.
4. Begin to know when and how to seek help from an adult or peer.
5. Manage transitions and follow routines most of the time.
6. Can adapt to different environments.

### 3. Early Learning Expectation: Relationships with Others. Children develop healthy relationships with other children and adults.

#### Emerging Indicators:

1. Increase their ability to initiate and sustain age-appropriate interactions with peers and adults.
2. Begin to develop and practice the use of problem-solving and conflict resolution skills.
3. Recognize similarities and differences in people (gender, family, race, culture, language).
4. Increase their capacity to take another's perspective.
5. Show increasing respect for the rights of others.
6. Show progress in developing and keeping friendships.
7. Participate successfully as a group member.
8. Demonstrate an increasing sense of belonging and awareness of their role as a member of a family, classroom, and community.

### Physical Development

### 4. Early Learning Expectation: Body Control and Activity. Children increase their ability to understand and control their bodies and learn that regular physical activity can enhance their overall physical, social, and mental health.

#### Emerging Indicators:

1. Begin to recognize and learn the names of body parts.
2. Begin to understand spatial awareness for themselves, others, and their environment.
3. Participate actively and on a regular basis, in games, outdoor play, and other forms of vigorous exercise that enhance physical fitness.
4. Increasingly develops greater self-awareness; identifies his or her own interest and strengths.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

**5. Early Learning Expectation: Gross Motor Development. Children experience growth in gross motor development and use large muscles to improve a variety of gross motor skills in a variety of both structured and unstructured and planned and spontaneous settings.**

**Emerging Indicators:**

1. Begin or continue to develop traveling movements such as walking, climbing, running, jumping, hopping, skipping, marching, and galloping.
2. Show their ability to use different body parts in a rhythmic pattern.
3. Show increasing abilities to coordinate movements (e.g., throwing, catching, kicking, bouncing balls, using the slide and swing) in order to build strength, flexibility, balance, and stamina.
4. Exhibit a growing capacity to self-regulate, demonstrate self-efficacy and know acceptable boundaries (e.g., riding a tricycle or bike, using their bodies in helpful vs. hurtful ways, being a 'leader' in a game).



**6. Early Learning Expectation: Fine Motor Development. Children experience growth in fine motor development and use small muscles to improve a variety of fine motor skills both in structured and unstructured settings.**

**Emerging Indicators:**

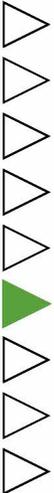
1. Develop and refine motor control and coordination, eye-hand coordination, finger/thumb and whole-hand strength coordination and endurance using a variety of age-appropriate tools (e.g., scissors, pencils, markers, crayons, blocks, putting together puzzles, using a variety of technology).
2. Use fine motor skills they are learning in daily activities (e.g., dressing themselves).

**7. Early Learning Expectation: Positive Activity. Children participate in activities that encourage self-motivation, emphasize cooperation, and minimize competition.**

**Emerging Indicators:**

1. Learn to cooperate with others through games and other activities and actions that show a growing knowledge of the rights of others.
2. Take pride in their own abilities and increase self-motivation.
3. Begin to develop an appreciation and respect for the varying physical abilities and capabilities of others.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

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4. Demonstrate increasing ability to be together with others, in play or intellectual learning opportunities and/or making positive efforts for the good of all.

**Health, Safety and Nutrition**

**8. Early Learning Expectation: Healthy Eating. Children become aware of and begin to develop nutritional habits that contribute to good health.**

**Emerging Indicators:**

1. Grow in their understanding of the importance of eating nutritious meals and snacks at regular intervals, and how this relates to good health.
2. Begin to listen to body signals of hunger and fullness, learn to choose how much to eat at meals and snacks, and are able to convey their needs for food to adults.
3. Use age/developmentally-appropriate eating utensils safely and correctly.
4. Become aware of foods that cause allergic reactions for some children and/or other dietary needs or restrictions.

**9. Early Learning Expectation: Healthy Choices. Children begin to have knowledge about and make age-appropriate healthy choices in daily life.**

**Emerging Indicators:**

1. Show growing independence in keeping themselves clean, personal care when eating, dressing, washing hands, brushing teeth, use of tissues for nose-blowing (and their disposal), and toileting.
2. Grow in understanding of the importance of good health and its relationship to physical activity.
3. Talk about ways to prevent spreading germs and diseases to other people.
4. Develop an understanding of basic oral hygiene.
5. Begin to be able to recognize activities that contribute to the spread of communicable diseases (e.g., sharing of cups, eating utensils, hats, clothing, foods).
6. Can begin to recognize some symptoms of disease or health issues (e.g., a sore throat is not a “sore neck”) and common instruments used in diagnosing disease (e.g., thermometer, x-ray machines).

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

7. Begin to become aware of activities, substances, and situations that may pose potential hazards to health [e.g., smoking, poisonous materials, edible, non-edible items (e.g., plants/berries), medications (appropriate use of)].



**10. Early Learning Expectation: Personal Safety. Children recognize that they have a role in preventing accidents or potential emergencies.**

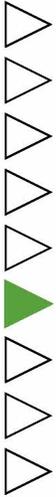
**Emerging Indicators:**

1. Begin to learn appropriate safety procedures (e.g., in the home, at school, as a pedestrian, outdoors, on the playground, with vehicles, with bicycles, around bodies of water).
2. Identify persons to whom they can turn for help in an emergency situation.
3. Begin to know important facts about themselves (e.g., address, phone number, parent's name).
4. Become aware of issues relative to personal safety (e.g., inappropriate touching, good and bad secrets, learning how to say 'No' to inappropriate touching by any other person, recognizing when to tell an adult about an uncomfortable situation).
5. Begin to learn the correct procedure for self-protection in emergency situations (e.g., tornados, fire, storms, gun fire, chemical spills, avoidance of other's blood and vomit).
6. Begin to try new activities with 'just manageable' risk (e.g., riding a tricycle, climbing safely, jumping, exploring).
7. Exhibit a growing capacity to self-regulate, demonstrate self-efficacy and know acceptable boundaries.

**Examples of Children's Experiences and Teaching Practices to Support Learning Expectations in Social, Emotional and Physical Health and Development**

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

The Examples provided in the Preschool ECSQ correspond to those found in the full PK-Grade 3 age/grade range as age and developmentally appropriate. See connected Examples in related Expectations in other domains that offer

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

rich opportunities for integrated learning across the curriculum. The Examples in Approaches to Learning are deeply connected to the Examples in the area of Social and Emotional Development.

**Examples of What Children Experience:****In Social and Emotional Development:**

- A consistently positive, safe environment each day; a place where they can develop and keep friendships.
- Personal greetings, appropriate encouragement, and sufficient support to feel a sense of belonging each day with special care to include children who are Dual Language Learners or new to the community.
- An environment where they feel safe expressing their feelings; e.g., likes, fears, excitement.
- Opportunity to learn multiple verbal and nonverbal strategies to appropriately express their emotions; e.g., “I don’t like it when you hit me.”
- Intentional teaching of social skills; e.g., how to greet peers, how to take turns, how to wait for something they want, how to demonstrate care and sympathy.
- Examples of their work displayed somewhere in the classroom.
- Seeing their parents treated with respect; hearing positive comments and examples of positive social gestures and behavior to all adults.
- Opportunities to be involved in the care and routines of their classroom, to fix their mistakes, solve problems and develop confidence and responsibility.
- Opportunities to learn ways to be physically and emotional calm.
- Adults who involve them in developing rules for the classroom and outside and to see their rules posted with labels and visuals; labels and visuals are reflective of children and their languages; e.g. photographs reflect the range of ethnicities and special needs, including spoken and signed language.

**In Physical Development:**

- A classroom schedule that allows for time for both group activity and times of quiet or rest, as well as time to be alone.
- With modeling and support from peers and teachers, time to learn and practice prerequisite skills prior to engaging in the activity for which those skills are required.
- Opportunities to engage in exploration of materials or physical movement, games or concepts, both indoors and out, with which they have had little prior experience.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

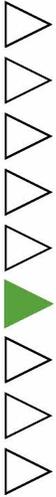
- Opportunities to learn decision-making skills and build self-confidence and self-control through challenging activities; e.g., walking a balance beam, climbing a net, hiking a trail, navigating a creek bed.

**In Health, Safety and Nutrition:**

- Support through positive guidance techniques to further development of self-control, responsibility, and respect for self, others and property.
- Activities that encourage the use of all of the senses.
- A health-oriented environment with positive role models, visual exposure and prompts to eat healthy foods and to respect their body; e.g. books, posters, fruit bowls, healthy snacks, small gardens.
- A safe place to talk about health and safety problems or express their fear or concern without repercussions.
- Realistic expectations and rules for hand-washing, self-help skills and keeping their classroom environment clean, safe and healthy
- Stories and books that demonstrate coping skills and reassurance about common childhood diseases and illnesses.
- Active engagement with the natural world.
- An indoor classroom that reflects many aspects and benefits of nature.

**Examples of What Teachers and Other Adults Do:****In Social and Emotional Development:**

- Model sensitivity, sincerity and empathy with children and other adults.
- Respond respectfully and positively — verbally, visually, and physically to all children.
- Model and engage children in conversations about management of their emotions; e.g., “I was so frustrated that we couldn’t play outside today.” or “I need to take a deep breath.”
- Share and expand ideas for strengthening social skills; e.g., suggesting a new way to play, another way to contribute or help.
- Teach and encourage problem solving and the use of conflict resolution skills, when conflicts arise by helping children learn socially appropriate ways to express their wants and needs and to respond to others; e.g., through talking, role playing, songs, finger plays.
- Help children learn how friends act toward each other through books, stories, intentional activities, reinforcement and recognition of positive efforts and role models.
- Model and plan opportunities that help children learn to share; e.g., using puppets, stories, task assignments.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

- Recognize children's efforts to manage strong feelings.
- Demonstrate professionalism by not discussing sensitive subjects or negative behaviors when children are present.
- Consistently demonstrate consideration for others, regardless of differences in people (gender, family, race, culture, language).
- Involve children in the care of their indoor and outdoor materials, equipment and outdoor space; model respect for the property of others.

**In Physical Development:**

- Model the kind of socially appropriate behaviors they would expect and value in young children.
- Ensure that no child is ignored or mocked.
- View physical education as an enjoyable and healthy activity rather than competition.
- Organize the classroom environment and the outdoor play spaces for optimum safety and encourage children to participate in keeping the environment safe and beautiful.
- Ask children open-ended questions about safety practices to better know children's understanding and misconceptions about certain issues.
- Respond with support when children need help and encouragement.
- Read and research the full benefits of spending time out of doors.
- Develop instructional strategies and plans to spend time outdoors.
- Frequently incorporate other domains of learning.
- Find multiple ways to link the value of physical activity with good health; place particular emphasis on movement as a component of weight control.

**In Health:**

- Enhance each child's individual social-emotional health and well-being; regularly assess and review goals and children's progress.
- Enhance each child's individual rate of physical health and well-being; regularly assess and review goals and children's progress.
- Establish a warm, engaging and multi-sensory environment filled with developmentally appropriate materials and model appropriate health and physical behaviors.
- Promote a climate of acceptance and inclusion of children of varying cultural, ethnic, linguistic, and racial backgrounds as well as those with a range of abilities and disabilities.

**ELE: SOCIAL, EMOTIONAL AND PHYSICAL HEALTH AND DEVELOPMENT (SEP)**

- Respects varying aspects of family preferences.
- Use positive guidance techniques in individual and in group physical activities, which further children's development of self-control, responsibility, and respect for self, others and property.
- Provide play opportunities for children individually and in groups both indoors and outdoors and plan ahead to enable children to be outdoors daily in all reasonable types of weather.
- Apply a limitation on screen time, including time using computers; convey this message to families.
- Encourage children to explore new foods through projects in the classroom, trips to local markets or restaurants and through family involvement.
- Use the child's first language, as well as the primary spoken and written language of the program, especially to communicate a dangerous situation or an immediate need; e.g., "Be careful!" "Hot!" "Stop!"
- Support children's mental health by incorporating and reinforcing positive social dispositions.



**ELE: EARLY LEARNING IN MATHEMATICS (M)**

## Early Learning in Mathematics (M)

Young children's early understandings of mathematics are broad in scope and extend well beyond numbers and counting. Problem solving is the central focus of the mathematics curriculum from the early years onward. How children's early understandings are supported and extended by their parents and caregivers/teachers enable them to use and expand their knowledge. Mathematical experiences involving interactions with the environment, materials, peers and supportive adults give children opportunities to build, modify, and integrate simple mathematical concepts—primarily ideas about whole numbers, shapes and space.

For Kindergarten and beyond, Michigan has adopted the College and Career Ready Standards (CCRS), and Expectations for K-3 based on those new standards are a part of the 2012 Birth through Grade 3 Alignment Project. The CCRS emphasizes that the focus of experiences in early mathematics should be on understanding whole numbers with some emphasis on shapes and space (e.g., Expectations related to fractions do not appear until Grade 3). All of the Expectations expressed here at the preschool level support and lead into the learning expectations in later schooling. They may be organized and titled somewhat differently than in the CCRS, but they all help children develop the attitudes, skills, and knowledge necessary for later proficiency in mathematics. At the preschool level, they are expressed to reflect developmentally appropriate expectations for three- and four-year-old children.

Of critical importance is the support of teachers in helping children adopt these attitudes and practices in their early exploration of mathematics in their daily lives and in their early learning programs:

- Making sense of problems and persevering in solving them.
- Reasoning abstractly and quantitatively.
- Constructing viable arguments and critique the reasoning of others.
- Modeling with mathematics.
- Using appropriate tools strategically.
- Attending to precision.
- Looking for and making use of structure.
- Looking for and expressing regularity in repeated reasoning.



### 1. Early Learning Expectation: Math Practices. Children begin to develop processes and strategies for solving mathematical problems.

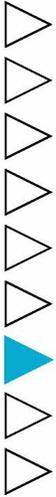
#### Emerging Indicators:

1. Try to solve problems in their daily lives using mathematics (e.g., how many napkins are needed).
2. Generate new problems from every day mathematical situations and use current knowledge and experience to solve them (e.g., distribute crackers).
3. Begin to develop and use various approaches to problem solving based upon their trial and error experiences.
4. Begin to talk about the processes and procedures they used to solve concrete and simple mathematical situations.
5. Begin to generate problems that involve predicting, collecting, and analyzing information and using simple estimation.

### 2. Early Learning Expectation: Mathematical Literacy. Children begin to use the language of mathematics by applying emerging skills in representing, discussing, reading, writing, and listening (e.g., by translating a problem or activity into a new form; a picture, diagram, model, symbol, or words).

#### Emerging Indicators:

1. Participate regularly in informal conversations about mathematical concepts and number relationships.

**ELE: EARLY LEARNING IN MATHEMATICS (M)**

2. Begin to record their work with numbers in a variety of simple concrete and pictorial formats, moving toward some use of number and other mathematical symbols.
3. Begin to use symbols to represent real objects and quantities.
4. Make progress from matching and recognizing number symbols to reading and writing numerals.
5. Talk about their own mathematical explorations and discoveries using simple mathematical language and quantity-related words.
6. Begin to recognize that information comes in many forms and can be organized and displayed in different ways.
7. Begin to describe comparative relationships (e.g., more/less/same number of objects or quantities).

**3. Early Learning Expectation: Classification and Patterns. Children begin to develop skills of recognizing, comparing and classifying objects, relationships, events and patterns in their environment and in everyday life.**

**Emerging Indicators:**

1. Recognize, describe, copy, extend, and create simple patterns with real objects and through pictures.
2. Identify patterns in their environment.
3. Investigate patterns and describe relationships.
4. Recognize patterns in various formats (e.g., things that can be seen, heard, felt).

**4. Early Learning Expectation: Counting and Cardinality. Children extend their understanding of numbers and their relationship to one another and things in the environment.**

**Emerging Indicators:**

1. Develop an increasing interest and awareness of numbers and counting as a means for determining quantity and solving problems.
2. Match, build, compare, and label amounts of objects and events (e.g., birthdays in the week) in their daily lives.
3. Make progress in moving beyond rote counting to an understanding of conceptual counting (e.g., one-to-one correspondence).
4. Recognize and match number symbols for small amounts with the appropriate amounts (e.g., subitizing).

**ELE: EARLY LEARNING IN MATHEMATICS (M)**

5. Show progress in linking number concepts, vocabulary, quantities and written numerals in meaningful ways.
6. Show growth in understanding that number words and numerals represent quantities.
7. Use cardinal (e.g., one, two) and ordinal (e.g., first, second) numbers in daily home and classroom life.
8. Understand how numbers can be used to label various aspects of their lives (e.g., house number, phone number, ages of classmates).
9. Develop an increasing ability to count in sequence up to ten and beyond, typically referred to as “counting on.”



**Note:** Expectations relating to place value (tens and ones) begin with Kindergarten

**5. Early Learning Expectation: Simple Operations and Beginning Algebraic Thinking. Children begin to develop skills of sorting and organizing information, seeing patterns, and using information to make predictions and solve new problems.**

**Emerging Indicators:**

1. Begin to develop the ability to solve problems involving joining, separating, combining, and comparing amounts when using small quantities of concrete materials.
2. Can generate problems that involve predicting, collecting, and analyzing information.
3. Use simple estimation to make better guesses.
4. Identify likenesses and differences.
5. Can place objects or events in order, according to a given criterion (e.g., color, shape, size, time).
6. Recognize that the same group can be sorted and classified in more than one way and describe why they would group or sequence in a particular way.
7. Begin to understand that simple concrete and representational graphs are ways of collecting, organizing, recording, and describing information.

**6. Early Learning Expectation: Measuring. Children explore and discover simple ways to measure.**

**Emerging Indicators:**

1. Show awareness that things in their environment can be measured.
2. Begin to understand concepts of weight.

**ELE: EARLY LEARNING IN MATHEMATICS (M)**

3. Show an awareness of the concept of time, beginning with the recognition of time as a sequence of events and how time plays a role in their daily life (e.g., breakfast, snack, lunch, dinner).
4. Show an awareness of temperature as it affects their daily lives.
5. Use beginning skills of estimation in solving everyday measurement problems (e.g., about how many cookies are needed for a small group of children).
6. Begin to use non-standard measures (e.g., length of hand) for length and area of objects.
7. Begin to understand that tools (e.g., rulers, scales, counters) can be used to measure properties of objects and amounts.

**7. Early Learning Expectation: Geometry. Children build their visual thinking skills through explorations with shape and the spaces in their classrooms and neighborhoods.**

**Emerging Indicators:**

1. Can make models, draw, name, and/or classify common shapes and verbally describe them in simple terms.
2. Investigate and begin to predict the results of combining, subdividing, and changing shapes.
3. Begin to recognize and appreciate geometric shapes in their environment.
4. Begin to build an understanding of directionality, order, and positions of objects through the use of words (e.g., up, down, over, under, top, bottom, inside, outside, in front of, behind).
5. Identify patterns in their environment.
6. Recognize, describe, copy, extend and create simple patterns with real objects and through pictures.
7. Investigate patterns and describe relationships.
8. Recognize patterns in various formats (e.g., things that can be seen, heard, felt).

**Examples of Children’s Experiences and Teaching Practices to Support Learning Expectations in the Early Learning in Mathematics Domain**

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

**ELE: EARLY LEARNING IN MATHEMATICS (M)**

The Examples provided in the 2013 Preschool ECSQ correspond to those found in the full PK-Grade 3 Age/Grade range as age and developmentally appropriate. Teachers will also find connected Examples in the Ecology of Learning Domain, the Science Domain, the Technology Learning Domain and related Expectations in other domains that offer rich opportunities for integrated learning across the curriculum.

At the K-3 levels, many similar Examples are organized to reflect the organizational structure of the new Common Core State Standards adopted by Michigan. They are titled and organized to reflect the PK Early Learning Expectations.

**Examples of What Children Experience:****Math Practices:**

- Time to talk through their ideas and solutions with others and time to demonstrate their problem solving skills.
- Opportunities to solve challenging problems irrespective of the child's gender, abilities, race/ethnicity.
- Repeated opportunities to learn a sequence of steps for problem solving in mathematics and other areas of the curriculum.
- Access to and the opportunity to learn key words orally and in print from their first language and English; e.g., problem/problema/vấn đề / كشم (English/Spanish/Vietnamese/Arabic).

**Mathematical Literacy:**

- Teachers who use the language of mathematics or 'math talk'.
- Access to many fiction and non-fiction books with mathematical concepts as part of the stories, text, and pictures.
- Encouragement to use the language of mathematics and to have access to materials that can be named and described mathematically; e.g., geometric shapes, measuring tools, opportunities to describe the positions of people or objects; opportunities to compare the sizes and shapes of unit blocks; opportunities to talk about events in time such as before, after today, yesterday, before my last birthday.
- A classroom library containing books that show positive examples of diverse people; e.g., diverse ages, gender, abilities, race/ethnicity whose work has connections to math and science, problem solving, or invention.

**Classification and Patterns:**

- Opportunities daily to sort and re-sort items that are interesting and engaging and/or significant to classroom life.



**ELE: EARLY LEARNING IN MATHEMATICS (M)**

- Time to create, extend or describe a wide variety of patterns, in varied materials (stamps, counting, stringing beads); and those evident in music, art and physical activities.
- Patterns in their routine, in their outdoor environment and evident in their classroom.

**Counting and Cardinality:**

- Frequent opportunities both inside and outside to link number concepts through their play and classroom activities.
- Opportunity to use counting in the daily life of the classroom; e.g. “How many are at school today?”; “How many are absent?”
- Opportunities to talk about and explain about their own mathematical explorations and discoveries using simple mathematical language and quantity-related words.
- Growing understanding that number words and numerals represent quantities; e.g., have opportunities to use symbols to represent real objects and quantities, and as they grow older, to experience and represent greater quantities.
- Progress in moving beyond rote counting to an understanding of conceptual counting (one-to-one correspondence); e.g., quantifying by counting or by subitizing (knowing just by looking).
- Opportunities to use cardinal (e.g., one, two) and ordinal (e.g., first, second) numbers in daily classroom life and to see that counting can be used at home.
- Opportunities to understand how numbers can be used to label various aspects of their lives (e.g., house number, phone number, ages of classmates/family members).
- Respect for their interests and how those relate to numbers and counting; e.g., they can count and order dogs, shoes, cars that go by, items they may be collecting.

**Simple Operations and Beginning Algebraic Thinking:**

- In preschool and kindergarten, repeated experiences to solve problems involving joining, separating, combining, and comparing amounts when using small quantities of concrete materials.
- A classroom stocked with individual and cooperative math games of varying difficulty; time to use such materials as a regular part of the daily/ weekly schedule.
- Access to simple computer simulations to experience concepts previously introduced via concrete materials.

**ELE: EARLY LEARNING IN MATHEMATICS (M)****Measuring:**

- A daily routine that incorporates concepts about measurement across the learning domains; e.g., through songs, movement, in literacy.
- Regular opportunities to organize their materials and information; gather confidence in their ability to use math meaningfully.
- Experiences that demonstrate that information comes in many forms and can be organized and displayed in different ways.
- Increasingly complex opportunities to collect, organize, record, and describe information related to their work with numbers in a variety of simple concrete and pictorial formats, moving toward the use of number symbols in later primary.
- Challenges of problem solving that include collecting and analyzing data.

**Geometry:**

- Opportunities to make models, draw, name and /or classify common shapes and verbally describe them.
- Activities which lead to investigations and predictions from the results of combining, subdividing, and changing shapes.
- Opportunities to recognize and appreciate geometric shapes in both the indoor and outdoor environments.
- Time in the natural environment to identify the shapes and symmetry of natural elements (leaves, branches, petals).
- Opportunities to make and use maps, or participate in orienteering; give directions, talk about their location, explain distance, or navigation, such as: left, right, front, over, behind.

**Teachers and Other Adults:****Mathematics Practices:**

- Deliberately use problem-solving vocabulary in their conversations with children in the classroom and outdoors; e.g., asking “Can we predict ... , change ... , observe ... ”, etc.
- Engage children in conversations about quantity, properties of objects, use of measurement tools as children interact with materials in learning centers or class activities across all areas of the curriculum.
- Deliberately model the process of solving everyday problems; e.g., asking “Let’s decide what to do?”; “How many children want to go on a walk?”
- Help families understand that problem-solving can be a positive experience and not always a crisis and help them identify such opportunities in everyday family life.

**ELE: EARLY LEARNING IN MATHEMATICS (M)**

- Give families examples of how to extend children’s thinking by asking relevant questions and being supportive of inquiry.
- Recognize that children are developing the ability to solve math problems and talk with them non-judgmentally and with encouragement as they experience correct and incorrect responses; e.g., guide them as they analyze “errors” and develop alternative processes for solving problems.
- Pace and organize the classroom to encourage problem solving across the curriculum.
- Assure that children with differing learning styles and abilities are given opportunities to solve problems of increasing complexity.
- Draw attention to new situations and problem solving opportunities in the daily working of the classroom.
- Establish practices to encourage children to view objects and ideas from multiple perspectives and across learning domains.

**Mathematical Literacy:**

- Emphasize verbalization of thinking and concepts and encourage children follow the example.
- Make liberal use of concrete materials to help children understand mathematical language, especially children learning English and children with special learning needs.
- Establish the practice of reflection to better understand concepts.
- Observe children and listen to their conversations to better understand their progress in mathematical understanding.
- Use visual examples to assist children in understanding concepts; e.g., objects of all kinds, especially items from the natural world (seed pods, small rocks, fallen leaves), charts, number lines.

**Counting and Cardinality:**

- Through the provision of many activities in math and in linking math across the curriculum, take advantage of children’s natural interest in number concepts by engaging them with mathematical ideas and exploring ideas about numbers.
- Create circumstances to engage children in counting and using numbers and practice using number words or finger patterns.
- Build on children’s prior number knowledge by building on experience and knowledge related to their family, linguistic, cultural, and community backgrounds.
- Help children use their natural interest in mathematics and their disposition to use it to make sense of their physical and social worlds.
- Create a classroom learning environment that is safe for trial and error and help families to understand the importance of such an approach.

**ELE: EARLY LEARNING IN MATHEMATICS (M)**

- Find ways to make sure children see both female and male role models routinely engaged in solving problems.

**Simple Operations and Beginning Algebraic Thinking:**

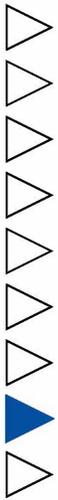
- Model frequently, especially for children learning English.
- Promote social interactions in the classroom, learning from peers, small group play and time for discussing their understandings.
- Ask questions to understand children's thinking, observe their actions and listen to their explanations; observe their approach when using the computer to understand their thinking.
- Design activities and math concepts to children's interests and daily activities.
- Emphasize math concepts outside of the math context; in music notations, board games, puzzles, clapping rhythms.

**Measuring:**

- Use descriptive language regarding measurement, size, comparisons and attributes in children's first language and in English; e.g., much longer; barely red.
- Involve and inform families about the classroom activities and learning related to measurement and collecting data that can be extended at home.
- Provide many activities that help children move from non-standard to standards units of measure; e.g., from as long as my foot to a 12-inch measurement tool, from how much juice fits in my glass to how much in a cup measure.
- Identify experiences to relate measurement to additive and subtractive concepts; e.g., "How many children had milk for lunch every day this week?"

**Geometry:**

- Assure that children have opportunities to explore both two and three dimensional objects.
- Vary the size of all geometric shapes with representation of fat, skinny, long, small, etc.
- Describe increasingly complex shapes and how those shapes are represented in the environment of the classroom and beyond.
- Demonstrate how shapes can be combined to create new forms.
- Use digital tools only after children have had many opportunities to internalize concepts of space and shape through direct and concrete experience.
- Help children develop a sense of spatial understanding; e.g., location, direction, distance.
- Encourage families to help children explore math in their everyday environments and experiences.

**ELE: EARLY LEARNING IN SCIENCE (S)**

## Early Learning in Science (S)



Early learning in science builds on young children's natural sense of wonder and curiosity. It provides them with better understanding of the world around them and how it works. Early learning expectations for science model the nature of scientific inquiry which has at its core the opportunity to ask and answer questions and develop problem-solving skills. Children bring their emerging skills in mathematics to their experiences and use their growing abilities in representing ideas through language and the creative arts to portray their scientific knowledge.

Early science opportunities use active hands-on experiences to foster positive attitudes toward science and form the basis for later and more sophisticated understandings. This requires adults to model the same attitudes and sense of wonder about the world around them.

### 1. Early Learning Expectation: Observation and Inquiry. Children develop positive attitudes and gain knowledge about science through observation and active play.

#### Emerging Indicators:

1. Demonstrate curiosity about and interest in their natural environment that leads them to confidently engage in activities related to science.
2. Ask questions related to their own interest and observations.
3. Talk about their own predictions, explanations and generalizations based on past and current experiences.

4. Expand their observational skills (e.g., extending the time they observe, being able to describe and confirm their observations by using a variety of resources).
5. Begin to participate in simple investigations (e.g., asking questions manipulating materials; anticipating what might happen next; testing their observations to determine why things happen).



## 2. Early Learning Expectation: Living and Non-living Things. Children show a beginning awareness of scientific knowledge related to living and non-living things.

### Emerging Indicators:

1. Demonstrate a growing ability to collect, talk about, and record information about living and non-living things (e.g., through discussions, drawings).
2. Begin to categorize living and non-living things in their environment based on characteristics they can observe (e.g., texture, color, size, shape, temperature, usefulness, weight).
3. Use observation skills to build awareness of plants and animals, their life cycles (e.g., birth, aging, death) and basic needs (e.g., air, food, light, rest).
4. Begin to describe relationships among familiar plants and animals (e.g., caterpillars eat leaves).
5. Begin to describe the places in which familiar plants and animals in their neighborhood live (e.g., city, drainage ponds, parks, fields, forests).
6. Demonstrate greater knowledge and respect for their bodies (e.g., describe visible parts of the human body and their functions).
7. Observe, describe and compare the motions of common objects in terms of speed and direction (e.g., faster, slowest, up, down).

## 3. Early Learning Expectation: Knowledge about the Earth. Children show a beginning awareness of scientific knowledge related to the earth.

### Emerging Indicators:

1. Can talk about observable characteristics of different seasons.
2. Can talk about the observable properties of earth materials (sand, rocks, soil, water) and living organisms.
3. Can talk about major features of the earth's surface (streams, hills, beaches) when found in the children's neighborhood and neighborhoods that they visit.

**ELE: EARLY LEARNING IN SCIENCE (S)**

4. Begin to describe weather and its changing conditions (e.g., wind, rain, snow, clouds).
5. Talk about ways to be safe during bad weather and in outdoor explorations.

### Examples of Children’s Experiences and Teaching Practices to Support Learning Expectations in Science

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels.

The Examples provided in the Preschool ECSQ correspond to those found in the full PK-Grade 3 age/grade range as age and developmentally appropriate. See connected Examples in the Approaches to Learning Domain, the Dual Language Learning Domain, the Early Learning in Technology Domain and related Expectations in other domains that offer rich opportunities for integrated learning across the curriculum

Especially for children at this age, learning opportunities in the Science domain are closely related to one another; the Expectations in the Processes subdomain apply across all the Science subdomains and have relevance across all the other domains. Science Expectations offer multiple opportunities to connect to other content Domains, such as Social Studies and the Creative Arts and offer rich opportunities to practice skills in the Literacies and Mathematics.

#### Examples of What Children Experience:

##### Observation and Inquiry:

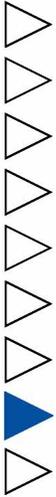
- Enthusiastic teachers who enjoy scientific investigation and discovery with children.
- Many opportunities to focus on processes which help them describe, question, think about and talk with peers and teachers about what they are investigating, examining and discovering.
- Time to engage, process their own thinking, problem solve and observe by collecting data, drawing and writing in a science journal or class log; time to share final products with peers or family.
- A variety of appropriate science related materials found throughout the room where they have access, opportunities and choices with which to utilize their developing inquiry skills.

**ELE: EARLY LEARNING IN SCIENCE (S)**

- Access to many nonfiction books and pictures about aspects of their everyday world; books that show diversity of race, culture, gender and physical abilities and accommodations in science-related occupations.
- Support in documenting the discoveries and questions that they have regarding various topics; continuous displays (photo, posters, stories, video) of both class and individual content learning that can be seen by families and peers, both in the room and available via Internet.
- An environment with rich content vocabulary and support to understand age appropriate scientific language for both native English speakers and dual language learners.

**Living and Nonliving Things:**

- Safe opportunities to change and observe change in things; e.g., taking apart old machines, tinkering with nuts and bolts, mixing colors, cooking, growing plants, weighing things.
- Opportunities to explore, describe, predict, and document their investigations on their own and cooperating with peers; e.g., ways shapes and objects fit together, things to push and pull, light and shadow tables, magnets.
- A variety of appropriate well-maintained science materials throughout the room to utilize inquiry skills, reasoning and investigation; e.g., scales, magnifiers, blocks, magnets.
- Models and examples of accomplishment, collaboration and learning in classroom science projects, discoveries, charts of data collection, science notebooks.
- Social interaction with peers and time to contribute and participate on projects around the big ideas or themes of science, such as: force or motion.
- A sense of joy and discovery in the classroom where all children are actively engaged in their learning.
- Multiple examples and discussions to understand the difference between living and non-living entities; encouragement to name and describe living and non-living things in their environment; on-going opportunities to document their understanding.
- Opportunities to safely observe and help take care of plants or animals both inside and out of doors.
- A significant amount of time to investigate and process the discoveries they make out of doors; to explore the place where they live; to learn from place-based situations; e.g., measuring the snow melt, observing the way the water flows down the land, the plants and animals in a local river or park.
- Social, literacy and creative opportunities integrated with scientific learning; e.g., sharing a field trip with peers, documenting an observation, drawings of plants observed in a study of the neighborhood.

**ELE: EARLY LEARNING IN SCIENCE (S)**

- Time to develop empathy with and appreciation for living things in the natural world.

**Knowledge about the Earth:**

- Their own cultural and ethnic backgrounds represented in the activities, stories, symbols or pictures found in the room as they relate to prior knowledge and experiences living in different environments.
- Time spent outdoors daily, actually in touch with the environment with sustained time to investigate and process the discoveries they make and to deepen their understanding of phenomena.
- Adults talking with them as they become observant of their environment and elements of the earth; teachers listening to questions, and answering or posing additional questions, about why things happen; e.g., weather phenomena, darkness and light.
- Opportunities for integrated learning experiences between math, literacy or creative projects that occur both in and out of doors.
- Time outside their classroom with opportunities to explore the place where they live; learning that includes place-based situations and, in later primary discussing how where they live affects phenomena they see around them; e.g., measuring the rain fall, observing the way the seasons change, planting a garden, noting the beach and shoreline changes.
- Opportunities to build special places outside, make maps, and discover the nature of their own communities and neighborhoods; e.g., they play, dig, climb, plant, hike.

**What Teachers and Other Adults Do:****Observation and Inquiry:**

- Teach science through inquiry and active explorations; understand the importance of curiosity in children's exploration; and support children's questioning, experimenting and meaning making.
- Provide an engaging environment and make changes to respond to children's shifting interests, developing skills and emergent language.
- Demonstrate their sense of wonder and appreciation of the processes of discovery, investigation, curiosity and observation.
- Utilize science skills, concepts and vocabulary as a part of integrated learning across all domains.
- Provide additional time to make accommodations, explain or expand new science content words in English to dual language learners.
- Talk with children in ways that promote children's thinking, predicting and reasoning; and provide them with accurate information and vocabulary about scientific ideas.

**ELE: EARLY LEARNING IN SCIENCE (S)**

- Regularly pose open-ended questions about science and the child's thinking and reasoning process.
- Provide time for reflection, tinkering with objects and sustained engagement.

**Living and Nonliving Things:**

- Pose questions to children that encourage them to try new strategies, organize their approaches to investigations, become attentive, predict and to problem solve; e.g., what causes motion, what would it take to pull an object.
- Utilize math and physical science concepts, practices and content vocabulary across the curriculum; e.g., connections to ideas about force and motion, energy, properties of matter, changes in matter, graphing results of properties.
- Provide non-fiction/ informational text of varying levels to use for visualization and for finding information.
- Encourage children to show and tell what they are thinking to build their view of themselves as scientists, investigators and capable learners.
- Model their individual sense of curiosity, respect and appreciation for the natural world.
- Describe and demonstrate how all of the senses help in making science observations and investigations.
- Provide appropriate working equipment and interesting materials arranged to extend children's understanding of concepts; e.g. classification or characteristics of living and non-living things.
- Utilize non-fiction books that include diversity of race, gender and place as examples of discoveries, explorations and the people who made/make these discoveries.
- Use technology to post children's learning, investigations or projects both to demonstrate class accomplishments and for parent engagement; e.g., an audio class newsletter, class web page or wiki.
- Help children become scientifically literate by providing age appropriate guided opportunities for in-depth exploration and links to meaningful learning; e.g., a project about things that melt or what attracts a magnet.

**Knowledge about the Earth:**

- Provide access to high interest subject matter about earth science; i.e., an evening study of the moon, with the families.
- Use a variety of presentation models to help children understand concepts.



**ELE: EARLY LEARNING IN SCIENCE (S)**

- Share information about scientific contributions of individuals from all ethnic origins as important and valuable. Ensure that children’s cultural and ethnic backgrounds are represented in the activities, stories, and symbols/pictures found in the room as they relate to prior knowledge and experiences; i.e., cold/hot climates; water/desert environments.
- Make themselves available to children to support and extend their conversations about natural phenomena in the outdoors and build real world connections.
- Provide the materials necessary to help children record their observations about natural phenomena; e.g., clipboards, paper, camera, journals and tools for making drawings and recording observations.
- Help children with the big ideas of earth science focused primarily on processes rather than discrete skills; with sustained time on a topic to expand understanding.
- Establish teaching practices that reflect children’s immersion into the natural world and prepare themselves to teach the topic.
- Incorporate Math and Science skills to make connections to a real world project; e.g., how much and what kinds of junk mail are there, how could we measure it, where does it come from, how does it get here, what happens to it.

## Early Learning in the Social Studies (SS)



Children study their social world from the moment of birth. By the time they are three- and four-years-old, children are becoming increasingly sophisticated in observing and understanding their social world (Chard, 1998). The preschool classroom is a perfect laboratory for children to further learn the knowledge, skills, and attitudes required to live in a diverse democratic society and to be able to understand our growing global interdependence as adults.

The balance of age appropriate content and the use of inquiry to learn more about the people in their families and neighborhoods, the earth they live on, the people who live on the earth and learning more about their histories, will give young children the skills they will need as citizens of a democracy. At this age, learning in the social studies is closely related to children's social and emotional development and to what they experience in the community of their classroom. Learning experiences in the PK-3 age/grade range cross the discipline-based areas of the social studies such as history, civics and economics that are more appropriate in later elementary school and beyond. The climate of acceptance and zest for learning set by the adults is an important part of social studies for preschool children.

### 1. Early Learning Expectation: Relationship in Place. Children begin to understand and interpret their relationship and place within their own environment.

#### Emerging Indicators:

1. Explore the environment, experiment and play with natural materials, explore the texture, sound and smells of nature.

**ELE: EARLY LEARNING IN THE SOCIAL STUDIES (SS)**

2. Extend information gained from books and stories or projects to learning in the outdoor setting in which they live and play.
3. Develop a sense of connectedness through the exploration of the natural environment and materials, caring for animals or plants.
4. Engage in conversations that reflect experiences in and observations of the environment.
5. Demonstrate a developing sense of respect for nature and its components.
6. Use and understand words for location and direction.

**2. Early Learning Expectation: How People Are Influenced. Children begin to recognize that many different influences shape people's thinking and behavior.**

**Emerging Indicators:**

1. Can talk about personal information (e.g., name; family members; and, by four, knowledge of personal traits, address, telephone number).
2. Begin to recognize themselves as unique individuals and become aware of the uniqueness of others.
3. Show an understanding of family and how families are alike and different.
4. Talk about ways members of a family can work together to help one another.
5. Begin to recognize that people celebrate events in a variety of ways.
6. Grow in understanding of and respect for differences among cultural groups, as well as their contributions to society.
7. Exhibit a growing capacity to self-regulate, demonstrate self-efficacy and know acceptable boundaries.
8. Participate in creating their own classroom celebrations.

**3. Early Learning Expectation: Understanding Time. Children show growth in their understanding of the concept of time and begin to realize that they are a part of a history, which includes people, places, events, and stories about the present and the past.**

**Emerging Indicators:**

1. Use words to describe time (e.g., yesterday, today, tomorrow).
2. Can talk about recent and past events.
3. Show interest in nature and asks questions about what is seen and what has changed (e.g., temperature, trees, sunlight) over time.

**ELE: EARLY LEARNING IN THE SOCIAL STUDIES (SS)**

4. Gather information and learn new concepts through experimentation and discovery, making connections what they already know.
5. Demonstrate an increasing sense of belonging and awareness of their roles as members of families, classrooms, and communities.
6. Contribute to their community (classroom, school, neighborhood) as age appropriate.



**4. Early Learning Expectation: Why We Have Rules and Laws.**  
**Children begin to learn about the reasons for rules and laws, the importance of a democratic process, and the responsibilities of being a member of a classroom, a family, and a community.**

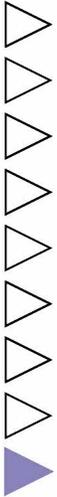
**Emerging Indicators:**

1. Grow in their understanding of the need for rules and boundaries in their learning and social environment.
2. Begin to understand consequences of following and breaking (disobeying) rules.
3. Can identify people (e.g., parents, teachers, bus drivers, lunchroom helpers) who have authority in their home and early learning programs (e.g., who helps them make rules, who tells them when they are breaking a rule, who helps enforce rules).
4. Show increasing respect for the rights of others.

**5. Early Learning Expectation: Basic Ideas about Economics.**  
**Children increase their understanding about how basic economic concepts relate to their lives.**

**Emerging Indicators:**

1. Can talk about some of the workers and services in their community.
2. Can talk about some of the ways people earn a living.
3. Begin to understand that people pay for things with a representation of money (e.g., currency, checks, debit cards, credit cards).
4. Make simple choices about how to spend money.

**ELE: EARLY LEARNING IN THE SOCIAL STUDIES (SS)**

**6. Early Learning Expectation: People and Their Environment.**  
**Children increase their understanding of the relationship between people and their environment and begin to recognize the importance of taking care of the resources in their environment.**

**Emerging Indicators:**

1. Begin to identify what families need to thrive (e.g., food, shelter, clothing, love).
2. Can participate in improving their environment (e.g., pick up litter, recycle, plant trees and flowers, conserve lights, water and paper).
3. Engages in activities that promote a sense of contribution.
4. Responds and recognizes naturally occurring events that reinforce the ideas of change and the connections to care giving of living things.

**Examples of Children’s Experiences and Teaching Practices to Support Learning Expectations in Early Learning in the Social Studies Domain**

These examples and questions for teachers are intended to: 1) assist teachers in reflecting on their own practice in the classroom; 2) to help consider the experiences and prior learning of the children in their classrooms; and, 3) to visualize representative experiences and practices that lead toward reaching the Michigan Early Learning Expectations across the PK-3 age/grade levels. While opportunities for integration of learning exist across all domains, these Examples are particularly related to those in the Approaches to Learning and Science domains.

The Examples provided in the Preschool ECSQ correspond to those found in the full PK-Grade 3 age/grade range Examples as age and developmentally appropriate. Connected Examples in other domains offer rich opportunities for integrated learning across the curriculum.

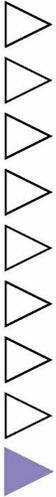
**Examples of What Children Experience:**

- A indoor environment rich with visuals of the local area; e.g., maps with simple labels, signs, globes and puzzles; in later primary, opportunities to “map” the passage of time through the construction of time lines of events of significance to them, their communities and early earlier times in Michigan.
- Access to high quality literature, both fiction and non-fiction, that helps them learn more about their place in their neighborhood and their expanding ‘community,’ both the structures as well as the outdoor play spaces and the plants and surrounding lands, forests, streams and bodies of water.
- Opportunities to participate in community projects that are collaborative and help to establish a sense of place.
- Time to hear from community members as storytellers or historians for the various cultures and development of the area or region.

**ELE: EARLY LEARNING IN THE SOCIAL STUDIES (SS)**

- Celebrations that reflect the history of their classroom peers and community accomplishments or events of significance representing all groups.
- Classroom projects that incorporate individual family stories or photographs of elders or family traditions.
- Daily time in the outdoors, actually in touch with the environment in which they live.
- Opportunities to be involved in simple map making, planning and discussing their neighborhood; noting their daily surroundings, changes in their environment and creating a simple map.
- Adults talking with them as they become observant of their environment. They introduce vocabulary that is descriptive and extends their ability to also verbalize what they notice but may not yet be able to articulate or may not yet have noticed.
- Learning experiences that allow them to begin to see themselves as 'explorers' –competent, confident learners who ask questions and make discoveries about their human and non-human environment.
- Encouragement to develop and express their own working theories for making sense of the natural, social, physical and material worlds; opportunities to discuss these ideas with small groups of their classmates.
- A classroom with many types of manipulatives that demonstrate different attributes; labels are displayed and discussed to increase children's vocabulary relevant to building a descriptive language base.
- A sense of community in their classroom; confidence that it is a safe place to learn and to interact with classmates.
- A chance to be heard, to respectfully express their own voices, to participate, to learn how rules apply to themselves; a developing sense of what it means to be a democratic community of learners.
- Respectful behaviors from peers and other adults; adults who provide coaching or guidance to be respectful and tolerant themselves.
- Evidence of their personal culture represented respectfully on a continuous basis through song, language, fiction and non-fiction literature, pictures, playthings, and dance.
- Multiple opportunities to learn about differences and similarities among their classmates and in the larger neighborhood and community without judgmental comparisons.
- Acknowledgement of their own preferences, uniqueness, strengths and ability to contribute in a positive manner.
- Learning experiences to help them learn basic safety and health rules that they use daily.
- Support to learn appropriate social dispositions: e.g., being a friend, acting like a friend, learning negotiation skills, paying attention to others.



**ELE: EARLY LEARNING IN THE SOCIAL STUDIES (SS)**

- Encouragement to practice problem solving, self-regulation and consideration across all classroom and outdoor experiences.
- Play experiences that allow for ‘buying, selling, trading’ goods or services; or saving by various means as a classroom project to reach a goal.

**Teachers and Other Adults:**

- Arrange multiple opportunities for children to explore the neighborhood and the various cultures within their community.
- Begin a classroom collection of artifacts with local significance and that grows with contributions of the class during the school year.
- Arrange the environments — indoors and outside — to support and encourage self-motivated exploration.
- Visibly connect the curriculum to the families and cultures represented in the classroom; communicate regularly with families and invite multi-generational participation.
- Frequently model descriptive words that help understand sequences of events; provide key words in first languages and in English.
- Recognize and respect historical concepts that vary across cultures (i.e. personal space, touch, time concepts, mealtime); take such mores into consideration when working with families.
- Integrate historically-related terms that are also associated with math and science; e.g., before/after, now/later, when/where/with whom.
- Guide children toward developing a sense of responsibility for the living and the non-living environment.
- Establish regular, frequent opportunities for children to observe, identify and describe plants and animals and the environment over time; prominently display documentation that allows children to review and recall these experiences and changes.
- Utilize outdoor experiences to incorporate math, science, literacy and physical skills; e.g., graph types of animals or birds, document natural events over time, read stories about the area or significant people from the area, listen and move to music from the region, or visit local artists.
- Ask open ended questions to support meaning making and discovery by children.
- Regularly spend time outdoors and model both active and calming activities.



## Quality Program Standards for Preschool and Prekindergarten Programs

### INTRODUCTION

The 1986 blue-covered document, *Standards of Quality and Curriculum Guidelines for Preschool Programs for Four Year Olds*, was adopted as Michigan began its first targeted state prekindergarten program for four-year-old children at-risk of school failure. The “blue standards” included a set of critical elements and components thought to predict results for children and used at that time to determine quality in early childhood programs. The standards articulated what the State Board of Education considered necessary for preschool programs to be successful, and have been used continuously as the prekindergarten program grew into the Michigan School Readiness Program (currently the Great Start Readiness Program). Monitoring instruments and self-assessment protocols, leading to a continuous improvement planning process, were also developed and implemented based on the “blue standards”. Although the State Board of Education and the Department of Education distributed the “blue standards” and supporting documents widely, they were never required for programs other than the Michigan School Readiness Program (Great Start Readiness Program).

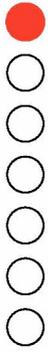
In 1992, the orange-covered document, *Early Childhood Standards of Quality for Prekindergarten through Second Grade*, including voluntary standards for classrooms designed for children ages four through eight, was adopted by the State Board of Education. Although intended to apply to many of the state's early childhood programs, much of the language was specific to public school districts because of the wide age range covered. The "orange standards" were required for a few grant programs, and many school districts had great success in implementing programs based on the document.

At about the same time, procedural safeguards and special education regulations were developed for Early Childhood Special Education (formerly Pre-Primary Impaired, PPI) classrooms for children ages 3-5, funded through Part B of the Individuals with Disabilities Education Act (IDEA).

Confusion in the early childhood world about which set of State Board of Education program standards applied to which program, or should apply, soon became apparent. Inconsistent program standards made inclusion of children with differing needs difficult. Simultaneously, efforts in state government to improve quality in all programs, beyond the minimums required by early childhood/child care licensing, brought together a large group to redefine high quality program standards. The vision of high quality for all is actualized in *Great Start to Quality*, Michigan's tiered rating and improvement system for programs, with minimal licensing standards as the foundation and a staircase of graduated improvements in quality to reach these high standards at the top. As programs are supported to move up the stairway, the foundational minimums can be gradually increased so that many more programs provide more quality to more children. It is clear that programs cannot improve in quality unless professional development and other program supports are available to them.

The standards in this section of the document are meant to define quality in all center-based classroom programs for three- and four-year old children, regardless of sponsorship or funding. Each program standard is followed by a list of statements that illustrate a variety of ways that a quality program may demonstrate that it meets the standard. A particular program will meet some, but probably not all, of the items that demonstrate each standard. Funding stipulations may require programs to meet particular standards in specific ways. Programs funded for targeted populations (e.g., children with disabilities, children learning English) may have required components to meet the standards. Most children can be successfully served in programs that are open to all children of a particular age; however, this is not possible in some cases because of funding restrictions or the needs of the children themselves for specialized services that cannot be provided with sufficient intensity in an inclusive program. For example, programs for children with specific disabilities will find that the program standards themselves are still applicable, but that they need to be met in particular ways to meet the needs of the children enrolled. Implementation documents, operating manuals, applications, and the like provide additional guidance to such targeted programs.

These quality standards are meant to apply to center-based classroom preschool/prekindergarten programs that provide all children with experiences and opportunities that allow them to meet the *Early Learning Expectations for Three- and Four-Year-Old Children*. Companion documents address quality program standards for programs for other age groups and settings.

**PROGRAM'S STATEMENT OF PHILOSOPHY**

## The Program's Statement of Philosophy



A quality early childhood program begins with an underlying theory or statement of fundamental beliefs—beliefs about why it exists, what it will accomplish, and how it will serve all the children and their families involved in the program. The philosophy establishes a framework for program decisions and provides direction for goal-setting and program implementation, the foundation upon which all interactions and activities are based.

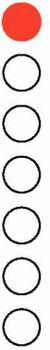
The philosophy statement guides decisions about how the program:

- Promotes a climate of acceptance and inclusion by enrolling children of varying cultural, ethnic, linguistic, and racial backgrounds who have a range of abilities and special needs.
- Nurtures a partnership between families and the program.
- Provides qualified and nurturing staff members who use developmentally appropriate practices and who develop warm, responsive relationships with each child and family.
- Enhances each child's social, emotional and physical health and well-being through the assignment to a consistent teaching team.
- Establishes a warm, stimulating, and multi-sensory environment filled with culturally, linguistically and developmentally appropriate materials and activities.
- Provides for on-going staff development reflective of the most current information about young children's development and early learning.
- Maintains a continuous assessment and evaluation system that regularly monitors individual children's development and the important aspects of the program's quality to support children's continued development and learning.
- Fosters collaboration with the community and ensures appropriate referrals.

Program leaders use current research about how children grow, develop, and learn in combination with national standards (e.g., National Association for the Education of Young Children Accreditation Criteria, Head Start Performance Standards) to inform the development of its philosophy statement.

**PROGRAM'S STATEMENT OF PHILOSOPHY**

**1. Program Standard: A written philosophy statement for the early childhood care and education program is developed and utilized as the basis for making program decisions and establishing program goals and objectives.**

**A Quality Program:**

- a. Develops a philosophy statement that incorporates suggestions from the program's staff (teachers, administrators, and support staff), governing board, families, and community representatives.
- b. Uses input from staff, the governing board, families, and community representatives; new legislation; research findings, and/or other significant factors which impact early childhood education to inform the annual review and revision of the philosophy statement.
- c. If applicable, recommends adoption and annual reaffirmation of the philosophy statement by the governing or advisory board of the program.
- d. Reviews the philosophy statement at least every five years.

**2. Program Standard: The philosophy statement includes the rationale for the program.**

**A Quality Program:**

- a. Uses the philosophy statement to define the purpose and nature of the program.
- b. Aligns the philosophy statement with state and local goals, standards, legislation and guidelines for early childhood education programs.
- c. Aligns the philosophy statement with the values of high quality early childhood education and care programs.
- d. Uses the philosophy statement to honor and address the social, economic, cultural, linguistic, and familial needs of the community.
- e. Bases the philosophy on evidence-based information (e.g., references about the importance of early relationship development; significant influences on early brain development; the value of play) and includes a bibliography of research findings as a part of the statement.

**3. Program Standard: The program promotes broad knowledge about its philosophy.**

**A Quality Program:**

- a. Assures that the philosophy is visible in the program's operational plan (e.g., policies, activities, and experiences, nature of the family partnership, caregiver practices) and its implementation.

**PROGRAM'S STATEMENT OF PHILOSOPHY**

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- b. When operating as a part of a program serving a broader age range of children, uses the philosophy statement to demonstrate understanding of the specific and unique nature and needs of three- and four-year-old children as distinct from younger and older children in the early childhood (birth through eight) age range.
  - c. Views the philosophy statement as a living document consulted frequently in daily decision making.
  - d. Disseminates copies of the philosophy statement to program staff, governing board members, families, and other interested persons.
  - e. Includes discussion of how the philosophy affects the operation of the program in staff development and information sessions for families, other agencies, and community members.

**4. Program Standard: The program uses the philosophy statement in making decisions about every aspect of the program.****A Quality Program:**

- a. Uses its philosophy to identify the program's goals and objectives.
- b. Assures that the philosophy is visible in the program plan (e.g., policies, curriculum, family collaboration, and classroom practices), development, and implementation.
- c. Applies the philosophy in the evaluation and revision of the program.
- d. Uses the philosophy statement in the development of staff job descriptions, personnel evaluations, and development activities.
- e. Uses the philosophy statement to resolve potential conflicts about program practices.

## Community Collaboration and Financial Support



Development and learning are enhanced when early childhood education and care programs work collaboratively and cooperatively with community programs, institutions, organizations, and agencies to meet and advocate for the broader needs of children and their families through direct services or referrals. Although the sponsorship and location of programs may vary (e.g., be single owner, agency-sponsored, center-based), all benefit from locating and using community resources and supports to

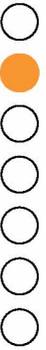
enhance services and strengthen program quality.

Financial support for early childhood programs also varies widely. Many programs depend entirely on parent fees; others receive the majority of their support from public sources. Regardless of the source of the program's resources, the components of high-quality early childhood programs are well established (e.g., well-qualified staff; evidence-based practices; include a major emphasis on relationships between children and adults in the program; maintain strong family partnerships, reflective supervision, ongoing professional development) and do not differ based on the program's sources of support.

### 1. Program Standard: The program shows evidence of participation in collaborative efforts within the community and has membership on the community's early childhood collaborative council.

#### A Quality Program:

- a. Participates in the on-going development of a common community philosophy of early childhood expectations.
- b. Shares information on available community services and eligibility requirements for services with administrators, families, and all early childhood teachers/caregivers.
- c. Is informed about state and national efforts regarding the well-being of young children and brings such information to the attention of community collaborators.
- d. Plans with other community programs/agencies for coordination of a comprehensive, seamless system of services for all children and families in the community.
- e. Explores and, to the extent possible, employs joint funding (e.g., funding from public, private, family sources) of the program.



**COMMUNITY COLLABORATION AND FINANCIAL SUPPORT**

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- f. Encourages and participates in joint and/or cooperative professional development opportunities.
  - g. Promotes outreach efforts (in a variety of digital, print, translated, or personal contacts) in the community to develop and extend knowledge about young children as part of ongoing public relations.
  - h. Links to a community early childhood collaborative council or networking group, when available.

**2. Program Standard: The program works cooperatively and collaboratively with other early childhood programs in the community in order to facilitate children's transition into and out of programs and from one program to another.**

**A Quality Program:**

- a. Collaborates to ensure a smooth transition for children and families into preschool and from preschool to elementary school.
- b. Promotes an awareness of all early childhood programs in the community and an identification of commonalities.
- c. Facilitates transition by sharing appropriate printed materials and activities for families and children.
- d. Maintains a process on confidentiality and participates in the establishment and implementation of a system for safely and responsibly sharing information about specific children between and among programs, agencies, and schools.
- e. Cooperates with the special education personnel from school districts in the area to address the transition needs of children with disabilities.
- f. Participates in joint funding and professional development opportunities for staff regarding transitions for children and families.
- g. Collaborates with translation or interpretation services for language diverse families.

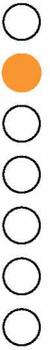
**3. Program Standard: The program works with public and private community agencies and educational institutions to meet the comprehensive needs of children and families, to assist one another in the delivery of services, increase resources, and to strengthen advocacy efforts.**

**A Quality Program:**

- a. Streamlines the process for making and receiving referrals.
- b. Reduces barriers by working with collaborating entities to expand existing support services for young children [e.g., child care, literacy (including dual-language) initiatives, nature activities or summer food programs].

**COMMUNITY COLLABORATION AND FINANCIAL SUPPORT**

- c. Shares available community resources to achieve specific objectives with the entire early childhood community (e.g., health screenings, counseling, parenting sessions, before- and after-school child care, and care for sick children).
- d. Has knowledge of various culturally diverse community programs and their eligibility requirements.
- e. Shares physical space whenever possible (e.g., space for a well-baby clinic, mental health counselors on site, a food pantry, a clothing bank).
- f. Encourages professional organizations and local districts to share information about training, conferences, and other professional development opportunities with all early care and education programs in the community.
- g. Participates in the preparation and implementation of contracts or memoranda of agreement between/among participating agencies.
- h. Advocates on behalf of children and their families and supports the further development of high-quality early childhood education and care programs in the community.



**4. Program Standard: The program works with community volunteer groups, agencies, and the business community (e.g., senior citizen groups, libraries, United Way agencies, volunteer groups, faith-based groups, service organizations, and business organizations).**

**A Quality Program:**

- a. Invites members from community groups/agencies to participate in the program (e.g., be tutors, companions, presenters, translators, mentors, etc., for children, volunteers for the program).
- b. Invites members from community groups/organizations (e.g., senior citizen, volunteer, and service groups; business organizations; faith-based communities; charitable organizations; libraries; parks and recreation, museums) to support the program.
- c. Encourages families and members from community groups/agencies to become involved in the work of the early childhood collaborative council or networking group, if applicable.
- d. Provides opportunities for sponsorship and co-sponsorship of community programs for families (e.g., reading aloud to children, military family support, family nature clubs, child development classes at the workplace, at a community facility).
- e. Identifies strategies for community partnership and reciprocation.

**COMMUNITY COLLABORATION AND FINANCIAL SUPPORT**

**5. Program Standard: Funds are identified and used to purchase resources (e.g., staffing, space, equipment, materials) to provide an effective, accessible program.**

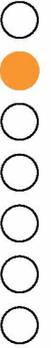
**A Quality Program:**

- a. Designates and utilizes funds for program space and maintenance.
- b. Designates and utilizes funds for instructional materials and supplies which contribute to teaching and learning.
- c. Designates and utilizes funds for the purchase and maintenance of equipment which contribute to teaching and learning.
- d. Designates and utilizes funds for materials and supplies to implement all program components and accomplish all program objectives.
- e. Designates and utilizes funds for the assurance of health, accommodations and safety regulations.
- f. Designates and utilizes funds for employment of support staff to assist program implementation.
- g. Designates and utilizes funds for developing and revising curricular and instructional materials.
- h. Designates and utilizes funds to implement, evaluate, and improve all program components and accomplish the program's objectives.

**6. Program Standard: The program has funds necessary to employ qualified staff and provide staff development activities.**

**A Quality Program:**

- a. Designates and utilizes funds for salaries/wages, and benefits (e.g., health insurance, retirement, sick leave, vacation) for all staff (e.g., teachers, administrators, and support staff).
- b. Designates and utilizes funds for the number of staff necessary to conduct and administer the program.
- c. Designates and utilizes funds for additional pay, compensatory time, or released time for all staff to participate in professional development activities.
- d. Designates and utilizes funds for salaries of substitute staff when regular staff members participate in authorized professional development activities.
- e. Designates and utilizes funds for staff for authorized expenses and activities, including transportation and per diem expenses, according to federal, state and local guidelines.

**COMMUNITY COLLABORATION AND FINANCIAL SUPPORT****7. Program Standard: The program has funds necessary for parent involvement and education programs and family-oriented activities.****A Quality Program:**

- a. Designates and utilizes funds for on-site child care services during parent workshops and group meetings.
- b. Facilitates family participation in special events and other meetings through financial support (e.g., stipends, meals).
- c. Designates and utilizes funds for resource materials for training and group meetings for family members.

**PHYSICAL AND MENTAL HEALTH, NUTRITION AND SAFETY**

## Physical and Mental Health, Nutrition and Safety

Children’s physical, mental (emotional and behavioral), and oral health; good nutrition, optimum vision and hearing; and safety are essential to their development and learning. A quality early care and education program addresses these needs, in partnership with families, by establishing opportunities for information exchange and by providing services directly or creating linkages with agencies that do provide such services to build and maintain overall health and wellness.



Michigan’s licensing rules for family and group homes and child care centers address many areas of physical and mental health, safety and nutrition. The standards included in this document supplement, but do not reiterate licensing requirements and describe services provided in a high-quality program. Particular licensing rules, such as those related to sun safety, and many others, are assumed. In addition, provisions of other Michigan and federal rules and laws must also be followed [e.g., Occupational Safety and Health Administration (OSHA) requirements, pest control management policies, the confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Family Education Rights and Privacy Act (FERPA), and the Michigan Child Care Organizations Act 116 of 1973].

Federal law requires that all programs adhere to the Americans with Disabilities Act (ADA) provisions. Quality programs welcome children with disabilities and support their learning and development alongside more typically developing peers.

### **1. Program Standard: Programs address the need for continuous accessible health care (mental, oral, physical health, and fitness) for children.**

#### **A Quality Program:**

- a. Provides for information and referral for parents of children to health care partners for preventive and primary health care needs and coverage.
- b. Periodically reviews and updates health records (including immunization records) to ensure that children receive recommended treatment and preventive services.

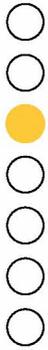
**PHYSICAL AND MENTAL HEALTH, NUTRITION AND SAFETY**

- c. Establishes and implements a written policy (translation or interpretation) to address basic health care and health care emergencies.
- d. Works with parents and community partners to support an agreed-upon plan of action for goals related to the overall health and wellness of a child, such as the IEP and IFSP (with translation or interpretation, as needed).
- e. Works with parents to obtain information on their child's health, and share observations and concerns in order to build a supportive and nurturing environment that is also culturally and linguistically beneficial.
- f. Trains and supports staff in securing or providing referrals for needed services; documents all follow up actions and results.
- g. Partners with the community to make decisions about spaces: both indoors and outdoors, the development of spaces and accommodations for fitness and wellness opportunities for preschool children of all abilities.

## 2. Program Standard: The program addresses the nutritional health of children.

### A Quality Program:

- a. Provides for information and referral of children to nutritional health partners for preventive and primary needs and coverage.
- b. Ensures that nutritional services contribute to the wellness, healthy development and socialization of children by encouraging adults to interact with children during mealtime and eat the same food served to children.
- c. Makes a variety of food available that follow nutritional guidelines recommended by the U.S. Department of Agriculture.
- d. Provides sufficient time for each child to eat.
- e. Integrate gardening or exposure to gardens (e.g., intergenerational, school, window, community) to build healthy nutritional attitudes and behaviors.
- f. Fully accommodates medically-based diets or other dietary requirements.
- g. Provides food service and nutrition education in support of obesity prevention and reduction.
- h. Follows rules and regulations applicable to federal and state food safety and sanitation laws.

**PHYSICAL AND MENTAL HEALTH, NUTRITION AND SAFETY**

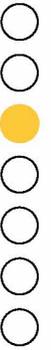
**3. Program Standard: The program's policies and practices support the inclusion of children with special health care needs unless participation is deemed a risk to the safety or health of the child or others, or fundamentally alters the nature of the program.**

**A Quality Program:**

- a. Ensures that the program has adequate health policies and protocols, staff training and monitoring, supplies and equipment to perform necessary health procedures and reasonable accommodations.
- b. Implements plans to accommodate a child's health or safety needs before services to a child begins or as soon as possible after the need is identified.
- c. Protects the privacy of the involved child and her or his family.
- d. Promotes understanding to children and to parents of other children; of the involved child's special health care needs, without embarrassing or drawing attention to the child.
- e. Ensures that parents and health care or other providers supply clear, thorough instructions on how best to care for the involved child, in order to protect the child's health and safety, as well as the health and safety of other children and staff.
- f. Makes reasonable adaptations to the physical environment (both inside and outdoors) to accommodate children with special needs (e.g., accommodates children who need assistance with feeding or toileting, diapering).
- g. Obtains assistance from local agencies or organizations (e.g., hospitals, schools, intermediate school districts and local health departments) for ways to accommodate children with special needs in the program.
- h. Makes all personnel familiar with the provisions of the ADA, and establishes policies that support the inclusion of children or parents with disabilities (e.g., toileting/diapering).
- i. Develops partnerships with parents, program staff, and other professionals to plan and design ways to make the physical setting and program accessible and beneficial.
- j. Provides services to each child with special needs that are equal to and as effective as services for all other children, in the same rooms or activity areas as all other children.
- k. Assesses and removes barriers affecting the accessibility of the facility (e.g., accessible parking; firm, smooth non-slip floor surfaces; clear pathways; ramps; handrails in restrooms).
- l. Makes reasonable, individualized, developmentally appropriate adaptations to daily activities to include children, parents, and others with disabilities.
- m. Makes use of assistive technology as appropriate.
- n. Fully accommodates medically-based diets or other dietary restrictions.

**PHYSICAL AND MENTAL HEALTH, NUTRITION AND SAFETY****4. Program Standard: Programs address requirements for continuous safe environments for children.****A Quality Program:**

- a. Implements and, at a minimum, annually reviews written policies and procedures for staff and parents regarding safety and the environment.
- b. Annually updates the background check for all personnel relating to felony convictions involving harm or threatened harm to an individual and relating to involvement in substantiated child abuse and neglect.
- c. Conducts a daily assessment of the safety and suitability of the physical environment.
- d. Is in a physical location that is free of environmental risks (e.g., lead, mercury, asbestos, indoor air pollutants).
- e. Monitors outdoor air pollutants and responds appropriately (e.g., Ozone Action Days, heat warnings, exposure to sun).
- f. Implements an Individual Pest Management Plan in accordance with the requirements of the Michigan Department of Agriculture's regulations on pesticides.
- g. Provides information and referral to parents and children about creating and maintaining inside spaces; and about the benefits and safe practices while spending time outside.
- h. Provides professional development to all staff working with children regarding safe environments, healthy, outdoor natural environments and regulatory requirements.
- i. Establishes a routine and regular inspection of the inside and outside physical environments; reports and repairs all findings in a timely manner.



**STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

## Staffing and Administrative Support and Professional Development



Early childhood programs are staffed by individuals with differing levels of education and experience as required by the program's administering agency. All instructional staff, support staff, and non-paid personnel (e.g., parents, volunteers) should have training, experience, and access to staff development activities commensurate with their responsibilities. Strong and knowledgeable administrative leadership is a key component of an effective early childhood program that employs well-trained and skillful staff.

**1. Program Standard: Teachers are qualified to develop and implement a program consistent with the program philosophy and appropriate to the developmental and learning needs of the children and families being served, including the development of a continuing parent education and family involvement component.**

### A Quality Program:

- a. Employs teachers with bachelor's degrees in early childhood education, or child development, including coursework with supervised field experience such as:
  - An elementary teaching certificate with an early childhood endorsement from an institution approved by the State Board of Education based on the National Association for the Education of Young Children and/or other national standards for teacher preparation institutions, or
  - The equivalent teacher certification from another state, or
  - A program specifically focused on preschool teaching.

**2. Program Standard: Paraprofessionals (i.e., those staff who work with children under the supervision of a teacher) are trained to implement program activities and assist in the care and education of the children.**

### A Quality Program:

- a. Employs paraprofessionals with associate's degrees in early childhood education/preschool education, child development, child care or hold Child Development Associate (CDA) credentials or equivalent continuing education experience, as approved by a college or the State Board of Education.

**STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- b. Employs paraprofessionals who have had directed training programs, supervised work, or field experiences implementing educational activities for young children.



**3. Program Standard: Support staff and non-paid personnel are assigned to roles that enhance the program's goals and increase the adult/child ratio.**

**A Quality Program:**

- a. Provides background screens for support staff and volunteers in order to protect the physical and emotional safety of the children in the program.
- b. Provides orientation on program goals and objectives as well as basic methods of positive interaction with children.
- c. Assigns tasks and responsibilities that complement their skill levels, native languages and areas of strength.
- d. Offers professional development and advancement opportunities.
- e. Through restructured staff assignments and configurations, uses support staff and volunteers to improve the adult/child ratio.

**4. Program Standard: The staff participates in a variety of ongoing professional development activities (e.g., in-service training, professional workshops, courses at institutions of higher learning, teacher exchanges, observations, coaching).**

**A Quality Program:**

- a. Assures that program specific requirements for maintaining and continuing teacher certification or other credentials are met.
- b. Assures that staff members participate each year in early childhood professional development activities (e.g., college courses, in-service activities, workshops, seminars, or job-embedded learning).
- c. Assures that professional development activities are based upon program and individual needs assessments.

**5. Program Standard: Staff professional/career development efforts are assisted and supported by administrative policies, practices, and appropriate resources.**

**A Quality Program:**

- a. Requires administrators and supervisors to support the provision of and staff participation in staff development and job-embedded learning that address individual staff needs.

**STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- b. Conducts supportive staff evaluations in accordance with guidelines and program policies.
- c. Keeps professional development resources updated and includes information about early childhood research, teaching methods, techniques for classroom management, developmentally appropriate practices, technology, and child development/learning theories.
- d. Requires program administrators to encourage and support staff in their choices to affiliate with local, state, or national professional organizations and organizations that advocate for young children and families.

**6. Program Standard: To achieve optimum educational outcomes for the children, the program applies staffing patterns and practices that allow for maximum staff/child interaction, program implementation, and consistency of staff.**

**A Quality Program:**

- a. Maintains a recommended range for enrollment of no more than eighteen children per group or the number of children specified in applicable regulations/laws.
- b. Assigns a paraprofessional in preschool classes enrolling more than eight children or the number of children specified in applicable regulations/laws.
- c. Assigns staff as appropriate to support the IEP or IFSP requirements of a child with a disability.
- d. Hires staff that reflect the primary language of the children in the classroom or dual language speakers to create high functioning classrooms.
- e. Assures that the preschool classes are under the direction of administrative/supervisory personnel in consultation with a specialist in early childhood education.
- f. Provides staff with paid time for planning with colleagues and specialists.
- g. Enhances staff retention as well as greater continuity and consistency for children by providing supervision and mentoring of staff.
- h. Implements policies that support and promote staff retention and longevity.

**STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

**7. Program Standard: The program administrator is or the program employs an early childhood specialist who is qualified to administer or collaborate in the administration of the program, including supervision and management, program and staff evaluation, and program and staff development.**

**A Quality Program:**

- a. Has an administrator or employs an early childhood specialist who has a graduate degree in early childhood or child development.
- b. Has an administrator with experience in planning, developing, implementing and evaluating curriculum for a variety of diverse child populations.
- c. Has an administrator with experience in the supervision and evaluation of personnel.

**8. Program Standard: The program employs an administrator who is qualified to implement, evaluate, and manage the program, the budget, and serve as a link between the program, the community, and the appropriate local, state, and federal agencies.**

**A Quality Program:**

- a. Employs a program administrator with educational preparation in developmentally appropriate early childhood education.
- b. Employs a program administrator with educational preparation and experience in the fiscal supervision, management, and evaluation of personnel, facilities, and program budget.
- c. Employs a program administrator with educational preparation and experience for the fiscal opportunities and implication of coordination of the program with other local, state, and federal agencies.
- d. Assigns the program administrator the responsibility for obtaining the fiscal resources necessary to fund the program.
- e. Assigns the program administrator the responsibility for the fiscal collaborative efforts of the program.

**9. Program Standard: The early childhood specialist and/or the program administrator has/have the responsibility for directing the evaluation activities of the program and instructional personnel.**

**A Quality Program:**

- a. Arranges for, under the direction of the early childhood specialist and/or the program administrator and in conjunction with teachers, staff, and parents, the annual evaluation of the early childhood education program

**STAFFING AND ADMINISTRATIVE SUPPORT AND PROFESSIONAL DEVELOPMENT**

- utilizing local, state, and national standards or criteria for quality, effective early childhood education.
- b. Arranges for the early childhood specialist and/or the program administrator to annually evaluate staff performance according to local, state, and national standards and/or criteria using a variety of techniques (e.g., observation, self-evaluation).
- c. Requires the early childhood specialist and/or program administrator to utilize the results of staff performance evaluations to plan activities for program improvement, staff development, and training.
- d. Arranges for, under the direction of the early childhood specialist and/or the program administrator and in conjunction with teachers, staff, and parents, the methods used for the appropriate evaluation practices of child progress.

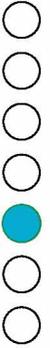
**10. Program Standard: The early childhood specialist and/or program administrator participates in continuing education/professional development activities.**

**A Quality Program:**

- a. Provides funding and time for the early childhood specialist and/or program administrator to actively associate with at least one professional organization concerning young children (e.g., Michigan Association for the Education of Young Children, Council for Exceptional Children Division of Early Childhood).
- b. Acknowledges that the responsibilities of the administrative position include utilizing paid time to become informed by reading professional publications, participating in electronic professional development opportunities, sharing and discussing these ideas with staff and colleagues.
- c. Requires the early childhood specialist and/or program administrator to disseminate information regarding early childhood research and staff development opportunities to staff.

## The Partnership with Families

Early childhood programs value, respect, and celebrate families. The staff and administration understand the family's role as the first and most important teachers, and honor the right and responsibility of each family to be active partners in their child's education. They foster positive partnerships with all family members to support learning, including mothers, fathers, non-custodial parents, guardians or foster parents, grandparents, and others closely involved in the child's life.



The employees of a high quality program use a range of strategies to connect with family members including those who may be reluctant to become engaged in the program. They accomplish this through not only program structure and activities but also through the establishment of a caring atmosphere that is viewed by families as welcoming, respectful, and nurturing, and a setting in which staff and administration are responsive to the diversity of their needs and concerns, their culture and language. Effective and enduring programs also welcome the involvement and opinions of families in planning for continuous quality improvement of the program.

**1. Program Standard: Families have multiple opportunities for regular involvement with the program and its staff including placement, planning for individualization and evaluation related specifically to their child.**

**A Quality Program:**

- a. Enables the family to take part in the decision making process related to the child's participation in the program, so program goals and expectations and goals for their child and family can be met.
- b. Holds formal and informal parent-teacher conferences (with translation or language supports, if necessary) in which families are encouraged to share strengths, concerns, goals, and expectations; staff uses this knowledge to follow-up and build rapport appropriately.
- c. Employs methods of regular written, digital and verbal communication using an appropriate literacy level and the home language when possible.
- d. Makes two visits available to each family annually outside of the program setting, with at least one in the child's home.
- e. Responds to family members in a timely, respectful and culturally appropriate manner.

**PARTNERSHIP WITH FAMILIES**

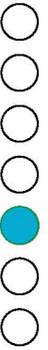
- f. Provides scheduled progress reports for each child.
- g. Adopts policies to address information sharing with non-custodial parents.
- h. Arranges for staff members to initiate other means of communication with parents who do not attend conferences/meetings or do not respond to teacher-initiated communications or need language translation or assistance.
- i. Requires program staff to collaborate with parents/family members in the design of appropriate assessment and/or intervention plans at an early stage when a child is having difficulty with behavior, social interactions, transitioning and/or with developmental/learning progress.
- j. Is designed and arranged so that families feel welcome and respected including practices and materials that reflect the diversity of the families served.
- k. Uses signs to clearly welcome parents and communicate schedules and daily routines and child activities (i.e. welcoming entrance signs, directional signs to classrooms, posters/pictures of the daily schedule, bilingual information).
- l. Maintains confidentiality in accordance with program and state requirements.
- m. Clearly communicates the process of disclosure of family information prior to seeking permission to make such disclosures.

**2. Program Standard: Families have multiple opportunities to participate in the child's classroom program as they prefer and are able to do so.**

**A Quality Program:**

- a. Provides family members the opportunity to become familiar with the program and the staff of the child's particular classroom prior to the start of the child's participation in the program.
- b. Arranges opportunities for family members to share their culture, family traditions, and special skills and interests with other adults and with children.
- c. Makes opportunities available to participate in a variety of classroom activities and observations (e.g., interact with or observe children in the classroom; assist in planning and implementing field trips, visitations, and classroom activities; assist with the preparation of learning materials for daily activities).

**3. Program Standard: Families are provided a range of opportunities outside of the classroom for participation, education, and enrichment as part of their child's program as they prefer and are able to do so.**



**A Quality Program:**

- a. Provides for family participation and support keeping in mind the requirements of the sponsoring agency or legislation.
- b. Arranges for family members to have access to family education, enrichment, or family support group programs and activities provided by the program or through referral to community agencies.
- c. Assures that family education opportunities include all domains of development (e.g., how to support children's learning, support for positive guidance techniques, wellness, good health and nutrition practices, including physical fitness and obesity reduction).
- d. Provides or has access to a family resource space that includes a lending library of educational toys, games, and materials for children and families and materials, information, and resources designed to improve the quality of family life and/or support children's learning and development in the home setting.

**4. Program Standard: The program's policies and practices promote support and respect for the home language, culture, and family composition of each child in ways that support the child's health, learning, and social-emotional well-being.**

**A Quality Program:**

- a. Supports staff in learning key words from the child's home language and their English equivalents.
- b. Provides books and materials that reflect families' home languages and culture, as well as that of others in the community.
- c. Communicates with the family in their preferred language or mode of communication and seeks translation/ translators as needed.

**5. Program Standard: Family members and members selected from the community participate in the program's advisory council; the council has responsibility for recommending direction in the planning, development, implementation, and evaluation of the program.**

**A Quality Program:**

- a. Operates the advisory council with parent membership under the guidelines and requirements of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.

**PARTNERSHIP WITH FAMILIES**

- b. Provides equal opportunity to all parents to serve on the advisory council based on the program's policies. This may include orientation, training and support for their participation.
- c. Arranges for the advisory council to provide informed recommendations regarding all components of the program based upon the most recent data and research in early childhood education.
- d. Assures that, as much as possible, the advisory council reflects the composition and characteristics of the families enrolled in the program and the people who make up the broader community (e.g., a balance of males and females, racial/ethnic groups, persons with disabilities, representatives from businesses and private and nonprofit agencies).
- e. Communicates (newsletter, website, social media, meetings) the activities of the advisory council to all families and staff and provides information about how to contact the council members.
- f. Encourages family members to participate in community-wide parent advisory groups and coalitions.

**6. Program Standard: All families are provided with opportunities to assist in evaluation of the program.**

**A Quality Program:**

- a. Provides each family with the opportunity to review and provide input on program requirements, practices, policies, procedures, activities, communication and events in order to determine the program's responsiveness to families and their needs.
- b. Provides each family with the opportunity to offer perceptions about the benefits of the child development program offered in the classroom and of any special services provided for their children.
- c. Invites each family to assess the continuum and benefits of family-involvement activities (e.g., the nature, quality, and quantity of the various participation opportunities afforded to them; unmet needs or areas of interest; the extent to which participation opportunities were scheduled and offered in ways which were responsive to employment schedules and child care needs).

## The Learning Environment

Just as a quality program views children’s development and learning as an integrated process encompassing all domains, so are the components of the program’s learning environment intertwined. The leaders of an effective program understand that the program’s structure, how relationships are nurtured, the physical environment, and the activities and experiences offered to children are interdependent and must be considered together in planning and carrying out the program. Similarly to a high quality infant and toddler program, the interpersonal and physical environment in a high-quality preschool program is designed to enable children to experience: well-being; a sense of belonging; confidence in their capacities to explore and learn; growing skill in communication and their habits of mind; and the opportunity to build healthy social dispositions that contribute to the life of the classroom.



### Curriculum

The curriculum in a quality early childhood program is thoughtfully planned based on an evidence-based framework consistent with the goals of the program and with standards established by the program’s governing body and any applicable legislative requirements. It honors children as active learners. It is consistent with and supports reasonable expectations for young children’s development and learning including those with special needs and is culturally and linguistically responsive. An effective curriculum provides a coherent and intentional set of experiences and activities that include the natural environment, build on the child’s natural sense of inquiry and which support multiple goals and children’s development across all domains. The curriculum is designed to connect with and support developmentally appropriate expectations for children’s development and learning in the years beyond the preschool program. Well-designed, comprehensive curriculum models are available for adoption by high-quality programs. Any curriculum model chosen should meet the program standards described below. Any specific content area supplemental curriculum materials utilized must be carefully chosen to integrate with and support the comprehensive curriculum model chosen.

#### 1. Program Standard: The curriculum is based on the predictable sequences of growth and development of three- and four-year-old children.

##### A Quality Program:

- a. Implements learning experiences and activities in all areas of development and learning (i.e., social, emotional, intellectual, language, creative, and physical development) keeping with individual children’s levels of functioning and comprehension.

**LEARNING ENVIRONMENT**

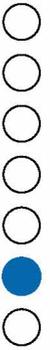
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- b. Maintains developmentally appropriate expectations of behavior, social dispositions and interactions for children, and promotes the development of self-regulation.
  - c. Provides a range of opportunities and materials for play (e.g., child-initiated, child-directed, natural materials, outdoor experiences, complex materials, teacher-supported, and teacher-initiated).
  - d. Uses a variety of teaching strategies in implementing the curriculum (e.g., teacher-initiated, teacher-facilitated, and child-initiated with opportunities for free choice, team work).

**2. Program Standard: The curriculum is designed to address all aspects of children’s development and to further their learning with emphasis on the unique needs of the young child.**

**A Quality Program:**

- a. Relates each experience, activity, routine, and transition to curricular goals.
- b. Incorporates spontaneous learning experiences into the daily schedule as a means to further children’s habits of inquiry, problem solving, ability to cope with change and creativity.
- c. Establishes two-way communication between homes and school so that home events are considered in planning a child’s day and school experiences are communicated and connected to family situations or occasions.
- d. Assures that children have ample opportunities for playing, cooperating, investigating, creating with others.
- e. Handles the separation process from home to school with sensitivity and respect for the children’s individual needs.
- f. Continually works to build positive social dispositions and behaviors with all children, recognizing similarities and differences in their background experiences.
- g. Assures that adults in the program recognize and respect that children think and reason differently from more mature learners.
- h. Designs activities, transitions, responses and routines that reflect the wide range of individual characteristics and needs of each child.

**3. Program Standard: The curriculum is designed to include experiences related to children’s social, emotional, intellectual, language, creative, and physical development.**



**A Quality Program:**

- a. Assures that children have experiences to enhance their social development, including acquisition of positive dispositions of cooperation, interpersonal skills, responsibility, self-discipline, engagement, caring, and respect for self and others.
- b. Assures that children have experiences to enhance their emotional development, including the development of basic attitudes of trust, resilience, autonomy, and initiative, as well as a positive self-concept.
- c. Assures that children have experiences to enhance their intellectual development, including knowledge of the physical world, habits of mind that enhance their individual approaches to learning, acting, thinking, creating or problem solving, and appropriate social dispositions that have value in society.
- d. Assures that children have experiences to enhance their language and early literacy development, including listening and speaking skills and emergent skills in writing and reading and appropriate experiences with technology.
- e. Assures that children have experiences to enhance their creative development including the development of imagination, as well as awareness, appreciation and enjoyment of art, music, drama, poetry, prose, and the wonders and beauty of the natural world.
- f. Assures that children have experiences to enhance their physical development, including small and large muscle development, as well as body awareness, self-regulation, self-efficacy and sensory development.

**4. Program Standard: The curriculum fosters the integration of the content areas to support children’s development in all domains.**

**A Quality Program:**

- a. Integrates content areas around concept-based projects and themes.
- b. Reflects children’s interests, inquiry and curiosity in project topics, themes, outdoor experiences and learning centers.
- c. Presents content in an integrated fashion, rather than through isolated bits of knowledge and activities.
- d. Uses strategies to make connections between prior learning and new experiences or attentiveness and subsequent knowledge.
- e. Uses learning experiences in a variety of areas as an opportunity to enhance children’s language and early literacy development.

**LEARNING ENVIRONMENT**

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- f. When instructional specialists are available, requires them to work in collaboration with the classroom staff and within the classroom to support and extend classroom projects or themes and reduce time lost in transitions from place to place.
  - g. Views collaboration, participation, networking among teachers, parents, administrators, and community members as essential to enhancing the integration of the curriculum; and as positive role-models for children.

**5. Program Standard: The curriculum is developmentally and linguistically appropriate and takes into account children's individual rates of development as well as individual interests, personalities, temperaments, languages, cultural and family backgrounds, and learning styles.**

**A Quality Program:**

- a. Adapts the program to individual patterns and uniqueness and for the timing of children's growth within the available program resources.
- b. Presents learning objectives in a sequence and rate that is in keeping with children's individual needs, rather than based on a predetermined schedule.
- c. Monitors, adapts, and adjusts activities and experiences in response to children's demonstrated levels of functioning and competence at all ability, interest and skill levels.
- d. Is responsive to various learning styles (e.g., kinesthetic, visual and auditory).
- e. Provides continuous opportunities for children of all ages and abilities to experience success, build confidence, resilience and optimism.
- f. Demonstrates respect, consideration, and care for others with positive behaviors, language and actions.
- g. Assures that no child is ignored or allowed to become isolated.

**6. Program Standard: The curriculum is designed to provide a developmentally and linguistically appropriate environment and adult guidance to enable the participation of children with special needs.**

**A Quality Program:**

- a. Supports all children in achieving a sense of belonging, contribution and membership in their classroom.
- b. Adapts activities, makes accommodations, and uses other social strategies that integrate children socially and enables them to participate in activities, regardless of abilities.

**LEARNING ENVIRONMENT**

- c. Adapts materials and equipment so that all children can share in activities, contribute to the group, engage, develop and keep friendships.
- d. Provides and arranges space to make play equipment and materials accessible to all children, both inside and out of doors.
- e. Assists children, if necessary, in playing with and using materials, communicating their discoveries, solving problems or engaging for longer periods of time.
- f. Increases the complexity and challenge of activities, materials, play or learning opportunities, as children develop and find greater self-confidence.
- g. Observes children carefully to identify their preferred ways of interacting with the environment, taking into account their skills in handling objects and materials, frequency of conversations, interest in listening to stories and songs, and choices to work alone or engage with others.
- h. Provides multiple avenues for children to learn and to express themselves with others, alone, or through technology (e.g. children with disabilities have access to creative and physical experiences that enable participation in alternative ways).
- i. Requires each adult to be responsible for each child in the program so that every adult can support every child to meet their learning expectations.
- j. Discusses with parents and with relevant staff parental expectations for their children.

**7. Program Standard: The curriculum is designed so that activities are carefully and developmentally sequenced in keeping with individual children's levels of functioning and comprehension.**

**A Quality Program:**

- a. Expects the teaching staff to articulate developmentally appropriate expectations for children's behavior and performance.
- b. Expects the teaching staff to be aware of each child's level of functioning and comprehension in relation to their aesthetic, sensory, social and emotional, intellectual, language, and physical development.
- c. Expects teaching staff to be able to articulate to others the ultimate goal toward which a particular activity or material is related.
- d. Expects the teaching staff to introduce alternate strategies, modeling or materials which makes the task more manageable, builds problem-solving skills or persistence when a child experiences difficulty.
- e. Plans experiences, activities and introduces materials that over time reflect a sequence from simple to complex skills, from concrete to abstract concepts, and which enable children to make progress toward the next step in their learning.

**LEARNING ENVIRONMENT**

- f. Provides many varied opportunities, materials, interactions and equipment for children to observe, explore, and experiment with their environments inside and out of doors on a continuing basis.
- g. Presents skills, concepts, and information for children to learn, only after children have had ample opportunity for exploration, investigation, or play.
- h. Ensures that, as appropriate, many activities use natural materials and take place in the out of doors.
- i. Uses intentional teaching strategies to help children learn skills, habits of mind, or information they cannot discover on their own.

**8. Program Standard: The curriculum is designed to promote individualized teaching and learning rather than requiring children to move in a group from one learning activity to the next.**

**A Quality Program:**

- a. Teachers are responsive and plan for a range of activities and interactions to address the varying abilities of children in the group.
- b. Presents learning activities in a meaningful context, on multiple occasions and in a variety of ways.
- c. Assures that teachers can articulate a developmentally appropriate range of objectives for each activity they plan.
- d. Assesses children on the basis of individual accomplishments and not by comparison to the accomplishments or development of other children.
- e. Assures that children's lack of accomplishment is never purposely brought to the attention of the group; positive, encouraging language and behaviors are demonstrated by adults and children.
- f. Never penalizes children in any way for lagging behind their classmates in any area of development.

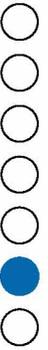
**9. Program Standard: The curriculum is designed to include experiences related to multicultural awareness.**

**A Quality Program:**

- a. Provides opportunities for children to interact with adult members of their own and of other cultural groups.
- b. Provides classroom activities which include books, pictures, props, music, foods, materials, field trips, and clothing representing a wide range of cultural groups as they are represented in present day and historic settings.
- c. Assures that children receive positive, accurate information about a variety of cultural groups.
- d. Integrates multicultural activities into the daily routines of the program rather than reserving them only for holidays or special occasions.

**LEARNING ENVIRONMENT**

- e. Supports learning cultural competence among staff that is carried into all aspects of the program.
- f. Reflects the culture of the children in each classroom.
- g. Recognizes models and supports respect for language diversity.
- h. Provides a learning environment where no child is mocked, belittled, bullied or ignored.



**10. Program Standard: The curriculum is designed to enable children to learn or discover those things that are important or of high interest to them.**

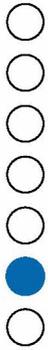
**A Quality Program:**

- a. Encourages teachers to plan themes and areas of investigation based on the interests of the children rather than planning an entire year's themes at the beginning of the year.
- b. Encourages spontaneous, as well as planned, investigation of those occurrences which arouse a child's curiosity and interest.
- c. Designs curriculum in such a way that children's ideas, interests and concerns are acknowledged, respected and supported.
- d. Provides for children's questions to be answered promptly and accurately.
- e. Addresses home and community events important to children in a timely manner and uses them as an opportunity for learning, building social skills or problem solving.
- f. Makes available materials children request frequently, as appropriate.

**11. Program Standard: The curriculum is designed around all children's abilities to make sense of the world and acquire competence as lifelong learners.**

**A Quality Program:**

- a. Assures that children's successful experiences, confidence, engagement and persistence are extended and enhanced by the curriculum.
- b. Presents concepts in the curriculum through learning activities and materials that are interesting, real and relevant to the lives of children, and that move from the concrete to the abstract.
- c. Develops skills (e.g., in literacy, math, physical development) in a meaningful context, and that makes connections.
- d. Honors children as active learners and considers children's play, curiosity, and tinkering with objects as an appropriate and important way of learning.
- e. Builds positive social dispositions for relationship and interactions.

**LEARNING ENVIRONMENT****Relationships and Climate**

Nurturing and supportive relationships in a positive classroom climate are essential for young children's healthy development. A high-quality preschool program is individualized to meet each child's needs and promote positive relationships between and among children, adults and families. The quality of the nurturing relationships and positive climate children experience

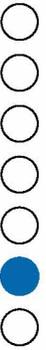
form the basis of much of their overall development. Emerging knowledge about development confirms the central role strong and positive relationships play in cognitive and social-emotional development.

**Quality programs embrace these assumptions:**

- Learning is social. Habits of mind and social dispositions are formed by interactions with others — teachers, families and peers.
- Many positive traits of children (identified in the Approaches to Learning Domain) are learned both from intentional instruction, modeling, the building of relationships, and when integrated with other meaningful learning experiences that cross multiple domains of learning.
- Teachers build a positive community of learners where these habits of mind and social dispositions are valued, practiced and nurtured daily.

Quality programs support relationships among adults. In order to implement positive climate and relationships, the program must provide opportunities for and encourage positive relationships among teachers and other staff, program administrators, the early childhood specialists, and other consultants and resource persons. Time must be provided for staff to meet to discuss practices, beliefs, attitudes, concerns, and individual staff and child strengths and needs (e.g., weekly formal meetings, informal daily discussions). The program must employ staff members who demonstrate flexibility and cooperation through respectful, positive, supportive interactions and practices. Program administration must provide reflective, responsive supervision that encourages and supports staff involvement in all aspects of program development. The goal is to build a working/learning environment where all persons feel physically, verbally and intellectually safe.

**1. Program Standard: The program is structured to enhance children’s feelings of comfort, security and self-esteem and development of positive relationships with adults and other children.**



**A Quality Program:**

*To Support Positive Adult/Child Relationships:*

- a. Accepts all children’s individual levels of development, interest, temperament, cultural background, language, and learning styles and uses them as the basis for planning the program.
- b. Treats all children with warmth, respect, and caring, regardless of social, economic, cultural, ethnic, linguistic, religious, or family background, and regardless of gender, behavior, appearance, or any disability.
- c. Accepts and values children’s primary languages and uses them as a means for communication.
- d. Assures responsive staff who promptly attend to children’s feelings and emotions with respect and gentleness.
- e. Assures that each child experiences positive adult attention during the day and has a feeling of being affirmed as an individual.
- f. Schedules staff to provide children with consistency of adult supervision.
- g. Assures that children can identify at least one teaching team member from whom to seek help, comfort, attention, and guidance.
- h. Demonstrates and teaches appropriate responses (physical, verbal, social) in both positive and challenging situations.
- i. Builds a positive environment where children are kind to each other in actions and words.
- j. Assures an environment where no child is mocked, belittled, bullied or ignored.
- k. Builds daily opportunities to use good manners and receive appropriate feedback.
- l. Provides reinforcement to believe that the small things children do can make a difference in their classroom, at home, and in the larger community.

*To Support Positive Child/Child Relationships:*

- a. Assures that children have ongoing opportunities to interact informally with one another.
- b. Assures that children have ongoing opportunities to recognize and accept similarities and differences among one another.
- c. Provides children with strategies and opportunities to learn specific positive social skills and dispositions to enhance their interpersonal relations.

**LEARNING ENVIRONMENT**

- d. Encourages children to negotiate and resolve conflicts peacefully with adult intervention and guidance only when necessary.
- e. Provides opportunities for small and large group activities leading to expanded perspectives, cooperation, collaboration, teamwork and membership in a group.
- f. Assures that each child has a feeling of belonging in this classroom.
- g. Builds a climate where children know the boundaries and the expectations; and no child is mocked, belittled, bullied or ignored.
- h. Provides opportunities for children to discuss their understanding of their rights and responsibilities and those of others.

**2. Program Standard: The program is structured to assure that children's biological and physical needs are met.**

**A Quality Program:**

- a. Assures that the environment of the facility meets the needs of children according to state licensing requirements.
- b. Structures the program to ensure that children's biological needs are met (e.g., toileting available when children indicate need; opportunity to rest; snack available during each part-day time frame and meals at appropriate intervals; drinking water available all day).
- c. Provides sufficient time for nutritious meals and snacks to be served and eaten (e.g., family style where adults sit with and eat the same food as children; children have the opportunity to serve themselves with assistance as needed; conversation is among children and adults and is an extension of children's interests).
- d. Balances daily routines based on children's needs (e.g., active and quiet, outdoor time, time to play alone, self-care, and rest time activities).
- e. Establishes and implements policies and procedures regarding children's health and educates staff on the individual and group health needs of children.
- f. Assures that staff are trained in First Aid and CPR and that first aid/health materials are always available and accessible on site.
- g. Provides additional clothing for children and children are changed promptly as the need arises (e.g., smocks for messy activities, extra seasonal outdoor clothing, changes of clothing for bathroom accidents and health emergencies).

**3. Program Standard: The program’s policies and practices support the enrollment and participation of all children including those with disabilities and promote an environment of acceptance that supports and respects gender, culture, language, ethnicity, individual capacities, and family composition.**



**A Quality Program:**

- a. Implements nondiscriminatory enrollment and personnel policies.
- b. Expects staff to demonstrate, through each response, a genuine respect for each child’s family, culture and lifestyle.
- c. Provides an environment that reflects the cultures of all children in the program in an integrated, natural and respectful way.
- d. Fosters children’s primary language, while supporting the continued development of English.
- e. Avoids activities and materials that stereotype or limit children according to their gender, age, disability, race, ethnicity, or family composition.
- f. Expects staff to model respect and help children to demonstrate appreciation of others.
- g. Introduce, model and coach children in new social skills and development of the ability to state their own opinions and ideas appropriately.
- h. Plan an environment that minimizes conflict by providing enough materials, space and equipment and by setting clear expectations.

**4. Program Standard: The program uses positive guidance techniques which further children’s development of self-control, responsibility, and respect for self, others, and property.**

**A Quality Program:**

- a. Uses positive, predictable, preventive, consistent, and constructive guidance (discipline) techniques (e.g., modeling and encouraging expected behavior, redirecting children to more acceptable activities, and meeting with individual children to discuss concerns).
- b. Applies individually determined guidance practices based upon the child’s developmental level using natural and logical consequences allowing children to assume greater responsibility for their actions.
- c. Provides support to children in appropriately resolving their personal conflicts (e.g., negotiating, helping, cooperating, talking with the person involved).
- d. Helps children grow in understanding of the need for rules and boundaries in their learning and social environments.
- e. Has policies stating that depriving a child of snack, rest, or necessary

**LEARNING ENVIRONMENT**

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- toilet use or using disciplinary practices that involve shaming, hitting, or spanking are forbidden.
- f. Provides opportunities for children to learn how to cope with stress in a reasonable and age-appropriate way; to grow in their capacity to avoid harming themselves, others, or things around them when expressing feelings, needs and opinions.
  - g. Partners with families to encourage the use of positive, consistent guidance techniques, and positive social behaviors at home and in the program.
  - h. Builds experiences for children to demonstrate their own roles as members of families, classrooms and communities.

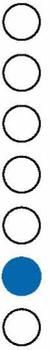
**5. Program Standard: The philosophy and the program's policies and practices support an appropriate environment and adult guidance for the participation of children with special needs and home languages other than English.**

**A Quality Program:**

- a. Adapts materials and provides adequate amount and type of equipment so that all children can share in activities.
- b. Provides and arranges space to make play equipment and materials accessible to all children.
- c. Assists children, if necessary, in using and playing with materials.
- d. Makes each adult responsible for each child in the program (e.g., every adult supports every child to meet each child's learning expectations).
- e. Discusses with parents their expectations, contributions and goals for their children.
- f. Adapts activities, makes accommodations, and uses other strategies that integrate children socially and enable them to participate in all activities, regardless of abilities or language status.

## Teaching Practices

Teachers use what they understand about how children grow and learn and what they know about the individual children in their group to thoughtfully organize the learning environment, implement the curriculum, and to help children further engage, discover and develop their capacities. Teaching practices encompass everything teachers do to facilitate children's development and learning including the way space is organized and provisioned, the nature of interactions with individuals, groups of children and other staff, scheduling, the management of transitions across the day, and grouping practices.



Teachers plan activities and experiences that build upon, support, and enhance children's well-being; a sense of belonging; confidence in their capacities to explore and learn; growing skill in communication; and the opportunity to contribute to the life of the classroom. Teachers use their knowledge of child development, current evidence-based best practice, and appreciation of individual differences to plan and prepare strategies to support children's development and learning and provide individualized age-appropriate activities for each child. They expose children to skills, concepts, or information they would not discover on their own, through the use of age-appropriate teacher-facilitated learning activities and experiences. Daily opportunities for children to explore both indoors and outdoors using all of their senses are provided. Teachers facilitate and encourage children's investigations and discoveries by supporting and responding to their cues, ideas, questions, and conversations. Each child is provided with opportunities and supports to develop and practice skills and acquire new knowledge across the developmental and learning domains. Daily routines are used as 'teachable' moments to further children's curiosity, engagement, growth and development. Health, nutrition, physical activity, and safety considerations are noted throughout the written program plans for structured activities in the curriculum. Activities and materials are available for extended periods of time so children can repeat and expand on their previous experiences. Teaching staff continuously assess and modify the environment to enhance and expand children's skills and knowledge across all domains. Screen technology and interactive media in programs for preschool children are limited to those that appropriately support responsive interactions between adults and children and only in limited, intentional and developmentally-appropriate ways to support children's learning and development.

Activities and experiences are culturally relevant and designed to enable the participation of all children, including those with special needs. Programs are

**LEARNING ENVIRONMENT**

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- designed to support all children in achieving a sense of belonging to the group. Environments are created that reflect the culture and language of the children. All children are integrated socially into the group, and adults assist and enable them to participate in activities regardless of abilities. Teaching staff observe children carefully to identify their preferred ways of interacting with the environment (e.g., skills in handling objects and materials, frequency of communication, interest in listening to stories and songs, preferences in playing/working alone or with others). The staff design activities and experiences in such a way that children's ideas, interests, and concerns are acknowledged, respected, and promoted, utilizing a variety of approaches to enable children with special needs to learn and express themselves. Teachers provide experiences and activities in a sequence and at a rate that reflects individual special needs rather than a predetermined schedule. In ensuring that each child demonstrates respect for others, no child is ignored or isolated. Activities are designed to help children exhibit a growing capacity to self-regulate, demonstrate self-efficacy and know acceptable boundaries. The program is a learning environment where children feel physically, verbally and intellectually safe.

**1. Program Standard: The value of play is demonstrated throughout all aspects of the program and children have opportunities to use play to translate experience into understanding.**

**A Quality Program:**

- a. Recognizes play as the primary mode of learning for preschool children.
- b. Ensures that the contribution and importance of play to children's development, learning, and overall well-being is reflected in the program's philosophy statement and daily experiences and activities.
- c. Ensures that program administrators and caregivers can articulate to parents and others the value of play and how skills and knowledge acquired through play support development and extend learning across the domains.
- d. Provides a variety of play opportunities throughout the day for children, individually and in groups, both indoors and outdoors as weather permits, and as appropriate to their age and development.
- e. Provides a daily schedule that includes extended blocks of time designated for child choice, play, and exploration.

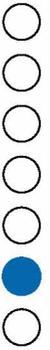
**2. Program Standard: Activities are designed to help children learn concepts and skills through active manipulation of a wide variety of materials and equipment.**

**A Quality Program:**

- a. Provides access to a variety of well-maintained, high-quality materials and technology for social, emotional, dramatic play, creative, music,

**LEARNING ENVIRONMENT**

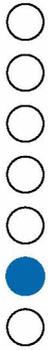
- movement, fine motor, large motor, mathematics, science and social studies experiences.
- b. Provides a large variety of age-appropriate books and other worthwhile language and literacy related materials throughout the classroom.
- c. Facilitates a child's exploration of writing/drawing/labeling/designing in all areas of the classroom.
- d. Includes access to materials that are natural as well as produced, that foster engagement, tinkering, and re-conceptualizing.



**3. Program Standard: The program is planned and implemented to permit children to learn from exploration, acquisition of skills and knowledge, practice, and application.**

**A Quality Program:**

- a. Provides opportunities for children to engage in exploration of materials or concepts with which they have had little prior experience.
- b. Provides opportunities for children to learn and practice prerequisite skills prior to engaging in the activity for which those skills are required.
- c. Provides opportunities for teachers and children to be role models, partners, organizers, negotiators in the learning process.
- d. After prior knowledge has been established, provides children support to investigate, revisit, engage and discover new knowledge.
- e. Provides opportunities for teachers to be guides in facilitating children's involvement; enriching their learning experiences by affirming and extending their ideas; responding to their questions; engaging them in conversations; and, respectfully challenging them in their thinking.
- f. Provides opportunities for teachers to encourage and capitalize on unplanned learning opportunities to build confidence, coping skills, problem-solving, and observation skills.
- g. Exposes children to skills, concepts, or information they cannot discover on their own, through the use of teacher-initiated learning activities.
- h. Provides continuous opportunities for all children to experience success, grow in ability to meet their own goals, make friends and build a self-perception of confidence.
- i. Designs cross-domain collaborations that are age-appropriate yet meaningful.

**LEARNING ENVIRONMENT****4. Program Standard: Activities are designed so that concepts and skills are appropriately presented using a variety of methods and techniques.****A Quality Program:**

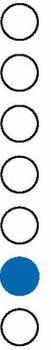
- a. Designs activities for children that use the greatest number of senses.
- b. Presents concepts to children using self correcting hands-on materials rather than through paper-pencil exercises or patterned activities.
- c. Presents concepts multiple times using various materials and methods of instruction.
- d. Makes activities and materials available for extended periods of time so children can repeat and expand on their previous experience and so that children's desire to repeat experiences can be encouraged by adults.
- e. Makes additions to learning environments throughout time in order to enhance and expand concept development.
- f. Incorporates language experiences which include repetition into children's daily activities.
- g. Arranges for children to use technology materials and centers in a similar manner as other materials and centers (e.g., there is no special computer time).
- h. Observes children carefully to identify their preferred ways of interacting with the environment, taking into account their skills and abilities and encouraging the use of new words or growing capacity to make meaning.
- i. Provides children with daily, physical activity that is vigorous (gets children "breathless" or breathing deeper and faster than during typical activities) for short doses of time.

**5. Program Standard: Technology tools are used to support the teaching practices.****A Quality Program:**

- a. Provides digital and other technology tools for teachers to make instructional materials.
- b. Incorporates the use of technology tools during ongoing child observation and assessment to keep records and to create reports about children and/or classroom activities.
- c. Enables teachers to communicate with parents and other professionals via email and other technologies.
- d. Provides technology tools for teachers and children to develop and produce a variety of products: websites, news blogs, or classroom projects using Internet resources.
- e. Locates, provides, and uses assistive technology resources.

**LEARNING ENVIRONMENT**

- f. Carefully researches and then incorporates new technology opportunities that will enhance children's learning and development in developmentally appropriate ways.
- g. Balances digital learning with human interaction.
- h. Preserves social interaction, unstructured play and child engagement as the primary learning source for children.



**6. Program Standard: Formal and informal grouping practices are used to strengthen children's learning.**

**A Quality Program:**

- a. Takes children's interests, friendships, and common needs into account when groups are formed.
- b. Groups children primarily heterogeneously, using homogeneous subgroups on a limited and temporary basis and changing readily to accommodate varying rates of growth.
- c. Provides children with opportunities to work and play in large groups, small groups, and individually; to join in and contribute.
- d. Maintains child-adult ratios in accordance with the requirements of the particular program.
- e. Provides each child with opportunities to become accountable or reliable to self and others.
- f. Ensures that all children are involved, no child is left out, bullied or mocked.

**7. Program Standard: Child-child interactions are encouraged through the use of learning experiences that include cooperative play, conflict resolution, and large, small, interest-based, and multi-age groupings.**

**A Quality Program:**

- a. Structures environments to promote small groups of children working and playing cooperatively in self-selected and teacher-initiated activities.
- b. Assures that the composition of groups is flexible and temporary depending on needs and the type of activity.
- c. Groups children according to interests rather than ability whenever possible.
- d. Views all children as valued group members, as having strengths.
- e. Structures the environment so that adults move among groups and individuals, facilitating, modeling and monitoring children's involvement with activities and with one another.

**LEARNING ENVIRONMENT**

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- f. Teaches children to demonstrate (in age-appropriate manners) the capacity of consideration for others, develop and practice problem-solving and conflict-resolution skills
- g. Provides opportunities for children to grow in their understanding of the need for rules and boundaries in their learning and social environment.

**8. Program Standard: The daily routine/schedule is predictable, yet flexible.**

**A Quality Program:**

- a. Develops schedules that include predictability and repetition, responds to a child's natural timetable, and takes advantage of teachable moments.
- b. Schedules extended blocks of time so that children can become engaged, persevere and are absorbed in learning experiences without interruption.
- c. As a means of supporting health habits, limits the amount of time children are seated in a teacher-directed activity or screen time to no more than fifteen minutes at a time, except during meal or naps.
- d. Includes the creative arts, physical development (gross and fine motor), and literacy activities as regular components during the day.
- e. Provides for cooperative groups, teacher-initiated, and child-initiated/choice activities.
- f. Provides for active, quiet, large group, small group, paired, individual, independent, and guided activities.
- g. Carefully plans, appropriately paces, and monitors learning activities.
- h. Provides the physical space and time in the schedule for children to have private time, learning to feel comfortable being alone.
- i. Allows children to choose not to participate in group activities and to engage in another safe, appropriate activity.

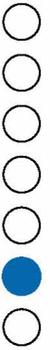
**9. Program Standard: Routines and transitions between activities are smooth and kept to a minimum.**

**A Quality Program:**

- a. Allows enough time so that routines and transitions are unhurried and purposeful.
- b. Supports and plans for children who find transitions difficult.
- c. Prepares for transitions and limits wait times.
- d. Provides children with opportunities to develop responsibility, contribute to the community of the classroom, and participate in daily routines such as picking up toys.

**LEARNING ENVIRONMENT**

- e. Minimizes or eliminates pull out programs and activities that take children away from the classroom to another location.
- f. Appropriately prepares children and families for transitions to new or different programs/classrooms.
- g. Gives all children notice to prepare for change, and explain to them what is happening and what will happen next, to increase their ability to cope with change, deal with stress and manage frustration.
- h. Minimizes idle time in group settings.



**10. Program Standard: Adults use language and strategies which enhance children’s language and critical thinking.**

**A Quality Program:**

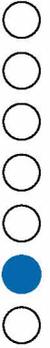
- a. Expects teaching staff to talk with children individually and in small groups and to take advantage of spontaneous events to talk with each child individually, respectfully and with a sense of engagement.
- b. Expects teaching staff to ask children a variety of questions designed to stimulate extended response (e.g., minimizing “yes” or “no” response questions, increasing “why” and “how” questions).
- c. Expects teaching staff to talk to children about the children’s emotions and the emotions of others and about how to understand the perspective of another person.
- d. Expects teaching staff to involve children in making choices and evaluating the consequences of the choices they have made.
- e. Provides opportunities for children to contribute their ideas to class decisions and to help make class rules.
- f. Involves children in planning, implementing, and evaluating some class activities.
- g. Encourage children to follow their interests, curiosity, passion or talents; help children to discover what they want to learn more about and things they find fascinating.
- h. Requires staff to model pro-social language and behavior.

**LEARNING ENVIRONMENT****11. Program Standard: Teachers are enthusiastic models of life-long learning by providing children with many opportunities to explore, manipulate, investigate, and discover.****A Quality Program:**

- a. Initially presents concepts to children via concrete, hands-on materials.
- b. Makes concrete materials available on an on-going basis as needed to reinforce concepts.
- c. Presents concepts several times throughout the year, using various methods and materials.
- d. Presents simple skills prior to more complex skills.
- e. Encourages children to take risks and use trial and error as a valuable way of learning.
- f. Regularly initiates positive communications and interactions with peers, parents and children.
- g. Celebrates learning and builds confidence and resourcefulness.
- h. Establishes a community of learners where all children, regardless of gender, ability, ethnicity, language or background, have rights and responsibilities.

## Facilities, Materials, and Equipment

Early childhood programs assure that the learning environment, materials, and equipment promote the nature of young children, an interesting curriculum, children's well-being, and program quality. To a much greater degree than in programs for older children, the learning environment is a physical representation of the curriculum and should reflect the opportunities available for child curiosity, engagement and participation. Since so much of young children's development and learning take place through their senses and as a result of direct interaction with materials of all kinds, the kind and quality of the toys and other learning materials play a critical role in advancing their development. Items must be available, adequate in quantity, well-maintained, and appropriate to children's age, developmental levels, and relate to what they are learning, investigating, exploring, and creating.



### 1. Program Standard: The facility is safe and secure and complies with the legal requirements of the local, state, and/or federal licensing or accrediting agency having jurisdiction over the program.

#### A Quality Program:

- a. Has a current child care center license, unless legally exempt.
- b. Complies with all facility requirements of the sponsoring agency or legislation.
- c. Makes provisions for all children, including those with disabilities, to ensure their safety, comfort, and participation both indoor and outside.
- d. Assures that staff and parents are knowledgeable of all safety policies and procedures that apply to the program.
- e. Establishes a community of learners where all children, regardless of gender, ability, ethnicity, language or background, have rights, responsibilities and feel safe.

### 2. Program Standard: The indoor physical space is organized into functional learning centers that can be recognized by the children and that allow for individual activities and social interactions.

#### A Quality Program:

- a. Provides at least 50 square feet per child of usable space in classrooms.

**LEARNING ENVIRONMENT**

- b. Organizes the classroom space into learning centers using child-sized furniture and equipment, age-appropriate shelving, low walls, and/or other items to separate the areas.
- c. Organizes the classroom space to include areas where a child can be away from the group and able to be observed by staff.
- d. Provides space for each child to store personal belongings and projects.
- e. Addresses different curricular/developmental domains (e.g., aesthetic, emotional, language, cognitive, sensory, social, physical) and instructional strategies at each learning center.
- f. Allows children to move from one area to another without obstructions.
- g. Organizes and maintains natural and produced materials for children's easy access, inquiry and exploration.
- h. Prominently displays individual and project work of the children in the classroom.
- i. Prominently displays, at the child's level, children's creations, multicultural photos of children and families, and other items of interest to the children.
- j. Provides visual exposure and prompts to eat healthy foods and be more active (e.g. books, posters, fruit bowls, gardens).
- k. Provides space for storage of personal belongings for each child.
- l. Uses signs and translations, as needed, to clearly welcome parents and communicate schedules and daily routines, rules and expected behaviors of the program.
- m. Provides a parent resource area that addresses a variety of family needs, stresses, family relationships or compositions and well-being.
- n. Provides dedicated space for staff to take breaks and securely store personal belongings.

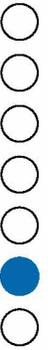
**3. Program Standard: The outdoor physical space is safe and allows for individual activities and social interactions.**

**A Quality Program:**

- a. Provides at least 75 square feet per child of usable, well-maintained outdoor play space, which includes a variety of safe surfaces and elevations (e.g., soil, grass, sand, hard, flat, elevated).
- b. Keeps children protected from unsafe areas and environmental hazards (e.g., streets, parking lots, driveways, swimming pools).
- c. Provides well-maintained playground equipment of suitable size for the age of the children and accessible to children with disabilities.
- d. Provides materials and equipment suitable for use both indoors and outdoors.

**LEARNING ENVIRONMENT**

- e. Provides outdoor play equipment and materials, accessible to each child and of suitable design and size for three- and four-year-old children.
- f. Arranges the outdoor space to support social interactions among the children and with adults.
- g. Extends principles of responsive teaching from the indoor to the outdoor environment (e.g., adults are engaged with the children rather than simply “watching” them).
- h. Capitalizes on the opportunities the outdoor environment presents for learning about and from the natural world, exploration, language, literacy creativity, solitude (e.g., an area to observe food plants growing).
- i. Teaches children to increase their awareness, build confidence, and learn to take manageable risks (e.g., walking or balancing on a log).



**4. Program Standard: Equipment, toys, materials, and furniture reflect the curriculum, are age appropriate, safe, and supportive of the abilities and developmental level of each child served.**

**A Quality Program:**

- a. Provides well-maintained materials (both natural and produced), equipment and activities that reflect children’s culture, diversity, developmental abilities, individual learning styles, and home language.
- b. Provides instructional adjustments and adaptive devices for children with disabilities to ensure their learning, comfort and participation.
- c. Provides safe, interesting, appropriate and sufficient equipment, toys, materials and furniture that support the learning expectations and encourage each child to experiment and explore.
- d. Plans an environment that minimizes conflict by providing enough materials, space, and equipment and by setting clear expectations for their use.
- e. Locates computers and other technology tools within classrooms and integrated into learning areas (e.g., children do not travel to another location to have access to computers).
- f. Assures that screen technology tools are age and appropriately sized for preschool-aged children (e.g., screens are placed at children’s eye level).

**LEARNING ENVIRONMENT**

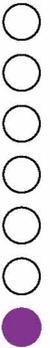
**5. Program Standard: Computer software used in the program is developmentally appropriate for young children and reflects the program's curriculum; technology tools are integrated into the learning environment.**

**A Quality Program:**

- a. Assures that availability of digital technology, associated software applications; and Internet usage conform to recommendations for appropriate use.
- b. Provides software that reflects items in the classroom or in nature with an emphasis on representations of real materials.
- c. Selects developmentally appropriate software and applications related to activities in learning centers and ongoing projects.
- d. Selects and encourages the use of technology tools that help children document their learning (e.g., camera to photograph experiments, structures; a video of a group singing or acting out a story).
- e. Selects and uses software and applications that can support children who are learning English.
- f. Assures that software and application images and content are reflective of the cultures and languages of children in the program.
- g. Assures that software and applications avoid stereotypical images of any kind.

## Child Assessment and Program Evaluation

Young children present special challenges for assessment. During the early years of life, children's growth and development is most rapid and is typically uneven and greatly influenced by their interpersonal and physical environments. Very young children have limited ways of responding to their interpersonal and physical environments. An unexpected response may indicate a problem different from the ability or understanding being examined. And most importantly, young children do not understand testing in the same way older children do.



For the youngest children, it is essential to recognize the imprecision and limitations of many widely used assessment instruments. The younger the children, the more difficult it is to obtain reliable and valid assessment data. Children may be harmed if information from the wrong instruments is used in the wrong way; teaching staff may be placed in less than optimal situations; families are also harmed when inaccurate information negatively influences their understandings of their children's capabilities. Such inappropriate practices often result in the use of faulty information to make program placements or to alter children's learning opportunities. Such decisions can, and have been demonstrated to alter the course of children's lives.

Options for gathering and reporting information are numerous; however, it is critical that the methods selected are sensitive to variations of culture, race, class, gender, language, and ability among young children and their families. Any time children are assessed, it is important to keep in mind the normal individual variation in growth and development and factors which can affect performance (e.g., time of day, fatigue, hunger, comfort and/or familiarity with the assessor).

Four purposes for assessing the developmental and learning progress of young children are widely recognized (NEGP, 1998):

- To support children's development and learning;
- To identify children who may need health and special services;
- To evaluate programs and monitor trends; and
- For high-stakes accountability (although rarely appropriate in prekindergarten programs).

Understanding all four purposes is important for staff in early childhood programs; each of these purposes must be considered very carefully in designing an assessment, evaluation and accountability system. Understanding how these purposes apply is of particular importance in programs serving three- and four-

**CHILD ASSESSMENT AND PROGRAM EVALUATION**

○ year-old children. Likewise, all staff members deserve to be appropriately trained in the selection, use and interpretation of any and all assessment instruments and their results.

○ **Assessment to Support Development and Learning**

○ The first and most important use of child assessment data is to support children's development and learning. In most cases, observations of a child in a naturally occurring setting, with family or familiar teachers, provide rich information about the child's development. This information learned from ongoing observations by parents and teachers is of utmost importance because it can immediately inform practice. Assessment in order to plan activities for young children's daily experiences and to report to parents should always include multiple sources of information, multiple components, and occur at multiple points in time. Because growth and change are so rapid in the early childhood years, parents and teachers must have opportunities for the exchange of information on a daily basis.

○ **Assessment to Identify Children for Special Services**

○ Assessment to identify young children who may need specialized health services or other particular therapies is also critical when children are very young. Screening tools and procedures can be used to identify children who may need additional diagnostic assessment. Screening alone should never be used to offer a diagnosis of child's development, but only to refer the child for more in-depth assessment. Accurate assessment of sensory (hearing, vision) or health problems in young children can only be accomplished by trained professionals with specialized assessments and equipment. A complete in-depth evaluation or developmental assessment should also be provided by a team of professionals.

● **Program Evaluation**

Knowing how children are doing as a result of participating in a program or set of services is of critical importance to teachers, parents, program leaders and local, state and federal agencies having responsibilities for the programs. Each of these stakeholders may have different reasons for needing the information well-designed child assessment can bring, but in the end, the most important stakeholder is the child (Council of Chief State School Officers, 2003). For older children, aggregated gain scores or actual average scores on assessments may be used to determine program effectiveness and to plan for program improvements.

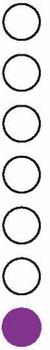
In preschool programs, it may be possible to aggregate the percentage of children making progress in a particular developmental domain, but these data should never be used as the sole measure of program effectiveness. In all cases, data must be aggregated in such a way as to prevent individual identification and protect child and family privacy. Data should not be aggregated when numbers of participating children are small because of the danger of personal identification. Large scale accountability programs should include all of the safeguards for privacy typically included in professional research protocols.

In most early childhood settings and programs, it is preferable to use direct measures of teacher characteristics (e.g., teacher qualifications, participation

in professional development) and of program quality (e.g., tools that assess the physical and interpersonal environment). Direct program evaluation can accurately document program quality and be used for program improvement purposes.

### High Stakes Accountability

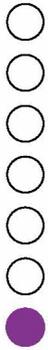
High stakes accountability involves using test results to remove funding from a program and/or to judge teacher effectiveness. Because of the small numbers of participants in most programs for young children, and the large margins of error in assessments, child assessment for the purpose of high-stakes accountability in preschool programs is rarely appropriate.



## 1. Program Standard: The program uses information gained from a variety of child assessment measures to plan learning experiences for individual children and groups.

### A Quality Program:

- a. Uses information from both formal child assessment measures and continuous family input, child observation, and a variety of other sources to address individual needs as well as to plan individual and group experiences.
- b. Uses sound developmental and learning theory to plan and conduct child assessment.
- c. Attends to each child's development in all domains (e.g., social, emotional, cognitive, communication, language and early literacy, self-help, creative, and physical).
- d. Uses valid and reliable assessment tools and processes that are continuous, ongoing, cumulative, and in the language that the child understands.
- e. Primarily uses children's involvement in daily, ordinary classroom activities and social interactions, not artificially contrived tests, to gauge children's growth.
- f. Uses a variety of valid and reliable instruments and processes to document children's growth, development, and learning over time (e.g., observation and anecdotal reports; teacher questions; parent, provider, and child interviews; products and samples of children's work; teacher-constructed or standardized checklists; children's self-appraisals).
- g. Arranges and conducts assessment so that it does not bring added stress for children or teachers.
- h. Uses assessment results from a variety of sources as a guide for curriculum and teaching decisions and the need for intervention for individuals and classrooms.
- i. Uses results from more than one valid and reliable assessment method to determine the need for and plan of intervention.

**CHILD ASSESSMENT AND PROGRAM EVALUATION**

**2. Program Standard: The program uses information from child assessments to effectively communicate children's progress with their parents.**

**A Quality Program:**

- a. Makes inquiry from parents and utilizes essential information from them about their children's growth, interests and development that can help staff work effectively with their children.
- b. Frequently shares information with parents on both a formal and an informal basis about reasonable expectations for children's growth, development, social dispositions and habits of learning.
- c. Uses a combination of methods to share information about children's progress and challenges at formal and informal parent/teacher conferences (e.g., work samples, anecdotal records, photos, narrative reports), with appropriate translation or interpretation, as needed.
- d. Arranges to share information about children's progress with approved non-custodial parents; or with the child's next teacher in a transition.
- e. Uses newsletters, Web pages, and other social media to convey information about the program's activities and projects that support children's learning and growth (e.g., descriptions of assessments used).

**3. Program Standard: The program uses appropriate assessment tools to help identify children who may require additional specialized programs and interventions.**

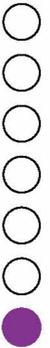
**A Quality Program:**

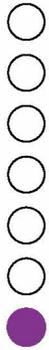
- a. Uses valid and reliable screening tools and procedures to determine whether children require further evaluation.
- b. Seeks approval from and informs parents of the types and purposes of the screening in advance of the screening, the results of those screenings, and the purposes and results of subsequent evaluations.
- c. Uses specialists to evaluate and diagnose children whose growth and development falls outside age-appropriate guidelines as determined by screening processes.
- d. Gives parents the opportunity to review their child's records in a timely manner, ask questions, receive assistance in the interpretation of information and secures written consent if additional evaluation is proposed.
- e. Uses reliable and valid standardized assessment tools for meeting requirements for federal funding accountability or other purposes; seeks to minimize intrusion and excess use of learning time to give assessments.
- f. Uses teacher observations and parent feedback to supplement data collected by standardized instruments.

**4. Program Standard: The program implements program evaluation processes to learn how the program can be improved and be accountable.**

**A Quality Program:**

- a. Participates in community, statewide, and national rating, improvement, accreditation, and other accountability systems as available.
- b. Bases program evaluation processes on the program's current philosophy, goals and objectives.
- c. Involves families, staff, the program's early childhood specialists (when not regular staff members), and a variety of community members in an annual review of all program components and uses the resulting information to inform all parties, develop and implement an annual plan for improvement.
- d. Uses instruments that directly measure program quality and other data to evaluate how well the program is meeting its goals. In programs that serve younger and older children as well as preschoolers, assessment of the quality of the preschool experiences should be considered as a distinct aspect of the total program.
- e. Utilizes information about children's growth while attending the program and tracking of children's adjustment and learning trajectories after leaving the program to modify and improve program practices.
- f. Evaluates teaching staff and program administrators with methods that reflect the program's philosophy and curriculum, uses the results for reflective practice and develops professional goals based on these evaluations.
- g. Regularly reviews the program's improvement plan, assesses progress throughout the year and provides this information to all relevant stakeholders.
- h. Invites families exiting the program to provide input to the program during an exit interview or survey; input from families is, however, welcomed at any time during the year.
- i. Is accountable to funding and administrative agencies by providing required data.
- j. Uses accepted safeguards for child and family privacy when providing data for research studies or accountability purposes.
- k. Actively avoids, insofar as possible, participation in assessment and evaluation processes that result in use of child outcome data for high-stakes purposes.



**CHILD ASSESSMENT AND PROGRAM EVALUATION****5. Program Standard: Assessment tools used for any purpose are those best suited for the purpose, which meet professional standards, and which are used in an appropriate manner.****A Quality Program:**

- a. Assures that teaching and administrative staff have expertise related to the administering and using the most appropriate assessment measures and procedures needed for the particular assessment.
- b. Uses instruments that respect and perform adequately when assessing children's developmental, cultural, and linguistic diversity and that of their families.
- c. Seeks assistance from knowledgeable professionals when selecting and using assessment tools.
- d. Uses instruments only for the purpose(s) intended (e.g., does not use screening tools to make decisions about placement or to assess progress).
- e. Uses the least intrusive tools needed for the specific purpose of the assessment (e.g., avoids using standardized tests for decisions about curriculum and teaching or to convey information about children's progress to their parents).
- f. Responsibly and respectfully uses information.
- g. Provides staff training on data collection, use and interpretation of data for relevant program, curricular and staffing decisions.

## Glossary for Early Learning and Development

**The Early Learning and Development Glossary is a component of the 2013 Early Childhood Standards of Quality (ECSQ) Project.**

This initiative has multiple components, including:

- Alignment of 2013 Preschool ECSQ through Grade 3 Learning Expectations in all domains;
- Alignment of Head Start Child Development and Early Learning Framework (HSF) 2011 with the Michigan ECSQ Preschool Early Learning Expectations (2013);
- Examples representative of positive, engaging child experiences in learning environments including PK through Grade 3 for all learning domains.
- Examples of intentional and responsive early learning practices for all adults involved in the education and care of young children in PK through Grade 3;
- Additional program standard indicators to assure alignment with expectations; and
- *Early Childhood Standards of Quality for Infant and Toddler Programs*

This Glossary is intended to supplement terms defined in the licensing regulations for child care centers and family and group child care homes and preschool settings. It contains terms applicable across the entire birth through grade 3 age ranges. However, some terms are applicable only to infants and toddlers and those who provide care for them. Likewise, other terms are more relevant to the preschool age child and environment or those in kindergarten or early primary through third grade, as age and grade level appropriate.

**Accessible/Accessibility:** As used in the ECSQ documents, these terms relate to either: 1) attention to materials and adaptations in the physical environment, so that children with special needs have equitable opportunities to learn, including adaptations that are required to be in compliance with federal and state laws regarding accessibility; and 2) whether quality and appropriate programs are available to families (e.g., geographically accessible, affordable, have needed hours of operation).

**Activity Areas:** In an infant/toddler setting, activity areas include spaces set up and provisioned to enable attention to children's needs across all domains (social, emotional, intellectual, language, creative, and physical) and include or may be referred to as areas for feeding, sleeping, learning/playing, and diapering. In preschool and early primary, activity areas (often called centers or work areas) are designated by age appropriate labels (e.g., Art, Science, Books, Building).

**Acute Illness:** A disease with an abrupt onset and usually of short duration (e.g., a cold, the flu).

**Administrative/Supervisory Personnel:** Program leaders at the program and/or administering agency level (e.g., program directors, specialists, and school district level or building principals/administrators/supervisors) who are responsible for administering, supervising, and leading program services, activities, and instructional and caregiving staff.

**Advisory Council:** A group convened to advise program leaders regarding planning, development, implementation, and evaluation of the program. The advisory council is typically comprised of parents and interested community members. Advisory councils may be established as a requirement of the sponsoring agency or legislation and within the framework of policies and practices as established by the council and the program's governing body.

**Age Appropriate:** Learning opportunities, experiences, a physical learning environment, equipment, materials and interactions with that match a child's age and/or stage of growth and development.

**American Sign Language (ASL):** A language of signs, gestures, and expressions, with its own grammatical structure, that is used by many in the deaf community; it is typically the deaf person's primary language while written English is routinely the secondary language (making ASL users bilingual).

**Approaches to Learning:** A term covering a range of attitudes, habits, and learning styles addressed in this Domain for PK-Grade 3. It reflects the dynamics of learning how to learn on one's own and in the company of others. It is the relationship between thinking, learning and acting; and it is the interaction between the learner and their environment. It includes the following two subdomains:

- **Habits of Mind:** A cluster of traits reflect thoughtful, individual approaches to learning, acting, creating, and problem solving.
- **Social Dispositions:** A cluster of selected positive behaviors that have value in society and allow children to participate and interact more effectively with others.

**Assessment:** A systematic procedure for obtaining information from observation, interviews, portfolios, projects, tests, and other sources that can be used to make judgments about characteristics of children or their programs.

**Assistant caregiver:** Term used in family or group home serving children from birth to age 5 to denote a person who works under the supervision of a caregiver. This person may also be referred to as an 'Associate' or 'Para-Professional' or 'Aide' in public or private group settings.

**Assistive technology:** Any item, piece of equipment, product or system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional

capabilities and promote participation and learning of anyone with disabilities.

**Auxiliary staff:** Personnel who are responsible for delivering support services offered by the program and/or required by federal or state regulations (e.g., nurses, Title 1 staff, special education consultants, speech/language therapists, school psychologists, nutrition specialists or social workers).

**Bilingualism:** The degrees of dual language competency including: 1) children who have acquired language skills in their first language and then begin to learn a second language, or 2) children who are not yet comfortable and capable in their first language, thus are learning two languages simultaneously

**Caregiver:** In a family or group child care program, the person who provides the direct care, supervision, guidance, and protection of children within the early childhood setting.

**Child Development Associate Credential (CDA):** Nationally recognized performance-based credential awarded through the Council for Professional Recognition, an independent subsidiary of the National Association for the Education of Young Children. A CDA credential is awarded following documentation and demonstration of knowledge and competence in working with children birth to five years of age.

**Child-Initiated:** Experiences which offer children choices among a wide range of opportunities for play and learning so that they can directly experience and manipulate new ideas and objects (e.g., choosing from a variety of activities throughout much of the day; creating their own ideas with art materials, block constructions, dance improvisations, or natural materials which encourage children to question, experiment, observe or pretend).

**Collaboration:** A mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The result is a shared endeavor with members

eventually committing themselves as much to the common goal as to the interests of participating agencies. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

- For children, this means the age-appropriate social disposition of working together to reach a goal, design a project, complete a task or get along in their behavior toward others.

**Community Collaborative:** An organized group representative of the community, school or state and its early childhood or school based family- and child-serving programs. Such a council typically serves as a communication link among parents, or programs and provides direction in planning, developing, implementing, and reviewing the early childhood education initiatives. These 'Councils' may also be referred to as an 'Early Learning Council', 'Early Childhood Advisory Council', 'Parent Advisory Council' or a community designated initiative.

**Continuity:** The term is used in multiple contexts:

**Of Teaching Staff:** A practice closely related to the assignment of a primary teacher to a child or group; intended to create a consistent personal relationship between a child and an adult.

**Of Primary Teacher:** Each child is assigned to a primary teacher or assistant teacher so that children can remain with the same teacher or assistant teacher during a significant part, if not all, of their learning experience. This may be evident during the day; during a two-year preschool experience; or in early primary, as looping the children with the same teacher for multiple years.

**Of Care:** In this approach to staff assignment, transitions between teachers and individuals or small groups of children are minimized because these changes are seen as being stressful for the child and family.

**Of Program:** An intentional programmatic practice that establishes a consistent primary teacher for the child or group of children. In this approach, transitions between multiple teachers are minimized to the benefit of the young child and the child's family.

*Continuity of care* enables children to develop and enhance a secure, attached relationship with an adult. Additionally, it supports the development of a sense of trust in others, independence, enhanced learning, and the ability to form early friendships and bonds throughout life.

**Culturally Responsive Teaching:**

Demonstrating an awareness and respect for the customs, heritage and values of families and children; demonstrating and responding with a positive attitude for learning about various cultures and languages.

**Development and Learning:** The process of change in which the child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment. Development involves both a gradual unfolding of biologically determined characteristics and the learning process. Learning is the process of acquiring knowledge, skills, habits and values through relationships, experience and experimentation, observation, reflection, and/or instruction. Neither takes place in isolation.

**Developmentally Appropriate Practice:**

All aspects of the program that address children's development and learning based on three important kinds of information:

- Knowledge about age-related human characteristics that permits general predictions within an age range about what activities, materials, interactions, or experiences will be safe, healthy, interesting, achievable, and also challenging to children;
- What is known about the strengths, interests and needs of each individual child so the adults can adapt for and be

responsive to inevitable child variation; and

- Knowledge of the social, cultural and language contexts in which children live to ensure that learning experiences are meaningful, relevant, and respectful for the participating children and families.

In developmentally appropriate settings for all ages, effective teachers combine knowledge about the typical growth patterns of all children with careful study of the characteristics of each child in a particular group. The most effective learning takes place in that zone of children's development which is just beyond what a child can currently do with comfort, but is not so challenging that frustration and failure are the likely results. Based on continuous assessment, teachers make instructional decisions that lead to the greatest possible growth in each child's knowledge and skills that support positive dispositions toward learning

**Digital Citizenship:** Digital citizenship refers to the need for adults and children to be responsible digital citizens through an understanding of the use, abuse, and misuse of technology as well as the norms of appropriate, responsible, and ethical behaviors related to online rights, roles, identity, safety, security, and communication.

**Digital Literacy:** The ability to use, understand and explore both technology and various types of interactive media.

**Domains:** Term used to describe various aspects of children's learning and/or development. Individual domains are closely interrelated and development in one domain influences and is influenced by development in other domains and terms used to describe them may vary.

The 2013 ECSQ-IT organizes development and learning domains into five Strands:

- Well-Being, Belonging, Exploration, Communication, and Contribution.

The 2013 ECSQ-PK uses these descriptive terms:

- Approaches to Learning-AL
- Creative Arts-CA

- Language and Early Literacy Development-LL
- Dual Language Learning-DLL
- Early Learning and Technology-TL
- Social, Emotional and Physical Health and Development-SEP
- Early Learning in Mathematics-M
- Early Learning in Science-S
- Early Learning in the Social Studies-SS

In K-3 these domain names are used:

- Approaches to Learning-AL
- Creative Arts-CA
- Language and Literacies-LL
- Dual Language Learning-DLL
- Technology-TL
- Social, Emotional and Physical Health and Development-SEP
- Mathematics-M
- Science-S
- Social Studies-SS

**Dual Language Learners:** Children, of any age, whose first language is not English; including those learning English for the first time as well as those who may or may not have various levels of English proficiency. The term “dual language learners” encompasses other terms frequently used, such as Limited English Proficient (LEP), bilingual, English language learners (ELL), English as a second language learners (ESL), and children who speak a language other than English (LOTE).

**Early Childhood Education and Care:** Provision of purposeful public or private, programs and services aimed at guiding and enhancing development and learning across the age span of young children from birth through age eight.

**Early Childhood Special Education:** Federally- and state-mandated services for children with verified disabilities. These services may be provided in a self-contained classroom operated through a local school district or intermediate agency or in an inclusive setting at the local district or community level.

**Early Childhood (ZA or ZS) Endorsement:** Endorsement on an elementary teaching certificate recommended by Michigan colleges and universities upon completion of an early childhood education program; may be required by the Michigan Department of Education or other funders for particular infant/toddler and preschool/prekindergarten programs.

**Early Childhood Investment Corporation (ECIC):** The Early Childhood Investment Corporation was founded in 2005 and charged with implementing a Great Start system for Michigan both at the state level as well as one community at a time. As part of that effort, The Investment Corporation also was given responsibility for leading the state’s federal child care quality efforts. The Early Childhood Investment Corporation was created to be the state’s focal point for information and investment in early childhood in Michigan so that children can arrive at the kindergarten door, safe, healthy and eager for learning and life.

**Early Childhood Specialist:** A qualified person who has responsibility for the evaluation of the program and instructional staff, and provides coaching, mentoring, and training.

**Early Learning Expectations (ELEs):** Outcome statements that describe age appropriate skills, knowledge and dispositions across the development and learning domains; in ECSQ-IT and ECSQ-PK the ELEs are intended to reflect young children’s capacities following their participation in a high quality setting.

**Early On®:** Michigan’s comprehensive statewide program of early intervention services for infants and toddlers with special needs, from birth through age two, and their families (Part C of IDEA).

**Evaluation:** The measurement, comparison, and judgment of the value, quality or condition of children’s accomplishments and/or of their programs, schools, caregivers, teachers, or a specific educational program based upon valid evidence gathered through assessment.

**Evidence-Based Practice:** Designing program practices based on the findings of current best evidence from well-designed and respected research and evaluation (e.g., better understanding of preschool children’s mathematics capabilities as a function of recent research).

**Family:** People related to each other by blood, marriage, adoption, or legal guardianship. Family members include biological parents (custodial and non-custodial), adoptive parents, foster parents, step-parents, grandparents and other relatives of significance to the child, and all siblings (half, step, full). In addition, any individual that the family defines as a part of their family, who has extensive contact with the child, and/or is a significant person in the child’s life, could be included.

**Family Collaboration/Partnership:** Refers to respecting family members as equal partners in all phases of the child’s experiences in the class/program. Families are integrated into the class/program through opportunities to plan and participate in all stages of their child’s learning, development and program/class implementation. Supportive opportunities encourage family members to expand their knowledge of child development, increase parenting skills, family literacy, extend children’s learning at home, and utilize community resources.

**Family Literacy:** Multigenerational Programs which serve the entire family and which involve parents and children in interactive literacy activities typically including training for parents regarding how to be the primary teacher for their children; parent literacy; and an early childhood program.

**First Language:** The home language of the child; may also be referred to as the native language of the child.

**Grade Level Content Expectations (GLCEs):** Statements of essential knowledge and skills for K-12 developed in response to federal and state requirements. GLCEs do not represent

the entire richness of a curriculum, but do highlight that which is essential for all students to know and be able to do. The 2013 ECSQ Project includes the alignment of the Early Learning Expectations for Preschool (ELEs) with the K-3 GLCEs.

**Great Start:** The Vision of the Great Start initiative is: A Great Start for every child in Michigan; safe, healthy and eager to succeed in school and in life.

**The Mission:** The purpose of Great Start is to assure a coordinated system of community resources and supports to assist all Michigan families in providing a great start for their children from birth through age five.

**The System:** The Great Start system envisions a single, interconnected and intertwined network of public and private services and supports working together in a community to accomplish better results for young children and families. As with any system, there are both key programmatic components, and also infrastructure elements that ensure coordination and sustainability. The Office of Great Start is administered through the Michigan Department of Education. [www.michigan.gov/greatstart](http://www.michigan.gov/greatstart)

**Great Start Readiness Program:** Michigan’s publicly-funded prekindergarten program targeted to four-year-old children who may be “at risk” of school failure. To participate a child must meet income eligibility requirements or be over-income with risk factors. No more than 10% of children over-income. All programs must provide strong family involvement/parent education components as well as comprehensive preschool education.

**Habits of Mind:** A cluster of traits reflect thoughtful, individual approaches to learning, acting, creating, and problem solving.

**Head Start Child Development and Early Learning Framework (2011):** A framework of outcome statements which applies to the federal Head Start program and is intended to be reflective of what children should know or be able

to do by the end of Head Start or upon entry into kindergarten. The Revised 2011 Framework [HSF] provides Head Start and other early childhood programs with a description of the developmental building blocks that are most important for a child's school and long-term success. Head Start children, 3 to 5 years old, are expected to progress in all the areas of child development and early learning outlined by the Framework. Head Start programs also are expected to develop and implement a program that ensures such progress is made. The Framework is not appropriate for programs serving infants and toddlers.

### **Head Start Program Performance**

**Standards:** Quality program standards which apply to the federal Head Start program and which address all aspects of early childhood development and health services, family and community partnerships, and program design and management.

**Inclusion:** The principle of enabling all children, regardless of their diverse abilities, to grow and learn through active participation in natural settings within their communities. Natural settings include the home and local early childhood programs.

### **Individualized Education Program**

**(IEP):** A written education plan for a child with special needs developed by a team of professionals and the child's parent(s); it is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

### **Individualized Family Service Plan**

**(IFSP):** Refers both to a process and a written document required to plan appropriate activities and interventions that will help a child with special needs (birth through age two) and his or her family progress toward desired outcomes. It is reviewed and updated yearly and describes how the child is presently doing, what the child's learning needs are, and what services the child will need.

### **IDEA — Individuals with Disabilities**

**Education Act:** A federal law that provides funding and guidance to states to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infants and Toddlers Program [known as Part C of IDEA (Early On® in Michigan)] for services to children birth through two years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages three to five.

**Infant and/or Toddler:** A child from birth to age three.

**Infant/Toddler Specialist:** A qualified person who provides coaching, mentoring, and training and who may have responsibility for the evaluation of the program and the caregiving staff.

**Instructional Specialist:** Professional staff who work collaboratively with the classroom teacher (and preferably in the regular classroom setting) in areas such as visual arts, music, physical education, library-media, and technology.

**Interactive media:** Digital and analog materials, including software programs, applications, broadcast and streaming media, some children's television programming, e-books, the Internet, and other forms of content designed to facilitate active and creative use by young children and to encourage social engagement with other children and adults.

**Integrated Approach:** Children's learning activities, experiences and projects that involve multiple domain areas of the curriculum, instead of constant isolated study of content areas; and facilitated through the organization and provision of space, (e.g., preschool children learn concepts through their play or in an activity like a project; early primary children work as a team on a project that includes literacy, math and science or the arts).

**Learning Environment:** The physical representation of the curriculum that includes: relationships, human and social climate, teaching practices, and the space, materials, and equipment. Ideally, this includes both indoor and outdoor space.

**Literacy:** Traditionally described for children as the ability to read and write or use language proficiently. Expanded definitions of literacy have added: multimedia literacy, technology literacy, visual representation, listening or speaking.

**Mental Health:** The developing capacities of young children to experience, regulate, and express emotions; to form close and secure interpersonal relationships; and to explore the environment and learn. These capacities are considered alongside and within the context of family, learning and care environments, community, and cultural expectations. Child mental health is synonymous with healthy social, emotional development, behavioral and social dispositions of child well-being.

**MiAIMH:** The Michigan Association for Infant Mental Health (MiAIMH) is an organization of individuals who are devoted to nurturing and strengthening relationships between infants and their caregivers. MiAIMH has developed and administers a four-level endorsement process for infant and family service providers who work in a variety of ways with infants, toddlers, caregivers and families. (See: <http://mi-aimh.msu.edu/aboutus/index.htm>.)

**Non-paid staff:** A term used for volunteers, including parents.

**Parent Involvement:** A program component which recognizes the central role of parents in their children's development and learning, and establishes a working partnership with each parent through daily interactions, written information or translation, orientation to the program, home visits, and through regular opportunities for dialogue via parent conferences, participation in decision-making roles on advisory committees,

needs assessments, participation as classroom volunteers, and flexible scheduling of meetings and events.

**Primary Caregiver or Teacher:** Each child is assigned to a primary teacher or assistant teacher so that children can remain with the same teacher or assistant teacher during a significant part, if not all, of their learning experience. Such continuity with their primary teacher or caregiver is critically important in the infant and toddler years, but continues to benefit children throughout the early childhood years.

This continuity of staffing may be evident during the day; during a two-year preschool experience; or in early primary, as looping the children with the same teacher for multiple years. Such continuity with primary caregivers and teachers enables children (particularly infants and toddlers) to develop and enhance a secure, attached relationship. This supports the development of a sense of trust in others, independence, enhanced learning, and the ability to form early friendships and bonds throughout life.

**Primary group:** The group of children under the care of the primary caregiver or teacher. To the maximum extent possible, the child's primary group is made up of the same children over an extended period of time to enhance stable relationships, promote pro-social behavior, and enable positive interactions and early friendships.

**Professional Development:** Refers to opportunities for program staff to receive ongoing training to increase their preparation and skills to educate and care for children. These include in-service training, workshops, college courses and degree programs, teacher exchanges, observations, coaching, seminars, mentoring, and credentialing programs.

**Program Administrator:** (See Administrative/Supervisory personnel)

**Program Health Plan:** Addresses children's preventive and primary physical, mental, oral, and nutritional health care needs through direct service and/or the provision of information and referral to their parents.

**Program Standard:** Widely-accepted expectations for the characteristics of quality in early childhood settings in homes, centers and schools. Such characteristics typically include the ratio of adults to children; the qualifications and stability of the staff; characteristics of adult-child relationships; the program philosophy and curriculum model; the nature of relationships with families; the quality and quantity of equipment and materials; the quality and quantity of space per child; and safety and health provisions.

**Provider:** In family and group home child care this term is sometimes used to refer to the caregiver(s).

**Public Act 116:** Licensing rules for child care centers promulgated by the authority of Section 2, of Act Number 116 of Public Act of 1973 to the Michigan Department of Social Services, which set forth the minimum standards for the care, and protection of children. The rules apply to agencies, centers, or public and private schools providing child care services (Head Start, preschool full-day child care, before- and after-school, less than 24 hours) to children aged 2 ½ weeks to 13 years.

**Reflective Supervision:** A set of supervisory practices characterized by active listening and thoughtful questioning by both staff and supervisors with the goal of assuring that staff's work is of the highest possible quality, and that program outcomes are met. These goals are reached through the development of a supervisory relationship that is supportive and collaborative, and one that allows everyone in the program the opportunity to learn from their work with families and with one another. Reflective supervision can take various forms including individual, group or peer supervision.

**Responsive Care/Teaching:** Being 'responsive' includes knowing each child, responding to cues from the child, knowing when to expand on the child's initiative, when to guide, when to teach and when to intervene. A responsive teacher has an overall plan for each day, including

materials and activities that are appropriate for the age, grade or developmental stage of each child. In addition, the teacher or caregiver should continually observe each child to discover what skills he or she is ready to explore and eventually master.

**Response to Intervention (RTI or Rtl):** A method of academic intervention used to provide early, systematic assistance to children who are having difficulty learning. RTI seeks to prevent academic failure through early intervention, frequent progress measurement, and increasingly intensive research-based instructional interventions for children who continue to have difficulty.

**School Readiness Goals:** The expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve their readiness for kindergarten.

**Screening:** The use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks.

**Self-Help Skills:** Adaptive skills that enable children to take care of themselves and move toward independence in activities related to eating, dressing, toileting, washing hands, etc.

**Social Dispositions:** A cluster of selected positive behaviors that have value in society and allow children to participate and interact more effectively with others.

**Staff:** Any person who has a role in the operation of the program. Staff may be paid or unpaid. (See definitions for support staff and non-paid staff.)

**Standardized Assessment Tool:** A testing instrument that is administered, scored, and interpreted in a standard manner. It may be either norm-referenced or criterion-referenced.

**Strand:** In PK-3, a subgroup of Early Learning Expectations which designate a smaller thread within a Domain or Subdomain. In the ECSQ-IT, Strand is used quite differently to frame holistic groupings of reasonable outcomes for the learning and development of very young children.

**Support staff:** Persons, whether paid or volunteer, employed by the program in such positions as food service, clerical, custodial, and transportation.

**Teacher:** The qualified person assigned the primary responsibility for planning and carrying out the program within an early childhood classroom. The teacher may work in partnership with other teachers or with paraprofessionals and has primary responsibility for planning, organizing and managing all aspects of the classroom learning environment; the assessment, diagnosis and reporting of the individual learning and developmental needs of the children; and the establishment of cooperative relationships with families and colleagues.

**Technology Literacy:** Technology Literacy is the ability to responsibly use appropriate technology to communicate, solve problems, and access, manage, integrate, evaluate, and create information to improve learning in all areas of learning and to acquire lifelong knowledge and skills in the 21st century. (See also, Digital Citizenship)

**Test:** One or more questions, problems, and/or tasks designed to estimate a child's knowledge, understanding, ability, skill and/or attitudes in a consistent fashion across individuals. Information from a test or tests contributes to judgments made as a part of an assessment process.

**Transition:** (1) Procedures and activities that support the family and facilitate the child's introduction to new learning environments (e.g., home to home- or center-based care setting, from preschool to kindergarten, from one school to another, from one grade to another, and from one country to another). (2) Within the program's daily schedule, transition also refers to the process of changing from one activity or place to another.

**Universal Design for Learning (UDL):** A set of principles is intended to assist educators and others to design flexible learning opportunities that provide children with: (1) multiple means of representation; (2) multiple means of expression; and, (3) multiple means of engagement. Such curricula reduce barriers to learning and provide learning supports to meet the needs of all learners. Educational technologies can be valuable resources in addressing these principles. These principles are typically applied in K-12 settings, but have implications for programs serving younger children. ([www.cast.org](http://www.cast.org)).

## Digital Resources

### General Informative for Multiple Domains of Early Learning and Development

#### Children & Nature Network

<http://www.childrenandnature.org/>

#### Common Core State Standards: Resources

<http://www.corestandards.org/resources>

#### Division of Early Childhood: Council for Exceptional Children

<http://www.dec-spced.org/>

#### Early Childhood Building Blocks: Best Practices in Early Childhood Education. Ohio Resource Center

<http://rec.ohiorc.org/ResearchReference/Briefs.aspx>

#### Education for Life and Work: Developing Transferable Knowledge and Skills in the 21st Century. National Research Council

[http://www.nap.edu/catalog.php?record\\_id=13398](http://www.nap.edu/catalog.php?record_id=13398)

#### Edutopia. George Lucas Educational Foundation

<http://www.edutopia.org/>

#### From Neurons to Neighborhoods. National Research Council

[http://www.nap.edu/openbook.php?record\\_id=9824](http://www.nap.edu/openbook.php?record_id=9824)

#### iEARN: The International Education and Resource Network

iEARN is the world's largest non-profit global network that enables teachers and youth to use the Internet and other technologies to collaborate on projects that enhance learning and make a difference in the world.

<http://www.iearn.org/about>

**PBS LearningMedia™** Instant access to tens of thousands of classroom-ready, digital resources including videos, games, audio clips, photos, lesson plans.

<http://www.pbslearningmedia.org/>

#### Project Approach

[http://www.projectapproach.org/project\\_approach.php](http://www.projectapproach.org/project_approach.php)

#### Teaching Diverse Learners (TDL)

<http://www.alliance.brown.edu/tdl/>

**TEC Center at Erikson Institute:** The TEC Center empowers early childhood educators to thoughtfully and appropriately use technology in the classroom and other early childhood settings.

<http://teccenter.erikson.edu>

### Approaches to Learning (AL)

#### Character Education Partnership

<http://www.character.org/>

#### Collaborative for Academic, Social, and Emotional Learning

<http://casel.org>

#### Morningside Center for Teaching

**Social Responsibility:** A national leader in the field of social and emotional learning (SEL), Morningside Center has developed a range of research-based programs that improve students' social and emotional intelligence — and their academic performance.

<http://www.morningsidecenter.org/>

**Responsive Classroom:** A widely used, research- and evidence-based approach to elementary education that increases academic achievement, decreases problem behaviors, improves social skills, and leads to more high-quality instruction.

[www.responsiveclassroom.org](http://www.responsiveclassroom.org)

**School Climate.** Our goal is to promote positive and sustained school climate: a safe, supportive environment that nurtures social and emotional, ethical, and academic skills.

<http://www.schoolclimate.org/>

## Social, Emotional and Physical Health and Development (SEP)

**American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education.** Preventing Childhood Obesity in Early Care and Education. [http://nrckids.org/CFOC3/PDFVersion/preventing\\_obesity.pdf](http://nrckids.org/CFOC3/PDFVersion/preventing_obesity.pdf)

**American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD)**  
<http://www.ahperd.org/>

**Best Practices for Healthy Eating: A Guide to Help Children Grow Up Healthy**  
<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>

**Children and Nature Network**  
<http://www.childrenandnature.org>

**Collaborative for Academic, Social, and Emotional Learning** <http://casel.org>

**Early Childhood Inclusion:** A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)  
[http://npdci.fpg.unc.edu/resources/articles/Early\\_Childhood\\_Inclusion](http://npdci.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion)

**Let's Move! Child Care Website**  
<http://healthykidshealthyfuture.org>

*See additional resources under the Domain: Approaches to Learning*

## Language and Early Literacy Development (LL)

**Common Core State Standards: Resources**  
<http://www.corestandards.org/resources>

**Developing Early Literacy: Report of the National Early Literacy Panel**  
<http://lincs.ed.gov/publications/pdf/NELPReport09.pdf>

**Dialogic Reading Practices. Connect: The Center to Mobilize Early Childhood Knowledge at FPG**  
<http://community.fpg.unc.edu/connect-modules/resources/results/taxonomy%3A39>

**Early Literacy: Policy and Practice in the Preschool Years**  
<http://nieer.org/resources/policybriefs/10.pdf>

**International Reading Association**  
<http://www.reading.org/>

**Literacy: Head Start Training and Technical Assistance**  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Domains%20of%20Child%20Development/Literacy>

**Literacy K-5. Ohio Resource Center**  
[http://www.ohiorc.org/literacy\\_k5/](http://www.ohiorc.org/literacy_k5/)

**National Clearinghouse for English Language Acquisition & Language Instruction Educational Programs (NCELA)**  
<http://www.ncela.gwu.edu/>

**National Council of Teachers of English**  
<http://www.ncte.org/>

**National Writing Project**  
<http://www.nwp.org>

**Teaching Diverse Learners**  
<http://www.alliance.brown.edu/tdl/>

## Dual Language Learners (DLL)

**Assessment Considerations for Young English Language Learners Across Different Levels of Accountability**  
<http://www.first5la.org/files/AssessmentConsiderationsEnglishLearners.pdf>

**Center for Applied Linguistics- English Language Learners**  
<http://www.cal.org/topics/ell/>

**Center for Early Care and Education Research — Dual Language Learners (CECER-DLL)**  
<http://cecerdll.fpg.unc.edu/>

**Challenging Common Myths about Young English Language Learners.**  
**Foundation for Child Development**  
<http://fcd-us.org/sites/default/files/MythsOfTeachingELLsEspinosa.pdf>

**Colorín Colorado: A Bilingual Site for Families and Educators of English Language Learners**  
[http://www.colorincolorado.org/web\\_resources/by\\_topic/early\\_childhood\\_education\\_early\\_literacy/](http://www.colorincolorado.org/web_resources/by_topic/early_childhood_education_early_literacy/)

**Cultural and Linguistic Responsiveness**  
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>

**National Clearinghouse for English Language Acquisition & Language Instruction Educational Programs (NCELA)**  
<http://www.ncela.gwu.edu/>

**Position Statements on Linguistic and Cultural Diversity**  
<http://www.naeyc.org/positionstatements/linguistic>

**Starting Early With English Language Learners First Lessons from Illinois**  
[http://newamerica.net/publications/policy/starting\\_early\\_with\\_english\\_language\\_learners](http://newamerica.net/publications/policy/starting_early_with_english_language_learners)

**Teaching Diverse Learners (TDL).** Web site dedicated to enhancing the capacity of teachers to work effectively and equitably with English language learners.  
<http://www.alliance.brown.edu/tdl/>

**What Early Childhood Educators Need to Know: Developing Effective Programs for Linguistically and Culturally Diverse Children and Families**  
<http://www.naeyc.org/files/tyc/file/WhatECENeedToKnow.pdf>

## **Technology Literacy-Early Learning in Technology (TL)**

**CAST: Education through Universal Design for Learning** <http://www.cast.org/index.html>

**Common Sense Media: Media and Technology Resources for Educators**  
<http://www.commonsensemedia.org/educators>

**Fred Rogers Center for Early Learning and Children's Media** <http://www.fredrogerscenter.org/>

**International Society for Technology in Education (ISTE)** <http://www.iste>.

**The Joan Ganz Cooney Center:** The mission of the Cooney Center is to advance children's learning through digital media.  
<http://www.joanganzcooneycenter.org/>

**Michigan Educational Technology Standards for Students, Grades PK-2. (2009)** <http://techplan.edzone.net/METS/METS2009PK2.pdf>

**NAEYC Technology and Young Children Interest Forum: Tech Tools for Educators**  
<http://www.techandyoungchildren.org/index.html>

**TEC Center at Erikson Institute**  
<http://teccenter.erikson.edu/>

**Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8** [http://www.naeyc.org/files/naeyc/file/positions/PS\\_technology\\_WEB2.pdf](http://www.naeyc.org/files/naeyc/file/positions/PS_technology_WEB2.pdf)

## **Creative Arts (CA)**

***The Arts and the Creation of Mind, What the Arts Teach and How It Shows.***  
<http://www.arteducators.org/advocacy/10-lessons-the-arts-teach>

**Artsonia-Museum of children's artwork online.**

<http://www.artsonia.com/museum/>

**American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD)**

<http://www.aahperd.org/>

**Arts Education Partnership**

<http://www.aep-arts.org>

**Children's Music Portal**

<http://www.childrens-music.org>

**Michigan Council for Arts and Cultural Affairs**

<http://www.michiganadvantage.org/Arts/>

**Michigan Humanities Council**

<http://www.michiganhumanities.org/about/>

**National Art Education Association**

<http://www.arteducators.org/>

**Teacher Practice and Student Outcomes in Arts-Integrated Learning Settings: A Review of Literature**

[http://www.wolfftrap.org/Education/Institute\\_for\\_Early\\_Learning\\_Through\\_the\\_Arts/~media/8DB86A897DBB4D228943E0E3CEA04AEB.ashx](http://www.wolfftrap.org/Education/Institute_for_Early_Learning_Through_the_Arts/~media/8DB86A897DBB4D228943E0E3CEA04AEB.ashx)

**Very Special Arts Michigan**

<http://www.vsami.org/>

**Young Children and the Arts: Making Creative Connections**

<http://www.uww.edu/youngauditorium/common/docs/YoungChildren.pdf>

## Early Learning in Mathematics (M)

**Math at Play: A multimedia resource for people who work with children from birth to age five.**

[http://www.mathatplay.org/resources\\_v.html](http://www.mathatplay.org/resources_v.html)

**Mathematics Bookshelf: Ohio Resource Center**

<http://www.ohiorc.org/for/math/bookshelf/default.aspx>

**Mathematics Learning in Early Childhood: Paths Toward Excellence and Equity**

[http://www.nap.edu/catalog.php?record\\_id=12519](http://www.nap.edu/catalog.php?record_id=12519)

**National Council of Teachers of Mathematics: Elementary**

<http://www.nctm.org/resources/elementary.aspx>

**Position statement on Early Childhood Mathematics: Promoting Good Beginnings**

<http://www.naeyc.org/positionstatements/mathematics>

**Teaching Math in the Primary Grades: The Learning Trajectories Approach**

[http://www.naeyc.org/files/yc/file/Primary\\_Interest\\_BTJ.pdf](http://www.naeyc.org/files/yc/file/Primary_Interest_BTJ.pdf)

## Early Learning in Science (S)

**BirdSleuthK-12 Feathered Friends Lessons. The Cornell Lab of Ornithology**

<http://www.birdsleuth.org/pennington/#.UZPRhLXVCS0>

**Children and Nature Network**

<http://www.childrenandnature.org/>

**Let the Children Play**

<http://www.letthechildrenplay.net/>

**National Science Teachers Association: Elementary School**

<http://www.nsta.org/elementaryschool/>

**National Wildlife Federation. Eco-Schools**

<http://www.nwf.org/Eco-Schools-USA/Student-Resources.aspx>

**NatureBridge.** Provides hands-on environmental field science education for children and teens in some of the most magnificent classrooms—our national parks.  
<http://www.naturebridge.org>

**PlantingScience.** A learning community where scientists provide online mentorship to student teams as they design and think through their own inquiry projects.  
<http://www.plantingscience.org/>

**SCIENTISTS@THE SMITHSONIAN**  
<http://www.smithsonianeducation.org/scientist/index.html>

**Scitable: A Collaborative Learning Space for Science**  
<http://www.nature.com/scitable>

**U.S. Department of Education.**  
My Child's Academic Success  
Helping Your Child Learn Science. <http://www2.ed.gov/parents/academic/help/science/index.html>

**Understanding Science**  
<http://undsci.berkeley.edu/teaching/k2.php>

### **Early Learning in Social Studies (SS)**

**ADL: Anti-Defamation League: Strategies and Resources for Families and Educators**  
<http://www.adl.org/education-outreach/>

**Character Education Partnership**  
<http://www.character.org/>

**Family Diversity Projects**  
<http://familydiv.org/books/>

**Kids.gov**  
<http://kids.usa.gov/social-studies/>

**Money As You Grow: 20 Things Kids Need to Know to Live Financially Smart Lives**  
<http://moneyasyougrow.org/>

**National Council for the Social Studies**  
<http://www.socialstudies.org/>

**The National Stepfamily Resource Center**  
<http://www.stepfamilies.info/about.php>

**School Climate**  
<http://www.schoolclimate.org/>

**Teaching Tolerance**  
[www.teachingtolerance.org/](http://www.teachingtolerance.org/)







## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 6**

**A Special Message on Education Reform from  
Governor Snyder**



STATE OF MICHIGAN  
EXECUTIVE OFFICE  
LANSING

RICK SNYDER  
GOVERNOR

BRIAN CALLEY  
LT. GOVERNOR

April 27, 2011

*A Special Message from Governor Rick Snyder:  
Education Reform*

To the Michigan Legislature:

One of Michigan's most pressing responsibilities is ensuring that students are prepared to enter the work force and to take advantage of new opportunities as our economy grows. Michigan's future is absolutely dependent on making our education system a success for our students, our teachers, our parents and our economy.

Our education system must position our children to compete globally in a knowledge-based economy. To prepare and train the next generation of workers, Michigan needs a capable, nimble and innovative work force that can adapt to the needs of the emerging knowledge-based economy and compete with any nation.

To accomplish that, Michigan's education system must be reshaped so that all students learn at high levels and are fully prepared to enter the work force or attend college. They must think and act innovatively, demonstrate high performance, and meet the highest expectations. In addition, our students must leave high school with the skills to make sound financial decisions and demonstrate a basic understanding of personal finance.

We have begun this ascent by implementing one of the most rigorous sets of content and assessment standards and high-school graduation requirements in the nation. We have adopted strategies to improve school nutrition and lower the dropout rate, while encouraging school districts to embrace innovative ways to educate students. I commend the State Board of Education and Michigan Department of Education (MDE) for taking these steps.

Results are promising. We have seen improved Michigan Educational Assessment Program (MEAP) test scores over the past three years, American College Testing (ACT) scores, lower dropout rates and healthier students who show their eagerness to learn.

But to compete on a world-wide scale, our education system must evolve from one that served us well in the past to one that embraces the challenges and opportunities of the new century. A grammar school education once suited the agrarian age, and a high-school education suited the assembly line age. A high-quality post-secondary education is needed for the technology age.

Michigan's education system is not giving our taxpayers, our teachers, or our students the return on investment we deserve. In spite of the fact that we rank 21<sup>st</sup> in the country in total current expenditures per pupil according to the most recent data of the National Center for Education Statistics (NCES), consider the following:

- Less than 50% of our students are proficient in writing across grades based on fall 2010 MEAP data in grades 4 and 7, and spring 2010 Michigan Merit Examination (MME) data for grade 11

- In National Assessment of Educational Progress (NAEP) testing for grade 4 math we rank 39<sup>th</sup>; for grade 4 reading we rank 34<sup>th</sup>; for grade 8 math we rank 37<sup>th</sup>; and, for grade 8 reading we rank 33<sup>rd</sup> (NCES)
- Only 16% of all students statewide are college-ready based on the ACT taken in spring 2010 as a part of the MME
- 238 Michigan high schools have zero college-ready students in all subjects based on the spring 2010 ACT test

We can – indeed we must – do better.

Change does not have to create adversaries; it can create partners committed to a better future.

The vast majority of Michigan educators and teachers are hard-working and committed to a prosperous future for their students. And, Michigan has a long history of effective collaboration between labor and management.

The proposals in this message can all be achieved in our present system of collective bargaining for teachers and other school employees. When it comes to educating our young people for the 21<sup>st</sup> century, all of us in Michigan—parents, educators, school boards, the business community, public servants and citizens—share an enormous responsibility to help Michigan’s next generation succeed. We must all step up to that responsibility.

In this special message I will outline a plan for Michigan’s future that rewards outcomes and performance. We can no longer tolerate a system where either schools or students are rewarded for just showing up.

Garnering input from a wide variety of education stakeholders – educators, education associations, business leaders, private foundations and agencies, and the State Board of Education – these policy proposals will drive high expectations for an emerging system of schools and educators. They will provide transparency, detailed information and genuine choice for families. They will jettison the status quo that has too often accepted mediocrity and, at times, resulted in failure for our children and state.

### **Early Childhood Development**

Preparing children for optimal learning and quality achievement in school actually begins at conception. Brain development begins early in a pregnancy. Threats, such as alcohol or malnutrition, can have a negative or even irreversible effect on the developing brain. Premature birth and low birth weight also can have lasting effects on a child. Early childhood is a time of remarkable brain growth that affects a child’s development and readiness for school.

According to Michigan kindergarten teachers, on average, only 65% of children entered kindergarten classrooms this year ready to learn the curriculum. This “readiness gap” often begins at birth and continues until school entry. It can lead to an achievement gap that persists through each year of school.

Seventy percent of Michigan fourth graders scored below the proficient reading level on the NAEP in 2009 (the most recent available data), placing Michigan 34<sup>th</sup> of the 50 states. Until the end of third grade, children are *learning to read*. Fourth grade students need to be able to *read to learn*. Children who cannot meet NAEP proficiency levels, especially low income children, are likely to end up not completing high school, becoming adults who struggle to qualify for even the lowest skill, lowest paying

jobs. The result for Michigan: a lack of competitiveness in the global marketplace and a significant portion of the population without hope for a prosperous future.

Our goal must be to create a coherent system of health and early learning that aligns, integrates and coordinates Michigan's investments from prenatal to third grade. This will help assure Michigan has a vibrant economy, a ready work force, a pool of people who demonstrate consistently high educational attainment, and a reputation as one of the best states in the country to raise a child.

Today, Michigan's approach to investing in school readiness and early elementary success is not values-based or founded on sound scientific or economic evidence. Research confirms that the developmental needs of children are interrelated, yet we invest in a variety of fragmented, segmented and highly specialized programs. Michigan programs that serve children and families in the prenatal to third grade period are spread across multiple state departments and each department delivers programs based on its own culture, outcomes and goals. Currently, there are 84 separate funding streams scattered across state government that deal with early childhood. Programs operate with varying levels and types of accountability, inconsistently assess quality and lack capacity to measure or report results.

To remedy this, I am proposing the consolidation of early childhood programs and resources into a single office of early childhood focused on maximizing child outcomes, reducing duplication and administrative overhead and reinvesting resources from efficiencies into quality improvement and service delivery.

Our cohesive strategy starts with an Executive Order that combines the Office of Child Development and Care currently at the Department of Human Services with the Office of Early Childhood Education and Family Services at the Michigan Department of Education.

The new *Michigan Office of Great Start – Early Childhood* will be located at the Department of Education and will coordinate all 84 separate early childhood funding streams currently managed throughout various state government agencies. Programs that will become a part of the *Office of Great Start* in the initial phase will include: Great Start School Readiness, Great Parents/Great Start, Preschool Special Education, Child Care Licensing, Head Start State Collaboration, Child Care and Development Program, and Early On.

This new office will refocus the state's early childhood investment, policy and administrative structures by adopting a single set of early childhood outcomes. All public investments will be assessed against a single set of early childhood outcomes as follows:

- Children born healthy
- Children healthy, thriving, and developmentally on track from birth to third grade
- Children developmentally ready to succeed in school at the time of school entry
- Children prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade

Michigan government, business and foundation leaders agreed several years ago on the need for early childhood investment and the necessity of a new approach in order to close the readiness gap. They asserted that neither government alone, nor the private sector acting unilaterally, is able to change the trajectory of school readiness. A bridge is needed to connect the sectors. To that end, the Early Childhood Investment Corporation (ECIC) was created to be more flexible and nimble than

government, and be more aligned with state and federal opportunities than the private and nonprofit sectors.

The *Michigan Office of Great Start – Early Childhood* working hand-in-hand with the private sector, through ECIC, will create a dynamic partnership aimed at maximizing public and private investment in the service of Michigan's children.

All human behaviors, from work force abilities to social skills build on capacities developed during childhood, beginning at birth. The early development of cognitive skills, emotional well-being, social competence, and robust physical and mental health is the foundation for school success. These abilities are the critical prerequisites for economic productivity and responsible citizenship throughout life.

Michigan must change to support these realities. We know too much about the first five years of life to continue to invest as though learning begins at the kindergarten door rather than at birth. Government, the private and nonprofit sectors, and ECIC all have critical roles to play.

### **Performance-Based System of Schools**

Michigan needs to drive toward a system of higher expectations for its system of schools and educators. We need a performance-based education system that will meet the 21<sup>st</sup> century education needs of all students. Innovation and educational entrepreneurship must be cultivated through improved models of instruction across the state. There must be greater choice for students and parents and greater responsibility and accountability at the individual school level for student growth.

#### *Funding*

The core of a performance-based education system must be a statewide school funding model based upon student proficiency and academic growth. Our school system should be dedicated to student outcomes. Reshaping education in Michigan and developing a performance-based system of schools demands that we rethink the way we fund education. Today, the state sends a full foundation allowance to school districts based entirely on attendance figures taken twice a year. These “count days” have become synonymous with pizza parties and prize offers as schools are compelled to get high attendance counts to maximize their funding. Accurate head counts are very important, but should not be the only factor in determining school funding levels. Instead, our statewide school funding should also be based upon academic growth, and not just whether a student enrolls and sits at a desk.

I propose that a portion of state school aid be tied to the academic achievement of a school district for 2013 and beyond. This funding model will increase academic growth and the college and career readiness of our students by allocating scarce resources to districts that make the biggest gains.

In my 2013 budget message, I will be proposing that school districts receive a bonus beyond the per pupil state foundation allowance for demonstrating student growth in reading, math and other MDE selected subjects. This funding should be allocated to districts for students who show an average of at least one year of growth per year of instruction. By rewarding growth, and not only proficiency, students who have fallen behind their grade level are not forgotten. Instead, they are viewed as having the most to gain.

In my executive budget recommendation in February, I also proposed that in fiscal year 2013 a portion of the state foundation allowance be allocated to school districts that pay no more than 80% of employee health care premiums or control costs in other ways. Local school dashboards and school district accountability and transparency metrics also will be part of the funding discussion.

The State Superintendent is implementing new data collection systems to better document yearly student growth and proficiency. This type of student testing and data collection serves more than one purpose. In addition to helping educate our kids, this new testing will make Michigan more competitive for federal funding from Washington.

### *Public Charter Schools*

Public charter schools in Michigan were first established in 1994. At the time they were an innovative concept, but because they were new, restrictions were placed on their establishment. Today, many of those restrictions do not make sense. In order to create dynamic, performance-based school districts in Michigan we need to challenge the status quo. Charter schools play an important role by offering an alternative education option to parents and students, particularly in our struggling districts. We need to increase the number of charter schools in Michigan to help attract the top charter operators from across the nation and encourage more choice at the local level.

Therefore, I am proposing that any caps limiting the number of charter schools in districts with at least one academically failing school be removed. This will allow for more charters in areas where additional education options are needed the most.

Another issue hampering the recruitment of nationally prominent charter school operators is that a charter board can oversee only one building under current law. It is difficult to rationalize this restriction when we allow a local board of education oversight of an entire school district. The legislature should allow top performing charter school boards to oversee more than one school.

A strong system of schools that is funded for outcomes will generate performance-based schools. I expect charter schools in Michigan to be held to the same rigorous standard as any other public school.

### *Accountability and Empowerment*

In my State of the State address, I presented a dashboard for the state of Michigan. It includes a variety of metrics that illustrate how our state is performing in areas such as public safety, economic strength, and quality of life. Today, I am unveiling the "State of Education in Michigan" dashboard that will serve as our statewide report card on education. The dashboard includes metrics from public K-12 education, community colleges and universities to provide a snapshot of education in Michigan. As an example, many parents may be surprised to learn that 61% of community college students require developmental coursework in order to be successful at the college level. That is unacceptable. Many of the public education metrics are derived from data contained in the Center for Educational Performance Information database. This system of reporting will allow local districts and eventually school-level dashboards to be created with these and other data points.

Accountability and transparency should apply to every part of our education system, not just local school districts. Over \$2 billion flows through intermediate school districts (ISDs) in Michigan. In 2010, they employed over 15,000 people. In many cases, there has been a difference of opinion between what services should be provided by local school districts and what should be provided by the ISD.

I am convinced that significant savings can be achieved if business and administrative functions are consolidated. I propose that by the 2012 school year, an ISD should be able to bid on any service a local district provides outside the classroom. Alternatively, a local district should be able to bid on any service an ISD provides for the entire intermediate school district if it can provide the same quality of service for everyone at a better cost. An open bidding process that is public and transparent will

ensure value for the taxpayer and that Michigan is spending as much money as possible inside the classroom.

At every level we need to place the bright light of public scrutiny on the measures of success or failure that will drive a better future for Michigan.

But just measuring and reassigning responsibility is not enough. Districts and schools must be held accountable for student outcomes. In Michigan, 238 high schools did not produce a single student proficient in math or reading last year, yet every one of those schools is accredited. Michigan needs a school accreditation system that finally brings light to this issue in a responsible way. I urge the legislature to adopt new standards so we can have an honest assessment of where our schools stand.

In every school district, transparency, accountability and empowerment in the classroom are critical.

However, in a number of districts, additional attention is required. We have 23 school districts that are over \$1 million in deficit. Combined, these financially distressed districts have an operating deficit of about \$440 million. Students and families in these districts cannot wait for a long-term, viable education system.

Young people in these struggling districts need a financially sustainable education system under which it is possible for both students and teachers to succeed. They need a system that efficiently directs limited taxpayer dollars toward smart, research-based efforts proven to help all students perform at dramatically higher academic levels. And, they need a system that holds every teacher and school administrator at the state, intermediate and local level accountable for student gains in the classroom, while also empowering them to get there with the autonomy, student data, instructional tools and meaningful support they require.

We must tap every available resource, continually assess the best of what is happening in the education field and swiftly find permanent solutions to the crises in these districts.

The time has come to stop the benign acceptance of non-performance in these districts. Soon, I will be applying the new Emergency Manager legislation for those districts that continue to fail financially and academically and take no steps to eliminate the drain on community financial resources and student academic achievement. This will include the announcement of a new Emergency Manager for Detroit Public Schools shortly.

### *School Safety*

We must ensure that Michigan students' opportunities are not diminished because we fail to provide them with a safe and secure learning environment. Forty-five states already have passed laws to address the problem of bullying in schools. It is time for Michigan to join them.

The harm caused by bullying is not under debate. Studies have long shown that it leads to low self-esteem, depression, poor academic achievement, truancy, and even suicide. School is not a house of learning for a bullying victim; it is a house of pain. A bullied student is not only being tormented; he or she is being denied an equal opportunity to a quality education.

Even the home is no longer a refuge for the bullying victim. Much of bullying today takes place on the internet, cell phone text services and by other electronic means. Such "cyber bullying" may not always take place on school property or during school hours, but when it is between students it must be recognized as a school issue. And because bullying is a school issue, it must be dealt with in school – before it becomes a law enforcement issue.

Many Michigan schools already have good anti-bullying policies in place and we need to ensure that every school has one. School policies cannot be designed to only cover some students – every school must protect every student. And, as adults, we need to be clear in both word and deed – bullying is always wrong.

I am asking the legislature to pass a comprehensive anti-bullying bill that will be in place for the next school year. The bill need not tell each school how to deal with bullying, but it must require that they have clear policies do so. The State Board of Education already has developed a model policy that every district can look to as they develop their own.

Michigan students should not suffer because we fail to act.

### **Any Time, Any Place, Any Way, Any Pace Program**

#### *Choice*

Today, I am proposing a new “Any Time, Any Place, Any Way, Any Pace” public school learning model. Michigan’s state foundation allowance should not be exclusively tied to the school district a child attends. Instead, funding needs to follow the student. This will help facilitate dual enrollment, blended learning, on-line education and early college attendance. Education opportunities should be available 24 hours a day, 365 days a year.

A model of proficiency-based funding rather than “seat time” requirements will foster more free market ideas for public schools in Michigan. This includes mandatory “schools of choice” for every public school district. Providing open access to a quality education without boundaries is essential. Resident students in every district should have first choice to enroll, but no longer should school districts be allowed to opt out from accepting out-of-district students. In the event more out-of-district students wish to enroll than space allows, the school should conduct a random lottery to determine acceptance. I will propose legislation to accomplish this change.

By introducing an education system that offers unfettered flexibility and adaptability for student learning models and styles, we will break down the status quo on how, when, and where students learn.

We must minimize all state and local barriers that hinder innovation at the local level, including seat time regulations, length of school year, length of school day and week, and the traditional configurations of classrooms and instruction. Blended learning models, where students receive instruction from high quality online educators, along with face-to-face instruction from high quality classroom teachers should be encouraged. School districts that embed technology into blended classroom instruction or embrace total online learning, project-based learning, and experiential learning models will make the system more cost-efficient, competitive, innovative, and effective in motivating student achievement.

#### *21<sup>st</sup> Century Education*

Access to quality education is no longer solely dependent on local classrooms and textbooks. A new global market has emerged as parents, schools and students are realizing the power and effectiveness of online learning. The time has come to embrace innovative learning tools for all Michigan students.

Michigan’s education system has revolved around a static approach to education delivery that can be at odds with individual learning styles. By creating a robust virtual learning environment, Michigan will provide students more education options that best meet their needs. Whether it is a gifted student

requiring an accelerated program, or a child struggling with a traditional classroom setting, virtual learning can provide a vital lifeline to ensure success.

Leveraging technology, I propose that every child in Michigan who needs or wants up to two hours of daily online education must receive it. To help enable this policy, any enrollment caps or seat time requirements on virtual schools should be removed. This plan eliminates barriers to true choice in education and gives parents and students the flexibility to employ education programming that ensures their future success.

These reforms are designed to move us from school systems to a system of schools. Parents deserve more data and information on every school, with genuine data and benchmarks to identify schools with effective instruction and sustained student achievement growth.

### *Degrees Matter*

The proposed inclusion of post-secondary education into the state school aid fund clearly signifies the need for a P-20 state education system that integrates all levels of learning.

I am asking for the legislature to approve a seamless “Degrees Matter” system that values and demands a post-secondary degree or skilled trades credential for all Michigan residents. Currently, many of our skilled trades provide credentials through highly concentrated and typically oversubscribed apprenticeship programs. Those who choose to work with their hands and minds, whether building our infrastructure or growing our food, need extensive skill focus and training to move forward after secondary school. We need to enable and encourage their proficiency and dedication. All Michigan students should be able to receive a community college degree or credential no later than their 13<sup>th</sup> year of school. My plan calls for every public school district to offer college credit opportunities by using early college, dual enrollment, online college credit courses, direct credit, and other valid and rigorous course options.

Career and college readiness for all students, coupled with the opportunity to receive college credit before graduation, provides both an incentive for students and an affordable post-secondary pathway for all families. Students should be able to earn college credit as early as their ninth year, and those students who choose to, should be able to earn college credits that will be accepted by Michigan community colleges and four-year baccalaureate institutions.

With performance-based funding, local school districts that seize these innovative strategies will thrive. We can improve schools’ ability to monitor student academic progress and growth through high school with college readiness assessments in a student’s ninth and 10<sup>th</sup> years. Shortly, the Department of Education will be laying out its plans for these assessments.

Similarly, to allow students to move through their education at their own pace, I call for “testing out” assessment opportunities for all students, at all levels of education.

The goal of the Degrees Matter approach to education will result in a post-secondary degree or credential and not just an accumulation of college credits. It will require three way multi-directional college credits, where universities will accept blocks of credits from community colleges and quality high school courses; community colleges will be allowed to accept university credits toward the attainment of a student’s community college degree or credential; and universities will accept blocks of credits from community colleges.

This Degrees Matter system of reverse transfer credits will increase the number of students who are awarded associate degrees or credentials upon completion of the necessary credits. Students who

have earned credits at a community college and transfer to a baccalaureate-granting institution would be able to reverse transfer the credits earned at the baccalaureate institution to complete their community college degree or credential.

### **Performance-Based Teaching**

We are expecting a lot of our students and our schools as well as those who teach in them and those that run them. This is as it should be. To reinvent Michigan and realize our potential, we must expect the best. We have to provide the tools, the support, and the environment for students to reach the high expectations we have set, as parents and as state decision-makers.

To get the student learning we expect nothing matters more than great teachers and great teaching. Every body of research confirms that the biggest contributor to learning gains and good school and life outcomes is the great teacher who inspires student learning. The impact of great teaching is most dramatic among those with the furthest to travel in their education.

Bill Gates, whose foundation is dedicated to improving education worldwide, spoke to the nation's governors recently. He said: "We know more (today) about what works. Of all the variables under a school's control, the single most decisive factor in student achievement is excellent teaching. It's astonishing what great teachers can do for their students. But compared to countries that outperform us in education, we do very little to measure, develop and reward excellent teaching."

All of us know in our hearts the genuine importance of teachers. We remember the handful of teachers who shaped our lives and careers. We fight to get our kids in the best teacher's classes. It's time we said clearly: every teacher in every Michigan classroom is going to have the tools, training, feedback and support to be a star teacher.

Teachers themselves are asking for help. Earlier this month, the American Federation of Teachers issued a report outlining what new, young teachers expected in order to keep them in the profession and thrive in the classroom. They asked for:

- Regular feedback on their effectiveness
- Fair, rigorous and meaningful evaluation systems
- Peer learning and shared practice
- Recognition of and reward for high performance
- Intelligent use of technology to enhance performance

To deliver on Michigan's constitutional promise to our children and our state, we have to change the ways we prepare, support, evaluate, and reward teachers. We also have to send a clear message in every school and community that we honor teachers and value great teaching.

We need our best and brightest, in teaching, in Michigan. We should provide the highest-quality training that can ensure that every child is taught by a skilled professional who can help that child succeed.

That is why I am calling for a series of steps to enable great teaching and great teachers.

We must reform how we recruit and prepare our teachers. Great teaching starts with getting the best and brightest into teaching, and making sure their education equips them to succeed at inspiring students in the classroom.

The first step in this process is ensuring that all universities that educate teachers passionately pursue this mission. I challenge these institutions to transform their teacher education programs to deliver the skills teachers need to succeed in the classroom, including ensuring teachers can teach the national Common Core College and Career-Readiness Standards, now embraced by Michigan and almost all states. In addition, they should be requiring more in-classroom clinical experience for all teacher-candidates. To move Michigan in this direction, I am asking the State Board of Education and Department of Education to take the responsibility to re-fashion the certification and approval of teacher education institutions to reflect the same expectations.

I ask the Board and Department to raise the bar for certification tests. All students who are accepted into teacher preparation programs should be required to pass the basic skills test and all teacher candidates should be required to pass their subject matter tests before student teaching. For those students who struggle to meet this new standard, their university and teacher preparation program should take responsibility to ensure that they can meet this minimum bar. The Standing Technical Advisory Committee in the Department of Education should be convened immediately to review cut scores for competency for Michigan's tests for teacher certification. Neighboring states (IL and IN) have increased the cut scores for their teacher certification tests.

I am also asking the State Board of Education and Department of Education to help us assure that every district utilizes assessments of teaching performance that focus on teachers' actual skills in teaching academic content. Other professions, and most of the skilled trades, assess practitioners' skills at the actual work — whether the work is surgery, flying planes, or wiring a house. We need a rigorous performance-centered assessment of teaching for two reasons: (1) in order to ensure that training focuses on the core professional skills and knowledge and (2) so that no one is allowed to “practice” on our young people without demonstrating sufficient proficiency with the highly skilled work needed for teaching.

We need to enable the development of methods and programs for preparing teachers with the skills they need to help all children succeed academically. With firm entrance requirements and continuing performance standards, we can encourage excellent ideas about teacher training that prepares them to perform skillfully in the classroom. The bottom line must be the encouragement of optimal skill in teaching children, and helping our children learn to the highest academic levels.

We also must support and build the skills of new teachers and connect ongoing teacher training and tenure to great teaching.

Nearly half of all new teachers quit during their first few years. Some are those who chose teaching as a “safe” career, only to find it is much more demanding than they thought. Our children benefit when these folks move on. Many, however, fall out because they don't get the clear and consistent coaching, mentoring and feedback they need to become great teachers.

Great teaching requires specialized knowledge and skill, including how to connect with students. These skills can be taught. Great teaching needs to be supported by lifelong learning and ongoing, regular evaluation. Further, the opportunity to teach our children, particularly in a position with the security of tenure, is a privilege that must be earned and maintained. Finally, great teachers must be adequately rewarded and able to find satisfying careers in teaching and not be required to move into school administration to advance their careers.

To accomplish these goals, Michigan must take a number of important steps. Today, I am calling on the State Board of Education and Michigan Department of Education to replace Michigan's continuing education requirements with new requirements that are clearly linked to teacher skill-building.

The mere receipt of a master's degree should not mean automatic increases in pay. Nor should it be a hindrance to a highly educated person desiring to enter the field of teaching in Michigan. Performance in the classroom should supersede pure longevity.

Michigan law should be changed to recognize performance and future potential in the hiring and pay process, not just the receipt of degrees. If a professional chemist wants to teach chemistry the state has allowed for an alternative certification system to quickly get the teacher in the classroom. Likewise, the state should be encouraged when a successful and qualified businessperson wants to teach a high school class. I urge the State Superintendent and Department of Education to quickly allow teachers to enter the profession through alternative certification. They then would be held to the same rigorous performance standards and student proficiency requirements as any other teacher.

I am also requesting that the State Board and Department of Education ensure that all school districts in Michigan fully implement administrator certification and training. This guarantees that our school administrators are well prepared, routinely assessed, continually trained and demonstrate ongoing proficiency, including the importance of both the timeliness and rigor of their responsibilities to evaluate teachers.

Additionally, I am requesting that the legislature reform Michigan's antiquated tenure law to assure that our children are being taught by the best, the brightest, and those with a clear results-oriented mission. I will support tenure reform legislation in Michigan that:

- 1.) Awards tenure based on demonstrated, multiple years of effective teaching ability, instead of the current system that relies only on the number of years teaching. I propose that new teachers be given five years of probationary status, and teachers must demonstrate three consecutive years of effectiveness in order to be eligible for tenure.
- 2.) Requires that the annual evaluations of teachers be based on multiple measures, but must include in its determination of effectiveness at least 40% based on student achievement growth.
- 3.) Requires that ineffective teachers, as determined by annual evaluation, enter a probationary status. If such teachers receive a second consecutive ineffective rating, they should forfeit the rights and privileges secured by tenure. Ineffective teachers should then be dismissed or given a third year at the option of the local district.
- 4.) The tenure appeal process needs to be reformed so that ineffective teachers who have been unable to improve their performance can be dismissed in a more timely and cost-effective way.

I am convinced that effectiveness in teaching should trump seniority in layoff and placement. I will support legislation that ensures consideration of teacher effectiveness in "bumping" situations to end the practice of "last in/first out" in our schools. I also will support legislation that requires the consent of the school principal before bumping into a new school. These two steps will empower schools over districts and ensure that the best teachers, regardless of years of service, are teaching our young people.

Michigan also must create career paths that reward great teaching. Michigan has to nurture great teachers, make sure they find satisfying career paths that reward them for teaching excellence, and keep them in the classroom changing student lives. That is why we must add a master teacher category to our Michigan teacher certification system. I encourage the State Board of Education and the Department of Education to create a performance-based credential for excellent teachers that helps them play enhanced roles as new teacher mentors and school instructional leaders. Such teachers should also be eligible for higher pay and recognition for great teaching. The new program should be based on demonstration of proficiency, and/or earning of master teacher credentials (such as National Board Certification).

I ask the State Board of Education and Department of Education to address these issues by the beginning of the next school year.

### **Conclusion**

We cannot expect reform if we ignore the most important part of education – our kids. A better future for Michigan youth begins with a shared understanding of what is right with our students, rather than what is wrong.

A 2010 Gallup poll of American 5<sup>th</sup> – 12<sup>th</sup> graders revealed that kids cite three things they need to succeed in education and in life. They tell us: “I need to be known. I want to be excited about the future. And, I could use your help.”

Our schools and communities need to show kids that they matter, that we see them as individual human beings, and that we commit ourselves to knowing and developing what is right about each and every student. Parents, educators, and community leaders need to help students become excited about their future and about the vitality of their cities and towns.

Kids need to hear that their parents and communities will actively help them learn, grow, and move toward an independent and successful future.

This is the invisible issue in American education: we have local control of schools, but we don't feel local ownership of what happens in them. In 2009, 2,835 parents of school-aged children were asked: “What is the one thing you could do to raise the graduation rate at your local high school?” These parents have a daily, personal stake in education. Yet their responses reveal uncertainty and ambivalence about their role in it. The most common answer: “I don't know. Nothing.”

I'm asking all of Michigan to make our youth a priority. Listen to what students say they need from their schools and communities. Track their hope, engagements, and well-being. And, take action to improve those areas.

How do we do this? I am encouraging all of our public schools to participate in the Gallup Student Poll to give our youth a voice in our local, state, and national discussions about education and their futures. We can measure the hope, engagement, and well-being of our young people in less than 10 minutes and at no cost. Schools will receive their results within weeks allowing each community to act on current, relevant data that drives student achievement and overall success. I have asked the Michigan Department of Education to take a leadership role with the Gallup organization to encourage all our school districts to participate in this important survey of young people.

H.G. Wells once said that “civilization is a race between education and catastrophe.” In Michigan, we have the obligation to determine the winner.

After more than a century, the traditional methods, mindsets and goals of Michigan's education system can take us no farther. Like the Model T car or the one-room schoolhouse, our education system did what we asked of it at the time – but that time has passed. The dramatic influences of globalization and technology on today's society demand a more prepared, skilled and sophisticated work force. Equipping tomorrow's workers with the tools to master these critical skills is our obligation today.

As we stand at the threshold of the New Michigan, we must embrace profoundly different expectations of our schools, teachers and students. In turn, we must encourage them to thrive by providing a structure that shuns complacency and mediocrity. The reforms being proposed today realign our educational values. They will reward performance rather than attendance, and outcomes rather than process. By taking hold of exciting options ranging from partnerships to innovative technology, education across Michigan will be infused with the unfettered ability and enthusiasm to teach and learn.

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 7**

## **Agency Memorandums of Understanding (MOUs)**

***Michigan Race to the Top – Early Learning Challenge Grant***

**MEMORANDUM OF UNDERSTANDING**

This Memorandum of Understanding ("MOU") is entered into by and between the Michigan Department of Education (MDE) ("Lead Agency") and the Michigan Department of Community Health (DCH), the Michigan Department of Human Services (DHS), and the Early Childhood Investment Corporation (ECIC) ("Participating State Agencies"). The purpose of this agreement is to establish a framework of collaboration, as well as articulate specific roles and responsibilities in support of Michigan in the implementation of an approved Race to the Top-Early Learning Challenge grant project.

**1. ASSURANCES**

2. The Participating State Agency hereby certifies and represents that it:

- a. Agrees to be a Participating State Agency and will implement those portions of the State Plan indicated in Exhibit I, if the State application is funded;
- b. Agrees to use, to the extent applicable and consistent with the State Plan and Exhibit I:
  - i. A set of statewide Early Learning and Development Standards;
  - ii. A set of statewide Program Standards;
  - iii. A statewide Tiered Quality Rating and Improvement System; and
  - iv. A statewide Workforce Knowledge and Competency Framework and progression of credentials.

3) Has all requisite power and authority to execute and fulfill the terms of this MOU;

4) Is familiar with the State's Race to the Top-Early Learning Challenge grant application and is supportive of and committed to working on all applicable portions of the State Plan;

5) Will provide a Final Scope of Work only if the State's application is funded and will do so in a timely fashion but no later than 90 days after a grant is awarded; and will describe the Participating State Agency's specific goals, activities, timelines, budgets, and key personnel ("Participating State Agency Plan") in a manner that is consistent with the Preliminary Scope of

Work (Exhibit I), with the Budget included in section VIII of the State Plan (including existing funds, if any, that the Participating State Agency is using for activities and services that help achieve the outcomes of the State Plan; and

6) Will comply with all of the terms of the Race to the Top-Early Learning Challenge Grant, this agreement, and all applicable Federal and State laws and regulations, including laws and regulations applicable to the Race to the Top-Early Learning Challenge program, and the applicable provisions of EDGAR (34 CFR Parts 75, 77, 79, 80, 82, 84, 86, 97, 98 and 99), and the suspension and debarment regulations in 2 CFR Part 3485.

## **II. PROJECT ADMINISTRATION**

### **A. PARTICIPATING AGENCY RESPONSIBILITIES - Michigan Department of Human Services (DHS), Michigan Department of Community Health (DCH), and the Early Childhood Investment Corporation (ECIC)**

In assisting MDE in implementing the tasks and activities described in the State's Race to the Top-Early Learning Challenge grant application, the Participating State Agencies - DHS, DCH and ECIC will:

- 1) Implement their respective Scopes of Work as identified in the Exhibit I of this agreement;
- 2) Abide by the governance structure outlined in the State Plan;
- 3) Abide by their respective Participating State Agency Budgets included in section VIII of Michigan's State Plan (including the existing funds from Federal, State, private and local sources, if any, that a Participating State Agency is using to achieve the outcomes in Michigan's RTT-ELC State Plan);
- 4) Actively participate in all relevant meetings or other events that are organized or sponsored by MDE, by the U.S. Department of Education ("ED"), or by the U.S. Department of Health and Human Services ("HHS");
- 5) Post to any Web site specified by MDE, ED, or HHS, in a timely manner, all non-proprietary products and lessons learned developed using Federal funds awarded under the RTT-ELC grant;

- 6) Share within their organizations information that is relevant to keep internal and external stakeholders informed of the implementation of the Michigan State Plan;
- 7) Participate, as requested, in any evaluations of this grant conducted by MDE, ED, or HHS;
- 8) Be responsive to MDE, ED, or HHS requests for project information including on the status of the project, project implementation, outcomes, and any problems anticipated or encountered, consistent with applicable local, State and Federal privacy laws.

#### **B. LEAD AGENCY RESPONSIBILITIES - Michigan Department of Education (MDE)**

In assisting the Participating State Agencies in implementing their tasks and activities described in the State's Race to the Top-Early Learning Challenge application, MDE, the Lead Agency, will:

- 1) Work collaboratively with, and support the Participating State Agencies in carrying out their respective Participating State Agency Scopes of Work, as identified in Exhibit I of this agreement;
- 2) Timely award the portion of Race to the Top-Early Learning Challenge grant funds designated for a Participating State Agency in the State Plan during the course of the project period and in accordance with each Participating State Agency's Scope of Work, as identified in Exhibit I, and in accordance with a Participating State Agency's Budget, as identified in section VIII of the State's application;
- 3) Provide feedback on a Participating State Agency's status updates, any interim reports, and project plans and products;
- 4) Keep each Participating State Agency informed of the status of the State's Race to the Top-Early Learning Challenge grant project and seek input from each Participating State Agency, where applicable, through the governance structure outlined in the State Plan;
- 5) Facilitate coordination across Participating State Agencies necessary to implement the State Plan;
- 6) Will work diligently to ameliorate agency specific policy concerns and operations barriers that may arise during the implementation of Michigan's State Plan; and
- 7) Identify sources of technical assistance for the project.

**C. JOINT RESPONSIBILITIES**

- 1) The MDE, DHS, DCH, and ECIC will each appoint a key contact person for the Race to the Top-Early Learning Challenge grant.
- 2) These key contacts will maintain frequent communication to facilitate cooperation under this MOU, consistent with the State Plan and governance structure.
- 3) MDE, DHS, DCH, and ECIC will work together to determine appropriate timelines for project updates and status reports throughout the grant period.
- 4) MDE, DHS, DCH, and ECIC personnel will negotiate in good faith toward achieving the overall goals of the State's Race to the Top-Early Learning Challenge grant, including when the State Plan requires modifications that affects a Participating State Agency, or when a Participating State Agency's Scope of Work requires modifications.

**D. RECOURSE IN THE EVENT OF PARTICIPATING STATE AGENCY'S FAILURE TO PERFORM**

If MDE determines that a Participating State Agency is not meeting its goals, timelines, budget, or annual targets, or is in some other way not fulfilling applicable requirements, MDE will take appropriate enforcement action, which could include initiating a collaborative process by which to attempt to resolve the disagreements between MDE and a Participating State Agency, or initiating such enforcement measures as are available to MDE, under applicable State or Federal law.

**III. MODIFICATIONS**

This Memorandum of Understanding may be amended only by written agreement signed by each of the parties involved, in consultation with ED.

**IV. DURATION**

This Memorandum of Understanding shall be effective, beginning with the date of the last signature hereon and, if a Race to the Top- Early Learning Challenge grant is received by the State, ending upon the expiration of the Race to the Top-Early Learning Challenge grant projects period.

*Michigan Race to the Top – Early Learning Challenge Grant*

**MEMORANDUM OF UNDERSTANDING**

**V. SIGNATURES**

**Authorized Representative of the Michigan Department of Education - the Lead Agency:**

(b)(6)

(b)(6)

State Superintendent

Title

*Michigan Race to the Top – Early Learning Challenge Grant*

**MEMORANDUM OF UNDERSTANDING**

**V. SIGNATURES (cont.)**

**Authorized Representative the Michigan Department of Human Services - a Participating State Agency:**

(b)(6)

(b)(6)

Print Name

Title

*Michigan Race to the Top – Early Learning Challenge Grant*

**MEMORANDUM OF UNDERSTANDING**

**V. SIGNATURES (cont.)**

**Authorized Representative the Michigan Department of Community Health - a  
Participating State Agency:**

(b)(6)

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Print Name

Title

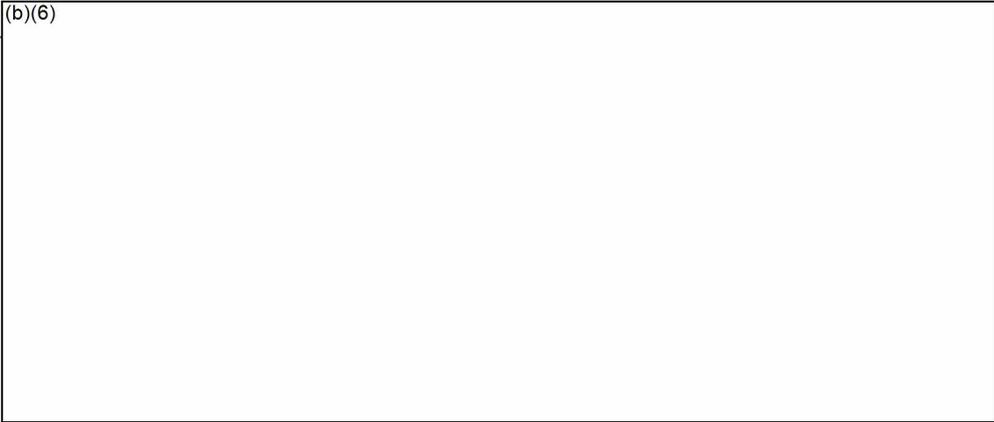
*Michigan Race to the Top – Early Learning Challenge Grant*

**MEMORANDUM OF UNDERSTANDING**

**V. SIGNATURES (cont.)**

**Authorized Representative the Early Childhood Investment Corporation - a Participating State Agency:**

(b)(6)



## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 8**

## **Agency Scope of Work**

***Michigan Race to the Top – Early Learning Challenge Grant***

**LEAD STATE AGENCY SCOPE OF WORK**

**Michigan Department of Education – Office of Great Start**

The Michigan Department of Education, Office of Great Start (MDE-OGS), has responsibility for the following functions and programs: all early learning standards, including both expectations for children and quality program standards, birth through age 8 (third grade); assessments; program accountability; early childhood data collection; child care subsidy (Child Care and Development Fund), child care quality (Child Care and Development Fund); Head Start collaboration; state prekindergarten (Great Start Readiness Program)' Early Childhood Special Education (Part B, Section 619 of IDEA); early intervention (Part C of IDEA); Great Parents Great Start; Even Start; and ongoing collaboration with Title I, 31a At-Risk, and 21<sup>st</sup> Century Community Learning Centers. MDE-OGS will be the office responsible for coordinating appropriate program participation for activities outlined in the state plan to achieve optimal outcomes.

<b>Selection Criterion</b>	<b>Participating Program</b>	<b>Type of Participation</b>
(B)(1)	MDE-OGS	Serve in a leadership role with the ECIC in ensuring the goals are met in the plan to implement the Tiered Quality Rating and Improvement System- <i>Great Start to Quality</i>
(B)(2)	MDE-OGS	Partner with ECIC in the implementation of a cohort model to increase the quality of subsidized, unlicensed providers.
	MDE-OGS	Partner with ECIC to ensure the implementation of GSQ financial incentives.
	MDE-OGS	Work with ECIC/DHS-BCAL to ensure child care licensing consultants are ambassadors carrying consistent messaging of <i>Great Start to Quality</i> .
	MDE-OGS	Lead efforts to strengthen relationships and ensure the participation of tribal partners and Part B, Section 619 of IDEA in <i>Great Start to Quality</i> .
(B)(3)	MDE-OGS	Co-lead with DHS-BCAL to ensure key

		licensing indicators are aligned with <i>Great Start to Quality</i> .
(B)(4)	MDE-OGS	Partner in the awarding of quality improvement grants to participating <i>Great Start to Quality</i> programs.
	MDE-OGS	Co-lead with the DHS to implement an intensive family and parent engagement strategy that supports family's access to high quality care.
	MDE-OGS	Co-lead with DHS a family and parent engagement strategy designed to support family's access to high quality early learning programs in Pathway to Potential locations.
	MDE-OGS	OGS will award scholarships to families to increase access to high quality programs in the Pathway to Potential and three rural communities.
(B)(5)	MDE-OGS	Lead the Evaluation Team as the Plan for Great Start to Quality validation is implemented. Participate in the dissemination of results.
(C)(1)	Not Addressing	
(C)(2)	Not Addressing	
(C)(3)	MDE-OGS	Hire a consultant/facilitator to lead review of <i>Stepping Stones to Caring for Our Children</i> .
	MDE-OGS	Participate in <i>Stepping Stones to Caring for Our Children</i> review and gap analysis.
	MDE-OGS	Partner with DCH&ECIC to hire State Coordinator for Social Emotional Consultants/CSEFEL project.
(C)(4)	MDE-OGS	Partner with ECIC to lead a GSQ program standards review committee to review Family and Community Partnerships standards and complete gap analysis.
	MDE-OGS	Develop training modules on the Family and Community Partnerships standard for <i>Great Start to Quality</i> .

	MDE-OGS	Partner with ECIC in the dissemination of training modules on Family and Community Partnerships Standard for <i>Great Start to Quality</i> .
	MDE-OGS	Develop Parent/Community Cafes content, approach, and implementation plan and conduct cafes in Pathways to Potential communities.
	MDE-OGS	Evaluate the pilot of Child Care Health Consultants, Social-Emotional Consultants, and Family Engagement Consultants and measure effectiveness of model.
(D)(1)	Not Addressing	
(D)(2)	MDE-OGS	Contract for the development and expansion of online CDA training.
	MDE-OGS	Contract to increase the number of community colleges with NAEYC accreditation.
	MDE-OGS	Contract for T.E.A.C.H. scholarships targeted to home based providers.
	MDE-OGS	Contract for T.E.A.C.H. scholarships to support GSRP teacher credentialing.
	MDE-OGS	Contract for business model training for providers participating in <i>Great Start to Quality</i> .
(E)(1)	MDE-BAA MDE-OGS	Lead Kindergarten Entry Assessment implementation from pilot to statewide implementation.
	MDE-BAA MDE-OGS	Develop and disseminate two family and community guides designed to support families understanding of the Kindergarten Entry Assessment score report.
	MDE-OGS MDE-BAA	Develop, test, and distribute two guides that will help parents understand the Kindergarten Entry Assessment results.
(E)(2)	MDE-OGS	Develop governance structure for early learning data connecting to the Michigan Student Data Longitudinal System.
	MDE-OGS	Develop data connectivity across agencies including DHS, ECIC, and DTMB-CEPI who are responsible for existing essential

		data elements.
	MDE-OGS	Develop and provide professional development for data entry, integrity, and MI School Data portal reports for wide ranges of users.
	MDE-OGS	Partner with ECIC, DHS, and DTMB-CEPI to increase access to data through a suite of reports on MI School data.
	MDE-OGS:	Partner with the Early Childhood Investment Corporation and others increase early learning workforce data.

*Michigan Race to the Top – Early Learning Challenge Grant*

**LEAD STATE AGENCY SCOPE OF WORK**

**Michigan Department of Education – Office of Great Start**

**MICHIGAN DEPARTMENT OF EDUCATION**

(b)(6)



***Michigan Race to the Top – Early Learning Challenge Grant*****PARTICIPATING STATE AGENCY SCOPE OF WORK****Department of Human Services**

The Michigan Department of Human Service hereby agrees to participate in Michigan's State Plan, as described in this application, and more specifically commits to undertake the tasks and activities described in detail below. The Michigan Department of Human Services is the child care licensing agency, lead of Pathways to Potential, and responsible for the Children's Trust Fund.

<b>Selection Criterion</b>	<b>Participating Program</b>	<b>Type of Participation</b>
(B)(1)	DHS-BCAL	Serve in a leadership role with the MDE-OGS, and the ECIC in ensuring the goals are met in the plan to align the Tiered Quality Rating and Improvement System- <i>Great Start to Quality</i> standards
	DHS	Prioritize Bridges Work Requests as needed throughout Race to the Top to ensure capacity to meet grant deadlines and implementation schedules.
(B)(2)	DHS	Participate in the review of the child care licensing training module to ensure that <i>Great Start to Quality</i> information is included and aligned.
(B)(3)	DHS	Serve as a co-lead in the development of key licensing indicators to help ensure licensing compliance and the streamlining of monitoring and supports to providers connected to <i>Great Start to Quality</i> .
(B)(4)	DHS	Co-lead a family and parent engagement strategy designed to support families access to high quality early learning programs in Pathway to Potential locations.
(B)(5)	DHS-BCAL	Serve in advisory capacity to the Evaluation Team as the Plan for <i>Great Start to Quality</i> validation is implemented. Participation in dissemination of results.
(C)(1)	Not Addressing	
(C)(2)	Not Addressing	

(C)(3)	DHS – Pathways to Potential Administration	Distribute communication to alert Pathways to Potential field staff of additional staff housed at Great Start Resource Centers to improve child care quality in the areas of health, social-emotional support and family engagement.
	DHS – BCAL	Participate in a stakeholder team convened by MDCH for review of the Great Start to Quality Program Standards and crosswalk related to health, nutrition, safety, and behavioral health best practice.
(C)(4)	DHS – CPS and Family Preservation Office	Identify and support DHS Central Office staff for membership on the Great Start Strategy Team and its ad hoc committees.
(D)(1)	Not Addressing	
(D)(2)	DHS	Will not have a role in these projects.
(E)(1)	DHS	Will not have a role in these projects.
(E)(2)	DHS	Coordinate with the Department of Technology, Management and Budget (DTMB) to develop data sharing of children enrolled in child subsidy for UIC match and assignment.

*Michigan Race to the Top – Early Learning Challenge Grant*

**PARTICIPATING STATE AGENCY SCOPE OF WORK**

**Department of Human Services**

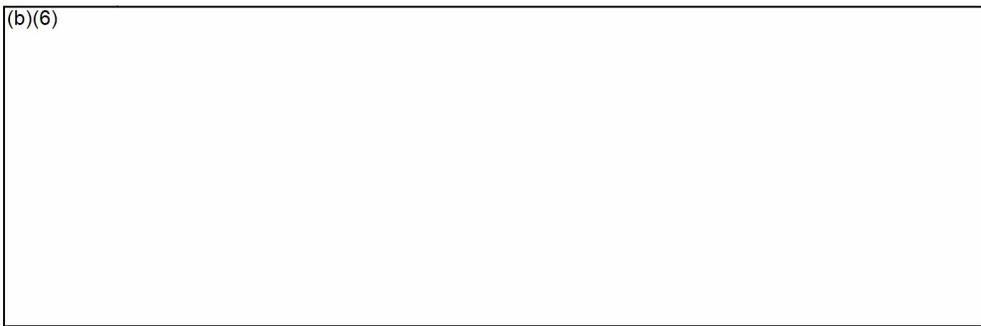
**MICHIGAN DEPARTMENT OF HUMAN SERVICES**

(b)(6)

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**MICHIGAN DEPARTMENT OF EDUCATION**

(b)(6)

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*Michigan Race to the Top – Early Learning Challenge Grant***PARTICIPATING STATE AGENCY SCOPE OF WORK****Michigan Department of Community Health**

The Michigan Department of Community Health hereby agrees to participate in Michigan's State Plan, as described in this application, and more specifically commits to undertake the tasks and activities described in detail below. The Michigan Department of Community Health is responsible for the administration of Title V, the Maternal, Infant, and Early Childhood Home Visitation Program of the Affordable Care Act of 2010, and the Early Childhood Comprehensive Systems Grant.

<b>Selection Criterion</b>	<b>Participating Program</b>	<b>Type of Participation</b>
(B)(1)	DCH	Serve in a leadership role with the MDE-OGS/ECIC in ensuring the goals are met in the plan to implement the Tiered Quality Rating and Improvement System-Great Start to Quality.
(B)(2)	DCH	Will not have a role in these projects.
(B)(3)	DCH	Will not have a role in these projects.
(B)(4)	DCH	Will not have a role in these projects.
(B)(5)	DCH	Serve in advisory capacity to the Evaluation Team as the Plan for Great Start to Quality validation is implemented. Participation in dissemination of results.
(C)(1)	Not Addressing	
(C)(2)	Not Addressing	
(C)(3)	DCH	Establish and provide training, support and supervision to a cadre of Child Care Health Consultants.
		Provide critical support to enable MDCH Administration to connect and align early childhood funding and programs within and across the agency, and with MDE and DHS.
(C)(4)	DCH	Provide administrative oversight, reflective mentoring and face-to-face training and coaching on CSEFEL content, coaching methodology and evaluation to the seven QI social emotional consultants and two family

		engagement consultants working in the Regional Resource Centers. Contract with the National Center for Social and Emotional Foundation for Early Learning (CSEFEL) for national office consultation.
(D)(1)	Not Addressing	
(D)(2)	DCH	Will not have a role in these projects.
(E)(1)	DCH	Will not have a role in these projects.
(E)(2)	DCH	Will not have a role in these projects.

*Michigan Race to the Top – Early Learning Challenge Grant*

**PARTICIPATING STATE AGENCY SCOPE OF WORK**

**Michigan Department of Community Health**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

(b)(6)



**MICHIGAN DEPARTMENT OF EDUCATION**

(b)(6)



**Michigan Race to the Top – Early Learning Challenge Grant****PARTICIPATING STATE AGENCY SCOPE OF WORK****Early Childhood Investment Corporation**

The Early Childhood Investment Corporation (ECIC) hereby agrees to participate in Michigan's State Plan, as described in this application, and more specifically commits to undertake the tasks and activities described in detail below. ECIC is responsible for the management of the state's CCDF Quality Set-Aside and is the convener and fiduciary for the Great Start Early Learning Advisory Council - Michigan's early childhood advisory council.

Selection Criterion	Participating Program	Type of Participation
(B)(1)	ECIC	Serve in a leadership role with the MDE-OGS in ensuring the goals are met in the plan to implement the Tiered Quality Rating and Improvement System-Great Start to Quality.
(B)(2)	ECIC	Lead implementation of a cohort model in seven communities to increase the quality of subsidized FFN providers.
		Partner with ECIC in the implementation of a cohort model to increase the quality of subsidized, unlicensed providers.
	ECIC	Oversee the implementation of financial incentives to participating <i>Great Start to Quality</i> programs.
	ECIC	Work with DHS-BCAL to ensure child care licensing consultants provide consistent messaging regarding <i>Great Start to Quality</i> .
	ECIC	Partner with the Office of Great Start to ensure the participation of tribal partners and 619 IDEA part B.
	ECIC	Conduct targeted outreach to increase home-based provider participation in <i>Great Start to Quality</i> .
(B)(3)	ECIC	Partner with the OGS and DHS-BCAL to ensure key licensing indicators are aligned with <i>Great Start to Quality</i> .

(B)(4)	ECIC	Oversee the awarding of quality improvement grants to participating eligible <i>Great Start to Quality</i> programs.
	ECIC	Partner with the OGS and the DHS to implement an intensive family and parent engagement strategy that supports family access to high quality care.
(B)(5)	ECIC	Serve in advisory capacity to the Evaluation Team as the Plan for <i>Great Start to Quality</i> validation is implemented. Participation in dissemination of results.
(C)(1)	Not Addressing	
(C)(2)	Not Addressing	
(C)(3)	ECIC	Provide technical assistance and training to Great Start to Quality Resource Centers to ensure integration of specialized quality improvement consultants into quality improvement consultant teams.
(C)(4)	ECIC	Provide technical assistance and training to Great Start to Quality Resource Centers to ensure integration of specialized quality improvement consultants into quality improvement consultant teams.
	ECIC	Provide technical assistance to Great Start to Quality Resource Centers to support launch of Parent Cafés to support providers to help families build protective factors.
	ECIC	Oversee evaluation of Parent Cafes approach.
	ECIC	Partner with OGS in the dissemination of training modules on Family and Community Partnerships Standard for <i>Great Start to Quality</i> .
	ECIC	Partner with MDE-OGS to lead a GSQ program standards review committee to review Family and Community Partnerships standards and complete gap analysis.
(D)(1)	Not Addressing	
(D)(2)	ECIC	Partner with the OGS in the implementation

		of business training for providers participating in <i>Great Start to Quality</i> .
(E)(1)	ECIC	Will not have a role in these projects.
(E)(2)	ECIC	Partner in the development of data connectivity across agencies including DHS, MDE-OGS, and DTMB-CEPI who are responsible for existing essential data elements.
	ECIC	Partner with MDE-OGS, DHS, and DTMB-CEPI to increase access to data through a suite of reports on MI School data.
	ECIC	Serve on governance structure for early learning data connecting to the Michigan Student Data Longitudinal System.
	ECIC	Partner with MDE-OGS and others to increase early learning workforce data.

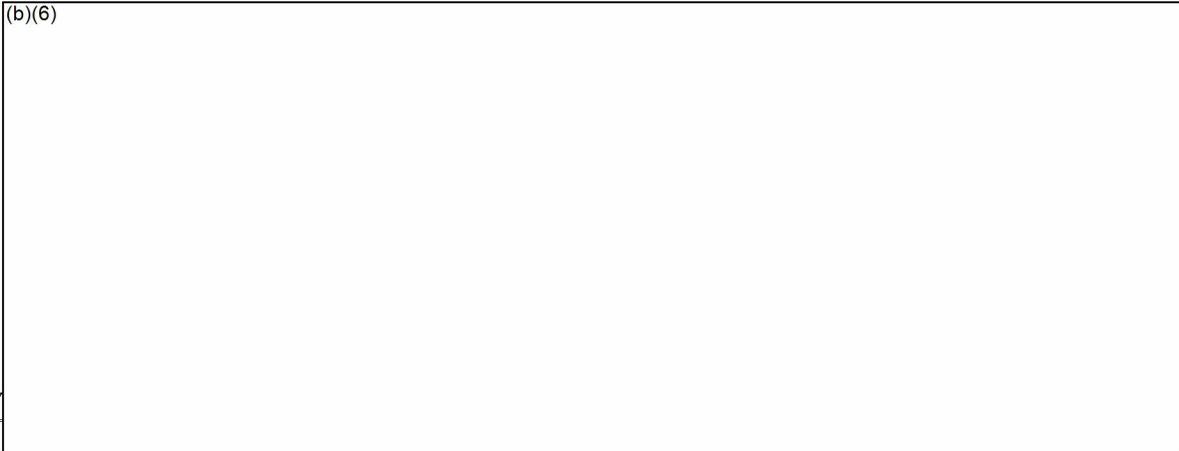
*Michigan Race to the Top – Early Learning Challenge Grant*

**PARTICIPATING STATE AGENCY SCOPE OF WORK**

**Early Childhood Investment Corporation**

**EARLY CHILDHOOD INVESTMENT CORPORATION**

(b)(6)



**MICHIGAN DEPARTMENT OF EDUCATION**

(b)(6)



## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 9**

**Letters of Support – Chart and signed letters**

## APPENDIX 9

### Evidence for (A)(3)-2: Early Learning Intermediary Organizations and Local Early Learning Councils

Page #	Attachment Title
501	Children's Leadership Council of Michigan
503	Early Childhood Investment Corporation
504	Early Learning Neighborhood Collaborative
506	Fight Crime, Invest in Kids
507	First Children's Finance
509	Michigan ACCESS (American Associate Degree Early Childhood Educators)
510	Michigan Association for the Education of Young Children
511	Michigan Association of Early Childhood Teacher Educators (MiAECTE)
512	Michigan Association of Intermediate School Administrators (MAISA)
513	Michigan Child Care Task Force
514	Michigan Council for Maternal and Child Health
515	Michigan Division for Early Childhood (MiDEC)
516	Michigan Early On
517	Michigan Head Start Association
519	Michigan Interagency Coordinating Council (MICC) for Infants and Toddlers with Developmental Disabilities
521	Michigan Parent Teacher Association (PTA)
522	Michigan Special Education Advisory Committee (SEAC)
523	Michigan's Great Start Collaboratives
526	Michigan's Great Start Parent Coalitions
529	Michigan's Great Start Resource Centers
531	Parent Leadership In State Government Advisory Board
532	Project Find
533	Rainbow Centers
534	Reach Out and Read Michigan
535	State Advisory Council
537	State of Michigan, Office of Children's Ombudsman
538	Telamon (Migrant Head Start)
539	The Children's Center
540	Women's Caring Program

**Evidence for (A)(3)-2: Letters of Intent or Support from Other Stakeholders**

<b>Page #</b>	<b>Attachment Title</b>
541	Central Michigan University College of Education and Human Services
542	Children's Trust Fund
543	Council of Michigan Foundations
544	Eastern Michigan University College of Education
546	Excellent Schools Detroit
547	Ferris State University College of Education & Human Services
548	First Steps Kent
549	Great Start Wayne Parent Representative
550	Head Start for Kent County
551	High/Scope Educational Research Foundation
552	KC Ready 4s
553	Library of Michigan
555	Livingston Promise
556	Max and Marjorie Fisher Foundation
557	Michigan Academy of Family Physicians (MAFP)
558	Michigan AfterSchool Association (MAA)
559	Michigan After-School Partnership
560	Michigan Alliance for Families
561	Michigan Association for Infant Mental Health
563	Michigan Association of Administrators of Special Education (MAASE)
564	Michigan Association of School Administrators (MASA)
565	Michigan Association of School Boards (MASB)
566	Michigan Association of United Ways
567	Michigan Chamber of Commerce
568	Michigan Chapter of the American Academy of Pediatrics (MIAAP)
569	Michigan Department of Technology, Management & Budget (DTMB)
570	Michigan Education Association (MEA)
571	Michigan Elementary and Middle School Principals Association (MEMSPA)
572	Michigan Family-To-Family Health Information & Education Center
573	Michigan House of Representatives-Lisa Posthumus Lyons
574	Michigan League for Public Policy
575	Michigan Library Association
576	Michigan Primary Care Association(MPCA)
577	Michigan State University - College of Education
579	Michigan State University Extension
580	Michigan's Children
581	Office of Foundations Liaison
582	Parenting Awareness Michigan

<b>Page #</b>	<b>Attachment Title</b>
583	Presidents Council, State Universities of Michigan (PCSUM)
584	Sault Ste. Marie Tribe of Chippewa Indians
585	School-Community Health Alliance of Michigan (SCHA-MI)
586	Secondary Educators for Early Childhood (SEEC)
587	Senate Democratic Leader-Gretchen Whitmer
588	Senate Majority Leader – Randy Richardville
589	Skillman Foundation
591	Small Business Association of Michigan
592	Spartan Child Development Center
593	St. Clair County Regional Educational Service Agency
594	Starfish Family Services
595	Steelcase Foundation
598	Talent 2025
599	The Center for Michigan
600	Traverse City Area Chamber of Commerce
602	United Auto Workers (UAW)
603	United Way for Southeastern Michigan
604	University of Michigan - Dearborn - Early Childhood Education Center
606	W.K. Kellogg Foundation
607	Wayne County Department of Public Health
608	Wayne County Health and Family Services Head Start
609	Wayne Metropolitan Community Action Agency
610	Wayne State University
611	Western Michigan University College of Education and Human Development
612	WKAR Public Media (East Lansing)

**Children's Leadership Council of Michigan**

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*Business Leaders Committed to Investment in Early Childhood.*

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September 13, 2013

The Honorable Rick Snyder  
Governor  
State of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

We are writing on behalf of the Children's Leadership Council of Michigan, a bipartisan group of business and civic leaders from across Michigan. The council was formed to ensure that state leaders view early childhood as essential to Michigan's economic future. We are excited about the opportunity that the Race to the Top – Early Learning Challenge Grant presents to our state and we strongly support *Michigan's application*.

Long-term research shows that investing \$1 in high quality child care for low-income children saves as much as \$17 on welfare, crime and violence, remedial education, and medical costs. In 2009 alone, Michigan state government realized \$1.15 billion in cost savings and revenue because of its investments in school readiness over the past 25 years.

Growing jobs is all about growing talent. Employers need a well-educated and socially well-adjusted talent pool. Employees seek high quality interaction with their young children and high quality child care. Michigan's plan to increase the quality of early learning settings, implement a statewide data system and kindergarten entry assessment, and build a strong early childhood workforce provides the right balance of accountability and infrastructure needed to ensure that all children, especially those with high needs, are safe, healthy, and ready to succeed in school and in life.

The creation of the Office of Great Start (OGS) within the Michigan Department of Education was an essential step to guaranteeing that resources are integrated and maximized to improve child outcomes in Michigan. The Race to the Top – Early Learning Challenge Grant would build upon the extraordinary \$65 million expansion of the state's high-quality preschool initiative, the Great Start Readiness Program. It would accelerate our state's success in preparing children for school and beyond. Michigan's economic vitality depends upon this acceleration. The Race to the Top – Early Learning Challenge offers Michigan an opportunity to create a broad, systemic, sustainable approach for effective early learning and development for our youngest children and we strongly endorse the state's plan.

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**Debbie Dingell, Co-chair | Doug Luciani, Co-chair**

Vernice Davis Anthony, Glenn Barba, Lew Chamberlin, Matt Clayson, Paula Cunningham, Fred Dillingham, Phillip Wm. Fisher, Rob Fowler, Paul Hillegonds, Sue Jandernoa, Olivia Lagina, Alyssa Martina, Leslie Murphy, Philip Power, Tim Salisbury

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Sincerely,

(b)(6)

d2 Strategies  
Co-chair

(b)(6)

(b)(6)

CMS Energy Corporation

(b)(6)

West Michigan Whitecaps

(b)(6)

Detroit Creative Corridor Center

(b)(6)

Capitol National Bank

(b)(6)

Livingston County Economic Development Commission

(b)(6)

The Fisher Group

(b)(6)

Small Business Association of Michigan

(b)(6)

Traverse City Area Chamber of Commerce  
Co-chair

(b)(6)

DTE Energy Company

(b)(6)

Metro Parent Publishing Group

(b)(6)

Murphy Consulting, Inc.

(b)(6)

The Center for Michigan

(b)(6)

PNC Bank



October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

In the work of the Early Childhood Investment Corporation over the past eight years to build a Great Start system for Michigan aimed at getting children ready for school and life success, there have been a few seminal moments. Chief among them: the Executive Order creating the Office of Great Start, your designation of prenatal to age eight outcomes, the *Great Start, Great Investment, Great Future* report, and now the Race to the Top – Early Learning Challenge grant opportunity.

I write this letter to express our unqualified support for Michigan's grant application and the critical opportunity to serve its young children at risk of school and life failure.

Michigan is more than ready for this work, more than positioned to make a lasting difference as a result of these resources, and believes the Michigan Department of Education - Office of Great Start is well positioned to lead our state to better outcomes for young children through a more coordinated and collaborative system of early learning.

Right now in Michigan, a not-so-small group of thoughtful and committed citizens is changing the world for young children through *Great Start*. Their success can only be accelerated through this grant.

Thank you for your continued belief that smart investment starts at birth and your insistence that an early childhood system must be about better child outcomes.

Sincerely,

(b)(6)

Principal at Miller, Canfield, Paddock and Stone, P.L.C.  
Chair of the Executive Committee for Early Childhood Investment Corporation



September 30, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P. O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder,

The Early Learning Neighborhood Collaborative (ELNC) and its seven partner organizations supports the Michigan application for the Race to the Top- Early Learning Challenge (RTT-ELC) grant. ELNC is committed to its vision of *a community where all children, regardless of the neighborhood in which they live, are able to thrive developmentally and educationally allowing them to fully embrace their God given potential and become self-sufficient adults.*

*Our mission is to create and provide targeted neighborhood collaborative partners with technical, developmental and educational support in order to increase the accessibility of early educational resources for vulnerable children.*

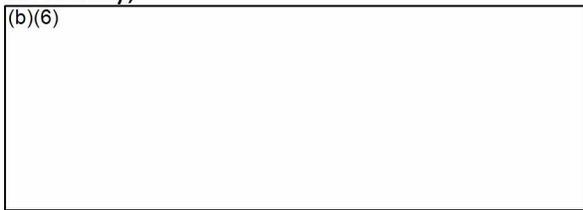
ELNC and its partner organizations employ strategies aimed at increasing the capacity, quality and accessibility of Early Care and Education Programs for vulnerable children; increasing the number of parents employing effective strategies to promote and propel their children towards future success in school and act as change agents for their children; supporting the professional development of Early Childhood Education Staff employed by our ELNC Partners including recruitment strategies aimed at increasing the number of quality teachers of color for future employment and building sustainable organizational capacity.

ELNC recognizes that Michigan, with visionary leaders already in place at the Office of Great Start and Department of Education, is well positioned to administer and implement this grant once awarded. In addition we support the goals outlined in the state's RTT-ELC application as they are closely aligned with our goals of having a high-quality, accountable program that promotes early learning supported by an ongoing pipeline of culturally competent early childhood education teachers.

We look forward to working with the partnering with you and others to implement this initiative when our state is selected as a grantee.

Sincerely,

(b)(6)

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CEO,  
Early Learning Neighborhood Collaborative

**Executive Board  
2013-2014****Co-Chairs**

Wayne Kangas, Clinton County Sheriff  
 Brian Mackie, Washtenaw County Prosecutor  
 Catherine Garcia-Lindstrom, Walker Director of Public Safety  
 Kathy Cole, Crime Survivor

**Legislative**

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 Ed Edwardson, Wyoming Police Chief (ret.)  
 Jackie Hampton, Battle Creek Police Chief  
 Jeriel Heard, Wayne County Sheriff's Dept, Jail Admin.  
 Chuck Heit, Undersheriff, Berrien County  
 Peter M. Jaklevic, Mecosta County Prosecutor  
 Brian McLean, Houghton County Sheriff  
 Lawrence Richardson, Lenawee County Sheriff (ret.)  
 Dean Roesler, Muskegon County Sheriff  
 Michael D. Thomas, Genesee County Prosecutor's Office

**Public Education/Relations**

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 James Carmody, Wyoming Police Chief  
 Col. Kriste Etue, Director, Michigan State Police  
 Kay Hoffman, Lansing Twp. Police Chief  
 Byron Konschuh, Lapeer County Prosecutor  
 Rachel Sadowski, Hopkins Police Chief  
 Bill Scheutte, Attorney General, State of Michigan  
 Martin Underhill, Grand Ledge Police Chief  
 Joseph Underwood, Cass County Sheriff  
 Gene Wriggelsworth, Ingham County Sheriff

**Membership**

Milton Abraham Agay, Berrien Springs-Oronoko Twp. Police Chief  
 James Crawford, Osceola County Sheriff  
 Stuart Dunnings, III, Ingham County Prosecutor  
 Steven J. Kieliszewski, Alpena County Sheriff  
 Doreen Olko, Auburn Hills Police Chief  
 Richard Steiger, Presque Isle County Prosecutor  
 Randall Stevenson, Roscommon County Sheriff  
 Kym Worthy, Wayne County Prosecutor

**Development**

Timothy Bourgeois, Kalamazoo Twp. Police Chief  
 Robert A. Cooney, Grand Traverse County Prosecutor  
 Brian Peppier, Chippewa County Prosecutor

**Fight Crime: Invest in Kids National Leadership Council**

Milton L. Scales, Chief (ret.)  
 Gary Walker, Marquette County Prosecutor (ret.)

**Executive Staff**

Kathy "K.P." Pelleran, State Director  
 Donna Aberlich, Deputy Director



*Hundreds of Police Chiefs, Sheriffs, Prosecutors, other Law Enforcement Leaders, and Violence Survivors Preventing Crime and Violence*

September 19, 2013

The Honorable Arne Duncan  
 U. S. Department of Education  
 400 Maryland Ave. SW  
 Washington, D.C. 20201

The Honorable Kathleen Sebelius  
 U. S. Department of Health and Human Services  
 200 Independence Ave. SW  
 Washington, D.C. 20201

Dear Secretary Duncan and Secretary Sibelius:

On behalf of the 500 members of Fight Crime: Invest in Kids *Michigan* I am pleased to support Michigan's Race to the Top-Early Learning Challenge Grant (RTT-ELC) application.

Fight Crime: Invest in Kids *Michigan* is an organization of the top law enforcement leaders from across Michigan -- sheriffs, prosecuting attorneys, and police chiefs who believe that high-quality early learning is a very powerful crime prevention tool. Research confirms what law enforcement leaders know from experience on the front lines against crime: when at-risk kids have access to high-quality early learning programs prenatally to age five, they are far more likely to enter school ready to succeed and graduate and far less likely to commit violent crimes as juveniles and adults. We do not run or fund any programs, nor do we accept any government funding. Our role is to advocate for proven crime prevention programs.

For more than a dozen years, Fight Crime: Invest in Kids *Michigan* members have promoted early learning funding and policies to improve the quality of early learning and to increase access for at-risk youngsters to high-quality early education and evidence-based home visiting programs. We also support the Quality Rating and Improvement System for child day care that our allies and state agencies have developed and are now implementing in Michigan. Further, we support the coordinated effort for early childhood programs that will now be under the Office of Great Start as ordered by Michigan's Governor Rick Snyder.

Together with early childhood allies, our law enforcement leaders have raised their voice to assure that our state decision-makers maintain and expand Michigan's investment in the quality of and access to early learning childhood programs. This year alone, the Legislature passed and the Governor signed into law the largest expansion of a state-funded preschool in the country. By increasing the funding, 10,000 more at-risk 4-year-olds will have access to preschool, and providers will get a sorely needed boost in the slot fee. Our members actively supported the expansion.

We are delighted to lend our strong support for Michigan's RTT-ELC grant application. We appreciate your kind attention and consideration of Michigan's application.

Sincerely,

(b)(6)

State Director

124 W. Allegan Street • Suite 1220 • Lansing, MI 48933 • Phone (517) 371-3565 • Fax (517) 371-3567 • [www.fightcrime.org/mi](http://www.fightcrime.org/mi)

Fight Crime: Invest in Kids is a membership organization of law enforcement leaders and crime victims under the umbrella non-profit Council for a Strong America



September 25, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

First Children's Finance is pleased to provide full support to The Office of Great Start in their 2013 Race to the Top Early Learning Challenge grant application.

Our organization recognizes The Office of Great Start as a leader in growing quality in early care and education and as an integral part of our state system in developing supports for families and children in our communities. They have worked in a collaborative leadership role and are dedicated to improving educational outcomes for young children. Most importantly they have put forth relentless efforts to understand the community's needs and develop a Quality Rating and Improvement System that works to engage and benefit child care providers and families.

As a multi-state organization First Children's Finance has an opportunity to work with a number of public and private community leaders concerned about quality, accessible, early care and education. We have worked with Michigan leaders for 7 years and have seen the commitment to building a strong system of quality care. Michigan has a proven track record for engaging public, private, and community leaders to build a sustainable supply of quality care that includes business and financial supports. First Children's Finance strongly supports The Office of Great Start and acknowledges the outstanding, successful work they have accomplished to impact the lives of young children in our Michigan communities.

In Partnership,

(b)(6)

President and CEO



(b)(6)

Michigan State Director

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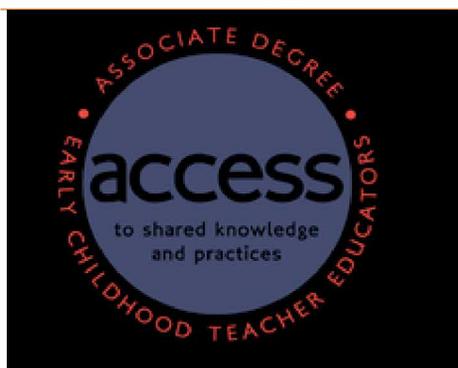
## Michigan ACCESS

3000 North Stiles Road  
P.O. Box 277  
Scottville, MI 49645

231-843-5901

800-848-9722

lmmorley@westshore.edu



9/18/2013

Attention Race to the Top- Early Learning Challenge,

I am writing on behalf of the Michigan chapter that represents twenty-six higher educational institutes of the Associate Degree- Early Childhood Teacher Educators (MI-ACCESS) in support of Michigan's application for the Race to the Top- Early Learning Challenge (RTT-ELC) grant.

MI-ACCESS is founded on the belief that learning is a lifelong process. MI-ACCESS supports the vision that quality care and educational services should be available to all children and their families. The mission of MI-ACCESS is to foster the acquisition of a core body of knowledge in the interrelated continuum of professional growth and education for families and children, while promoting and advocating for quality in early childhood care and education, and has been very active in developing the document of Core knowledge and Competencies adopted by the state. Most colleges in the state of Michigan use this document to align their college program and course outcomes.

Thank you for your strong support and attention towards the education of Michigan's children and their families. We look forward to partnering with you and other organizations to implement this initiative.

Lisa Morley  
*President- MI-ACCESS*



September 28, 2013

The Honorable Rick Snyder
Governor of Michigan
P.O. Box 30013
Lansing, Michigan 48909

Dear Governor Snyder,

I am writing on behalf of the Michigan Association for the Education of Young Children and our 2,900 early childhood educator members in strong support for Michigan's application for the Race to the Top - Early Learning Challenge (RTT-ELC) grant.

The Michigan Association for the Education of Young Children (MiAEYC) is committed to improving the education and welfare of young children from birth through age eight. MiAEYC works for young children, their families and early childhood professionals to promote quality education and the well-being of young children through professional development and advocacy.

A well-educated workforce is key to Michigan's economic recovery and the best investment for our state is in early childhood. We strongly support your efforts to coordinate early childhood programs in Michigan through the creation of the Office of Great Start.

MiAEYC also administers T.E.A.C.H. Early Childhood MICHIGAN and has aligned the program to support the Quality Rating and Improvement System. Early learning and development programs serving children with the highest need are prioritized as T.E.A.C.H. Early Childhood MICHIGAN scholarship recipients.

MiAEYC shares your commitment to ensuring Michigan young children enter school ready to succeed. We look forward to partnering with you and others to implement this initiative if our state is awarded this grant.

Sincerely,

(b)(6)

President

Executive Director

800-336-6424

517-351-4183 (Local)

517-351-0157 (Fax)

839 Centennial Way

Suite 200

Lansing, Michigan

48917-9277

www.MiAEYC.org



866-648-3224

October 1, 2013

The Honorable Rick Snyder, Governor  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder,

This letter is written on behalf of the Michigan Association of Early Childhood Teacher Educators (MiAECTE), the affiliate state chapter of the National Association of Early Childhood Teacher Educators (NAECTE). We are an association of college and university faculty from two- and four-year institutions who prepare teachers in the certification specialty of early childhood education, which includes children from birth through age eight. Our group has worked consistently with the Michigan Department of Education on developing the new ZS endorsement, which blends early childhood with a strong special education component to promote early identification and remediation of young children having exceptional learning needs.

This purpose of this letter is to add our strong support to Michigan's application for the Race to the Top – Early Learning Challenge Grant. We believe Michigan's application clearly addresses the areas identified by the grant:

- continuing the focus on developing the early learning and development system
- focusing on improving quality of care for all children
- engaging families in the care and education of our youngest learners
- supporting early childhood providers
- improving access to data

The Great Start to Quality initiative developed and now in use by multiple groups across the state of Michigan – families, care providers, program reviewers, early childhood teacher educators, and teacher candidates – is a strong system by which Michigan can address the areas identified above. One of the key reasons for this initiative's success is the fact that multiple stakeholder (including a representative from MiAECTE) were invited to share their expertise to create an initiative that is responsive and supportive to all stakeholders.

We thank you for your attention and commitment to Michigan's youngest (and most vulnerable) population and their families. We appreciate the funding you have already invested in early childhood care and education. The grant will help to further develop and improve the consistency and quality of care for young children and their families across Michigan.

Sincerely,

(b)(6)

President, Michigan Association of Early Childhood Teacher Educators (MiAECTE)  
Director, Early Childhood and Child Development, Madonna University

1001 Centennial Way, Ste 300  
Lansing, MI 48917-9279  
Telephone 517-327-5910  
Fax 517-327-0779  
www.gomaisa.org

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William H. Mayes

**Executive Director**

William C. Miller

September 17, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

On behalf of the Michigan Association of Intermediate School Administrators representing the 56 Intermediate School Districts, we are pleased to support the pursuit of the Race to the Top Early Learning Challenge Grant.

Intermediate School Districts have played a key role in the Great Start system, including being responsible for overseeing Early On (birth to 3), early childhood special education, Great Parents/Great Start, and the Great Start Readiness Program for at-risk four year olds. We know the importance of ensuring that each child is prepared to succeed upon entry into kindergarten and have worked diligently to ensure that those with the greatest needs are provided the services and supports they need in order to succeed in school and in life.

As a key partner working with the Michigan Department of Education and the Early Childhood Investment Corporation, the Early Learning Challenge Grant will help ensure that the early learning environments leading up to kindergarten entry are meeting the needs of our students who are most at-risk. We anticipate the grant will foster important initiatives of the early learning system in Michigan, such as:

- *Continuing to focus on developing the early learning and development system* - Engage partners in health and human services to continue to improve outcomes for all children.
- *Focus on improving quality* - encourage participation in ratings and quality improvements for more providers in Great Start to Quality, Michigan's quality rating and improvement system.
- *Engaging families* - Help families to understand and use Great Start to Quality while engaging families in the design and implementation of Michigan's early learning and development system.
- *Supporting early childhood providers* - Build a stronger workforce by improving access to high-quality training, professional development, and degree attainment including a focus on health and family engagement.
- *Improving access to data* - Build a data system that supports improved data-driven decision making.

Thank you for supporting the education of Michigan's youngest learners.

Sincerely,

(b)(6)

Executive Director, MAISA

*Leaders for Educational Excellence*



September 28, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

The Michigan Child Care Task Force (MCCTF), strongly supports the Michigan application for the Race to the Top – Early Learning Challenge. A well-educated early childhood workforce is a key ingredient to achieving the desired outcomes for children. Many of our neediest children are in the care of home providers with the least education and training. This grant will reduce barriers and provide opportunities for these providers to improve their knowledge and skills.

Founded in 1978 with legislative sponsorship, MCCTF advocates for high-quality child care for children who receive care away from their families. MCCTF provides a forum for any interested person, particularly child care providers, state agency personnel, legislators and their staff members, child advocates and parents to address important child care issues. MCCTF addresses financing, licensing, staff training and wages, care of special needs children, child care quality, health and safety in childcare settings, and research.

MCCTF members communicate regularly with legislators. They closely follow child care programs and child care licensing in the Michigan Department of Human Services, early education programs in the Michigan Department of Education and child health programs in the Michigan Department of Community Health. MCCTF often provides a venue for public hearings required by state and federal statutes.

The Michigan Child Care Task Force has three main objectives:

- Disseminating information to its members and Michigan communities
- Working with legislators and governmental agencies to develop and pass child care policies
- Promoting national standards of high quality child care

Thank you for supporting the education of Michigan’s youngest learners. We look forward to partnering with you and others to implement these initiatives.

(b)(6)

Co-Chair

(b)(6)

Co-Chair

OUR MISSION

Advocating on behalf of children and their families to assure that all children have access to high quality, affordable, and nurturing early education and care.





September 23, 2013

The Honorable Rick Snyder  
Governor  
State of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

**SUSTAINING MEMBERS**

- Beaumont Children’s Hospital
- DMC Children’s Hospital of Michigan
- Henry Ford Health System
- Hurley Medical Center
- University of Michigan
- C.S. Mott Children’s Hospital and Von Voigtlander Women’s Hospital

**CONTRIBUTING MEMBERS**

- Michigan Section, American Congress of Obstetricians and Gynecologists
- Mott Children’s Health Center

**PARTNERING MEMBERS**

- Calhoun County Public Health Department
- College of Health and Human Services, Eastern Michigan University
- Detroit Department of Health and Wellness Promotion
- Genesee County Health Department
- Health Department of Northwest Michigan
- Inter-Tribal Council of Michigan
- Michigan Association for Infant Mental Health
- Michigan Coordinated School Health Association
- School-Community Health Alliance of Michigan
- Tomorrow’s Child

**GENERAL MEMBERS**

- Healthy Mothers Healthy Babies of Michigan
- Maternal-Newborn Nurse Professionals of Southeastern Michigan
- Michigan Association of School Nurses
- Michigan Section, Association of Women’s Health, Obstetric and Neonatal Nurses

**EXECUTIVE DIRECTOR**

Amy Zaagman  
azaagman@mcmch.org

Dear Governor Snyder:

The Michigan Council for Maternal and Child Health supports the state’s continued commitment to building an early childhood system and, as a partner in those efforts, we enthusiastically support Michigan’s Race to the Top Early Learning Challenge (RTT-ELC) grant application.

The Michigan Council for Maternal and Child Health advocates for public policy promoting the health and well being of women, infants and children. Volumes of research inform us that only children who are healthy—physically, mentally and emotionally—and developmentally equipped can learn and become the future leaders of our state.

A phenomenal amount of work has been done to connect our systems of care from prenatal through school age and major state commitments have been made to provide high-quality early learning opportunities for children in Michigan’s highest risk communities. We have more to do and believe that a successful RTT-ELC award will allow us to invest even greater resources into improving quality among providers with our quality rating and improvement system, into engaging families in the design of the system to ensure it works for them and into improving access to data that will help guide decisions.

We will continue to provide input, support policy and advocate for resources to build a quality early learning system in Michigan because all children deserve the supports and services they need to enter kindergarten ready to learn and thrive.

Sincerely,

(b)(6)

Executive Director  
(517) 482-5807

(b)(6)



## The Michigan Division for Early Childhood (MiDEC)

Your Michigan source for information, resources, and guidance related to young children with special needs and their families.

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

On behalf of the Michigan Division for Early Childhood (MiDEC) Executive Board, I would like to express our strong support for Michigan's application for the Race to the Top – Early Learning Challenge grant.

MiDEC promotes policies and evidence-based practices that support families and professionals to enhance the optimal growth, welfare and development of young children, birth through age eight, who have or are at risk for developmental delays and disabilities. Through our mission, we support the primary goals of the Early Learning Challenge Grant by offering quality training and professional development, supporting high-quality services and supports for young children with special needs and supporting parents as partners in their children's learning.

Michigan has been bringing its early childhood systems into alignment through the Great Start Collaborative infrastructure for over a decade. Great Start CONNECT Resource Centers have been developed to support those who work with young children. Michigan has recently implemented Great Start to Quality, a quality rating and improvement system, in order to enhance the quality of the early learning programs for all children. Early Childhood is a priority among the state's elected and administrative leaders, as demonstrated by the creation of a bureau level Office of Great Start within the Michigan Department of Education that brings together child care, Head Start, and early childhood education programs in one agency; initiatives originally housed in separate state agencies. This priority was further demonstrated by the \$65 M increase to funding of the Great Start Readiness Program, Michigan's at-risk four year old preschool program. The recently released report, Great Start, Great Investment, Great Future: A Plan for Early Learning and Development in Michigan, provides clear direction for continued building of the early childhood system in Michigan. The developers of the proposal have worked collaboratively with a broad base of stakeholders for a number of years, allowing the development of this proposal to be a continuation of that good work. The state is in a unique position to advance the objectives of the Early Learning Challenge Grant, should we receive funding.

MiDEC is prepared to support the primary work of the Early Learning Challenge Grant through continued collaboration with state and local systems, encouraging collaborative partnerships between parents and professionals and emphasizing quality professional development for those working with young children with special needs.

MiDEC is positioned to promote the use of data in decision making to enhance the continuous improvement of programs and services for all children, including children with special needs.

MiDEC is committed to improving the early learning and development of young children who have or are at risk for developmental delays and disabilities. We are committed to continued leadership in those initiatives stated in Michigan's application to promote the future success of Michigan's youngest learners.

Sincerely,

(b)(6)

President

# Early On<sup>®</sup> Michigan Foundation

www.EarlyOnFoundation.org

## Board of Directors

**Christine Callahan**  
President

**Vanessa Winborne**  
Vice-President

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**Lena Montgomery**

**Johanna Ostwald**

**Lyke Thompson**

September 23, 2013

The Honorable Rick Snyder, Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

The *Early On*<sup>®</sup> Michigan Foundation Board of Directors would like to express our strong support for Michigan's Race to the Top – Early Learning Challenge grant.

Michigan's early childhood programs are moving into alignment through systemic work under the Great Start Collaborative infrastructure. Michigan has recently implemented Great Start to Quality, a quality rating and improvement system, in order to enhance the quality of early learning programs for all children. The *Early On* Michigan Foundation endorses this system that benefits the development of quality programming, especially quality programming related to the inclusion of infants and toddlers with disabilities, as we acknowledge the direct link between support for the youngest, most vulnerable children, birth to age three, and kindergarten readiness.

Early Childhood is a priority among the state's leaders, as demonstrated by your creation of the Office of Great Start within the Michigan Department of Education that brings together child care, Head Start, and early childhood education programs in one agency. This priority was further demonstrated by the \$65 M increase to funding of the Great Start Readiness Program, Michigan's at-risk four year old preschool program. The recently released report, *Great Start, Great Investment, Great Future: A Plan for Early Learning and Development in Michigan*, provides clear direction for continued building of the early childhood system in Michigan. The developers of the proposal have worked collaboratively with a broad base of stakeholders for a number of years, allowing the development of this proposal to be a continuation of that good work. The state is in a unique position to advance the objectives of the Early Learning Challenge Grant, should we receive funding.

The *Early On* Michigan Foundation is committed to supporting the development of our youngest children who have developmental delays and disabilities. We are committed to continued leadership in those initiatives stated in Michigan's application to promote the future success of our youngest learners.

Sincerely,

(b)(6)

(b)(6)

President



**MICHIGAN  
HeadStart  
ASSOCIATION**

808 West Lake Lansing Road, Suite 205 East Lansing, MI 48823

Tel: 517-374-6472 Fax: 517-374-6478

[www.michheadstart.org](http://www.michheadstart.org)

September 24, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

I am writing on behalf of the Michigan Head Start Association which represents 31 Head Start and Early Head Start grantee members who are the stewards of 242 million Federal dollars and provide services to nearly 38,000 of Michigan's most vulnerable children and families. A private, non-profit corporation, MHSA is governed by a 20 member Board of Directors composed of 10 parents, 5 staff and 5 directors, with the mission of promoting equal opportunities for all children and families to succeed. As the only state membership organization dedicated exclusively to the concerns of the Head Start community, we strongly support Michigan's application for the Race to the Top – Early Learning Challenge (RTT-ELC) Grant.

Michigan's economic stability depends on our collective ability to demonstrate school readiness and provide children, particularly high risk children, the opportunities for life success that are rooted in strong early childhood educational backgrounds. Head Start recognizes there are clear foundations for learning and Head Start and Early Head Start programs will continue to take a leading role in developing best practice models for early education and family services as well as strive to achieve measurable outcomes for young children and their families. Head Start performance standards define quality consistently across classrooms, programs and states. These standards represent the highest expectations for services to young children in our nation.

According to the latest Kids Count, one out of every four children in Michigan lives in poverty. That is about 560,000 kids. Because we know the studies demonstrate that comprehensive early childhood programs and high-quality preschool can help improve school readiness among low-income children, we have an urgent need for a system of care that is both unified and aligned. Head Start and Early Head Start serve only a small percentage of the eligible children and families in our state. But we see this grant as instrumental in our state's collective efforts to have all systems working toward similar standards so that regardless of federal funds, state funds or private pay, all Michigan children will be held to the same standards and elements.



The Honorable Rick Snyder  
Governor of Michigan  
Re: MHSA Support of Race to the Top Early Learning Challenge  
September 24, 2013  
Page 2

The Michigan Head Start Association and their membership look forward to supporting this system by bringing a rich history and experience of child development, family engagement, and comprehensive service provision to support the implementation of the RTT-ELC application. We will engage our members through regional Assembly meetings, MHSA annual conference, board meetings, and by supporting RTT-ELC related activities throughout the project implementation both as a state leader and a partner.

We strongly support your efforts to coordinate early childhood programs in Michigan through the creation of the Office of Great Start and thank you for your commitment to the care and education of Michigan's youngest and most high needs learners as well as to the systems that have such a significant impact on their success.

(b)(6)

Sincerely,

(b)(6)

Executive Director  
Michigan Head Start Association  
808 West Lake Lansing Road, Suite 205  
East Lansing, MI 48823

(b)(6)

*Early On*<sup>®</sup> Michigan

# ***MICHIGAN INTERAGENCY COORDINATING COUNCIL***

September 20, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

The Michigan Interagency Coordinating Council (MICC) is a federally-mandated, Governor-appointed body of stakeholders selected to advise and assist the Michigan Department of Education in matters related to Part C of the Individuals with Disabilities Education Act, the early intervention system for infants and toddlers with disabilities, known in Michigan as *Early On*. Membership consists of parents of infants and toddlers with disabilities, public and private service providers of early intervention services, a representative from the Michigan Legislature, a Head Start representative, a personnel preparation representative, a physician, a representative of the tribal government, and director designees from the Departments of Education, Human Services, and Community Health.

The MICC strongly supports Michigan's Race to the Top-Early Learning Challenge application. Annually, *Early On* serves approximately 20,000 infants and toddlers, age birth to three with disabilities or a developmental delay of at least 20 percent and their families. Federal funds are limited for this most vulnerable population. Providing services, support, and resources to these children and their families is critical in the campaign to improve child outcomes in Michigan. The lead agency for *Early On* is housed at the Department of Education in the Office of Great Start. There are many partners throughout the state, including Early Head Start, Head Start, the Department of Human Services, and the Department of Community Health. The creation of the Office of Great Start has helped to coordinate early learning opportunities for young children and their families. The funds invested in the Great Start Readiness Programs are greatly appreciated, but for the *Early On* population, more funding is needed. Securing the Race to the Top-Early Learning Challenge grant would strengthen the current collaboration and help to provide services and support for all children who are vulnerable.

Thank you for your strong support and attention towards the education of Michigan's youngest learners. We look forward to partnering with you and others to implement this initiative if our state is one of the grantee recipients.

Sincerely,

(b)(6)

(b)(6)

(b)(6)

Co-Chairperson

(b)(6)

Co-Chairperson



Michigan Parent Teacher Association  
1390 Eisenhower Place  
Ann Arbor, MI 48108  
(Phone) 734-975-9500 (Fax) 734-677-2407

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*Michigan PTA mobilizes the forces of school, home, and community in order  
to ensure a quality education and nurturing environment for every child.*

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October 2, 2013

Mike Flanagan  
Superintendent of Public Instruction  
Michigan Department of Education  
Post Office Box 30008  
Lansing, MI 48909

Dear Superintendent Flanagan,

The Michigan Parent Teacher Association (Michigan PTA) strongly supports Michigan's application for Race to the Top-Early Learning Challenge funds. The framework of Michigan's application is sound, focusing on strategies designed to challenge and dramatically improve K-12 education through:

- Continued focus on developing the early learning and development system;
- Improving quality;
- Elevating family engagement;
- Supporting early childhood providers; and
- Improving access to data.

Michigan has implemented the largest preschool funding increase in the country, investing an additional \$65 million in the Great Start Readiness Program. Clearly, our Governor and the Michigan Legislature understand the critical importance of early childhood learning.

As an association with a vested interest in elevating family engagement in children's education and improving the education outcomes for all of Michigan's students, we recognize the importance of receiving this grant. Michigan PTA is committed to being part of a stakeholder group that will support and promote the implementation of proposals outlined in our state application.

Do not hesitate to contact me for any assistance we can provide.

Sincerely,

(b)(6)

Executive Director



# SPECIAL EDUCATION ADVISORY COMMITTEE

*Advisory Panel to the Michigan State Board of Education and the Michigan Department of Education*  
Office of Special Education  
P.O. Box 30008 • Lansing, Michigan 48909  
Telephone (517) 373-9433 • Facsimile (517) 373-7504

**Representation:**

- 8 Members At-Large
- American Federation of Teachers  
Michigan
- Association for Children’s Mental Health
- Autism Society of Michigan
- Learning Disabilities Association of Michigan
- Michigan Alliance for Families
- Michigan Association for Supervision and Curriculum Development
- Michigan Association of Administrators of Special Education
- Michigan Association of Intermediate School Administrators
- Michigan Association of Intermediate Special Education Administrators
- Michigan Association of Local Special Education Administrators
- Michigan Association of Nonpublic Schools
- Michigan Association of Public School Academies
- Michigan Association of School Administrators
- Michigan Association of School Boards
- Michigan Association of School Psychologists
- Michigan Association of School Social Workers
- Michigan Association of Secondary School Principals
- Michigan Association of Teachers of Children with Emotional Impairments
- Michigan Council for Exceptional Children
- Michigan Education Association
- Michigan Elementary & middle school Principals Association
- Michigan Speech-Language-Hearing Association
- Michigan Transition Services Association
- The Arc Michigan

October 3, 2013

The Honorable Rick Synder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

I am writing to you as chair of the Michigan Special Education Advisory Committee and on their behalf. The Special Education Advisory Committee (SEAC) is Michigan's Individuals with Disabilities Education Improvement Act (IDEA) mandated State Advisory Panel to the State Board of Education and the Michigan Department of Education (MDE). The members of the SEAC represent a broad diversity of stakeholders – administrators, providers, advocates, parents and consumers -- concerned with the education of all children, including students with disabilities. We are pleased to offer this letter of support for the Race to the Top- Early Learning Challenge (RTI-ELC).

The SEAC is most concerned with the education of all children, in particular children with disabilities. We know the earlier students are engaged in the learning process, the more likely they are to be successful.

This year the SEAC is focusing on universal preschool and assuring that students with disabilities are engaged in that process. We share your passion for this effort. We look forward to working with the Office of Great Start to advance a unified system of early childhood education, particularly as it relates to children with disabilities.

Sincerely,

(b)(6)

2013-14 Chairperson  
Michigan Special Education Advisory Committee

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

The Great Start Collaboratives (GSCs) are eager to voice our support for Michigan's Race to the Top Early Learning Challenge Grant. GSCs are charged with overseeing the planning, implementation, and ongoing improvement of an infrastructure designed to support a local, comprehensive early childhood system. We are excited to be a key component of this grant application.

Local GSCs are already working hard to help ensure that all children are safe, healthy and ready to succeed in school. We currently work closely with early learning programs in our communities to increase the number of children with high needs who have access to high quality early learning and development programs.

The Great Start Collaboratives will provide support to the state's RTT-ELC efforts by promoting the Great Start to Quality system, strengthening community partnerships, and supporting families and providers with resources and information.

We are committed to the highest quality of early learning for Michigan children and strongly support Michigan's efforts through to coordinate and improve the quality of early learning across our great state.

Sincerely,

Ami Vasquez  
Allegan County Great Start Collaborative

Stacy Levitt-Ruby  
Alpena-Montmorency-Alcona GSC

Julie Guenther  
Barry Great Start Collaborative

Linda Stemen  
Bay-Arenac Counties, NEMCSA, Exchange  
Club Parent Aide Program

Amanda Williamson  
Berrien County Great Start Collaborative

Amy Galliers  
Branch County Great Start Collaborative

Susan Clark  
Calhoun County Great Start Collaborative

Maureen Hollocker  
Charlevoix, Emmet, and Northern Antrim  
Counties Great Start Collaborative

Melinda Hambleton  
Cheboygan-Otsego-Presque Isle ISD Great  
Start Collaborative

Heather DuBois  
Clare-Gladwin RESD GSC

Kendra Curtiss-Tomaski  
Clare-Gladwin RESD GSC

Karen Black  
Clinton County RESA Great Start

Christina Tappan  
C.O.O.R.-Iosco Great Start Collaborative

Cindy DeLadurantaye  
C.O.O.R.-Iosco Great Start Collaborative

Catherine Benda  
Copper Country Great Start

Lisa Schmierer  
Copper Country Great Start Collaborative

Tara Weaver  
Delta-Schoolcraft Great Start

Barb Reisner  
Dickinson-Iron Great Start

Heather Bird  
Eastern Upper Peninsula Great Start  
Collaborative

Ronda Rucker  
Eaton RESA GSC

Rich VanTol  
Genesee ISD GSC

Allison Liddle  
Gogebic-Ontonagon GSC/PC

Todd Furlong  
Gratiot-Isabella GSC

Melissa Maeder  
Gratiot-Isabella GSC

Jacque Eatmon  
Great Start Collaborative

Ginelle Skinner  
Hillsdale County Great Start

Loretta Tobolske-Horn  
Hillsdale County ISD GSC

Rebecca Gettel  
Huron County Great Start Collaborative

Michelle Nicholson  
Ingham ISD GSC

Kelly Sheppard  
Jackson County Great Start Collaborative

Judy M. Freeman  
Kent County Great Start

Linda DeTavernier  
Lapeer County Great Start

Lisa Eack  
Lenawee Great Start

Christie Cadmus  
Lenawee Intermediate School District GSC

Heather Merrill  
Lewis Cass ISD GSC

Robin Schutz  
Livingston Great Start

Lisa Sturges  
Macomb Great Start Collaborative

Cynthia Corey  
Manistee Great Start Collaborative

Evigela Lindquist  
Marquette-Alger Great Start Collaborative

Stephanie Wagner  
Mason Lake Oceana GSC

Valerie Church-McHugh  
Mason-Lake-Oceana Great Start

Lexi Alvesteffer  
Mason-Lake-Oceana Great Start Collaborative

LouAnn Gregory  
Mecosta Osceola GSC/GSPC

Nicole Twork  
Menominee County Great Start Initiative

Micki Gibbs  
Midland County Great Start Collaborative

Amy Zarend  
Monroe County Great Start Collaborative

Mindy Train  
Montcalm County Great Start

Cari O'Connor  
Montcalm & Ionia Great Start Collaborative

Jane Clingman-Scott  
Muskegon County Great Start Collaboration

Karen Clark  
Newaygo County Great Start Collaborative

Donna Lackie  
Oakland Schools

Veronica Pechumer  
Ottawa Area Intermediate School District

Julie Kozan  
Saginaw ISD GSC

Karolyn McEntee  
Sanilac Great Start

Emily Brewer  
Shiawassee Great Start

Ranee Conley  
St Joseph County ISD GSC

Riley Alley  
St. Clair County RESA/GSC

Ashley Willis  
St. Joseph County Community Mental Health GSC

Amy Brauer  
St. Joseph County Great Start Collaborative

Mary U. Manner  
Traverse City Area Chamber of Commerce

Susan Walker  
Tuscola Great Start

Lise Black  
Van Buren Great Start Collaborative

Margie Murphy  
Van Buren Great Start Collaborative

Shannon Novara  
Washtenaw Great Start Collaborative

Alan Oman  
Washtenaw ISD

Margy Long  
Washtenaw Success by 6 Great Start Collaborative

Toni Hartke  
Wayne Great Start Collaborative

Mike Acosta  
Wexford-Missaukee Area GSC

*Note: Each local organization committed their support to this letter electronically.*

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

Great Start Parent Coalitions support the Great Start early childhood services intended to ensure that all children are safe, healthy and ready to succeed in school. We are pleased to have the opportunity to support the State of Michigan in its Race to the Top Early Learning Challenge (RTT-ELC) federal grant application.

Great Start Parent Coalitions are open to anyone in a parent or caregiver role for a child under the age of 12 years and who is interested in making sure that children (especially those with high needs) enter kindergarten safe, healthy and ready to succeed. The purpose of the Great Start Parent Coalition is to serve as a constituency group for parents, assist in building public will for early childhood investment, support the work of the Great Start Collaborative, and educate communities on the importance of early childhood investment.

The Great Start Parent Coalitions will provide support to the state's RTT-ELC efforts by educating both the parents and the public on the benefits of Great Start to Quality and strengthening public support for the RTT-ELC initiatives.

We understand the importance of high quality early learning for Michigan children and strongly support your efforts through RTT-ELC to coordinate and improve the quality of early learning in the state.

Sincerely,

Jeanette Kievit  
Allegan County Great Start Collaborative

Melissa Church  
Berrien Great Start Parent Coalition

Elizabeth Shephard  
Bay-Arenac Great Start Collaborative

Sheila Taylor  
Branch County Great Start Parent Coalition

Zoe Brainard  
Calhoun Great Start Parent Coalition

Raeann Dunlop  
Charlevoix, Emmet, & Northern Antrim  
Counties GSPC

Becky Freitas  
Chippewa County GSPC

Kate Gi  
Chippewa Great Start Parent Coalition

Rachel Haltiner  
Clare-Gladwin Great Start Parent Coalition

Maria Cook  
Clinton County Great Start

Amy Coulter  
C.O.O.R./Iosco GSPC

Leann Espinoza  
Delta-Schoolcraft Great Start

Jonathan Ringel  
Dickinson-Iron Great Start Collaborative

Kimi Mead  
Eaton Great Start

Allison Liddle  
Gogebic-Ontonagon GSC/PC

Mary Sommer  
Gogebic-Ontonagon GSPC

Tricia Pringle  
Great Start

Amy Poirier  
Great Start Parent Coalition

Katie Smith  
Huron County Great Start Parent Coalition

M.C. Rothhorn  
Ingham Great Start Parent Coalition

Jessica Rowland  
Ionia County Great Start Collaborative

Jennifer Ganzel  
Jackson County GSPC

Sarah Drumm  
Kalamazoo Great Start Parent Coalition

Paula Brown  
Kent County Great Start Parent Coalition

Vernee' Charlebois  
Lapeer County Great Start Parent Group

Suzi West  
Lenawee Great Start

Laura Coatsworth  
Livingston County Great Start

Sarah Smith  
Livingstone ESA Great Start

Sara Gargasoulas  
Macomb Great Start Collaborative

LouAnn Gregory  
Mecosta Osceola GSC/GSPC

Amy Hovey  
Midland County ESA GSPC

Brandy Minikey  
Montcalm County Great Start Collaborative

Cathy Curtis  
Muskegon Great Start

Christina Yuhasz  
Newaygo County Great Start

Darlene Zimny  
Oakland County GSPC

La Toya Tung  
Oakland Great Start Parent Coalition

Hilarie McMullen  
Oakland Great Start Parent Coalition

Zahabia Ahmed-Usmani  
Ottawa GSPC

Dawn Fenstermaker  
Cheboygan-Otsego-Presque Isle GSPC

Jill Armentrout  
Saginaw County Parent Coalition

Jessica Light  
Sanilac County

Nina Barnett  
Sanilac Great Start

Jennifer Sadler  
Shiawassee County GSPC

Jennifer Gunderson  
St. Clair County GSPC

Robin Hornkohl  
Traverse Bay Great Start

Rachael Koepf  
Tuscola Great Start

Sherry Bennett  
Van Buren Great Start Parent Coalition

JaVon Jason  
Washtenaw Great Start Parent Coalition

Ramana Roberson  
Wayne Great Start Collaborative

Carol Robinson  
Wayne Great Start Parent Coalition

Nicole Schultz  
Wexford-Missaukee-Manistee GSPC

*Note: Each local organization committed their support to this letter electronically.*

October 4, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

On behalf of The Great Start Resource Centers, we are honored to have the opportunity to support the State of Michigan in its Race to the Top Early Learning Challenge federal grant application.

The Great Start Resource Centers are a collaboration of early childhood education and child care organizations throughout the state. The Resource Centers provide support and technical assistance to licensed and unlicensed child care providers in our service area and serve children from birth to school age. Additionally, we provide resources to parents and workforce development opportunities to professionals to support high quality care for children.

The Resource Centers will enthusiastically support the state's RTT-ELC efforts through supporting the Tiered Quality Rating and Improvement system (TQRIS), provide workforce development opportunities to support professional growth and improve classroom outcomes, and support the families and providers with resources, consultations and information.

The Resource Centers understand the importance of quality early childhood experiences for Children with High Needs and is eager to partner with the State of Michigan on its endeavor to improve outcomes for these children and others. We are committed to the highest quality of early learning for Michigan children and strongly support your efforts through RTT-ELC to coordinate and improve the quality of early learning in the state.

Sincerely,

Jen Myers  
Child & Family Services of Northeast  
Michigan Great Start Regional Resource  
Center

Camarrah Morgan  
Child Care Network/Great Start To Quality  
Southeast Resource Center

Ella Ryder  
Child Care Resources-Southwest Great Start  
to Quality Resource Center

Rebecca Brinks  
Grand Rapids Community College RRC

Barb Monroe  
Great Start to Quality Central Resource  
Center and Ingham County Health  
Department Office for Young Children

Cheryl Endres  
Great Start to Quality Kent Resource  
Center

Julie Van Den Brink  
Great Start to Quality Kent Resource  
Center

Karen Burd  
Great Start to Quality Kent Resource  
Center

Nancy Schmidt  
Great Start to Quality Kent Resource  
Center

Deb Dupras  
Great Start to Quality Upper Peninsula  
Resource Center

Susan Toman  
Northwest Michigan Early Childhood  
Consortium; Great Start to Quality  
Northwest Resource Center

Judith Solomon  
United Way for Southeastern Michigan  
Regional Resource Center

*Note: Each local organization committed their support to this letter electronically.*

October 3, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

As co-chairpersons of the Parent Leadership in State Government's Advisory Board, we would like to express our Board's support for Michigan's application for *Race to the Top – Early Learning Challenge*.

Parent Leadership in State Government is an interagency effort in Michigan that has been designed to recruit, train, deploy and support parents who use a variety of public services so that voices representing family experiences will be involved in shaping programs and policies at all levels of government.

Within your administration and across state departments, there is a strong commitment to support children and families. As we move forward in our continued efforts to meet the needs of our most vulnerable citizens, it is critical that parents have a voice in how our service delivery systems respond to their needs. Michigan's *Race to the Top – Early Learning Challenge* application includes strategies that will greatly improve our ability to engage parents and incorporate their feedback into our work.

Parent Leadership in State Government fully supports the Michigan Department of Education's efforts to improve the quality of Michigan's early learning programs, track overall progress as well as increase young children's readiness for school, and to fully include families in the implementation of grant activities.

We will continue to collaborate with the Department of Community Health, the Department of Education, the Department of Human Services, the Children's Trust Fund as well as Great Start Parent Coalitions across Michigan to increase parent leadership to impact programs and policy. We also look forward to offering our training and support to parents who are involved in Race to the Top activities. Please contact us if we can be of further assistance.

Sincerely,

(b)(6)

Co-Chairperson  
Parent Leadership in State Government  
Advisory Board

(b)(6)

Co-Chairperson  
Parent Leadership in State Government  
Advisory Board



532  
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www.cotta.ccrea.org • www.1800EarlyOn.org • www.ProjectFindMichigan.org • www.EarlyOnCenter.org

September 27, 2013

The Honorable Rick Snyder, Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

On behalf of *Early On*® Michigan Public Awareness and Project Find Michigan, I am writing to express strong support for Michigan’s Race to the Top – Early Learning Challenge grant. These statewide projects support the child find requirements of the Individuals with Disabilities Education Act and provide an avenue for parents to access *Early On* and special education services for their children who qualify. Activities include outreach to parents and professionals who come into contact with families, intake through telephone (1-800-*EarlyOn*) and websites, and referral to appropriate personnel at Michigan’s 56 intermediate school districts.

It’s an exciting time for early childhood in Michigan, thanks to your leadership, individuals in congress, and leaders throughout the state. Michigan’s early childhood programs have made significant progress in aligning themselves and supporting quality improvements through systemic work under the Great Start Collaborative infrastructure. *Early On* Public Awareness and Project Find endorse quality programming related to the inclusion of infants, toddlers, and young children with disabilities, as we acknowledge the direct link between support for the youngest, most vulnerable children and kindergarten readiness.

The developers of the Race to the Top – Early Learning Challenge proposal have worked collaboratively with a broad base of stakeholders for a number of years, fostering many of the positive changes experienced already and allowing the development of this proposal to be a continuation of that good work. The state is in a unique position to advance the objectives of the Early Learning Challenge Grant, should we receive funding.

*Early On*® Public Awareness and Project Find support the strengthening of Michigan’s early childhood system as proposed so that our youngest and most vulnerable learners have more opportunities for success in school, with friends, and in life.

Sincerely,

(b)(6)



1732 Crooks Rd  
Troy, MI 48084

248-569-2500

October 3, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder,

On behalf of Rainbow Child Care Center, currently operating over seventy-six private child care facilities nationwide (twenty in Michigan), we are honored to have an opportunity to support the State of Michigan as it pursues the "Race to the Top" federal grant program.

Rainbow Child Care Center has been providing quality care to the children of Michigan (birth through school age) for almost two decades. Our corporate headquarters is located in Troy Michigan and we consider ourselves deeply vested in the success of this state.

The collaboration of the private sector with the public sector will be paramount in serving in Michigan's "at risk" and "high needs" children. We have and will continue to pledge our support to the ECIC and Great Start to assist in securing a bright future for the children of Michigan.

Specifically, our Education Manager is currently sitting on the Macomb County Great Start Collaborative and has strong ties with Oakland and Macomb Family Services. We are pleased to inform you that all twenty schools are aggressively pursuing validation through Michigan's Quality Rating and Improvement System.

Rainbow Child Care Center has a shared vision for creating a high-quality learning environment for children and their families. As an extension to our educational programming, we have recently launched two new all-inclusive enrichment programs for our children. Our Ready, Set, Grow! Fit Foundations and Language Immersion Spanish Programs are designed to ensure all children receive a well-balanced approach to learning!

We thank you for your vision and leadership and look forward to assisting you in any way needed.

Sincerely,

(b)(6)

President and CEO

(b)(6)

Chief Operation Officer

September 19, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing on behalf of Reach Out and Read Michigan in support of the State of Michigan's application for funding through the Race to the Top Early Learning Challenge Fund.

Reach Out and Read Michigan prepares the state's youngest children to succeed in school by partnering with doctors to prescribe books and encourage families to read together. Our program builds on the unique relationship between parents and medical providers to develop early reading skills in children. Doctors, nurse practitioners, and other medical professionals incorporate Reach Out and Read's evidence-based model into regular well-child checkups, by advising parents about the importance of reading aloud and giving developmentally-appropriate books to children to take home and keep. The program begins at the 6-month checkup and continues through age 5, with a special emphasis on low-income communities, where children are most at risk for reading failure. We currently serve more than 83,000 children across the state, and 82% of those children live at or below 200% of the Federal Poverty Level.

We strongly support the state's efforts to improve our early learning system, and to engage parents as their children's first and most important teachers. Reach Out and Read believes the high-quality plans detailed in the state's early learning and development reform agenda represent a crucial opportunity to make significant strides in closing the school readiness gap and ensuring all of our youngest citizens are prepared for lasting school and life success. We look forward to supporting the Michigan Department of Education and participating agencies in this important work and continuing our partnership to support all children, families, and citizens across the state.

Sincerely,

Cynthia S. Macks  
Michigan Program Director  
Reach Out and Read  
cindy.macks@reachoutandread.org  
248-891-5688



October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

On behalf of Michigan's State Advisory Council, the Great Start Early Learning Advisory Council, we are pleased to support the Race to the Top – Early Learning Challenge grant application. The Early Childhood Investment Corporation is the convening entity for the Great Start Early Learning Advisory Council.

The Great Start Early Learning Advisory Council represents a broad range of constituents, including education, health, child care, Head Start, higher education, state government, foundations, parents, and local early childhood governance structures. Since its commencement in 2010, the council has successfully influenced the building of a comprehensive early childhood system in Michigan relative to accessible, high-quality early learning and development; collaboration and coordination among Federal and State-funded programs for Early Learning; State Early Learning Standards; Early Childhood Professional Development System; and an Early Childhood Data System.

During the last three years, the Early Learning Advisory Council has accomplished the following results related to the development of a comprehensive early learning system:

- Increased the number of young children, especially those from underrepresented and special populations, participating in high-quality early learning and development
- Developed the information technology and data collection systems needed to effectively implement *Great Start to Quality* (Michigan's quality rating and improvement system)
- Supported early learning partnerships to enhance coordination and collaboration efforts for recruitment, enrollment, and transition among federal and state programs for early learning and development



- Updated Michigan’s Early Childhood Standards of Quality to align early learning expectations and standards across the birth to eight continuum
- Established recommendations for the infrastructure of an early childhood data system that collects essential information on Michigan’s children
- Updated and revised the state Core Knowledge and Core Competencies for Early Childhood Professionals
- Developed a policy paper outlining key barriers to and providing specific recommendations pertaining to increasing inclusive practices and opportunities in early learning and development settings in Michigan

We recognize the importance of the Race to the Top – Early Learning Challenge grant and are committed to being supportive of the implementation of the proposal outlined in the application.

Sincerely,

(b)(6)

Principal at Miller, Canfield, Paddock and Stone, P.L.C.  
Chair of the Executive Committee for Early Childhood Investment Corporation



STATE OF MICHIGAN  
OFFICE OF CHILDREN'S OMBUDSMAN  
LANSING

RICK SNYDER  
GOVERNOR

VERLIE M. RUFFIN  
DIRECTOR

October 3, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

As the Director of the Office of Children's Ombudsman, I am pleased to submit this letter of support for Michigan's Race to the Top-Early Learning Challenge (RTT-ELC) grant application.

The Office of Children's Ombudsman is an independent state agency whose mission is to assure the safety and well-being of Michigan's children in need of foster care, adoption, protective services, and to promote public confidence in the child welfare system. We accomplish this through independently investigating complaints, advocating for children and recommending changes to improve law, policy and practice for the benefit of current and future generations of children who enter the child welfare system.

Research has shown that children who enter out-of-home care are two to three years below grade level; and once they are in the system, they tend to be at multiple risk for educational failure. Statistics also show that approximately 30 percent of all children entering foster care are under five years of age. In order to improve educational outcomes for children, it is imperative that interventions such as those identified in the "Race to the Top-Early Learning Challenge" grant be utilized to ensure future success in school for young children, especially those experiencing the challenges of the foster care system.

Since 1994, the Office of Children's Ombudsman through its "advocacy voice" has supported legislative educational initiatives, as well as the Michigan Department of Education and Michigan Department of Human Services programs and policies that prioritize and promote high quality early learning programs that meet the educational needs of children.

I strongly support the RTT-ELC grant application and your effort to bring greater attention to the education of young children in Michigan.

Sincerely,

(b)(6)

(b)(6)

Director

Office of Children's Ombudsman

October 2, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

I am writing on behalf of Telamon Corporation's Michigan Migrant Head Start program (MMHS) and our 18 Migrant and Early Head Start locations throughout Michigan. With nearly 600 staff, providing early childhood education services to more than 1,200 children, we are in strong support of Michigan's application for the Race to the Top Early Learning Challenge grant.

Because agriculture is Michigan's second largest industry, we rely heavily on the support of migrant farmworkers. MMHS supports migrant farmworker families by providing early childhood education, and through goal planning and referrals for supportive services. The MMHS program is committed to improving the education and welfare of young children from birth through enrollment into kindergarten. MMHS's philosophy, as reflected in our existing program is based on three cornerstones:

- ◆ First, we believe that parents are the most important teacher for their child.
- ◆ Second, young children learn optimally only when their health, oral health, nutrition and mental health needs are first met. Therefore, a comprehensive service program must be in place to assure that the "whole child" is ready to learn.
- ◆ Third, young children are creative and curious seekers and constructors of knowledge, with tremendous capacity to explore and to make sense out of their environment.

Michigan's children are its future and their educational experiences will greatly impact Michigan's economy. Early childhood development is crucial in school readiness. In its effort to include all of Michigan's children in the Race to the Top Early Learning Challenge, the ECIC has included MMHS as a partner in early childhood education, and as a representative for migrant children.

MMHS works very closely with the ECIC, MiAEYC, and Michigan TEACH to receive support for early learning and development programs, and for staff development opportunities. The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's young children will be significant.

Sincerely,

(b)(6)

State Director

An Equal Opportunity Employer

*Auxiliary aids and services are available to individuals with disabilities upon request.*



The Children's Center  
79 Alexandrine West  
Detroit, Michigan 48201  
(313) 831-5635 Office  
(313) 262-0906 Fax

TheChildrensCenter.com

Deborah Matthews  
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October 3, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

The Children's Center (TCC) fully supports the State of Michigan's Race to the Top Early Learning Challenge Application.

TCC provides an integrated approach to community mental health by treating children and their families in the Greater Detroit area by addressing their mental and behavioral health, physical health, abuse and neglect and developmental disabilities challenges so they can heal, grow and thrive.

The Race to the Top Early Learning Challenge grant will assist in moving our initiatives forward at a very rapid pace and make the greatest impact on moving vulnerable children and their families to independence and security.

Again, we wholeheartedly support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

Sincerely,

(b)(6)

(b)(6)

President and Chief Operating Officer

DM:pmk



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CEO



September 24, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

On behalf of The Women's Caring Program, a 501 (c) (3) nonprofit corporation that assists low-income families with scholarships for early education and childcare, we are honored to have the opportunity to support the State of Michigan in its **Race to the Top Early Learning Challenge** federal grant application.

WCP recognizes that quality early education improves the odds for low-income children to graduate from high school, enroll in college, avoid crime and drugs and boost earnings and employment in adulthood. We support the research that shows that the positive impact of early intervention on the educational attainment of these children is particularly important, and over the past 15 years we have raised over \$2.8 million dollars to support early educational opportunities for more than 1,500 families in 82 of Michigan's 83 counties.

Without an opportunity for early learning and development, low-income children face enormous odds trying to break the cycle of poverty. WCP is pleased to act as partner and supporter of the State of Michigan in its endeavor to improve outcomes for at-risk and high needs children.

We appreciate your consideration of Michigan's Race to the Top Early Learning Challenge application.

Sincerely,

(b)(6)

CEO

College of **Education** and  
**Human Services**

---

September 20, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P. O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

This letter is written to offer my enthusiastic support for Michigan's application for the *Race to the Top - Early Learning Challenge Grant*. Michigan is positioned well to use funds from this grant to continue to enhance the early learning experiences available to Michigan's children and their families. Central Michigan University's College of Education and Human Services has a long history of preparing professionals to work in early childhood education and care settings in both the public and private sector, throughout the state of Michigan and across the country. As such, we are familiar with the initiatives of the Michigan Department of Education to strengthen the preparation of early childhood teachers with a focus on improving the quality of education and care offered to children and families. In addition, we support the efforts to foster collaboration and partnerships across education and human services settings most evident in Michigan's Great Start Connect resources designed to connect families with high quality early childhood services. Great Start Connect also enables childcare and education providers to access resources to continue to enhance the quality of education and care available to Michigan's youngest children.

Michigan has built a strong foundation for continuing to enhance the service and delivery of high quality early childhood education and care programs, but has more work to do to solidify these efforts. The focus of the *Race to the Top- Earl Learning Challenge Grant* will enable Michigan to expand its focus on partnerships and collaboration across health and human service settings, to expand the reach of the Great Start to Quality initiative to more programs, and to engage a larger number of families in the use of the quality rating system when making child care and education decisions. These efforts coupled with a continued focus on enhancing the professional preparation of those who work directly with young children and their families will move Michigan toward a more comprehensive, state-wide early childhood system that benefits all of Michigan's children.

On behalf of Central Michigan University's early childhood education faculty and staff, and the College of Education and Human Services, I strongly support Michigan's Race to the Top application. We are committed to the goals established in this proposal, and are confident that these efforts are a critical to improving the lives of young children and families in Michigan.

Sincerely,

(b)(6)

Professor and Dean

426 EHS Building  
Central Michigan University  
Mount Pleasant, Michigan 48859  
Office 989.774.6995  
Fax 989.774.1999  
dr.dale@cmich.edu  
www.ehs.cmich.edu



**Children's Trust Fund**  
Protecting Michigan's Children

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Mike Flanagan, State Superintendent of Public Instruction  
Michigan Department of Education  
Attention: Race to the Top  
P.O. Box 30008  
Lansing, MI 48909

Dear Superintendent Flanagan:

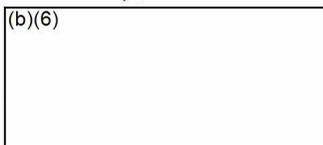
On behalf of the Children's Trust Fund, I would like to express our support of Michigan's application for the federal Race to the Top funds. We understand that the state seeks a grant from the U.S. Department of Education to dramatically improve the quality of early learning opportunities for Michigan's children by:

- Continuing to develop the early learning and development system through a strengthened interdepartmental collaborative approach.
- Focusing on improving quality of child care by encouraging participation of caregivers in Michigan's quality rating and improvement system.
- Engaging families by giving them a voice in the design and implementation of Michigan's early learning and development system.
- Supporting early childhood providers through strategies to improve access to high-quality training, professional development, and degree attainment including a focus on health and family engagement.
- Strengthening a cross disciplinary understanding of the Strengthening Families/Protective Factors framework and its value for supporting Michigan's children and families.

As an organization with a vested interest in improving the health and well-being of Michigan's children, we recognize the significant impact this grant could have on our state. We are particularly excited to see a significant focus on family and parent engagement. We are committed to being part of a stakeholder group that will support the implementation of strategies outlined in our state application.

Sincerely,

(b)(6)



Executive Director  
Children's Trust Fund of Michigan



**Prevent Child Abuse**  
Michigan

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September 24, 2013

Susan Broman  
Deputy Superintendent  
Office of Great Start  
Michigan Department of Education  
P.O. Box 30008  
Lansing, MI 48909

Dear Susan:

On behalf of the many members of the Council of Michigan Foundations interested in early childhood, I am pleased to write this letter of support for the 2013 Race to the Top Early Learning Challenge grant application being submitted to the U.S. Department of Education.

As you know the foundation community in Michigan has a long tradition over the past 25 years of partnering with State government on early childhood opportunities. We feel the recent appropriation of \$65 million by the Governor and Legislature to increase early learning opportunities for thousands of four year olds is evidence of the positive results of our years of public-private partnerships.

However, the needs of our children remain significant. In alignment with the priorities of Governor Snyder, our foundation affinity group on education now covers P-20. We look forward to the opportunities offered by the Race to the Top Early Learning Challenge grant to leverage our collective resources to aid many more early learners in our Michigan.

Please let me know what we can do to assist you with this important partnership with the U.S. Department of Education.

Sincerely,

(b)(6)

President



# EASTERN MICHIGAN UNIVERSITY

September 18, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P. O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

Eastern Michigan University's College of Education and our Early Childhood Education Faculty strongly support the Michigan Department of Education Office of Great Start's new proposal for Race to the Top – Early Learning Challenge. Several of our faculty members have been highly engaged with this office for many years and know very well the progress they have made, and continue to make, to provide resources and systems of support for students, families and educators. Great Start is well prepared to make very effective use of the funding this grant would provide. They are well prepared for excellent assessment. The Great Start to Quality rating system, together with the Program Quality Assessment program, is a very effective way to measure program quality and make improvements. Great Start will know what leads to improvements and why.

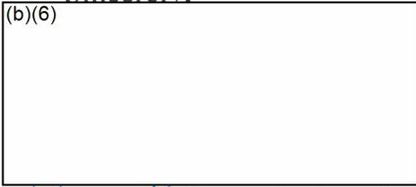
The College and our faculty make significant contributions to the strength of Michigan's system for the preparation of high quality early childhood education professionals. We prepare teachers to work with all students, those typically developing as well as students with developmental delays and to serve all in an inclusive and developmentally appropriate setting. We particularly applaud the section of the proposal that addresses the development and continued support for the early childhood education workforce, knowing that well-trained teachers are essential to student achievement.

The early childhood education community is collaborative in nature, routinely reaching out to health care providers, social service agencies, families, and communities. Our students learn to value and nurture these important relationships and to develop systems of support that engage entire families. The grant proposal seeks to normalize these collaborations in early childhood education in Michigan to improve outcomes for all children and their families.

Funding from Race to the Top - Early Learning Challenge will enable the Office of Great Start to take important steps forward on a path to truly transform early childhood education in Michigan. Thank you for your continued support for our youngest learners.

Sincerely,

(b)(6)

A rectangular box with a black border, used to redact a signature. The text "(b)(6)" is written in the top-left corner of the box.

Dean, College of Education



October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

Excellent Schools Detroit wholeheartedly supports the State of Michigan's Race to the Top Early Learning Challenge Application.

Our organization works to ensure that every Detroit child, cradle to career, receives a high quality education such that 90 percent of our city's students are prepared to graduate from high school ready for college, by 2020. We know that preparing students for this goal requires we invest in their success from day one. Early childhood programs are so vital to our city, our state and our country.

The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education, programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's youngest and most vulnerable citizens will be significant. Again, we wholeheartedly support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

Sincerely,

(b)(6)

Vice President  
Excellent Schools Detroit  
1938 Franklin Street  
Suite 111  
Detroit, MI 48216  
313-285-9156



**FERRIS STATE UNIVERSITY**  
COLLEGE OF EDUCATION AND HUMAN SERVICES

September 12, 2013

To Representatives of the Michigan Department of Education:

I am writing this letter of support for the Race to the Top Early Learning Challenge Grant on behalf of the College of Education and Human Services at Ferris State University. My colleagues and I are very supportive of the grant because we recognize the need for high quality early childhood programs in Michigan. Additionally, Ferris State University has an early childhood program for undergraduate students who want to work with young children in Head Start, day care, and hospital programs.

As a dean of a college with teacher preparation programs, I am happy that the Michigan Department of Education will focus on:

- Developing an early learning and development system with outcomes for all children;
- Improving quality for more providers;
- Helping families to understand and use Great Start to Quality;
- Supporting early childhood providers; and
- Improving access to data.

Again, I am pleased to support this initiative. If you have any questions, please

(b)(6)

(b)(6)

Dean  
College of Education and Human Services

Office of the Dean  
1349 Cramer Circle, BIS 607  
Big Rapids, MI 49307-2737

Phone: (231) 591-3648  
Fax: (231) 591-3516  
Web: [www.ferris.edu](http://www.ferris.edu)

September 23, 2013

Ms. Susan Broman  
Assistant Superintendent  
Michigan Department of Education  
Office of Great Start  
Lansing, MI

**First Steps Commission**

**Co-Chairs**

Doug DeVos  
Kate Pew Wolters

**Secretary**

Lew Chamberlin

**Treasurer**

Bob Herr

**Commissioners**

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Dr. Bob Connors  
Cecile Fehsenfeld  
Lynne Ferrell  
Betty Burton Groce  
Maureen Hale  
Steve Heacock  
Sue Jandernoa  
Kevin Konarska  
Kathy Muir Laidlaw  
Maureen Noe  
Karen O'Donovan  
Dr. Juan Olivarez  
Milt Rohwer  
Joan Secchia  
Carl VerBeek  
Sean Welsh

**Executive Director**  
Rebekah S. Fennell

Dear Susan:

We are delighted that the Michigan Department of Education Office of Great Start is applying for a 'Race To The Top—Early Learning Challenge Grant' to support early learning and development for children across Michigan. As you know, our support is enthusiastic and unequivocal.

Michigan is uniquely poised to make a real and sustainable change in the lives of children, and this grant would enable that change to happen. Here are some reasons that we encourage the U.S. Department of Education to give Michigan's application close consideration:

**The need for investment is clear.**

According to Kids Count data from Michigan League for Public Policy, our state has reason to invest in early learning:

- 54% of our children are not attending preschool
- 69% of our fourth graders are not reading proficiently
- 24% of our high school students are not graduating on time

**Early childhood is a state priority, and historic investments have been made.**

In the past year, our Governor and Legislature agreed to invest an additional \$65 million to expand the Great Start Readiness Preschool Program, allowing 30,000 more children to attend. The investment received bipartisan support, and it is widely acknowledged that early education is truly a leverage point in our state's ability to develop a workforce ready to perform the exciting jobs that are defining the 21<sup>st</sup> century.

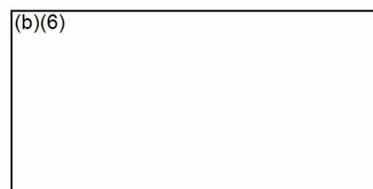
**A comprehensive, aligned plan has been developed, and we are ready to implement.**

In May 2013, the Michigan Department of Education's Office of Great Start submitted the 'Great Start, Great Investment, Great Future Plan for Early Learning and Development in Michigan'—providing a clear direction to improve the outcomes for young children. Funding from this grant would give Michigan the resources to implement the changes needed to serve more than one million children. On behalf of the First Steps Commission, please give Michigan's application close consideration.

Sincerely,



(b)(6)



(b)(6)



October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

As a parent with Great Start Wayne, I fully wholeheartedly and enthusiastically support the State of Michigan's Race to the Top Early Learning Challenge Application.

Great Start Wayne Stand Up Parents has provided resources for me and other families for the following services: Early education and childcare, health and mental health, and workshops to empower us as parents.

The Race to the Top Early Learning Challenge grant will provide the critical resources to take Michigan to the next highest levels. It will provide every child and family with the resources to completely thrive and grow in our economy.

Again, I passionately support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

Sincerely,

(b)(6)

Great Start Wayne Parent Representative



2626 Walker Ave NW  
Walker, MI 49544-1306  
Phone: (616) 453-4145 / (800) 472-6994  
Fax: (616) 453-0489  
www.hs4kc.org

October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor,

This letter is written in support of Michigan's Department of Education Office of Great Start (OGS) Race to the Top-Early Learning Challenge grant.

Head Start for Kent County is a non-profit agency that operates the federally funded Head Start and Early Head Start programs throughout Kent County. As such, we annually serve 1,568 low-income children between birth and five years of age and their families by providing comprehensive services, such as education, literacy, health, social services, nutrition, and parenting support.

While Grand Rapids, and Michigan in general, is rich with many resources to support families with young children, there remains a need for an increase in and access to quality early childhood experiences. As an agency whose programs are focused on the whole child and family we are well aware of and support programs and systems whose services impact the whole child.

Our agency supports the work of the Department of Education Office of Great Start and its plans to create an effective early childhood system for Michigan. The system building needed is broad and complex with a variety of funding sources and requirements. Yet this plan acknowledges existing quality early learning programs while looking to build linkages and connections with the intent to improve access and resources for families with the highest needs.

Sincerely,

Mary L. Hockwalt  
Executive Director



September 17, 2013

Ms. Susan Broman  
Deputy Superintendent, Office of Great Start  
Michigan Department of Education  
608 W. Allegan Street  
P.O. Box 30008  
Lansing, MI 48909

Dear Susan:

Since 1970, the HighScope Educational Research Foundation has been a leader in the field of early childhood education. Beginning in 1962 with HighScope's Perry Preschool Study and continuing through the recent evaluation of the Great Start School Readiness Program, HighScope has documented the effects of early childhood education in the lives of children at risk for school failure in Michigan. As an educational research and practice organization, we are in a unique position to comment on the Race to the Top -Early Learning Challenge Grant (RTT-ELC). HighScope regularly interacts with a broad range of Michigan's early childhood stakeholders.

HighScope has been engaged in the challenge articulated in the RTT-ELC for many years. HighScope is dedicated to improving early learning and development programs for young children. It has long advocated increasing the numbers of low-income and disadvantaged children of all ages enrolled in high-quality early learning programs. It has worked in most of the states and with all types of early learning programs and services. Its assessment tools meet the recommendations of the National Research Council's reports on early childhood. In Michigan HighScope has:

- Worked with the State of Michigan to develop an evidence-based quality rating system to be used across early learning settings and programs;
- Assisted the State of Michigan in the development of tools to review, monitor, and improve early childhood settings for young children and families;
- Provided professional development to early educators both in the State of Michigan and nationwide to ensure an effective and well-qualified workforce of early educators;
- Provided leadership through its work with Michigan's Great Start School Readiness Program in assessing quality in early learning programs and encouraging programs to make that information available to parents, caregivers, and families so they can better support children's learning;
- Provided leadership in assisting community based and local and state agencies in the development of data systems to collect information regarding where young children spend their time and the effectiveness of programs that serve them.

HighScope Educational Research Foundation is pleased to offer support for Michigan's Race to the Top - Early Learning Challenge Grant application. We commend you for your strong support of Michigan's youngest learners and their families. We pledge to work diligently to assist you and other educational leaders to meet the State of Michigan's obligations to ensure that RTT-ELC will be a success.

Sincerely,

(b)(6)

President

HighScope Educational Research Foundation

600 North River Street ▪ Ypsilanti, Michigan 48198-2898 ▪ Ph: 734.485.2000 ▪ Fax: 734.485.0704 ▪ [highscope.org](http://highscope.org)



Sandra L. Standish, EdD  
Executive Director

222 S. Westnedge Avenue . Kalamazoo, MI 49007  
269-366-9140 . sstandish@kcready4s.org  
www.kcready4s.org

September 18, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

On behalf of Kalamazoo County Ready 4s and the children and families that we serve throughout Kalamazoo County, we are pleased to offer our support for the Michigan Department of Education Office of Great Starts' Race To the Top – Early Learning Challenge grant application.

During the past few years, Michigan has made tremendous strides in improving the programs and services that support our earliest learners. From our perspective, the most significant improvements include: aligning the Office of Great Start under the umbrella of the Michigan Department of Education, which strengthens the relationship between early childhood educators and the K-12 community; developing a quality rating and improvement system that challenges both public and private providers to attain and maintain standards of high quality; engaging families in the design and implementation of Michigan's early learning and development system; and developing a data-driven decision making process that supports continuous improvement in the delivery of early childhood programming throughout Michigan.

The highlighted improvements mentioned above have positively impacted the attitudes and beliefs around early childhood education in Michigan and have transformed our work in Kalamazoo County. As important as these efforts have been, however, perhaps the most visible sign regarding the important role that early childhood education plays in improving child and adult outcomes and positively impacting community investment came with the announcement that an additional \$65 million in funds be allocated to expand the Great Start Readiness Program. Although this increase was one step in the right direction, funding is still needed, specifically in the areas of teacher quality and family engagement. Funding provided through the Race To the Top grant would enhance and accelerate Michigan's efforts.

The Race To the Top – Early Learning Challenge offers Michigan an opportunity to create a high-quality collaborative early care and education system for Michigan's earliest learners, and we strongly support the state's plan for this effort.

Best regards,

(b)(6)

Executive Director



STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING

RICK SNYDER  
GOVERNOR

MICHAEL P. FLANAGAN  
STATE SUPERINTENDENT

September 30, 2013

The Honorable Arne Duncan  
Secretary  
US Department of Education  
400 Maryland Ave, SW  
Washington, D.C. 20202

Grant Name: Race to the Top – Early Learning Challenge Grant  
Requesting Agency: State of Michigan

Dear Mr. Secretary:

As State Librarian and director of the Library of Michigan, I strongly support the State of Michigan's application for the Race to the Top – Early Learning Challenge Grant.

The Library of Michigan was created by the Michigan Legislature to guarantee the people of Michigan and their government one perpetual institution to collect and preserve Michigan publications, conduct reference and research, and support libraries statewide. Through this work, we understand the importance of early childhood literacy is proven repeatedly through student achievement and increased graduation rates from high school and college and with the successful application of lifelong learning.

Libraries and schools have always been strong partners, and with the state library now under the Department of Education, we are excited to be collaborating with the Great Start Readiness Program in an all-out statewide strategy for quality early learning and development, and push toward lifelong literacy. We join the Department's effort to serve the State's children during this critical preschool development period and vow to join the effort to:

- Support early learning and development systems;
- Focus on improving the quality of library participation and support of early learning;
- Encourage families to participate in early learning;
- Provide resources and support to early learning providers; and
- Improve access to local, state, national, and international data necessary for informed decision making.

**LIBRARY OF MICHIGAN**

Two efforts that demonstrate our support for student achievement include the Michigan eLibrary, online at <http://mel.org>, the Library of Michigan's 24/7 anytime, anywhere virtual library, which includes valuable educational resources that support pre-K through college learners; and the Michigan Reads! One State, One Children's Book program (<http://michigan.gov/michiganreads>), in which more than 5000 early learning reading kits are sent out to pre-schools, K-2 classrooms, Head Start and Great Start programs, with an engaging picture book, programming guide, posters, stickers, etc., and associated kickoff and statewide author tour.

We applaud the Department's support of early childhood learning and literacy, and pledge to support these efforts as an integral partner. Please support Michigan's race to the top!

Sincerely,

(b)(6)

State Librarian



October 3, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

On behalf of the Livingston Promise Board of Directors, Livingston Promise supports the State of Michigan's Race to the Top Early Learning Challenge Application.

The Livingston Promise is a grass-roots organization made up of business people, citizens and educators all dedicated to expanding early childhood education in Livingston County.

The expansion of quality early learning is one of the goals of Advantage Livingston, the county economic growth plan put together in 2011. Our goal, as Livingston Promise, is to provide early childhood education to every child and family in the county. We began this year with a \$25,000 pilot program.

Our efforts support a coordinated system that works toward the four outcomes outlined in the Early Learning and Development Plan for Michigan. We also follow the common principles that guide early childhood efforts such as; children and families are the highest priority and children with the greatest need must be served first.

The Race to the Top Early Learning Challenge grant will provide the critical resources to take the entire State of Michigan to the next and highest levels of providing every child and family with the resources to compete, thrive and grow in the New Economy.

We support Michigan's application and look forward to working together for improved and expanded early learning throughout the state.

Sincerely,

(b)(6)

A large, empty rectangular box with a black border, used to redact the signature of the sender.

Livingston Promise Board



**M&MFisher**  
Max M. & Marjorie S. Fisher Foundation

Two Towne Square  
Suite 920  
Southfield, Michigan 48076

P: 248 415 1444  
F: 248 415 1453  
www.mmfisher.org

September 30, 2013

The Honorable Rick Snyder  
Governor of Michigan  
PO Box 30013  
Lansing, MI 48909

Dear Governor Snyder,

On behalf of the Max M. & Marjorie S. Fisher Foundation, I am grateful for the opportunity to share our strong support for Michigan's application for the Race to the Top – Early Learning Challenge.

The investments you have already made in our youngest citizens by creating the Office of Great Start, installing an effective leader in Susan Broman, and your most recent relentlessly positive action providing \$65 million additional support for our Great Start Readiness Program for this year and next underscore Michigan's willingness to do what it takes to provide all children the opportunity to succeed. We believe the additional support through the Race to the Top will continue to strengthen our approach and positively change the course of thousands of vulnerable children's lives.

As you know, the Foundation funds early childhood education and development both at the regional and local level. Through our work in the northwest Detroit neighborhood of Brightmoor we are often in conversations with providers and parents who share their opinions freely. Our clear sense is the additional support provided the state through the Race to the Top would be welcomed and would add to the belief of those on the ground they are doing the right work and they are supported. This should be seen by the Department of Education as perhaps a much more powerful endorsement than ours.

Thank you again for your continued leadership for our children. Please know the Foundation will continue to work alongside you and the family, friends, neighbors and providers in our communities until all vulnerable children have an equal opportunity to enter kindergarten ready to learn.

(b)(6)

Executive Director



September 18, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

On behalf of the more than 3,400 Physicians, Residents and Students in the specialty of Family Medicine who are members of the Michigan Academy of Family Physicians, I am writing in support of Michigan's application for the **Race to the Top—Early Learning Challenge** (RTT-ELC) grant.

Believing that Michigan's future depends on young people, it is imperative to have programs in place that improve early learning and development among children across our state. Thank you for your past support of the Great Start Readiness Program and your ongoing dedication to creating a comprehensive plan for early learning and development in our state.

Our association is supportive of the goals outlined in Michigan's second application for the RTT-ELC grant, including the focus on engaging partners in health and human services to continue to improve outcomes for all children, helping families understand and use Great Start to Quality, and building a data system that supports improved decision-making.

We are grateful to lend our voice to this effort being put forth by the Michigan Department of Education Office of Great Start as it continues its work in applying for federal grants to help fund this vital initiative. Your strong support of the health and education of Michigan's children is appreciated by our Family Physicians, who serve these children and their families in communities throughout the state. By working together, we can make Michigan a better place to live, work and play for all of our citizens.

Sincerely,

(b)(5)  
(b)(6)

Chief Executive Officer

*cc: Michigan Department of Education*



September 30, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

The Michigan AfterSchool Association (MAA) is pleased to support Michigan's application for the Race to the Top – Early Learning Challenge grant. MAA is the state affiliate of the National AfterSchool Association and we represent public, private and community-based providers of before and after-school programs.

MAA works at the local level to ensure children have access to affordable, quality afterschool programs. We believe that afterschool programs are critical for children and families today, yet the need for programs is far from being met.

After School programs in Michigan offer care and services to children from preschool through high school. We believe that secure relationships with responsive and respectful adults provide the basis for all learning. With these relationships in place, young children develop a capacity for trust, competence and independence that assists them to grow as young children. Our providers strive to provide safe and stimulating environments which will inspire a lifelong love of learning in toddlers and young children.

We applaud your commitment to early childhood education evidenced by your Executive Order which created the Office of Great Start to strategically coordinate all 84 different funding sources both state and federal for early childhood programs in Michigan. We emphatically support the Ministry of Education's application for Race to the Top – Early Learning Challenge funds and we look forward to working with you and other partners in Michigan on this initiative if our state is successful with this proposal.

Sincerely,

(b)(6)

(b)(6)



## Partners

City of Farmington Hills

City of Grand Rapids—  
Our Community's  
Children

Early Childhood  
Investment Corporation

Fight Crime: Invest in  
Kids Michigan

Great Lakes Girls  
Collaborative Project

Governor's Council for  
Physical Fitness

Junior Achievement

Michigan AfterSchool  
Association

Michigan Association for  
the Education of Young  
Children

Michigan Association of  
Counties

Michigan Association of  
Intermediate School  
Districts

Michigan Association of  
School Boards

Michigan Association of  
United Ways

Michigan Department of  
Community Health

Michigan Department of  
Education

Michigan Department of  
Human Services

Michigan Elementary and  
Middle School Principals  
Association

Michigan Municipal  
League

Michigan Parent Teacher  
Association

Michigan Recreation and  
Parks Association

Michigan State University

Michigan State University  
Extension

Michigan's Children

State Alliance of YMCAs

The David P. Welkart  
Center for Youth Program  
Quality

Workforce Development  
Agency, State of  
Michigan

YouthQuest After  
School—Genesee County

September 30, 2013

Mike Flanagan, State Superintendent of Public Instruction  
Michigan Department of Education  
Post Office Box 30008  
Lansing, Michigan 48909

Dear Superintendent Flanagan:

I would like to express the Michigan After-School Partnership's support of Michigan's application for the Race to the Top - Early Learning Challenge grant to improve early learning and development for children across Michigan.

As a vested partner in improving the education and lives of children throughout Michigan and an active participant in work groups of the Office of Great Start, MASP supports the efforts to:

- Continue to focus on developing the early learning and development system by engaging partners in health and human services to continue to improve outcomes for all children.
- Focus on improving quality and encourage participation in ratings and quality improvements for more providers in Michigan's quality rating and improvement system.
- Engage families in the design and implementation of Michigan's early learning and development system.
- Support early childhood providers and build a stronger workforce by improving access to high-quality training, professional development, and degree attainment including a focus on health and family engagement.
- Improve access to data by building a data system that supports improved data-driven decision making.

We agree that the Early Learning Challenge grant represents a critical opportunity for Michigan to continue to build on the work of the Department of Education, the Legislature and Governor Snyder and to take full advantage of existing education and community partnerships focused on improving early learning and development around the state including efforts over the last few years to make additional investments in the Great Start Readiness Program; create a comprehensive plan for early learning and development involving parents, service providers, policymakers, early childhood experts, and advocates across the state; and efforts to coordinate early learning and development services across the Michigan Departments of Education, Human Services, and Community Health.

As a state, we all have a vested interest in improving the education of our children. We recognize the importance of our state receiving this grant and are committed to being part of a stakeholder group that will support the implementation of this Initiative.

Sincerely,

(b)(6)

(b)(6) Executive Director  
Michigan After-School Partnership



The Arc Michigan • 1325 S. Washington Ave. • Lansing, MI 48910-1652  
(800) 292-7851 • (517) 487-5426 • Fax (517) 487-0303 • [www.michiganallianceforfamilies.org](http://www.michiganallianceforfamilies.org)

---

October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

Michigan Alliance for Families, Michigan's federally recognized Parent and Training Information Center, fully supports the State of Michigan's Race to the Top Early Learning Challenge Application.

Michigan Alliance is committed to improving educational outcomes for students with disabilities across Michigan. The organization provides information and referral, mentoring, training and advocacy to the 20,000 families accessing Early On services and the 210,000 parents navigating the special education system in Michigan. Education is the key to Michigan's future and investing in early childhood learning will be instrumental. Michigan Alliance is committed to collaborating and supporting this important work. The agency can offer support, training and education to parents on topics such as: Content of the IEP, IFSP and Effective Communication and Advocacy.

The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education, programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's youngest and most vulnerable citizens will be significant.

Thank you for your commitment to early learning for ALL students in Michigan.

Again, we wholeheartedly support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

(b)(6)



Director



September 17, 2013

The Michigan Department of Education  
Office of Great Start  
Race to the Top

To whom it may concern:

As the Executive Director, I am writing an enthusiastic letter of support on behalf of the Michigan Association for Infant Mental Health (MI-AIMH), an organization with over 650 members who work in a variety of ways with women during pregnancy, infants, toddlers, and their families. MI-AIMH is extraordinarily proud of Michigan's efforts to invest in early childhood, especially the Great Start Readiness Program and the collaboration to improve child development and learning outcomes across Departments of Health, Human Services, and Community Health.

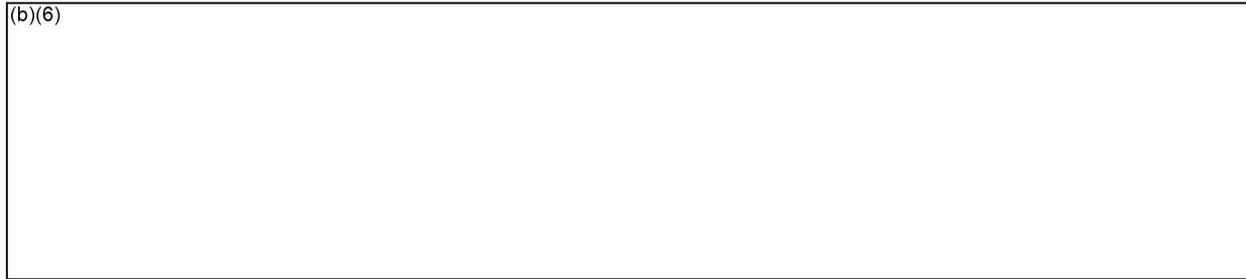
This application for Race to the Top Funding reflects Michigan's commitment to infant and early childhood efforts to:

- *Continue to focus on developing the early learning and development system* - Engage partners in health and human services to continue to improve outcomes for all children.
- *Focus on improving quality* - encourage participation in ratings and quality improvements for more providers in Great Start to Quality, Michigan's quality rating and improvement system.
- *Engage families* - Help families to understand and use Great Start to Quality while engaging families in the design and implementation of Michigan's early learning and development system.
- *Support early childhood providers* - Build a stronger workforce by improving access to high-quality training, professional development, and degree attainment including a focus on health and family engagement.
- *Improve access to data* - Build a data system that supports improved data-driven decision making.

•  
It is my belief that Michigan has the professional talent, administrative expertise and will of the community to improve outcomes for all young children as outlined in this application. MI-AIMH stands ready as a partner to support the application.

With optimism for successful funding,

(b)(6)



Executive Director



*Carolyn Smith-Gerdes, President*  
*Dawn Bentley, President-Elect*  
*John Bretschneider, Past President*

*Anthony S. Thaxton, Ph.D., Executive Director,*  
*4769 Crestridge Ct. Holland, Mi 49423*  
*Phone: 616.283-0597 Fax: 616.335.2811*  
*E-Mail: anthonythaxton@mac.com*

September 20, 2013

To whom it may concern,

We have been asked to submit a letter of support for the "Race to the Top - Early Learning Challenge" grant application by the Michigan Department of Education's Office of Great Start. We are very pleased to provide this letter because we strongly support this office's efforts to develop and improve learning opportunities for young children in Michigan.

The Michigan Association of Administrators of Special Education (MAASE) represents over 650 special education administrators from throughout the state and is dedicated to the provision of quality programs and services to students with disabilities within the total education community. We believe that a successful application and implementation of this grant will allow Michigan to achieve the following:

- **Significant progress on the goals of the early learning and development system** - Engage partners in health and human services to improve outcomes for all children.
- **Improved quality** - Realize quality improvements for more providers in Great Start to Quality, Michigan's quality rating and improvement system.
- **Family engagement** - Help families to understand and use Great Start to Quality; engage families in the design and implementation of Michigan's early learning and development system.
- **Support early childhood providers** - Build a stronger workforce by improving access to high-quality training, professional development, and degree attainment that includes a focus on health and family engagement.
- **Improved access to data** - Build a data system that supports improved data-driven decision-making.

Michigan has been working to coordinate early learning and development services across the Michigan Departments of Education, Human Services, and Community Health. MAASE is prepared to support these efforts and pledges to continue our strong working relationship with the Office of Great Start and the Michigan Department of Education.

Thank you for the opportunity to provide this letter of support and thank you for your strong support and attention to the education of Michigan's youngest learners. We look forward to partnering with you and others to implement this initiative.

For the Executive Board,

(b)(6)

Michigan Association of Administrators of Special Education  
 Assistant Director of Special Education  
 Muskegon Area ISD  
 630 Harvey Street  
 Muskegon, MI 49442  
 Email: [csgerdes@muskegonisd.org](mailto:csgerdes@muskegonisd.org)  
 Phone: (231) 767-7249

(b)(6)

(b)(6)

Ph.D., Executive Director  
 Michigan Association of Administrators of Special Education  
 4769 Crestridge Court  
 Holland, MI 49423  
 Email: [anthonythaxton@mac.com](mailto:anthonythaxton@mac.com)  
 616-283-0597

MICHIGAN ASSOCIATION *of* SCHOOL ADMINISTRATORS

**Michigan Association of  
School Administrators**

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The mission of MASA is  
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unity within  
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achieve the continuous  
improvement of public  
education in Michigan.

*Your Success,  
Our Passion*

1001 Centennial Way, Suite 300  
Lansing, MI 48917-9279

Phone: 517-327-5910  
Fax: 517-327-0779  
www.gomasa.org

September 17, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

On behalf of the Michigan Association of School Administrators, we are pleased to support the pursuit of the Race to the Top Early Learning Challenge Grant.

As a key partner working with the Michigan Department of Education and the Early Childhood Investment Corporation, the Early Learning Challenge Grant will help ensure that the early learning environments leading up to kindergarten entry are meeting the needs of our students who are most at-risk. We anticipate the grant will foster important initiatives of the early learning system in Michigan, such as:

- *Continuing to focus on developing the early learning and development system* - Engage partners in health and human services to continue to improve outcomes for all children.
- *Focus on improving quality* - encourage participation in ratings and quality improvements for more providers in Great Start to Quality, Michigan's quality rating and improvement system.
- *Engaging families* - Help families to understand and use Great Start to Quality while engaging families in the design and implementation of Michigan's early learning and development system.
- *Supporting early childhood providers* - Build a stronger workforce by improving access to high-quality training, professional development, and degree attainment including a focus on health and family engagement.
- *Improving access to data* - Build a data system that supports improved data-driven decision making.

Thank you for all of your efforts to support the students of Michigan.

Sincerely,

(b)(6)

Executive Director

# MASB LeadStrong

Michigan Association of School Boards

September 17, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder,

I am pleased to add the support of the Michigan Association of School Boards to the Michigan Department of Education Office of Great Start's efforts to secure a Race to the Top—Early Learning Challenge grant. MASB represents the collective voice of over 4,000 school board members throughout the state of Michigan and advocates for quality public education and student achievement.

We understand Michigan is applying for federal grant support to improve early learning and development for children across our state. As an association representing locally elected school leaders, we applaud the Office of Great Start's systemic efforts to improve the quality of Michigan's early learning programs, increase accountability measures, and boost school readiness for young children. With all the competing challenges facing public education today, it is encouraging and worth noting that we stand together in recognizing the overwhelming need for young children to enter our schools prepared to succeed.

MASB continues to work with local boards of education and other partners to help foster an appreciation for and understanding of the critical importance of early childhood education. We regularly engage our members in dialogue and policies that support efforts to improve early educational programs and opportunities.

As an association with a vested interest in improving the education of Michigan's children, MASB recognizes the importance of our state receiving this grant, and we remain committed to being part of a stakeholder group that will support the implementation of the proposals which are outlined in our state application.

Sincerely,

(b)(6)

Executive Director

1001 Centennial Way, Suite 400  
Lansing, MI 48917-8249  
P: 517.327.5900  
F: 517.327.0775  
[www.masb.org](http://www.masb.org)

**Michigan Association  
of United Ways**

330 Marshall Street, Suite 211  
Lansing, MI 48912



(b)(6)

September 23, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

On behalf of Michigan's 58 local United Ways, we applaud your leadership to make great strides for our youngest learners and support Michigan's Race to the Top Early Learning Challenge application.

As you are aware, United Ways across the state invest in early childhood initiatives and your continuing increase of state resources has grown the capacity and reach of our programs. From the creation of the Office of Great Start, to the recent increase in Great Start Readiness programs, Michigan is poised to emerge as a leader in early education thanks to your efforts.

We are pleased to see further initiatives laid out within the application that strengthen the network for early childhood providers and increase quality through professional development and educational attainment of our existing workforce. This will ultimately provide our parents increased professional options to nurture Michigan's youngest citizenry.

Parents are the foundation of a child's success. Your strategies to further engage families into the design and implementation of our systems will not only build community capacity, it will also build a sustainable model which will continue to build parental involvement.

We look forward to working with you to achieve our mutual goals. Please let us know where our network may be of assistance.

Sincerely,

(b)(6)

President/CEO



600 South Walnut Street | Lansing, Michigan 48933-2200  
michamber.com | 800-748-0266 toll-free

October 2, 2013

The Honorable Rick Snyder  
Governor  
State of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing on behalf of the Michigan Chamber of Commerce in support of Michigan's application for the Race to the Top – Early Learning Challenge (RTT – ELC) grant.

We applaud your commitment to early childhood education as evidenced by the creation of the Office of Great Start in the Michigan Department of Education, the recent investment of an additional \$65 million in Michigan's Great Start Readiness Program, and the creation of a comprehensive plan for early learning and development. The Michigan Chamber believes a well educated workforce is crucial for Michigan's continued economic recovery and one of the best investments we can make is in early childhood.

The State of Michigan's resolve to focus on quality improvement in early childhood services, engaging families in deciding what is best for their children, and devising an early learning data system that gives us good information about program effectiveness is commendable. We endorse your emphasis on improving quality and holding early childhood programs responsible for demonstrating a return on investment of taxpayers' dollars. When public funds are spent wisely, everyone benefits. In closing, I hope that full consideration is given to the State of Michigan's proposal.

Sincerely,

(b)(6)

President & CEO

## American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



## Michigan Chapter

**MIAAP**

106 W. Allegan  
Suite 510  
Lansing MI 48933  
517/484-3013  
Fax: 517/575-6285

**President**

Jeannette Gaggino, MD  
Bronson Rambling Rd. Pediatrics  
5629 Stadium Dr.  
Kalamazoo, MI 49009  
269/372-0696  
[GAGGINOL@bronsonhg.org](mailto:GAGGINOL@bronsonhg.org)

**Executive Director**

Denise Sloan  
106 W. Allegan  
Suite 510  
Lansing MI 48933  
517/484-3013  
Fax: 517/575-6285  
[dsloan9@gmail.com](mailto:dsloan9@gmail.com)

October 3, 2013

The Honorable Rick Snyder  
Governor of Michigan  
PO Box 30013  
Lansing, MI 48909

Dear Governor Snyder,

On behalf of the 1500 pediatricians that comprise the Michigan Chapter American Academy of Pediatrics, I am pleased to offer our support for Michigan's application for the Race to the Top—Early Learning Challenge grant.

The mission of the MIAAP is to identify, develop and manage opportunities to improve the health and welfare of children and the practice of pediatric medicine. We are an affiliate of the American Academy of Pediatrics.

Investment in early childhood initiatives pays dividends down the road. The MIAAP understands the importance of good physical health as a cornerstone of school readiness. In order for young children to learn, they must be physically and developmentally healthy. We stand ready to deliver the care that is needed for good health as well as partnering with the State of Michigan to assure access to care for all children in Michigan.

We are grateful for the commitment you have shown for the health and wellness of children and join you in efforts to ensure that the physical, behavioral and developmental health of children is met.

The Race to the Top—Early Learning Challenge offers Michigan the opportunity to build on the early successes of early childhood initiatives in our state and to ensure that Michigan's young children are healthy and ready to learn.

We enthusiastically support this application and look forward to continue to work with your administration in implementing initiatives that will guarantee good health for our youngest children.

Sincerely,

(b)(6)

Executive Director



STATE OF MICHIGAN  
STATE BUDGET OFFICE  
LANSING

RICK SNYDER  
GOVERNOR

JOHN E. NIXON, CPA  
DIRECTOR

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

I am writing this letter of support on behalf of the Department of Technology, Management & Budget (DTMB) for Michigan's application for the Race to the Top – Early Learning Challenge (RTT – ELC) grant.

DTMB is committed to assisting the participating agencies in meeting the five key areas of reform set forth in the RTT-ELC grant. DTMB is especially committed to working with the Office of Great Start, other state participating agencies and the early learning community in building an early learning data system capable of measuring program outcomes useful for improving instruction, practices, services and policies.

To this end, we are committing resources from both the Center for Educational Performance and Information and our information technology teams to leverage the Michigan Longitudinal Data System in support of these efforts. These resources will focus on implementing an early learning system that links data across human services and education domains to meet the needs of our most at risk children in this state and ensure that our public investments prepare our children to thrive and succeed.

Sincerely,

(b)(6)

State Budget Director

---

**Michigan Education Association**

1216 Kendale Blvd.  
East Lansing, MI 48823  
517-332-6551  
800-292-1934

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing on behalf of the Michigan Education Association (MEA), representing more than 157,000 teachers, faculty and educational support personnel in Michigan.

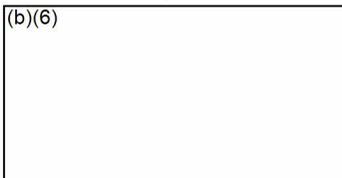
MEA has always been a strong advocate for early learning and development programs for young children. We hold as a core belief that all of Michigan's children are able to enter school ready to learn. To this endeavor, we strongly support Michigan's effort to secure Race to the Top Early Learning Challenge funding.

In order to build a strong K-12 education system, we must continue to strengthen our early learning programs and services. Michigan's tradition of strong educational opportunities is being eroded by a struggling economy, rising levels of poverty, a loss of net population and changing demographics. We support the Michigan Department of Education's efforts to improve the quality of Michigan's early learning programs and increase young children's readiness for school. In addition, we support the efforts to increase the number of low-income and disadvantaged children who enroll in high-quality early learning programs.

The Race to the Top Early Learning Challenge offers Michigan an opportunity to create a broad, systemic, sustainable approach for effective early development and education for children and we strongly support the State's plan for this effort.

Sincerely,

(b)(6)



President



October 2, 2013

The Honorable Rick Snyder  
Governor of Michigan  
PO Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

The Michigan Elementary and Middle School Principals Association wishes to add its support to Michigan's application for Race to the Top – Early Learning Challenge Grant. MEMSPA provides quality educational leadership and support to our membership of over 1,100 elementary and middle level principals in our great state of Michigan.

MEMSPA is dedicated to supporting principals in the delivery of quality educational experiences to students in Michigan by providing leadership opportunities, legislative advocacy, professional development and guidance.

MEMSPA knows that one of the best ways to support Michigan's economic recovery is to support our youngest citizens – our future workforce – with high quality early childhood programs.

Principals of elementary and middle schools in Michigan understand the crucial importance and value of early childhood learning. In face research verifies that it is essential. We understand that learning begins at birth and in order for our children to compete globally in a knowledge-based society, we must ensure that Michigan's children arrive at school ready to learn, that children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

Unfortunately, too many children, between one-third to one-half, start kindergarten unprepared each year in Michigan. The consequences of this situation are devastating, not only to the individual child, but to our society as a whole.

MEMSPA is an organization with a vested interest in improving children's education and we give our full support to the Michigan Department of Education's application. We support a high quality early childhood system which is a hallmark of Michigan's Race to the Top application.

Sincerely,

(b)(6)

A rectangular box with a black border, containing the text "(b)(6)" in the top left corner. The rest of the box is empty, indicating that the signature has been redacted.

Executive Director



2364 WOODLAKE DRIVE, SUITE 180

OKEMOS, MI 48864

PH: 517/381-8247 FX: 517/347-6189

WWW.MPHI.ORG

October 3, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder

As grantee for the Health Resources and Services Administration project, **Family Professional Partnership (Michigan Family to Family Health Information Center)** we would like to express our support for Michigan's application for *Race to the Top – Early Learning Challenge*.

The Family to Family, Health Information Center purpose is to assure that families of children and youth with special health care needs (CYSHCN) are able to participate in decision-making at all levels and are satisfied with the services they receive. A parent/professional partnership is utilized to promote a system of care for CYSHCN in Michigan that is family centered, culturally competent, and appropriate. Parent coordinators provide training and educational resources for Michigan families of CYSHCN and professionals involved in their care. This target group includes those in the early learning demographic.

We are pleased to partner with Michigan on *Race to the Top Early Learning Challenge* grant. We will continue to provide the infrastructure for collaboration of state and local agencies and where possible utilize existing resources to build up the skills and knowledge of those family, friend, and neighbor providers, to enhance the quality of care they are providing. We will promote the child care Quality Rating System among families engaged in the Michigan Family to Family. We will continue to collaborate with the Michigan Department of Community Health, the Michigan Department of Education, the Department of Human Services, the Children's Trust Fund as well as Great Start Parent Coalitions across Michigan.

*Race to the Top Early Learning Challenge* has tremendous potential to engage families in supporting their child's health, social-emotional wellness, and development. I am thrilled to be a part of it.

Sincerely,

(b)(6)

A rectangular box with a black border, containing the text "(b)(6)" in the top-left corner. The rest of the box is empty, indicating that the signature has been redacted.

Program Director



86TH DISTRICT  
STATE CAPITOL  
P.O. BOX 30014  
LANSING, MI 48909-7514  
PHONE: (517) 373-0846  
FAX: (517) 373-8714  
E-MAIL: lisalyons@house.mi.gov

MICHIGAN HOUSE OF REPRESENTATIVES

**LISA POSTHUMUS LYONS**  
STATE REPRESENTATIVE

September 25, 2013

Secretary Arne Duncan  
U.S. Secretary of Education  
United States Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

Dear Secretary Duncan:

I am writing in support of Michigan's application for Race to the Top – Early Learning Challenge Grant. The Michigan Department of Education in partnership with the Departments of Human Services and Community Health has prepared a proposal with input from key stakeholders in Michigan.

The proposal outlines Michigan's plan for early learning and development in Michigan and the Race to the Top strategies aimed to improve school readiness for children with the highest needs across the state. These strategies are built upon the link between high quality early learning and development programs and services and the improved outcomes for children.

The vision for Great Start in Michigan is that children are born health, developmentally on track from birth to third grade, are ready to succeed at the time of school entry, and reading proficiently at the end of third grade. This proposal will help Michigan to build upon the long-term and recent investments in the early learning and development system and provides opportunity to take the next step towards achieving these outcomes for our highest needs children.

I am in support of this application and am committed to the vision ensuring greater outcomes for the high needs children. Thank you for your consideration.

Sincerely,

(b)(6)

State Representative  
86th District

September 20, 2013

Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

The Michigan League for Public Policy (MLPP) and its network of individuals and organizations support Michigan's application for the Race to the Top-Early Learning Challenge (RTT-ELC) grant. For a century MLPP has sought to foster economic opportunity and security for Michigan's economically vulnerable population by shaping public policy through objective data-driven research, education and advocacy.

As the state Kids Count grantee, the League has regularly compiled and shared data on key indicators of well-being among young children and advocated for improving services to families of young children including parental options for quality child care, particularly for disadvantaged children. League staff have also participated in the ongoing efforts to create a comprehensive system to support families with young children in Michigan communities.

Too many children in Michigan arrive unprepared at the kindergarten door. Early, effective, and coordinated services are critical to addressing this issue. A cohesive early childhood system can increase opportunities for disadvantaged children, their families and communities.

MLPP endorses the state's RTT-ELC priority goals:

- Increased engagement of the health and human services partners in the early childhood system
- Higher participation by providers in Great Start to Quality, Michigan's quality rating and improvement system
- More family engagement in the use of Great Start to Quality and in the design and implementation of Michigan's early learning and development system
- Improved access to high-quality professional development and degree attainment for early childhood providers
- A data system that supports data-driven decision making

We look forward to working with you and others to implement this initiative.

Warmest regards,

(b)(6)

President and CEO



Michigan Library Association • 1407 RENSEN STREET • SUITE 2 • LANSING MI 48910  
PH: (517) 394-2774 • FAX: (517) 394-2675 • [www.mla.lib.mi.us](http://www.mla.lib.mi.us)

September 13, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I would like to express our support for Michigan's Race to the Top – Early Learning Challenge application. Michigan libraries have long been providers of early childhood literacy programs and we understand their critical importance to reading development, classroom readiness and educational success. The Michigan Library Association (MLA) is pleased to support and partner with the state of Michigan's efforts to expand access to quality learning experiences for all children.

The Michigan Library Association is composed of nearly 1,400 individual and organizational members from public, academic, private and special libraries and is dedicated to promoting learning in all forms. MLA prides itself on the diversity of the represented communities and applauds the State's effort to increase the quality of learning experience for young children in communities across the state.

Nearly every Michigan library offers early childhood reading programs. The goal is to provide young children with materials and activities that help them to develop the skills they need to be ready to learn to read, write and listen when they enter school. Michigan libraries recognize the importance of early childhood learning and enthusiastically support Michigan's effort in applying for the Race to the Top funding

Sincerely,

(b)(6)

MLA Executive Director



September 16, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

I am writing on behalf of the Michigan Primary Care Association and our 35 Federally Qualified Health Centers (FQHCs) and safety net providers in strong support for Michigan's application for the Race to the Top – Early Learning Challenge (RTT-ELC) grant.

The Michigan Primary Care Association is an organization comprised of the FQHCs and safety net providers across the state of Michigan committed to promoting, supporting, and developing comprehensive, accessible, and affordable community-based health care services to everyone in Michigan. Nearly 600,000 patients are seen annually in Michigan's community health centers and in 2012, 219,346 children aged 0-19 were served at an FQHC.

In 2009, MPCA in partnership with the Michigan Association of United Ways, was awarded a Children's Health Insurance Reauthorization Act (CHIPRA) Cycle 1 Grant of \$915,000. Through this project, MPCA helped enroll nearly 2,500 children in Healthy Kids and MICHild who would have otherwise gone without care. In 2011, MPCA received a Cycle 2 Grant award of \$814,000 focused on coverage retention which utilizes a technology-driven approach to help enrolled children maintain their coverage. The Cycle 2 project has boosted coverage retention by over 20% amongst 90,000 children served by nine different Health Centers in partnership with MPCA in the last two years.

MPCA shares your commitment to ensuring Michigan excels and will continue to advocate for identifying and addressing the health, behavioral, and developmental needs of children with high needs to improve school readiness.

MPCA is proud to lend strong support for Michigan's RTT-ELC grant application and we appreciate your consideration of Michigan's application.

Sincerely,

(b)(6)

Executive Director

***Michigan Primary Care Association is a leader in building a healthy society in which all residents have convenient and affordable access to quality health care. Its mission is to promote, support, and develop comprehensive, accessible, and affordable quality community-based primary care services to everyone in Michigan.***

**MICHIGAN STATE**  
**UNIVERSITY**

September 19, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I write to express the support of the Michigan State University College of Education for the state's application to the U.S. Department of Education Race to the Top - Early Learning Challenge grant program. The funds available from this program will be an important addition to the \$65 million you and the legislature have already invested in the state's Great Start Readiness Program. This \$65 million represents the largest increase in preschool funding in the country.



**College of  
Education**

Office of the Dean

Michigan State University  
Erickson Hall  
620 Farm Lane, Rm. 501  
East Lansing, MI  
48824-1130

517-355-1734  
Fax: 517-353-6393  
www.education.msu.edu

Early childhood education provides a critical foundation for the later learning of all Michigan students. Research consistently shows that those students who reach kindergarten ready to learn will be more successful in elementary and secondary education and beyond. The funds from the Race to the Top - Early Learning Challenge grant program will help the state to implement its early childhood strategy, which includes:

- Continue to focus on developing the early learning and development system in the state;
- Focus on improving quality of early childhood providers;
- Engage families in their children's early learning;
- Support early childhood providers by building a stronger workforce; and
- Improve access to data to promote continuous quality improvement

We appreciate your ongoing commitment to addressing this pressing need of improving the educational system for the state's youngest learners. This application to the U.S. Department of Education will be an important step in the process.

The Honorable Rick Snyder

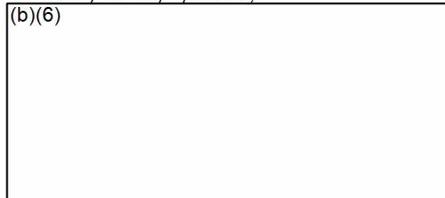
September 19, 2013

Page 2

If we in the College of Education can be of any assistance, please do not hesitate to call on us.

Very truly yours,

(b)(6)

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Dean, College of Education

**MICHIGAN STATE UNIVERSITY** | **Extension**

October 3, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

Michigan State University Extension enthusiastically supports the State of Michigan's Race to the Top Early Learning Challenge Application.

Our Early Childhood Educators offer research-based programs, series of educational classes and information for parents, caregivers and child care providers on a variety of early childhood development topics.



The Race to the Top Early Learning Challenge grant will assist in moving our current initiatives forward at a very rapid pace and make the greatest impact on moving vulnerable children and families to independence and security.

**MSU EXTENSION**

Again, we enthusiastically support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

Justin S. Morrill Hall of  
Agriculture  
446 W. Circle Drive  
Room 108  
East Lansing, MI 48824

Sincerely,

(b)(6)

Educator

(517) 355-2308  
msue.msu.edu

September 30, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

On behalf of Michigan's Children and its Board of Directors, I am glad to extend our support of the Race to the Top – Early Learning Challenge (RTT-ELC) grant for the state of Michigan.

Since 1993, Michigan's Children has served as the Michigan's only statewide, multi-issue advocacy organization focused solely on public policy in the best interest of children from cradle to career and their families. To mitigate the discouraging and unacceptable gaps that begin early and persist over a lifetime, Michigan's Children focuses on reducing racial and economic disparities in child and family outcomes.

It has been well established in our state that the best path to economic recovery is to support our future workforce – our youngest residents – and we've made great progress in this area. The creation of the Office of Great Start was an excellent first step in realizing an education system that supports children from cradle to career. Further, Michigan's 60 percent expansion of the Great Start Readiness preschool program demonstrates the political will to expand evidence-based services to our most struggling young learners. And, the Office of Great Start's report *Great Start, Great Investment, Great Future: A Plan for Early Learning and Development in Michigan* lays out a clear blueprint to continue to strengthen our early childhood system.

The RTT-ELC would allow Michigan to bolster our efforts and see the blueprint come to fruition by providing us with the support needed to strengthen our early childhood infrastructure. Specifically, the RTT-ELC would allow us to continue to ensure more children are prepared for kindergarten by strengthening our Quality Rating and Improvement System to increase quality of care in all early childhood settings. Moreover, a kindergarten assessment that's connected to an early childhood data system as supported by the RTT-ELC, would allow teachers to better understand and teach to students' needs while strengthening linkages between early education and K-12.

Michigan's Children will continue to advocate for sound public policies that support the most challenged children and families from cradle to career. We strongly support a high quality early childhood system and thus, strongly support Michigan's application for the RTT-ELC.

Sincerely,

(b)(6)

Interim President & CEO

## BOARD OF DIRECTORS

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*Bank of America*

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GOVERNOR'S OFFICE OF  
**Foundation Liaison**  
 PARTNERING FOR A BETTER MICHIGAN

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Ali Webb, W.K. Kellogg  
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## OFL STAFF

Karen Aldridge-Eason  
 Foundation Liaison

Maura Dewan  
 Foundation Coordinator

111 S. Capitol Ave.  
 PO Box 30013  
 Lansing, Michigan 48909  
 p 517.241.5882  
 f 517.335.7899  
 michiganfoundations.org/ofl

September 19, 2013

The Honorable Rick Snyder  
 State of Michigan  
 P.O. 30013  
 Lansing, Michigan 48909

Dear Governor Snyder:

The Office of Foundation Liaison is pleased to support the Michigan Department of Education Office of Great Start's (OGS) Race to the Top – Early Learning Challenge Grant application.

Through your strong leadership and the commitment of the Michigan Legislature, this year an additional \$65 million was appropriated for our state's Great Start Readiness Program. This is the single largest increase in preschool funding in the country – a true statement of Michigan's commitment to a quality start in life for its youngest citizens.

Michigan, through the OGS, continues to work toward a more coordinated early learning and development system engaging multiple state agencies. Over the last year and a half OGS has heard from nearly 1,400 parents, services providers, policymakers and early childhood experts and advocates in support of a coordinated quality system.

Our state's long history of public-private partnerships with philanthropy and the business sector, uniquely positions Michigan to strategically leverage a Race to the Top award. With this award and working together, we are convinced that the OGS will:

- Focus on the building and strengthening of the early learning and development system.
- Improve quality through ratings and ongoing quality improvement supports.
- Educate and engage families to understand and use Great Start to Quality and participate in the design and implementation of a strong quality learning and development system for Michigan.
- Support early childhood providers to build a stronger Michigan workforce.
- Improve access to data to drive decision making and quality outcomes.

We appreciate your leadership and the work that has already been done in support of young children in Michigan entering kindergarten ready to learn. This award will allow OGS to build the system that will ensure all Michigan children are afforded the opportunity to excel in both learning and life.

Sincerely,

(b)(6)

Foundation Liaison

**CMF** Council of  
 Michigan  
 Foundations



*A strategic partnership between the State of Michigan and the Council of Michigan Foundations.*



PO Box 4458 • East Lansing, MI 48826-4458 • 517-393-6890 • [www.preventionnetwork.org/pam](http://www.preventionnetwork.org/pam)

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September 23, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

On behalf of Parenting Awareness Michigan which represents a diverse network of parent and family service providers, professionals, and volunteers throughout the state, I am pleased to support Michigan's application for the Race to the Top Early Learning Challenge Grant.

Parenting Awareness Michigan has served our state for over 20 years. We believe that effective and informed parenting is important in nurturing children to become caring and contributing citizens. Research has shown the link between critical parenting factors (positive parenting skills, role modeling, and knowledge of risk and protective factors to name a few) and the prevention of risk behaviors in children and youth.

We passionately support efforts to create success for our youngest learners and to engage parents and caregivers in creating supportive environments for children and families.

Parenting Awareness Michigan seeks to: Raise awareness with parents and caregivers; provide education and skill-building opportunities; promote the multiple roles of parenting engagement at the individual, family, and community levels; provide guidance, tools, and resources for prevention and intervention at key transitional and developmental stages; and provide meaningful, up-to-date research-to-practices knowledge, application, and opportunity.

As part of our commitment, Parenting Awareness Michigan can serve as a collaborative network to provide information, materials, and updates on developing and sustaining a comprehensive early learning system in Michigan – especially as these pertain to the inclusion of parents, caregivers, and those who work with parents and families.

Thank you for your commitment to the care and education of Michigan's youngest learners, and the individuals and systems that can have an important impact on their educational health and well-being. We look forward to working with you and other partners for the well being of our young children and their families.

Sincerely yours,

(b)(6)

Statewide Coordinator  
Parenting Awareness Michigan

*Mission: Promote awareness, education, and resources emphasizing the importance of effective parenting in nurturing children to become caring and contributing citizen.*

101 S. Washington Square  
Suite 600  
Lansing, Michigan 48933



Phone: 517.482.1563  
Facsimile: 517.482.1241  
www.pcesum.org

September 16, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 489090

Attention; Race to the Top—Early Learning Challenge

Dear Governor Snyder:

I would like to express the Presidents Council, State Universities of Michigan's support of Michigan's application for the federal Race to the Top—Early Learning Challenge funds. The Presidents Council serves as an advocate in the state for the 15 public universities on public policy issues and legislation. The Council works closely with the Michigan Department of Education (MDE) and the Center for Education Performance and Information (CEPI) on career and college readiness efforts including Common Core State Standards, next generation of assessments, teacher preparation and evaluation, and the P-20 student longitudinal data system.

The universities understand the criticality and value of early childhood learning. Many of our universities work with local communities on early childhood health, welfare, and education, this is in addition to the work of the colleges of education at these universities.

We agree that Race to the Top represents a critical opportunity for Michigan to engage in the fundamental reforms that are needed to fuel education innovation that will accelerate and drive growth in student achievement at the early stages of their development. We see this grant as a way to strengthen our citizenry for Michigan's future.

As an association with a vested interest in improving the education of Michigan children, we recognize the importance of our state receiving this grant and are committed to being part of a stakeholder group that will support the implementation of our state's proposed application.

Sincerely,

(b)(6)

Executive Director

Central Michigan University  
Eastern Michigan University  
Ferris State University  
Grand Valley State University  
Lake Superior State University  
Michigan State University  
Michigan Technological University  
Northern Michigan University



Oakland University  
Saginaw Valley State University  
The University of Michigan – Ann Arbor  
The University of Michigan – Dearborn  
The University of Michigan – Flint  
Wayne State University  
Western Michigan University



October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

**Aaron A. Payment, MPA**

Dear Governor Snyder:

**Office of the  
Tribal Chairperson**

On behalf of the Sault Ste. Marie Tribe of Chippewa Indians, I am pleased to write this letter of support for the Race to the Top – Early Learning Challenge grant application submitted by the State of Michigan.

523 Ashmun Street

Sault Ste. Marie  
Michigan  
49783

The Sault Tribe is the largest of the twelve federally recognized Indian tribes in Michigan. There are 14,330 Sault Tribe members residing in our seven county service area and 927 are under the age of five. For our school aged children, approximately 99% attend public school. The future of education in Michigan is paramount to the future of our Tribe.

**Phone**

(b)(6)

The Sault Tribe is willing to serve a vital role in promoting the Race to the Top core strategies by educating our tribal membership through our monthly tribal newspaper and our tribal website and by encourage stakeholder participation by our families with young children. We look forward to additional opportunities for meaningful involvement in this exciting and vital project to improve early learning outcomes for high need students.

**Fax**

(b)(6)

**Email**

(b)(6)

The Sault Tribe’s Early Childhood Education Programs provide services to children through Child Care, Head Start and Early Head Start, which is the largest tribally operated program in Michigan. We partner with our local Great Start Readiness programs and offer quality services to the youngest members of our tribe.

**FaceBook**

(b)(6)

In conclusion, both the State of Michigan and the Tribe shall reap the benefits of a solid foundation of early education for our youth and, likewise our mutual potential will be hindered if we do not invest at this critical time. Miigwetch (thank you).

Sincerely,

(b)(6)

(b)(6) Tribal Chairperson

Sault Ste. Marie Tribe of Chippewa Indian



September 26, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Attention: Race to the Top- Early Learning Challenge

Dear Governor Snyder:

On behalf of the Board of Directors of the School-Community Health Alliance of Michigan (SCHA-MI), I am pleased to support Michigan's application for the federal Race to the Top- Early Learning Challenge. SCHA-MI promotes and advances school-based and school-linked health care ensuring all Michigan children have access to comprehensive prevention and healthcare services. SCHA-MI works closely with the Michigan Department of Education (MDE) to provide high quality health education and primary and preventive health care in 70 school-based and linked health centers including fourteen elementary schools serving the pre-K through grade five population.

It has been our experience that more elementary age children are coming to school with chronic health conditions such as diabetes and asthma, have increased social-emotional needs, and are lacking basic oral health care. Investing in early childhood development across the spectrum from health, mental health, oral health, family support, and preschool will ensure that children come to school healthy and ready to learn. We believe very strongly that this investment must also be sustained when children reach elementary school. School-based health centers in elementary schools can be a critical partner to sustain those gains.

The Race to the Top Early Learning Challenge will provide the opportunity for Michigan to continue to build its capacity and measure quality initiatives at the state and local levels to support families, child care and early learning centers. The state's Great Start Readiness Program provides the coordination and collaboration among key stakeholders in education, human services, and community health to implement the state's vision to prepare every generation of Michigan's youngest citizens to grow, develop, and learn.

SCHA-MI is committed to supporting the Great Start Readiness Program and the proposed work plan for the Race to the Top Early Learning Challenge.

Sincerely,

(b)(6)

Executive Director  
[mstrasz@scha-mi.org](mailto:mstrasz@scha-mi.org)

## Secondary Educators of Early Childhood

---

October 1, 2013

Governor Snyder,

As the Chairperson of Secondary Educators of Early Childhood (SEEC), I would like to thank you and the Michigan Legislature for your investment in Michigan's Early Childhood future. Our organization would like to submit a letter of support for Michigan's Race to the Top.

SEEC is an organization teaching and training high school junior and senior students to become high-quality, professional Early Childhood Educators. The educators involved in SEEC are represented throughout Upper and Lower Michigan in High Schools and Career Technical Centers. We utilize the Michigan Department of Education Standards and Segments, for Early Childhood and Teacher Cadet courses. We are developing the educators of tomorrow.

Our organization feels that Michigan is working collaboratively in their focus on early learning and development throughout the state. We believe that Michigan is competitive for the RTT-ELC and our excited about the efforts that are taking place to continue to grow that focus. As instructors, we see the improvement in programs where are students are placed for mentorships based on Great Start to Quality. Students are learning these standards and will be able to implement them in their future classrooms with ease and confidence.

The SEEC organization supports building Michigan's early childhood workforce. With high quality training and professional development opportunities our students are building the foundation that enables them to be an integral part of Michigan's Early Childhood success! Through the efforts of Great Start to Quality, training and professional development efforts have increased. We look forward to the opportunities and have great confidence in knowing Michigan is leading the way in Early Childhood.

As we move forward, SEEC is striving to assist and promote early childhood education throughout the state of Michigan with our students and families. We are optimistic about that endeavor!

Sincerely,

(b)(6)

Chairperson SEEC  
3933 Bush Dr.  
Bay City, MI 48706



23RD DISTRICT  
S-105 CAPITOL BUILDING  
P.O. BOX 30036  
LANSING, MICHIGAN 48909-7536  
PHONE: (517) 373-1734  
FAX: (517) 373-5387  
sengwhitmer@senate.michigan.gov

THE SENATE  
STATE OF MICHIGAN  
**GRETCHEN WHITMER**  
SENATE DEMOCRATIC LEADER

COMMITTEES:  
GOVERNMENT OPERATIONS (MVC)  
LEGISLATIVE COUNCIL  
SENATE FISCAL AGENCY  
BOARD OF GOVERNORS

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing in support of Michigan's application for Race to the Top – Early Learning Challenge Grant. The Michigan Department of Education in partnership with the Departments of Human Services and Community Health has prepared a proposal with input from key stakeholders in Michigan.

The proposal outlines Michigan's plan for early learning and development and the Race to the Top strategies aimed to improve school readiness for children with the highest needs across the state. These strategies are built upon the link between high quality early learning, development programs and services and the improved outcomes for children.

The vision for Great Start in Michigan is that children are born healthy, developmentally on track from birth to third grade, ready to succeed at the time of school entry and reading proficiently at the end of third grade. This proposal will help Michigan build upon the long-term and recent investments in the early learning and development system and provide additional resources needed to take the next step towards achieving these outcomes for our highest needs children.

I am in support of Michigan's Race to the Top application and committed to the vision of ensuring greater outcomes for high needs children.

Very truly yours,

(b)(6)

Senate Democratic Leader  
23<sup>rd</sup> District



17TH DISTRICT  
S-106 CAPITOL BUILDING  
P.O. BOX 30036  
LANSING, MI 48909-7536  
PHONE: (517) 373-3543  
TOLL-FREE: (866) 556-7917  
FAX: (517) 373-0927  
E-MAIL: senrichardville  
@senate.michigan.gov

**RANDY RICHARDVILLE**  
SENATE MAJORITY LEADER  
THE MICHIGAN SENATE

October 1<sup>st</sup>, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing in support of Michigan's application for Race to the Top - Early Learning Challenge Grant. The Michigan Department of Education in partnership with the Departments of Human Services and Community Health has prepared a proposal with input from key stakeholders in Michigan.

The proposal outlines Michigan's plan for early learning and development and the Race to the Top strategies aimed to improve school readiness for children with the highest needs across the state. These strategies are built upon the link between high quality early learning, development programs and services and the improved outcomes for children.

The vision for Great Start in Michigan is that children are born healthy, developmentally on track from birth to third grade, ready to succeed at the time of school entry and reading proficiently at the end of third grade. This proposal will help Michigan build upon the long-term and recent investments in the early learning and development system and provide additional resources needed to take the next step towards achieving these outcomes for our highest needs children.

I am in support of Michigan's Race to the Top application and committed to the vision of ensuring greater outcomes for high needs children.

Sincerely,

(b)(6)

Senate Majority Leader  
State Senator, the 17<sup>th</sup> district

September 23, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. box 30013  
Lansing, MI 48909

**Re: Letter of Support Race to the Top Early Learning Challenge**

Dear Governor Snyder:

The Skillman Foundation is proud to support Michigan's Department of Education Office of Great Start Race to the Top – Early Learning Challenge grant application. The Foundation fundamentally believes that deliberate investments in the strong growth of children are vital to Michigan's future. The Race to the Top – Early Learning Challenge grant program represents a leadership opportunity for Michigan in the national arena to improve early learning and development programs for young children.

The Skillman Foundation is a private philanthropic organization whose chief aim is to move the needle on meaningful high school graduation rates in Detroit, so that kids are prepared for college, career and life. We believe high school graduation begins with investment and achievement at the early childhood level. Skillman's work in elementary schools on the three pillars of excellence including: literacy and math instruction, student voice/personalization and community connections and supports will work towards a common agenda of improving outcomes for children in Detroit. The Foundation's efforts which helped build a Quality Ratings and Improvement System (QRIS) in Detroit will complement the state's efforts with the intention of helping to continue to focus on developing the early learning and development system, focus on improving quality, engage families and support early childhood providers.

The Foundation's Education strategy invests in high-quality schools that focus on Math and English instruction, student voice and personalization and strong community connections. The efforts of Michigan's Office of Great Start demonstrates that it is a cornerstone to Foundation's agenda for student success in Skillman's Detroit neighborhoods.

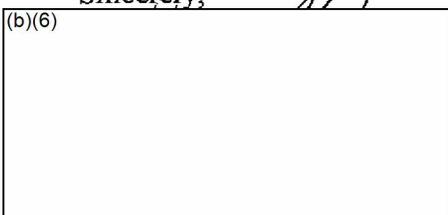
It is the honor of the Foundation to support the Office of Great Start's application by including our name to the list of supporters. The creation of the Office of Great Start within the Michigan Department of Education was an essential step to ensuring resources are integrated and maximized to improve child outcomes in Michigan.

Michigan's Office of Great Start application will assist in improving outcomes to better serve children. It is important to the Foundation that early childhood improvement continues in Detroit and throughout the state of Michigan. Please feel free to contact me if you have any questions.

Sincerely,



(b)(6)





October 4, 2013

The Honorable Rick Snyder  
Governor  
State of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing on behalf of the Small Business Association of Michigan (SBAM) in support of Michigan's application for the Race to the Top – Early Learning Challenge (RTT – ELC) grant. I am encouraged by the state's recent investment of an additional \$65 million in Michigan's Great Start Readiness Program and I am pleased that the state is committed to continuing its work to improve early learning and development for Michigan's youngest children.

As SBAM focuses on the talent necessary to propel the economy and small enterprises forward in Michigan, we are convinced that investing in high-quality early childhood initiatives produces high returns. These efforts improve grade school reading and math proficiency, save money on future social services costs, and result in a more competitive workforce. Early childhood investment is essential to nurturing our state's emerging talent and making wise use of limited tax revenues.

SBAM fully supports the state's application for this grant and Michigan's efforts to continue improving early learning and development provider quality through Great Start to Quality and creating an early learning data system that will allow for more data-driven decision making in early childhood programs and investments.

(b)(6)

President & CEO



September 16, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

I am writing this letter on behalf of the 140 families, 18 teachers, and 70 staff at Spartan Child Development Center, located in East Lansing on the campus of Michigan State University. Spartan Child Development Center strongly supports early childhood in Michigan and extends that support towards the state's application for *Race to the Top-Early Learning Challenge*.

Spartan Child Development Center is a self-supporting, non-profit corporation that is affiliated with Michigan State University and was established in 1971 to provide high-quality care and education to children ages two weeks to six years. The Center provides an environment that nurtures and guides children's individual growth and development, while focusing on the fact that each child is a unique person with an individual personality, learning style, and cultural background. Spartan Child Development Center is accredited by the National Association for the Education of Young Children and is committed to providing a multi-cultural, nonsexist, and nonviolent atmosphere in which children can learn and grow.

Spartan Child Development Center shares in the commitment towards ensuring that Michigan excels with the priority goals that are a hallmark of the RTT-ELC application;

- *Continue to focus on developing the early learning and development system* - Engage partners in health and human services to continue to improve outcomes for all children.
- *Focus on improving quality* - encourage participation in ratings and quality improvements for more providers in Great Start to Quality, Michigan's quality rating and improvement system.
- *Engage families* - Help families to understand and use Great Start to Quality while engaging families in the design and implementation of Michigan's early learning and development system.
- *Support early childhood providers* - Build a stronger workforce by improving access to high-quality training, professional development, and degree attainment including a focus on health and family engagement.
- *Improve access to data* - Build a data system that supports improved data-driven decision making.

Thank you for your continued support of Early Childhood Education.

Sincerely,

(b)(6)

Administrative Director

**Spartan Child Development Center 33 East Crescent East Lansing, MI 48823**

**Phone:** (b)(6) **fax:** (b)(6)

Spartan Child Development Center is a non-profit development facility which does not discriminate in membership or employment based on race, color, creed, sex or national origin of the applicant.



REGIONAL EDUCATIONAL SERVICE AGENCY

499 Range Road, PO Box 1500  
Marysville, MI 48040  
(810) 364-8990 | (810) 364-7474 Fax  
www.sccresa.org

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Monday, Sept. 16, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Gov. Snyder:

St. Clair County has long recognized the importance of early childhood education. The St. Clair County Regional Educational Service Agency has been and continues to be a primary advocate for programs designed to ensure our children enter school ready to learn. We at RESA strongly support Michigan's effort to win *Race to the Top — Early Learning Challenge* funding.

The need in Michigan is intense. Its tradition of strong educational opportunities is being eroded by a struggling economy, rising levels of poverty, a loss of net population and changing demographics. The Michigan Department of Education, which is spearheading this application, recognizes that Michigan's best hope of long-term improvement is building anew its educational system. A range of new initiatives and expectations in Michigan demonstrates the state's commitment to substantive educational change.

RESA is among the state leaders in education innovation. RESA educators coordinate the county's Great Start block grant, Great Start Readiness Program, and Early On programming. They are deeply involved in educational improvement efforts K-12 in the county. They are committed to the future of St. Clair County and Michigan.

The state's poverty level is 16%. St. Clair County, sadly, is only a few percentage points better than that. Our rate of free and reduced lunch-eligible families continues to rise. Our youngest children are struggling as never before in recent years. We need to dramatically increase the number of children age 0 to 5 who are participating in high-quality educational programs. The state's economic troubles limit the state's resources in efforts to make that leap on behalf of our children.

The *Race to the Top — Early Learning Challenge* offers Michigan an opportunity to create a broad, systemic, sustainable approach to effective early children education. If awarded that funding, RESA will participate fully with the state and continue to be a leader in early childhood education.

Sincerely,

(b)(6)

Superintendent



30000 Hiveley Road  
Inkster, MI 48141-1089  
www.starfishonline.org

P 734.728.3400  
F 734.728.3500

#### Officers

Jonathan Citrin  
*Chairman*

Ron Solfish  
*Vice Chairman*

Boyd Pethel  
*Treasurer*

Dennis J. Phenev  
*Secretary*

#### Directors

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Philip Wm. Fisher

Daniel Frottarali M.D.

Enrol Hau

Hilliard L. Hampton

Jerry A. Johnson, M.D.

Elaine Koons

Janet Lawson

Karen McDonald

William S. Mitchell

Julie E. Robertson

Stephen F. Secrest

Larry Shulman

Sabrina Smith-Campbell, Ph.D.

AJ Wagner

#### Chief Executive Officer

Ann B. Kalass

#### Founder

Ouida G. Cash, Ed.D.  
(1948-2008)

October 3, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

Starfish Family Services, a comprehensive human services agency serving children and families in western Wayne County, is pleased to provide support for the State of Michigan's Race to the Top Early Learning Challenge Application.

Starfish has been serving vulnerable children and families since 1963. A continuum of programs and services support our mission of "strengthening families to create brighter futures for children, including early childhood programming of exceptional quality, including Early Head Start, Head Start, Great Start Readiness Program (GSRP – state preschool), and Great Parents, Great Start. In addition, Starfish offers mental health services – including infant mental health, and an array of programs for parents, such as the Center for Family Success, which helps low-income families gain essential tools and skills to become stable and economically self-sufficient.

The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education, programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's youngest and most vulnerable citizens will be significant.

We urge you to look favorably upon our state's application, and look forward to being a part of ensuring that Michigan's early childhood programs, initiatives and outcomes achieve the highest levels quality and are available for increasing numbers of vulnerable children within this state.

Sincerely,

(b)(6)

Chief Executive Officer



United Way  
for Southeastern Michigan



# steelcase foundation

September 23, 2013

Race To The Top--Early Learning Challenge  
Office of Early Learning (OEL)  
US Department of Education  
400 Maryland Avenue, SW., Rm. 3E336  
Washington, DC 20202

Dear Office of Early Learning:

This letter is written in support of the application of the Michigan Department of Education's Office of Great Start for federal grant support to improve early learning and development.

The Michigan Office of Great Start has garnered exemplary support for its initiatives in its relatively short lifespan. Under the leadership of Susan Broman the state of Michigan in the past year has:

- Invested an additional \$65 million to the Great Start Readiness program. This unprecedented dedication of state funds to early childhood is the largest preschool funding increase in the country, and is reflective of the broad base of support both inside and outside government for this effort.
- To that point, the Office of Great Start has gathered nearly 1,400 parents, service providers, early childhood experts, and advocates from across the state to create a comprehensive early learning and development plan for Michigan.
- Michigan has worked to coordinate early learning and development services across multiple departments, including Education, Human Services, and Community Health.

All of this work, in turn, is reflective of the leadership Susan Broman provided to Kent County on Michigan's west coast, in her role as president of the Steelcase Foundation. Through the creation in 2010 of the early childhood education backbone organization, First Steps, much has been accomplished in a relatively short span of time. This work, I believe, influenced the successes at the state level in attracting support for funding and systems work. From micro to macro, these efforts are aligned with the objectives of the Race to the Top Early Learning Challenge, and include:

- *Policy changes:* from Governor Snyder's proposed funding increase for public preschool in 2013, and helping lawmakers and administrative officials understand the benefits of that effort in terms of economic

President  
Julie Ridenour

Trustees  
James P. Hackett  
Mary Anne Hunting  
Elizabeth Welch Lykins  
Mary Goodwillie Nelson  
Craig Niemann  
Robert C. Pew III  
Kate Pew Wolters

## Race To The Top--Early Learning Challenge

September 23, 2013

Page Two

development; to influencing home visiting legislation, illuminating gaps in public funding and services; to the creation of the Office of Great Start.

- *Practice Changes:* Increasing local capacity for improving the care, education and health of young children; demonstrated success of medical home; acquisition of sustainable funding to implement a state quality improvement system.
- *System Innovation:* Helping 2,000+ children who don't otherwise qualify for publicly-funded programs to participate in early learning through scholarships; shifting early childhood to a collective impact model; introducing new early learning models; influencing systemic healthcare changes with a model which is now replicated in seven communities; and engaging 10,000+ individuals in demonstration projects serving vulnerable children.

On behalf of the Steelcase Foundation, it is our belief that the dedication of resources to early childhood development and education is of the greatest importance in the turnaround – both economic and educational – of the Great State of Michigan. Our state, under the leadership of Gov. Rick Snyder and the implementative leadership of Susan Broman, is positioned to be the strongest candidate to achieve the objectives of the U.S. Department of Education's Early Learning Challenge Grant. The state's strategies include:

- Continues focus on the early learning and development system;
- Improving Quality of providers;
- Engaging Families in the design and implementation of Michigan's early learning and development system;
- Supporting early childhood providers through the building of a stronger workforce by improving access to high-quality training, professional development, and degree attainment;
- Improving data access for data-driven decisions.

I encourage the U.S. Department of Education to give the strongest consideration of the Michigan Office of Great Start's Race to the Top application, recognizing

Race To The Top--Early Learning Challenge  
September 23, 2013  
Page Three

the quality foundation established by our state to improve the health and future of  
our youngest and most vulnerable population.

Sincerely,

(b)(6)

A rectangular box with a black border, containing the text "(b)(6)" in the top-left corner. The rest of the box is empty, indicating that the signature has been redacted.

President, Steelcase Foundation

September 4, 2013

Mr. James P. Merisotis, President and CEO  
Lumina Foundation  
P.O. Box 1806  
Indianapolis, IN  
49206-1806

Dear Mr. Merisotis,

TALENT 2025 is pleased to be a committed partner with the City of Grand Rapids' Our Community's Children in their application for the Lumina Foundation's *Mobilizing Metro Areas and Regions to Increase Postsecondary Attainment*. We very much appreciate the opportunity the Lumina Foundation has provided to ensure we align our postsecondary efforts for greater impact.

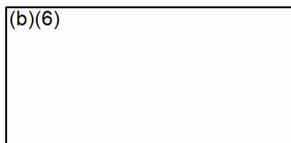
TALENT 2025 is a coalition over 70 CEOs in West Michigan seeking to dramatically increase the post-secondary credentials in the region and to ensure these efforts align with the needs of employers. TALENT 2025 also represents Grand Rapids in the Talent Dividend competition sponsored by CEOs for Cities. The application submitted by the City of Grand Rapids will directly contribute to these efforts.

For the past two years, TALENT 2025 has been convening leaders of the region's college access programs and college and university presidents in working groups to increase college enrollment and graduation rates. The grant requested by the City of Grand Rapids will build on the efforts of these groups and allow the city and its partners to develop community-relevant solutions that contribute to our goal of increasing the level of post-secondary education in West Michigan to at least 64% by 2025.

We strongly recommend approval of the City of Grand Rapids grant application and look forward to work with city staff toward our mutual goals.

Sincerely,

(b)(6)



President



September 17, 2013

The Honorable Rick Snyder  
Governor  
State of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

I am writing to express my support for the State's application for the Race to the Top – Early Learning Challenge (RTT-ELC) grant. I applaud your administration's commitment to early childhood development and education, which is evidenced by the creation of the Office of Great Start in the Michigan Department of Education as well as the remarkable \$65 million expansion of the state's Great Start Readiness Program.

During 2012, the Center for Michigan held more than 250 statewide community conversations with more than 7,500 Michigan residents to ask for their ideas on how to improve student learning through the state's public education system. Early childhood education was a clear priority among the strategies to improve student learning, with seven out of 10 respondents saying that early childhood expansion was either "crucial" or "important." Community conversation participants shared their views that early childhood education provides a necessary foundation for learning and offers a proven and dramatic return on investment.

Based on the findings of the community conversations, the Center for Michigan has been working hard to expand investment in early childhood services in the state. We fully support the state's RTT-ELC application to strengthen parent engagement, quality programs, and a robust data system. Without these, we cannot serve the young children who would benefit most from high-quality programs.

Sincerely,

(b)(6)

President and CEO



Douglas Luciani  
President & CEO

Sept. 18, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

On behalf of the Traverse City Area Chamber of Commerce and its more than 1,800 members in the Grand Traverse region, I'm writing in support of Michigan's application for more than \$50 million in federal grant funding for Michigan's Race to the Top Early Learning Challenge.

You may recall that the Traverse City Area Chamber enthusiastically endorsed the federal grant application two years ago. Since that time, both the state and the Northern Michigan region have made significant strides in early childhood development. With your support, the state invested an additional \$65 million in the Great Start Readiness Program, representing the largest preschool funding increase in the country. And more than 1,400 parents, service providers, early childhood advocates and others helped create a comprehensive plan for early learning and child development in Michigan.

Locally, our Chamber also continues to be a strong advocate of early childhood development. The organization continues to host the regional Great Start Collaborative staff, and keeps its members up to date on local Great Start activities while emphasizing the importance of solid day care and preschool options and their positive impact on the business community. Our Great Start program has also secured private foundation dollars to fund local child care scholarships, and conducts regional surveys to better determine child care needs and gaps for area families.

Going forward, the state and its partners need to continue to focus on strengthening early childhood development efforts, improve the quality of these programs, better engage parents and families on understanding and utilizing the available resources, create more support for early childhood providers and improve Michigan's data base in this area.

We appreciate all your hard work in this area, and look forward to continuing our role in meeting the needs of children and families in our region and across Michigan.

Sincerely,

(b)(6)

A rectangular box with a black border, containing the text "(b)(6)" in the top-left corner. The rest of the box is empty, indicating that the signature and name of the sender have been redacted.

President & CEO  
Traverse City Area Chamber of Commerce



**INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA – UAW**

**BOB KING, PRESIDENT**

**DENNIS D. WILLIAMS, SECRETARY-TREASURER**

VICE-PRESIDENTS: JOE ASHTON • CINDY ESTRADA • GENERAL HOLIEFIELD • JIMMY SETTLES

September 26, 2013

*(via electronic mail)*

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909  
[Rick.snyder@michigan.gov](mailto:Rick.snyder@michigan.gov)

Dear Governor Snyder:

I am writing on behalf of the International Union, United Automobile, Aerospace & Agricultural Implement Workers of America – UAW and our International Executive Board in support of Michigan's effort to secure *Race to the Top – Early Learning Challenge* funding. The UAW has more than one million active and retired members in the United States, Canada and Puerto Rico representing workplaces ranging from multinational corporations, small manufacturers and state and local governments to colleges and universities, hospitals and private non-profit organizations.

The UAW has been a leader in the struggle to secure economic and social justice for all people and has been actively involved in every civil rights legislative battle since the 1950s. One of the issues the UAW continues to play a vital role in is fighting for better schools and better education for all of our children.

We know that in order to best support Michigan's economic recovery, we must support our future workforce – our youngest citizens – with high quality early childhood programs to ensure children are healthy, supported and prepared to thrive in school and in life, whatever their family's socio-economic status. In addition, high quality early childhood programs save taxpayer dollars through a high return on education investment while narrowing the achievement gap.

We support the Michigan Department of Education's application, its efforts to improve the quality of Michigan's early learning programs, and its work to increase school readiness for our youngest learners. The UAW will continue to advocate for sound public policies supporting the most at-risk young children and their families from cradle to career. We recognize the importance for our state being a recipient of *Race to the Top – Early Learning Challenge* funding, and we endorse this application with our full support.

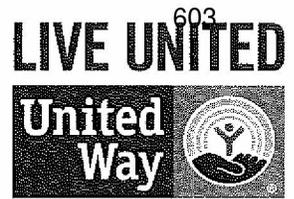
Sincerely,

(b)(6)

International Union, UAW

(b)(6)

cc: (b)(6)



**United Way  
for Southeastern Michigan**

660 Woodward Ave., Suite 300  
Detroit, MI 48226  
[www.LiveUnitedSEM.org](http://www.LiveUnitedSEM.org)

September 19, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

On behalf of United Way for Southeastern Michigan, I am pleased to offer our full support for the Michigan Department of Education Office of Great Start's application for the Race to the Top Early Learning Challenge.

As the Michigan Regional Resource Center for Wayne, Oakland and Macomb counties, we work daily to implement the Office of Great Start's Quality Rating and Improvement System throughout the Greater Detroit region, in order to increase quality among licensed childcare providers and provide families with easily accessed, real time data to help them find the best childcare for their needs. Together with our public and private partners, we are committed to identifying and sharing best practices for early learning that will maximize the value of limited resources and provide opportunities to continue building capacity.

We are actively working toward the statewide goal of collaborating to accelerate the conditions and support that will ensure all of our children will start their school journeys well prepared for the fundamental learning that leads to lifelong success.

United Way for Southeastern Michigan is also an intermediary for the Social Innovation Fund, with oversight for eleven local community organizations that are engaging in early learning initiatives within 10 of our region's highest need communities. These efforts will be rigorously evaluated to provide additional data on scaling innovative programs that enhance early and family literacy practices to further support kindergarten readiness.

We greatly appreciate the work that has been done to date and are eager to participate in accelerating continued improvement and expansion in early learning. If we can be of further assistance please do not hesitate to contact me at 313-226-9221 or via email at [Michael.Brennan@liveunitedsem.org](mailto:Michael.Brennan@liveunitedsem.org).

In partnership,

(b)(6)

President & CEO



September 23, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O.Box 30013  
Lansing, Michigan 48909

Attention: Race to the Top-Early Learning Challenge Grant

Dear Governor Snyder,

This letter is on behalf of the Early Childhood Education faculty in the College of Education, Health, and Human Services at University of Michigan-Dearborn. Our Early Childhood Program offers undergraduate early childhood education majors and graduate programs that focus on leadership and education of children from birth to 8 years of age. The University of Michigan –Dearborn Early Childhood Teacher Education Program is also known for its history of constructivist teacher education and collaboration with the Oakwood Center for Exceptional Families. Together we provide a unique combination of talent and exceptional services for education of children with and without disabilities and provide interdisciplinary education between clinicians and educators. We enthusiastically support Michigan’s application for the Race to the Top – Early Learning Challenge Grant.

As educators we understand the critical value of high quality early childhood education. This can only happen when we have high quality educators that are prepared to meet the challenges of educating children of all circumstances, including poverty, disability, and language differences. We believe that the Early Learning Challenge Grant will be integral in continuing to develop and redefine Early Childhood Education Professionals with a focus on what individual teachers, caregivers, and parents can do to nurture developmental capacity, literacy, and childcare quality in their children.

The state of Michigan recently approved new standards for Early Childhood Education teachers and the approval of an early childhood major degree. Because this level of support and infrastructure is in place, this uniquely positions us well to build high quality professional education programs to meet the challenges of Michigan’s Early Childhood education.

In addition, there are many teachers who were not educated and are not practicing based on newer guidelines and standards. As our field continues to evolve, we realize that there is a great need for professional educators to continuously update their knowledge and skills. The universities in Michigan have addressed this issue by creating programs that support current educators and provide relevant professional

opportunities and resources. The Race to the Top – Early Learning Challenge grant would greatly support professional development of early childhood teachers by providing financial resources.

We look forward to working with the Michigan Department of Education and will support the implementation of proposals outlined in our state application. We are fully committed to improve early development for children across Michigan.

Sincerely,

(b)(6)

(b)(6)

Collegiate Professor of Education  
Director of Early Childhood Education Center  
Early Childhood Program Coordinator  
College of Education, Health, and Human Services  
University of Michigan-Dearborn



Sept. 30, 2013

The Honorable Rick Snyder  
Governor of Michigan  
Executive Office of the Governor  
PO Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

The W.K. Kellogg Foundation (WKKF) is pleased to provide this letter of support for Michigan's application for Race to the Top – Early Learning Challenge funding.

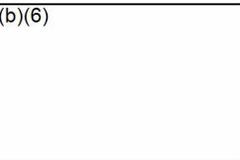
Our support stems from the knowledge that the foundation has gleaned from its significant and historical investments in early childhood and elementary education, and from the personal engagement of WKKF program and executive staff with educational innovators in our state. Their innovations have prepared vulnerable children for school entry, successfully closed achievement gaps and strengthened families and communities in our great state.

We believe that Michigan is well positioned—now more than ever—to use the Early Learning Challenge grant to scale such innovations, make sustainable improvements in our early learning system and propel all children forward toward success. Under your leadership and as a champion of expanding early learning opportunities since you took office, Michigan has: established an Office of Great Start—Early Learning; marshaled an advocacy community that has rallied around this issue, including strong leadership from Michigan's nonprofit, foundation and business communities; engaged the Legislature who just this past year championed the largest expansion of early learning funding in the country, and a proposed budget for this year that doubles that investment; progressed toward establishing a robust, quality rating system; and engaged 1,400 parents, service providers, policymakers, early childhood experts and advocates from across the state to create a collaborative and comprehensive plan for early learning and development in our state.

Ultimately, the Early Learning Challenge grant will enable Michigan to better serve its youngest citizens, particularly its most vulnerable children. As an organization deeply committed to equity and excellence in early learning, the W.K. Kellogg Foundation greatly values your leadership in helping develop a national model for early learning education. We strongly encourage the U.S. Department of Education to fund Michigan's Race to the Top – Early Learning Challenge grant.

Sincerely,

(b)(6)



President & CEO



**Robert A. Ficano**  
County Executive

October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

The Wayne County Department of Public Health enthusiastically supports the State of Michigan's Race to the Top Early Learning Challenge Application.

Our agency provides Early On Program Services to children up to their 3<sup>rd</sup> birthday that have documented developmental delays, or a medical condition (e.g. Down syndrome, Cerebral Palsy) that could lead to future school/work performance failure. Our goal is to identify children with developmental delays early in life so that appropriate interventions are established to decrease/eliminate the need for school age special education services. These developmental intervention services help children reach their greatest potential for success in school and in life.

The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education, programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's youngest and most vulnerable citizens will be significant.

Again, the Wayne County Department of Public Health wholeheartedly supports our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

*Sincerely,*

(b)(6)

Deputy Health Officer





Robert A. Ficano  
County Executive

October 4, 2013

Governor Rick Snyder  
Post Office Box 30013  
Lansing, Michigan 48909

**RE: State of Michigan's Race to the Top Early Learning Challenge Application**

Dear Governor Snyder:

Wayne County Health and Family Services Head Start wholeheartedly supports the State of Michigan's Race to the Top Early Learning Challenge Application.

Our organization provides Head Start services to children and families in Wayne County Michigan. Our goal is to ensure that all Head Start Children start kindergarten ready and equipped to learn and succeed.

The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education, programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's youngest and most vulnerable citizens will be significant.

Again, we wholeheartedly support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

Sincerely,

(b)(6)

(b)(6)

(b)(6)

Interim Director





October 1, 2013

Governor Rick Snyder  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder:

Wayne Metro Community Action Agency enthusiastically supports the State of Michigan's Race to the Top Early Learning Challenge Application.

Our agency provides Early Education and Childcare services to 1100 Head Start and Great Start Readiness children and parents in Wayne County.

The Race to the Top Early Learning Challenge grant will provide much needed resources to take Michigan's current Early Childhood education, programs and services to the highest quality, with the most impactful outcomes in the shortest time frame. The positive impact on the state's youngest and most vulnerable citizens will be significant.

Again, we wholeheartedly support our state's application and look forward to taking the quality and quantity of early childhood programs, initiatives and outcomes to the highest levels.

Sincerely,

(b)(6)

(b)(6)

Director of Program Operations

# WAYNE STATE UNIVERSITY

COLLEGE OF EDUCATION  
DIVISION OF TEACHER EDUCATION  
DETROIT, MI 48202  
(313) 577-0902 (313) 577-4091 Fax

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, Michigan 48909

Dear Governor Snyder,

This letter is on behalf of the Early Childhood Education and Elementary Education faculty in the College of Education at Wayne State University. Our faculty provides teacher preparation curricula with Michigan Department of Education (MDE) approval to the certification standards in the specialty area of Early Childhood General and Special Education (ZS endorsement). Our graduates work in both public and private school settings that provide high quality services and education programs for young children birth- to 8 years of age (3<sup>rd</sup> grade) and their families. We strongly support Michigan's second application for the Race To The Top-Early Learning Challenge Grant (RTT-ECL) with the focus on giving families information and supports to encourage their child's development and learning and to select the best program for their child.

Over the years we have worked closely with other ECE faculty members from community colleges and other university in collaboration with the MDE in various continuous improvement efforts to strengthen the quality and consistency of ECE teacher preparation programs and the local EC programs that serve young children and their families. Most recently these efforts were the development and implementation of the new ZS endorsement standards and the ZS endorsement programs aligned to those standards. Earlier efforts were the development of Michigan early childhood standards of quality for both curricula and programs for infant, toddlers, and preschool-age children. Given these standards and the results of our continuous improvement efforts as a state across our EC systems, we believe Michigan's application clearly addresses the priorities of the RTT-ECL Challenge Grant:

1. Continue to focus on developing the early learning and development system;
2. Continue Development and adoption of a common, statewide tiered Quality Rating and Improvement System;
3. Engage families to understand and use the statewide high-quality early learning and development standards – Great Start to Quality; and,
4. Continue support for early childhood providers within a workforce knowledge and competency framework and a progression of credentials.

Thank you for your continued attention and commitment to Michigan's youngest learners and their families. The Michigan application will improve our system of information and supports for families, as well as the coordination necessary for families to select a high quality program for their child.

Sincerely,

(b)(6)

Assistant Dean

(b)(6)

(b)(6)

Early Childhood Program Coordinator

## WESTERN MICHIGAN UNIVERSITY



College of Education and Human Development  
Office of the Dean

September 25, 2013

U. S. Department of Education,

On behalf of the College of Education and Human Development at Western Michigan University, I would like to express my enthusiastic support for the Michigan Office of Great Start's 2013 Race to the Top Early Learning Challenge grant application. The grant funding will allow the Office to increase the enrollment of low-income and disadvantaged children in high-quality early learning programs and to design and implement an integrated system of high-quality early learning programs and services for those children.

Please contact me if you have any questions about this letter of support at (269) 387-2960 or [ming.li@wmich.edu](mailto:ming.li@wmich.edu).

Sincerely,

(b)(6)

Dean

October 1, 2013

The Honorable Rick Snyder  
Governor of Michigan  
P.O. Box 30013  
Lansing, MI 48909

Dear Governor Snyder:

WKAR is pleased to support the Michigan Department of Education's Office of Great Start in their grant application for Race To The Top – Early Learning Challenge funding. As the PBS station for mid-Michigan, WKAR has long believed in the value of education, in fact, a significant portion of our broadcast day is devoted to it. So it is with great pleasure that we lend our name in support of Race To The Top funding.

PBS' *Ready To Learn* service is public television's contribution to one of our nation's most urgent educational goals — ensuring that all children begin school with the skills necessary to learn. *Ready To Learn* helps children prepare for school through research-based, educational children's television programming and extensive outreach services to their parents and caregivers. This includes free children's books and training workshops. These workshops help parents to use television wisely in developing children's learning skills, and preparing them to read. While *Ready To Learn* is available to all, our primary target is high-risk, low-income children, ages 2-8, and their families and caregivers. Since 1996, we have trained over 53,000 parents and professionals to use the *Ready To Learn* service and reached over 97,000 children.

WKAR has a long history of working with early childhood agencies throughout our community as well as the Great Start initiative. We know the importance of engaging parents in their child's education at an early age and supporting a system of childcare that helps every child reach his/her potential. The *Ready To Learn* program from PBS is a valuable resource however it is just one component. To fully realize the benefits, *Ready To Learn* needs to exist in partnership with other state and federal programs. That is why this Race To The Top funding is so important.

In the last several years we have seen tremendous strides in collaboration between various education and childhood learning agencies, and appreciate the increase in state support for early childhood education. The momentum is palpable and this grant application will both solidify this collaboration, and allow all involved to move to the next level.

WKAR is pleased to do our part and we appreciate the collaboration with the Department of Education and the Great Start office. We thank you for the opportunity to add our support for the Michigan Race to the Top grant application and stand ready to assist in any way we can.

Sincerely,

(b)(6)

Director of Broadcasting

## **Michigan Race to the Top Early Learning Challenge**

# **Appendix 10**

## **Great Start to Quality (GSQ) Program Standards**

## Great Start to Quality Standards and Points January 2013

Quality Standard/Category	Indicator	Points
<b>Staff Qualifications and Professional Development</b>		<b>16</b>
	Administrator/Director Qualifications	4
	Staff Qualifications	7
	Professional Development	5
<b>Family and Community Partnerships</b>		<b>8</b>
	Family Partnerships	4
	Community Partnerships	4
<b>Administration and Management</b>		<b>6</b>
	Administration and Management	6
<b>Environment</b>		<b>8</b>
	Physical Environment	2
	Ratios	2
	Health Environment	4
<b>Curriculum and Instruction</b>		<b>12</b>
	Curriculum	4 centers/6 homes
	Screening and Assessment	6
	Consistent Caregiving	2 centers only
<b>TOTAL POSSIBLE POINTS</b>		<b>50</b>

## **Point Structure**

The points were structured such that child care and preschool programs/providers need to get a certain number of points in **multiple categories** (“family and community partnerships,” “administration and management,” etc.) to achieve a certain star level. For example, to achieve level 3, a program/provider must get at least 26 points total, and must attain the minimum distribution in three of the five categories. If the setting is unable to achieve this minimum number of points in three of the categories, it would remain at a lower level.

Quality Standard/Category	Total Points Available	Minimum Point Distribution			
		Level 2	Level 3	Level 4	Level 5
<b>1. Staff Qualifications and Professional Development</b>	16	3	6	8	8
<b>2. Family and Community Partnerships</b>	8	4	4	6	6
<b>3. Administration and Management</b>	6	2	4	4	4
<b>4. Environment</b>	8	2	4	6	6
<b>5. Curriculum and Instruction</b>	12	4	6	8	8
<b>Additional points in any other category</b>		1	2	6	10
<b>Minimum Requirement for Rating</b>	50	16 points total <u>and</u> <u>minimum</u> <u>points in 2</u> <u>of 5</u> <u>categories</u>	26 points total <u>and</u> <u>minimum</u> <u>points in 3</u> <u>of 5</u> <u>categories</u>	38 points total <u>and</u> <u>minimum</u> <u>points in 4</u> <u>of 5</u> <u>categories</u>	42 points total <u>and</u> <u>minimum</u> <u>points in 5</u> <u>of 5</u> <u>categories</u>
<b>PQA Score</b>		N/A	N/A	≥ 3.5	≥ 4.5

Indicators – Administrator/Director Qualifications					
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
CDA or Montessori credential including a minimum of 18 semester hours in Early Childhood Education / Child Development and 960 hours of experience <u>OR</u> a Bachelor's degree or higher in an unrelated field with a minimum of 18 semester hours in Early Childhood Education / Child Development and 960 hours of experience.	1	Completed at least one post-secondary course in Early Childhood Education/Child Development <u>OR</u> 20 hours of community/academic training aligned with the Core Knowledge Core Competencies.	1	Completed at least one post-secondary course in Early Childhood Education/Child Development <u>OR</u> 20 hours of community/academic training aligned with the Core Knowledge Core Competencies.	1
Associate's degree*** in Early Childhood Education/Child Development or child-related** field including a minimum of 18 semester hours in Early Childhood Education / Child Development and 480 hours of experience <u>OR</u> 60 semester hours in a program leading to a bachelor's degree in Early Childhood Education/Child Development or child-related field with at least 24 semester hours in Early Childhood Education/Child Development and 480 hours of experience.	2	CDA or Montessori Credential <u>OR</u> an Associate's degree or higher in an unrelated field with a minimum of 18 semester hours in Early Childhood Education / Child Development.	2	CDA or Montessori Credential <u>OR</u> an Associate's degree or higher in an unrelated field with a minimum of 18 semester hours in Early Childhood Education / Child Development.	2

**Indicators – Administrator/Director Qualifications**

Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Bachelor’s degree or higher in a child-related field including a minimum of 18 semester hours in Early Childhood Education / Child Development and 480 hours of experience <u>OR</u> a Bachelor’s degree or higher in any field with 30 semester hours in Early Childhood Education/Child Development and 480 hours of experience.	3	Associate’s Degree in Early Childhood Education/Child Development or child-related field, including a minimum of 18 semester hours in Early Childhood Education / Child Development <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child-related field with at least 24 semester hours in Early Childhood Education/Child Development.	3	Associate’s Degree in Early Childhood Education/Child Development or child-related field, including a minimum of 18 semester hours in Early Childhood Education / Child Development <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child-related field with at least 24 semester hours in Early Childhood Education/Child Development.	3
Bachelor’s degree or higher with a major in Early Childhood Education / Child Development and 3 credits in child care administration.	4	Bachelor’s degree or higher with a major in Early Childhood Education / Child Development <u>OR</u> a Bachelor’s degree or higher in any field with 30 semester hours in Early Childhood Education/Child Development and 480 hours of experience.	4	Bachelor’s degree or higher with a major in Early Childhood Education / Child Development <u>OR</u> a Bachelor’s degree or higher in any field with 30 semester hours in Early Childhood Education/Child Development and 480 hours of experience.	4
<b>TOTAL PTS AVAILABLE</b>	<b>4</b>		<b>4</b>		<b>4</b>

\*Owner/Lead Provider/educator is counted as the “administrator/director” for Group/Family

\*\*A related field is defined in child care licensing. Per licensing, “child related fields” are elementary education, child guidance/counseling, child psychology, family studies and social work.

Michigan Appendix  
 \*\*\*Staff with 60 semester hours in a program leading to a Bachelor's degree in early childhood education/child development or child-related field with at least 24 semester hours in early childhood education/child development may be considered under the "Associate's degree" provisions in this document.

Indicators – Staff Qualifications					
Lead Provider/Educator/Teacher Qualifications					
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
At least 50% of classrooms have lead providers/educators/ teachers with at a minimum a CDA or Montessori credential appropriate to age served.	1	Lead provider/educator has completed at least one post-secondary course in Early Childhood Education/Child Development <u>OR</u> 20 hours of community/academic training aligned with the Core Knowledge Core Competencies.	1	N/A	
100% of classrooms have lead providers/educators/ teachers with at a minimum a CDA or Montessori credential appropriate to age served.	2	N/A		Lead provider/educator has completed at least one post-secondary course in Early Childhood Education/Child Development <u>OR</u> 20 hours of community/academic training aligned with the Core Knowledge Core Competencies.	2
At least 50% of classrooms have lead providers/educators/ teachers with at a minimum an Associate's degree in Early Childhood Education/Child Development or child-related field <u>OR</u> 60 semester hours in a program leading to a	2	Lead provider/educator has at least a CDA or Montessori Credential appropriate to age served.	2	Lead provider/educator has at least a CDA or Montessori Credential appropriate to age served.	3

**Lead Provider/Educator/Teacher Qualifications**

Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Bachelor’s degree in Early Childhood Education/Child Development or child–related field with at least 24 semester hours in Early Childhood Education/Child Development.					
100% of classrooms have lead providers/educators/ teachers with at least an Associate’s degree in Early Childhood Education/Child Development or child–related field including a minimum of 18 semester hours in Early Childhood Education / Child Development field <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child–related field with at least 24 semester hours in Early Childhood Education/Child Development.	3	Lead provider/educator has at least an Associate’s degree in Early Childhood Education/Child Development or a child–related field including a minimum of 18 semester hours in Early Childhood Education / Child Development field <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child–related field with at least 24 semester hours in Early Childhood Education/Child Development.	3	Lead provider/educator has at least an Associate’s degree in Early Childhood Education/Child Development or a child–related field including a minimum of 18 semester hours in Early Childhood Education / Child Development field <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child–related field with at least 24 semester hours in Early Childhood Education/Child Development.	5
At least 50% of classrooms have lead providers/educators/ teachers with at least a Bachelor’s degree in Early Childhood Education/Child Development or child–related field.	3	N/A		N/A	

**Indicators – Staff Qualifications**

Michigan Appendix

**Lead Provider/Educator/Teacher Qualifications**

<b>Child Care/Preschool Centers</b>	<b>Pts*</b>	<b>Family/Group Child Care Homes with Assistant(s)*</b>	<b>Pts</b>	<b>Family/Group Child Care Homes without Assistant(s)*</b>	<b>Pts</b>
100% of classrooms have lead providers/educators/ teachers with at least a Bachelor’s degree in Early Childhood Education/Child Development or child-related field.	4	Lead provider/educator has at least a Bachelor’s degree in Early Childhood Education/Child Development or child-related field <u>OR</u> a Bachelor’s degree or higher in any field with 30 semester hours in Early Childhood Education/Child Development and 480 hours of experience.	4	Lead provider/educator has at least a Bachelor’s degree in Early Childhood Education/Child Development or child-related field <u>OR</u> a Bachelor’s degree or higher in any field with 30 semester hours in Early Childhood Education/Child Development and 480 hours of experience.	7

**Indicators – Staff Qualifications**

**Assistant Provider/Educator/Teacher**

<b>Child Care/Preschool Centers</b>	<b>Pts*</b>	<b>Family/Group Child Care Homes with Assistant(s)*</b>	<b>Pts</b>	<b>Family/Group Child Care Homes without Assistant(s)*</b>	
At least 50% of assistants have at a minimum a CDA or Montessori credential appropriate to age served <u>OR</u> 100% of assistants have completed at least one post-secondary course in Early Childhood Education/Child Development <u>OR</u> 20 hours of community/academic training aligned with the Core Knowledge Core Competencies.	1	At least one assistant has completed at a minimum one post-secondary course in Early Childhood Education/Child Development <u>OR</u> 20 hours of community/academic training aligned with the Core Knowledge Core Competencies.	1	N/A	

Assistant Provider/Educator/Teacher

Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	
100% of assistants have at a minimum a CDA or Montessori credential appropriate to age served.	2	At least one assistant has at a minimum a CDA or Montessori credential appropriate to age served.	2	N/A	
At least 50% of assistants have at a minimum an Associate’s degree in Early Childhood Education/child development or a child-related field including a minimum of 18 semester hours in Early Childhood Education / Child Development <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child-related field with at least 24 semester hours in Early Childhood Education/Child Development.	2	At least one assistant has at a minimum an Associate’s degree in Early Childhood Education/Child Development or a child-related field including a minimum of 18 semester hours in Early Childhood Education / Child Development <u>OR</u> 60 semester hours in a program leading to a Bachelor’s degree in Early Childhood Education/Child Development or child-related field with at least 24 semester hours in Early Childhood Education/Child Development.	3	N/A	
100% of assistants have at a minimum an Associate’s degree in Early Childhood Education/Child Development or a child-related field including a minimum of 18 semester hours in Early Childhood Education / Child Development <u>OR</u> 60 semester hours in a program	3	N/A		N/A	

**Indicators – Staff Qualifications**

Michigan Appendix

**Assistant Provider/Educator/Teacher**

Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	
leading to a Bachelor’s degree in Early Childhood Education/Child Development or child-related field with at least 24 semester hours in early childhood education/child development.					
<b>TOTAL PTS AVAILABLE</b>	<b>7</b>		<b>7</b>		<b>7</b>

\*Other certifications may be accepted as equivalents to the CDA, as determined by Great Start to Quality.

<b>Indicators – Professional Development</b>					
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Director and all program staff complete at least 24 clock hours of professional development annually.	2	Lead provider/educator completes at least 20 clock hours of professional development, and assistant(s) complete 10 hours of professional development annually.	2	Lead provider/educator annually completes at least 20 clock hours of professional development.	2
Annual professional development training attended by all staff includes at least 3 hours focused on cultural competence <u>OR</u> inclusive practices, related to serving children with special needs or disabilities, as well as	1	Professional development training attended by provider and any staff includes at least 2 hours focused on cultural competence <u>OR</u> inclusive practices, related to serving children with special	1	Professional development training attended by provider includes at least 2 hours focused on cultural competence <u>OR</u> inclusive practices, related to serving children with special needs or disabilities, as well	1

Indicators – Professional Development Michigan Appendix					623
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
teaching diverse children and supporting diverse children and their families.		needs or disabilities, as well as teaching diverse children and supporting diverse children and their families.		as teaching diverse children and supporting diverse children and their families.	
<b>Other Staffing</b>					
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Director has a graduate degree in Early Childhood or Child Development or a related field, or program works at least monthly with an early childhood specialist with a graduate degree in Early Childhood or Child Development or a related field.	1	Lead provider/educator has graduate degree in Early Childhood or Child Development or a related field, or works at least monthly with an early childhood specialist with graduate degree in Early Childhood or Child Development or a related field.	1	Lead provider/educator has graduate degree in Early Childhood or Child Development or a related field, or works at least monthly with an early childhood specialist with graduate degree in Early Childhood or Child Development or a related field.	1
Center develops quality improvement plan designed to improve quality in staff qualifications and progress is monitored by a quality improvement consultant.*	1	Program develops quality improvement plan designed to improve quality in staff qualifications and progress is monitored by a quality improvement consultant.*	1	Program develops quality improvement plan designed to improve quality in staff qualifications and progress is monitored by a quality improvement consultant.*	1
<b>TOTAL PTS AVAILABLE</b>	<b>5</b>		<b>5</b>		<b>5</b>

\* Professionals other than quality improvement consultants may support centers and programs to achieve the objectives in the quality improvement plan as defined by Great Start to Quality.

<b>Total Staff Qualifications and PD</b>	<b>16</b>		<b>16</b>		<b>16</b>
<i>Level 2</i>	<i>3</i>		<i>3</i>		<i>3</i>

Michigan Appendix	<b>Level 3</b>	<b>6</b>		<b>6</b>		624 <b>6</b>
	<b>Level 4</b>	<b>8</b>		<b>8</b>		<b>8</b>
	<b>Level 5</b>	<b>8</b>		<b>8</b>		<b>8</b>

### Family and Community Partnerships

Indicators – Family Partnerships and Family Strengthening					
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Center has evidence of family engagement and involvement. * Program has 3 of the following in place (2 points). * Program has all 6 of the following in place (4 points).	2 or 4	Program has evidence of family engagement and involvement. • Program has 2 of the following (2 points). • Program has all 4 of the following in place (4 points).	2 or 4	Program has evidence of family engagement and involvement. • Program has 2 of the following (2 points). • Program has at least 4 of the following in place (4 points).	2 or 4
1. Center provides parenting education opportunities.		1. Program offers parenting education opportunities.		1. Program offers parenting education opportunities.	
2. Classroom staff engages in informal communication with parents.		2. Provider/educator engages in informal communication with parents.		2. Provider/educator engages in informal communication with parents.	
3. Center provides formal communication (i.e., parent/teacher conferences, home visits) to inform parents of children’s developmental progress.		3. Program engages in formal communication (i.e., parent/teacher conferences, home visits) to inform parents of children’s developmental progress.		3. Program engages in formal communication (i.e., parent/teacher conferences, home visits) to inform parents of children’s developmental progress.	
4. Communication, education, and informational materials and opportunities for families are delivered in a way that meets their diverse needs (e.g., literacy level,		4. Communication, education, and informational materials and opportunities for families are delivered in a way that meets their diverse needs (e.g., literacy level,		4. Communication, education, and informational materials and opportunities for families are delivered in a way that meets their diverse needs (e.g., literacy level,	

language, cultural appropriateness, etc.). Michigan Appendix		language, cultural appropriateness, etc.).		language, cultural appropriateness, etc.).	625
5. Center offers opportunities for parents to participate in program governance.		N/A		N/A	
6. Center provides opportunities for parents to participate in education inside and outside the classroom.		N/A		N/A	

**Indicators – Community Partnerships**

<b>Child Care/Preschool Centers</b>	<b>Pts*</b>	<b>Family/Group Child Care Homes with Assistant(s)*</b>	<b>Pts</b>	<b>Family/Group Child Care Homes without Assistant(s)*</b>	<b>Pts</b>
Center has evidence that it is involved in partnerships and/or collaborations that enhance its services to families. <ul style="list-style-type: none"> <li>Center has 2 of the following (2 points).</li> <li>Center has 3 of the following in place (4 points).</li> </ul>	2 or 4	Program is involved in partnerships and/or collaborations that enhance its services to families. <ul style="list-style-type: none"> <li>Program has 2 of the following (2 points).</li> <li>Program has 3 of the following in place (4 points).</li> </ul>	2 or 4	Program is involved in partnerships and/or collaborations that enhance its services to families. <ul style="list-style-type: none"> <li>Program has 2 of the following (2 points).</li> <li>Program has 3 of the following in place (4 points).</li> </ul>	2 or 4
1. Partnerships to provide or connect families to appropriate comprehensive services.		1. Partnerships to provide or connect families to appropriate comprehensive services.		1. Partnerships to provide or connect families to appropriate comprehensive services.	
2. Partnerships that take basic steps to facilitate children’s transition between and among programs,		2. Partnerships that take basic steps to facilitate children’s transition between and among programs,		2. Partnerships that take basic steps to facilitate children’s transition between and among programs,	

agencies, and schools. Michigan Appendix		agencies, and schools.		agencies, and schools.	626
3. Participation in community associations.		3. Participation in community associations.		3. Participation in community associations.	

<b>Total Family and Community Partnerships</b>	<b>8</b>		<b>8</b>		<b>8</b>
<i>Level 2</i>	<i>4</i>		<i>4</i>		<i>4</i>
<i>Level 3</i>	<i>4</i>		<i>4</i>		<i>4</i>
<i>Level 4</i>	<i>6</i>		<i>6</i>		<i>6</i>
<i>Level 5</i>	<i>6</i>		<i>6</i>		<i>6</i>

### Administration and Management

Indicators – Administration and Management					
Child Care/Preschool Centers	Pts*	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Center has written personnel policies and procedures, which improve and lead to staff retention. <ul style="list-style-type: none"> <li>Center has 1 of the following (2 points).</li> <li>Center has at least 3 of the following in place (4 points).</li> <li>Center has 4 of the following in place (6 points).</li> </ul>	2 to 6	Program has written policies and procedures, for families and staff.	2 to 6	Program has written policies and procedures for families, and opportunities to learn and follow sound business practices.	2 to 6
1.Written personnel policies and procedures.		1.Program has a basic contract for services rendered, which may include: Description of payment	2	1.Program has a basic contract for services rendered, which may include: Description of payment	4

Michigan Appendix		schedule, provider and child vacation policy, sick leave for child, alternative care options, and the termination policy.		schedule, provider and child vacation policy, sick leave for child, alternative care options, and the termination policy.	627
2. Evidence of staff evaluations and individual professional development plans for each staff member.		2. Provider has written personnel policies and procedures.	2	2. Provider has opportunity for consultation on business practices with a lawyer, accountant, or child care professional group.	2
3. A documented, graduated salary scale for staff that takes into account education and experience.		Provider has one of the following (2 points):	2	N/A	
4. A flexible benefit plan that may include health, tuition assistance, etc. for staff.		1. Evidence of staff evaluation and individual professional development plans for staff members.		N/A	
5. Paid leave time for full time employees which may include holiday, vacation, educational leave, and/or sick time.		2. A documented, graduated salary scale for staff that takes into account education and experience.		N/A	
N/A		3. A flexible benefit plan that may include health, tuition assistance, etc. for staff.		N/A	
N/A		4. Paid leave time which may include holiday, vacation, educational leave, and/or sick time.		N/A	

<b>Total Administration and Management</b>	<b>6</b>		<b>6</b>		<b>6</b>
<i>Level 2</i>	<b>2</b>		<b>2</b>		<b>2</b>
<i>Level 3</i>	<b>4</b>		<b>4</b>		<b>4</b>
<i>Level 4</i>	<b>4</b>		<b>4</b>		<b>4</b>

### Environment

Indicators – Physical Environment					
Child Care/Preschool Centers	Pts	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Center is in a physical location that is free of environmental risks (e.g. lead, mercury, asbestos and indoor air pollutants.)	2	Program is in a physical location that is free of environmental risks (e.g. lead, mercury, asbestos and indoor air pollutants.)	2	Program is in a physical location that is free of environmental risks (e.g. lead, mercury, asbestos and indoor air pollutants.)	2
Indicators – Ratios					
Child Care/Preschool Centers	Pts	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Center demonstrates that it has smaller group size and better teacher:child ratio than required by licensing.	2	Program demonstrates that it has smaller group size and better teacher:child ratio than required by licensing.	2	Program demonstrates that it has smaller group size and better teacher:child ratio than required by licensing.	2
Indicators – Health Environment					
Child Care/Preschool Centers	Pts	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
Center has evidence that it has and implements a plan that supports maintenance and improvement of children’s health. <ul style="list-style-type: none"> <li>• Center has 2 of the following (2 points).</li> <li>• Center has at least 4 of the following in place (4 points).</li> </ul>	2 or 4	Program has a plan that supports maintenance and improvement of children’s health. <ul style="list-style-type: none"> <li>• Program has 2 of the following (2 points).</li> <li>• Program has at least 4 of the following in place (4 points).</li> </ul>	2 or 4	Program has a plan that supports maintenance and improvement of children’s health. <ul style="list-style-type: none"> <li>• Program has 2 of the following (2 points).</li> <li>• Program has at least 4 of the following in place (4 points).</li> </ul>	2 or 4

<p>Michigan Appendix</p> <p>1. Center is participating in the CACFP in good standing <u>and</u> has a written nutrition plan; OR follow guidelines that meet the CACFP meal pattern requirements <u>and</u> have a written nutrition plan; OR for programs that serve a snack only – follow guidelines that meet CACFP meal pattern requirements; OR for programs that do not provide food – provide nutrition information to families if families provide meals from home.</p>		<p>1. Program is participating in the CACFP in good standing <u>and</u> has a written nutrition plan; OR follow guidelines that meet the CACFP meal pattern requirements <u>and</u> have a written nutrition plan; OR for programs that serve a snack only – follow guidelines that meet CACFP meal pattern requirements; OR for programs that do not provide food – provide nutrition information to families if families provide meals from home.</p>		<p>1. Program is participating in the CACFP in good standing <u>and</u> has a written nutrition plan; OR follow guidelines that meet the CACFP meal pattern requirements <u>and</u> have a written nutrition plan; OR for programs that serve a snack only – follow guidelines that meet CACFP meal pattern requirements; OR for programs that do not provide food – provide nutrition information to families if families provide meals from home.</p>	629
<p>2. 30 minutes of every 3 hours dedicated to active outdoor time, with appropriate indoor physical activities available when weather prohibits outdoor play.</p>		<p>2. 30 minutes of every 3 hours dedicated to active outdoor time, with appropriate indoor physical activities available when weather prohibits outdoor play.</p>		<p>2. 30 minutes of every 3 hours dedicated to active outdoor time, with appropriate indoor physical activities available when weather prohibits outdoor play.</p>	
<p>3. Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually.</p>		<p>3. Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually.</p>		<p>3. Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually.</p>	
<p>4. A process for observing each child’s health and development on a daily basis and communicating observations to the child’s family, other provider/educators, and to</p>		<p>4. A process for observing each child’s health and development on a daily basis and communicating observations to the child’s family, other provider/educators, and to</p>		<p>4. A process for observing each child’s health and development on a daily basis and communicating observations to the child’s family, other provider/educators, and to</p>	

specialized staff, with Michigan Appendix recommendations for family to seek medical opinions as necessary.		specialized staff, with recommendations for family to seek medical opinions as necessary.		specialized staff, with recommendations for family to seek medical opinions as necessary.	630
5. A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day.		5. A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day.		5. A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day.	

<b>Total Environment</b>	<b>8</b>		<b>8</b>		<b>8</b>
<b><i>Level 2</i></b>	<b><i>2</i></b>		<b><i>2</i></b>		<b><i>2</i></b>
<b><i>Level 3</i></b>	<b><i>4</i></b>		<b><i>4</i></b>		<b><i>4</i></b>
<b><i>Level 4</i></b>	<b><i>6</i></b>		<b><i>6</i></b>		<b><i>6</i></b>
<b><i>Level 5</i></b>	<b><i>6</i></b>		<b><i>6</i></b>		<b><i>6</i></b>

Indicators – Curriculum and Instruction					
Child Care/Preschool Centers	Pts	Family/Group Child Care Homes with Assistant(s)*	Pts	Family/Group Child Care Homes without Assistant(s)*	Pts
<ul style="list-style-type: none"> <li>Center has 2 of the following in place (2 points).</li> <li>Center has 3 of the following in place (4 points).</li> </ul>	2 to 4	<ul style="list-style-type: none"> <li>Program has 2 of the following in place (2 points).</li> <li>Program has 3 of the following in place (4 points).</li> <li>Program has all 5 of the following in place (6 points).</li> </ul>	2 to 6	<ul style="list-style-type: none"> <li>Program has 2 of the following in place (2 points).</li> <li>Program has 3 of the following in place (4 points).</li> <li>Program has all 5 of the following in place (6 points).</li> </ul>	2 to 6
1. A statement of educational and developmental priorities for the children.		1. A statement of educational and developmental priorities for the children.		1. A statement of educational and developmental priorities for the children.	
2. A routine daily schedule that is predictable yet flexible; includes time for transition; includes indoor and outdoor activities and is responsive to each child's need to be active or resting.		2. A routine daily schedule that is predictable yet flexible; includes time for transition; includes indoor and outdoor activities and is responsive to each child's need to be active or resting.		2. A routine daily schedule that is predictable yet flexible; includes time for transition; includes indoor and outdoor activities and is responsive to each child's need to be active or resting.	
3. An approved curriculum.		3. An approved curriculum.		3. An approved curriculum.	
4. A written plan for integrating policies, procedures and practices that reflects a respect and valuing of children's culture and demonstrates cultural competence.		4. A written plan for integrating policies, procedures and practices that reflects a respect and valuing of children's culture and demonstrates cultural competence.		4. A written plan for integrating policies, procedures and practices that reflects a respect and valuing of children's culture and demonstrates cultural	

Michigan Appendix				competence.	632
5. A written plan for serving children with special needs.		5. A written plan for serving children with special needs.		5. A written plan for serving children with special needs.	
<b>Indicators – Screening and Assessment</b>					
<ul style="list-style-type: none"> <li>Center has 2 of the following in place (2 points).</li> <li>Center has at least 4 of the following in place (4 points).</li> <li>Program has all 5 in place (6 points).</li> </ul>	2 to 6	<ul style="list-style-type: none"> <li>Program has 2 of the following in place (2 points).</li> <li>Program has at least 4 of the following in place (4 points).</li> <li>Provider has all 5 in place (6 points).</li> </ul>	2 to 6	<ul style="list-style-type: none"> <li>Program has 2 of the following in place (2 points).</li> <li>Program has at least 4 of the following in place (4 points).</li> <li>Provider has all 5 in place (6 points).</li> </ul>	2 to 6
1. Staff discusses anecdotal notes/observations as a basis for working/teaching with each child.		1. Lead provider/educator discusses anecdotal notes/observations as a basis for working/teaching with each child.		1. Lead provider/educator incorporates anecdotal notes/observations as a basis for working/teaching with each child.	
2. Complete annual developmental screening on each child.		2. Complete annual developmental screening on each child.		2. Complete annual developmental screening on each child.	
3. Uses an approved child assessment tool at least two times a year.		3. Uses an approved child assessment tool at least two times a year.		3. Uses an approved child assessment tool at least two times a year.	
4. Uses child assessment results in parent-teacher conferences at least two times a year.		4. Uses child assessment results in parent-teacher conferences at least two times a year.		4. Uses child assessment results in parent-teacher conferences at least two times a year.	
5. Uses assessment to inform individual, small group, and whole		5. Uses assessment to inform individual, small group, and whole		5. Uses assessment to inform individual, small group, and whole	

group instruction and interaction. Michigan Appendix		group instruction and interaction.		group instruction and interaction.	633
<b>Indicator – Consistent Interaction</b>					
Center can demonstrate that it structures and schedules staff such that each child has a consistent team of provider/educators and peers over a week, and over a calendar year.	2	N/A		N/A	

<b>Total Curriculum and Instruction</b>	<b>12</b>		<b>12</b>		<b>12</b>
<i>Level 2</i>	4		4		4
<i>Level 3</i>	6		6		6
<i>Level 4</i>	8		8		8
<i>Level 5</i>	8		8		8

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 11**

**Stepping Stones to Caring for Our Children:  
National Health and Safety Performance  
Standards; Guidelines for Early Care and  
Education Programs, Third Edition**



# Stepping Stones to Caring for Our Children:

## National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition



### PROTECTING CHILDREN FROM HARM



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in Child Care and  
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New research and/or evolving best practices may warrant a standard to be updated or changed. Please refer to the online version of *Stepping Stones*, 3<sup>rd</sup> Edition (<http://www.nrckids.org/spinoff/steppingstones/index.htm>)

for the most current standard language. You may also look up individual standards at <http://www.cfoc.nrckids.org/>

# **Stepping Stones to**

## **Caring for Our Children:**

### **National Health and Safety Performance**

### **Standards; Guidelines for Early Care and**

### **Education Programs,**

### **Third Edition**

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### *Availability*

The full texts of *Stepping Stones to Caring for Our Children*, Third Edition and *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition are available online through the National Resource Center for Health and Safety in Child Care and Early Education website (<http://nrckids.org/CFOC3/index.html>).

Print copies of the comprehensive source document *Caring for Our Children*, Third Edition are available from the American Academy of Pediatrics (<http://www.aap.org>) and the American Public Health Association (<http://www.apha.org/publications/bookstore/>).





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(Editor’s Note: *Stepping Stones to Caring for Our Children*, Third Edition only includes those appendices directly mentioned in the text of the included standards. All other appendices are located in *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition. <http://www.cfoc.nrckids.org/>).

## ACKNOWLEDGEMENTS

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\* For a list of acronyms frequently used in this document, please refer to page [xiv](#).

## INTRODUCTION

Every day millions of children attend early care and education programs. It is critical that they have the opportunity to grow and learn in healthy and safe environments with caring and professional caregivers/teachers. Following health and safety best practices is an important way to provide quality early care and education for young children. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Third Edition (CFOC3) and its companion document, *Stepping Stones*, Third Edition (SS3) were created to advance the quality and safety of child care and early education.

### ***History and Purpose***

In 1992, the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) developed and published the first edition of *CFOC*, which was recognized by the early childhood field as the leading set of national standards for health and safety in child care programs. Subsequently, in 1997, *Stepping Stones* was developed by AAP, APHA, and NRC to identify a subset of standards in *CFOC* that, when practiced, **could prevent serious harm and injury to children in child care settings** and serve as a companion piece to *CFOC*. (See *Advice to Users* on page [xy](#) for information on intended audiences and uses).

Since that time, second editions of *CFOC* and *Stepping Stones* were released in 2002 and 2003, respectively. Now a new, third edition of *Stepping Stones* based on *CFOC3* (released in 2011) has been produced by AAP, APHA, and NRC, supported by Grant Number U46MCO9810 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Stepping Stones*, Third Edition (SS3) is the collection of selected *CFOC3* standards which, when put into practice, are most likely to **prevent serious adverse outcomes in child care and early education settings**.

**Adverse outcomes** are defined as harm resulting from failure to practice the recommendations in the *CFOC3* standards. These harmful results may include frequent or severe disease or injury, disability or death (morbidity and mortality). They could occur immediately or later in the child's life as a result of repeated failure to follow the recommended practices (i.e., cumulative impact leading to poor health or developmental outcomes long term).

### ***Methodology of Stepping Stones, Third Edition***

The SS3 development process was initiated in 2012 and completed in 2013 to reflect the new and revised *CFOC3* standards. More than 120 national health and safety experts and child care specialists contributed their expertise in either rating the *CFOC3* standards to be included in the third

edition of *Stepping Stones* or reviewing the drafts of the book (see list of contributors beginning on page [132](#)). From the 686 standards in *CFOC3*, 138 of them were selected for inclusion in *SS3*. There are fewer standards in *SS3* than there were in *SS2*. Please see page [138](#) for a more detailed description of the *SS3* methodology and the reasoning behind the reduction in number.

### Acronyms Frequently Used in this Document

AAP	American Academy of Pediatrics
APHA	American Public Health Association
MCHB	Maternal and Child Health Bureau
NRC	National Resource Center for Health and Safety in Child Care and Early Education
<i>CFOC</i>	<i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (1992)</i>
<i>CFOC2</i>	<i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition (2002)</i>
<i>CFOC3</i>	<i>Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition (2011)</i>
<i>SS</i>	<i>Stepping Stones to Caring for Our Children (1997)</i>
<i>SS2</i>	<i>Stepping Stones to Caring for Our Children, Second Edition (2003)</i>
<i>SS3</i>	<i>Stepping Stones to Caring for Our Children, Third Edition (2013)</i>

## ADVICE TO USERS

### *Intended Audiences and Uses*

*Stepping Stones*, Third Edition was developed to be used by multiple audiences to prevent harm and adverse outcomes in children in all early care and education environments:

- **Caregivers/Teachers/Directors** can use the standards to develop and implement sound practices, policies, and staff training to ensure that their program is healthy, safe, and age-appropriate for all children in their care.
- **Early Childhood Systems** can integrate health and safety components into their efforts to promote optimal health and development for all children.
- **Families** can use information from the standards to select quality programs and/or evaluate their child's current early care and education program. They can work in partnership with caregivers/teachers in promoting healthy and safe behavior and practice for their child and family. Families also may want to incorporate many of these healthy and safe practices at home.
- **Health Care Professionals** can assist families and can provide consultation for caregivers/teachers by using the standards as guidance on what makes a healthy, safe, and age-appropriate environment that encourages children's development of beneficial habits. Child care health consultants can use the standards to develop guidance materials to share with both caregivers/teachers and parents/guardians.
- **Licensing Professionals/Regulators** can use the evidence-based rationale to develop or improve regulations that require a healthy and safe learning environment at a critical time in a child's life and develop lifelong healthy behaviors in children.
- **Organizations that will update standards** for accreditation or guidance purposes for a special discipline can draw on the new work and rationales of the third edition just as *Caring for Our Children's* expert contributors drew upon the expertise of these organizations in developing the new standards.
- **Policy-Makers** can use the strong science and rationale to create and promote sound policy that supports children's development of lifelong healthy behaviors and lifestyles.
- **State Departments of Education (DOEs) and local school administrations** can use the standards to guide the writing of

standards and policy for school-operated child care and preschool and Pre-K programs, and this guidance will help principals to implement good practice in early care and education programs.

- **States and localities who fund subsidized care and services for income-eligible families** can use the standards to determine the level and quality of service to be expected.
- **University/College Faculty** can instruct and model for their students the best practices for health and safety to use with young children upon entering the early childhood workplace. In addition, students will be able to demonstrate the transfer of the latest research into practice.

### ***Types of Facilities***

Several types of facilities are covered by the general definition of child care and early education. The definitions provided here are used consistently in both *CFOC3* and *SS3* to describe three types of out-of-home child care settings. When using these definitions, please be aware that they may be different than what the reader's state licensing agency uses. States vary greatly in their legal definitions for different types of child care facilities, which can cause some confusion when comparing regulations across states and within *SS3*. The general definitions used in *CFOC3* and *SS3* are:

- A **Small family child care home** provides care and education of **one to six children**, including the caregiver's/teacher's own children in the home of the caregiver/teacher. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time.
- A **Large family child care home** provides care and education of **seven to twelve** children, including the caregiver's/teacher's own children in the home of the caregiver/teacher, with one or more qualified adult assistants to meet the child:staff ratio requirements.
- A **Center** is a facility that provides care and education **to any number of children in a nonresidential setting**, or **thirteen** or more children in any setting if the facility is open on a regular basis.

**NOTE:** Unless otherwise noted beneath the standard text, the standards in *SS3* are applicable to all three types of facilities.

### ***Format and Organization***

The 686 standards in *CFOC3* are numbered according to the chapter in which they are located. The 138 standards included in *Stepping Stones*, Third Edition retain their numbers from *CFOC3* to assist users in comparing

**Stepping Stones to Caring for Our Children, Third Edition**

the two documents. Chapter titles and associated numbering are shown in the following table.

<b>CFOC3 Chapter Title</b>	<b>Standard Numbers Begin with</b>
<b>Staffing</b>	<b>1</b>
<b>Program Activities for Healthy Development</b>	<b>2</b>
<b>Health Promotion and Protection</b>	<b>3</b>
<b>Nutrition and Food Service</b>	<b>4</b>
<b>Facilities, Supplies, Equipment, and Environmental Health</b>	<b>5</b>
<b>Play Areas/Playgrounds and Transportation</b>	<b>6</b>
<b>Infectious Diseases</b>	<b>7</b>
<b>Children with Special Health Care Needs</b>	<b>8</b>
<b>Policies</b>	<b>9</b>
<b>Licensing and Community Action</b>	<b>10</b>

*Stepping Stones*, Third Edition presents the Standard only, whereas the larger document, *CFOC3*, also includes the Rationale, Comments, Facility Type, Related Standards, and References for each standard. To review the Rationale, Comments, Related Standards, and References of a standard contained in *Stepping Stones*, Third Edition, users should consult a print version of *CFOC3* or search the online version located on the NRC's website (<http://cfoc.nrckids.org>). Also, there are standards from *CFOC3* that are referred to in *Stepping Stones*, Third Edition but were not selected for inclusion. Users should consult *CFOC3* for their wording.

The following significant content and format changes and additions were made in this new edition:

- New and updated standards include safe sleep, handling and feeding of human milk, introduction of solid foods to infants, monitoring children's development, unimmunized children, preventing expulsions, and availability of drinking water.
- Conversion charts to locate standards in SS2 and their new numbering in SS3 and vice versa.

## Interactive Online Use of Stepping Stones PDF Version

The online PDF version of this document contains links that enable you to interactively navigate within the document and locate additional information from the *CFOC3* database. For example:

- To go to a standard in SS3 from the Table of Contents, click on the standard number in the Table of Contents;



<a href="#">2.1.1.4</a> - Monitoring Children's Development/Obtaining Consent for Screening .....
<a href="#">2.1.2.1</a> - Personal Caregiver/Teacher Relationships for Infants and Toddlers .....

- To go to a section of SS3 from the Table of Contents, click on the section title in the Table of Contents;



<a href="#">Acknowledgements</a> .....
<a href="#">Introduction</a> .....
<a href="#">Advice to Users</a> .....
<a href="#">Chapter 1 – Staffing</a> .....

- To go to an appendix in SS3 from the Table of Contents, click on the section title in the Table of Contents;



<a href="#">Appendix O</a> Care Plan for Children with Special Health Needs.....
<a href="#">Appendix 1</a> SS3 Methodology.....

- To go to an appendix in SS3 from within a standard, click on the appendix reference in the standard text.

In addition to Orientation Training, Standard 1.4.2.1, the orientation provided to staff in child care facilities should be based on the special health care needs of children who will be assigned to their care. All staff oriented for care of children with special health needs should be knowledgeable about the care plans created by the child's primary care provider in their medical home as well as any care plans created by other health professionals and therapists involved in the child's care. An [Appendix O](#) for a care plan for children with special health care needs can be found in [Appendix O](#). Child care health consultants can be an excellent resource for providing health and safety orientation or referrals to resources for such training. This training may include, but is not limited to, the following topics:

- To view all the additional parts of a standard that are not included in SS3 such as the rationale, comments, etc., click on the standard title on the page where the standard text is located in this document. If you have internet access, this link will take you to the standard in the *CFOC3* database. From the database you can also link to related standards and appendices.

**Standard 1.4.3.1 First Aid and CPR Training for Staff**

The director of a center or a large family child care home and the caregiver/teacher in a small family child care home should ensure all staff members involved in providing direct care have documentation of satisfactory completion of training in pediatric first aid and pediatric CPR skills. Pediatric CPR skills should be taught by demonstration, practice, and return demonstration to ensure the technique can be performed in an emergency. These skills should be current according to the requirement specified for retraining by the organization that provided the training.

**Want more?** To explore all the standards in *CFOC3* that cover any topic of interest, search the online *CFOC3* database at <http://cfoc.nrckids.org>.

***Stepping Stones, Third Edition (SS3)* is for reference purposes only and should not be used as a substitute for medical or legal consultation, nor be used to authorize actions beyond a person's licensing, training, or ability.**



## Chapter 1: Staffing

### Standard 1.1.1.1 Ratios for Small Family Child Care Homes

The small family child care home caregiver/teacher child:staff ratios should conform to the following table:

If the small family child care home caregiver/teacher has no children under two years of age in care,	then the small family child care home caregiver/teacher may have one to six children over two years of age in care
If the small family child care home caregiver/teacher has one child under two years of age in care,	then the small family child care home caregiver/teacher may have one to three children over two years of age in care
If the small family child care home caregiver/teacher has two children under two years of age in care,	then the small family child care home caregiver/teacher may have no children over two years of age in care

The small family child care home caregiver's/teacher's own children as well as any other children in the home temporarily requiring supervision should be included in the child:staff ratio. During nap time, at least one adult should be physically present in the same room as the children.

**TYPE OF FACILITY:** Small Family Child Care Homes

### Standard 1.1.1.2 Ratios for Large Family Child Care Homes and Centers

Child:staff ratios in large family child care homes and centers should be maintained as follows during all hours of operation, including in vehicles during transport.

#### **Large Family Child Care Homes**

Age	Maximum Child:Staff Ratio	Maximum Group Size
≤ 12 months	2:1	6
13-23 months	2:1	8
24-35 months	3:1	12
3-year-olds	7:1	12
4 to 5-year-olds	8:1	12
6 to 8-year-olds	10:1	12
9 to 12-year-olds	12:1	12

During nap time for children birth through thirty months of age, the child:staff ratio must be maintained at all times regardless of how many infants are sleeping. They must also be maintained even during the adult's break time so that ratios are not relaxed.

### Child Care Centers

Age	Maximum Child:Staff Ratio	Maximum Group Size
≤ 12 months	3:1	6
13-35 months	4:1	8
3-year-olds	7:1	14
4-year-olds	8:1	16
5-year-olds	8:1	16
6 to 8-year-olds	10:1	20
9 to 12-year-olds	12:1	24

During nap time for children ages thirty-one months and older, at least one adult should be physically present in the same room as the children and maximum group size must be maintained. Children over thirty-one months of age can usually be organized to nap on a schedule, but infants and toddlers as individuals are more likely to nap on different schedules. In the event even one child is not sleeping the child should be moved to another activity where appropriate supervision is provided.

If there is an emergency during nap time other adults should be on the same floor and should immediately assist the staff supervising sleeping children. The caregiver/teacher who is in the same room with the children should be able to summon these adults without leaving the children.

When there are mixed age groups in the same room, the child:staff ratio and group size should be consistent with the age of most of the children. When infants or toddlers are in the mixed age group, the child:staff ratio and group size for infants and toddlers should be maintained. In large family child care homes with two or more caregivers/teachers caring for no more than twelve children, no more than three children younger than two years of age should be in care.

Children with special health care needs or who require more attention due to certain disabilities may require additional staff on-site, depending on their special needs and the extent of their disabilities (1). See Standard 1.1.1.3.

At least one adult who has satisfactorily completed a course in pediatric first aid, including CPR skills within the past three years, should be part of the ratio at all times.

**TYPE OF FACILITY:** Center, Large Family Child Care Home

### **Standard 1.1.1.3 Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities**

Facilities enrolling children with special health care needs and disabilities should determine, by an individual assessment of each child's needs, whether the facility requires a lower child:staff ratio.

### **Standard 1.1.1.4 Ratios and Supervision During Transportation**

Child:staff ratios established for out-of-home child care should be maintained on all transportation the facility provides or arranges. Drivers should not be included in the ratio. No child of any age should be left unattended in or around a vehicle, when children are in a car, or when they are in a car seat. A face-to-name count of children should be conducted prior to leaving for a destination, when the destination is reached, before departing for return to the facility and upon return. Caregivers/teachers should also remember to take into account in this head count if any children were picked up or dropped off while being transported away from the facility.

**TYPE OF FACILITY:** Center, Large Family Child Care Home

### **Standard 1.1.1.5 Ratios and Supervision for Swimming, Wading, and Water Play**

The following child:staff ratios should apply while children are swimming, wading, or engaged in water play:

Developmental Levels	Child:Staff Ratio
Infants	1:1
Toddlers	1:1
Preschoolers	4:1
School-age Children	6:1

Constant and active supervision should be maintained when any child is in or around water (4). During any swimming/wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. The required ratio of adults to older children should be met without including the adults who are required for supervision of infants and/or toddlers. An adult should remain in direct physical contact with an infant at all times during swimming or water play (4). Whenever children thirteen months and up to five years of age are in or around water, the supervising adult should be within an arm's length providing "touch supervision" (6). The attention of an adult who is supervising children of any age should be focused on the child, and the adult should never be engaged

in other distracting activities (4), such as talking on the telephone, socializing, or tending to chores.

A lifeguard should not be counted in the child:staff ratio.

### **Standard 1.2.0.2 Background Screening**

Directors of centers and caregivers/teachers in large and small family child care homes should conduct a complete background screening before employing any staff member (including substitutes, cooks, clerical staff, transportation staff, bus drivers, or custodians who will be on the premises or in vehicles when children are present). The background screening should include:

- a. Name and address verification;
- b. Social Security number verification;
- c. Education verification;
- d. Employment history;
- e. Alias search;
- f. Driving history through state Department of Motor Vehicles records;
- g. Background screening of:
  1. State and national criminal history records;
  2. Child abuse and neglect registries;
  3. Licensing history with any other state agencies (i.e., foster care, mental health, nursing homes, etc.);
  4. Fingerprints; and
  5. Sex offender registries;
- h. Court records;
- i. References.

All family members over age ten living in large and small family child care homes should also have background screenings.

Drug tests may also be incorporated into the background screening. Written permission to obtain the background screening (with or without a drug screen) should be obtained from the prospective employee. Consent to the background investigation should be required for employment consideration.

When checking references and when conducting employee or volunteer interviews, prospective employers should specifically ask about previous convictions and arrests, investigation findings, or court cases with child abuse/neglect or child sexual abuse. Failure of the prospective employee to disclose previous history of child abuse/neglect or child sexual abuse is grounds for immediate dismissal.

Persons should not be hired or allowed to work or volunteer in the child care facility if they acknowledge being sexually attracted to children or having

physically or sexually abused children, or are known to have committed such acts.

Background screenings should be repeated periodically taking into consideration state laws and/or requirements. Screenings should be repeated more frequently if there are additional concerns.

### **Standard 1.3.1.1 General Qualifications of Directors**

The director of a center enrolling fewer than sixty children should be at least twenty-one-years-old and should have all the following qualifications:

- a. Have a minimum of a Baccalaureate degree with at least nine credit-bearing hours of specialized college-level course work in administration, leadership, or management, and at least twenty-four credit-bearing hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that addresses child development, learning from birth through kindergarten, health and safety, and collaboration with consultants OR documents meeting an appropriate combination of relevant education and work experiences (6);
- b. A valid certificate of successful completion of pediatric first aid that includes CPR;
- c. Knowledge of health and safety resources and access to education, health, and mental health consultants;
- d. Knowledge of community resources available to children with special health care needs and the ability to use these resources to make referrals or achieve interagency coordination;
- e. Administrative and management skills in facility operations;
- f. Capability in curriculum design and implementation, ensuring that an effective curriculum is in place;
- g. Oral and written communication skills;
- h. Certificate of satisfactory completion of instruction in medication administration;
- i. Demonstrated life experience skills in working with children in more than one setting;
- j. Interpersonal skills;
- k. Clean background screening.

Knowledge about parenting training/counseling and ability to communicate effectively with parents/guardians about developmental-behavioral issues, child progress, and in creating an intervention plan beginning with how the center will address challenges and how it will help if those efforts are not effective.

The director of a center enrolling more than sixty children should have the above and at least three years experience as a teacher of children in the age

group(s) enrolled in the center where the individual will act as the director, plus at least six months experience in administration.

**TYPE OF FACILITY:** Center

### **Standard 1.3.2.2 Qualifications of Lead Teachers and Teachers**

Lead teachers and teachers should be at least twenty-one years of age and should have at least the following education, experience, and skills:

- a. A Bachelor's degree in early childhood education, school-age care, child development, social work, nursing, or other child-related field, or an associate's degree in early childhood education and currently working towards a bachelor's degree;
- b. A minimum of one year on-the-job training in providing a nurturing indoor and outdoor environment and meeting the child's out-of-home needs;
- c. One or more years of experience, under qualified supervision, working as a teacher serving the ages and developmental abilities of the children in care;
- d. A valid certificate in pediatric first aid, including CPR;
- e. Thorough knowledge of normal child development and early childhood education, as well as knowledge of indicators that a child is not developing typically;
- f. The ability to respond appropriately to children's needs;
- g. The ability to recognize signs of illness and safety/injury hazards and respond with prevention interventions;
- h. Oral and written communication skills;
- i. Medication administration training (8).

Every center, regardless of setting, should have at least one licensed/certified lead teacher (or mentor teacher) who meets the above requirements working in the child care facility at all times when children are in care.

Additionally, facilities serving children with special health care needs associated with developmental delay should employ an individual who has had a minimum of eight hours of training in inclusion of children with special health care needs.

**TYPE OF FACILITY:** Center

### **Standard 1.3.3.1 General Qualifications of Family Child Care Caregivers/Teachers to Operate a Family Child Care Home**

All caregivers/teachers in large and small family child care homes should be at least twenty-one years of age, hold an official credential as granted by

the authorized state agency, meet the general requirements specified in Standard 1.3.2.4 through Standard 1.3.2.6, based on ages of the children served, and those in Section 1.3.3, and should have the following education, experience, and skills:

- a. Current accreditation by the National Association for Family Child Care (NAFCC) (including entry-level qualifications and participation in required training) and a college certificate representing a minimum of three credit hours of early childhood education leadership or master caregiver/teacher training or hold an Associate's degree in early childhood education or child development;
- b. A provider who has been in the field less than twelve months should be in the self-study phase of NAFCC accreditation;
- c. A valid certificate in pediatric first aid, including CPR;
- d. Pre-service training in health management in child care, including the ability to recognize signs of illness, knowledge of infectious disease prevention and safety injury hazards;
- e. If caring for infants, knowledge on safe sleep practices including reducing the risk of sudden infant death syndrome (SIDS) and prevention of shaken baby syndrome/abusive head trauma (including how to cope with a crying infant);
- f. Knowledge of normal child development, as well as knowledge of indicators that a child is not developing typically;
- g. The ability to respond appropriately to children's needs;
- h. Good oral and written communication skills;
- i. Willingness to receive ongoing mentoring from other teachers;
- j. Pre-service training in business practices;
- k. Knowledge of the importance of nurturing adult-child relationships on self-efficacy development;
- l. Medication administration training (6).

Additionally, large family child care home caregivers/teachers should have at least one year of experience serving the ages and developmental abilities of the children in their large family child care home.

Assistants, aides, and volunteers employed by a large family child care home should meet the qualifications specified in Standard 1.3.2.3.

### **Standard 1.4.1.1 Pre-service Training**

In addition to the credentials listed in Standard 1.3.1.1, upon employment, a director or administrator of a center or the lead caregiver/teacher in a family child care home should provide documentation of at least thirty clock-hours of pre-service training. This training should cover health, psychosocial, and safety issues for out-of-home child care facilities. Small family child care home caregivers/teachers may have up to ninety days to secure training

after opening except for training on basic health and safety procedures and regulatory requirements.

All directors or program administrators and caregivers/teachers should document receipt of pre-service training prior to working with children that includes the following content on basic program operations:

- a. Typical and atypical child development and appropriate best practice for a range of developmental and mental health needs including knowledge about the developmental stages for the ages of children enrolled in the facility;
- b. Positive ways to support language, cognitive, social, and emotional development including appropriate guidance and discipline;
- c. Developing and maintaining relationships with families of children enrolled, including the resources to obtain supportive services for children's unique developmental needs;
- d. Procedures for preventing the spread of infectious disease, including hand hygiene, cough and sneeze etiquette, cleaning and disinfection of toys and equipment, diaper changing, food handling, health department notification of reportable diseases, and health issues related to having animals in the facility;
- e. Teaching child care staff and children about infection control and injury prevention through role modeling;
- f. Safe sleep practices including reducing the risk of Sudden Infant Death Syndrome (SIDS) (infant sleep position and crib safety);
- g. Shaken baby syndrome/abusive head trauma prevention and identification, including how to cope with a crying/fussy infant;
- h. Poison prevention and poison safety;
- i. Immunization requirements for children and staff;
- j. Common childhood illnesses and their management, including child care exclusion policies and recognizing signs and symptoms of serious illness;
- k. Reduction of injury and illness through environmental design and maintenance;
- l. Knowledge of U.S. Consumer Product Safety Commission (CPSC) product recall reports;
- m. Staff occupational health and safety practices, such as proper procedures, in accordance with Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations;
- n. Emergency procedures and preparedness for disasters, emergencies, other threatening situations (including weather-related, natural disasters), and injury to infants and children in care;
- o. Promotion of health and safety in the child care setting, including staff health and pregnant workers;
- p. First aid including CPR for infants and children;

- q. Recognition and reporting of child abuse and neglect in compliance with state laws and knowledge of protective factors to prevent child maltreatment;
- r. Nutrition and age-appropriate child-feeding including food preparation, choking prevention, menu planning, and breastfeeding supportive practices;
- s. Physical activity, including age-appropriate activities and limiting sedentary behaviors;
- t. Prevention of childhood obesity and related chronic diseases;
- u. Knowledge of environmental health issues for both children and staff;
- v. Knowledge of medication administration policies and practices;
- w. Caring for children with special health care needs, mental health needs, and developmental disabilities in compliance with the Americans with Disabilities Act (ADA);
- x. Strategies for implementing care plans for children with special health care needs and inclusion of all children in activities;
- y. Positive approaches to support diversity;
- z. Positive ways to promote physical and intellectual development.

### **Standard 1.4.2.2 Orientation for Care of Children with Special Health Care Needs**

When a child care facility enrolls a child with special health care needs, the facility should ensure that all staff members have been oriented in understanding that child's special health care needs and have the skills to work with that child in a group setting.

Caregivers/teachers in small family child care homes, who care for a child with special health care needs, should meet with the parents/guardians and meet or speak with the child's primary care provider (if the parent/guardian has provided prior, informed, written consent) or a child care health consultant to ensure that the child's special health care needs will be met in child care and to learn how these needs may affect his/her developmental progression or play with other children.

In addition to Orientation Training, Standard 1.4.2.1, the orientation provided to staff in child care facilities should be based on the special health care needs of children who will be assigned to their care. All staff oriented for care of children with special health needs should be knowledgeable about the care plans created by the child's primary care provider in their medical home as well as any care plans created by other health professionals and therapists involved in the child's care. A template for a care plan for children with special health care needs can be found in [Appendix O](#). Child care health consultants can be an excellent resource for providing health and safety orientation or referrals to resources for such training. This training may include, but is not limited to, the following topics:

- a. Positioning for feeding and handling, and risks for injury for children with physical/mental disabilities;
- b. Toileting techniques;
- c. Knowledge of special treatments or therapies (e.g., PT, OT, speech, nutrition/diet therapies, emotional support and behavioral therapies, medication administration, etc.) the child may need/receive in the child care setting;
- d. Proper use and care of the individual child's adaptive equipment, including how to recognize defective equipment and to notify parents/guardians that repairs are needed;
- e. How different disabilities affect the child's ability to participate in group activities;
- f. Methods of helping the child with special health care needs or behavior problems to participate in the facility's programs, including physical activity programs;
- g. Role modeling, peer socialization, and interaction;
- h. Behavior modification techniques, positive behavioral supports for children, promotion of self-esteem, and other techniques for managing behavior;
- i. Grouping of children by skill levels, taking into account the child's age and developmental level;
- j. Health services or medical intervention for children with special health care problems;
- k. Communication methods and needs of the child;
- l. Dietary specifications for children who need to avoid specific foods or for children who have their diet modified to maintain their health, including support for continuation of breastfeeding;
- m. Medication administration (for emergencies or on an ongoing basis);
- n. Recognizing signs and symptoms of impending illness or change in health status;
- o. Recognizing signs and symptoms of injury;
- p. Understanding temperament and how individual behavioral differences affect a child's adaptive skills, motivation, and energy;
- q. Potential hazards of which staff should be aware;
- r. Collaborating with families and outside service providers to create a health, developmental, and behavioral care plan for children with special needs;
- s. Awareness of when to ask for medical advice and recommendations for non-emergent issues that arise in school (e.g., head lice, worms, diarrhea);
- t. Knowledge of professionals with skills in various conditions, e.g., total communication for children with deafness, beginning orientation and mobility training for children with blindness (including arranging the physical environment effectively for such

- children), language promotion for children with hearing-impairment and language delay/disorder, etc.;
- u. How to work with parents/guardians and other professionals when assistive devices or medications are not consistently brought to the child care program or school;
  - v. How to safely transport a child with special health care needs.

### **Standard 1.4.2.3 Orientation Topics**

During the first three months of employment, the director of a center or the caregiver/teacher in a large family home should document, for all full-time and part-time staff members, additional orientation in, and the employees' satisfactory knowledge of, the following topics:

- a. Recognition of symptoms of illness and correct documentation procedures for recording symptoms of illness. This should include the ability to perform a daily health check of children to determine whether any children are ill or injured and, if so, whether a child who is ill should be excluded from the facility;
- b. Exclusion and readmission procedures and policies;
- c. Cleaning, sanitation, and disinfection procedures and policies;
- d. Procedures for administering medication to children and for documenting medication administered to children;
- e. Procedures for notifying parents/guardians of an infectious disease occurring in children or staff within the facility;
- f. Procedures and policies for notifying public health officials about an outbreak of disease or the occurrence of a reportable disease;
- g. Emergency procedures and policies related to unintentional injury, medical emergency, and natural disasters;
- h. Procedure for accessing the child care health consultant for assistance;
- i. Injury prevention strategies and hazard identification procedures specific to the facility, equipment, etc.;
- j. Proper hand hygiene.

Before being assigned to tasks that involve identifying and responding to illness, staff members should receive orientation training on these topics. Small family child care home caregivers/teachers should not commence operation before receiving orientation on these topics in pre-service training (1).

### **Standard 1.4.3.1 First Aid and CPR Training for Staff**

The director of a center or a large family child care home and the caregiver/teacher in a small family child care home should ensure all staff members involved in providing direct care have documentation of satisfactory completion of training in pediatric first aid and pediatric CPR skills. Pediatric CPR skills should be taught by demonstration, practice, and return demonstration to ensure the technique can be performed in an National Health and Safety Performance Standards

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emergency. These skills should be current according to the requirement specified for retraining by the organization that provided the training.

At least one staff person who has successfully completed training in pediatric first aid that includes CPR should be in attendance at all times with a child whose special care plan indicates an increased risk of needing respiratory or cardiac resuscitation.

Records of successful completion of training in pediatric first aid should be maintained in the personnel files of the facility.

**Standard 1.4.3.2 Topics Covered in First Aid Training**

First aid training should present an overview of Emergency Medical Services (EMS), accessing EMS, poison center services, accessing the poison center, safety at the scene, and isolation of body substances. First aid instruction should include, but not be limited to, recognition and first response of pediatric emergency management in a child care setting of the following situations:

- a. Management of a blocked airway and rescue breathing for infants and children with return demonstration by the learner (pediatric CPR);
- b. Abrasions and lacerations;
- c. Bleeding, including nosebleeds;
- d. Burns;
- e. Fainting;
- f. Poisoning, including swallowed, skin or eye contact, and inhaled;
- g. Puncture wounds, including splinters;
- h. Injuries, including insect, animal, and human bites;
- i. Poison control;
- j. Shock;
- k. Seizure care;
- l. Musculoskeletal injury (such as sprains, fractures);
- m. Dental and mouth injuries/trauma;
- n. Head injuries, including shaken baby syndrome/abusive head trauma;
- o. Allergic reactions, including information about when epinephrine might be required;
- p. Asthmatic reactions, including information about when rescue inhalers must be used;
- q. Eye injuries;
- r. Loss of consciousness;
- s. Electric shock;
- t. Drowning;
- u. Heat-related injuries, including heat exhaustion/heat stroke;
- v. Cold related injuries, including frostbite;
- w. Moving and positioning injured/ill persons;

- x. Illness-related emergencies (such as stiff neck, inexplicable confusion, sudden onset of blood-red or purple rash, severe pain, temperature above 101°F [38.3°C] orally, above 102°F [38.9°C] rectally, or 100°F [37.8°C] or higher taken axillary [armpit] or measured by an equivalent method, and looking/acting severely ill);
- y. Standard Precautions;
- z. Organizing and implementing a plan to meet an emergency for any child with a special health care need;
- aa. Addressing the needs of the other children in the group while managing emergencies in a child care setting;
- ab. Applying first aid to children with special health care needs.

### **Standard 1.4.3.3 CPR Training for Swimming and Water Play**

Facilities that have a swimming pool should require at least one staff member with current documentation of successful completion of training in infant and child (pediatric) CPR (Cardiopulmonary Resuscitation) be on duty at all times during business hours.

At least one of the caregivers/teachers, volunteers, or other adults who is counted in the child:staff ratio for swimming and water play should have documentation of successful completion of training in basic water safety, proper use of swimming pool rescue equipment, and infant and child CPR according to the criteria of the American Red Cross or the American Heart Association (AHA).

For small family child care homes, the person trained in water safety and CPR should be the caregiver/teacher. Written verification of successful completion of CPR and lifesaving training, water safety instructions, and emergency procedures should be kept on file.

### **Standard 1.4.5.1 Training of Staff Who Handle Food**

All staff members with food handling responsibilities should obtain training in food service and safety. The director of a center or a large family child care home or the designated supervisor for food service should be a certified food protection manager or equivalent as demonstrated by completing an accredited food protection manager course. Small family child care personnel should secure training in food service and safety appropriate for their setting.

### **Standard 1.4.5.2 Child Abuse and Neglect Education**

Caregivers/teachers should use child abuse and neglect prevention education to educate and establish child abuse and neglect prevention and recognition measures for the children, caregivers/teachers, and parents/guardians. The education should address physical, sexual, and National Health and Safety Performance Standards

psychological or emotional abuse and neglect. The dangers of shaking infants and toddlers and repeated exposure to domestic violence should be included in the education and prevention materials. Caregivers/teachers should also receive education on promoting protective factors to prevent child maltreatment. Caregivers/teachers should be able to identify signs of stress in families and assist families by providing support and linkages to resources when needed. Children with disabilities are at a higher risk of being abused. Special training in child abuse and neglect and children with disabilities should be provided (2).

Caregivers/teachers are mandatory reporters of child abuse or neglect. Caregivers/teachers should be trained in compliance with their state's child abuse reporting laws. Child abuse reporting requirements are known and available from the child care regulation department in each state.

### **Standard 1.5.0.1 Employment of Substitutes**

Substitutes should be employed to ensure that child:staff ratios and requirements for direct supervision are maintained at all times. Substitutes and volunteers should be at least eighteen years of age and must meet the requirements specified throughout Standards 1.3.2.1-1.3.2.6. Those without licenses/certificates should work under direct supervision and should not be alone with a group of children.

A substitute should complete the same background screening processes as the caregiver/teacher. Obtaining substitutes to provide medical care for children with special health care needs is particularly challenging. A substitute nurse should be experienced in delivering the expected medical services. Decisions should be made on whether a parent/guardian will be allowed to provide needed on-site medical services. Substitutes should be aware of the care plans (including emergency procedures) for children with special health care needs.

### **Standard 1.5.0.2 Orientation of Substitutes**

The director of any center or large family child care home and the small family child care home caregiver/teacher should provide orientation training to newly hired substitutes to include a review of ALL the program's policies and procedures (listed below is a sample). This training should include the opportunity for an evaluation and a repeat demonstration of the training lesson. In all child care settings the orientation should be documented. Substitutes should have background screenings.

All substitutes should be oriented to, and demonstrate competence in, the tasks for which they will be responsible. On the first day a substitute caregiver/teacher should be oriented on the following topics:

- a. Safe infant sleep practices if an infant is enrolled in the program;
- b. Any emergency medical procedure/medication needs of the children;

- c. Any nutrition needs of the children.

All substitute caregivers/teachers, during the first week of employment, should be oriented to, and should demonstrate competence in at least the following items:

- a. The names of the children for whom the caregiver/teacher will be responsible, and their specific developmental needs;
- b. The planned program of activities at the facility;
- c. Routines and transitions;
- d. Acceptable methods of discipline;
- e. Meal patterns and safe food handling policies of the facility (special attention should be given to life-threatening food allergies);
- f. Emergency health and safety procedures;
- g. General health policies and procedures as appropriate for the ages of the children cared for, including but not limited to the following:
  - 1. Hand hygiene techniques, including indications for hand hygiene;
  - 2. Diapering technique, if care is provided to children in diapers, including appropriate diaper disposal and diaper changing techniques, use and wearing of gloves;
  - 3. The practice of putting infants down to sleep positioned on their backs and on a firm surface along with all safe infant sleep practices to reduce the risk of Sudden Infant Death Syndrome (SIDS), as well as general nap time routines for all ages;
  - 4. Correct food preparation and storage techniques, if employee prepares food;
  - 5. Proper handling and storage of human milk when applicable and formula preparation if formula is handled;
  - 6. Bottle preparation including guidelines for human milk and formula if care is provided to children with bottles;
  - 7. Proper use of gloves in compliance with Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations;
  - 8. Injury prevention and safety including the role of mandatory child abuse reporter to report any suspected abuse/neglect.
- h. Emergency plans and practices;
- i. Access to list of authorized individuals for releasing children.

### **Standard 1.6.0.1 Child Care Health Consultants**

A facility should identify and engage/partner with a child care health consultant (CCHC) who is a licensed health professional with education and experience in child and community health and child care and preferably specialized training in child care health consultation.

CCHCs have knowledge of resources and regulations and are comfortable linking health resources with child care facilities.

The child care health consultant should be knowledgeable in the following areas:

- a. Consultation skills both as a child care health consultant as well as a member of an interdisciplinary team of consultants;
- b. National health and safety standards for out-of-home child care;
- c. Indicators of quality early care and education;
- d. Day-to-day operations of child care facilities;
- e. State child care licensing and public health requirements;
- f. State health laws, Federal and State education laws (e.g., ADA, IDEA), and state professional practice acts for licensed professionals (e.g., State Nurse Practice Acts);
- g. Infancy and early childhood development, social and emotional health, and developmentally appropriate practice;
- h. Recognition and reporting requirements for infectious diseases;
- i. American Academy of Pediatrics (AAP) and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screening recommendations and immunizations schedules for children;
- j. Importance of medical home and local and state resources to facilitate access to a medical home as well as child health insurance programs including Medicaid and State Children's Health Insurance Program (SCHIP);
- k. Injury prevention for children;
- l. Oral health for children;
- m. Nutrition and age-appropriate physical activity recommendations for children including feeding of infants and children, the importance of breastfeeding and the prevention of obesity;
- n. Inclusion of children with special health care needs, and developmental disabilities in child care;
- o. Safe medication administration practices;
- p. Health education of children;
- q. Recognition and reporting requirements for child abuse and neglect/child maltreatment;
- r. Safe sleep practices and policies (including reducing the risk of SIDS);
- s. Development and implementation of health and safety policies and practices including poison awareness and poison prevention;

- t. Staff health, including adult health screening, occupational health risks, and immunizations;
- u. Disaster planning resources and collaborations within child care community;
- v. Community health and mental health resources for child, parent/guardian and staff health;
- w. Importance of serving as a healthy role model for children and staff.

The child care health consultant should be able to perform or arrange for performance of the following activities:

- a. Assessing caregivers'/teachers' knowledge of health, development, and safety and offering training as indicated;
- b. Assessing parents'/guardians' health, development, and safety knowledge, and offering training as indicated;
- c. Assessing children's knowledge about health and safety and offering training as indicated;
- d. Conducting a comprehensive indoor and outdoor health and safety assessment and on-going observations of the child care facility;
- e. Consulting collaboratively on-site and/or by telephone or electronic media;
- f. Providing community resources and referral for health, mental health and social needs, including accessing medical homes, children's health insurance programs (e.g., CHIP), and services for special health care needs;
- g. Developing or updating policies and procedures for child care facilities (see comment section below);
- h. Reviewing health records of children;
- i. Reviewing health records of caregivers/teachers;
- j. Assisting caregivers/teachers and parents/guardians in the management of children with behavioral, social and emotional problems and those with special health care needs;
- k. Consulting a child's primary care provider about the child's individualized health care plan and coordinating services in collaboration with parents/guardians, the primary care provider, and other health care professionals (the CCHC shows commitment to communicating with and helping coordinate the child's care with the child's medical home, and may assist with the coordination of skilled nursing care services at the child care facility);
- l. Consulting with a child's primary care provider about medications as needed, in collaboration with parents/guardians;
- m. Teaching staff safe medication administration practices;
- n. Monitoring safe medication administration practices;

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- o. Observing children’s behavior, development and health status and making recommendations if needed to staff and parents/guardians for further assessment by a child’s primary care provider;
- p. Interpreting standards, regulations and accreditation requirements related to health and safety, as well as providing technical advice, separate and apart from an enforcement role of a regulation inspector or determining the status of the facility for recognition;
- q. Understanding and observing confidentiality requirements;
- r. Assisting in the development of disaster/emergency medical plans (especially for those children with special health care needs) in collaboration with community resources;
- s. Developing an obesity prevention program in consultation with a nutritionist/registered dietitian (RD) and physical education specialist;
- t. Working with other consultants such as nutritionists/RDs, kinesiologists (physical activity specialists), oral health consultants, social service workers, early childhood mental health consultants, and education consultants.

The role of the CCHC is to promote the health and development of children, families, and staff and to ensure a healthy and safe child care environment (11).

The CCHC is not acting as a primary care provider at the facility but offers critical services to the program and families by sharing health and developmental expertise, assessments of child, staff, and family health needs and community resources. The CCHC assists families in care coordination with the medical home and other health and developmental specialists. In addition, the CCHC should collaborate with an interdisciplinary team of early childhood consultants, such as, early childhood education, mental health, and nutrition consultants.

In order to provide effective consultation and support to programs, the CCHC should avoid conflict of interest related to other roles such as serving as a caregiver/teacher or regulator or a parent/guardian at the site to which child care health consultation is being provided.

The CCHC should have regular contact with the facility’s administrative authority, the staff, and the parents/guardians in the facility. The administrative authority should review, and collaborate with the CCHC in implementing recommended changes in policies and practices. In the case of consulting about children with special health care needs, the CCHC should have contact with the child’s medical home with permission from the child’s parent/guardian.

Programs with a significant number of non-English-speaking families should seek a CCHC who is culturally sensitive and knowledgeable about community health resources for the parents’/guardians’ native culture and languages.

## Chapter 2: Program Activities for Healthy Development

### Standard 2.1.1.4 Monitoring Children's Development/Obtaining Consent for Screening

Child care settings provide daily indoor and outdoor opportunities for promoting and monitoring children's development. Caregivers/teachers should monitor the children's development, share observations with parents/guardians, and provide resource information as needed for screenings, evaluations, and early intervention and treatment.

Caregivers/teachers should work in collaboration to monitor a child's development with parents/guardians and in conjunction with the child's primary care provider and health, education, mental health, and early intervention consultants. Caregivers/teachers should utilize the services of health and safety, education, mental health, and early intervention consultants to strengthen their observation skills, collaborate with families, and be knowledgeable of community resources.

Programs should have a formalized system of developmental screening with all children that can be used near the beginning of a child's placement in the program, at least yearly thereafter, and as developmental concerns become apparent to staff and/or parents/guardians. The use of authentic assessment and curricular-based assessments should be an ongoing part of the services provided to all children (5-9). The facility's formalized system should include a process for determining when a health or developmental screening or evaluation for a child is necessary. This process should include parental/guardian consent and participation.

Parents/guardians should be explicitly invited to:

- a. Discuss reasons for a health or developmental assessment;
- b. Participate in discussions of the results of their child's evaluations and the relationship of their child's needs to the caregivers'/teachers' ability to serve that child appropriately;
- c. Give alternative perspectives;
- d. Share their expectations and goals for their child and have these expectations and goals integrated with any plan for their child;
- e. Explore community resources and supports that might assist in meeting any identified needs that child care centers and family child care homes can provide;
- f. Give written permission to share health information with primary health care professionals (medical home), child care health consultants and other professionals as appropriate;

The facility should document parents'/guardians' presence at these meetings and invitations to attend.

If the parents/guardians do not attend the screening, the caregiver/teacher should inform the parents/guardians of the results, and offer an opportunity for discussion. Efforts should be made to provide notification of meetings in the primary language of the parents/guardians. Formal evaluations of a child's health or development should also be shared with the child's medical home with parent/guardian consent.

Programs are encouraged to utilize validated screening tools to monitor children's development, as well as various measures that may inform their work facilitating children's development and providing an enriching indoor and outdoor environment, such as authentic-based assessment, work sampling methods, observational assessments, and assessments intended to support curricular implementation (5,9). Programs should have clear policies for using reliable and valid methods of developmental screening with all children and for making referrals for diagnostic assessment and possible intervention for children who screen positive. All programs should use methods of ongoing developmental assessment that inform the curricular approaches used by the staff. Care must be taken in communicating the results. Screening is a way to identify a child at risk of a developmental delay or disorder. It is not a diagnosis.

If the screening or any observation of the child results in any concern about the child's development, after consultation with the parents/guardians, the child should be referred to his or her primary care provider (medical home), or to an appropriate specialist or clinic for further evaluation. In some situations, a direct referral to the Early Intervention System in the respective state may also be required.

### **Standard 2.1.2.1 Personal Caregiver/Teacher Relationships for Infants and Toddlers**

The facility should practice a relationship-based philosophy that promotes consistency and continuity of caregivers/teachers for infants and toddlers. The facility should limit the number of caregivers/teachers who interact with any one infant (1,2) to no more than five caregivers/teachers across the period that the child is an infant in child care. The caregiver/teacher should:

- a. Hold and comfort children who are upset;
- b. Engage in frequent, multiple, and rich social interchanges such as smiling, talking, touching, singing, and eating;
- c. Be play partners as well as protectors;
- d. Be attuned to children's feelings and reflect them back;
- e. Communicate consistently with parents/guardians;
- f. Interact with children and develop a relationship in the context of everyday routines (diapering, feeding, etc.)

Opportunities should be provided for each child to develop a personal and affectionate relationship with, and attachment to, that child's parents/guardians and one or a small number of caregivers/teachers whose

care for and responsiveness to the child ensure relief of distress, experiences of comfort and stimulation, and satisfaction of the need for a personal relationship.

### **Standard 2.2.0.1 Methods of Supervision of Children**

Caregivers/teachers should directly supervise infants, toddlers, and preschoolers by sight and hearing at all times, even when the children are going to sleep, napping or sleeping, are beginning to wake up, or are indoors or outdoors. School-age children should be within sight or hearing at all times. Caregivers/teachers should not be on one floor level of the building, while children are on another floor or room. Ratios should remain the same whether inside or outside.

School-age children should be permitted to participate in activities off the premises with appropriate adult supervision and with written approval by a parent/guardian and by the caregiver. If parents/guardians give written permission for the school-age child to participate in off-premises activities, the facility would no longer be responsible for the child during the off-premises activity and not need to provide staff for the off-premises activity.

Caregivers/teachers should regularly count children (name to face on a scheduled basis, at every transition, and whenever leaving one area and arriving at another), going indoors or outdoors, to confirm the safe whereabouts of every child at all times. Additionally, they must be able to state how many children are in their care at all times.

Developmentally appropriate child:staff ratios should be met during all hours of operation, including indoor and outdoor play and field trips, and safety precautions for specific areas and equipment should be followed. No center-based facility or large family child care home should operate with fewer than two staff members if more than six children are in care, even if the group otherwise meets the child:staff ratio. Although centers often downsize the number of staff for the early arrival and late departure times, another adult must be present to help in the event of an emergency. The supervision policies of centers and large family child care homes should be written policies.

### **Standard 2.2.0.4 Supervision Near Bodies of Water**

Constant and active supervision should be maintained when any child is in or around water (1). During any swimming/wading/water play activities where either an infant or a toddler is present, the ratio should always be one adult to one infant/toddler. Children ages thirteen months to five years of age should not be permitted to play in areas where there is any body of water, including swimming pools, ponds and irrigation ditches, built-in wading pools, tubs, pails, sinks, or toilets unless the supervising adult is within an arm's length providing "touch supervision".

Caregivers/teachers should ensure that all pools meet the Virginia Graeme Baker Pool and Spa Safety Act, requiring the retrofitting of safe suction-type devices for pools and spas to prevent underwater entrapment of children in such locations with strong suction devices that have led to deaths of children of varying ages (2).

### **Standard 2.2.0.6 Discipline Measures**

Reader's Note: The word discipline means to teach and guide. Discipline is not punishment. The discipline standard therefore reflects an approach that focuses on preventing behavior problems by supporting children in learning appropriate social skills and emotional responses.

Caregivers/teachers should guide children to develop self-control and appropriate behaviors in the context of relationships with peers and adults. Caregivers/teachers should care for children without ever resorting to physical punishment or abusive language. When a child needs assistance to resolve a conflict, manage a transition, engage in a challenging situation, or express feelings, needs, and wants, the adult should help the child learn strategies for dealing with the situation. Discipline should be an ongoing process to help children learn to manage their own behavior in a socially acceptable manner, and should not just occur in response to a problem behavior. Rather, the adult's guidance helps children respond to difficult situations using socially appropriate strategies. To develop self-control, children should receive adult support that is individual to the child and adapts as the child develops internal controls. This process should include:

- a. Forming a positive relationship with the child. When children have a positive relationship with the adult, they are more likely to follow that person's directions. This positive relationship occurs when the adult spends time talking to the child, listening to the child, following the child's lead, playing with the child, and responding to the child's needs;
- b. Basing expectations on children's developmental level;
- c. Establishing simple rules children can understand (e.g., you can't hurt others, our things, or yourself) and being proactive in teaching and supporting children in learning the rules;
- d. Adapting the physical indoor and outdoor learning/play environment or family child care home to encourage positive behavior and self regulation by providing engaging materials based on children's interests and ensuring that the learning environment promotes active participation of each child. Well-designed child care environments are ones that are supportive of appropriate behavior in children, and are designed to help children learn about what to expect in that environment and to promote positive interactions and engagement with others;
- e. Modifying the learning/play environment (e.g., schedule, routine, activities, transitions) to support the child's appropriate behavior;

- f. Creating a predictable daily routine and schedule. When a routine is predictable, children are more likely to know what to do and what is expected of them. This may decrease anxiety in the child. When there is less anxiety, there may be less acting out. Reminders need to be given to the children so they can anticipate and prepare themselves for transitions within the schedule. Reminders should be individualized such that each child understands and anticipates the transition;
- g. Using encouragement and descriptive praise. When clear encouragement and descriptive praise are used to give attention to appropriate behaviors, those behaviors are likely to be repeated. Encouragement and praise should be stated positively and descriptively. Encouragement and praise should provide information that the behavior the child engaged in was appropriate. Examples: "I can tell you are ready for circle time because you are sitting on your name and looking at me." "Your friend looked so happy when you helped him clean up his toys." "You must be so proud of yourself for putting on your coat all by yourself." Encouragement and praise should label the behaviors, not the child (e.g., good listening, good eating, instead of good boy);
- h. Using clear, direct, and simple commands. When clear commands are used with children, they are more likely to follow them. The caregiver/teacher should tell the child what to do rather than what NOT to do. The caregiver/teacher should limit the number of commands. The caregiver/teacher should use if/then and when/then statements with logical and natural consequences. These practices help children understand they can make choices and that choices have consequences;
- i. Showing children positive alternatives rather than just telling children "no";
- j. Modeling desired behavior;
- k. Using planned ignoring and redirection. Certain behaviors can be ignored while at the same time the adult is able to redirect the children to another activity. If the behavior cannot be ignored, the adult should prompt the child to use a more appropriate behavior and provide positive feedback when the child engages in the behavior;
- l. Individualizing discipline based on the individual needs of children. For example, if a child has a hard time transitioning, the caregiver/teacher can identify strategies to help the child with the transition (individualized warning, job during transition, individual schedule, peer buddy to help, etc.) If a child has a difficult time during a large group activity, the child might be taught to ask for a break;

- m. Using time-out for behaviors that are persistent and unacceptable. Time-out should only be used in combination with instructional approaches that teach children what to do in place of the behavior problem. (See guidance for time-outs below.)

Expectations for children's behavior and the facility's policies regarding their response to behaviors should be written and shared with families and children of appropriate age. Further, the policies should address proactive as well as reactive strategies. Programs should work with families to support their children's appropriate behaviors before it becomes a problem.

### **Standard 2.2.0.8 Preventing Expulsions, Suspensions, and Other Limitations in Services**

Child care programs should not expel, suspend, or otherwise limit the amount of services (including denying outdoor time, withholding food, or using food as a reward/punishment) provided to a child or family on the basis of challenging behaviors or a health/safety condition or situation unless the condition or situation meets one of the two exceptions listed in this standard.

Expulsion refers to terminating the enrollment of a child or family in the regular group setting because of a challenging behavior or a health condition. Suspension and other limitations in services include all other reductions in the amount of time a child may be in attendance of the regular group setting, either by requiring the child to cease attendance for a particular period of time or reducing the number of days or amount of time that a child may attend. Requiring a child to attend the program in a special place away from the other children in the regular group setting is included in this definition.

Child care programs should have a comprehensive discipline policy that includes an explicit description of alternatives to expulsion for children exhibiting extreme levels of challenging behaviors, and should include the program's protocol for preventing challenging behaviors. These policies should be in writing and clearly articulated and communicated to parents/guardians, staff and others. These policies should also explicitly state how the program plans to use any available internal mental health and other support staff during behavioral crises to eliminate to the degree possible any need for external supports (e.g., local police departments) during crises.

Staff should have access to in-service training on both a proactive and as-needed basis on how to reduce the likelihood of problem behaviors escalating to the level of risk for expulsion and how to more effectively manage behaviors throughout the entire class/group. Staff should also have access to in-service training, resources, and child care health consultation to manage children's health conditions in collaboration with parents/guardians and the child's primary care provider. Programs should

attempt to obtain access to behavioral or mental health consultation to help establish and maintain environments that will support children's mental well-being and social-emotional health, and have access to such a consultant when more targeted child-specific interventions are needed. Mental health consultation may be obtained from a variety of sources, as described in Standard 1.6.0.3.

When children exhibit or engage in challenging behaviors that cannot be resolved easily, as above, staff should:

- a. Assess the health of the child and the adequacy of the curriculum in meeting the developmental and educational needs of the child;
- b. Immediately engage the parents/guardians/family in a spirit of collaboration regarding how the child's behaviors may be best handled, including appropriate solutions that have worked at home or in other settings;
- c. Access an early childhood mental health consultant to assist in developing an effective plan to address the child's challenging behaviors and to assist the child in developing age-appropriate, pro-social skills;
- d. Facilitate, with the family's assistance, a referral for an evaluation for either Part C (early intervention) or Part B (preschool special education), as well as any other appropriate community-based services (e.g., child mental health clinic);
- e. Facilitate with the family communication with the child's primary care provider (e.g., pediatrician, family medicine provider, etc.), so that the primary care provider can assess for any related health concerns and help facilitate appropriate referrals.

The only possible reasons for considering expelling, suspending or otherwise limiting services to a child on the basis of challenging behaviors are:

- a. Continued placement in the class and/or program clearly jeopardizes the physical safety of the child and/or his/her classmates as assessed by a qualified early childhood mental health consultant AND all possible interventions and supports recommended by a qualified early childhood mental health consultant aimed at providing a physically safe environment have been exhausted; or
- b. The family is unwilling to participate in mental health consultation that has been provided through the child care program or independently obtain and participate in child mental health assistance available in the community; or
- c. Continued placement in this class and/or program clearly fails to meet the mental health and/or social-emotional needs of the child as agreed by both the staff and the family AND a different program

that is better able to meet these needs has been identified and can immediately provide services to the child.

In either of the above three cases, a qualified early childhood mental health consultant, qualified special education staff, and/or qualified community-based mental health care provider should be consulted, referrals for special education services and other community-based services should be facilitated, and a detailed transition plan from this program to a more appropriate setting should be developed with the family and followed. This transition could include a different private or public-funded child care or early education program in the community that is better equipped to address the behavioral concerns (e.g., therapeutic preschool programs, Head Start or Early Head Start, prekindergarten programs in the public schools that have access to additional support staff, etc.), or public-funded special education services for infants and toddlers (i.e., Part C early intervention) or preschoolers (i.e., Part B preschool special education).

To the degree that safety can be maintained, the child should be transitioned directly to the receiving program. The program should assist parents/guardians in securing the more appropriate placement, perhaps using the services of a local child care resource and referral agency. With parent/guardian permission, the child's primary care provider should be consulted and a referral for a comprehensive assessment by qualified mental health provider and the appropriate special education system should be initiated. If abuse or neglect is suspected, then appropriate child protection services should be informed. Finally, no child should ever be expelled or suspended from care without first conducting an assessment of the safety of alternative arrangements (e.g., Who will care for the child? Will the child be adequately and safely supervised at all times?) (1).

### **Standard 2.2.0.9 Prohibited Caregiver/Teacher Behaviors**

The following behaviors should be prohibited in all child care settings and by all caregivers/teachers:

- a. The use of corporal punishment. Corporal punishment means punishment inflicted directly on the body including, but not limited to:
  1. Hitting, spanking (refers to striking a child with an open hand on the buttocks or extremities with the intention of modifying behavior without causing physical injury), shaking, slapping, twisting, pulling, squeezing, or biting;
  2. Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures;
  3. Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances;
  4. Exposing a child to extremes of temperature.

- b. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where a child cannot be seen or supervised;
- c. Binding or tying to restrict movement, such as in a car seat (except when travelling) or taping the mouth;
- d. Using or withholding food as a punishment or reward;
- e. Toilet learning/training methods that punish, demean, or humiliate a child;
- f. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child;
- g. Any abuse or maltreatment of a child, either as an incident of discipline or otherwise. Any child care program must not tolerate, or in any manner condone, an act of abuse or neglect of a child by an older child, employee, volunteer, or any person employed by the facility or child's family;
- h. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks about the child or child's family;
- i. Any form of public or private humiliation, including threats of physical punishment (1);
- j. Physical activity/outdoor time should not be taken away as punishment.

### **Standard 2.2.0.10 Using Physical Restraint**

Reader's Note: It should never be necessary to physically restrain a typically developing child unless his/her safety and/or that of others are at risk.

When a child with special behavioral or mental health issues is enrolled who may frequently need the cautious use of restraint in the event of behavior that endangers his or her safety or the safety of others, a behavioral care plan should be developed with input from the child's primary care provider, mental health provider, parents/guardians, center director/family child care home caregiver/teacher, child care health consultant, and possibly early childhood mental health consultant in order to address underlying issues and reduce the need for physical restraint.

That behavioral care plan should include:

- a. An indication and documentation of the use of other behavioral strategies before the use of restraint and a precise definition of when the child could be restrained;
- b. That the restraint be limited to holding the child as gently as possible to accomplish the restraint;
- c. That such child restraint techniques do not violate the state's mental health code;
- d. That the amount of time the child is physically restrained should be the minimum necessary to control the situation and be age-

- appropriate; reevaluation and change of strategy should be used every few minutes;
- e. That no bonds, ties, blankets, straps, car seats, heavy weights (such as adult body sitting on child), or abusive words should be used;
  - f. That a designated and trained staff person, who should be on the premises whenever this specific child is present, would be the only person to carry out the restraint.

### **Standard 2.3.3.1 Parents'/Guardians' Provision of Information on Their Child's Health and Behavior**

The facility should ask parents/guardians for information regarding the child's health, nutrition, level of physical activity, and behavioral status upon registration or when there has been an extended gap in the child's attendance at the facility. The child's health record should be updated if s/he have had any changes in their health or immunization status. Parents/guardians should be encouraged to sign a release of information/agreement so that child care workers can communicate directly with the child's medical home/primary care provider.

## Chapter 3: Health Promotion and Protection

### **Standard 3.1.2.1 Routine Health Supervision and Growth Monitoring**

The facility should require that each child has routine health supervision by the child's primary care provider, according to the standards of the American Academy of Pediatrics (AAP) (3). For all children, health supervision includes routine screening tests, immunizations, and chronic or acute illness monitoring. For children younger than twenty-four months of age, health supervision includes documentation and plotting of sex-specific charts on child growth standards from the World Health Organization (WHO), available at <http://www.who.int/childgrowth/standards/en/>, and assessing diet and activity. For children twenty-four months of age and older, sex-specific height and weight graphs should be plotted by the primary care provider in addition to body mass index (BMI), according to the Centers for Disease Control and Prevention (CDC). BMI is classified as underweight (BMI less than 5%), healthy weight (BMI 5%-84%), overweight (BMI 85%-94%), and obese (BMI equal to or greater than 95%). Follow-up visits with the child's primary care provider that include a full assessment and laboratory evaluations should be scheduled for children with weight for length greater than 95% and BMI greater than 85% (5).

School health services can meet this standard for school-age children in care if they meet the AAP's standards for school-age children and if the results of each child's examinations are shared with the caregiver/teacher as well as with the school health system. With parental/guardian consent, pertinent health information should be exchanged among the child's routine source of health care and all participants in the child's care, including any school health program involved in the care of the child.

### **Standard 3.1.3.1 Active Opportunities for Physical Activity**

The facility should promote children's active play every day. Children should have ample opportunity to do moderate to vigorous activities such as running, climbing, dancing, skipping, and jumping. All children, birth to six years, should participate daily in:

- a. Two to three occasions of active play outdoors, weather permitting (see Standard 3.1.3.2: Playing Outdoors for appropriate weather conditions);
- b. Two or more structured or caregiver/teacher/adult-led activities or games that promote movement over the course of the day—indoor or outdoor;
- c. Continuous opportunities to develop and practice age-appropriate gross motor and movement skills.

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The total time allotted for outdoor play and moderate to vigorous indoor or outdoor physical activity can be adjusted for the age group and weather conditions.

- a. Outdoor play:
  1. Infants (birth to twelve months of age) should be taken outside two to three times per day, as tolerated. There is no recommended duration of infants' outdoor play;
  2. Toddlers (twelve months to three years) and preschoolers (three to six years) should be allowed sixty to ninety total minutes of outdoor play. These outdoor times can be curtailed somewhat during adverse weather conditions in which children may still play safely outdoors for shorter periods, but should increase the time of indoor activity, so the total amount of exercise should remain the same;
- b. Total time allotted for moderate to vigorous activities:
  1. Toddlers should be allowed sixty to ninety minutes per eight-hour day for moderate to vigorous physical activity, including running;
  2. Preschoolers should be allowed ninety to one hundred and twenty minutes per eight-hour day (4).

Infants should have supervised tummy time every day when they are awake. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on their tummy for short periods of time (three to five minutes), increasing the amount of time as the infant shows s/he enjoys the activity (27).

Time spent outdoors has been found to be a strong, consistent predictor of children's physical activity (1-3). Children can accumulate opportunities for activity over the course of several shorter segments of at least ten minutes each. Because structured activities have been shown to produce higher levels of physical activity in young children, it is recommended that caregivers/teachers incorporate two or more short structured activities (five to ten minutes) or games daily that promote physical activity.

Opportunities to be actively enjoying physical activity should be incorporated into part-time programs by prorating these recommendations accordingly, i.e., twenty minutes of outdoor play for every three hours in the facility.

Active play should never be withheld from children who misbehave (e.g., child is kept indoors to help another caregiver/teacher while the rest of the children go outside) (5). However, children with out-of-control behavior may need five minutes or less to calm themselves or settle down before resuming cooperative play or activities.

Infants should not be seated for more than fifteen minutes at a time, except during meals or naps. Infant equipment such as swings, stationary activity centers (ex. exersaucers), infant seats (ex. bouncers), molded seats, etc. if used should only be used for short periods of time. A least restrictive environment should be encouraged at all times (5,6,26).

Children should have adequate space for both inside and outside play.

### **Standard 3.1.3.2 Playing Outdoors**

Children should play outdoors when the conditions do not pose a safety risk, individual child health risk, or significant health risk of frostbite or of heat related illness. Caregivers/teachers must protect children from harm caused by adverse weather, ensuring that children wear appropriate clothing and/or appropriate shelter is provided for the weather conditions. Outdoor play for infants may include riding in a carriage or stroller; however, infants should be offered opportunities for gross motor play outdoors, as well.

Weather that poses a significant health risk should include wind chill factor at or below minus 15°F and heat index at or above 90°F, as identified by the National Weather Service (NWS).

#### **Sunny weather:**

- a. Children should be protected from the sun by using shade, sun-protective clothing, and sunscreen with UVB-ray and UVA-ray protection of SPF 15 or higher, with permission from parents/guardians;
- b. Children should wear sun-protective clothing, such as hats, when playing outdoors between the hours of 10 AM and 2 PM.

#### **Warm weather:**

- a. Children should be well hydrated before engaging in prolonged periods of physical activity and encouraged to drink water during periods of prolonged physical activity;
- b. Caregivers/teachers should encourage parents/guardians to have children dress in clothing that is light-colored, lightweight, and limited to one layer of absorbent material that will maximize the evaporation of sweat;
- c. On hot days, infants receiving human milk in a bottle can be given additional human milk in a bottle but should not be given water, especially in the first six months of life. Infants receiving formula and water can be given additional formula in a bottle.

#### **Cold weather:**

- a. Children should wear layers of loose-fitting, lightweight clothing. Outer garments such as coats should be tightly woven, and be at least water repellent when precipitation is present, such as rain or snow;

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- b. Children should wear a hat, coat, and gloves/mittens kept snug at the wrist;
- c. Caregivers/teachers should check children's extremities for maintenance of normal color and warmth at least every fifteen minutes.

Caregivers/teachers should also be aware of environmental hazards such as contaminated water, loud noises, and lead in soil when selecting an area to play outdoors. Children should be observed closely when playing in dirt/soil, so that no soil is ingested. Play areas should be secure and away from heavy traffic areas.

### **Standard 3.1.4.1 Safe Sleep Practices and SIDS/Suffocation Risk Reduction**

Facilities should develop a written policy that describes the practices to be used to promote safe sleep when infants are napping or sleeping. The policy should explain that these practices aim to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep.

All staff, parents/guardians, volunteers and others approved to enter rooms where infants are cared for should receive a copy of the Safe Sleep Policy and additional educational information and training on the importance of consistent use of safe sleep policies and practices before they are allowed to care for infants (i.e., first day of employment/volunteering/subbing). Documentation that training has occurred and that these individuals have received and reviewed the written policy should be kept on file.

All staff, parents/guardians, volunteers and others who care for infants in the child care setting should follow these required safe sleep practices as recommended by the American Academy of Pediatrics (AAP) (1):

- a. Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position;
- b. Infants should be placed for sleep in safe sleep environments; which includes: a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission [CPSC] and ASTM International [ASTM]), no monitors or positioning devices should be used unless required by the child's primary care provider, and no other items should be in a crib occupied by an infant except for a pacifier;
- c. Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, or any other type of

- furniture/equipment that is not a safety-approved crib (that is in compliance with the CPSC and ASTM safety standards) (4);
- d. If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or caregiver/teacher should immediately remove the sleeping infant from this seat and place them in the supine position in a safe sleep environment (i.e., the infant's assigned crib);
  - e. If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib;
  - f. Only one infant should be placed in each crib (stackable cribs are not recommended);
  - g. Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used (see Standard 3.1.4.2 for more detail information on swaddling);
  - h. Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments;
  - i. When caregivers/teachers place infants in their crib for sleep, they should check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed (clothing sacks or other clothing designed for sleep can be used in lieu of blankets);
  - j. Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up;
  - k. Bedding should be changed between children, and if mats are used, they should be cleaned between uses.

The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

A caregiver/teacher trained in safe sleep practices and approved to care for infants should be present in each room at all times where there is an infant. This caregiver/teacher should remain alert and should actively supervise sleeping infants in an ongoing manner. Also, the caregiver/teacher should check to ensure that the infant's head remains uncovered and re-adjust clothing as needed.

The construction and use of sleeping rooms for infants separate from the infant group room is not recommended due to the need for direct supervision. In situations where there are existing facilities with separate sleeping rooms, facilities should develop a plan to modify room assignments and/or practices to eliminate placing infants to sleep in separate rooms.

Facilities should be aware of the current recommendation of the AAP about pacifier use (1). If pacifiers are allowed, facilities should have a written policy that describes relevant procedures and guidelines. Pacifier use outside of a crib in rooms and programs where there are mobile infants or toddlers is not recommended.

### **Standard 3.1.5.1 Routine Oral Hygiene Activities**

Caregivers/teachers should promote the habit of regular tooth brushing. All children with teeth should brush or have their teeth brushed at least once during the hours the child is in child care. Children under two years of age should have only a smear of fluoride toothpaste (rice grain) on the brush when brushing. Those over two years of age should use a pea-sized amount of fluoride toothpaste. An ideal time to brush is after eating. The caregiver/teacher should either brush the child's teeth or supervise as the child brushes his/her own teeth. Disposable gloves should be worn by the caregiver/teacher if contact with a child's oral fluids is anticipated. The younger the child, the more the caregiver/teacher needs to be involved. The caregiver/teacher should be able to evaluate each child's motor activity and to teach the child the correct method of tooth brushing when the child is capable of doing this activity. The caregiver/teacher should monitor the tooth brushing activity and thoroughly brush the child's teeth after the child has finished brushing, preferably for a total of two minutes. Children whose teeth are brushed at home twice a day may be exempted since additional brushing has little additive benefit and may expose a child to excess fluoride toothpaste.

The cavity-causing effect of frequent exposure to food or juice should be reduced by offering the children rinsing water after snacks and meals when tooth brushing is not possible. Local dental health professionals can facilitate compliance with these activities by offering education and training for the child care staff and providing oral health presentations for the children and parents/guardians.

### **Standard 3.2.1.4 Diaper Changing Procedure**

The following diaper changing procedure should be posted in the changing area, should be followed for all diaper changes, and should be used as part of staff evaluation of caregivers/teachers who diaper. The signage should be simple and should be in multiple languages if caregivers/teachers who speak multiple languages are involved in diapering. All employees who will diaper should undergo training and periodic assessment of diapering

practices. Caregivers/teachers should never leave a child unattended on a table or countertop, even for an instant. A safety strap or harness should not be used on the diaper changing table. If an emergency arises, caregivers/teachers should bring any child on an elevated surface to the floor or take the child with them.

An EPA-registered disinfectant suitable for the surface material that is being disinfected should be used. If an EPA-registered product is not available, then household bleach diluted with water is a practical alternative. All cleaning and disinfecting solutions should be stored to be accessible to the caregiver/teacher but out of reach of any child. Please refer to [Appendix J](#), *Selecting an Appropriate Sanitizer or Disinfectant*.

**Step 1: Get organized.** Before bringing the child to the diaper changing area, perform hand hygiene, gather and bring supplies to the diaper changing area:

- a. Non-absorbent paper liner large enough to cover the changing surface from the child's shoulders to beyond the child's feet;
- b. Unused diaper, clean clothes (if you need them);
- c. Wipes, dampened cloths or wet paper towels for cleaning the child's genitalia and buttocks readily available;
- d. A plastic bag for any soiled clothes or cloth diapers;
- e. Disposable gloves, if you plan to use them (put gloves on before handling soiled clothing or diapers) and remove them before handling clean diapers and clothing;
- f. A thick application of any diaper cream (e.g., zinc oxide ointment), when appropriate, removed from the container to a piece of disposable material such as facial or toilet tissue.

**Step 2: Carry the child to the changing table,** keeping soiled clothing away from you and any surfaces you cannot easily clean and sanitize after the change.

- a. Always keep a hand on the child;
- b. If the child's feet cannot be kept out of the diaper or from contact with soiled skin during the changing process, remove the child's shoes and socks so the child does not contaminate these surfaces with stool or urine during the diaper changing.

**Step 3: Clean the child's diaper area.**

- a. Place the child on the diaper change surface and unfasten the diaper, but leave the soiled diaper under the child;
- b. If safety pins are used, close each pin immediately once it is removed and keep pins out of the child's reach (never hold pins in your mouth);
- c. Lift the child's legs as needed to use disposable wipes, or a dampened cloth or wet paper towel to clean the skin on the child's

genitalia and buttocks and prevent recontamination from a soiled diaper. Remove stool and urine from front to back and use a fresh wipe, or a dampened cloth or wet paper towel each time you swipe. Put the soiled wipes or paper towels into the soiled diaper or directly into a plastic-lined, hands-free covered can. Reusable cloths should be stored in a washable, plastic-lined, tightly covered receptacle (within arm's reach of diaper changing tables) until they can be laundered. The cover should not require touching with contaminated hands or objects.

Step 4: Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.

- a. Fold the soiled surface of the diaper inward;
- b. Put soiled disposable diapers in a covered, plastic-lined, hands-free covered can. If reusable cloth diapers are used, put the soiled cloth diaper and its contents (without emptying or rinsing) in a plastic bag or into a plastic-lined, hands-free covered can to give to parents/guardians or laundry service;
- c. Put soiled clothes in a plastic-lined, hands-free plastic bag;
- d. If gloves were used, remove them using the proper technique (see [Appendix D](#)) and put them into a plastic-lined, hands-free covered can;
- e. Whether or not gloves were used, use a fresh wipe to wipe the hands of the caregiver/teacher and another fresh wipe to wipe the child's hands. Put the wipes into the plastic-lined, hands-free covered can;
- f. Check for spills under the child. If there are any, use the paper that extends under the child's feet to fold over the soiled area so a fresh, unsoiled paper surface is now under the child's buttocks.

Step 5: Put on a clean diaper and dress the child.

- a. Slide a fresh diaper under the child;
- b. Use a facial or toilet tissue or wear clean disposable glove to apply any necessary diaper creams, discarding the tissue or glove in a covered, plastic-lined, hands-free covered can;
- c. Note and plan to report any skin problems such as redness, skin cracks, or bleeding;
- d. Fasten the diaper; if pins are used, place your hand between the child and the diaper when inserting the pin.

Step 6: Wash the child's hands and return the child to a supervised area.

- a. Use soap and warm water, between 60°F and 120°F, at a sink to wash the child's hands, if you can.

Step 7: Clean and disinfect the diaper-changing surface.

- a. Dispose of the disposable paper liner used on the diaper changing surface in a plastic-lined, hands-free covered can;
- b. If clothing was soiled, securely tie the plastic bag used to store the clothing and send home;
- c. Remove any visible soil from the changing surface with a disposable paper towel saturated with water and detergent, rinse;
- d. Wet the entire changing surface with a disinfectant that is appropriate for the surface material you are treating. Follow the manufacturer's instructions for use;
- e. Put away the disinfectant. Some types of disinfectants may require rinsing the change table surface with fresh water afterwards.

Step 8: Perform hand hygiene according to the procedure in Standard 3.2.2.2 and record the diaper change in the child's daily log.

- a. In the daily log, record what was in the diaper and any problems (such as a loose stool, an unusual odor, blood in the stool, or any skin irritation), and report as necessary (2).

### **Standard 3.2.2.1 Situations that Require Hand Hygiene**

All staff, volunteers, and children should follow the procedure in Standard 3.2.2.2 for hand hygiene at the following times:

- a. Upon arrival for the day, after breaks, or when moving from one child care group to another;
- b. Before and after:
  1. Preparing food or beverages;
  2. Eating, handling food, or feeding a child;
  3. Giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered;
  4. Playing in water (including swimming) that is used by more than one person;
  5. Diapering;
- c. After:
  1. Using the toilet or helping a child use a toilet;
  2. Handling bodily fluid (mucus, blood, vomit), from sneezing, wiping and blowing noses, from mouths, or from sores;
  3. Handling animals or cleaning up animal waste;
  4. Playing in sand, on wooden play sets, and outdoors;
  5. Cleaning or handling the garbage.

Situations or times that children and staff should perform hand hygiene should be posted in all food preparation, hand hygiene, diapering, and toileting areas.

### **Standard 3.2.2.2 Handwashing Procedure**

Children and staff members should wash their hands using the following method:

- a. Check to be sure a clean, disposable paper (or single-use cloth) towel is available;
- b. Turn on warm water, between 60°F and 120°F, to a comfortable temperature;
- c. Moisten hands with water and apply soap (not antibacterial) to hands;
- d. Rub hands together vigorously until a soapy lather appears, hands are out of the water stream, and continue for at least twenty seconds (sing Happy Birthday silently twice) (2). Rub areas between fingers, around nail beds, under fingernails, jewelry, and back of hands. Nails should be kept short; acrylic nails should not worn (3);
- e. Rinse hands under running water, between 60°F and 120°F, until they are free of soap and dirt. Leave the water running while drying hands;
- f. Dry hands with the clean, disposable paper or single use cloth towel;
- g. If taps do not shut off automatically, turn taps off with a disposable paper or single use cloth towel;
- h. Throw the disposable paper towel into a lined trash container; or place single-use cloth towels in the laundry hamper; or hang individually labeled cloth towels to dry. Use hand lotion to prevent chapping of hands, if desired.

The use of alcohol based hand sanitizers is an alternative to traditional handwashing with soap and water by children over twenty-four months of age and adults on hands that are not visibly soiled. A single pump of an alcohol-based sanitizer should be dispensed. Hands should be rubbed together, distributing sanitizer to all hand and finger surfaces and hands should be permitted to air dry.

Situations/times that children and staff should wash their hands should be posted in all handwashing areas.

Use of antimicrobial soap is not recommended in child care settings. There are no data to support use of antibacterial soaps over other liquid soaps.

Children and staff who need to open a door to leave a bathroom or diaper changing area should open the door with a disposable towel to avoid possibly re-contaminating clean hands. If a child can not open the door or turn off the faucet, they should be assisted by an adult.

### **Standard 3.2.2.3 Assisting Children with Hand Hygiene**

Caregivers/teachers should provide assistance with handwashing at a sink for infants who can be safely cradled in one arm and for children who can stand but not wash their hands independently. A child who can stand should either use a child-height sink or stand on a safety step at a height at which the child's hands can hang freely under the running water. After assisting the child with handwashing, the staff member should wash his or her own hands. Hand hygiene with an alcohol-based sanitizer is an alternative to handwashing with soap and water by children over twenty-four months of age and adults when there is no visible soiling of hands (1).

### **Standard 3.2.3.4 Prevention of Exposure to Blood and Body Fluids**

Child care facilities should adopt the use of Standard Precautions developed for use in hospitals by The Centers for Disease Control and Prevention (CDC). Standard Precautions should be used to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids.

In child care settings:

- a. Use of disposable gloves is optional unless blood or blood containing body fluids may contact hands. Gloves are not required for feeding human milk, cleaning up of spills of human milk, or for diapering;
- b. Gowns and masks are not required;
- c. Barriers to prevent contact with body fluids include moisture-resistant disposable diaper table paper, disposable gloves, and eye protection.

Caregivers/teachers are required to be educated regarding Standard Precautions to prevent transmission of bloodborne pathogens before beginning to work in the facility and at least annually thereafter. Training must comply with requirements of the Occupational Safety and Health Administration (OSHA).

Procedures for Standard Precautions should include:

- a. Surfaces that may come in contact with potentially infectious body fluids must be disposable or of a material that can be disinfected. Use of materials that can be sterilized is not required.
- b. The staff should use barriers and techniques that:
  1. Minimize potential contact of mucous membranes or openings in skin to blood or other potentially infectious body fluids and tissue discharges; and
  2. Reduce the spread of infectious material within the child care facility. Such techniques include avoiding touching

- surfaces with potentially contaminated materials unless those surfaces are disinfected before further contact occurs with them by other objects or individuals.
- c. When spills of body fluids, urine, feces, blood, saliva, nasal discharge, eye discharge, injury or tissue discharges occur, these spills should be cleaned up immediately, and further managed as follows:
3. For spills of vomit, urine, and feces, all floors, walls, bathrooms, tabletops, toys, furnishings and play equipment, kitchen counter tops, and diaper-changing tables in contact should be cleaned and disinfected as for the procedure for diaper changing tables in Standard 3.2.1.4, Step 7;
  4. For spills of blood or other potentially infectious body fluids, including injury and tissue discharges, the area should be cleaned and disinfected. Care should be taken and eye protection used to avoid splashing any contaminated materials onto any mucous membrane (eyes, nose, mouth);
  5. Blood-contaminated material and diapers should be disposed of in a plastic bag with a secure tie;
  6. Floors, rugs, and carpeting that have been contaminated by body fluids should be cleaned by blotting to remove the fluid as quickly as possible, then disinfected by spot-cleaning with a detergent-disinfectant. Additional cleaning by shampooing or steam cleaning the contaminated surface may be necessary. Caregivers/teachers should consult with local health departments for additional guidance on cleaning contaminated floors, rugs, and carpeting.

Prior to using a disinfectant, clean the surface with a detergent and rinse well with water. Facilities should follow the manufacturer's instruction for preparation and use of disinfectant (3,4). For guidance on disinfectants, refer to [Appendix J](#), Selecting an Appropriate Sanitizer or Disinfectant.

If blood or bodily fluids enter a mucous membrane (eyes, nose, mouth) the following procedure should occur. Flush the exposed area thoroughly with water. The goal of washing or flushing is to reduce the amount of the pathogen to which an exposed individual has contact. The optimal length of time for washing or flushing an exposed area is not known. Standard practice for managing mucous membrane(s) exposures to toxic substances is to flush the affected area for at least fifteen to twenty minutes. In the absence of data to support the effectiveness of shorter periods of flushing it seems prudent to use the same fifteen to twenty minute standard following exposure to bloodborne pathogens (5).

### **Standard 3.3.0.1 Routine Cleaning, Sanitizing, and Disinfecting**

Keeping objects and surfaces in a child care setting as clean and free of pathogens as possible requires a combination of:

- a. Frequent cleaning; and
- b. When necessary, an application of a sanitizer or disinfectant.

Facilities should follow a routine schedule of cleaning, sanitizing, and disinfecting as outlined in [Appendix K](#), Routine Schedule for Cleaning, Sanitizing, and Disinfecting.

Cleaning, sanitizing and disinfecting products should not be used in close proximity to children, and adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/teachers from inhaling potentially toxic fumes.

### **Standard 3.4.1.1 Use of Tobacco, Alcohol, and Illegal Drugs**

Tobacco use, alcohol, and illegal drugs should be prohibited on the premises of the program (both indoor and outdoor environments) and in any vehicles used by the program at all times. Caregivers/teachers should not use tobacco, alcohol, or illegal drugs off the premises during the child care program's paid time including break time.

### **Standard 3.4.3.1 Emergency Procedures**

When an immediate emergency medical response is required, the following emergency procedures should be utilized:

- a. First aid should be employed and an emergency medical response team should be called such as 9-1-1 and/or the poison center if a poison emergency (1-800-222-1222);
- b. The program should implement a plan for emergency transportation to a local emergency medical facility;
- c. The parent/guardian or parent/guardian's emergency contact person should be called as soon as practical;
- d. A staff member should accompany the child to the hospital and will stay with the child until the parent/guardian or emergency contact person arrives. Child to staff ratio must be maintained, so staff may need to be called in to maintain the required ratio.

Programs should develop contingency plans for emergencies or disaster situations when it may not be possible or feasible to follow standard or previously agreed upon emergency procedures (see also Standard 9.2.4.3, Disaster Planning, Training, and Communication). Children with known medical conditions that might involve emergent care require a Care Plan created by the child's primary care provider. All staff need to be trained to manage an emergency until emergency medical care becomes available.

### **Standard 3.4.3.3 Response to Fire and Burns**

Children who are developmentally able to understand, should be instructed to STOP, DROP, and ROLL when garments catch fire. Children should be instructed to crawl on the floor under the smoke if necessary when they evacuate the building. This instruction is part of ongoing health and safety education and fire drills/exercise.

Cool water should be applied to burns immediately. The injury should be covered with a loose bandage or clean, dry cloth. Medical assessment/care should be immediate.

### **Standard 3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation**

Each facility should have a written policy for reporting child abuse and neglect. Caregivers/teachers are mandated reporters of child abuse and neglect. The facility should report to the child abuse reporting hotline, department of social services, child protective services, or police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse and neglect has occurred. Every staff person should be oriented to what and how to report. Phone numbers and reporting system as required by state or local agencies should be clearly posted by every phone.

Caregivers/teachers should receive initial and ongoing training to assist them in preventing child abuse and neglect and in recognizing signs of child abuse and neglect. Programs are encouraged to partner with primary care providers, child care health consultants and/or child protection advocates to provide training and to be available for consultation.

Employees and volunteers in centers and large family child care homes should receive an instruction sheet about child abuse and neglect reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged/disciplined solely because they have made a child abuse and neglect report. Some states have specific forms that are required to be completed when abuse and neglect is reported. Some states have forms that are not required but assist mandated reporters in documenting accurate and thorough reports. In those states, facilities should have such forms on hand and all staff should be trained in the appropriate use of those forms.

Parents/guardians should be notified upon enrollment of the facility's child abuse and neglect reporting requirement and procedures.

### **Standard 3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma**

All child care facilities should have a policy and procedure to identify and prevent shaken baby syndrome/abusive head trauma. All

caregivers/teachers who are in direct contact with children including substitute caregivers/teachers and volunteers, should receive training on preventing shaken baby syndrome/abusive head trauma, recognition of potential signs and symptoms of shaken baby syndrome/abusive head trauma, strategies for coping with a crying, fussing or distraught child, and the development and vulnerabilities of the brain in infancy and early childhood.

**TYPE OF FACILITY:** Center

### **Standard 3.4.5.1 Sun Safety Including Sunscreen**

Caregivers/teachers should implement the following procedures to ensure sun safety for themselves and the children under their supervision:

- a. Keep infants younger than six months out of direct sunlight. Find shade under a tree, umbrella, or the stroller canopy;
- b. Wear a hat or cap with a brim that faces forward to shield the face;
- c. Limit sun exposure between 10 AM and 2 PM, when UV rays are strongest;
- d. Wear child safe shatter resistant sunglasses with at least 99% UV protection;
- e. Apply sunscreen (1).

Over-the-counter ointments and creams, such as sunscreen that are used for preventive purposes do not require a written authorization from a primary care provider with prescriptive authority. However, parent/guardian written permission is required, and all label instructions must be followed. If the skin is broken or an allergic reaction is observed, caregivers/teachers should discontinue use and notify the parent/guardian.

If parents/guardians give permission, sunscreen should be applied on all exposed areas, especially the face (avoiding the eye area), nose, ears, feet, and hands and rubbed in well especially from May through September. Sunscreen is needed on cloudy days and in the winter at high altitudes. Sun reflects off water, snow, sand, and concrete. "Broad spectrum" sunscreen will screen out both UVB and UVA rays. Use sunscreen with an SPF of 15 or higher, the higher the SPF the more UVB protection offered. UVA protection is designated by a star rating system, with four stars the highest allowed in an over-the-counter product.

Sunscreen should be applied thirty minutes before going outdoors as it needs time to absorb into the skin. If the children will be out for more than one hour, sunscreen will need to be reapplied every two hours as it can wear off. If children are playing in water, reapplication will be needed more frequently. Children should also be protected from the sun by using shade and sun protective clothing. Sun exposure should be limited between the hours of 10 AM and 2 PM when the sun's rays are the strongest.

Sunscreen should be applied to the child at least once by the parents/guardians and the child observed for a reaction to the sunscreen prior to its use in child care.

### **Standard 3.4.6.1 Strangulation Hazards**

Strings and cords (such as those that are parts of toys and those found on window coverings) long enough to encircle a child's neck should not be accessible to children in child care. Miniblinds and venetian blinds should not have looped cords. Vertical blinds, continuous looped blinds, and drapery cords should have tension or tie-down devices to hold the cords tight. Inner cord stops should be installed. Shoulder straps on guitars and chin straps on hats should be removed (1).

Straps/handles on purses/bags used for dramatic play should be removed or shortened. Ties, scarves, necklaces, and boas used for dramatic play should not be used for children under three years. If used by children three years and over, children should be supervised.

Pacifiers attached to strings or ribbons should not be placed around infants' necks or attached to infants' clothing.

Hood and neck strings from all children's outerwear, including jackets and sweatshirts, should be removed. Drawstrings on the waist or bottom of garments should not extend more than three inches outside the garment when it is fully expanded. These strings should have no knots or toggles on the free ends. The drawstring should be sewn to the garment at its midpoint so the string cannot be pulled out through one side.

### **Standard 3.5.0.1 Care Plan for Children with Special Health Care Needs**

Reader's Note: Children with special health care needs are defined as "...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (1).

Any child who meets these criteria should have a Routine and Emergent Care Plan completed by their primary care provider in their medical home. In addition to the information specified in Standard 9.4.2.4 for the Health Report, there should be:

- a. A list of the child's diagnosis/diagnoses;
- b. Contact information for the primary care provider and any relevant sub-specialists (i.e., endocrinologists, oncologists, etc.);
- c. Medications to be administered on a scheduled basis;
- d. Medications to be administered on an emergent basis with clearly stated parameters, signs, and symptoms that warrant giving the medication written in lay language;

- e. Procedures to be performed;
- f. Allergies;
- g. Dietary modifications required for the health of the child;
- h. Activity modifications;
- i. Environmental modifications;
- j. Stimulus that initiates or precipitates a reaction or series of reactions (triggers) to avoid;
- k. Symptoms for caregiver/teachers to observe;
- l. Behavioral modifications;
- m. Emergency response plans – both if the child has a medical emergency and special factors to consider in programmatic emergency, like a fire;
- n. Suggested special skills training and education for staff.

A template for a Care Plan for children with special health care needs is provided in [Appendix O](#).

The Care Plan should be updated after every hospitalization or significant change in health status of the child. The Care Plan is completed by the primary care provider in the medical home with input from parents/guardians, and it is implemented in the child care setting. The child care health consultant should be involved to assure adequate information, training, and monitoring is available for child care staff.

### **Standard 3.5.0.2 Caring for Children Who Require Medical Procedures**

A facility that enrolls children who require the following medical procedures: tube feedings, endotracheal suctioning, supplemental oxygen, postural drainage, or catheterization daily (unless the child requiring catheterization can perform this function on his/her own), checking blood sugars or any other special medical procedures performed routinely, or who might require special procedures on an urgent basis, should receive a written plan of care from the primary care provider who prescribed the special treatment (such as a urologist for catheterization). Often, the child's primary care provider may be able to provide this information. This plan of care should address any special preparation to perform routine and/or urgent procedures (other than those that might be required in an emergency for any typical child, such as cardiopulmonary resuscitation [CPR]). This plan of care should include instructions for how to receive training in performing the procedure, performing the procedure, a description of common and uncommon complications of the procedure, and what to do and who to notify if complications occur. Specific/relevant training for the child care staff should be provided by a qualified health care professional in accordance with state practice acts. Facilities should follow state laws where such laws require RN's or LPN's under RN supervision to perform certain medical procedures. Updated, written medical orders are required for nursing procedures.

### **Standard 3.6.1.1 Inclusion/Exclusion/Dismissal of Children**

(Adapted from: Aronson, S. S., T. R. Shope, eds. 2009. Managing infectious diseases in child care and schools: A quick reference guide, 39-43. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics.)

Preparing for managing illness:

Caregivers/teachers should:

- a. Encourage all families to have a backup plan for child care in the event of short or long term exclusion;
- b. Review with families the inclusion/exclusion criteria and clarify that the program staff (not the families) will make the final decision about whether children who are ill may stay based on the program's inclusion/exclusion criteria and their ability to care for the child who is ill without compromising the care of other children in the program;
- c. Develop, with a child care health consultant, protocols and procedures for handling children's illnesses, including care plans and an inclusion/exclusion policy;
- d. Request the primary care provider's note to readmit a child if the primary care provider's advice is needed to determine whether the child is a health risk to others, or if the primary care provider's guidance is needed about any special care the child requires (1);
- e. Rely on the family's description of the child's behavior to determine whether the child is well enough to return, unless the child's status is unclear from the family's report.

Daily health checks as described in Standard 3.1.1.1 should be performed upon arrival of each child each day. Staff should objectively determine if the child is ill or well. Staff should determine which children with mild illnesses can remain in care and which need to be excluded.

Staff should notify the parent/guardian when a child develops new signs or symptoms of illness. Parent/guardian notification should be immediate for emergency or urgent issues. Staff should notify parents/guardians of children who have symptoms that require exclusion and parents/guardians should remove the child from the child care setting as soon as possible. For children whose symptoms do not require exclusion, verbal or written notification of the parent/guardian at the end of the day is acceptable. Most conditions that require exclusion do not require a primary care provider visit before reentering care.

Conditions/symptoms that do not require exclusion:

- a. Common colds, runny noses (regardless of color or consistency of nasal discharge);

- b. A cough not associated with a infectious disease (such as pertussis) or a fever;
- c. Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness;
- d. Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes);
- e. Pink eye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. Parents/guardians should discuss care of this condition with their child's primary care provider, and follow the primary care provider's advice. Some primary care providers do not think it is necessary to examine the child if the discussion with the parents/guardians suggests that the condition is likely to be self-limited. If two unrelated children in the same program have conjunctivitis, the organism causing the conjunctivitis may have a higher risk for transmission and a child health care professional should be consulted;
- f. Fever without any signs or symptoms of illness in children who are older than six months regardless of whether acetaminophen or ibuprofen was given. Fever (temperature above 101°F [38.3°C] orally, above 102°F [38.9°C] rectally, or 100°F [37.8°C] or higher taken axillary [armpit] or measured by an equivalent method) is an indication of the body's response to something, but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever of below 102°F per rectum or the equivalent, the child should be monitored, but does not need to be excluded for fever alone;
- g. Rash without fever and behavioral changes;
- h. Lice or nits (exclusion for treatment of an active lice infestation may be delayed until the end of the day);
- i. Ringworm (exclusion for treatment may be delayed until the end of the day);
- j. Molluscum contagiosum (do not require exclusion or covering of lesions);
- k. Thrush (i.e., white spots or patches in the mouth or on the cheeks or gums);
- l. Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared;
- m. Methicillin-resistant *Staphylococcus aureus*, or MRSA, without an infection or illness that would otherwise require exclusion. Known MRSA carriers or colonized individuals should not be excluded;
- n. Cytomegalovirus infection;
- o. Chronic hepatitis B infection;
- p. Human immunodeficiency virus (HIV) infection;

- q. Asymptomatic children who have been previously evaluated and found to be shedding potentially infectious organisms in the stool. Children who are continent of stool or who are diapered with formed stools that can be contained in the diaper may return to care. For some infectious organisms, exclusion is required until certain guidelines have been met. Note: These agents are not common and caregivers/teachers will usually not know the cause of most cases of diarrhea;
- r. Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that child care programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Key criteria for exclusion of children who are ill:

When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e., should be temporarily “excluded” from child care). Most illnesses do not require exclusion. The caregiver/teacher should determine if the illness:

- a. Prevents the child from participating comfortably in activities;
- b. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c. Poses a risk of spread of harmful diseases to others.

If any of the above criteria are met, the child should be excluded, regardless of the type of illness. The child should be removed from direct contact with other children and should be monitored and supervised by a single staff member known to the child until dismissed from care to the care of a parent/guardian or a primary care provider. The area should be where the toys, equipment, and surfaces will not be used by other children or adults until after the ill child leaves and after the surfaces and toys have been cleaned and disinfected.

Temporary exclusion is recommended when the child has any of the following conditions:

- a. The illness prevents the child from participating comfortably in activities;
- b. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- c. An acute change in behavior this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;

- d. Fever (temperature above 101°F [38.3°C] orally, above 102°F [38.9°C] rectally, or 100°F [37.8°C] or higher taken axillary [armpit] or measured by an equivalent method) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea). An unexplained temperature above 100°F (37.8°C) axillary (armpit) or 101°F (38.3°C) rectally in a child younger than six months should be medically evaluated. Any infant younger than two months of age with any fever should get urgent medical attention. See COMMENTS Below for important information about taking temperatures;
- e. Diarrhea is defined by watery stools or decreased form of stool that is not associated with changes of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal for that child, because this may cause too much work for the caregivers/teachers. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are continent. Special circumstances that require specific exclusion criteria include the following (2):
1. Toxin-producing *E. coli* or *Shigella* infection, until stools are formed and the test results of two stool cultures obtained from stools produced twenty-four hours apart do not detect these organisms;
  2. *Salmonella* serotype Typhi infection, until diarrhea resolves. In children younger than five years with *Salmonella* serotype Typhi, three negative stool cultures obtained with twenty-four-hour intervals are required; people five years of age or older may return after a twenty-four-hour period without a diarrheal stool. Stool cultures should be collected from other attendees and staff members, and all infected people should be excluded;
- f. Blood or mucus in the stools not explained by dietary change, medication, or hard stools;
- g. Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated;
- h. Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness;
- i. Mouth sores with drooling unless the child's primary care provider or local health department authority states that the child is noninfectious;

- j. Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not a infectious disease;
- k. Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return;
- l. Impetigo, until treatment has been started;
- m. Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until twenty-four hours after treatment has been started;
- n. Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day);
- o. Scabies, until after treatment has been given;
- p. Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash);
- q. Rubella, until six days after the rash appears;
- r. Pertussis, until five days of appropriate antibiotic treatment;
- s. Mumps, until five days after onset of parotid gland swelling;
- t. Measles, until four days after onset of rash;
- u. Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: immunization status of child care contacts should be confirmed; within a fourteen-day period of exposure, incompletely immunized or unimmunized contacts from one through forty years of age should receive the hepatitis A vaccine as post exposure prophylaxis, unless contraindicated.) Other individuals may receive immune globulin. Consult with a primary care provider for dosage and recommendations;
- v. Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

Procedures for a child who requires exclusion:

The caregiver/teacher will:

- a. Provide care for the child in a place where the child will be comfortable and supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms. A potentially contagious child should be separated from other children by at least three feet. Each facility should have a predetermined physical location(s) where an ill child(ren) could be placed until care can be transferred to a parent/guardian or primary care provider;
- b. Ask the family to pick up the child as soon as possible;
- c. Discuss the signs and symptoms of illness with the parent/guardian who is assuming care. Review guidelines for return to child care. If necessary, provide the family with a written communication that may be given to the primary care provider. The communication should include onset time of symptoms,

- observations about the child, vital signs and times (e.g., temperature 101.5°F at 10:30 AM) and any actions taken and the time actions were taken (e.g., one children's acetaminophen given at 11:00 AM). The nature and severity of symptoms and or requirements of the local or state health department will determine the necessity of medical consultation. Telephone advice, electronic transmissions of instructions are acceptable without an office visit;
- d. Follow the advice of the child's primary care provider;
  - e. Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. If there are conflicting opinions from different primary care providers about the management of a child with a reportable infectious disease, the health department has the legal authority to make a final determination;
  - f. Document actions in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document;
  - g. In collaboration with the local health department, notify the parents of contacts to the child or staff member with presumed or confirmed reportable infectious infection.

The caregiver/teacher should make the decision about whether a child meets or does not meet the exclusion criteria for participation and the child's need for care relative to the staff's ability to provide care. If parents/guardians and the child care staff disagree, and the reason for exclusion relates to the child's ability to participate or the caregiver's/teacher's ability to provide care for the other children, the caregiver/teacher should not be required to accept responsibility for the care of the child.

Reportable conditions:

The current list of infectious diseases designated as notifiable in the United States at the national level by the Centers for Disease Control and Prevention (CDC) are listed at [http://www.cdc.gov/osels/ph\\_surveillance/](http://www.cdc.gov/osels/ph_surveillance/).

The caregiver/teacher should contact the local health department:

- a. When a child or staff member who is in contact with others has a reportable disease;
- b. If a reportable illness occurs among the staff, children, or families involved with the program;
- c. For assistance in managing a suspected outbreak. Generally, an outbreak can be considered to be two or more unrelated (e.g., not siblings) children with the same diagnosis or symptoms in the same group within one week. Clusters of mild respiratory illness, ear infections, and certain dermatological conditions are common and generally do not need to be reported.

Caregivers/teachers should work with their child care health consultants to develop policies and procedures for alerting staff and families about their responsibility to report illnesses to the program and for the program to report diseases to the local health authorities.

### **Standard 3.6.1.2 Staff Exclusion for Illness**

Please note that if a staff member has no contact with the children, or with anything with which the children come into contact, this standard may not apply to that staff member.

A facility should not deny admission to or send home a staff member or substitute with illness unless one or more of the following conditions exists. The staff member should be excluded as follows:

- a. Chickenpox, until all lesions have dried and crusted, which usually occurs by six days;
- b. Shingles, only if the lesions cannot be covered by clothing or a dressing until the lesions have crusted;
- c. Rash with fever or joint pain, until diagnosed not to be measles or rubella;
- d. Measles, until four days after onset of the rash (if the staff member or substitute is immunocompetent);
- e. Rubella, until six days after onset of rash;
- f. Diarrheal illness, stool frequency exceeds two or more stools above normal for that individual or blood in stools, until diarrhea resolves; if *E. coli* O157:H7 or *Shigella* is isolated, until diarrhea resolves and two stool cultures are negative, for *Salmonella* serotype *Typhi*, three stool cultures collected at twenty-four hour intervals and resolution of diarrhea is required;
- g. Vomiting illness, two or more episodes of vomiting during the previous twenty-four hours, until vomiting resolves or is determined to result from non-infectious conditions;
- h. Hepatitis A virus, until one week after symptom onset or as directed by the health department;
- i. Pertussis, until after five days of appropriate antibiotic therapy;
- j. Skin infection (such as impetigo), until treatment has been initiated; exclusion should continue if lesion is draining AND cannot be covered;
- k. Tuberculosis, until noninfectious and cleared by a health department official or a primary care provider;
- l. Strep throat or other streptococcal infection, until twenty-four hours after initial antibiotic treatment and end of fever;
- m. Head lice, from the end of the day of discovery until after the first treatment;
- n. Scabies, until after treatment has been completed;
- o. *Haemophilus influenzae* type b (Hib), prophylaxis, until antibiotic treatment has been initiated;

- p. Meningococcal infection, until appropriate therapy has been administered for twenty-four hours;
- q. Respiratory illness, if the illness limits the staff member's ability to provide an acceptable level of child care and compromises the health and safety of the children.

Caregivers/teachers who have herpes cold sores should not be excluded from the child care facility, but should:

1. Cover and not touch their lesions;
2. Carefully observe hand hygiene policies.

### **Standard 3.6.1.4 Infectious Disease Outbreak Control**

During the course of an identified outbreak of any reportable illness at the facility, a child or staff member should be excluded if the health department official or primary care provider suspects that the child or staff member is contributing to transmission of the illness at the facility, is not adequately immunized when there is an outbreak of a vaccine preventable disease, or the circulating pathogen poses an increased risk to the individual. The child or staff member should be readmitted when the health department official or primary care provider who made the initial determination decides that the risk of transmission is no longer present.

### **Standard 3.6.3.1 Medication Administration**

The administration of medicines at the facility should be limited to:

- a. Prescription or non-prescription medication (over-the-counter [OTC]) ordered by the prescribing health professional for a specific child with written permission of the parent/guardian. Written orders from the prescribing health professional should specify medical need, medication, dosage, and length of time to give medication;
- b. Labeled medications brought to the child care facility by the parent/guardian in the original container (with a label that includes the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage/instructions, and relevant warnings).

Facilities should not administer folk or homemade remedy medications or treatment. Facilities should not administer a medication that is prescribed for one child in the family to another child in the family.

No prescription or non-prescription medication (OTC) should be given to any child without written orders from a prescribing health professional and written permission from a parent/guardian. Exception: Non-prescription sunscreen and insect repellent always require parental consent but do not require instructions from each child's prescribing health professional.

Documentation that the medicine/agent is administered to the child as prescribed is required.

“Standing orders” guidance should include directions for facilities to be equipped, staffed, and monitored by the primary care provider capable of having the special health care plan modified as needed. Standing orders for medication should only be allowed for individual children with a documented medical need if a special care plan is provided by the child’s primary care provider in conjunction with the standing order or for OTC medications for which a primary care provider has provided specific instructions that define the children, conditions and methods for administration of the medication. Signatures from the primary care provider and one of the child’s parents/guardians must be obtained on the special care plan. Care plans should be updated as needed, but at least yearly.

### **Standard 3.6.3.2 Labeling, Storage, and Disposal of Medications**

Any prescription medication should be dated and kept in the original container. The container should be labeled by a pharmacist with:

- The child’s first and last names;
- The date the prescription was filled;
- The name of the prescribing health professional who wrote the prescription, the medication’s expiration date;
- The manufacturer’s instructions or prescription label with specific, legible instructions for administration, storage, and disposal;
- The name and strength of the medication.

Over-the-counter medications should be kept in the original container as sold by the manufacturer, labeled by the parent/guardian, with the child’s name and specific instructions given by the child’s prescribing health professional for administration.

All medications, refrigerated or unrefrigerated, should:

- Have child-resistant caps;
- Be kept in an organized fashion;
- Be stored away from food;
- Be stored at the proper temperature;
- Be completely inaccessible to children.

Medication should not be used beyond the date of expiration. Unused medications should be returned to the parent/guardian for disposal. In the event medication cannot be returned to the parent or guardian, it should be disposed of according to the recommendations of the US Food and Drug Administration (FDA) (1). Documentation should be kept with the child care facility of all disposed medications. The current guidelines are as follows:

- a. If a medication lists any specific instructions on how to dispose of it, follow those directions.
- b. If there are community drug take back programs, participate in those.
- c. Remove medications from their original containers and put them in a sealable bag. Mix medications with an undesirable substance such as used coffee grounds or kitty litter. Throw the mixture into the regular trash. Make sure children do not have access to the trash (1).

### **Standard 3.6.3.3 Training of Caregivers/Teachers to Administer Medication**

Any caregiver/teacher who administers medication should complete a standardized training course that includes skill and competency assessment in medication administration. The trainer in medication administration should be a licensed health professional. The course should be repeated according to state and/or local regulation. At a minimum, skill and competency should be monitored annually or whenever medication administration error occurs. In facilities with large numbers of children with special health care needs involving daily medication, best practice would indicate strong consideration to the hiring of a licensed health care professional. Lacking that, caregivers/teachers should be trained to:

- a. Check that the name of the child on the medication and the child receiving the medication are the same;
- b. Check that the name of the medication is the same as the name of the medication on the instructions to give the medication if the instructions are not on the medication container that is labeled with the child's name;
- c. Read and understand the label/prescription directions or the separate written instructions in relation to the measured dose, frequency, route of administration (ex. by mouth, ear canal, eye, etc.) and other special instructions relative to the medication;
- d. Observe and report any side effects from medications;
- e. Document the administration of each dose by the time and the amount given;
- f. Document the person giving the administration and any side effects noted;
- g. Handle and store all medications according to label instructions and regulations.

The trainer in medication administration should be a licensed health professional: Registered Nurse, Advanced Practice Registered Nurse (APRN), MD, Physician's Assistant, or Pharmacist.

## Chapter 4: Nutrition and Food Service

### **Standard 4.2.0.3 Use of USDA CACFP Guidelines**

All meals and snacks and their preparation, service, and storage should meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP), and the 7 Code of Federal Regulations (CFR) Part 226.20 (1,5).

### **Standard 4.2.0.6 Availability of Drinking Water**

Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day. Water should not be a substitute for milk at meals or snacks where milk is a required food component unless it is recommended by the child's primary care provider.

On hot days, infants receiving human milk in a bottle can be given additional human milk in a bottle but should not be given water, especially in the first six months of life. Infants receiving formula and water can be given additional formula in a bottle. Toddlers and older children will need additional water as physical activity and/or hot temperatures cause their needs to increase. Children should learn to drink water from a cup or drinking fountain without mouthing the fixture. They should not be allowed to have water continuously in hand in a "sippy cup" or bottle. Permitting toddlers to suck continuously on a bottle or sippy cup filled with water, in order to soothe themselves, may cause nutritional or in rare instances, electrolyte imbalances. When tooth brushing is not done after a feeding, children should be offered water to drink to rinse food from their teeth.

### **Standard 4.2.0.8 Feeding Plans and Dietary Modifications**

Before a child enters an early care and education facility, the facility should obtain a written history that contains any special nutrition or feeding needs for the child, including use of human milk or any special feeding utensils. The staff should review this history with the child's parents/guardians, clarifying and discussing how parental/guardian home feeding routines may differ from the facility's planned routine. The child's primary care provider should provide written information about any dietary modifications or special feeding techniques that are required at the early care and education program and these plans should be shared with the child's parents/guardians upon request.

If dietary modifications are indicated, based on a child's medical or special dietary needs, the caregiver/teacher should modify or supplement the child's diet to meet the individual child's specific needs. Dietary modifications should be made in consultation with the parents/guardians and the child's primary care provider. Caregivers/teachers can consult with a nutritionist/registered dietitian.

Reasons for modification of a child's diet may be related to food sensitivity. Food sensitivity includes a range of conditions in which a child exhibits an adverse reaction to a food that, in some instances, can be life threatening. Modification of a child's diet may be related to a food allergy, inability to digest or to tolerate certain foods, need for extra calories, need for special positioning while eating, diabetes and the need to match food with insulin, food idiosyncrasies, and other identified feeding issues. Examples include celiac disease, phenylketonuria, diabetes, severe food allergy (anaphylaxis), and others. In some cases, a child may become ill if the child is unable to eat, so missing a meal could have a negative consequence, especially for diabetics.

For a child identified with special health care needs for dietary modification or special feeding techniques, written instructions from the child's parent/guardian and the child's primary care provider should be provided in the child's record and carried out accordingly. Dietary modifications should be recorded. These written instructions must identify:

- a. The child's full name and date of instructions;
- b. The child's special needs;
- c. Any dietary restrictions based on the special needs;
- d. Any special feeding or eating utensils;
- e. Any foods to be omitted from the diet and any foods to be substituted;
- f. Limitations of life activities;
- g. Any other pertinent special needs information;
- h. What, if anything, needs to be done if the child is exposed to restricted foods.

The written history of special nutrition or feeding needs should be used to develop individual feeding plans and, collectively, to develop facility menus. Disciplines related to special nutrition needs, including nutrition, nursing, speech, occupational therapy, and physical therapy, should participate when needed and/or when they are available to the facility. The nutritionist/registered dietitian should approve menus that accommodate needed dietary modifications.

The feeding plan should include steps to take when a situation arises that requires rapid response by the staff, such as a child's choking during mealtime or a child with a known history of food allergies demonstrating signs and symptoms of anaphylaxis (severe allergic reaction, e.g., difficulty breathing or severe redness and swelling of the face or mouth). The completed plan should be on file and accessible to the staff and available to parents/guardians upon request.

### **Standard 4.2.0.10 Care for Children with Food Allergies**

When children with food allergies attend the early care and education facility, the following should occur:

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- a. Each child with a food allergy should have a care plan prepared for the facility by the child's primary care provider, to include:
  1. Written instructions regarding the food(s) to which the child is allergic and steps that need to be taken to avoid that food;
  2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of administration of any medications that the child should receive in the event of a reaction. The plan should include specific symptoms that would indicate the need to administer one or more medications;
- b. Based on the child's care plan, the child's caregivers/teachers should receive training, demonstrate competence in, and implement measures for:
  1. Preventing exposure to the specific food(s) to which the child is allergic;
  2. Recognizing the symptoms of an allergic reaction;
  3. Treating allergic reactions;
- c. Parents/guardians and staff should arrange for the facility to have necessary medications, proper storage of such medications, and the equipment and training to manage the child's food allergy while the child is at the early care and education facility;
- d. Caregivers/teachers should promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the care plan;
- e. The facility should notify the parents/guardians immediately of any suspected allergic reactions, the ingestion of the problem food, or contact with the problem food, even if a reaction did not occur;
- f. The facility should recommend to the family that the child's primary care provider be notified if the child has required treatment by the facility for a food allergic reaction;
- g. The facility should contact the emergency medical services system immediately whenever epinephrine has been administered;
- h. Parents/guardians of all children in the child's class should be advised to avoid any known allergens in class treats or special foods brought into the early care and education setting;
- i. Individual child's food allergies should be posted prominently in the classroom where staff can view and/or wherever food is served;
- j. The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.

### **Standard 4.3.1.3 Preparing, Feeding, and Storing Human Milk**

Expressed human milk should be placed in a clean and sanitary bottle with a nipple that fits tightly or into an equivalent clean and sanitary sealed container to prevent spilling during transport to home or to the facility. Only cleaned and sanitized bottles, or their equivalent, and nipples should be used in feeding. The bottle or container should be properly labeled with the infant's full name and the date and time the milk was expressed. The bottle or container should immediately be stored in the refrigerator on arrival.

The mother's own expressed milk should only be used for her own infant. Likewise, infant formula should not be used for a breastfed infant without the mother's written permission.

Bottles made of plastics containing BPA or phthalates should be avoided (labeled with #3, #6, or #7). Glass bottles or plastic bottles labeled BPA-free or with #1, #2, #4, or #5 are acceptable.

Non-frozen human milk should be transported and stored in the containers to be used to feed the infant, identified with a label which will not come off in water or handling, bearing the date of collection and child's full name. The filled, labeled containers of human milk should be kept refrigerated. Human milk containers with significant amount of contents remaining (greater than one ounce) may be returned to the mother at the end of the day as long as the child has not fed directly from the bottle.

Frozen human milk may be transported and stored in single use plastic bags and placed in a freezer (not a compartment within a refrigerator but either a freezer with a separate door or a standalone freezer). Human milk should be defrosted in the refrigerator if frozen, and then heated briefly in bottle warmers or under warm running water so that the temperature does not exceed 98.6°F. If there is insufficient time to defrost the milk in the refrigerator before warming it, then it may be defrosted in a container of running cool tap water, very gently swirling the bottle periodically to evenly distribute the temperature in the milk. Some infants will not take their mother's milk unless it is warmed to body temperature, around 98.6°F. The caregiver/teacher should check for the infant's full name and the date on the bottle so that the oldest milk is used first. After warming, bottles should be mixed gently (not shaken) and the temperature of the milk tested before feeding.

Expressed human milk that presents a threat to an infant, such as human milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been stored following the storage guidelines of the Academy of Breastfeeding Medicine as shown later in this standard, should be returned to the mother.

Some children around six months to a year of age may be developmentally ready to feed themselves and may want to drink from a cup. The transition from bottle to cup can come at a time when a child's fine motor skills allow use of a cup. The caregiver/teacher should use a clean small cup without cracks or chips and should help the child to lift and tilt the cup to avoid spillage and leftover fluid. The caregiver/teacher and mother should work together on cup feeding of human milk to ensure the child is receiving adequate nourishment and to avoid having a large amount of human milk remaining at the end of feeding. Two to three ounces of human milk can be placed in a clean cup and additional milk can be offered as needed. Small amounts of human milk (about an ounce) can be discarded.

Human milk can be stored using the following guidelines from the Academy of Breastfeeding Medicine:

<b>Guidelines for Storage of Human Milk</b>			
Location	Temperature	Duration	Comments
Countertop, table	Room temperature (up to 77°F or 25°C)	6-8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	5°F – 39°F or -15°C – 4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
Freezer compartment of a refrigerator	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Freezer compartment of refrigerator with separate doors	0°F or -18°C	3-6 months	
Chest or upright deep freezer	-4°F or -20°C	6-12 months	

Source: Academy of Breastfeeding Medicine Protocol Committee. 2010. Clinical protocol #8: Human milk storage information for home use for healthy full term infants, revised. Breastfeeding Med 5:127-30. [http://www.bfmed.org/Resources/Download.aspx?filename=Protocol 8English.pdf](http://www.bfmed.org/Resources/Download.aspx?filename=Protocol%208English.pdf).

From the Centers for Disease Control and Prevention Website: Proper handling and storage of human milk – Storage duration of fresh human milk for use with healthy full term infants. [http://www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm).

### **Standard 4.3.1.5 Preparing, Feeding, and Storing Infant Formula**

Formula provided by parents/guardians or by the facility should come in a factory-sealed container. The formula should be of the same brand that is served at home and should be of ready-to-feed strength or liquid concentrate to be diluted using water from a source approved by the health department. Powdered infant formula, though it is the least expensive formula, requires special handling in mixing because it cannot be sterilized. The primary source for proper and safe handling and mixing is the manufacturer's instructions that appear on the can of powdered formula. Before opening the can, hands should be washed. The can and plastic lid should be thoroughly rinsed and dried. Caregivers/teachers should read and follow the manufacturer's directions. If instructions are not readily available, caregivers/teachers should obtain information from the World Health Organization's Safe Preparation, Storage and Handling of Powdered Infant Formula Guidelines at <http://www.who.int/foodsafety/publications/micro/pif2007/en/index.html> (8). The local WIC program can also provide instructions.

Formula mixed with cereal, fruit juice, or any other foods should not be served unless the child's primary care provider provides written documentation that the child has a medical reason for this type of feeding.

Iron-fortified formula should be refrigerated until immediately before feeding. For bottles containing formula, any contents remaining after a feeding should be discarded.

Bottles of formula prepared from powder or concentrate or ready-to-feed formula should be labeled with the child's full name and time and date of preparation. Any prepared formula must be discarded within one hour after serving to an infant. Prepared powdered formula that has not been given to an infant should be covered, labeled with date and time of preparation and child's full name, and may be stored in the refrigerator for up to twenty-four hours. An open container of ready-to-feed, concentrated formula, or formula prepared from concentrated formula, should be covered, refrigerated, labeled with date of opening and child's full name, and discarded at forty-eight hours if not used (7,9). The caregiver/teacher should always follow manufacturer's instructions for mixing and storing of any formula preparation.

Some infants will require specialized formula because of allergy, inability to digest certain formulas, or need for extra calories. The appropriate formula should always be available and should be fed as directed. For those infants getting supplemental calories, the formula may be prepared in a different way from the directions on the container. In those circumstances, either the family should provide the prepared formula or the caregiver/teacher should

receive special training, as noted in the infant's care plan, on how to prepare the formula.

### **Standard 4.3.1.9 Warming Bottles and Infant Foods**

Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed. If a caregiver/teacher chooses to warm them, bottles should be warmed under running, warm tap water or by placing them in a container of water that is no warmer than 120°F. Bottles should not be left in a pot of water to warm for more than five minutes. Bottles and infant foods should never be warmed in a microwave oven.

Infant foods should be stirred carefully to distribute the heat evenly. A caregiver/teacher should not hold an infant while removing a bottle or infant food from the container of warm water or while preparing a bottle or stirring infant food that has been warmed in some other way. Only BPA-free plastic, plastic labeled #1, #2, #4 or #5, or glass bottles should be used.

If a slow-cooking device, such as a crock pot, is used for warming infant formula, human milk, or infant food, this slow-cooking device should be out of children's reach, should contain water at a temperature that does not exceed 120°F, and should be emptied, cleaned, sanitized, and refilled with fresh water daily.

### **Standard 4.3.1.11 Introduction of Age-Appropriate Solid Foods to Infants**

A plan to introduce age-appropriate solid foods (complementary foods) to infants should be made in consultation with the child's parent/guardian and primary care provider. Age-appropriate solid foods may be introduced no sooner than when the child has reached the age of four months, but preferably six months and as indicated by the individual child's nutritional and developmental needs.

For breastfed infants, gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months and to complement the human milk. Modification of basic food patterns should be provided in writing by the child's primary care provider.

Evidence for introducing complementary foods in a specific order or rate is not available. The current best practice is that the first solid foods should be single-ingredient foods and should be introduced one at a time at two to seven-day intervals (1).

### **Standard 4.5.0.6 Adult Supervision of Children Who Are Learning to Feed Themselves**

Children in mid-infancy who are learning to feed themselves should be supervised by an adult seated within arm's reach of them at all times while they are being fed. Children over twelve months of age who can feed

themselves should be supervised by an adult who is seated at the same table or within arm's reach of the child's highchair or feeding table. When eating, children should be within sight of an adult at all times.

### **Standard 4.5.0.9 Hot Liquids and Foods**

Adults should not consume hot liquids above 120°F in child care areas (3). Hot liquids and hot foods should be kept out of the reach of infants, toddlers, and preschoolers. Hot liquids and foods should not be placed on a surface at a child's level, at the edge of a table or counter, or on a tablecloth that could be yanked down. Appliances containing hot liquids, such as coffee pots and crock pots, should be kept out of the reach of children. Electrical cords from any appliance, including coffee pots, should not be allowed to hang within the reach of children. Food preparers should position pot handles toward the back of the stove and use only back burners when possible.

### **Standard 4.5.0.10 Foods that Are Choking Hazards**

Caregivers/teachers should not offer to children under four years of age foods that are associated with young children's choking incidents (round, hard, small, thick and sticky, smooth, compressible or dense, or slippery). Examples of these foods are hot dogs and other meat sticks (whole or sliced into rounds), raw carrot rounds, whole grapes, hard candy, nuts, seeds, raw peas, hard pretzels, chips, peanuts, popcorn, rice cakes, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole. Food for infants should be cut into pieces one-quarter inch or smaller, food for toddlers should be cut into pieces one-half inch or smaller to prevent choking. In addition to the food monitoring, children should always be seated when eating to reduce choking hazards. Children should be supervised while eating, to monitor the size of food and that they are eating appropriately (for example, not stuffing their mouths full).

### **Standard 4.8.0.1 Food Preparation Area**

The food preparation area of the kitchen should be separate from eating, play, laundry, toilet, and bathroom areas and from areas where animals are permitted. The food preparation area should not be used as a passageway while food is being prepared. Food preparation areas should be separated by a door, gate, counter, or room divider from areas the children use for activities unrelated to food, except in small family child care homes when separation may limit supervision of children.

Infants and toddlers should not have access to the kitchen in child care centers. Access by older children to the kitchen of centers should be permitted only when supervised by staff members who have been certified by the nutritionist/registered dietitian or the center director as qualified to follow the facility's sanitation and safety procedures.

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In all types of child care facilities, children should never be in the kitchen unless they are directly supervised by a caregiver/teacher. Children of preschool-age and older should be restricted from access to areas where hot food is being prepared. School-age children may engage in food preparation activities with adult supervision in the kitchen or the classroom. Parents/guardians and other adults should be permitted to use the kitchen only if they know and follow the food safety rules of the facility. The facility should check with local health authorities about any additional regulations that apply.

**Standard 4.8.0.3 Maintenance of Food Service Surfaces and Equipment**

All surfaces that come into contact with food, including tables and countertops, as well as floors and shelving in the food preparation area should be in good repair, free of cracks or crevices, and should be made of smooth, nonporous material that is kept clean and sanitized. All kitchen equipment should be clean and should be maintained in operable condition according to the manufacturer's guidelines for maintenance and operation. The facility should maintain an inventory of food service equipment that includes the date of purchase, the warranty date, and a history of repairs.

**Standard 4.9.0.2 Staff Restricted from Food Preparation and Handling**

Anyone who has signs or symptoms of illness, including vomiting, diarrhea, and infectious skin sores that cannot be covered, or who potentially or actually is infected with bacteria, viruses or parasites that can be carried in food, should be excluded from food preparation and handling. Staff members may not contact exposed, ready-to-eat food with their bare hands and should use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. No one with open or infected skin eruptions should work in the food preparation area unless the injuries are covered with nonporous (such as latex or vinyl), single use gloves.

In centers and large family child care homes, staff members who are involved in the process of preparing or handling food should not change diapers. Staff members who work with diapered children should not prepare or serve food for older groups of children. When staff members who are caring for infants and toddlers are responsible for changing diapers, they should handle food only for the infants and toddlers in their groups and only after thoroughly washing their hands. Caregivers/teachers who prepare food should wash their hands carefully before handling any food, regardless of whether they change diapers. When caregivers/teachers must handle food, staffing assignments should be made to foster completion of the food handling activities by caregivers/teachers of older children, or by caregivers/teachers of infants and toddlers before the caregiver/teacher assumes other caregiving duties for that day. Aprons worn in the food

service area must be clean and should be removed when diaper changing or when using the toilet.

### **Standard 4.9.0.3 Precautions for a Safe Food Supply**

All foods stored, prepared, or served should be safe for human consumption by observation and smell (1-2). The following precautions should be observed for a safe food supply:

- a. Home-canned food; food from dented, rusted, bulging, or leaking cans, and food from cans without labels should not be used;
- b. Foods should be inspected daily for spoilage or signs of mold, and foods that are spoiled or moldy should be promptly and appropriately discarded;
- c. Meat should be from government-inspected sources or otherwise approved by the governing health authority (3);
- d. All dairy products should be pasteurized and Grade A where applicable;
- e. Raw, unpasteurized milk, milk products; unpasteurized fruit juices; and raw or undercooked eggs should not be used. Freshly squeezed fruit or vegetable juice prepared just prior to serving in the child care facility is permissible;
- f. Unless a child's health care professional documents a different milk product, children from twelve months to two years of age should be served only human milk, formula, whole milk or 2% milk (6). Note: For children between twelve months and two years of age for whom overweight or obesity is a concern or who have a family history of obesity, dyslipidemia, or CVD, the use of reduced-fat milk is appropriate only with written documentation from the child's primary health care professional (4). Children two years of age and older should be served skim or 1% milk. If cost-saving is required to accommodate a tight budget, dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided that they are prepared, refrigerated, and stored in a sanitary manner, labeled with the date of preparation, and used or discarded within twenty-four hours of preparation;
- g. Meat, fish, poultry, milk, and egg products should be refrigerated or frozen until immediately before use (5);
- h. Frozen foods should be defrosted in one of four ways: In the refrigerator; under cold running water; as part of the cooking process, or by removing food from packaging and using the defrost setting of a microwave oven (5). Note: Frozen human milk should not be defrosted in the microwave;
- i. Frozen foods should never be defrosted by leaving them at room temperature or standing in water that is not kept at refrigerator temperature (5);

- j. All fruits and vegetables should be washed thoroughly with water prior to use (5);
- k. Food should be served promptly after preparation or cooking or should be maintained at temperatures of not less than 135°F for hot foods and not more than 41°F for cold foods (12);
- l. All opened moist foods that have not been served should be covered, dated, and maintained at a temperature of 41°F or lower in the refrigerator or frozen in the freezer, verified by a working thermometer kept in the refrigerator or freezer (12);
- m. Fully cooked and ready-to-serve hot foods should be held for no longer than thirty minutes before being served, or promptly covered and refrigerated;
- n. Pasteurized eggs or egg products should be substituted for raw eggs in the preparation of foods such as Caesar salad, mayonnaise, meringue, eggnog, and ice cream. Pasteurized eggs or egg products should be substituted for recipes in which more than one egg is broken and the eggs are combined, unless the eggs are cooked for an individual child at a single meal and served immediately, such as in omelets or scrambled eggs; or the raw eggs are combined as an ingredient immediately before baking and the eggs are fully cooked to a ready-to-eat form, such as a cake, muffin or bread;
- o. Raw animal foods should be fully cooked to heat all parts of the food to a temperature and for a time of; 145°F or above for fifteen seconds for fish and meat; 160°F for fifteen seconds for chopped or ground fish, chopped or ground meat or raw eggs; or 165°F or above for fifteen seconds for poultry or stuffed fish, stuffed meat, stuffed pasta, stuffed poultry or stuffing containing fish, meat or poultry.

## Chapter 5: Facilities, Supplies, Equipment, and Environmental Health

### Standard 5.1.1.2 Inspection of Buildings

Newly constructed, renovated, remodeled, or altered buildings should be inspected by a public inspector to assure compliance with applicable building and fire codes before the building can be made accessible to children.

**TYPE OF FACILITY:** Center

### Standard 5.1.1.3 Compliance with Fire Prevention Code

Every twelve months, the child care facility should obtain written documentation to submit to the regulatory licensing authority that the facility complies with a state-approved or nationally recognized Fire Prevention Code. If available, this documentation should be obtained from a fire prevention official with jurisdiction where the facility is located. Where fire safety inspections or a Fire Prevention Code applicable to child care centers is not available from local authorities, the facility should arrange for a fire safety inspection by an inspector who is qualified to conduct such inspections using the National Fire Protection Association's NFPA 101: Life Safety Code.

**TYPE OF FACILITY:** Center

### Standard 5.1.1.5 Environmental Audit of Site Location

An environmental audit should be conducted before construction of a new building; renovation or occupation of an older building; or after a natural disaster, to properly evaluate and, where necessary, remediate or avoid sites where children's health could be compromised (1,3).

The environmental audit should include assessments of:

- a. Potential air, soil, and water contamination on child care facility sites and outdoor play spaces;
- b. Potential toxic or hazardous materials in building construction; and
- c. Potential safety hazards in the community surrounding the site.

A written environmental audit report that includes any remedial action taken should be kept on file.

### Standard 5.1.3.2 Possibility of Exit from Windows

All windows in areas used by children under five years of age should be constructed, adapted, or adjusted to limit the exit opening accessible to children to less than four inches, or be otherwise protected with guards that prevent exit by a child, but that do not block outdoor light. Where such windows are required by building or fire codes to provide for emergency

rescue and evacuation, the windows and guards, if provided, should be equipped to enable staff to release the guard and open the window fully when evacuation or rescue is required. Opportunities should be provided for staff to practice opening these windows, and such release should not require the use of tools or keys. Children should be given information about these windows, relevant safety rules, as well as what will happen if the windows need to be opened for an evacuation.

### **Standard 5.1.4.1 Alternate Exits and Emergency Shelter**

Each building or structure, new or old, should be provided with a minimum of two exits, at different sides of the building or home, leading to an open space at ground level. If the basement in a small family child care home is being used, one exit must lead directly to the outside. Exits should be unobstructed, allowing occupants to escape to an outside door or exit stair enclosure in case of fire or other emergency. Each floor above or below ground level used for child care should have at least two unobstructed exits that lead to an open area at ground level and thereafter to an area that meets safety requirements for a child care indoor or outdoor area. Children should remain there until their parents/guardians can pick them up, if reentry into the facility is not possible.

Entrance and exit routes should be reviewed and approved by the applicable fire inspector. Exiting should meet all the requirements of the current edition of the NFPA 101: Life Safety Code from the National Fire Protection Association (NFPA).

### **Standard 5.1.5.4 Guards at Stairway Access Openings**

Securely installed, effective guards (such as gates) should be provided at the top and bottom of each open stairway in facilities where infants and toddlers are in care. Gates should have latching devices that adults (but not children) can open easily in an emergency. “Pressure gates” or accordion gates should not be used. Gate design should not aid in climbing. Gates at the top of stairways should be hardware mounted (e.g., to the wall) for stability. Basement stairways should be shut off from the main floor level by a full door. This door should be self-closing and should be kept locked to entry when the basement is not in use. No door should be locked to prohibit exit at any time.

### **Standard 5.1.6.6 Guardrails and Protective Barriers**

Guardrails, a minimum of thirty-six inches in height, should be provided at open sides of stairs, ramps, and other walking surfaces (e.g., landings, balconies, porches) from which there is more than a thirty-inch vertical distance to fall. Spaces below the thirty-six inches height guardrail should be further divided with intermediate rails or balusters as detailed in the next paragraph.

For preschoolers, bottom guardrails greater than nine inches but less or equal to twenty-three inches above the floor should be provided for all porches, landings, balconies, and similar structures. For school age children, bottom guardrails should be greater than nine inches but less or equal to twenty inches above the floor, as specified above.

For infants and toddlers, protective barriers should be less than three and one-half inches above the floor, as specified above. All spaces in guardrails should be less than three and a half inches. All spaces in protective barriers should be less than three and one-half inches. If spaces do not meet the specifications as listed above, a protective material sufficient to prevent the passing of a three and one-half inch diameter sphere should be provided.

Where practical or otherwise required by applicable codes, guardrails should be a minimum of forty-two inches in height to help prevent falls over the open side by staff and other adults in the child care facility.

### **Standard 5.2.1.1 Fresh Air**

As much fresh outdoor air as possible should be provided in rooms occupied by children. Windows should be opened whenever weather and the outdoor air quality permits or when children are out of the room (1). When windows are not kept open, rooms should be ventilated, as specified in Standards 5.2.1.1-5.2.1.6. The specified rates at which outdoor air must be supplied to each room within the facility range from fifteen to sixty cubic feet per minute per person (cfm/p). The rate depends on the activities that normally occur in that room.

### **Standard 5.2.1.10 Gas, Oil, or Kerosene Heaters, Generators, Portable Gas Stoves, and Charcoal and Gas Grills**

Unvented gas or oil heaters and portable open-flame kerosene space heaters should be prohibited. Gas cooking appliances, including portable gas stoves, should not be used for heating purposes. Charcoal grills should not be used for space heating or any other indoor purposes.

Heat in units that involve flame should be vented properly to the outside and should be supplied with a source of combustion air that meets the manufacturer's installation requirements.

### **Standard 5.2.1.11 Portable Electric Space Heaters**

Portable electric space heaters should:

- a. Be attended while in use and be off when unattended;
- b. Be inaccessible to children;
- c. Have protective covering to keep hands and objects away from the electric heating element;

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- d. Bear the safety certification mark of a nationally recognized testing laboratory;
- e. Be placed on the floor only and at least three feet from curtains, papers, furniture, and any flammable object;
- f. Be properly vented, as required for proper functioning;
- g. Be used in accordance with the manufacturer's instructions;
- h. Not be used with an extension cord.

The heater cord should be inaccessible to children as well.

### **Standard 5.2.4.2 Safety Covers and Shock Protection Devices for Electrical Outlets**

All electrical outlets accessible to children who are not yet developmentally at a kindergarten grade level of learning should be a type called "tamper-resistant electrical outlets." These types of outlets look like standard wall outlets but contain an internal shutter mechanism that prevents children from sticking objects like hairpins, keys, and paperclips into the receptacle (2). This spring-loaded shutter mechanism only opens when equal pressure is applied to both shutters such as when an electrical plug is inserted (2,3).

In existing child care facilities that do not have "tamper-resistant electrical outlets," outlets should have "safety covers" that are attached to the electrical outlet by a screw or other means to prevent easy removal by a child. "Safety plugs" should not be used since they can be removed from an electrical outlet by children (2,3).

All newly installed or replaced electrical outlets that are accessible to children should use "tamper-resistant electrical outlets."

In areas where electrical products might come into contact with water, a special type of outlet called Ground Fault Circuit Interrupters (GFCIs) should be installed (2). A GFCI is designed to trip before a deadly electrical shock can occur (1). To ensure that GFCIs are functioning correctly, they should be tested at least monthly (2). GFCIs are also available in a tamper-resistant design.

### **Standard 5.2.4.4 Location of Electrical Devices Near Water**

No electrical device or apparatus accessible to children should be located so it could be plugged into an electrical outlet while a person is in contact with a water source, such as a sink, tub, shower area, water table, or swimming pool.

### **Standard 5.2.5.1 Smoke Detection Systems and Smoke Alarms**

In centers with new installations, a smoke detection system (such as hard-wired system detectors with battery back-up system and control panel) or

monitored wireless battery operated detectors that automatically signal an alarm through a central control panel when the battery is low or when the detector is triggered by a hazardous condition should be installed with placement of the smoke detectors in the following areas:

- a. Each story in front of doors to the stairway;
- b. Corridors of all floors;
- c. Lounges and recreation areas;
- d. Sleeping rooms.

In large and small family child care homes, smoke alarms that receive their operating power from the building electrical system or are of the wireless signal-monitored-alarm system type should be installed. Battery-operated smoke alarms should be permitted provided that the facility demonstrates to the fire inspector that testing, maintenance, and battery replacement programs ensure reliability of power to the smoke alarms and signaling of a monitored alarm when the battery is low and that retrofitting the facility to connect the smoke alarms to the electrical system would be costly and difficult to achieve.

Facilities with smoke alarms that operate using power from the building electrical system should keep a supply of batteries and battery-operated detectors for use during power outages.

### **Standard 5.2.6.3 Testing for Lead and Copper Levels in Drinking Water**

Drinking water, including water in drinking fountains, should be tested and evaluated in accordance with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe.

### **Standard 5.2.7.6 Storage and Disposal of Infectious and Toxic Wastes**

Infectious and toxic wastes should be stored separately from other wastes, and should be disposed of in a manner approved by the regulatory health authority.

### **Standard 5.2.8.1 Integrated Pest Management**

Facilities should adopt an integrated pest management program (IPM) to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. IPM is a simple, common-sense approach to pest management that eliminates the root causes of pest problems, providing safe and effective control of insects, weeds, rodents, and other pests while minimizing risks to human health and the environment (2, 4).

**Pest Prevention:** Facilities should prevent pest infestations by ensuring sanitary conditions. This can be done by eliminating pest breeding areas, filling in cracks and crevices; holes in walls, floors, ceilings and water leads; repairing water damage; and removing clutter and rubbish on the premises (5).

**Pest Monitoring:** Facilities should establish a program for regular pest population monitoring and should keep records of pest sightings and sightings of indicators of the presence of pests (e.g., gnaw marks, frass, rub marks).

**Pesticide Use:** If physical intervention fails to prevent pest infestations, facility managers should ensure that targeted, rather than broadcast applications of pesticides are made, beginning with the products that pose least exposure hazard first, and always using a pesticide applicator who has the licenses or certifications required by state and local laws.

Facility managers should follow all instructions on pesticide product labels and should not apply any pesticide in a manner inconsistent with label instructions. Material Safety Data Sheets (MSDS) are available from the product manufacturer or a licensed exterminator and should be on file at the facility. Facilities should ensure that pesticides are never applied when children are present and that re-entry periods are adhered to.

Records of all pesticides applications (including type and amount of pesticide used), timing and location of treatment, and results should be maintained either on-line or in a manner that permits access by facility managers and staff, state inspectors and regulatory personnel, parents/guardians, and others who may inquire about pesticide usage at the facility.

Facilities should avoid the use of sprays and other volatilizing pesticide formulations. Pesticides should be applied in a manner that prevents skin contact and any other exposure to children or staff members and minimizes odors in occupied areas. Care should be taken to ensure that pesticide applications do not result in pesticide residues accumulating on tables, toys, and items mouthed or handled by children, or on soft surfaces such as carpets, upholstered furniture, or stuffed animals with which children may come in direct contact (3).

Following the use of pesticides, herbicides, fungicides, or other potentially toxic chemicals, the treated area should be ventilated for the period recommended on the product label.

**Notification:** Notification should be given to parents/guardians and staff before using pesticides, to determine if any child or staff member is sensitive to the product. A member of the child care staff should directly observe the application to be sure that toxic chemicals are not applied on surfaces with which children or staff may come in contact.

**Registry:** Child care facilities should provide the opportunity for interested staff and parents/guardians to register with the facility if they want to be notified about individual pesticide applications before they occur.

**Warning Signs:** Child care facilities must post warning signs at each area where pesticides will be applied. These signs must be posted forty-eight hours before and seventy-two hours after applications and should be sufficient to restrict uninformed access to treated areas.

**Record Keeping:** Child care facilities should keep records of pesticide use at the facility and make the records available to anyone who asks. Record retention requirements vary by state, but federal law requires records to be kept for two years (7). It is a good idea to retain records for a minimum of three years.

**Pesticide Storage:** Pesticides should be stored in their original containers and in a locked room or cabinet accessible only to authorized staff. No restricted-use pesticides should be stored or used on the premises except by properly licensed persons. Banned, illegal, and unregistered pesticides should not be used.

### **Standard 5.2.9.1 Use and Storage of Toxic Substances**

The following items should be used as recommended by the manufacturer and should be stored in the original labeled containers:

- a. Cleaning materials;
- b. Detergents;
- c. Automatic dishwasher detergents;
- d. Aerosol cans;
- e. Pesticides;
- f. Health and beauty aids;
- g. Medications;
- h. Lawn care chemicals;
- i. Other toxic materials.

Material Safety Data Sheets (MSDS) must be available onsite for each hazardous chemical that is on the premises.

These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas, and that will not constitute a hazard to the children or staff. When not in active use, all chemicals used inside or outside should be stored in a safe and secure manner in a locked room or cabinet, fitted with a child-resistive opening device, inaccessible to children, and separate from stored medications and food.

Chemicals used in lawn care treatments should be limited to those listed for use in areas that can be occupied by children.

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Medications can be toxic if taken by the wrong person or in the wrong dose. Medications should be stored safely (see Standard 3.6.3.1) and disposed of properly (see Standard 3.6.3.2).

The telephone number for the poison center should be posted in a location where it is readily available in emergency situations (e.g., next to the telephone). Poison centers are open twenty-four hours a day, seven days a week, and can be reached at 1-800-222-1222.

**Standard 5.2.9.2 Use of a Poison Center**

The poison center should be called for advice about any exposure to toxic substances, or any potential poisoning emergency. The national help line for the poison center is 1-800-222-1222, and specialists will link the caregiver/teacher with their local poison center. The advice should be followed and documented in the facility's files. The caregiver/teacher should be prepared for the call by having the following information for the poison center specialist:

- a. The child's age and sex;
- b. The substance involved;
- c. The estimated amount;
- d. The child's condition;
- e. The time elapsed since ingestion or exposure.

The caregiver/teacher should not induce vomiting unless instructed by the poison center.

**Standard 5.2.9.3 Informing Staff Regarding Presence of Toxic Substances**

Employers should provide staff with hazard information, including access to and review of the Material Safety Data Sheets (MSDS) as required by the Occupational Safety and Health Administration (OSHA), about the presence of toxic substances such as formaldehyde, cleaning and sanitizing supplies, insecticides, herbicides, and other hazardous chemicals in use in the facility. Staff should always read the label prior to use to determine safety in use. For example, toxic products regulated by the Environmental Protection Agency (EPA) will have an EPA signal word of CAUTION, WARNING, or DANGER. Where nontoxic substitutes are available, these nontoxic substitutes should be used instead of toxic chemicals. If a nontoxic product is not available, caregivers/teachers should use the least toxic product for the job. A CAUTION label is safer than a WARNING label, which is safer than a DANGER label.

**TYPE OF FACILITY:** Center, Large Family Child Care Home

### **Standard 5.2.9.4 Radon Concentrations**

Radon concentrations inside a home or building used for child care must be less than four picocuries per liter of air. All facilities must be tested for the presence of radon, according to U.S. Environmental Protection Agency (EPA) testing protocols for long-term testing (i.e., greater than ninety days in duration using alpha-track or electret test devices).

### **Standard 5.2.9.5 Carbon Monoxide Detectors**

Carbon monoxide detector(s) should be installed in child care settings if one of the following guidelines is met:

- a. The child care program uses any sources of coal, wood, charcoal, oil, kerosene, propane, natural gas, or any other product that can produce carbon monoxide indoors or in an attached garage;
- b. If detectors are required by state/local law or state licensing agency.

Facilities must meet state or local laws regarding carbon monoxide detectors. Detectors should be tested monthly. Batteries should be changed at least yearly. Detectors should be replaced at least every five years.

### **Standard 5.2.9.13 Testing for Lead**

In all centers, both exterior and interior surfaces covered by paint with lead levels of 0.06% and above, or equal to or greater than 1.0 milligram per square centimeter and accessible to children, should be removed by a safe chemical or physical means or made inaccessible to children, regardless of the condition of the surface.

In large and small family child care homes, flaking or deteriorating lead-based paint on any surface accessible to children should be removed or abated according to health department regulations. Where lead paint is removed, the surface should be refinished with lead-free paint or nontoxic material. Sanding, scraping, or burning of lead-based paint surfaces should be prohibited. Children and pregnant women should not be present during lead renovation or lead abatement activities.

Any surface and the grounds around and under surfaces that children use at a child care facility, including dirt and grassy areas should be tested for excessive lead in a location designated by the health department. Caregivers/teachers should check the U.S. Consumer Product Safety Commission's Website, <http://www.cpsc.gov>, for warnings of potential lead exposure to children and recalls of play equipment, toys, jewelry used for play, imported vinyl mini-blinds and food contact products. If they are found to have toxic levels, corrective action should be taken to prevent exposure to lead at the facility. Only nontoxic paints should be used.

### **Standard 5.3.1.1 Safety of Equipment, Materials, and Furnishings**

Equipment, materials, furnishings, and play areas should be sturdy, safe, and in good repair and should meet the recommendations of the U.S. Consumer Product Safety Commission (CPSC) for control of the following safety hazards:

- a. Openings that could entrap a child's head or limbs;
- b. Elevated surfaces that are inadequately guarded;
- c. Lack of specified surfacing and fall zones under and around climbable equipment;
- d. Mismatched size and design of equipment for the intended users;
- e. Insufficient spacing between equipment;
- f. Tripping hazards;
- g. Components that can pinch, shear, or crush body tissues;
- h. Equipment that is known to be of a hazardous type;
- i. Sharp points or corners;
- j. Splinters;
- k. Protruding nails, bolts, or other components that could entangle clothing or snag skin;
- l. Loose, rusty parts;
- m. Hazardous small parts that may become detached during normal use or reasonably foreseeable abuse of the equipment and that present a choking, aspiration, or ingestion hazard to a child;
- n. Strangulation hazards (e.g., straps, strings, etc.);
- o. Flaking paint;
- p. Paint that contains lead or other hazardous materials;
- q. Tip-over hazards, such as chests, bookshelves, and televisions.

### **Standard 5.3.1.12 Availability and Use of a Telephone or Wireless Communication Device**

The facility should provide at all times at least one working non-pay telephone or wireless communication device for general and emergency use:

- a. On the premises of the child care facility;
- b. In each vehicle used when transporting children;
- c. On field trips.

Drivers, while transporting children should not operate a motor vehicle while using a mobile telephone or wireless communications device when the vehicle is in motion or a part of traffic, with the exception of use of a navigational system or global positioning system device.

### **Standard 5.4.5.2 Cribs**

Facilities should check each crib before its purchase and use to ensure that it is in compliance with the current U.S. Consumer Product Safety Commission (CPSC) and ASTM safety standards.

Recalled or “second-hand” cribs should not be used or stored in the facility. When it is determined that a crib is no longer safe for use in the facility, it should be dismantled and disposed of appropriately.

Staff should only use cribs for sleep purposes and should ensure that each crib is a safe sleep environment. No child of any age should be placed in a crib for a time-out or for disciplinary reasons. When an infant becomes large enough or mobile enough to reach crib latches or potentially climb out of a crib, they should be transitioned to a different sleeping environment (such as a cot or sleeping mat).

Each crib should be identified by brand, type, and/or product number and relevant product information should be kept on file (with the same identification information) as long as the crib is used or stored in the facility.

Staff should inspect each crib before each use to ensure that hardware is tightened and that there are not any safety hazards. If a screw or bolt cannot be tightened securely, or there are missing or broken screws, bolts, or mattress support hangers, the crib should not be used.

Safety standards document that cribs used in facilities should be made of wood, metal, or plastic. Crib slats should be spaced no more than two and three-eighths inches apart, with a firm mattress that is fitted so that no more than two fingers can fit between the mattress and the crib side in the lowest position. The minimum height from the top of the mattress to the top of the crib rail should be twenty inches in the highest position. Cribs with drop sides should not be used. The crib should not have corner post extensions (over one-sixteenth inch). The crib should have no cutout openings in the head board or footboard structure in which a child’s head could become entrapped. The mattress support system should not be easily dislodged from any point of the crib by an upward force from underneath the crib. All cribs should meet the ASTM F1169-10a Standard Consumer Safety Specification for Full-Size Baby Cribs, F406-10b Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards, or the CPSC 16 CFR 1219, 1220, and 1500 – Safety Standards for Full-Size Baby Cribs and Non-Full-Size Baby Cribs; Final Rule.

Cribs should be placed away from window blinds or draperies.

As soon as a child can stand up, the mattress should be adjusted to its lowest position. Once a child can climb out of his/her crib, the child should be moved to a bed. Children should never be kept in their crib by placing, tying, or wedging various fabric, mesh, or other strong coverings over the top of the crib.

National Health and Safety Performance Standards

Cribs intended for evacuation purpose should be of a design and have wheels that are suitable for carrying up to five non-ambulatory children less than two years of age to a designated evacuation area. This crib should be used for evacuation in the event of fire or other emergency. The crib should be easily moveable and should be able to fit through the designated fire exit.

### **Standard 5.5.0.6 Inaccessibility to Matches, Candles, and Lighters**

Matches, candles, and lighters should not be accessible to children.

### **Standard 5.5.0.7 Storage of Plastic Bags**

Plastic bags, whether intended for storage, trash, diaper disposal, or any other purpose, should be stored out of reach of children.

### **Standard 5.5.0.8 Firearms**

Centers should not have any firearms, pellet or BB guns (loaded or unloaded), darts, bows and arrows, cap pistols, stun guns, paint ball guns, or objects manufactured for play as toy guns within the premises at any time. If present in a small or large family child care home, these items must be unloaded, equipped with child protective devices, and kept under lock and key with the ammunition locked separately in areas inaccessible to the children. Parents/guardians should be informed about this policy.

### **Standard 5.6.0.1 First Aid and Emergency Supplies**

The facility should maintain first aid and emergency supplies in each location where children are cared for. The first aid kit or supplies should be kept in a closed container, cabinet, or drawer that is labeled and stored in a location known to all staff, accessible to staff at all times, but locked or otherwise inaccessible to children. When children leave the facility for a walk or to be transported, a designated staff member should bring a transportable first aid kit. In addition, a transportable first aid kit should be in each vehicle that is used to transport children to and from a child care facility.

First aid kits or supplies should be restocked after use. An inventory of first aid supplies should be conducted at least monthly. A log should be kept that lists the date that each inventory was conducted, verification that expiration dates of supplies were checked, location of supplies (i.e., in the facility supply, transportable first aid kit(s), etc.), and the legal name/signature of the staff member who completed the inventory.

The first aid kit should contain at least the following items:

- a. Disposable nonporous, latex-free or non-powdered latex gloves (latex-free recommended);
- b. Scissors;

- c. Tweezers;
- d. Non-glass, non-mercury thermometer to measure a child's temperature;
- e. Bandage tape;
- f. Sterile gauze pads;
- g. Flexible roller gauze;
- h. Triangular bandages;
- i. Safety pins;
- j. Eye patch or dressing;
- k. Pen/pencil and note pad;
- l. Cold pack;
- m. Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide such as the AAP Pediatric First Aid For Caregivers and Teachers (PedFACTS) Manual;
- n. Coins for use in a pay phone and cell phone;
- o. Water (two liters of sterile water for cleaning wounds or eyes);
- p. Liquid soap to wash injury and hand sanitizer, used with supervision, if hands are not visibly soiled or if no water is present;
- q. Tissues;
- r. Wipes;
- s. Individually wrapped sanitary pads to contain bleeding of injuries;
- t. Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood;
- u. Flashlight;
- v. Whistle;
- w. Battery-powered radio (1).

When children walk or are transported to another location, the transportable first aid kit should include ALL items listed above AND the following emergency information/items:

- a. List of children in attendance (organized by caregiver/teacher they are assigned to) and their emergency contact information (i.e., parents/guardian/emergency contact home, work, and cell phone numbers);
- b. Special care plans for children who have them;
- c. Emergency medications or supplies as specified in the special care plans;
- d. List of emergency contacts (i.e., location information and phone numbers for the Poison Center, nearby hospitals or other emergency care clinics, and other community resource agencies);
- e. Maps;
- f. Written transportation policy and contingency plans.

**Standard 5.7.0.4 Inaccessibility of Hazardous Equipment**

Any hazardous equipment should be made inaccessible to children by barriers, or removed until rendered safe or replaced. The barriers should not pose any hazard.

## Chapter 6: Play Areas/Playgrounds and Transportation

### **Standard 6.1.0.6** Location of Play Areas Near Bodies of Water

Outside play areas should be free from the following bodies of water:

- a. Unfenced swimming and wading pools;
- b. Ditches;
- c. Quarries;
- d. Canals;
- e. Excavations;
- f. Fish ponds;
- g. Water retention or detention basins;
- h. Other bodies of water.

### **Standard 6.1.0.8** Enclosures for Outdoor Play Areas

The outdoor play area should be enclosed with a fence or natural barriers. Fences and barriers should not prevent the observation of children by caregivers/teachers. If a fence is used, it should conform to applicable local building codes in height and construction. Fence posts should be outside the fence where allowed by local building codes. These areas should have at least two exits, with at least one being remote from the buildings.

Gates should be equipped with self-closing and positive self-latching closure mechanisms. The latch or securing device should be high enough or of a type such that children cannot open it. The openings in the fence and gates should be no larger than three and one-half inches. The fence and gates should be constructed to discourage climbing. Play areas should be secured against inappropriate use when the facility is closed.

Wooden fences and playground structures created out of wood should be tested for chromated copper arsenate (CCA). Wooden fences and playground structures created out of wood that is found to contain CCA should be sealed with an oil-based outdoor sealant annually.

### **Standard 6.2.1.9** Entrapment Hazards of Play Equipment

All openings in pieces of play equipment should be designed too large for a child's head to get stuck in or too small for a child's body to fit into, in order to prevent entrapment and strangulation. Openings in exercise rings (overhead hanging rings such as those used in a ring trek or ring ladder) should be smaller than three and one-half inches or larger than nine inches in diameter. Rings on long chains are prohibited. A play structure should have no openings with a dimension between three and one-half inches and nine inches. In particular, side railings, stairs, and other locations where a

child might slip or try to climb through should be checked for appropriate dimensions.

Protrusions such as pipes, wood ends, or long bolts that may catch a child's clothing are prohibited. Distances between two vertical objects that are positioned near each other should be less than three and one-half inches to prevent entrapment of a child's head. No opening should have a vertical angle of less than fifty-five degrees. To prevent entrapment of fingers, openings should not be larger than three-eighths inch or smaller than one inch. A Certified Playground Safety Inspector (CPSI) is specially trained to find and measure various play equipment hazards.

### **Standard 6.2.3.1 Prohibited Surfaces for Placing Climbing Equipment**

Equipment used for climbing should not be placed over, or immediately next to, hard surfaces such as asphalt, concrete, dirt, grass, or flooring covered by carpet or gym mats not intended for use as surfacing for climbing equipment.

All pieces of playground equipment should be placed over and surrounded by a shock-absorbing surface. This material may be either the unitary or the loose-fill type, as defined by the U.S. Consumer Product Safety Commission (CPSC) guidelines and ASTM International (ASTM) standards, extending at least six feet beyond the perimeter of the stationary equipment (1,2). These shock-absorbing surfaces must conform to the standard stating that the impact of falling from the height of the structure will be less than or equal to peak deceleration of 200G and a Head Injury Criterion (HIC) of 1000 and should be maintained at all times (3). Organic materials that support colonization of molds and bacteria should not be used. All loose fill materials must be raked to retain their proper distribution, shock-absorbing properties and to remove foreign material. This standard applies whether the equipment is installed outdoors or indoors.

### **Standard 6.2.4.4 Trampolines**

Trampolines, both full and mini-size, should be prohibited from being used as part of the child care program activities both on-site and during field trips.

### **Standard 6.2.5.1 Inspection of Indoor and Outdoor Play Areas and Equipment**

The indoor and outdoor play areas and equipment should be inspected daily for the following:

- a. Missing or broken parts;
- b. Protrusion of nuts and bolts;
- c. Rust and chipping or peeling paint;
- d. Sharp edges, splinters, and rough surfaces;

- e. Stability of handholds;
- f. Visible cracks;
- g. Stability of non-anchored large play equipment (e.g., playhouses);
- h. Wear and deterioration.

Observations should be documented and filed, and the problems corrected.

Facilities should conduct a monthly inspection as outlined in [Appendix EE](#), America's Playgrounds Safety Report Card.

### **Standard 6.3.1.1 Enclosure of Bodies of Water**

All water hazards, such as pools, swimming pools, stationary wading pools, ditches, fish ponds, and water retention or detention basins should be enclosed with a fence that is four to six feet high or higher and comes within three and one-half inches of the ground. Openings in the fence should be no greater than three and one-half inches. The fence should be constructed to discourage climbing and kept in good repair.

If the fence is made of horizontal and vertical members (like a typical wooden fence) and the distance between the tops of the horizontal parts of the fence is less than forty-five inches, the horizontal parts should be on the swimming pool side of the fence. The spacing of the vertical members should not exceed one and three-quarters inches.

For a chain link fence, the mesh size should not exceed one and one-quarter square inches.

Exit and entrance points should have self-closing, positive latching gates with locking devices a minimum of fifty-five inches from the ground.

A wall of the child care facility should not constitute one side of the fence unless the wall has no openings capable of providing direct access to the pool (such as doors, windows, or other openings).

If the facility has a water play area, the following requirements should be met:

- a. Water play areas should conform to all state and local health regulations;
- b. Water play areas should not include hidden or enclosed spaces;
- c. Spray areas and water-collecting areas should have a non-slip surface, such as asphalt;
- d. Water play areas, particularly those that have standing water, should not have sudden changes in depth of water;
- e. Drains, streams, water spouts, and hydrants should not create strong suction effects or water-jet forces;
- f. All toys and other equipment used in and around the water play area should be made of sturdy plastic or metal (no glass should be permitted);

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- g. Water play areas in which standing water is maintained for more than twenty-four hours should be treated according to Standard 6.3.4.1, and inspected for glass, trash, animal excrement, and other foreign material.

### **Standard 6.3.1.4 Safety Covers for Swimming Pools**

When not in use, in-ground and above-ground swimming pools should be covered with a safety cover that meets or exceeds the ASTM International (ASTM) standard “F1346-03: Standard performance specification for safety covers and labeling requirements for all covers for swimming pools, spas, and hot tubs” (2).

### **Standard 6.3.1.6 Pool Drain Covers**

All covers for the main drain and other suction ports of swimming and wading pools should be listed by a nationally recognized testing laboratory in accordance with ASME/ANSI standard “A112.19.8: Standard for Suction Fittings for Use in Swimming Pools, Wading Pools, Spas and Hot Tubs,” and should be used under conditions that do not exceed the approved maximum flow rate, be securely anchored using manufacturer-supplied parts installed per manufacturer’s specifications, be in good repair, and be replaced at intervals specified by manufacturer. Facilities with one outlet per pump, or multiple outlets per pump with less than thirty-six inches center-to-center distance for two outlets, must be equipped with a Safety Vacuum Release System (SVRS) meeting the ASME/ANSI standard “A112.19.17: Manufactured Safety Vacuum Release Systems for Residential and Commercial Swimming Pool, Spas, Hot Tub and Wading Pool Suction Systems” or ASTM International (ASTM) standard “F2387-04: Standard Specification for Manufactured SVRS for Swimming Pools, Spas, and Hot Tubs” standards, as required by the Virginia Graeme Baker Pool and Spa Safety Act, Section 1404(c)(1)(A)(i) (1,2).

### **Standard 6.3.2.1 Lifesaving Equipment**

Each swimming pool more than six feet in width, length, or diameter should be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd’s hook that will not conduct electricity. This equipment should be long enough to reach the center of the pool from the edge of the pool, should be kept in good repair, and should be stored safely and conveniently for immediate access. Caregivers/teachers should be trained on the proper use of this equipment so that in emergencies, caregivers/teachers will use equipment appropriately. Children should be familiarized with the use of the equipment based on their developmental level.

### **Standard 6.3.5.1 Hot Tubs, Spas, and Saunas**

Children should not be permitted in hot tubs, spas, or saunas in child care. Areas should be secured to prevent any access by children.

### **Standard 6.3.5.2 Water in Containers**

Bathtubs, buckets, diaper pails, and other open containers of water should be emptied immediately after use.

### **Standard 6.4.1.2 Inaccessibility of Toys or Objects to Children Under Three Years of Age**

Small objects, toys, and toy parts available to children under the age of three years should meet the federal small parts standards for toys. The following toys or objects should not be accessible to children under three years of age:

- a. Toys or objects with removable parts with a diameter less than one and one-quarter inches and a length between one inch and two and one-quarter inches;
- b. Balls and toys with spherical, ovoid (egg shaped), or elliptical parts that are smaller than one and three-quarters inches in diameter;
- c. Toys with sharp points and edges;
- d. Plastic bags;
- e. Styrofoam objects;
- f. Coins;
- g. Rubber or latex balloons;
- h. Safety pins;
- i. Marbles;
- j. Magnets;
- k. Foam blocks, books, or objects;
- l. Other small objects;
- m. Latex gloves;
- n. Bulletin board tacks;
- o. Glitter.

### **Standard 6.4.1.5 Balloons**

Infants, toddlers, and preschool children should not be permitted to inflate balloons, suck on or put balloons in their mouths nor have access to uninflated or underinflated balloons. Children under eight should not have access to latex balloons or inflated latex objects that are treated as balloons and these objects should not be permitted in the child care facility.

### **Standard 6.4.2.2 Helmets**

All children one year of age and over should wear properly fitted and approved helmets while riding toys with wheels (tricycles, bicycles, etc.) or using any wheeled equipment (rollerblades, skateboards, etc.). Helmets should be removed as soon as children stop riding the wheeled toys or using wheeled equipment. Approved helmets should meet the standards of the U.S. Consumer Product Safety Commission (CPSC) (5). The standards sticker should be located on the bike helmet. Bike helmets should be

replaced if they have been involved in a crash, the helmet is cracked, when straps are broken, the helmet can no longer be worn properly, or according to recommendations by the manufacturer (usually after three years).

### **Standard 6.5.1.1 Competence and Training of Transportation Staff**

At least one adult who accompanies or drives children for field trips and out-of-facility activities should receive training by a professional knowledgeable about child development and procedures, to ensure the safety of all children. The caregiver should hold a valid pediatric first aid certificate, including rescue breathing and management of blocked airways, as specified in First Aid and CPR Standards 1.4.3.1-1.4.3.3. Any emergency medications that a child might require, such as self-injecting epinephrine for life-threatening allergy, should also be available at all times as well as a mobile phone to call for medical assistance. Child:staff ratios should be maintained on field trips and during transport, as specified in Standards 1.1.1.1-1.1.1.5; the driver should not be included in these ratios. No child should ever be left alone in the vehicle.

All drivers, passenger monitors, chaperones, and assistants should receive instructions in safety precautions. Transportation procedures should include:

- a. Use of developmentally appropriate safety restraints;
- b. Proper placement of the child in the motor vehicle in accordance with state and federal child restraint laws and regulations and recognized best practice;
- c. Training in handling of emergency medical situations. If a child has a chronic medical condition or special health care needs that could result in an emergency (such as asthma, diabetes, or seizures), the driver or chaperone should have written instructions including parent/guardian emergency contacts, child summary health information, special needs and treatment plans, and should:
  - d. Recognize the signs of a medical emergency;
  - e. Know emergency procedures to follow (3);
  - f. Have on hand any emergency supplies or medications necessary, properly stored out of reach of children;
  - g. Know specific medication administration (ex. a child who requires EpiPen or diazepam);
  - h. Know about water safety when field trip is to a location with a body of water.
  - i. Knowledge of appropriate routes to emergency facility;
  - j. Defensive driving;
  - k. Child supervision during transport, including never leaving a child unattended in or around a vehicle;
  - l. Issues that may arise in transporting children with behavioral issues (e.g., temper tantrums or oppositional behavior).

The receipt of such instructions should be documented in a personnel record for any paid staff or volunteer who participates in field trips or transportation activities.

Vehicles should be equipped with a first aid kit, fire extinguisher, seat belt cutter, and maps. At least one adult should have a functioning cell phone at hand. Information, names of the children and parent/guardian contact information should be carried in the vehicle along with identifying information (name, address, and telephone number) about the child care center.

### **Standard 6.5.1.2 Qualifications for Drivers**

Any driver who transports children for a child care program should be at least twenty-one years of age and should have:

- a. A valid commercial driver's license that authorizes the driver to operate the vehicle being driven;
- b. Evidence of a safe driving record for more than five years, with no crashes where a citation was issued;
- c. No alcohol, prescription or over-the-counter medications, or other drugs associated with impaired ability to drive, within twelve hours prior to transporting children. Drivers should ensure that any prescription or over-the-counter drugs taken will not impair their ability to drive;
- d. No tobacco, alcohol, or drug use while driving;
- e. No criminal record of crimes against or involving children, child neglect or abuse, substance abuse, or any crime of violence;
- f. No medical condition that would compromise driving, supervision, or evacuation capability including fatigue and sleep deprivation;
- g. Valid pediatric CPR and first aid certificate if transporting children alone.

The driver's license number and date of expiration, vehicle insurance information, and verification of current state vehicle inspection should be on file in the facility.

The child care program should require drug testing when noncompliance with the restriction on the use of alcohol or other drugs is suspected.

### **Standard 6.5.2.2 Child Passenger Safety**

When children are driven in a motor vehicle other than a bus, school bus, or a bus operated by a common carrier, the following should apply:

- a. A child should be transported only if the child is restrained in developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight, age, and/or psychological development in accordance with state and federal laws and regulations and the child is securely fastened, according

- to the manufacturer's instructions, in a developmentally appropriate child restraint system.
- b. Age and size-appropriate vehicle child restraint systems should be used for children under eighty pounds and under four-feet-nine-inches tall and for all children considered too small, in accordance with state and federal laws and regulations, to fit properly in a vehicle safety belt. The child passenger restraint system must meet the federal motor vehicle safety standards contained in the Code of Federal Regulations, Title 49, Section 571.213 (especially Federal Motor Vehicle Safety Standard 213), and carry notice of such compliance.
  - c. For children who are obese or overweight, it is important to find a car safety seat that fits the child properly. Caregivers/teachers should not use a car safety seat if the child weighs more than the seat's weight limit or is taller than the height limit. Caregivers/teachers should check the labels on the seat or manufacturer's instructions if they are unsure of the limits. Manufacturer's instructions that include these specifications can also be found on the manufacturer's Website.
  - d. Child passenger restraint systems should be installed and used in accordance with the manufacturer's instructions and should be secured in back seats only.
  - e. All children under the age of thirteen should be transported in the back seat of a car and each child not riding in an appropriate child restraint system (i.e., a child seat, vest, or booster seat), should have an individual lap-and-shoulder seat belt (2).
  - f. For maximum safety, infants and toddlers should ride in a rear-facing orientation (i.e., facing the back of the car) until they are two years of age or until they have reached the upper limits for weight or height for the rear-facing seat, according to the manufacturer's instructions (1). Once their seat is adjusted to face forward, the child passenger must ride in a forward-facing child safety seat (either a convertible seat or a combination seat) until reaching the upper height or weight limit of the seat, in accordance with the manufacturer's instructions (10). Plans should include limiting transportation times for young infants to minimize the time that infants are sedentary in one place.
  - g. A booster seat should be used when, according to the manufacturer's instructions, the child has outgrown a forward-facing child safety seat, but is still too small to safely use the vehicle seat belts (for most children this will be between four feet nine inches tall and between eight and twelve years of age) (1).
  - h. Car safety seats, whether provided by the child's parents/guardians or the child care program, should be labeled with the child passenger's name and emergency contact information.

- i. Car safety seats should be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash (3,11).
- j. The temperature of all metal parts of vehicle child restraint systems should be checked before use to prevent burns to child passengers.

If the child care program uses a vehicle that meets the definition of a school bus and the school bus has safety restraints, the following should apply:

- a. The school bus should accommodate the placement of wheelchairs with four tie-downs affixed according to the manufacturer's instructions in a forward-facing direction;
- b. The wheelchair occupant should be secured by a three-point tie restraint during transport;
- c. At all times, school buses should be ready to transport children who must ride in wheelchairs;
- d. Manufacturers' specifications should be followed to assure that safety requirements are met.

### **Standard 6.5.2.4 Interior Temperature of Vehicles**

The interior of vehicles used to transport children should be maintained at a temperature comfortable to children. When the vehicle's interior temperature exceeds 82°F and providing fresh air through open windows cannot reduce the temperature, the vehicle should be air-conditioned. When the interior temperature drops below 65°F and when children are feeling uncomfortably cold, the interior should be heated. To prevent hyperthermia, all vehicles should be locked when not in use, head counts of children should be taken after transporting to prevent a child from being left unintentionally in a vehicle, and children should never be intentionally left in a vehicle unattended.

### **Standard 6.5.3.1 Passenger Vans**

Child care facilities that provide transportation to children, parents/guardians, staff, and others should avoid the use of fifteen-passenger vans whenever possible. Other vehicles, such as vehicles meeting the definition of a "school bus," should be used to fulfill transportation of child passengers in particular. Conventional twelve to fifteen-passenger vans cannot be certified as school buses by the National Highway Traffic Safety Administration (NHTSA) standards (2,4), and thus cannot be sold or leased, as new vehicles, to carry students on a regular basis. Caregivers/teachers should be knowledgeable about the laws of the state(s) in which their vehicles, including passenger vans, will be registered and used.

## Chapter 7: Infectious Diseases

### **Standard 7.2.0.2 Unimmunized Children**

If immunizations have not been or are not to be administered because of a medical condition (contraindication), a statement from the child’s primary care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents/guardians’ religious or philosophical beliefs, a legal exemption with notarization, waiver or other state-specific required documentation signed by the parent/guardian should be on file (1,2).

The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. This could be a scheduled appointment with the primary care provider or an upcoming immunization clinic sponsored by a local health department or health care organization. An immunization plan and catch-up immunizations should be initiated upon enrollment and completed as soon as possible according to the “Recommended Immunization Schedules for Persons Aged 0 Through 18 Years – United States, 2011” from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Parents/guardians of children who attend an unlicensed child care facility should be encouraged to comply with the “Recommended Immunization Schedules” (6).

If a vaccine-preventable disease to which children are susceptible occurs in the facility and potentially exposes the unimmunized children who are susceptible to that disease, the health department should be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

### **Standard 7.2.0.3 Immunization of Caregivers/Teachers**

Caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the “Recommended Adult Immunization Schedule” at <http://www.cdc.gov/vaccines/recs/schedules/default.htm#adult/>. This schedule is updated annually at the beginning of the calendar year and can be found in [Appendix H](#).

Caregivers/teachers should have received the recommended vaccines in the following categories: (1,2)

- a. Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection):
  1. Tdap/Td;
  2. Varicella-zoster;
  3. MMR (measles, mumps, and rubella);
  4. Seasonal influenza;
  5. Human papillomaviruses (HPV) (eleven through twenty-six years of age);
  6. Others as determined by the ACIP and state and local public health authorities.
- b. Recommended if a specific risk factor is present:
  1. Pneumococcal;
  2. Hepatitis A;
  3. Hepatitis B;
  4. Meningococcal;
  5. Others as determined by the ACIP and state and local public health authorities.
- c. If a staff member is not appropriately immunized for medical, religious or philosophical reasons, the child care facility should require written documentation of the reason.
- d. If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department should be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.

### **Standard 7.3.3.1 Influenza Immunizations for Children and Caregivers/Teachers**

The parent/guardian of each child six months of age and older should provide written documentation of current annual vaccination against influenza unless there is a medical contraindication or philosophical or religious objection. Children who are too young to receive influenza vaccine before the start of influenza season should be immunized annually beginning when they reach six months of age.

Staff caring for all children should receive annual vaccination against influenza. Ideally people should be vaccinated before the start of the influenza season (as early as August or September) and immunization should continue through March or April.

### **Standard 7.3.3.2 Influenza Control**

When influenza is circulating in the community, facilities should encourage parents/guardians to keep children with symptoms of acute respiratory tract illness with fever at home until their fever has subsided for at least twenty-four hours without use of fever reducing medication.

Caregivers/teachers with symptoms of acute respiratory tract illness with fever also should remain at home until their fever subsides for at least twenty-four hours.

### **Standard 7.3.5.1 Recommended Control Measures for Invasive Meningococcal Infection in Child Care**

Identification of an individual with invasive meningococcal infection in the child care setting should result in the following:

4. Immediate notification of the local or state health department;
5. Notification of parents/guardians about child care contacts to the person with invasive meningococcal infection;
6. Assistance with provision of antibiotic prophylaxis and vaccine receipt, as advised by the local or state health department, to child care contacts;
7. Frequent updates and communication with parents/guardians, health care professionals, and local health authorities.

### **Standard 7.4.0.1 Control of Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections**

Facilities should employ the following procedures, in addition to those stated in Child and Staff Inclusion/Exclusion/Dismissal, Standards 3.6.1.1-3.6.1.4, to prevent and control infections of the gastrointestinal tract (including diarrhea) or hepatitis A (1-3):

- a. Toilet trained children who cannot use a toilet for all bowel movements while attending the facility and who develop diarrhea, as defined in Standard 3.6.1.1, should be removed from the facility by their parent/guardian. Exclude diapered children if stool is not contained in the diaper, stool frequency exceeds two or more stools above normal for that child, blood or mucus in the stool, abnormal color of stool, no urine output in eight hours, jaundice, fever with behavior change, or looks or acts ill. Pending arrival of the parent/guardian, the child should not be permitted to have contact with other children or be placed in areas used by adults who have contact with children in the facility. This should be accomplished by removing the child who is ill to a separate area of

- the child care program or, if not possible, to a separate area of the child's room. The area should be one where the child is supervised by an adult known to the child, and where the toys, equipment, and surfaces will not be used by other children or adults until after the child who is ill leaves and after the surfaces and toys have been disinfected. When moving a child to a separate area of the facility creates problems with supervision of the other children, as occurs in small family child care homes, the child who is ill should be kept as comfortable as possible, with minimal contact between children who are ill and well children, until the parent/guardian arrives. Caregivers/teachers with diarrhea as defined in Standard 3.6.1.2 should be excluded. Separation and exclusion of children or caregivers/teachers should not be deferred pending health assessment or laboratory testing to identify an enteric pathogen.
- b. A child who develops jaundice (when skin and white parts of the eye are yellow) while attending child care should be separated from other children and the child's parent/guardian should be contacted to remove the child. The child should remain separated from other children as described above until the parent/guardian arrives and removes the child from the facility.
  - c. Exclusion for diarrhea should continue until either the diarrhea stops or the continued loose stools are deemed not to be infectious by a licensed health care professional. Exclusion for hepatitis A virus (HAV) should continue for one week after onset of jaundice.
  - d. Alternate care for children with diarrhea or hepatitis A in special facilities for children who are ill should be provided in facilities that can provide separate care for children with infections of the gastrointestinal tract (including diarrhea) or hepatitis A.
  - e. Children and caregivers/teachers who excrete intestinal pathogens but no longer have diarrhea generally may be allowed to return to child care once the diarrhea resolves, except for the case of infections with *Shigella*, Shiga toxin-producing *E. coli* (STEC), or *Salmonella enterica* serotype Typhi. For *Shigella* and STEC, resolution of symptoms and two negative stool cultures are required for readmission, unless state requirements differ. For *Salmonella* serotype Typhi, resolution of symptoms and three negative stool cultures are required for return to child care. For *Salmonella* species other than serotype Typhi, documentation of negative stool cultures are not required from asymptomatic people for readmission to child care.
  - f. The local health department should be informed immediately of the occurrence of HAV infection or an increased frequency of diarrheal illness in children or staff in a child care facility.
  - g. Recommended post-exposure prophylaxis for hepatitis A includes administration of hepatitis A vaccine or immune globulin to all

- previously unimmunized staff members and attendees of a child care facility in which a person with hepatitis A is identified.
- h. If there has been an exposure to a person with hepatitis A or diarrhea in the child care facility, caregivers/teachers should inform parents/guardians, in cooperation with the health department, that their children may have been exposed to children with HAV infection or to another person with a diarrheal illness.

### **Standard 7.5.10.1 *Staphylococcus Aureus* Skin Infections Including MRSA**

The following should be implemented when children or staff with lesions suspicious for *Staphylococcus aureus* infections are identified:

- a. Lesions should be covered with a dressing;
- b. Report the lesions to the parent/guardian with a recommendation for evaluation by a primary care provider;
- c. Exclusion is not warranted unless the individual meets any of the following criteria:
  8. Care for other children would be compromised by care required for the person with the *S. aureus* infection;
  9. The individual with the *S. aureus* infection has fever or a change in behavior;
  10. The lesion(s) cannot be adequately covered by a bandage or the bandage needs frequent changing;
  11. A health care professional or health department official recommends exclusion of the person with *S. aureus* infection.

Meticulous hand hygiene following contact with lesions should be practiced. Careful hand hygiene and sanitization of surfaces and objects potentially exposed to infectious material are the best ways to prevent spread. Children and staff in close contact with an infected person should be observed for symptoms of *S. aureus* infection and referred for evaluation, if indicated.

A child may return to group child care when staff members are able to care for the child without compromising their ability to care for others, the child is able to participate in activities, appropriate therapy is being given, and the lesions can be covered.

*S. aureus* skin infections initially may appear as red raised areas that may become pus-filled abscesses or “boils,” surrounded by areas of redness and tenderness. Fever and other symptoms including decreased activity, bone and joint pain, and difficulty breathing may occur when the infection occurs in other body systems. If any of these signs or symptoms occur, the child should be evaluated by his/her primary care provider.

## Chapter 8: Children with Special Health Care Needs and Disabilities

No standards from Chapter 8 were selected to be included in *Stepping Stones*, Third Edition. However content specifically for children with special health care needs is included in the following standards:

Standard 1.1.1.2	Ratios for Large Family Child Care Homes and Centers
Standard 1.1.1.3	Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities
Standard 1.3.2.2	Qualifications of Lead Teachers and Teachers
Standard 1.4.1.1	Pre-service Training
Standard 1.4.2.2	Orientation for Care of Children with Special Health Care Needs
Standard 1.4.3.2	Topics Covered in First Aid Training
Standard 3.5.0.1	Care Plan for Children with Special Health Care Needs
Standard 3.6.3.3	Training of Caregivers/Teachers to Administer Medication
Standard 4.2.0.8	Feeding Plans and Dietary Modifications
Standard 6.5.1.1	Competence and Training of Transportation Staff
Standard 9.2.3.2	Content and Development of the Plan for Care of Children and Staff Who Are Ill

## Chapter 9: Policies

### **Standard 9.2.3.2 Content and Development of the Plan for Care of Children and Staff Who Are Ill**

All child care facilities should have written policies for the management and care of children and staff who are ill. The facility's plan for the care of children and staff who are ill should be developed in consultation with the facility's child care health consultant and other health care professionals to address current understanding of the technical issues of contagion and other health risks. This plan should include:

- a. Policies and procedures for urgent and emergency care;
- b. Admission and inclusion/exclusion policies;
- c. A description of illnesses common to children in child care, their management, and precautions to address the needs and behavior of the child who is ill, as well as to protect the health of other children and staff;
- d. A procedure to obtain and maintain updated individual care plans for children and staff with special health care needs;
- e. A procedure for documenting the name of person affected, date and time of illness, a description of symptoms, the response of the caregiver/teacher or other staff to these symptoms, who was notified (such as a parent/guardian, primary care provider, nurse, physician, or health department), and the response;
- f. Medication policy;
- g. Seasonal and pandemic influenza policy;
- h. Staff illness-guidelines for exclusion and re-entry.

In group care, the facility should address the well-being of all those affected by illness: the child, the staff, parents/guardians of the child, other children in the facility and their parents/guardians, and the community. The priority of the policy should be to meet the needs of the child who is ill and the other children in the facility. The policy should address the circumstances under which separation of the affected individual (child or staff person) from the group is required; the circumstances under which the staff, parents/guardians, or other designated persons need to be informed; and the procedures to be followed in these cases. The policy should take into consideration:

- a. The physical facility;
- b. The number and the qualifications of the facility's personnel;
- c. The fact that children do become ill frequently and at unpredictable times;
- d. The fact that adults may be on staff with known health problems or may develop health problems while at work;

- e. The fact that working parents/guardians often are not given leave for their children's illnesses;
- f. The amount of care the child who is ill requires if the child remains in the program, can staff devote the time for caring of a child who is ill in the classroom without leaving other children unattended, and can the child participate in any of the classroom activities (1).

### **Standard 9.2.3.12 Infant Feeding Policy**

A policy about infant feeding should be developed with the input and approval from the nutritionist/registered dietitian and should include the following:

- a. Storage and handling of expressed human milk;
- b. Determination of the kind and amount of commercially prepared formula to be prepared for infants as appropriate;
- c. Preparation, storage, and handling of infant formula;
- d. Proper handwashing of the caregiver/teacher and the children;
- e. Use and proper sanitizing of feeding chairs and of mechanical food preparation and feeding devices, including blenders, feeding bottles, and food warmers;
- f. Whether expressed human milk, formula, or infant food should be provided from home, and if so, how much food preparation and use of feeding devices, including blenders, feeding bottles, and food warmers, should be the responsibility of the caregiver/teacher;
- g. Holding infants during bottle-feeding or feeding them sitting up;
- h. Prohibiting bottle propping during feeding or prolonging feeding;
- i. Responding to infants' need for food in a flexible fashion to allow cue feedings in a manner that is consistent with the developmental abilities of the child (policy acknowledges that feeding infants on cue rather than on a schedule may help prevent obesity) (1,2);
- j. Introduction and feeding of age-appropriate solid foods (complementary foods);
- k. Specification of the number of children who can be fed by one adult at one time;
- l. Handling of food intolerance or allergies (e.g., cow's milk, peanuts, orange juice, eggs, wheat).

Individual written infant feeding plans regarding feeding needs and feeding schedule should be developed for each infant in consultation with the infant's primary care provider and parents/guardians.

### **Standard 9.2.4.1 Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents**

The facility should have a written plan for reporting and managing what they assess to be an incident or unusual occurrence that is threatening to the

health, safety, or welfare of the children, staff, or volunteers. The facility should also include procedures of staff training on this plan.

The management, documentation, and reporting of the following types of incidents, at a minimum, that occur at the child care facility should be addressed in the plan:

- a. Lost or missing child;
- b. Suspected maltreatment of a child (also see state's mandates for reporting);
- c. Suspected sexual, physical, or emotional abuse of staff, volunteers, or family members occurring while they are on the premises of the child care facility;
- d. Injuries to children requiring medical or dental care;
- e. Illness or injuries requiring hospitalization or emergency treatment;
- f. Mental health emergencies;
- g. Health and safety emergencies involving parents/guardians and visitors to the program;
- h. Death of a child or staff member, including a death that was the result of serious illness or injury that occurred on the premises of the child care facility, even if the death occurred outside of child care hours;
- i. The presence of a threatening individual who attempts or succeeds in gaining entrance to the facility.

The following procedures, at a minimum, should be addressed in the plan for urgent care:

- a. Provision for a caregiver/teacher to accompany a child to a source of urgent care and remain with the child until the parent/guardian assumes responsibility for the child;
- b. Provision for the caregiver/teacher to provide the medical care personnel with an authorization form signed by the parent/guardian for emergency medical care and a written informed consent form signed by the parent/guardian allowing the facility to share the child's health records with other service providers;
- c. Provision for a backup caregiver/teacher or substitute for large and small family child care homes to make the arrangement for urgent care feasible (child:staff ratios must be maintained at the facility during the emergency);
- d. Notification of parent/guardian(s);
- e. Pre-planning for the source of urgent medical and dental care (such as a hospital emergency room, medical or dental clinic, or other constantly staffed facility known to caregivers/teachers and acceptable to parents/guardians);
- f. Completion of a written incident/injury report and the program's response;

- g. Assurance that the first aid kits are resupplied following each first aid incident, and that required contents are maintained in a serviceable condition, by a monthly review of the contents;
- h. Policy for scheduled reviews of staff members' ability to perform first aid for averting the need for emergency medical services;
- i. Policy for staff supervision following an incident when a child is lost, missing, or seriously injured.

### **Standard 9.2.4.3 Disaster Planning, Training, and Communication**

Facilities should consider how to prepare for and respond to emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, tsunamis or flash floods, storms, and volcanoes) and all hazards/disasters that could occur in any location including acts of violence, bioterrorism/terrorism, exposure to hazardous agents, facility damage, fire, missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place.

#### **Written Emergency/Disaster Plan:**

Facilities should develop and implement a written plan that describes the practices and procedures they use to prepare for and respond to emergency or disaster situations. This Emergency/Disaster Plan should include:

- a. Information on disasters likely to occur in or near the facility, county, state, or region that require advance preparation and/or contingency planning;
- b. Plans (and a schedule) to conduct regularly scheduled practice drills within the facility and in collaboration with community or other exercises;
- c. Mechanisms for notifying and communicating with parents/guardians in various situations (e.g., Website postings; email notification; central telephone number, answering machine, or answering service messaging; telephone calls, use of telephone tree, or cellular phone texts; and/or posting of flyers at the facility and other community locations);
- d. Mechanisms for notifying and communicating with emergency management public officials;
- e. Information on crisis management (decision-making and practices) related to sheltering in place, relocating to another facility, evacuation procedures including how non-mobile children and adults will be evacuated, safe transportation of children including children with special health care needs, transporting necessary

- medical equipment obtaining emergency medical care, responding to an intruder, etc.;
- f. Identification of primary and secondary meeting places and plans for reunification of parents/guardians with their children;
  - g. Details on collaborative planning with other groups and representatives (such as emergency management agencies, other child care facilities, schools, emergency personnel and first responders, pediatricians/health professionals, public health agencies, clinics, hospitals, and volunteer agencies including Red Cross and other known groups likely to provide shelter and related services);
  - h. Continuity of operations planning, including backing up or retrieving health and other key records/files and managing financial issues such as paying employees and bills during the aftermath of the disaster;
  - i. Contingency plans for various situations that address:
    1. Emergency contact information and procedures;
    2. How the facility will care for children and account for them, until the parent/guardian has accepted responsibility for their care;
    3. Acquiring, stockpiling, storing, and cycling to keep updated emergency food/water and supplies that might be needed to care for children and staff for up to one week if shelter-in-place is required and when removal to an alternate location is required;
    4. Administering medicine and implementing other instructions as described in individual special care plans;
    5. Procedures that might be implemented in the event of an outbreak, epidemic, or other infectious disease emergency (e.g., reviewing relevant immunization records, keeping symptom records, implementing tracking procedures and corrective actions, modifying exclusion and isolation guidelines, coordinating with schools, reporting or responding to notices about public health emergencies);
    6. Procedures for staff to follow in the event that they are on a field trip or are in the midst of transporting children when an emergency or disaster situation arises;
    7. Staff responsibilities and assignment of tasks (facilities should recognize that staff can and should be utilized to assist in facility preparedness and response efforts, however, they should not be hindered in addressing their own personal or family preparedness efforts, including evacuation).

Details in the Emergency/Disaster Plan should be reviewed and updated bi-annually and immediately after any relevant event to incorporate any best practices or lessons learned into the document.

Facilities should identify in advance which agency or agencies would be the primary contact for them regarding child care regulations, evacuation instructions, and other directives that might be communicated in various emergency or disaster situations.

#### Training:

Staff should receive training on emergency/disaster planning and response. Training should be provided by emergency management agencies, educators, child care health consultants, health professionals, or emergency personnel qualified and experienced in disaster preparedness and response. The training should address:

- a. Why it is important for child care facilities to prepare for disasters and to have an Emergency/Disaster Plan;
- b. Different types of emergency and disaster situations and when and how they may occur;
  8. Natural Disasters;
  9. Terrorism (i.e., biological, chemical, radiological, nuclear);
  10. Outbreaks, epidemics, or other infectious disease emergencies;
- c. The special and unique needs of children, appropriate response to children's physical and emotional needs during and after the disaster, including information on consulting with pediatric disaster experts;
- d. Providing first aid, medications, and accessing emergency health care in situations where there are not enough available resources;
- e. Contingency planning including the ability to be flexible, to improvise, and to adapt to ever-changing situations;
- f. Developing personal and family preparedness plans;
- g. Supporting and communicating with families;
- h. Floor plan safety and layout;
- i. Location of emergency documents, supplies, medications, and equipment needed by children and staff with special health care needs;
- j. Typical community, county, and state emergency procedures (including information on state disaster and pandemic influenza plans, emergency operation centers, and incident command structure);
- k. Community resources for post-event support such as mental health consultants, safety consultants;

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- l. Which individuals or agency representatives have the authority to close child care programs and schools and when and why this might occur;
- m. Insurance and liability issues;
- n. New advances in technology, communication efforts, and disaster preparedness strategies customized to meet children’s needs.

Communicating with Parents/Guardians:

Facilities should share detailed information about facility disaster planning and preparedness with parents/guardians when they enroll their children in the program, including:

- a. Portions of the Emergency/Disaster Plan relevant to parents/guardians or the public;
- b. Procedures and instructions for what parents/guardians can expect if something happens at the facility;
- c. Description of how parents/guardians will receive information and updates during or after a potential emergency or disaster situation;
- d. Situations that might require parents/guardians to have a contingency plan regarding how their children will be cared for in the unlikely event of a facility closure.

Facilities should conduct an annual drill, test, or “practice use” of the communication options/mechanisms that are selected.

### **Standard 9.2.4.5 Emergency and Evacuation Drills/Exercises Policy**

The facility should have a policy documenting that emergency drills/exercises should be regularly practiced for geographically appropriate natural disasters and human generated events such as:

- a. Fire, monthly;
- b. Tornadoes, on a monthly basis in tornado season;
- c. Floods, before the flood season;
- d. Earthquakes, every six months;
- e. Hurricanes, annually;
- f. Threatening person outside or inside the facility;
- g. Rabid animal;
- h. Toxic chemical spill;
- i. Nuclear event.

All drills/exercises should be recorded. Please see Standard 9.4.1.16: Evacuation and Shelter-in-Place Drill Record for more information.

A fire evacuation procedure should be approved and certified in writing by a fire inspector for centers, and by a local fire department representative for large and small family child care homes, during an annual on-site visit when an evacuation drill is observed and the facility is inspected for fire safety hazards.

Depending on the type of disaster, the emergency drill may be within the existing facility such as in the case of earthquakes or tornadoes where the drill might be moving to a certain location within the building (basements, away from windows, etc.) Evacuation drills/exercises should be practiced at various times of the day, including nap time, during varied activities and from all exits. Children should be accounted for during the practice.

The facility should time evacuation procedures. They should aim to evacuate all persons in the specific number of minutes recommended by the local fire department for the fire evacuation, or recommended by emergency response personnel.

Cribs designed to be used as evacuation cribs, can be used to evacuate infants, if rolling is possible on the evacuation route(s).

### **Standard 9.2.4.7 Sign-In/Sign-Out System**

The facility should have a sign-in/sign-out system to track who enters and exits the facility. The system should include name, contact number, relationship to facility (e.g., parent/guardian, vendor, guest, etc.) and recorded time in and out.

**TYPE OF FACILITY:** Center, Large Family Child Care Home

### **Standard 9.2.4.8 Authorized Persons to Pick Up Child**

Names, addresses, and telephone numbers of persons authorized to take a child under care out of the facility should be maintained during the enrollment process along with clarification/documentation of any custody issues/court orders. The legal guardian(s) of the child should be established and documented at this time.

If there is an extenuating circumstance (e.g., the parent/guardian or other authorized person is not able to pick up the child), another individual may pick up a child from child care if they are authorized to do so by the parent/guardian in authenticated communication such as a witnessed phone conversation in which the caller provides pre-specified identifying information or writing with pre-specified identifying information. The telephone authorization should be confirmed by a return call to the parents/guardians. The facility should establish a mechanism for identifying a person for whom the parents/guardians have given the facility prior written authorization to pick up their child, such as requiring photo ID or including a photo of each authorized person in the child's file.

If a previously unauthorized individual drops off the child, he or she will not be authorized to pick up the child without first being added to the authorization record. Policies should address how the facility will handle the situation if a parent/guardian arrives who is intoxicated or otherwise incapable of bringing the child home safely, or if a non-custodial parent attempts to claim the child without the consent of the custodial parent.

Should an unauthorized individual arrive without the facility receiving prior communication with the parent/guardian, the parent/guardian should be contacted immediately, preferably privately. If the information provided by the parent/guardian does not match the information and identification of the unauthorized individual, the child will not be permitted to leave the child care facility. If it is determined that the parent/guardian is unaware of the individual's attempt to pick-up the child, or if the parent/guardian has not or will not authorize the individual to take the child from the child care facility, information regarding the individual should be documented and the individual should be asked to leave. If the individual does not leave and his or her behavior is concerning to the child care staff or if the child is abducted by force, then the police should be contacted immediately with a detailed description of the individual and any other obtainable information such as a license plate number.

### **Standard 9.4.1.10 Documentation of Parent/Guardian Notification of Injury, Illness, or Death in Program**

The facility should document that a child's parent/guardian was notified immediately in the event of a death of their child, of an injury or illness of their child that required professional medical attention, or if their child was lost/missing.

Documentation should also occur noting when law enforcement was notified (immediately) in the event of a death of a child or a lost/missing child.

The facility should document in accordance with state regulations, its response to any of the following events:

- a. Death;
- b. Serious injury or illness that required medical attention;
- c. Reportable infectious disease;
- d. Any other significant event relating to the health and safety of a child (such as a lost child, a fire or other structural damage, work stoppage, or closure of the facility).

The caregiver/teacher should call 9-1-1 to insure immediate emergency medical support for a death or serious injury or illness. They should follow state regulations with regard to when they should notify state agencies such as the licensing agency and the local or state health department about any of the above events.

### **Standard 9.4.1.12 Record of Valid License, Certificate, or Registration of Facility**

Every facility should hold a valid license or certificate, or documentation of, registration prior to operation as required by the local and/or state statute.

### **Standard 9.4.2.6 Contents of Medication Record**

The file for each child should include a medication record maintained on an ongoing basis by designated staff for all prescription and non-prescription (over-the-counter [OTC]) medications. State requirements should be checked and followed. The medication record for prescription and non-prescription medications should include the following:

- a. A separate consent signed by the parent/guardian for each medication the caregiver/teacher has permission to administer to the child; each consent should include the child's name, medication, time, dose, how to give the medication, and start and end dates when it should be given;
- b. Authorization from the prescribing health professional for each prescription and non-prescription medication; this authorization should also include potential side effects and other warnings about the medication (exception: non-prescription sunscreen and insect repellent always require parental/guardian consent but do not require instructions from each child's individual medical provider);
- c. Administration log which includes the child's name, the medication that was given, the dose, the route of administration, the time and date, and the signature or initials of the person administering the medication. For medications given "as needed," record the reason the medication was given. Space should be available for notations of any side-effects noted after the medication was given or if the dose was not retained because of the child vomiting or spitting out the medication. Documentation should also be made of attempts to give medications that were refused by the child;
- d. Information about prescription medication brought to the facility by the parents/guardians in the original, labeled container with a label that includes the child's name, date filled, prescribing clinician's name, pharmacy name and phone number, dosage/instructions, and relevant warnings. Potential side effects and other warnings about the medication should be listed on the authorization form;
- e. Non prescription medications should be brought to the facility in the original container, labeled with the child's complete name and administered according to the authorization completed by the person with prescriptive authority;
- f. For medications that are to be given or available to be given for the entire year, a Care Plan should also be in place (for instance, inhalers for asthma or epinephrine for possible allergy);
- g. Side effects.

## Chapter 10: Licensing and Community Action

### **Standard 10.4.2.1 Frequency of Inspections for Child Care Centers, Large Family Child Care Homes, and Small Family Child Care Homes**

The licensing inspector should make an onsite inspection to measure compliance with licensing rules prior to issuing an initial license and at least two inspections each year to each center and large and small family child care home thereafter. At least one of the inspections should be unannounced and more if needed for the facility to achieve satisfactory compliance or is closed at any time (1). Sufficient numbers of licensing inspectors should be hired to provide adequate time visiting and inspecting facilities to insure compliance with regulations

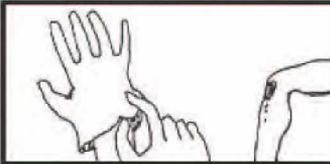
The number of inspections should not include those inspections conducted for the purpose of investigating complaints. Complaints should be investigated promptly, based on severity of the complaint. States are encouraged to post the results of licensing inspections, including complaints, on the Internet for parent and public review. Parents/guardians should be provided easy access to the licensing rules and made aware of how to report complaints to the licensing agency.

## D

## Appendix D

**Gloving**

Wash hands prior to using gloves if hands are visibly soiled.



Put on a clean pair of gloves.



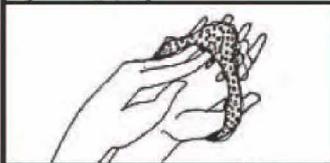
Provide the appropriate care.



Remove each glove carefully. Grab the first glove at the palm and strip the glove off. Touch dirty surfaces only to dirty surfaces.



Ball-up the dirty glove in the palm of the other gloved hand.



With the clean hand strip the glove off from underneath at the wrist, turning the glove inside out. Touch dirty surfaces only to dirty surfaces.



Discard the dirty gloves immediately in a step can. Wash your hands.

Note that sensitivity to latex is a growing problem. If caregivers/teachers or children who are sensitive to latex are present in the facility, non-latex gloves should be used.

Adapted with permission from: California Department of Education. 1995. *Keeping kids healthy: Preventing and managing communicable disease in child care*. Sacramento, CA: California Department of Education.

This schedule was current at time of Caring for Our Children printing in 2011. To check for latest edition, go to <http://www.cdc.gov/vaccines/recs/schedules/default.htm>

## Recommended Adult Immunization Schedule

UNITED STATES • 2011

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group

VACCINE ▼	AGE GROUP ▶	19–26 years	27–49 years	50–59 years	60–64 years	>65 years	
Influenza 1,*		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) 2,*		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					Td booster every 10 yrs
Varicella 3,*		2 doses					
Human papillomavirus (HPV) 4,*		3 doses (females)					
Zoster 5		1 or 2 doses					1 dose
Measles, mumps, rubella (MMR) 6,*		1 or 2 doses					1 dose
Pneumococcal (polysaccharide) 7, 8		1 or 2 doses					1 dose
Meningococcal 9,*		1 or more doses					
Hepatitis A 10,*		2 doses					
Hepatitis B 11,*		3 doses					

\*Covered by the Vaccine Injury Compensation Program.

For all vaccines in this schedule, the recipient must be the appropriate age, have no contraindications, and also have evidence of immunity (e.g., lack of documentation of vaccination or have no evidence of previous infection)

Recommended if acute illness (not febrile) is present (e.g., based on medical, occupational, lifestyle, or other indications)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7862. Information on how to file a Vaccine Injury Compensation Program claim is available at <http://www.hrsa.gov/vaccinecompensation> or by telephone, 800-539-2992. Information about filing a claim for vaccine injury is available through the U.S. Court of Federal Claims, 717 Madison Plaza, N.W., Washington, D.C. 20005; telephone, 202-527-9400. For more information about the vaccine in this schedule, amount of available data, and communications for vaccination also is available at <http://www.cdc.gov/vaccines> or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-6438) in English and Spanish, 24 hours a day, 7 days a week.



Appendix H

**Figure 2. Vaccines that might be indicated for adults based on medical and other indications**

This schedule was current at time of Caring for Our Children printing in 2011. To check for latest edition, go to <http://www.cdc.gov/vaccines/imz/iocs/schedules/default.htm>

VACCINE	INDICATION	Pregnancy	Immunosuppressing conditions (excluding human immunodeficiency virus) (HIV) 1, 2, 3, 4, 5	Infection <sup>a</sup> A1, 2, 3, 4, 5 CD4+ T lymphocyte count <200 >200 cells/KL or 10 <sup>6</sup> /L	Diabetes, heart disease, chronic kidney disease, chronic obstructive pulmonary disease, alcoholism	Asplenia <sup>b</sup> (including splenectomy) or complement component deficiencies	Chronic liver disease	Kidney failure, end-stage renal disease, renal or hemodialysis	Healthcare personnel
Influenza <sup>1,*</sup>									1 dose TIV or LAIV annually
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>2,*</sup>									Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs
Varicella <sup>3,*</sup>		Contraindicated				2 doses			
Human papillomavirus (HPV) <sup>4,*</sup>									
Zoster <sup>5</sup>		Contraindicated							1 dose
Measles, mumps, rubella (MMR) <sup>6,*</sup>		Contraindicated							1 or 2 doses
Pneumococcal (polysaccharide) <sup>7,8</sup>									1 or 2 doses
Meningococcal <sup>9,*</sup>			1 or more doses						
Hepatitis A <sup>10,*</sup>			2 doses						
Hepatitis B <sup>11,*</sup>									3 doses

<sup>a</sup>Covered by the Vaccine Injury Compensation Program. For all persons in this category who need the vaccine, the manufacturer should be consulted for contraindications or evidence of previous infection.

<sup>b</sup>Recommended if acute, other risk factor is present (e.g., splenectomy, asplenia, hypoplasia, or other indications)

<sup>c</sup>No recommendation

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is currently indicated for adults ages 19 years and older, as of February 4, 2011. For all vaccines being recommended on the adult immunization schedule, a vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or those issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/pubs/acip-lic.htm>).

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).



This schedule was current at time of Caring for Our Children printing in 2011. To check for latest edition, go to <http://www.cdc.gov/vaccines/recs/schedules/default.htm>

## Footnotes Recommended Adult Immunization Schedule—UNITED STATES • 2011

For complete statements by the Advisory Committee on Immunization Practices (ACIP), visit [www.cdc.gov/vaccines/pubs/aciip/](http://www.cdc.gov/vaccines/pubs/aciip/), list.htm.

### 1. Influenza vaccination

Annual vaccination against influenza is recommended for all persons aged 6 months and older, including all adults. Healthy, nonpregnant adults aged less than 50 years without high-risk medical conditions can receive either intranasally administered live, attenuated influenza vaccine (FluMist), or inactivated vaccine. Other persons should receive the inactivated vaccine. Adults aged 65 years and older can receive the standard influenza vaccine or the high-dose (Fluzone) influenza vaccine. Additional information about influenza vaccination is available at <http://www.cdc.gov/vaccines/vpd-vac/tv/default.htm>.

### 2. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccination

Administer a one-time dose of Tdap to adults aged less than 65 years who have not received Tdap previously or for whom vaccine status is unknown to provide one of the 10-year Td boosters, and as soon as feasible to all 1) postpartum women, 2) close contacts of infants younger than age 12 months (e.g., grandparents and child-care providers), and 3) healthcare personnel with direct patient contact. Adults aged 65 years and older who have not previously received Tdap and who have close contact with an infant aged less than 12 months also should be vaccinated. Other adults aged 65 years and older may receive Tdap. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine.

Adults with uncertain or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series. For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second. If incompletely vaccinated (i.e., less than 3 doses), administer remaining doses. Substitute a one-time dose of Tdap for one of the doses of Td, either in the primary series or for the routine booster, whichever comes first.

If a woman is pregnant and received the most recent Td vaccination 10 or more years previously, administer Td during the second or third trimester. If the woman received the most recent Td vaccination less than 10 years previously, administer Tdap during the immediate postpartum period. At the clinician's discretion, Td may be deferred during pregnancy and Tdap substituted in the immediate postpartum period, or Tdap may be administered instead of Td to a pregnant woman after an informed discussion with the woman.

The ACIP statement for recommendations for administering Td as prophylaxis in wound management is available at <http://www.cdc.gov/vaccines/pubs/aciip-list.htm>.

### 3. Varicella vaccination

All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated, or a second dose if they have received only 1 dose, unless they have a medical contraindication. Special consideration should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., healthcare personnel and family contacts of persons with immunocompromising conditions) or 2) are at high risk for exposure or transmission (e.g., teachers; child-care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) U.S.-born before 1980 (although for healthcare personnel and pregnant women, birth before 1980 should not be considered evidence of immunity); 3) history of varicella based on diagnosis or verification of varicella case or to a laboratory-confirmed case or evidence of laboratory confirmation, if it was performed at the time of acute disease; 4) history of herpes zoster based on diagnosis or verification of herpes zoster by a healthcare provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility. The second dose should be administered 4–8 weeks after the first dose.

### 4. Human papillomavirus (HPV) vaccination

HPV vaccination with bivalent quadrivalent (HPV4) vaccine or bivalent vaccine (HPV2) is recommended for females at age 11 or 12 years and catch-up vaccination for females aged 13 through 26 years.

Ideally, vaccine should be administered before potential exposure to HPV through sexual activity; however, females who are sexually active should still be vaccinated consistent with age-based recommendations. Sexually active females who have not been infected with any of the four HPV vaccine types (types 6, 11, 16, and 18, all of which HPV4 prevents) or any of the two HPV vaccine types (types 16 and 18, both of which HPV2 prevents) receive the full benefit of the vaccination. Vaccination is less beneficial for females who have already been infected with one or more of the HPV vaccine types. HPV4 or HPV2 can be administered to persons with a history of genital warts, abnormal Papanicolaou test, or positive HPV DNA test, because there are no data on evidence of previous infection with all vaccine HPV types.

HPV4 vaccination administered to males aged 9 through 26 years to reduce their likelihood of genital warts. HPV4 would be most effective when administered before exposure to HPV through sexual contact.

A complete series for either HPV4 or HPV2 consists of 3 doses. The second dose should be administered 1–2 months after the first dose; the third dose should be administered 6 months after the first dose.

Although HPV vaccination is not specifically recommended for persons with the medical indications described in Figure 8, vaccines that might be indicated for adults based on medical and other indications, it may be administered to these persons because the HPV vaccine is not a live-virus vaccine. However, the immune response and vaccine efficacy might be less for persons with the medical indications described in Figure 2 than in persons who do not have the medical indications described or who are immunocompetent.

## Appendix H

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This schedule was current at time of Caring for Our Children printing in 2011. To check for latest edition, go to <http://www.cdc.gov/vaccines/recs/schedules/default.htm>

- 5. Herpes zoster vaccination**  
 A single dose of zoster vaccine is recommended for adults aged 60 years and older regardless of whether they report a previous episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.
- 6. Measles, mumps, rubella (MMR) vaccination**  
 Adults born before 1957 generally are considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine, laboratory evidence of immunity to each of the three diseases, or documentation of provider-diagnosed measles or mumps disease. For rubella, documentation of provider-diagnosed disease is not considered acceptable evidence of immunity.  
 Measles component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who: 1) have been recently exposed to measles or are in an outbreak setting; 2) are students in postsecondary education during 1983–1987, and 3) work in a healthcare facility; or 4) plan to travel internationally. Persons who received rubella component: A second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who: 1) live in a community experiencing a mumps outbreak and are in an affected age group; 2) are students in postsecondary educational institutions; 3) work in a healthcare facility; or 4) plan to travel internationally. Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., persons who are working in a healthcare facility) should be revaccinated with 2 doses of MMR vaccine.  
 Rubella component: For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are not pregnant should be vaccinated. Pregnant women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the healthcare facility.  
 Healthcare personnel born before 1957: For unvaccinated healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, healthcare facilities should 1) consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval (for measles and mumps) and 1 dose of MMR vaccine (for rubella), and 2) recommend 2 doses of MMR vaccine at the appropriate interval during an outbreak of measles or mumps, and 1 dose during an outbreak of rubella. Complete information about evidence of immunity is available at <http://www.cdc.gov/vaccines/recs/provisional/default.htm>.
- 7. Pneumococcal polysaccharide (PPSV) vaccination**  
 Vaccinate all persons with the following indications:  
*Medical:* Chronic lung disease (including asthma); chronic cardiovascular disease; diabetes mellitus; chronic liver disease; cirrhosis; chronic alcoholism; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy [if alcoholic splenectomy is planned, vaccinate at least 2 weeks before surgery]); immunocompromising conditions (including chronic renal failure or nephrotic syndrome); and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.  
*Other:* Residents of nursing homes or long-term care facilities and persons who smoke cigarettes. Routine use of PPSV is not recommended for American Indians/Alaska Natives or persons aged less than 65 years unless they have underlying medical conditions that are PPSV indications. However, public health authorities may consider recommending PPSV for American Indians/Alaska Natives and persons aged 50 through 64 years who are living in areas where the risk for invasive pneumococcal disease is increased.
- 8. Revaccination with PPSV**  
 One-time revaccination after 5 years is recommended for persons aged 19 through 64 years with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy); and for persons with immunocompromising conditions. For persons aged 65 years and older, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were aged less than 65 years at the time of primary vaccination.
- 9. Meningococcal vaccination**  
 Meningococcal vaccine should be administered to persons with the following indications:  
*Medical:* A 2-dose series of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia, or persistent complement component deficiencies. Adults with HIV infection who are vaccinated should also receive a routine 2-dose series. The 2 doses should be administered at 0 and 2 months.  
*Other:* A single dose of meningococcal vaccine is recommended for unvaccinated first-year college students living in dormitories; microbiologists routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic (e.g., the “meningitis belt” of sub-Saharan Africa during the dry season [December through June]), particularly if their contact with local populations will be prolonged. Vaccination is required by the government of Saudi Arabia for all travelers to Mecca during the annual Hajj.  
 Meningococcal conjugate vaccine, quadrivalent (MCV4) is preferred for adults with any of the preceding indications who are aged 55 years and younger; meningococcal polysaccharide vaccine (PPSV4) is preferred for adults aged 56 years and older. Revaccination with MCV4 every 5 years is recommended for adults previously vaccinated with MCV4 or PPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia, or persistent complement component deficiencies).

This schedule was current at time of Caring for Our Children printing in 2011. To check for latest edition, go to <http://www.cdc.gov/vaccines/recs/schedules/default.htm>

#### 10. Hepatitis A vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis A virus (HAV) infection:

*Behavioral.* Men who have sex with men and persons who use injection drugs.

*Occupational.* Persons working with HAV-infected primates or with HAV in a research laboratory setting.

*Medical.* Persons with chronic liver disease and persons who receive clotting factor concentrates.

*Other.* Persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at <http://www.cdc.gov/travel/content/diseases.aspx>).

Unvaccinated persons who anticipate close personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity should be vaccinated. The first dose of the 2-dose hepatitis A vaccine series should be administered as soon as adoption is planned, ideally, 2 or more weeks before the arrival of the adoptee.

Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6–12 months (Havrix), or 0 and 6–18 months (Vaxta). If the combined hepatitis A and hepatitis B vaccine (Vivavax) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21–30, followed by a booster dose at month 12.

#### 11. Hepatitis B vaccination

Vaccinate persons with any of the following indications and any person seeking protection from hepatitis B virus (HBV) infection:

*Behavioral.* Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; and men who have sex with men.

*Occupational.* Healthcare personnel and public-safety workers who are exposed to blood or other potentially infectious body fluids.

*Medical.* Persons with end-stage renal disease, including patients receiving hemodialysis; persons with HIV infection; and persons with chronic liver disease.

*Other.* Household contacts and sex partners of persons with chronic HBV infection; clients and staff members of institutions for persons with developmental disabilities; and international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at <http://www.cdc.gov/travel/content/diseases.aspx>).

Hepatitis B vaccination is recommended for all adults in the following settings: STD treatment facilities; HIV testing and treatment facilities; facilities providing drug-abuse treatment and prevention services; healthcare settings targeting services to injection-drug users or men who have sex with men; correctional facilities; end-stage renal disease programs; and facilities for chronic hemodialysis patients; and institutions and nonresidential day-care facilities for persons with developmental disabilities.

Administer missing doses to complete a 3-dose series of hepatitis B vaccine to those persons not vaccinated or not completely vaccinated. The second dose should be administered 1 month after the first dose, the third dose should be given at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Vivavax) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose (Vivavax schedule, administered on days 0, 7, and 21 to 30, followed by a booster dose at month 12) may be used.

Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (Recombivax HB) administered on a 3-dose schedule or 2 doses of 20 µg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

#### 12. Selected conditions for which **Heemophilus influenzae type b (Hib) vaccine may be used**

1 dose of Hib vaccine should be considered for persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy, if they have not previously received Hib vaccine.

#### 13. Immunocompromising conditions

Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, influenza [inactivated influenza vaccine]) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at <http://www.cdc.gov/vaccines/pubs/acip/a1p1.htm>.

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## Appendix J

**SELECTING AN APPROPRIATE SANITIZER OR DISINFECTANT**

One of the most important steps in reducing the spread of infectious diseases in child care settings is cleaning, sanitizing or disinfecting surfaces that could possibly pose a risk to children or staff. Routine cleaning with detergent and water is the most common method for removing some germs from surfaces in the child care setting. However, most items and surfaces in a child care setting require sanitizing or disinfecting after cleaning to further reduce the number of germs on a surface to a level that is unlikely to transmit disease.

**What is the difference between sanitizing and disinfecting?**

Sometimes these terms are used as if they mean the same thing, but they are not the same.

**Sanitizer** is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

**Disinfectant** is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces. See Appendix K, Routine Schedule for Cleaning, Sanitizing and Disinfecting for guidance on use of sanitizer vs. disinfectant.

The U.S. Environmental Protection Agency (EPA) recommends that only EPA-registered products be used. Only a sanitizer or disinfectant product with an EPA registration number on the label can make public health claims that they are effective in reducing or inactivating germs. Many bleach and hydrogen peroxide products are EPA-registered and can be used to sanitize or disinfect. Please see the "How to Find EPA Registration Information" section below to learn more specific information on the products.

Always follow the manufactures' instructions when using EPA-registered products described as sanitizers or disinfectants. This includes pre-cleaning, how long the product needs to remain wet on the surface or item, whether or not the product should be diluted or used as is, and if rinsing is needed. Also check to see if that product can be used on a food contact surface or is safe for use on items that may go into a child's mouth. Please note that the label instructions on most sanitizers and disinfectants indicate that the surface must be pre-cleaned before applying the sanitizer or disinfectant.

**Are there alternatives to chlorine bleach?**

A product that is not chlorine bleach can be used in child care settings IF:

- it is registered with the EPA;
- it is also described as a sanitizer or as a disinfectant;
- it is used according to the manufacturer's instructions.

Check the label to see how long you need to leave the sanitizer or disinfectant in contact with the surface you are treating, whether you need to rinse it off before contact by children, for any precautions when handling, and whether it can be used on a surface that may come in contact with child's mouth.

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Some child care settings are using products with hydrogen peroxide as the active ingredient instead of chlorine bleach. Check to see if the product has an EPA registration number and follow the manufacturer's instructions for use and safe handling. (Please see the "How to Find EPA Registration Information" section below for more information.) Remember that EPA-registered products will also have available a Material Safety Data Sheet (MSDS) that will provide instructions for the safe use of the product and guidance for first aid response to an accidental exposure to the chemical.

In addition, some manufacturers of sanitizer and disinfectant products have developed "green cleaning products" that have EPA registration. As new environmentally-friendly cleaning products appear in the market, check to see if they are EPA-registered.

**Household Bleach & Water**

Many household bleach products are now EPA-registered. When purchasing EPA-registered chlorine bleach, make sure that the bleach concentration is for household use, and not for industrial applications. Household chlorine bleach is typically sold in retail stores as an 8.25% sodium hypochlorite solution.

EPA-registered bleach products are described as sanitizers and disinfectants. Check the label to see if the product has an EPA registration number and follow the manufacturer's safety and use instructions. (Please see the "How to Find EPA Registration Information" section below for more information.) Pay particular attention to the mixing "recipe" and the required contact time (i.e., the time the solution must remain on a surface to be effective) for each use. Remember, the recipe and contact time are most likely different for sanitizing and disinfecting.

If you are not using an EPA-registered product for sanitizing and disinfecting, please be sure you are following state or local recommendations and/or manufacturer's instructions for creating safe dilutions necessary to sanitize and/or disinfect surfaces in your early care and education environment. Using too little (a weak concentration) bleach may make the mixture ineffective; however, using too much (a strong concentration) bleach may create a potential health hazard.

**To safely prepare bleach solutions:**

- Dilute bleach with cool water and do not use more than the recommended amount of bleach.
- Select a bottle made of opaque material.
- Make a fresh bleach dilution daily; label the bottle with contents and the date mixed.
- Wear gloves and eye protection when diluting bleach.
- Use a funnel.
- Add bleach to the water rather than the water to bleach to reduce fumes.
- Make sure the room is well ventilated.
- Never mix or store ammonia with bleach or products that contain bleach.

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**To safely use bleach solutions:**

- Apply the bleach dilution after cleaning the surface with soap or detergent and rinsing with water if visible soil is present.
- If using a spray bottle, adjust the setting to produce a heavy spray instead of a fine mist.
- Allow for the contact time specified on the label of the bleach product.
- Apply when children are not present in the area.
- Ventilate the area by allowing fresh air to circulate and allow the surfaces to completely air dry or wipe dry after the required contact time before allowing children back into the area.
- Store all chemicals securely, out of reach of children and in a way that they will not tip and spill.

**Adapted** from: California Childcare Health Program. 2013. Safe and Effective Cleaning sanitizing and Disinfecting. *Health and Safety Notes* (March).

**To Review:**

- Determine if the surface requires sanitizing or disinfecting;
- Check the labels of all products to see if they are EPA-registered; there are alternatives to chlorine bleach;
- Many chlorine bleach products (8.25% sodium hypochlorite) are now EPA-registered
  - If EPA-registered, you must follow the label instructions for "recipes" and contact times;
- If using non-EPA-registered products, follow state or local recommendations for "recipes" and contact times;
- Prepare and use the solutions safely;
- Use products that are safe for oral contact when used on food contact surfaces or on items that may be mouthed by children.

**How to Find EPA Registration Information**

*The following information is intended to serve as a visual guide to locating EPA registration numbers and product label information. Any products featured in the examples below are used for illustrative purpose only, and do not represent an endorsement by the National Resource Center for Health and Safety in Child Care and Early Education (NRC). The NRC does not endorse specific products.*

1. Locate the EPA Registration number on the product label:



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- Go to <http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1>. Enter this number into the box titled "EPA Registration Number" and click the Search button:

**EPA** United States Environmental Protection Agency

Advanced Search A-Z Index SEARCH

LEARN THE ISSUES SCIENCE & TECHNOLOGY LAWS & REGULATIONS ABOUT EPA

**Pesticide Product Label System** [Contact Us](#)

You are here: EPA Home > Pesticides > Pesticide Product Labels > Pesticide Product Label System (PPLS)

**Product Labeling**  
Pesticide Product Label System (PPLS)

The Pesticide Product Label System (PPLS) provides a collection of pesticide product labels (labels, labels PDF forms) that have been approved by EPA under Section 3 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA). New labels were added to PPLS on December 02, 2012.  
[Full More](#)

**PPLS has many New Features!**

**Find a Pesticide Product Label**  
Below are three options to help you locate labels.

**Product Name:**

Enter the name of the product. As you type, options will be presented to you. Keep in mind that product names may vary, so if you don't find the product you are looking for, try the [EPA Registration Number Search](#) below.

**Company Name:**

Enter the name of the company. Some companies may have several divisions that manufacture and market pesticides products. You can select among these divisions using the drop-down list or choose the root of the company name (e.g., "Bayer" or "3M") to see products associated with all of the divisions.

**EPA Registration Number:**

The EPA Registration Number (EPA Reg. No.) appears on all registered pesticides sold in the United States. It is usually found on the back panel of the label along with the detailed instructions for use. Enter the company number (the first set of digits before the dash) to see all products associated with that company, or the entire number (including the dash) to view the label for a particular product. [More...](#)

Search Clear

Information for Webmasters  
EPA Pesticide Contact Notice

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3. You should see the details about the product, and beneath that, a portable document file (PDF) bearing the date that this product was registered by the EPA (if there is a list, the PDF at the top of the list should show the most recent approval). Click on that most recently-approved PDF. You will need a PDF file reader to access this file. There are a variety of readers available and most are free.

You will need Adobe Reader to view some of the files on this page. See EPA's PDF page to learn more.

Provided below is the information for the product you selected. To view the label, click on the date in the **Approved Date** Field. The latest label is at the top of the list.

[Search Again](#)

### Details for PUMA

EPA Registration Number: 5813-100

**Company Name:** CLOROX CO., THE  
**Division Name:** C/O PS&RC  
**P.O. Box:** 493  
**City, State Zip:** PLEASANTON, CA 945660803

**Current Status (Date):** Active (JANUARY 12, 2011)

**Alternate Name(s):** CLOROX DISINFECTING BLEACH1; CLOROX GERMICIDAL BLEACH2; CLOROX MULTI-PURPOSE BLEACH1; CLOROX REGULAR-BLEACH1; CONCENTRATED CLOROX DISINFECTING BLEACH1; CONCENTRATED CLOROX GERMICIDAL BLEACH1; CONCENTRATED CLOROX MULTI-PURPOSE BLEACH1; CONCENTRATED CLOROX REGULAR-BLEACH

Labels and Amendments

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EPA Reg. No.	Product Name	Approved Date
5813-100	PUMA	February 13, 2012 (PDF)
5813-100	PUMA	December 22, 2011 (PDF)
5813-100	PUMA	September 21, 2011 (PDF)
5813-100	PUMA	April 27, 2011 (PDF)
5813-100	PUMA	January 12, 2011 (PDF)

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## Appendix J

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4. The PDF should come up on your screen. Scroll down to the section that shows the directions for using the product as a sanitizer or disinfectant. Follow the directions listed for your intended use.

For Sanitizing -or- To Sanitize		Amount	Directions
Work Surfaces	2 tsp [1/3 oz]	1 Gallon	Wash, rinse, wipe surface area with bleach solution for [at least] 2 minutes. Let air dry. -or- To sanitize work surfaces, wash, rinse and wipe surface area with a solution of 2 teaspoons of bleach per 1 gallon of water for [at least] 2 minutes. Let air dry.
Dishes, Glassware, Utensils	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, [drain] and [let] air dry. -or- To sanitize dishes, glassware, and utensils, wash and rinse. [After washing,] soak for [at least] 2 minutes in a solution of 2 teaspoons of bleach per 1 gallon of water, [drain] and air dry.
Refrigerators, Freezers	2 tsp [1/3 oz]	1 Gallon	Remove food from refrigerator -and/or- freezer. Wash, rinse, wipe surface area with bleach solution for [at least] 2 minutes. Let air dry.
Plastic Cutting Boards	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
Wooden Cutting Boards	2 Tbsp [1 oz]	1 Gallon	Wash, wipe, or rinse with detergent and water, then apply sanitizing -or- bleach solution. Let stand 2 minutes. Rinse with a solution of 2 teaspoons of this product per gallon of water. Do not rinse or soak equipment overnight.
Baby Bottles	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
Garbage Cans	1/2 cup [4 oz]	1 Gallon	After washing and rinsing, brush inside with bleach solution. Let stand for 5 minutes before rinsing.
Pat [Food -and/or- Water] Bowls	2 tsp [1/3 oz]	1 Gallon	Wash and rinse. [After washing,] soak for [at least] 2 minutes in bleach solution, let air dry.
[Kitchen] [Dish]cloths & Rags	1/2 cup [4 oz]	1 Gallon	[Pre-]wash items, then soak in solution for [at least] 5 minutes. Rinse and air dry.

For Disinfecting -or- To Disinfect		Amount	Directions
Floors, Walls, Vinyl, Glazed Tiles -and/or- [insert relevant use site(s)] [insert I jet 8]	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface. [mop or] wipe with bleach solution. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry. -or- To disinfect floors, walls, vinyl, and glazed tiles, pre-wash surface, then mop or wipe with a solution of 1/2 cup of bleach per 1 gallon of water. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry. [For <i>Pseudomonas aeruginosa</i> , <i>Cytomegalovirus</i> and Feline parvovirus, let stand for -or- contact time is 10 minutes.]
Bathrooms, Showers [ & Kitchen] Sinks	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface [and] wipe with bleach solution. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry.
Nonporous Baby Toys [ & Furniture]	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, soak or wipe with bleach solution. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry.
Nonporous pet toys -and/or- accessories -or- pet areas	1/2 cup [4 oz]	1 Gallon	[Pre-]wash surface, soak or wipe with bleach solution. Allow solution to contact surface for [at least] 5 minutes. Rinse well and air dry.
Toilet Bowl	3/4 cup	Toilet	Flush toilet. Pour this solution into bowl. Brush bowl making sure to

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**A Final Note**

Remember that any cleaning, sanitizing or disinfecting product must always be safely stored out of reach of children. Always follow the manufacturer's instruction for safe handling to protect yourselves and those in your care.

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## Routine Schedule\*\* for Cleaning, Sanitizing, and Disinfecting

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
<b>Food Areas</b>						
• Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
• Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
• Tables & highchair trays	Clean, Sanitize	Clean, Sanitize				
• Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
• Food preparation appliances		Clean	Clean, Sanitize			
• Mixed use tables	Clean, Sanitize					Before serving food
• Refrigerator					Clean	
<b>Child Care Areas</b>						
• Plastic mouthed toys		Clean	Clean, Sanitize			
• Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
• Hats			Clean			Clean after each use if head lice present
• Door & cabinet handles			Clean, Disinfect			

\*\*Corrected to "Routine Schedule" from "Guide" in second printing, August 2011.

## Appendix K

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• Floors			Clean			Sweep or vacuum, then damp mop, (consider micro fiber damp mop to pick up most particles)
• Machine washable cloth toys				Clean		Laundry
• Dress-up clothes				Clean		Laundry
• Play activity centers				Clean		
• Drinking Fountains			Clean, Disinfect			
• Computer keyboards		Clean, Sanitize				Use sanitizing wipes, do not use spray
• Phone receivers			Clean			
<b>Toilet &amp; Diapering Areas</b>						
• Changing tables		Clean, Disinfect				Clean with detergent, rinse, disinfect
• Potty chairs		Clean, Disinfect				
• Handwashing sinks & faucets			Clean, Disinfect			
• Countertops			Clean, Disinfect			
• Toilets			Clean, Disinfect			
• Diaper pails			Clean, Disinfect			
• Floors			Clean, Disinfect			Damp mop with a floor cleaner/ disinfectant
<b>Sleeping Areas</b>						
• Bed sheets & pillow cases				Clean		Clean before use by another child
• Cribs, cots, & mats				Clean		Clean before use by another child
• Blankets					Clean	

## Appendix O



## CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

-To be completed by a Health Care Provider-

					Today's Date
Child's Full Name					Date of Birth
Parent's/Guardian's Name					Telephone No. (    )
Primary Health Care Provider					Telephone No. (    )
Specialty Provider					Telephone No. (    )
Specialty Provider					Telephone No. (    )
Diagnosis(es)					
Allergies					
ROUTINE CARE					
Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects	
List medications given at home:					
NEEDED ACCOMMODATION(S)					
Describe any needed accommodation(s) the child needs in daily activities and why:					
Diet or Feeding: _____					
Classroom Activities: _____					
Naptime/Sleeping: _____					
Toileting: _____					
Outdoor or Field Trips: _____					
Transportation: _____					
Other: _____					
Additional comments: _____					

CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS  
Continued.

SPECIAL EQUIPMENT / MEDICAL SUPPLIES	
1. _____	
2. _____	
3. _____	
EMERGENCY CARE	
CALL PARENTS/GUARDIANS	if the following symptoms are present
_____	
_____	
CALL 911 (EMERGENCY MEDICAL SERVICES)	if the following symptoms are present, as well as contacting the parents/guardians:
_____	
_____	
TAKE THESE MEASURES	while waiting for parents or medical help to arrive:
_____	
_____	
_____	
SUGGESTED SPECIAL TRAINING FOR STAFF	
_____	
_____	
_____	
Health Care Provider Signature	Date
_____	
_____	
_____	
I hereby give consent for my child's health care provider or specialist to communicate with my child's child care provider or school nurse to discuss any of the information contained in this care plan.	
Parent/Guardian Signature	Date
_____	

Important: In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child's special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child's special health needs.

## Appendix O

**Special Health Care Plan**

The special health care plan defines all members of the care team, communication guidelines (how, when, and how often), and all information on appropriately accommodating the special health concerns and needs of this child while in child care.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Description of condition(s):** (include description of difficulties associated with each condition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Team Member Names and Titles** (parents of the child are to be included)

Care Coordinator (responsible for developing and administering the Special Health Care Plan): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

④ If training is necessary, then all team members will be trained.

Individualized Family Service Plan (IFSP) attached     Individualized Education Plan (IEP) attached

**Outside Professionals Involved****Telephone**

Health Care Provider (MD, NP, etc.): \_\_\_\_\_

Speech & Language Therapist: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_

Psychologist/Mental Health Consultant: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Family-Child Advocate: \_\_\_\_\_

Other: \_\_\_\_\_

**Communication**

How the team will communicate (notes, communication log, phone calls, meetings, etc.): \_\_\_\_\_

\_\_\_\_\_

How often will team communication occur:     Daily     Weekly     Monthly     Bi-monthly     Other \_\_\_\_\_

Date and time specifics: \_\_\_\_\_

**Specific Medical Information**

\* Medical documentation provided and attached:  Yes  No

**Information Exchange Form** completed by health care provider is in child's file on site

\* Medication to be administered:  Yes  No

**Medication Administration Form** completed by health care provider and parents are in child's file on site (including type of medication, method, amount, time schedule, potential side effects, etc.)

Any known allergies to foods and/or medications: \_\_\_\_\_

Specific health-related needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planned strategies to support the child's needs and any safety issues while in child care: (diapering/toileting, outdoor play, circle time, nap/sleeping, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan for absences of personnel trained and responsible for health-related procedure(s): \_\_\_\_\_

\_\_\_\_\_

Other (i.e., transportation, field trips, etc.): \_\_\_\_\_

\_\_\_\_\_

**Special Staff Training Needs**

Training monitored by: \_\_\_\_\_

1) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

2) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

3) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

**Equipment/Positioning**

\* Physical Therapist (PT) and/or Occupational Therapist (OT) consult provided:  Yes  No  Not Needed

Special equipment needed/to be used: \_\_\_\_\_

\_\_\_\_\_

Positioning requirements (attach additional documentation as necessary) \_\_\_\_\_

\_\_\_\_\_

Equipment care/maintenance notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Appendix O



### Nutrition and Feeding Needs

- Nutrition and Feeding Care Plan Form completed by team is in child's file on-site. (See for detailed requirements/needs)

### Behavior Changes (be specific when listing changes in behavior that arise as a result of the health-related condition/concerns)

---



---

### Additional Information (include any unusual episodes that might arise while in care and how the situation should be handled)

---



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### Support Programs the Child Is Involved with Outside of Child Care

1. Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Address and telephone: \_\_\_\_\_  
 Frequency of attendance: \_\_\_\_\_
2. Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Address and telephone: \_\_\_\_\_  
 Frequency of attendance: \_\_\_\_\_
3. Name of program: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Address and telephone: \_\_\_\_\_  
 Frequency of attendance: \_\_\_\_\_

### Emergency Procedures

- Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: \_\_\_\_\_  
 \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Follow-up: Updates/Revisions

This Special Health Care Plan is to be updated/revised whenever child's health status changes or at least every \_\_\_\_\_ months as a result of the collective input from team members.

Due date for revision and team meeting: \_\_\_\_\_

### Nutrition and Feeding Care Plan

The nutrition and feeding care plan defines all members of the care team, communication guidelines (how, when, and how often), and all information on a child's diet and feeding needs for this child while in child care.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Team Member Names and Titles** (parents of the child are to be included)

Care Coordinator (responsible for developing and administering *Nutrition and Feeding Care Plan*): \_\_\_\_\_

① If training is necessary, then all team members will be trained.

Individualized Family Service Plan (IFSP) attached     Individualized Education Plan (IEP) attached

#### Communication

What is the team's communication goal and how will it be achieved (notes, communication log, phone calls, meetings, etc.):

How often will team communication occur:  Daily     Weekly     Monthly     Bi-monthly     Other \_\_\_\_\_

Date and time specifics: \_\_\_\_\_

#### Specific Diet Information

\* Medical documentation provided and attached:  Yes     No     Not Needed

Specific nutrition/feeding-related needs and any safety issues: \_\_\_\_\_

\* Foods to avoid (allergies and/or intolerances): \_\_\_\_\_

Planned strategies to support the child's needs: \_\_\_\_\_

Plan for absences of personnel trained and responsible for nutrition/feeding-related procedure(s): \_\_\_\_\_

\* Food texture/consistency needs: \_\_\_\_\_

\* Special dietary needs: \_\_\_\_\_

\* Other: \_\_\_\_\_

#### Eating Equipment/Positioning

\* Physical Therapist (PT) and/or Occupational Therapist (OT) consult provided.  Yes     No     Not Needed

Special equipment needed: \_\_\_\_\_

Specific body positioning for feeding (attach additional documentation as necessary): \_\_\_\_\_

## Appendix O



**Behavior Changes** (be specific: when listing changes in behavior that arise before, during, or after feeding/eating)

\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

- Information Exchange Form** completed by Health Care Provider is in child's file on-site.
- \* Medication to be administered as part of feeding routine:  Yes  No
- Medication Administration Form** completed by health care provider and parents is in child's file on-site (including type of medication, who administers, when administered, potential side effects, etc.)

**Tube Feeding Information**

Primary person responsible for daily feeding: \_\_\_\_\_

Additional person to support feeding: \_\_\_\_\_

Breast Milk  Formula (list brand information): \_\_\_\_\_

Time(s) of day: \_\_\_\_\_

Volume (how much to feed): \_\_\_\_\_ Rate of flow: \_\_\_\_\_ Length of feeding: \_\_\_\_\_

Position of child: \_\_\_\_\_

Oral feeding and/or stimulation (attach detailed instructions as necessary): \_\_\_\_\_

**Special Training Needed by Staff**

Training monitored by: \_\_\_\_\_

1) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

2) Type (be specific): \_\_\_\_\_

Training done by: \_\_\_\_\_ Date of Training: \_\_\_\_\_

**Additional Information** (include any unusual episodes that might arise while in care and how the situation should be handled)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Procedures**

- Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: \_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Follow-up: Updates/Revisions**

This Nutrition and Feeding Care Plan is to be updated/revised whenever child's health status changes or at least every \_\_\_\_ months as a result of the collective input from team members.

Due date for revision and team meeting: \_\_\_\_\_

EE

Appendix EE

# America's Playgrounds

## Safety Report Card



### DOES YOUR PLAYGROUND MAKE THE GRADE?

Evaluate your playground using the following criteria.  
A full explanation of the criteria is on the following page.

	Yes	No
<b>SUPERVISION</b>		
Adults present when children are on equipment		
Children can be easily viewed on equipment		
Children can be viewed in crawl spaces		
Rules posted regarding expected behavior		
<b>AGE-APPROPRIATE DESIGN</b>		
Playgrounds have separate areas for ages 2-5 and 5-12		
Platforms have appropriate guardrails		
Platforms allow change of directions to get on/off structure		
Signage indicating age group for equipment provided		
Equipment design prevents climbing outside the structure		
Supporting structure prevents climbing on it		
<b>FALL SURFACING</b>		
Suitable surfacing materials provided		
Height of all equipment is 8 feet or lower		
Appropriate depth of loose fill provided		
Six foot use zone has appropriate surfacing		
Concrete footings are covered		
Surface free of foreign objects		
<b>EQUIPMENT MAINTENANCE</b>		
Equipment is free of noticeable gaps		
Equipment is free of head entrapments		
Equipment is free of broken parts		
Equipment is free of missing parts		
Equipment is free of protruding bolts		
Equipment is free of rust		
Equipment is free of splinters		
Equipment is free of cracks/holes		
<b>TOTAL POINTS</b>		

### SCORING SYSTEM

Total the number of "Yes" answers in the "Total Points" box in the table.

#### 24 – 20 = A

Congratulations on having a SAFE playground. Please continue to maintain this excellence.

#### 19 – 17 = B

Your playground is on its way to providing a safe environment for children. Work on the areas checked 'No'.

#### 16 – 13 = C

Your playground is potentially hazardous for children. Take corrective measures.

#### 12 – 8 = D

Children are at risk on this playground. Start to make improvements.

#### 7 & = F

Do not allow children on this playground. Make changes immediately.

**\*\*If any of the gray boxes are marked 'NO', the potential of a life-threatening injury is significantly increased. Contact the owner of the playground.**

For Additional Resources and Information Contact:

National Program for Playground Safety: 1-800-554-PLAY (7529) ~ [www.playgroundsafety.org](http://www.playgroundsafety.org)

Reference: National Program for Playground Safety, 2006.

## Appendix EE

EE

Explanation of Risk Factor CriteriaSUPERVISION

- \*1. Since equipment can't supervise children, it is important that adult supervision is present when children are playing on the playground.
- \*2. In order to properly supervise, children need to be seen. This question is asking if there are any blind spots where children can hide out of the sight of the supervisor.
- \*3. Many crawl spaces, tunnels, and boxed areas have plexiglas or some type of transparent material present to allow the supervisor to see that a child is inside the space. When blind tunnels are present, children cannot be properly supervised.
- \*4. Rules help reinforce expected behavior. Therefore, the posting of playground rules is recommended. For children, ages 2-5, no more than three rules should be posted. Children over the age of five will remember five rules. These rules should be general in nature, such as "respect each other and take turns."

AGE APPROPRIATE DESIGN

- \*1. It is recommended that playgrounds have separate areas with appropriately sized equipment and materials to serve ages 2-5 and ages 5-12. Further, the intended user group should be obvious from the design and scale of equipment. In playgrounds designed to serve children of all ages, the layout of pathways and the landscaping of the playground should show the distinct areas for the different age groups. The areas should be separated at least by a buffer zone, which could be an area with shrubs or benches.
- \*2. Either guardrails or protective barriers may be used to prevent inadvertent or unintentional falls off elevated platforms. However, to provide greater protection, protective barriers should be designed to prevent intentional attempts by children.
- \*3. Platforms over six feet in height should provide an intermediate standing surface where a decision can be made to halt the ascent or to pursue an alternative means of descent.
- \*4. Signs posted in the playground area can be used to give some guidance to adults as to the age appropriateness of equipment.
- \*5. Children use equipment in creative ways which are not necessarily what the manufacturer intended when designing the piece. Certain equipment pieces, like high tube slides, can put the child at risk if they can easily climb on the outside of the piece. The answer to this question is a judgment on your part as to whether the piece was designed to minimize risk to the child for injury from a fall.
- \*6. Support structures such as long poles, bars, swing frames, etc. become the play activity. The problem is that many times these structures have no safe surfacing underneath and children fall from dangerous heights to hard surfaces.

FALL SURFACING

- \*1. Appropriate surfaces are either loose fill (engineered wood fiber, sand, pea gravel, or shredded tires) or unitary surfaces (rubber tiles, rubber mats, and poured in place rubber). Inappropriate surface materials are asphalt, concrete, dirt, and grass. It should be noted that falls from 1 ft. onto concrete could cause a concussion. Falls from a height of eight feet onto dirt is the same as a child hitting a brick wall traveling 30 mph.
- \*2. Research has shown that equipment heights can double the probability of a child getting injured. We recommend that the height of equipment for pre-school age children be no higher than 6 feet and the height of equipment for school age children be limited to 8 feet.
- \*3. Proper loose fill surfacing must be at the appropriate depth to cushion falls. An inch of sand upon hard packed dirt will not provide any protection. We recommend 12 inches of loose fill material under and around playground equipment.
- \*4. Appropriate surfacing should be located directly underneath equipment and extend six feet in all directions with the exception of slides and swings, which have a longer use zone.
- \*5. You should not be able to see concrete footings around any of the equipment. Deaths or permanent disabilities have occurred from children falling off equipment and striking their heads on exposed footings.
- \*6. Glass, bottle caps, needles, trash, etc. can also cause injury if present on playground surfaces.

EQUIPMENT MAINTENANCE

- \*1. Strangulation is the leading cause of playground fatalities. Some of these deaths occur when drawstrings on sweatshirts, coats, and other clothing get caught in gaps in the equipment. The area on top of slides is one potential trouble spot.
- \*2. Entrapment places include between guardrails and underneath merry-go-rounds. Head entrapment occurs when the body fits through a space but the child's head cannot pass through the same space. This occurs because generally, young children's heads are larger than their bodies. If the space between two parts (usually guardrails) is more than three and a half inches then it must be greater than nine inches to avoid potential entrapment.
- \*3. Broken equipment pieces are accidents waiting to happen. If a piece of equipment is broken, measures need to be taken to repair the piece. In the meantime, children should be kept off the equipment.
- \*4. Missing parts also create a playground hazard. A rung missing from a ladder, which is the major access point onto a piece of equipment, poses an unnecessary injury hazard for the child.
- \*5. Protruding bolts or fixtures can cause problems with children running into equipment or catching clothing. Therefore, they pose a potential safety hazard.
- \*6. Exposed metal will rust. This weakens the equipment and will eventually create a serious playground hazard.
- \*7. Wood structures must be treated on a regular basis to avoid weather related problems such as splinters. Splintering can cause serious injuries to children.
- \*8. Plastic equipment may crack, or develop holes due to temperature extremes and/or vandalism. This is a playground hazard.

\*If these risk factors are missing, the potential for a life-threatening injury is significantly increased.

EE

## Playground Safety Report Card Follow-up

For any item checked NO on the Playground Safety (PS) Report card, indicate how the item will be remedied and the date of completion.

Highlight any item checked NO from the PS Report Card	How Item will be fixed	Date completed
<b>SUPERVISION</b>		
Adults present when children are on equipment		
Children can be easily viewed on equipment		
Children can be viewed in crawl spaces		
Rules posted regarding expected behavior		
<b>AGE-APPROPRIATE DESIGN</b>		
Playgrounds have separate areas for ages 2-5 and 5-12		
Platforms have appropriate guardrails		
Platforms allow change of directions to get on/off structure		
Signage indicating age group for equipment provided		
Equipment design prevents climbing outside the structure		
Supporting structure prevents climbing on it		
<b>FALL SURFACING</b>		
Suitable surfacing materials provided		
Height of all equipment is 8 feet or lower		
Appropriate depth of loose fill provided		
Six foot use zone has appropriate surfacing		
Concrete footings are covered		
Surface free of foreign objects		
<b>EQUIPMENT MAINTENANCE</b>		
Equipment is free of noticeable gaps		
Equipment is free of head entrapments		
Equipment is free of broken parts		
Equipment is free of missing parts		
Equipment is free of protruding bolts		
Equipment is free of rust		
Equipment is free of splinters		
Equipment is free of cracks/holes		

Adapted from National Playground Safety Program, 2006, America's Playgrounds Safety Report Card.

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## Third Edition Methodology

*Stepping Stones to Caring for Our Children*, Third Edition (SS3), is a companion document to *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs (CFOC3)*, published in 2011. *Stepping Stones* is the collection of standards from CFOC3 most likely to prevent serious adverse outcomes in child care and early education settings. Development of SS3 was initiated in 2012 and completed in 2013 under the leadership of Marilyn J. Krajicek, EdD, RN, FAAN, Director of the National Resource Center for Health and Safety in Child Care (NRC). More than 120 outside experts also contributed to the development of SS3.

The NRC SS3 process was informed by the advice of an external Methodology Committee, convened to provide guidance on the standard selection procedures, while retaining the emphasis on prevention of serious harm. The Methodology Committee was composed of three experts in research methods, two of whom were also national experts in child care health and safety.<sup>1</sup>

**Preliminary Focus Group:** National stakeholders in early care and education and users of *Stepping Stones to Caring for Our Children*, Second Edition (SS2) participated in discussions of methods to enhance the format and usability of SS3. These focus group findings were used to influence both the format and dissemination of SS3. For example, a significant number of stakeholders preferred a more concise document when compared to SS2. While recognizing that every SS2 standard served to reduce morbidity and mortality, the charge in SS3 was to more directly target standards that are critical to prevent the most severe outcomes. The third edition reflects that concern in that the number of standards is reduced from the 233 in SS2 to the current 138.

### **Stages of SS3 Development**

**1) Identified standards as candidates for SS3:** The initial pool of potential SS3 standards consisted of:

- a. 211 SS2 standards that were retained or combined in CFOC3;
- b. 56 Standards new to CFOC3;
- c. 36 Standards significantly revised for CFOC3; and
- d. 41 Additional CFOC3 standards identified by a key term/word search (i.e., abuse, death, infectious, injure, injuries, injury,

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<sup>1</sup> The Methodology Committee included Abbey Alkon, RN, PNP, PhD, Professor, University of California, San Francisco School of Nursing Director, California Childcare Health Program; Dr Richard Fiene, Director, Research Institute for Key Indicators & Retired HDFS Professor, Penn State University; and Paul Cook, PhD, Director, Center for Nursing Research, College of Nursing, University of Colorado Denver.

concuss, disable, disease(s), drowning, fatal, neglect, organisms, poisoning, risk, and spread).

**2) Rated candidate standards.** Each of the 344 candidate standards identified through the methods listed above was rated on the severity and frequency of adverse outcomes if the standard were not followed in the child care environment. Ratings were conducted by 10 subject-specific Technical Panels, consisting of 61 experts overall who previously worked on development of *CFOC3*. All standards were rated by multiple people and most standards were rated by multiple panels.

**3) Analyzed ratings and selected standards.** Since each Panel rated a different number of standards, the highest-rated standards were selected from each of the 10 Panels' results in proportion to the number of standards each Panel rated. The objective range was a total number between 100 and 150 standards. This process resulted in 127 standards for the first draft of SS3.

**4) Reviewed first draft of SS3.** National stakeholders were invited to review the 127 standards. The stakeholders included representatives of national organizations, caregivers/teachers, regulators/licensing specialists, early care and education advocates, health professionals, safety specialists, early childhood educators, health and mental health consultants, and federal, military, and state agencies that promote and implement health and safety in the child care field. Reviewers were asked to recommend additional key evidence-based standards from *CFOC3* that were not included in the list, with accompanying rationale and evidence-based research, or the deletion of *CFOC3* standards based on compelling rationale.

**5: Analyzed and considered reviewer comments and recommendations.** The Methodology Committee and NRC staff evaluated the stakeholder comments, recommendations, and evidence using a comparative rating method. Evaluation of reviewers' recommendations for additions and deletions resulted in the 138 standards selected for SS3.

**6: Final review and release.** The final draft of SS3 was reviewed by the Steering Committee of the NRC and the partner organizations, AAP, APHA, and MCHB prior to its release online in April, 2013.

## SS3 Methodology Timeline



**Conversion Table: Third Edition to Second Edition**

<b>Chapter 1 - Staffing</b>		
<b>3rd Ed. #</b>	<b>2nd Ed. #</b>	<b>Standard Title</b>
1.1.1.1	1.001	Ratios for Small Family Child Care Homes
1.1.1.2	1.002	Ratios for Large Family Child Care Homes and Centers
1.1.1.3	1.003	Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities
1.1.1.4	1.004	Ratios and Supervision During Transportation
1.1.1.5	1.005	Ratios and Supervision for Swimming, Wading, and Water Play
1.2.0.2	1.008	Background Screening
1.3.1.1	1.014	General Qualifications of Directors
1.3.2.2	1.017	Qualifications of Lead Teachers and Teachers
1.3.3.1	1.019	General Qualifications of Family Child Care Caregivers/Teachers to Operate a Family Child Care Home
1.4.1.1	1.006/1.009	Pre-service Training
1.4.2.2	1.024	Orientation for Care of Children with Special Health Care Needs
1.4.2.3	1.025	Additional Orientation Topics
1.4.3.1	1.026	First Aid and CPR Training for Staff
1.4.3.2	1.027	Topics Covered in First Aid Training
1.4.3.3	1.028	CPR Training for Swimming and Water Play
1.4.5.1	1.031	Training of Staff Who Handle Food
1.4.5.2	1.032	Child Abuse and Neglect Education
1.5.0.1	1.037	Employment of Substitutes
1.5.0.2	1.038	Orientation of Substitutes
1.6.0.1	1.040/1.041/ 8.020	Child Care Health Consultants
<b>Chapter 2 - Program Activities for Healthy Development</b>		
2.1.1.4	2.053	Monitoring Children's Development/ Obtaining Consent for Screening
2.1.2.1	2.010	Personal Caregiver/Teacher Relationships for Infants and Toddlers
2.2.0.1	2.028	Methods of Supervision of Children
2.2.0.4	3.045	Supervision Near Bodies of Water

3rd Ed. #	2nd Ed. #	Standard Title
2.2.0.6	2.039	Discipline Measures
2.2.0.8	New	Preventing Expulsions, Suspensions, and Other Limitations in Services
2.2.0.9	2.042	Prohibited Caregiver/Teacher Behaviors
2.2.0.10	2.043	Using Physical Restraint
2.3.3.1	2.054	Parents'/Guardians' Provision of Information on their Child's Health and Behavior
<b>Chapter 3 - Health Promotion and Protection</b>		
3.1.2.1	3.003	Routine Health Supervision and Growth Monitoring
3.1.3.1	New	Active Opportunities for Physical Activity
3.1.3.2	2.009	Playing Outdoors
3.1.4.1	5.143/5.146	Safe Sleep Practices and SIDS Risk Reduction
3.1.5.1	3.010	Routine Oral Hygiene Activities
3.2.1.4	3.014	Diaper Changing Procedure
3.2.2.1	3.020	Situations that Require Hand Hygiene
3.2.2.2	3.021	Handwashing Procedure
3.2.2.3	3.022	Assisting Children with Hand Hygiene
3.2.3.4	3.026	Prevention of Exposure to Blood and Body Fluids
3.3.0.1	3.028	Routine Cleaning, Sanitizing, and Disinfecting
3.4.1.1	2.035 split	Use of Tobacco, Alcohol, and Illegal Drugs
3.4.3.1	3.018	Emergency Procedures
3.4.3.3	New	Response to Fire and Burns
3.4.4.1	3.053/3.054/ 3.056	Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
3.4.4.3	New	Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma
3.4.5.1	New	Sun Safety Including Sunscreen
3.4.6.1	5.160	Strangulation Hazards
3.5.0.1	3.049	Care Plan for Children with Special Health Care Needs
3.5.0.2	1.044/3.063/ 3.066	Caring for Children Who Require Medical Procedures
3.6.1.1	3.065/3.068	Inclusion/Exclusion/Dismissal of Children
3.6.1.2	3.069	Staff Exclusion for Illness
3.6.1.4	3.067	Infectious Disease Outbreak Control

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<b>3rd Ed. #</b>	<b>2nd Ed. #</b>	<b>Standard Title</b>
3.6.3.1	3.081	Medication Administration
3.6.3.2	3.082	Labeling, Storage, and Disposal of Medications
3.6.3.3	3.083	Training of Caregivers/Teachers to Administer Medication
<b>Chapter 4 - Nutrition and Food Service</b>		
4.2.0.3	1.002	Use of USDA - CACFP Guidelines
4.2.0.6	4.006/5.136	Availability of Drinking Water
4.2.0.8	4.007/4.009	Feeding Plans and Dietary Modifications
4.2.0.10	4.010	Care for Children with Food Allergies
4.3.1.3	4.015	Preparing, Feeding, and Storing Human Milk
4.3.1.5	4.016/4.017	Preparing, Feeding, and Storing Infant Formula
4.3.1.9	4.018	Warming Bottles and Infant Foods
4.3.1.11	4.012	Introduction of Age-Appropriate Solid Foods to Infants
4.5.0.6	4.036	Adult Supervision of Children Who Are Learning to Feed themselves
4.5.0.9	4.034	Hot Liquids and Foods
4.5.0.10	4.037	Foods that Are Choking Hazards
4.8.0.1	4.042	Food Preparation Area
4.8.0.3	4.044	Maintenance of Food Service Surfaces and Equipment
4.9.0.2	4.051	Staff Restricted From Food Preparation and Handling
4.9.0.3	4.052	Precautions for a Safe Food Supply
<b>Chapter 5 - Facilities, Supplies, Equipment, and Environmental Health</b>		
5.1.1.2	5.002	Inspection of Buildings
5.1.1.3	5.003	Compliance with Fire Prevention Code
5.1.1.5	5.005 /5.109/ 5.169/5.179	Environmental Audit of Site Location
5.1.3.2	5.014	Possibility of Exit From Windows
5.1.4.1	5.020	Alternate Exits and Emergency Shelter
5.1.5.4	5.225	Guards At Stairway Access Openings
5.1.6.6	5.221	Guardrails and Protective Barriers
5.2.1.1	5.027	Fresh Air
5.2.1.10	5.034	Gas, Oil or Kerosene Heaters, Generators, Portable Gas Stoves, and Charcoal and Gas Grills

3rd Ed. #	2nd Ed. #	Standard Title
5.2.1.11	5.035	Portable Electric Space Heaters
5.2.4.2	5.048	Safety Covers and Shock Protection Devices for Electrical Outlets
5.2.4.4	5.050	Location of Electrical Devices Near Water
5.2.5.1	5.053	Smoke Detection Systems and Smoke Alarms
5.2.6.3	5.061	Testing for Lead and Copper Levels in Drinking Water
5.2.6.3	5.138	Testing for Lead and Copper Levels in Drinking Water
5.2.7.6	5.069	Storage and Disposal of Infectious and Toxic Wastes
5.2.8.1	5.070/5.071/ 5.072/5.073	Integrated Pest Management
5.2.9.1	4.060/5.100	Use and Storage of Toxic Substances
5.2.9.2	5.101	Use of a Poison Center
5.2.9.3	5.102	Informing Staff Regarding Presence of Toxic Substances
5.2.9.4	5.103	Radon Concentrations
5.2.9.5	New	Carbon Monoxide Detectors
5.2.9.13	5.110	Testing for Lead
5.3.1.1	5.075	Safety of Equipment, Materials, and Furnishings
5.3.1.12	2.038/5.084	Availability and Use of a Telephone or Wireless Communication Device
5.4.5.2	5.145	Cribs
5.5.0.6	5.157	Inaccessibility to Matches, Candles and Lighters
5.5.0.7	5.159	Storage of Plastic Bags
5.5.0.8	5.167	Firearms
5.6.0.1	2.038/5.093/ 5.237	First Aid and Emergency Supplies
5.7.0.4	5.086	Inaccessibility of Hazardous Equipment
<b>Chapter 6 - Play Areas/Playgrounds and Transportation</b>		
6.1.0.6	5.176	Location of Play Areas Near Bodies of Water
6.1.0.8	5.178	Enclosures for Outdoor Play Areas
6.2.1.9	5.186	Entrapment Hazards of Play Equipment
6.2.3.1	5.183	Prohibited Surfaces for Placing Climbing Equipment
6.2.4.4	New	Trampolines
6.2.5.1	3.085/5.160/ 5.196	Inspection of Indoor and Outdoor Play Areas and Equipment

3rd Ed. #	2nd Ed. #	Standard Title
6.3.1.1	5.198	Enclosure of Bodies of Water
6.3.1.4	5.201	Safety Covers for Swimming Pools
6.3.1.6	5.205	Pool Drain Covers
6.3.2.1	5.208	Lifesaving Equipment
6.3.5.1	5.211	Hot Tubs, Spas, and Saunas
6.3.5.2	5.212	Water in Containers
6.4.1.2	5.087	Inaccessibility of Toys or Objects to Children Under Three Years of Age
6.4.1.5	5.089	Balloons
6.4.2.2	5.242	Helmets
6.5.1.1	2.029	Competence and Training of Transportation Staff
6.5.1.2	2.030	Qualifications for Drivers
6.5.2.2	2.033/5.236	Child Passenger Safety
6.5.2.4	5.238	Interior Temperature of Vehicles
6.5.3.1	New	Passenger Vans
<b>Chapter 7 - Infectious Diseases</b>		
7.2.0.2	3.006	Unimmunized Children
7.2.0.3	3.007	Immunization of Caregivers/Teachers
7.3.3.1	New	Influenza Immunizations for Children and Caregivers
7.3.3.2	New	Influenza Control
7.3.5.1	6.007/6.008	Recommended Control Measures for Invasive Meningococcal Infection in a Child Care Center
7.4.0.1	6.023	Control of Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections
7.5.10.1	New	Staphylococcus Aureus Skin Infections Including MRSA
<b>Chapter 9 - Policies</b>		
9.2.3.2	8.011	Content and Development of the Plan for Care of Children and Staff Who Are Ill
9.2.3.12	8.036	Infant Feeding Policy
9.2.4.1	8.022	Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents
9.2.4.3	8.024	Disaster Planning, Training and Communication
9.2.4.5	8.025/8.027	Emergency and Evacuation Drills/Exercises Policy
9.2.4.7	New	Sign-In/Sign-Out System

3rd Ed. #	2nd Ed. #	Standard Title
9.2.4.8	8.028	Authorized Persons to Pick Up Child
9.4.1.10	8.063	Documentation of Parent/Guardian Notification of Injury, Illness or Death in Program
9.4.1.12	8.065	Record of Valid License, Certificate or Registration of Facility
9.4.2.6	8.051	Contents of Medication Record
<b>Chapter 10 - Licensing and Community Action</b>		
10.4.2.1	9.014/9.018	Frequency of Inspections for Child Care Centers, Large Family Child Care Homes, and Small Family Child Care Homes

*Conversion Table: Second Edition to Third Edition*

<b>Chapter 1 - Staffing</b>		
<b>2nd Ed. #</b>	<b>3rd Ed. #</b>	<b>Standard Title</b>
1.001	1.1.1.1	Ratios for Small Family Child Care Homes
1.002	1.1.1.2	Ratios for Large Family Child Care Homes and Centers
1.003	1.1.1.3	Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities
1.004	1.1.1.4	Ratios and Supervision During Transportation
1.005	1.1.1.5	Ratios and Supervision for Swimming, Wading, and Water Play
1.006	1.4.1.1	Pre-service Training
1.008	1.2.0.2	Background Screening
1.009	1.4.1.1	Pre-service Training
1.014	1.3.1.1	General Qualifications of Directors
1.017	1.3.2.2	Qualifications of Lead Teachers and Teachers
1.019	1.3.3.1	General Qualifications of Family Child Care Caregivers/Teachers to Operate a Family Child Care Home
1.024	1.4.2.2	Orientation for Care of Children with Special Health Care Needs
1.025	1.4.2.3	Additional Orientation Topics
1.026	1.4.3.1	First Aid and CPR Training for Staff
1.027	1.4.3.2	Topics Covered in First Aid Training
1.028	1.4.3.3	CPR Training for Swimming and Water Play
1.031	1.4.5.1	Training of Staff Who Handle Food
1.032	1.4.5.2	Child Abuse and Neglect Education
1.037	1.5.0.1	Employment of Substitutes
1.038	1.5.0.2	Orientation of Substitutes
1.040	1.6.0.1	Child Care Health Consultants
1.041	1.6.0.1	Child Care Health Consultants
1.044	3.5.0.2	Caring for Children Who Require Medical Procedures
<b>Chapter 2 - Program Activities for Healthy Development</b>		
2.009	3.1.3.2	Playing Outdoors
2.010	2.1.2.1	Personal Caregiver/Teacher Relationships for Infants and Toddlers
2.028	2.2.0.1	Methods of Supervision of Children
2.029	6.5.1.1	Competence and Training of Transportation Staff

2nd Ed. #	3rd Ed. #	Standard Title
2.030	6.5.1.2	Qualifications for Drivers
2.033	6.5.2.2	Child Passenger Safety
2.035	3.4.1.1	Use of Tobacco, Alcohol, and Illegal Drugs
2.038	5.3.1.12	Availability and Use of a Telephone or Wireless Communication Device
	5.6.0.1	First Aid and Emergency Supplies
2.039	2.2.0.6	Discipline Measures
2.042	2.2.0.9	Prohibited Caregiver/Teacher Behaviors
2.043	2.2.0.10	Using Physical Restraint
2.053	2.1.1.4	Monitoring Children's Development/ Obtaining Consent for Screening
2.054	2.3.3.1	Parents'/Guardians' Provision of Information on their Child's Health and Behavior
<b>Chapter 3 - Health Promotion and Protection in Child Care</b>		
3.003	3.1.2.1	Routine Health Supervision and Growth Monitoring
3.006	7.2.0.2	Unimmunized Children
3.007	7.2.0.3	Immunization of Caregivers/Teachers
3.010	3.1.5.1	Routine Oral Hygiene Activities
3.014	3.2.1.4	Diaper Changing Procedure
3.018	3.4.3.1	Emergency Procedures
3.020	3.2.2.1	Situations that Require Hand Hygiene
3.021	3.2.2.2	Handwashing Procedure
3.022	3.2.2.3	Assisting Children with Hand Hygiene
3.026	3.2.3.4	Prevention of Exposure to Blood and Body Fluids
3.028	3.3.0.1	Routine Cleaning, Sanitizing, and Disinfecting
3.045	2.2.0.4	Supervision Near Bodies of Water
3.049	3.5.0.1	Care Plan for Children with Special Health Care Needs
3.053	3.4.4.1	Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
3.054	3.4.4.1	Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
3.056	3.4.4.1	Recognizing and Reporting Suspected Child Abuse, Neglect, and Exploitation
3.063	3.5.0.2	Caring for Children Who Require Medical Procedures
3.065	3.6.1.1	Inclusion/Exclusion/Dismissal of Children
3.066	3.5.0.2	Caring for Children Who Require Medical Procedures

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2nd Ed. #	3rd Ed. #	Standard Title
3.067	3.6.1.4	Infectious Disease Outbreak Control
3.068	3.6.1.1	Inclusion/Exclusion/Dismissal of Children
3.069	3.6.1.2	Staff Exclusion for Illness
3.081	3.6.3.1	Medication Administration
3.082	3.6.3.2	Labeling, Storage, and Disposal of Medications
3.083	3.6.3.3	Training of Caregivers/Teachers to Administer Medication
3.085	6.2.5.1	Inspection of Indoor and Outdoor Play Areas and Equipment
<b>Chapter 4 - Nutrition and Food Service</b>		
4.002	4.2.0.3	Use of USDA - CACFP Guidelines
4.006	4.2.0.6	Availability of Drinking Water
4.007	4.2.0.8	Feeding Plans and Dietary Modifications
4.009	4.2.0.8	Feeding Plans and Dietary Modifications
4.010	4.2.0.10	Care for Children with Food Allergies
4.012	4.3.1.11	Introduction of Age-Appropriate Solid Foods to Infants
4.015	4.3.1.3	Preparing, Feeding, and Storing Human Milk
4.016	4.3.1.5	Preparing, Feeding, and Storing Infant Formula
4.017	4.3.1.5	Preparing, Feeding, and Storing Infant Formula
4.018	4.3.1.9	Warming Bottles and Infant Foods
4.034	4.5.0.9	Hot Liquids and Foods
4.036	4.5.0.6	Adult Supervision of Children Who Are Learning to Feed themselves
4.037	4.5.0.10	Foods that Are Choking Hazards
4.042	4.8.0.1	Food Preparation Area
4.044	4.8.0.3	Maintenance of Food Service Surfaces and Equipment
4.051	4.9.0.2	Staff Restricted From Food Preparation and Handling
4.052	4.9.0.3	Precautions for a Safe Food Supply
4.060	5.2.9.1	Use and Storage of Toxic Substances
<b>Chapter 5 - Facilities, Supplies, Equipment and Transportation</b>		
5.002	5.1.1.2	Inspection of Buildings
5.003	5.1.1.3	Compliance with Fire Prevention Code
5.005	5.1.1.5	Environmental Audit of Site Location
5.014	5.1.3.2	Possibility of Exit From Windows

2nd Ed. #	3rd Ed. #	Standard Title
5.020	5.1.4.1	Alternate Exits and Emergency Shelter
5.027	5.2.1.1	Fresh Air
5.034	5.2.1.10	Gas, Oil or Kerosene Heaters, Generators, Portable Gas Stoves, and Charcoal and Gas Grills
5.035	5.2.1.11	Portable Electric Space Heaters
5.048	5.2.4.2	Safety Covers and Shock Protection Devices for Electrical Outlets
5.050	5.2.4.4	Location of Electrical Devices Near Water
5.053	5.2.5.1	Smoke Detection Systems and Smoke Alarms
5.061	5.2.6.3	Testing for Lead and Copper Levels in Drinking Water
5.069	5.2.7.6	Storage and Disposal of Infectious and Toxic Wastes
5.070	5.2.8.1	Integrated Pest Management
5.071	5.2.8.1	Integrated Pest Management
5.072	5.2.8.1	Integrated Pest Management
5.073	5.2.8.1	Integrated Pest Management
5.075	5.3.1.1	Safety of Equipment, Materials, and Furnishings
5.084	5.3.1.12	Availability and Use of a Telephone or Wireless Communication Device
5.086	5.7.0.4	Inaccessibility of Hazardous Equipment
5.087	6.4.1.2	Inaccessibility of Toys or Objects to Children Under Three Years of Age
5.089	6.4.1.5	Balloons
5.093	5.6.0.1	First Aid and Emergency Supplies
5.100	5.2.9.1	Use and Storage of Toxic Substances
5.101	5.2.9.2	Use of a Poison Center
5.102	5.2.9.3	Informing Staff Regarding Presence of Toxic Substances
5.103	5.2.9.4	Radon Concentrations
5.109	5.1.1.5	Environmental Audit of Site Location
5.110	5.2.9.13	Testing for Lead
5.136	4.2.0.6	Availability of Drinking Water
5.138	5.2.6.3	Testing for Lead and Copper Levels in Drinking Water
5.143	3.1.4.1	Safe Sleep Practices and SIDS Risk Reduction
5.145	5.4.5.2	Cribs
5.146	3.1.4.1	Safe Sleep Practices and SIDS Risk Reduction
5.157	5.5.0.6	Inaccessibility to Matches, Candles and Lighters

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2nd Ed. #	3rd Ed. #	Standard Title
5.159	5.5.0.7	Storage of Plastic Bags
5.160	3.4.6.1	Strangulation Hazards
5.160	6.2.5.1	Inspection of Indoor and Outdoor Play Areas and Equipment
5.167	5.5.0.8	Firearms
5.169	5.1.1.5	Environmental Audit of Site Location
5.176	6.1.0.6	Location of Play Areas Near Bodies of Water
5.178	6.1.0.8	Enclosures for Outdoor Play Areas
5.179	5.1.1.5	Environmental Audit of Site Location
5.183	6.2.3.1	Prohibited Surfaces for Placing Climbing Equipment
5.186	6.2.1.9	Entrapment Hazards of Play Equipment
5.196	6.2.5.1	Inspection of Indoor and Outdoor Play Areas and Equipment
5.198	6.3.1.1	Enclosure of Bodies of Water
5.201	6.3.1.4	Safety Covers for Swimming Pools
5.205	6.3.1.6	Pool Drain Covers
5.208	6.3.2.1	Lifesaving Equipment
5.211	6.3.5.1	Hot Tubs, Spas, and Saunas
5.212	6.3.5.2	Water in Containers
5.221	5.1.6.6	Guardrails and Protective Barriers
5.225	5.1.5.4	Guards At Stairway Access Openings
5.236	6.5.2.2	Child Passenger Safety
5.237	5.6.0.1	First Aid and Emergency Supplies
5.238	6.5.2.4	Interior Temperature of Vehicles
5.242	6.4.2.2	Helmets
<b>Chapter 6 - Infectious Diseases</b>		
6.007	7.3.5.1	Recommended Control Measures for Invasive Meningococcal Infection in a Child Care Center
6.008	7.3.5.1	Recommended Control Measures for Invasive Meningococcal Infection in a Child Care Center
6.023	7.4.0.1	Control of Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections
<b>Chapter 8 - Administration</b>		
8.011	9.2.3.2	Content and Development of the Plan for Care of Children and Staff Who Are Ill
8.020	1.6.0.1	Child Care Health Consultants

2nd Ed. #	3rd Ed. #	Standard Title
8.022	9.2.4.1	Written Plan and Training for Handling Urgent Medical Care or Threatening Incidents
8.024	9.2.4.3	Disaster Planning, Training and Communication
8.025	9.2.4.5	Emergency and Evacuation Drills/Exercises Policy
8.027	9.2.4.5	Emergency and Evacuation Drills/Exercises Policy
8.028	9.2.4.8	Authorized Persons to Pick Up Child
8.036	9.2.3.12	Infant Feeding Policy
8.051	9.4.2.6	Contents of Medication Record
8.063	9.4.1.10	Documentation of Parent/Guardian Notification of Injury, Illness or Death in Program
8.065	9.4.1.12	Record of Valid License, Certificate or Registration of Facility
<b>Chapter 9 - Licensing and Community Action</b>		
9.014	10.4.2.1	Frequency of Inspections for Child Care Centers, Large Family Child Care Homes, and Small Family Child Care Homes
9.018	10.4.2.1	Frequency of Inspections for Child Care Centers, Large Family Child Care Homes, and Small Family Child Care Homes
<b>New Standards</b>		
New	2.2.0.8	Preventing Expulsions, Suspensions, and Other Limitations in Services
New	3.1.3.1	Active Opportunities for Physical Activity
New	3.4.3.3	Response to Fire and Burns
New	3.4.4.3	Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma
New	3.4.5.1	Sun Safety Including Sunscreen
New	5.2.9.5	Carbon Monoxide Detectors
New	6.2.4.4	Trampolines
New	6.5.3.1	Passenger Vans
New	7.3.3.1	Influenza Immunizations for Children and Caregivers
New	7.3.3.2	Influenza Control
New	7.5.10.1	Staphylococcus Aureus Skin Infections Including MRSA
New	9.2.4.7	Sign-In/Sign-Out System

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 12**

## **Preventative Pediatric Health Care Screenings**



# Recommendations for Preventive Pediatric Health Care

## Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE <sup>1</sup>	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE												
	PRENATAL <sup>2</sup>	NEWBORN <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y		
<b>HISTORY</b>																																		
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>MEASUREMENTS</b>																																		
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Pressure <sup>5</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
<b>SENSORY SCREENING</b>																																		
Vision		★	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing		● <sup>7</sup>	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>																																		
Developmental Screening <sup>8</sup>								●																										
Autism Screening <sup>9</sup>																																		
Developmental Surveillance <sup>8</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment																							★	★	★	★	★	★	★	★	★	★	★	★
<b>PHYSICAL EXAMINATION<sup>10</sup></b>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES<sup>11</sup></b>																																		
Newborn Metabolic/Hemoglobin Screening <sup>12</sup>		←	●	→																														
Immunization <sup>13</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin <sup>14</sup>						★								★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead Screening <sup>15</sup>																																		
Tuberculin Test <sup>17</sup>																																		
Dyslipidemia Screening <sup>18</sup>																																		
STI Screening <sup>19</sup>																																		
Cervical Dysplasia Screening <sup>20</sup>																																		
<b>ORAL HEALTH<sup>21</sup></b>																																		
<b>ANTICIPATORY GUIDANCE<sup>23</sup></b>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456>].
- Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
- Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434>].
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902>].
- All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798>].

- Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120:898-921.
- AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118:405-420 [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>].
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- At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
- These may be modified, depending on entry point into schedule and individual need.
- Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
- Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
- See AAP *Pediatric Nutrition Handbook*, 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR*. 1998;47(RR-3):1-36.
- For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036>]. Additionally, screening should be done in accordance with state law where applicable.

- Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
- Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.
- "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: <http://circ.ahajournals.org/cgi/content/full/106/25/3143>] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics*. In press.
- All sexually active patients should be screened for sexually transmitted infections (STIs).
- All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
- Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
- At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
- Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)

<b>KEY</b>
● = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ← ● → = range during which a service may be provided, with the symbol indicating the preferred age

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 13**

## **Pyramid Model by CSEFEL/TACSEI**



## Technical Assistance Center on Social Emotional Intervention for Young Children

# THE PYRAMID MODEL FOR SUPPORTING SOCIAL EMOTIONAL COMPETENCE IN INFANTS AND YOUNG CHILDREN FACT SHEET

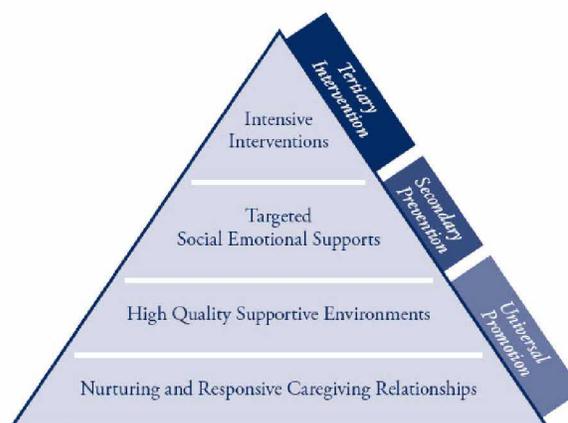
### THE TIERED FRAMEWORK OF THE PYRAMID MODEL

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children provides a tiered intervention framework of evidence-based interventions for promoting the social, emotional, and behavioral development of young children (Fox et al., 2003; Hemmeter, Ostrosky, & Fox, 2006). The model describes three tiers of intervention practice: universal promotion for all children; secondary preventions to address the intervention needs for children at risk of social emotional delays, and tertiary interventions needed for children with persistent challenges. The Pyramid Model was initially described as an intervention framework for children 2-5 years old within early childhood settings. However, newer iterations of the model provide guidance for the implementation of the framework with infants, toddlers and preschoolers, and include interventions needed to support children who are typically developing and who have or are at risk for developmental delays or disabilities (Hunter & Hemmeter, 2009).

#### TIER 1: UNIVERSAL PROMOTION

The first tier of the Pyramid Model involves two levels of practices that are critical to promoting the social development of young children. The first level of practices is the provision of nurturing and responsive caregiving relationships to the child. This includes the family or primary caregiver and the caregiver or teacher

within an early childhood program. In addition to a focus on the relationship to the child, this level of the pyramid also describes the need for developing partnerships with families and collaborative relationships among intervention or classroom team members.



There is ample evidence that the provision of a responsive and nurturing relationship is pivotal to a child's development (National Research Council, 2001; Shonkoff & Phillips, 2000). In their early years, children exist within a web of relationships with parents, teachers, other caring adults in their lives and eventually, peers. This web supplies the context within which healthy social emotional growth and the capacity to form strong positive relationships with adults and peers develop. The relationships level of the pyramid model includes practices such as: actively supporting children's engagement; embedding instruction within children's routine, planned, and play activities; responding to children's conversations; promoting the communicative attempts of children with language

delays and disabilities; and providing encouragement to promote skill learning and development.

The second level of universal promotion is the provision of supportive environments. Within home and community settings, this level of the pyramid refers to the provision of predictable and supportive environments and family interactions that will promote the child's social and emotional development. Universal practices for children with or at risk for delays or disabilities include receiving instruction and support within inclusive environments that offer the rich social context that is essential to the development of social skills and peer relationships.

In early care and education programs, this level of the pyramid refers to the design of classrooms and programs that meet the standards of high quality early education. This includes the implementation of a curriculum that fosters all areas of child development, the use of developmentally and culturally appropriate and effective teaching approaches, the design of safe physical environments that promote active learning and appropriate behavior, the provision of positive and explicit guidance to children on rules and expectations, and the design of schedules and activities that maximize child engagement and learning. At this level of the pyramid, families who receive early intervention services might be provided with information and support on establishing predictable routines; implementing specialized health care and treatment procedures; teaching social, emotional, and other skills within play and routine activities; promoting language and communication development; and fostering the development of play and social interaction skills.

### TIER 2: SECONDARY PREVENTION

The secondary or prevention level of the Pyramid includes the provision of explicit instruction in social skills and emotional regulation. In early childhood programs, all young children will require adult guidance and instruction to learn how to express their emotions appropriately, play cooperatively with peers, and use social problem solving strategies. However, for some children it will be necessary to provide more systematic and focused instruction to teach children social emotional skills. Children might need more focused instruction on skills such as: identifying and expressing

emotions; self-regulation; social problem solving; initiating and maintaining interactions; cooperative responding; strategies for handling disappointment and anger; and friendship skills (Denham et al., 2003; Strain & Joseph, 2006). Families in early intervention programs might need guidance and coaching from their early intervention provider on how to promote their child's development of targeted social and emotional skills. Families of infants and young toddlers might need guidance and support for helping the very young child regulate emotions or stress and understand the emotions of others.

### TIER 3: TERTIARY INTERVENTIONS

When children have persistent challenging behavior that is not responsive to interventions at the previous levels, comprehensive interventions are developed to resolve problem behavior and support the development of new skills. At this level of the Pyramid Model, Positive Behavior Support (PBS) is used to develop and implement a plan of intensive, individualized intervention. PBS provides an approach to addressing problem behavior that is individually designed, can be applied within all natural environments by the child's everyday caregivers, and is focused on supporting the child in developing new skills (Dunlap & Fox, 2009; Lucyshyn, Dunlap, & Albin, 2002). The process begins with convening the team that will develop and implement the child's support plan. At the center of the team is the family and child's teacher or other primary caregivers. The PBS process begins with functional assessment to gain a better understanding of the factors that are related to the child's challenging behavior. Functional assessment ends with the development of hypotheses about the functions of the child's challenging behavior by the team. These hypotheses are used to develop a behavior support plan. The behavior support plan includes prevention strategies to address the triggers of challenging behavior; replacement skills that are alternatives to the challenging behavior; and strategies that ensure challenging behavior is not reinforced or maintained. The behavior support plan is designed to address home, community, and classroom routines where challenging behavior is occurring. In this process, the team also considers supports to the family and

strategies to address broader ecological factors that affect the family and their support of the child.

## KEY ASSUMPTIONS OF THE PYRAMID MODEL

The Pyramid Model was designed for implementation by early educators within child care, preschool, early intervention, Head Start, and early childhood special education programs. In the delivery of tier 2 and 3 interventions, it is assumed that programs will need to provide practitioners with support from a consulting teacher or specialist in the identification of individualized instructional goals and the design of systematic instructional approaches or behavior support plans. The Pyramid Model provides a comprehensive model for the support of all children. A child receiving services through special education might be served at any of the intervention tiers. The model was designed with the following assumptions related to implementation:

### 1. INCLUSIVE SOCIAL SETTINGS ARE THE CONTEXT FOR INTERVENTION

The focus of the Pyramid Model is to foster social emotional development. This requires a rich social milieu as the context of intervention and instruction. Thus, the model is designed for implementation within natural environments, interactions with the child's natural caregivers and peers, and classroom settings that offer opportunities for interactions with socially competent peers. Interventions do not involve pull out from those settings; rather, they are dependent on a rich social context where the number of opportunities to learn and practice social skills can be optimized.

### 2. PYRAMID MODEL TIERS HAVE ADDITIVE INTERVENTION VALUE

Each tier of intervention builds upon the previous tier. Tier 2 and 3 interventions are reliant on the provision of practices in the lower tiers to promote optimal child outcomes.

### 3. INSTRUCTIONAL PRECISION AND DOSAGE INCREASES AS YOU MOVE UP THE PYRAMID TIERS

The intervention practices and foci in tier 2 and 3 are not uniquely different teaching targets or approaches than the universal practices used to foster all children's social development. The differences between tiers are evident in the specificity of the instructional target, the precision of the instructional approach, the frequency of monitoring children's responsiveness to intervention efforts, and the number of instructional opportunities delivered to children at each level.

### 4. EFFICIENCY AND EFFECTIVENESS OF INTERVENTION IS OF PRIMARY IMPORTANCE

When children have challenging behavior or social-emotional risks, it is imperative that intervention is delivered quickly and effectively. There is ample research evidence that when children's challenging behavior persists, the problems are likely to worsen and become compounded by related problems including peer and adult rejection and coercive relationships (Dodge, Coie, & Lynham, 2006; Moreland & Dumas, 2008). Thus, the Pyramid model has been provided to early educators so that practitioners and programs can provide the most effective intervention needed to immediately support the child and result in desired child outcomes. Children in need of tier 2 or tier 3 approaches should have immediate access to those interventions.

### 5. FAMILIES ARE ESSENTIAL PARTNERS

The interventions involved in the Pyramid Model are reliant on the participation of families. All families are provided with information on how to promote their child's social development. When children are in need of tier 2 or 3 interventions, families are involved in the provision of systematic intervention by providing increased opportunities for the child to learn and practice new skills in the context of everyday activities and routines in the home and community. When children have persistent challenges, families and other persons involved with the child form a collaborative

team to develop and implement comprehensive interventions and supports that are applied in all of the child's routines and activities.

The Pyramid Model and related resources have been widely disseminated by two federally-funded research and training centers (i.e., Center on the Social Emotional Foundations for Early Learning {[www.vanderbilt.edu/csefel](http://www.vanderbilt.edu/csefel)} and the Technical Assistance Center on Social Emotional Interventions for Young Children {[www.challengingbehavior.org](http://www.challengingbehavior.org)}).

## 6. ADMINISTRATIVE SUPPORT IS ESSENTIAL

Implementing the Pyramid Model with fidelity and achieving positive outcomes for children and their families requires that administrators understand their roles in the implementation process. Every administrative decision impacts program quality and sustainability. Of particular importance are the facilitative administrative practices that provide sustained commitment, timely training, competent coaching, the use of process and outcome data for decision-making, and the development of policies and procedures that are aligned with high fidelity implementation (Mincic, Smith & Strain, 2009).

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**The information contained in this fact sheet is taken in large part from Fox, L., Carta, J., Strain, P., Dunlap, G., & Hemmeter, M.L. (2009). *Response to Intervention and the Pyramid Model*. Tampa, Florida: University of South Florida, Technical Assistance Center on Social Emotional Intervention for Young Children; [www.challengingbehavior.org](http://www.challengingbehavior.org)**

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 14**

## **Strengthening Families Protective Factors Framework**

**What We Know: Families thrive when protective factors are robust in their lives and communities.**

Using the Strengthening Families Approach, more than 30 states are shifting policy, funding and training to help programs working with children and families build protective factors with families. Many states and counties also use the Protective Factors Framework to align services for children and families, strengthen families in the child welfare system and work in partnership with families and communities to build protective factors. For more information and many tools and options for implementation, visit [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net).

Nationally, Strengthening Families is coordinated by the Center for the Study of Social Policy (CSSP) and supported by national partner organizations including:

- Child Welfare Information Gateway
- The Finance Project
- FRIENDS National Resource Center
- The National Alliance of Children's Trust and Prevention Funds
- Parents As Teachers
- United Way Worldwide
- ZERO TO THREE

## The Protective Factors Framework

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development.

### Parental Resilience

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

### Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

### Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

### Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

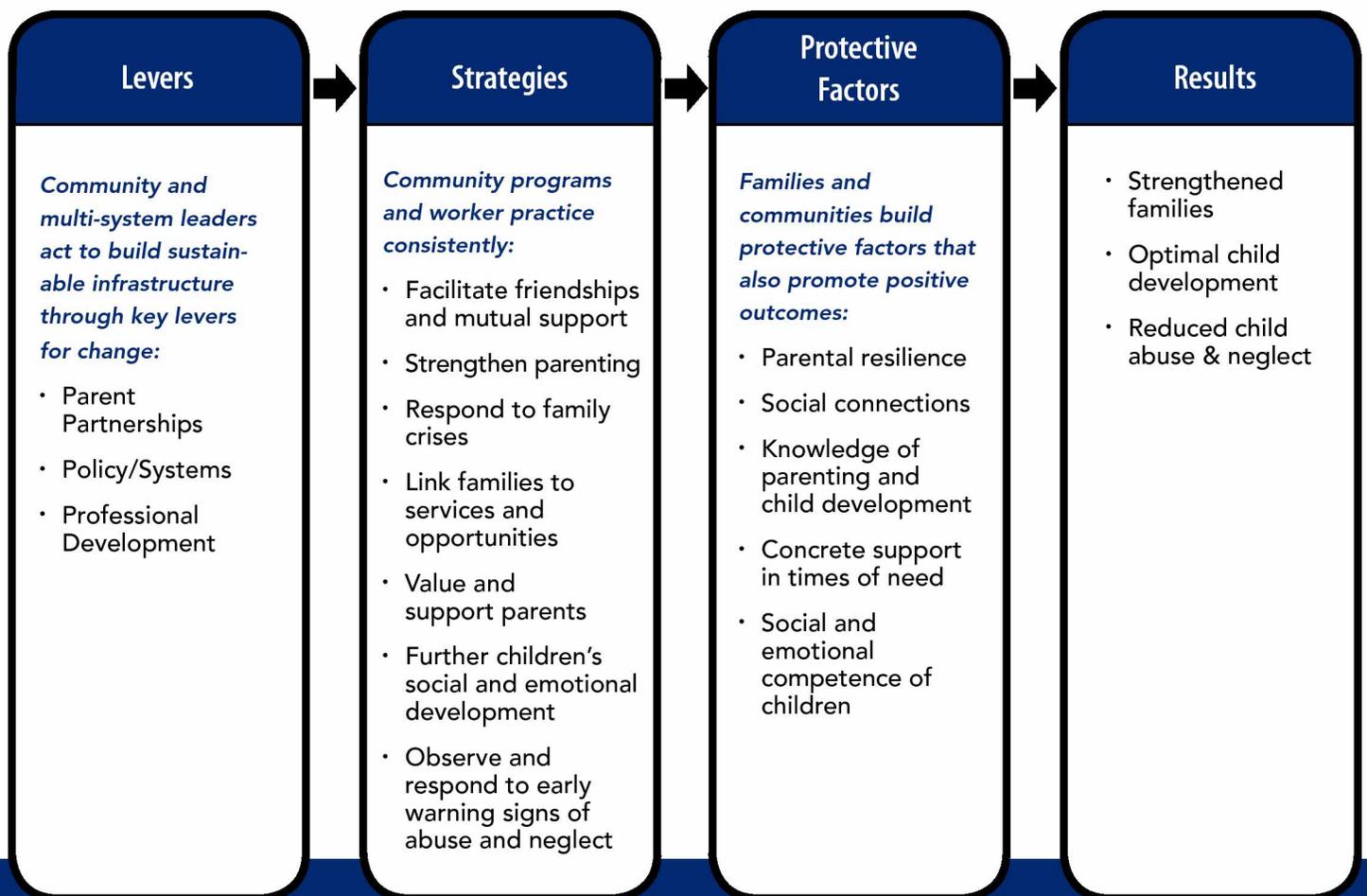
### Social and Emotional Competence of Children

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

Mobilizing partners, communities and families to build family strengths, promote optimal development and reduce child abuse and neglect

## The Strengthening Families Approach

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Can be implemented through small but significant changes in everyday actions
- Builds on and can become a part of existing programs, strategies, systems and community opportunities
- Is grounded in research, practice and implementation knowledge



### A New Vision

Families and communities, service systems and organizations:

- Focus on building protective and promotive factors to reduce risk and create optimal outcomes for all children, youth and families
- Recognize and support parents as decision-makers and leaders
- Value the culture and unique assets of each family
- Are mutually responsible for better outcomes for children, youth and families

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 15**

## **Core Knowledge and Core Competencies for Early Childhood Professionals**

# MICHIGAN

## CORE KNOWLEDGE AND CORE COMPETENCIES

### FOR

## EARLY CHILDHOOD PROFESSIONALS

# 2013



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# INTRODUCTION



## INTRODUCTION

With the creation of the Office of Great Start and the implementation of the STARS Quality Rating and Improvement System for early care and learning settings, Michigan is making important improvements throughout the state to positively impact all children’s academic and social development. As part of this movement forward, in 2013, Michigan’s Early Childhood Investment Corporation (ECIC) and the Great Start Early Learning Advisory Council (GS-ELAC) began the process of revising the 2003 Michigan Early Childhood Professional Core Knowledge and Core Competencies (CKCC).

The revised Michigan Core Knowledge and Core Competencies for Early Childhood Care and Education Professionals is a critical component in Michigan’s commitment to early educators, an enhanced system of professional development, and improved program standards so that all of Michigan’s children can receive a Great Start. The CKCC Framework and its progression of credentials are aligned to competencies for shared expectations of the knowledge, skills, and dispositions necessary for all types of Early Childhood (EC) practitioners. As such, the new Michigan CKCC ensures a continuum of professional growth opportunities that prepare an effective and well qualified workforce of early childhood educators inclusive of appropriate levels of training, education, and credentials. The Framework also aligns and builds upon the existing Michigan CKCC, the Michigan Early Learning Standards, and other documents such as the Head Start Performance Standard, National Association for the Education of Young Children (NAEYC) Accreditation Standards, and Great Start to Quality.

Since 2003, much has changed in the field with regard to what early childhood professionals need to know and be able to do in early education and care settings. In the last ten years, new waves of

scientific research on young children and families – from research on brain development and the connection of quality care with child well-being to more inclusive, collaborative approaches to educating all young children – have changed the field. The broadened definition of the early education workforce exemplified in the Race to the Top Early Learning Challenge program has not only changed our understanding of what educators of young children need to know and do, but also has taught us that we must elevate the stature of the field in order to improve education in this country.

A revisited set of Core Knowledge and Core Competencies that defines the knowledge expectations for early educators is crucial to a professional development system in Michigan. The CKCC design and content changes provide more specificity and clarity for what professionals should know and be able to do in their role and in the type of program within which they work.

To ensure that the revised CKCC and the professional development system are relevant, appropriate, and actually adopted, they must be flexible, multi-layered and accessible to the full range of Michigan’s early childhood educators. The Michigan CKCC is presented in a usable and compelling format. It includes expectations across a continuum of training, education, and experience, ranging from practitioners entering the field to those with years of experience and expertise. The competencies offer a road map for developing and motivating oneself as a professional in this incredibly important and increasingly professionalized field. Note: While this document’s title refers to the *“Michigan Core Knowledge and Core Competencies for Early Childhood Professionals”*, we simply use the term *“Competency”* throughout the document to denote *“Core Knowledge and Core Competencies”*.

## THE CKCC PACKAGE INCLUDES:

- A revised **Competency Framework** for professionals expanding knowledge and competencies in their job, or who are transitioning to new roles and a companion **Self-Assessment and PD Planning Tool** for reflection and goal setting.
- A **Career Ladder** applying to all settings in Michigan’s mixed delivery system, defining a pathway for educators or next steps in professional growth and development as well as a **one-page graphic** illustrating professional development and career pathways; and finally,
- **Crosswalks** that align the revised CKCC with other state and national standards.



## **WHO SHOULD USE THE CORE KNOWLEDGE AND CORE COMPETENCIES?**

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The CKCC has been written for professionals who work directly with young children (lead teachers, aides, paraprofessionals, itinerant teachers, classroom volunteers, and family child care providers); directors and program administrators, those involved with training organizations; teacher education programs (college professors, field supervisors); those involved with policy and advocacy initiatives (local and state agencies, policymakers, early childhood advocates); those involved with Professional Development (PD) systems, and others.

- ⇒ Early learning and care educators can use the tool for self-assessment and intentional professional development planning.
- ⇒ Program Administrators and Directors can use CKCC in interviewing potential staff, assessing staff performance, mentoring, identifying areas of professional development, and for creating/reviewing job descriptions.
- ⇒ Trainers and professional development organizations can use the CKCC to evaluate and develop professional development opportunities while aligning training with targeted competency areas.
- ⇒ Teacher education programs and Institutes of Higher Education (IHE) can use the CKCC to design course content to fulfill competency needs. They can also use the CKCC to advise and communicate to students about the field, and provide a common language to connect with cooperating teachers, directors and colleges. The CKCC has been aligned to National Preparation Standards to support IHE's in facilitating transfer agreements among certificate and degree granting programs.
- ⇒ Mentors and coaches can use the CKCC to guide, mentor, and reflect upon practice.
- ⇒ Local and state agencies can draw from the CKCC to develop policies, initiatives, and make funding decisions that improve the compensation of early childhood professionals.
- ⇒ Public and private investors in education can turn to the CKCC in developing incentives and initiatives that facilitate professional competency.

## **A NOTE ABOUT INCLUSION**

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The following definitions have been developed to reflect our collective commitment to quality and inclusion:

- ⇒ **All children.**  
The phrase all children is used throughout to include children of all abilities, representing varied ethnicities, cultures, faith, socio economic status, and recognizes that all children are unique with varied interests and develop along a continuum based on their own unique maturation, temperament, and biological and environmental influences.
- ⇒ **All families.**  
The phrase all families denotes families that are connected to a child biologically, residentially, across generations, or who are significant contributors to the child's daily life, all of whom share a concern and investment in the child's well-being. It is used to represent varied cultures, norms, socio economic status, and languages.
- ⇒ **Diversity.**  
The phrase diversity denotes variance in abilities, ethnicities, faith, beliefs, cultures, habits, practices, gender identity, and values.

# COMPETENCY AREAS



## COMPETENCY AREAS

The CKCC document is divided into eight **Core Knowledge and Competency Areas (see chart below)** including:

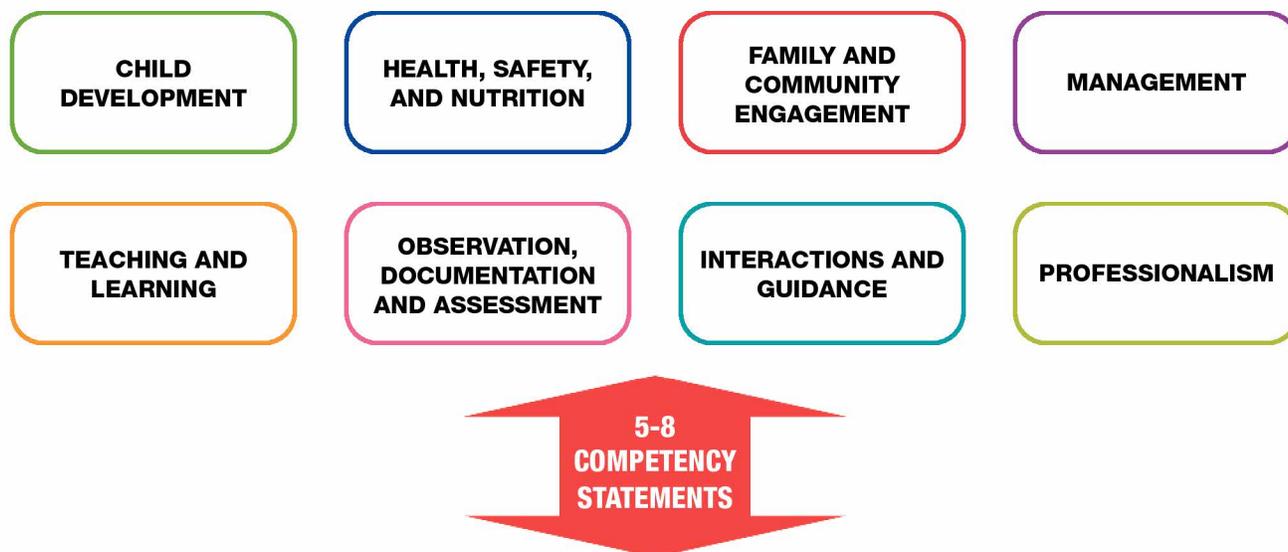
1) Child Development; 2) Health, Safety, and Nutrition; 3) Family and Community Engagement; 4) Management; 5) Teaching and Learning; 6) Observation, Documentation, and Assessment; 7) Interactions and Guidance; and 8) Professionalism.

Each of these Competency Areas contains several **Competency Statements**. In turn, each **Competency Statement** is divided into three levels of Indicators: **Developing, Achieving, and Extending**. The three levels derive from the original five levels of Bloom's Taxonomy of: Knowledge, Comprehension, Application, Analysis and Synthesis.

- The **Developing** Level incorporates Knowledge and Comprehension.
- The **Achieving** Level incorporates Application and some Analysis.
- The **Extending** Level incorporates Analysis and Synthesis.

The Indicators identify the knowledge, skills, and attributes educators may either be developing, achieving or extending, with each level building on the knowledge of the previous level. An individual at the Achieving level has mastered a majority of the competency indicators at the Developing level. On the other hand, individuals at the Developing level may also possess some of the indicators at the Achieving level and/or Extending Level.

## CORE KNOWLEDGE AND COMPETENCY AREAS



## PROGRESSION OF SKILLS KNOWLEDGE AND DISPOSITIONS





## ALIGNMENT

Michigan early care and education professionals across a spectrum of roles and settings need to be comfortable knowing that the CKCC document is not yet another set of standards that must be followed, but a usable, dynamic document that embeds the standards to effectively guide the workforce. Therefore, key Michigan documents are cross walked and aligned at the Competency Area, Competency Statement and Competency Indicator levels so that the revised Michigan CKCC is consistent with the very latest early care and education expectations, standards and guidance documents in Michigan. The following State and National Standards are fully represented in the content of the CKCC:

STATE DOCUMENTS	NATIONAL DOCUMENTS
<p><b>Early Learning</b></p> <p>Michigan State Board of Education (2013) Attachment A: <i>Early Learning Expectations for Three-and-Four-Year Old Children, to the Early Childhood Standards of Quality for Prekindergarten</i></p> <p>Michigan State Board of Education (2013) Attachment A: <i>Early Development and Learning Strands for Infants and Toddlers to the Early Childhood Standards of Quality for Infant and Toddler Programs</i></p>	<p><b>Early Learning</b></p> <p>U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start (2010) <i>Head Start Child Development and Early Learning Framework: Promoting Positive Outcomes in Early Childhood Programs Serving Children 3-5 Years Old</i></p>
<p><b>Program Standards</b></p> <p>Michigan State Board of Education (2005) <i>Early Childhood Standards of Quality for Prekindergarten</i></p> <p>Michigan State Board of Education (2006) <i>Early Childhood Standards of Quality for Infant and Toddler Programs</i></p>	<p><b>Program Standards</b></p> <p>Head Start Program Performance Standards (2009) 45 CFR Chapter XII</p>
<p><b>Early Educators Preparation Standards</b></p> <p>Standards for the Preparation of Teachers of Early Childhood ZS (General and Special Education) (2008)</p>	<p><b>Early Educators Preparation Standards</b></p> <p>NAEYC Standards for Initial and Advanced EC Professional Preparation Programs</p> <p>Council for Exceptional Children (CEC) Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention (Birth to Eight) (Dec 2009)</p> <p>Child Development Associate (CDA) Subject Areas *February 2012 alignment of NAEYC and Council for Professional Recognition</p>
<p><b>Regulations</b></p> <p>State of Michigan Department of Human Services Bureau of Child and Adult Licensing (2008) <i>Licensing Rules for Child Care Centers</i></p> <p>State of Michigan Department of Human Services Bureau of Child and Adult Licensing (2009) <i>Licensing Rules for Family and Group Child Care Homes</i></p>	
<p><b>Quality Rating and Improvement System</b></p> <p>QRIS-Great Start Quality Rating and Improvement System 6-2013</p>	

A more detailed graphic representation of how these documents are aligned throughout the document is in the **Appendix**.

# ACKNOWLEDGEMENTS



## ACKNOWLEDGEMENTS

Under the leadership of the Office of Great Start, the Early Childhood Investment Corporation (ECIC) awarded **Early Childhood Associates, Inc.**, a nationally recognized education social science research and professional development firm, a grant to conduct the Michigan Core Knowledge and Competencies (CKCC) Review and Update. Special honors and thanks to their team: **Linda Warren, Lisa Van Thiel, Sherry Cleary, Marsha Miller, Benita Danzing, Jessica Howe** and **Lisa Sullivan** for dedication and leadership in moving this work forward to its completion.

This facilitation team sought critical feedback in the CKCC revision process from a broad range of professionals. Several stakeholder, work group and focus groups were convened and provided expert consultation throughout the revision and writing process. Their contributions of time and unique perspectives are evident in this revised Michigan Core Knowledge and Core Competencies document.

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# CHILD DEVELOPMENT COMPETENCY AREA

*Child Development is the foundational knowledge used by early care and education practitioners to inform and guide practice. A strong application of Child Development competency is achieved by recognizing milestones and understanding their significance, continuums within development, atypical development, and factors that can mitigate development and learning. Educators demonstrate how children differ from each other in their development and learning; understand the impact of the environment on learning, cognitive development, language acquisition and literacy, physical development, mathematical skills; and how children develop socially and emotionally through interactions.*



1



# CHILD DEVELOPMENT



## COMPETENCY STATEMENTS



- COMPETENCY A:** Demonstrates knowledge of maturation, learning, and child development.
- COMPETENCY B:** Demonstrates knowledge of how young children differ in their development and learning.
- COMPETENCY C:** Demonstrates knowledge of the impact of the environment on child growth and development.
- COMPETENCY D:** Demonstrates knowledge of diverse learners to ensure high standards for all children.
- COMPETENCY E:** Demonstrates acceptance of all children and families by promoting a climate of inclusion and engagement.
- COMPETENCY F:** Demonstrates knowledge of cognitive development to support children in using information in increasingly complex ways.
- COMPETENCY G:** Demonstrates knowledge of language acquisition and literacy skills.
- COMPETENCY H:** Demonstrates knowledge of physical development, including gross and fine motor skills, neurological processing, sensory integration, and mobility.
- COMPETENCY I:** Demonstrates knowledge about how children develop socially and emotionally through interactions with adults and peers.
- COMPETENCY J:** Demonstrates knowledge of how young children develop mathematical skills through interactions, materials, and problem solving.

## COMPETENCY AREA: CHILD DEVELOPMENT



### COMPETENCY STATEMENT A

**Demonstrates knowledge of maturation, learning, and child development.**

#### DEVELOPING

- 1.1 **Recognizes** developmental domains: physical, social, emotional, language, cognitive, and aesthetic development, and **identifies** milestones in each area.
- 1.2 **Describes** how children develop through maturation and learning.
- 1.3 **Observes** children of various ages, and **describes** general characteristics of their growth and development.

#### ACHIEVING

- 2.1 **Observes** and **describes** major milestones, typical behaviors, and general learning processes.
- 2.2 **Monitors** children's maturation and development over time.
- 2.3 **Applies** knowledge of young children's development and learning needs to document engagement, motivation, and processes used to gain knowledge and skills.

#### EXTENDING

- 3.1 **Evaluates, mentors** and **trains** individuals to apply child development, learning theories, and developmentally appropriate practices.
- 3.2 **Reviews, observes** and critically **analyzes** observation data to provide instructional feedback and to inform practice and policy.



## COMPETENCY STATEMENT B

**Demonstrates knowledge of how young children differ in their development and learning.**

### DEVELOPING

- 1.1 **Recognizes** and **identifies** differences and similarities in abilities and skills across developmental domains.
- 1.2 **Recognizes** variability in learning styles and preferences for learning.
- 1.3 **Describes** and **discusses** the impact of the environment and adult interactions on children's abilities and skills.

### ACHIEVING

- 2.1 **Recognizes** the role of early educators in providing opportunities that support individualized learning.
- 2.2 **Designs** learning experiences across developmental domains that use multiple modalities to support diverse abilities.
- 2.3 **Uses** knowledge of individual children, multiple modes of intelligence, and Universal Design for Learning (UDL) principles to support learning.
- 2.4 **Structures** experiences based on variations in growth and development through the use of multiple modalities.

### EXTENDING

- 3.1 **Conducts** regular observations to assess and improve learning opportunities and plan for continuous improvement.
- 3.2 **Provides** training on the use of multiple modes of intelligence to support UDL.
- 3.3 **Evaluates** the effectiveness of experiences intended to enhance the development of all children, and provides feedback.

## COMPETENCY AREA: CHILD DEVELOPMENT



### COMPETENCY STATEMENT C

**Demonstrates knowledge of the impact of the environment on child growth and development.**

#### DEVELOPING

- 1.1 **Recognizes** the effects of income disparity and associated factors of stress, health, and nutrition on children's growth and development.
- 1.2 **Knows** that environmental factors can influence maturation or the rate of growth and development.
- 1.3 **Utilizes** positive interactions to reduce the impact of environmental factors on maturation.

#### ACHIEVING

- 2.1 **Implements** programs and daily experiences to foster growth and development of children based on knowledge of maturation, interactions, and child health.
- 2.2 **Modifies** learning environments, experiences, and interactions to support health and maturation across developmental domains.
- 2.3 **Shares** knowledge and resources with parents to mitigate the impact of environmental factors on children's maturation.
- 2.4 **Supports** families in fostering children's healthy growth and development at home, school, and the community.

#### EXTENDING

- 3.1 **Designs** programs and policies based on knowledge of children's maturation, interactions, and health.
- 3.2 **Informs** the larger community about issues impacting the healthy growth and development of children.
- 3.3 **Advocates** for legislation to support children's development and health.
- 3.4 **Researches** and **evaluates** practices that influence children's development.



## COMPETENCY STATEMENT D

**Demonstrates knowledge of diverse learners to ensure high standards for all children.**

### DEVELOPING

- 1.1 **Recognizes** variations in development and learning.
- 1.2 **Acknowledges** similarities between children who are developing typically and atypically.
- 1.3 **Models** respect and establishes high standards for all children.
- 1.4 **Understands** the importance of early intervention for children with significant developmental variations.

### ACHIEVING

- 2.1 **Observes, recognizes, and describes** variations in children's development and learning.
- 2.2 **Creates and adapts** experiences, interactions, and learning environments to meet children's needs.
- 2.3 **Assesses** the development of all children and makes referrals to appropriate programs/services.
- 2.4 **Participates** in planning, implementing and monitoring Individual Educational Plans (IEP) and Individual Family Service Plans (IFSP).
- 2.5 **Supports** children with diverse learning needs in collaboration with families and/or specialists.

### EXTENDING

- 3.1 **Evaluates and recommends** changes to the environment that facilitate children's full participation.
- 3.2 **Disseminates** information to inform others about the importance of early identification and intervention.
- 3.3 **Advocates** for inclusion of children with diverse learning needs in a variety of settings.
- 3.4 **Provides** training and mentors others on inclusive practices.
- 3.5 **Collaborates** with medical and other specialists to assure that children with unique needs are supported in early learning environments.


**COMPETENCY AREA: CHILD DEVELOPMENT**

## COMPETENCY STATEMENT E

**Demonstrates acceptance of all children and families by promoting a climate of inclusion and engagement.**

### DEVELOPING

- 1.1 **Recognizes** the role of home language and culture on children's development.
- 1.2 **Models** respect for cultural/linguistic diversity and inclusion of children with disabilities.
- 1.3 **Articulates** the importance of a child's primary language and culture while supporting children in learning English.
- 1.4 **Describes** how language development may vary for Dual Language Learners (DLL).

### ACHIEVING

- 2.1 **Applies** knowledge of home language and cultural practices to support parents in their role as the primary teacher of their children.
- 2.2 **Establishes** and **maintains** learning environments that embrace diversity and foster inclusion.
- 2.3 **Aims** to ensure equity in access to programs and services.

### EXTENDING

- 3.1 **Evaluates** and **modifies** learning environments to mirror the cultural/linguistic influences of children and families.
- 3.2 **Strives** to recruit program staff that represents the community and family diversity.
- 3.3 **Advocates** for equity in access to programs.



## COMPETENCY STATEMENT F

**Demonstrates knowledge of cognitive development to support children in using information in increasingly complex ways.**

### DEVELOPING

- 1.1 Draws** from the work of theorists such as Piaget, Vygotsky, and research on brain development to describe how young children learn and develop thought.
- 1.2 Utilizes** child assessment tools, including standardized measures and anecdotal observations, to understand cognitive abilities and development.

### ACHIEVING

- 2.1 Applies** knowledge of cognitive development to create learning opportunities that intentionally engage children to explore their environment.
- 2.2 Prompts** children to represent their understanding of the world through actions, objects, words, and representations.
- 2.3 Scaffolds** learning experiences to promote problem solving and discourse.
- 2.4 Develops** children's thinking skills by mapping language to action and providing feedback.

### EXTENDING

- 3.1 Evaluates** learning environments to provide feedback on the quality of interactions in fostering concept development and higher order thinking.
- 3.2 Shares** current research and best practices to foster cognitive development.
- 3.3 Mentors and trains** staff to foster high quality interactions through inquiry and discovery.


**COMPETENCY AREA: CHILD DEVELOPMENT**

## COMPETENCY STATEMENT G

**Demonstrates knowledge of language acquisition and literacy skills.**

### DEVELOPING

- 1.1 **Explains** how young children develop receptive and expressive language.
- 1.2 **Describes** the differences between receptive and expressive language skills.
- 1.3 **Facilitates** oral language development through conversations and active engagement, feedback loops, and language mapping.
- 1.4 **Provides** children with daily opportunities for reading individually and in a group.

### ACHIEVING

- 2.1 **Applies** knowledge of all aspects of language development to facilitate children's language acquisition and literacy skills.
- 2.2 **Identifies** and **builds** on opportunities for language learning throughout the day.
- 2.3 **Provides** opportunities for children to develop receptive language, build vocabulary, and conceptual knowledge.
- 2.4 **Applies** age appropriate strategies for extending children's language through quality feedback and language modeling.
- 2.5 **Supports** DLL in developing and bridging second language acquisition.
- 2.6 **Encourages** children to represent thoughts in pictures and words, and **utilizes** knowledge of language development to foster learning along the writing continuum.

### EXTENDING

- 3.1 **Analyzes** communication loops and feedback to extend children's receptive and expressive language.
- 3.2 **Interprets** data to identify children's strengths and challenges and to establish goals for continuous improvement.
- 3.3 **Supports** others in furthering their understanding of language and literacy development.
- 3.4 **Reviews** and **analyzes** the research on language and literacy to inform practice.



## COMPETENCY STATEMENT H

**Demonstrates knowledge of physical development, including gross and fine motor skills, neurological processing, sensory integration, and mobility.**

### DEVELOPING

- 1.1 **Explains** how physical development progresses from inside out and top to bottom.
- 1.2 **Identifies** the differences between gross and fine motor skills.
- 1.3 **Recognizes** the link between early experiences and the development of perceptual motor skills.
- 1.4 **Engages** children in activities that support the development of gross and fine motor skills.

### ACHIEVING

- 2.1 **Applies** knowledge of physical development and growth to plan and implement activities that support gross and fine motor skills.
- 2.2 **Provides** daily opportunities for movement and exercise to stimulate physical development, including motor skills, agility, and neural processing.

### EXTENDING

- 3.1 **Shares** research and best practices with early educators to improve practice.
- 3.2 **Analyzes** program data to improve and expand physical development opportunities.
- 3.3 **Provides** program and community based opportunities to advance understanding of the importance of physical development on children's growth and learning.

## COMPETENCY AREA: CHILD DEVELOPMENT



## COMPETENCY STATEMENT I

**Demonstrates knowledge about how children develop socially and emotionally through interactions with adults and peers.**

### DEVELOPING

- 1.1 **Provides** opportunities that build self-confidence, and **encourages** children to interact and learn alongside others.
- 1.2 **Supports** children in developing a sense of self and in building strong relationships with adults and peers.
- 1.3 **Encourages** children to take the perspective of others and to discuss and explain their ideas to peers and adults.
- 1.4 **Fosters** emerging caring and cooperation skills among children.

### ACHIEVING

- 2.1 **Assists** children in developing rules and creating a democracy in the classroom.
- 2.2 **Discusses** similarities and differences among people, and **celebrates** different groups' contributions to society.
- 2.3 **Encourages** children to recognize and express their feelings and emotions respectfully, and to use language appropriate to their development levels.
- 2.4 **Uses** and **develops** age appropriate inquiry to learn more about people and the world.
- 2.5 **Facilitates** age appropriate strategies to resolve conflicts, model democracy, or to gain understanding of an issue from multiple perspectives.

### EXTENDING

- 3.1 **Designs** programs and experiences to extend children's sense of community through discovery and reflection on personal history, their families, and the community.
- 3.2 **Creates** opportunities for children and adults to build relationships with members of the community.
- 3.3 **Extends** and **expands** learning and community involvement.



## COMPETENCY STATEMENT J

**Demonstrates knowledge of how young children develop mathematical skills through interactions, materials, and problem solving.**

### DEVELOPING

- 1.1 **Develops** mathematical language and skills in meaningful contexts.
- 1.2 **Provides** children with opportunities to build, modify, and integrate simple mathematical concepts.
- 1.3 **Explains** how children develop processes and strategies for solving mathematical problems.

### ACHIEVING

- 2.1 **Recognizes** and **articulates** the progression of mathematics for developing skills in classification and patterns, counting and cardinality, simple operations, measurement, and geometry.
- 2.2 **Generates** and **implements** problem solving opportunities in the context of daily activities and routines.
- 2.3 **Applies** knowledge of mathematics to encourage problem solving, communicating, and making representations and connections.
- 2.4 **Demonstrates** multiple ways to talk about and solve concrete and simple mathematical problems, for example, *how many ways can you count to ten?*
- 2.5 **Listens** and **observes** children to better understand their progress and mathematical thinking.

### EXTENDING

- 3.1 **Shares** research related to early learning and mathematics to inform practice.
- 3.2 **Mentors, coaches,** and **trains** others to improve teaching practices that enhance mathematical thinking in young children.
- 3.3 **Engages** practitioners in reflective practice to support their use of mathematical language and reasoning.
- 3.4 **Educates** practitioners and the community on the relevance and impact of mathematical language and reasoning on children's development and learning.

## CHILD DEVELOPMENT SUMMARY SHEET



### AREA OF OPPORTUNITY

- ⇒ *Never/rarely demonstrates competence with the indicators*
- ⇒ *Demonstrates competence with the indicators, but only with guidance*

### STEADY PROGRESS

- ⇒ *Demonstrates competence with many, but not all of indicators*
- ⇒ *Demonstrates competence with the indicators, but inconsistently*

### AREA OF STRENGTH

- ⇒ *Consistently demonstrates competence with almost all of the indicators*
- ⇒ *Is able to help others understand and implement with guidance the indicators*

## COMPETENCY AREA: CHILD DEVELOPMENT

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>CD.A:</b> Demonstrates knowledge of maturation, learning, and child development.				
<b>CD.B:</b> Demonstrates knowledge of how young children differ in their development and learning.				
<b>CD.C:</b> Demonstrates knowledge of the impact of environment on child growth and development.				
<b>CD.D:</b> Demonstrates knowledge of diverse learners to ensure high standards for all children.				
<b>CD.E:</b> Demonstrates acceptance of all children and families by promoting a climate of inclusion and engagement.				
<b>CD.F:</b> Demonstrates knowledge of cognitive development to support children in using information in increasingly complex ways.				
<b>CD.G:</b> Demonstrates knowledge of language acquisition and literacy skills.				
<b>CD.H:</b> Demonstrates knowledge of physical development, including gross and fine motor skills, neurological processing, sensory integration, and mobility.				
<b>CD.I:</b> Demonstrates knowledge about how children develop socially and emotionally through interactions with adults and peers.				
<b>CD.J:</b> Demonstrates knowledge of how young children develop mathematical skills through interactions, materials, and problem solving.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# HEALTH, SAFETY, AND NUTRITION COMPETENCY AREA

*Young children thrive within environments that foster health, ensure safety, and provide for their nutritional needs. Competent educators demonstrate best practices to promote health and safety, including taking safety precautions, meeting nutritional needs of all children, identifying signs of emotional distress and abuse, and partnering with families to exchange information. The early childhood workforce draws upon the expertise of providers including pediatricians, nutritionists, social workers, and other specialists focused on ensuring the health, safety, and nutrition of our youngest citizens.*





# HEALTH, SAFETY, AND NUTRITION



## COMPETENCY STATEMENTS



**COMPETENCY A:** Demonstrates knowledge of best practices to promote health and safety of young children at home and in early care and education settings.

**COMPETENCY B:** Demonstrates safety precautions and procedures to prevent or reduce injuries.

**COMPETENCY C:** Demonstrates the ability to meet the nutritional needs of all children.

**COMPETENCY D:** Demonstrates ability to identify signs of and report emotional distress and child abuse.

**COMPETENCY E:** Demonstrates ability to partner with families to exchange information, provide services, and create links with health, safety, and nutrition programs.

**COMPETENCY AREA: HEALTH, SAFETY, AND NUTRITION****COMPETENCY STATEMENT A**

**Demonstrates knowledge of best practices to promote health and safety of young children at home and in early care and education settings.**

**DEVELOPING**

- 1.1 Recognizes and responds** to individual children's health needs.
- 1.2 Recognizes, documents, and reports** symptoms of common illness and stress to supervisors and families.
- 1.3 Follows and practices** specified standard precaution procedures to limit the spread of common illnesses.
- 1.4 Initiates** wellness activities that promote good health and hygiene among children.
- 1.5 Follows** specified guidelines for administering prescribed medications.
- 1.6 Maintains** current Red Cross or comparable age appropriate CPR and First Aid Certification, and follows recommended practices.

**ACHIEVING**

- 2.1 Informs** parents and staff on issues impacting the health of children and families.
- 2.2 Promotes** children's awareness of healthy choices and behaviors through routines and curriculum.
- 2.3 Reviews** written health care policies, and regularly provides or attends staff trainings to ensure understanding and implementation of procedures.
- 2.4 Maintains and implements** a program plan that supports and improves children's health and promotes healthy environments.

**EXTENDING**

- 3.1 Educates** others on the relationship between health and nutrition, and children's development.
- 3.2 Supports** early educators in drafting healthcare policies and procedures aligned to best practices.
- 3.3 Advocates** for accessible programs and services that support families in creating healthy environments at home and in the community.



## COMPETENCY STATEMENT B

**Demonstrates safety precautions and procedures to prevent or reduce injuries.**

### DEVELOPING

- 1.1 **Recognizes** potential hazards and **takes** actions to ensure children's safety.
- 1.2 **Follows** emergency procedures.
- 1.3 **Completes** safety checklists and **follows** health care policies to ensure a safe environment.
- 1.4 **Selects** toys and materials that are safe and developmentally appropriate.

### ACHIEVING

- 2.1 **Reviews** procedures and follow up strategies that prevent and reduce injuries.
- 2.2 **Structures** the environment and equipment to ensure safety.
- 2.3 **Reviews** injury logs and **updates** policies and procedures to prevent and reduce injuries.

### EXTENDING

- 3.1 **Complies** with and **trains** staff on all rules and regulations that impact children's health and safety.
- 3.2 **Recommends** changes in policies, practices, and regulations to ensure safe and healthy environments for all children.
- 3.3 **Advocates** for policies, practices, and regulations that reflect the most current recommendations as determined by experts on child safety (e.g. American Academy of Pediatrics).

## COMPETENCY AREA: HEALTH, SAFETY, AND NUTRITION



### COMPETENCY STATEMENT C

**Demonstrates the ability to meet the nutritional needs of all children.**

#### DEVELOPING

- 1.1 **Recognizes** and **responds** to the nutritional needs of all children.
- 1.2 **Practices** appropriate hand washing and food handling techniques as defined by Michigan's food safety and sanitation laws.
- 1.3 **Prepares** meals and snacks that reflect a nutritionally balanced diet, based on written plans.
- 1.4 **Identifies** spoiled and contaminated foods and **disposes** of them.
- 1.5 **Follows** instructions for meeting the needs of children with allergies or special diets during meal time while ensuring inclusion in the group.
- 1.6 **Teaches** children the components of a nutritionally balanced diet.
- 1.7 **Serves** food in a positive, relaxed and social atmosphere to promote positive self-esteem and attitudes.

#### ACHIEVING

- 2.1 **Plans** and **prepares** meals and snacks that reflect a nutritionally balanced diet based on the Child and Adult Care Food Program (CACF) guidelines, including meeting the special dietary needs of individual children.
- 2.2 **Recognizes** indicators of poor nutrition.
- 2.3 **Ensures** that all staff is aware of and follows special dietary plans and **prevents** children with allergies from exposure or ingestion.
- 2.4 **Implements** appropriate food handling practices to prevent food borne illness and spoilage.
- 2.5 **Follows** nutritional guidelines in planning snacks and meals, and provides children with sufficient time to eat.
- 2.6 **Provides** parents and other caregivers with resources on the importance of good nutrition on healthy development, and **supports** them in meeting children's special dietary or allergy needs.
- 2.7 **Structures** the environment to serve food in a positive, relaxed, and social atmosphere with sufficient time to accommodate the varied needs of children.

*(continued on page 29)*



## COMPETENCY STATEMENT C

*(continued from page 28)*

### EXTENDING

- 3.1 **Teaches** or **mentors** others in serving food in a positive, relaxed, and social atmosphere.
- 3.2 **Advocates** for public policies that ensure availability of a nutritionally balanced diet for all children (e.g., advocating on behalf of food supplement programs such as WIC).
- 3.3 **Explores** local food options to promote fresh foods and higher nutrient value beyond CACFP requirements.
- 3.4 **Consults** with registered dietitians and/or other health professionals as needed to inform policy and ensure a higher understanding of nutritional needs of all children.



## COMPETENCY AREA: HEALTH, SAFETY, AND NUTRITION



### COMPETENCY STATEMENT D

**Demonstrates ability to identify signs of and report on emotional distress and child abuse.**

#### DEVELOPING

- 1.1 **Recognizes** signs of child abuse and neglect.
- 1.2 **Knows** and **follows** program and state guidelines for reporting child abuse and neglect to the Michigan Department of Human Services.
- 1.3 **Understands** the responsibilities of mandated reporters.
- 1.4 **Consults** with more experienced program and protective services staff if there is suspicion of child abuse and neglect.
- 1.5 **Responds** to and **reports** suspected child abuse and neglect and **cooperates** in carrying out treatment plans.

#### ACHIEVING

- 2.1 **Identifies** local resources available to children and families that deal with problems of ongoing emotional distress, and abuse and neglect.
- 2.2 **Develops** program specific policies and procedures for reporting child abuse and neglect.
- 2.3 **Supports** others in recognizing and reporting possible signs of abuse and neglect.
- 2.4 **Evaluates** program policies and procedures to ensure alignment with state reporting guidelines and annual mandated reporter training for child care staff.
- 2.5 **Provides** staff, families, and others with information on ways to relieve stress and mitigate aggression.
- 2.6 **Assists** families in obtaining counseling and other services to support them in creating a positive, nurturing home environment and providing resources to minimize family stress.

#### EXTENDING

- 3.1 **Advises** community organizations and family service agencies on the importance of program policies and procedures, and **ensures** people working with young children and their families understand their role as mandated reporters.
- 3.2 **Functions** as an advocate in cases of abuse and neglect.
- 3.3 **Advocates** for the protection of children from abuse and neglect that includes making referral services available for families.
- 3.4 **Conducts** an analysis of existing community resources to support child and family mental health, and **advises** on capacity and needs.



## COMPETENCY STATEMENT E

**Demonstrates ability to partner with families to exchange information, provide services, and create links with health, safety, and nutrition programs.**

### DEVELOPING

- 1.1 **Reviews** children's health records annually.
- 1.2 **Shares** observations and concerns with parents and supervisors on a regular basis.
- 1.3 **Provides** information to parents and **refers** them to health, mental health, and other services.

### ACHIEVING

- 2.1 **Provides** families with information on development, vision, and hearing screenings annually.
- 2.2 **Reviews** children's health records regularly, and informs families of the need to update records or immunizations.
- 2.3 **Works** with parents and community partners to support families in accessing services related to overall health and prevention including mental health, WIC, IEP or IFSP.
- 2.4 **Establishes** written plans and **compiles** lists of programs, services, and agencies for making referrals to address basic health and mental health issues.
- 2.5 **Trains** and **supports** staff in securing referrals.

### EXTENDING

- 3.1 **Develops** and annually **reviews** with staff plans to respond to illness and emergencies, and shares the plans with parents and community partners.
- 3.2 **Partners** with the community to identify resources and gaps in services.
- 3.3 **Creates** and **maintains** a community resource list to meet family needs.
- 3.4 **Analyzes** child screenings and developmental assessment data to inform program, child, and family needs at both the program and community level.

# HEALTH, SAFETY, AND NUTRITION SUMMARY SHEET



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
⇒ <i>Never/rarely demonstrates competence with the indicators</i>	⇒ <i>Demonstrates competence with many, but not all of indicators</i>	⇒ <i>Consistently demonstrates competence with almost all of the indicators</i>
⇒ <i>Demonstrates competence with the indicators, but only with guidance</i>	⇒ <i>Demonstrates competence with the indicators, but inconsistently</i>	⇒ <i>Is able to help others understand and implement with guidance the indicators</i>

## COMPETENCY AREA: HEALTH, SAFETY, AND NUTRITION

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>HSN.A:</b> Demonstrates knowledge of best practices to promote health and safety of young children at home and in early care and education settings.				
<b>HSN.B:</b> Demonstrates safety precautions and procedures to prevent or reduce injuries.				
<b>HSN.C:</b> Demonstrates the ability to meet the nutritional needs of all children.				
<b>HSN.D:</b> Demonstrates ability to identify signs of and report on emotional distress and child abuse.				
<b>HSN.E:</b> Demonstrates ability to partner with families to exchange information, provide services, and create links with health, safety, and nutrition programs.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# FAMILY AND COMMUNITY ENGAGEMENT COMPETENCY AREA

*Children come to early learning and care settings within the context of their families, and understanding the supports and strengths provided by families is vital to understanding the child. It is essential that educators respect the family as an integral part of the child's life since families share a history and are bonded together in their pursuit of health, education, and prosperity. Competent educators develop knowledge of the influence of relationships on children. Families are shaped and supported by the communities, and competent educators are knowledgeable about how to support families in connecting with their community. They demonstrate value in partnering and communicating with families, and they respect diversity in family composition, cultures, languages, values, and belief systems. Educators must understand laws and regulations that support families and children.*





# FAMILY AND COMMUNITY ENGAGEMENT



## COMPETENCY STATEMENTS



**COMPETENCY A:** Demonstrates knowledge of the influence of relationships on children, and supports families in accessing resources.

**COMPETENCY B:** Demonstrates knowledge and respects variations in family strengths and values.

**COMPETENCY C:** Demonstrates ability to regularly communicate with and engage families.

**COMPETENCY D:** Demonstrates the value of partnering with families in the context of their communities.

**COMPETENCY E:** Demonstrates knowledge and application of laws and regulations that support families and children.


**COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT**

## COMPETENCY STATEMENT A

**Demonstrates knowledge of the influence of relationships on children, and supports families in accessing resources.**

### DEVELOPING

- 1.1 **Recognizes** various types of families and how members relate to one another.
- 1.2 **Identifies** credible resources that families can access.
- 1.3 **Describes** different parenting styles, and **supports** parents in their role as their child's primary teacher.

### ACHIEVING

- 2.1 **Demonstrates** knowledge of family systems theories and their application in supporting parents as their child's primary teacher.
- 2.2 **Educates** families on child development and on fostering positive relationships.
- 2.3 **Recognizes** and **supports** families in addressing children's behavior, and **explains** how parenting styles affect behavior.
- 2.4 **Compiles** written lists of community agencies and organizations that families can access to maintain healthy relationships, and **helps** families to access them.
- 2.5 **Analyzes** children's behaviors as they relate to family stress, and helps parents to effectively reduce stress.

### EXTENDING

- 3.1 **Educates** professionals and community members on the critical role families play in fostering children's development.
- 3.2 **Advocates** for societal changes that reduce stressors and improve family relationships.


**COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT**

## COMPETENCY STATEMENT B

**Demonstrates knowledge and respects variations in family strengths and values.**

### DEVELOPING

- 1.1 **Conveys** positive, accepting attitudes toward individuals from different backgrounds and cultures.
- 1.2 **Displays** sensitivity and responsiveness to all families.
- 1.3 **Provides** for the inclusion of diverse beliefs and values in the curriculum and learning environments, and **encourages** families to share interests, skills, culture, and traditions.
- 1.4 **Uses** communication strategies to build positive, respectful relationships between parents and staff.
- 1.5 **Communicates** to families in their home language as well as the primary language of the program.

### ACHIEVING

- 2.1 **Understands** and **uses** criteria for judging anti-bias content to inform selection of materials and books.
- 2.2 **Integrates** diverse family and community values and goals into the early care and education program.
- 2.3 **Designs** a learning environment that reflects sensitivity to and acceptance of cultural diversity and family strengths.
- 2.4 Consistently **integrates** each child's culture into the program using songs, language, pictures, toys, dance, and food.
- 2.5 **Arranges** and **offers** opportunities for family members to share their culture, family traditions and special skills, strengths, needs, and interests.

### EXTENDING

- 3.1 **Develops** policies and practices that support and respect each child's home language, culture, and family composition.
- 3.2 **Designs** and **implements** professional development opportunities that ensure respect for all families.
- 3.3 **Evaluates** program sensitivity, acceptance, and effectiveness in addressing issues of cultural diversity and family strengths.
- 3.4 **Advocates** for the understanding and appreciation of cultural and individual variation in families.


**COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT**

## COMPETENCY STATEMENT C

**Demonstrates ability to regularly communicate with and engage families.**

### DEVELOPING

- 1.1 **Greets** parents and children, and **assists** during arrival and departure transitions.
- 1.2 **Invites** families to actively participate in family involvement activities.
- 1.3 **Distributes** or **shares** developmentally appropriate materials to extend learning at home.
- 1.4 **Describes** children's participation in the program and **addresses** parents' questions.
- 1.5 **Initiates** interactions that build cooperative, trusting relationships with families from diverse backgrounds.
- 1.6 **Writes** and **distributes** parent newsletters regularly in families' home language(s).
- 1.7 **Conducts** regularly scheduled parent conferences and home visits.
- 1.8 **Maintains** confidentiality in accordance with program and state requirements.
- 1.9 **Responds** in a timely manner to parents' requests to meet or visit the program.

### ACHIEVING

- 2.1 **Communicates** effectively with parents from diverse backgrounds and different levels of education, and **provides** information in various languages.
- 2.2 **Provides** parents with regular written and verbal communication on their child's participation in the program.
- 2.3 **Offers** parents opportunities to meet with staff to discuss their child's development and participation.
- 2.4 Consistently **integrates** each child's culture into the program using songs, language, pictures, toys, dance, and food.

*(continued on page 39)*


**COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT**

## COMPETENCY STATEMENT C

*(continued from page 38)*

### ACHIEVING

*(continued from page 38)*

- 2.5 **Creates** and **maintains** regularly updated information in a parent resource area such as a bulletin board, library or lounge area.
- 2.6 **Plans** and **conducts** parent meetings that utilize individuals from the community to present relevant topics.
- 2.7 **Provides** opportunities for formal and informal conversations with families through classroom and program activities before, during, and after program hours.
- 2.8 **Ensures** that all families have access to their child's teacher and to family education, enrichment, and family support offered by the program.

### EXTENDING

- 3.1 **Designs** protocols and procedures with staff to engage families prior to a child's participation in the program and throughout the year.
- 3.2 **Assembles** and **provides** families with accessible resources and space through a lending library of educational toys, books, materials, and resources that improve the quality of family life and support children's development and learning.
- 3.3 **Provides** professional development opportunities to other professionals on family engagement strategies.
- 3.4 **Promotes** family and community engagement across programs and services.
- 3.5 **Designs** and **implements** family engagement opportunities and **garners** resources and support that respond to families' needs and interests.
- 3.6 **Educates** and **empowers** families to advocate for policies that support children.
- 3.7 **Synthesizes** information, **develops** proposals, and **advocates** for collaborative, comprehensive services for children and families.
- 3.8 **Establishes** a process for parents to review and provide feedback and input on program requirements, practices, policies, procedures, and activities annually.


**COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT**

## COMPETENCY STATEMENT D

**Demonstrates the value of partnering with families in the context of their community.**

### DEVELOPING

- 1.1 **Recognizes** the need for establishing collaborative relationships with families and community agencies.
- 1.2 **Identifies** and **discusses** the role of parents and families, community agencies and other professionals in fully meeting the needs of young children.
- 1.3 **Respects** parents and the choices they make for their children.
- 1.4 **Initiates** interactions that build cooperative, trusting relationships with families from diverse backgrounds.

### ACHIEVING

- 2.1 **Involves** families in assessing and planning for individual children, including children with disabilities, developmental delays or special abilities.
- 2.2 **Communicates** effectively with parents about curriculum and children's progress.
- 2.3 **Supports** parents in making decisions related to their child's development and to their parenting.
- 2.4 **Works** with community agencies to develop and maintain collaborative relationships.

### EXTENDING

- 3.1 **Develops** policies designed to facilitate collaborative relationships.
- 3.2 **Educates** others on the value of collaborating with parents, families, community agencies, educational institutions, and others.
- 3.3 **Educates** and **empowers** families to advocate for policies that support children.
- 3.4 **Synthesizes** information, **develops** proposals, and **advocates** for collaborative, comprehensive services for children and families.

COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT**COMPETENCY STATEMENT E**

**Demonstrates knowledge and application of laws and regulations that support families and children.**

**DEVELOPING**

- 1.1 **Describes** key features of state regulations for licensing.
- 1.2 **Articulates** the basic premise of the Individual with Disabilities Act (IDEA).
- 1.3 **Honors** children's and families' rights according to IDEA and other applicable laws.

**ACHIEVING**

- 2.1 **Supports** families in executing their rights under the Individuals with IDEA to request an initial evaluation or to access services through an IFSP or IEP.
- 2.2 **Complies** with the intent of IDEA, parts B and C, to work in collaboration with families and other agencies to identify children with disabilities and provide services in the least restrictive environment.

**EXTENDING**

- 3.1 **Supports** families in making transitions from part C to part B programs within 90 days of a child's third birthday.
- 3.2 **Assists** families in identifying concerns, resources, and priorities.
- 3.3 **Shares** knowledge of regulations and laws with practitioners.

# FAMILY AND COMMUNITY ENGAGEMENT SUMMARY SHEET



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
<ul style="list-style-type: none"> <li>⇒ <i>Never/rarely demonstrates competence with the indicators</i></li> <li>⇒ <i>Demonstrates competence with the indicators, but only with guidance</i></li> </ul>	<ul style="list-style-type: none"> <li>⇒ <i>Demonstrates competence with many, but not all of indicators</i></li> <li>⇒ <i>Demonstrates competence with the indicators, but inconsistently</i></li> </ul>	<ul style="list-style-type: none"> <li>⇒ <i>Consistently demonstrates competence with almost all of the indicators</i></li> <li>⇒ <i>Is able to help others understand and implement with guidance the indicators</i></li> </ul>

<b>COMPETENCY AREA: FAMILY AND COMMUNITY ENGAGEMENT</b>				
Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>FCE.A:</b> Demonstrates knowledge of the influence of relationships on children and supports families in accessing resources.				
<b>FCE.B:</b> Demonstrates knowledge and respects variations in family strengths and values.				
<b>FCE.C:</b> Demonstrates ability to regularly communicate with and engage families.				
<b>FCE.D:</b> Demonstrates the value of partnering with families in the context of their communities.				
<b>FCE.E:</b> Demonstrates knowledge and application of laws and regulations that support families and children.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# MANAGEMENT COMPETENCY AREA

*Effective managers strive for program quality and efficacy. They demonstrate knowledge of organizational structure, philosophy, mission, and policies. They comply with licensing regulations and quality standards, and demonstrate leadership. Processes such as communications, team building, fiscal and program management often require them to gain knowledge and skills in record keeping, marketing, technology, organization theory, and program evaluation.*



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# MANAGEMENT



## COMPETENCY STATEMENTS



**COMPETENCY A:** Demonstrates and applies knowledge of organizational structure to effectively implement philosophy, mission, policies, and procedures.

**COMPETENCY B:** Demonstrates compliance and good standing with all licensing regulations, and strives to achieve quality standards established by the profession.

**COMPETENCY C:** Demonstrates effective communication, organization, record keeping, and use of technology to maintain program operational practices and promote high quality programming.

**COMPETENCY D:** Demonstrates knowledge and application of financial planning and management.

**COMPETENCY E:** Demonstrates leadership in program management.

**COMPETENCY F:** Demonstrates systematic use of program evaluation to support continuous improvement.

## COMPETENCY AREA: MANAGEMENT



# COMPETENCY STATEMENT A

**Demonstrates and applies knowledge of organizational structure to effectively implement philosophy, mission, policies, and procedures.**

## DEVELOPING

- 1.1 **Attends** orientation and **gains** knowledge of the organization, its principles, policies, and procedures.
- 1.2 **Participates** in on-going training and **reflects** on internal controls used to improve policies and procedures.
- 1.3 **Recognizes** the need for and **follows** program policies and procedures, and **seeks** answers when unclear.
- 1.4 **Behaves** in a professional manner consistent with the program's philosophy, mission, policies, and procedures, and NAEYC's Code of Ethical Conduct.

## ACHIEVING

- 2.1 **Distributes** and **discusses** the program's philosophy, policies, and procedures with staff, families, and stakeholders.
- 2.2 **Trains** early educators on program policies, and practices.
- 2.3 **Develops** and **distributes** written philosophy, policies, and procedures to children, families, and colleagues.
- 2.4 **Assesses, reviews,** and **modifies** all policies, and procedures to meet or exceed regulations, and strive for quality standards.

## EXTENDING

- 3.1 **Utilizes** knowledge of licensing, quality standards, and best practices, to inform the program's policy, and practice to grow and develop the organization.
- 3.2 **Evaluates** annually the policies and procedures of the organization, and **revisits** the program's philosophy, goals, and mission.
- 3.3 **Uses** internal controls and record keeping data to reflect on efficiency and implementation of policies and procedures.
- 3.4 **Designs** ongoing training to achieve organizational goals, and **develops** strategies for communicating with staff, families and stakeholders.
- 3.5 **Advocates** for policies and practices that improve the quality of programming for all children and families.



## COMPETENCY STATEMENT B

**Demonstrates compliance and good standing with all licensing regulations, and strives to achieve quality standards established by the profession.**

### DEVELOPING

- 1.1 **Understands** and **complies** with all regulations, and program requirements, and strives to include all children including those with disabilities as outlined in the Americans with Disabilities Act (ADA).
- 1.2 **Acknowledges** and **strives** to meet professional and quality program standards.
- 1.3 **Identifies** and **communicates** program standards, components, and service delivery models that support quality to others, and **strives** to implement quality standards (e.g., NAEYC accreditation, Michigan's QRIS STARS).

### ACHIEVING

- 2.1 **Implements** and **monitors** compliance to all regulations, designs action plans, and **identifies** key resources to support the implementation quality standards.
- 2.2 **Designs** and **participates** in an annual program assessment engaging key stakeholders to develop action plans for continuous improvement.
- 2.3 **Provides** early educators with training and information to ensure compliance and movement towards quality standards.
- 2.4 **Shares** the program's quality improvement plans with staff and families, and **monitors** progress.
- 2.5 **Supports** staff in the development of individual or classroom quality improvement plans.

### EXTENDING

- 3.1 **Uses** regulations, quality standards, and/or accreditation data to evaluate the program and to establish measurable goals.
- 3.2 **Reviews** data to identify families' access and need.
- 3.3 **Shares** program evaluation data with staff, families, and stakeholders, and **engages** them in the development of quality improvement plans.
- 3.4 **Advocates** across early learning programs for quality improvement standards, funds, and resources.
- 3.5 **Articulates** the impact of program quality on student outcomes to staff, families, and the community.
- 3.6 **Critiques** and **provides** testimony on regulatory mandates and quality improvement initiatives.

## COMPETENCY AREA: MANAGEMENT



### COMPETENCY STATEMENT C

**Demonstrates effective communication, organization, record keeping, and use of technology to maintain program operational practices and promote high quality programming.**

#### DEVELOPING

- 1.1 **Adheres** to program policies and procedures to maintain established operational practices.
- 1.2 **Completes** and **maintains** child and classroom records, including daily medication logs, diapering, and accident reports.
- 1.3 **Communicates** pertinent information to parents.

#### ACHIEVING

- 2.1 **Develops** and **adapts** record keeping forms to document and record compliance to all licensing and quality standards.
- 2.2 **Offers** staff training, regular planning time, and opportunities to reflect on data to inform practice.
- 2.3 **Plans, schedules,** and **monitors** efficient use of facilities and shared spaces.
- 2.4 **Reviews** and **maintains** child, family, and staff records, and **ensures** confidentiality.
- 2.5 **Utilizes** data to effectively manage resources.
- 2.6 **Communicates** to staff and parents any program changes that influence daily operations or practices.
- 2.7 **Hires** staff in accordance with job descriptions and salary scales.

#### EXTENDING

- 3.1 **Provides** staff and parents with space and time for parent conferences.
- 3.2 **Develops** job descriptions, and annually **provides** employees with a performance review based on job descriptions.
- 3.3 **Evaluates** record keeping processes, forms and protocols.
- 3.4 **Develops** a plan to maintain quality programming and ratios, and **identifies** the resources needed to support and enhance practice.
- 3.5 **Assesses** progress through supervision and analysis of quality improvement plans.
- 3.6 **Mentors, coaches,** and **trains** others in effective record keeping systems to support efficient program operations.
- 3.7 **Analyzes** and **revises** organizational structures, job descriptions, personnel policies, and salary scales to recruit and retain staff.



## COMPETENCY STATEMENT D

**Demonstrates knowledge and application of financial planning and management.**

### DEVELOPING

- 1.1 **Understands** established recording and accounting measures to conduct the program's financial transactions.
- 1.2 **Complies** with CACFP record keeping guidelines, as appropriate.
- 1.3 **Maintains** accurate attendance records, and **informs** the administration of extended absences.

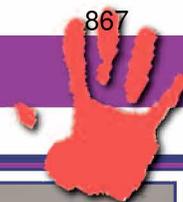
### ACHIEVING

- 2.1 **Establishes** and **communicates** processes and procedures for recording and conducting all financial transactions.
- 2.2 **Consults** with a fiscal manager to establish sound fiscal practices and **informs** all staff accordingly.
- 2.3 **Establishes** a budget to deliver program services based on projected revenue and expenditures that is consistent with state licensing requirements and quality standards.
- 2.4 **Identifies** and **garners** fiscal supports for programs such as CAFPP, early learning scholarships, subsidized care, and grants.
- 2.5 Regularly **reviews** fiscal records and the program budget, and **uses** knowledge of projected and actual revenues and expenses to predict cash flow and to ensure program quality.

### EXTENDING

- 3.1 **Establishes** salary scales, and **shares** benefit packages with all employees.
- 3.2 Systematically **assesses** the program's financial status, and **uses** this information to make sound financial decisions.
- 3.3 **Advocates** for funds to improve program quality, and **accesses** additional resources to improve facilities, programs, and wage increases and benefits for qualified staff.
- 3.4 **Articulates** to policy makers the cost of staff and program quality improvements.
- 3.5 **Consults** regularly with business manager to verify and improve fiscal practices.
- 3.6 **Researches** and **garners** private and public funding for the program.
- 3.7 **Solicits** grant funds to strengthen or enhance the program's resources and services.

## COMPETENCY AREA: MANAGEMENT



# COMPETENCY STATEMENT E

**Demonstrates leadership in program management.**

### DEVELOPING

- 1.1 **Understands** the contribution of each staff member to the quality of the early learning and care setting.
- 1.2 **Builds** relationships with colleagues, and **works** as a team member to ensure program quality.
- 1.3 **Follows** established protocols for communicating with others both orally and in writing.
- 1.4 **Offers** ideas and suggestions to assist the program in determining professional development needs.
- 1.5 **Works** with a mentor to establish and achieve professional goals.

### ACHIEVING

- 2.1 **Observes** staff, and **uses** reflective practices to discuss observations, identify needs, and set professional development goals.
- 2.2 **Meets** regularly with all staff to evaluate their work based on job descriptions, expectations, and established processes and procedures.
- 2.3 **Supports** staff in developing and implementing professional development plans.
- 2.4 **Facilitates** team building, and **mediates** staff conflicts and concerns to resolution.

### EXTENDING

- 3.1 **Designs** and **implements** an ongoing program wide system of evaluation.
- 3.2 **Informs** staff of the rationale for program changes based on a model of continuous improvement.
- 3.3 **Shares** and **facilitates** staff reflection on the results of program evaluation, and **uses** the data to develop program goals.
- 3.4 **Articulates** to stakeholders the competencies early educators must possess to provide high quality care and education.
- 3.5 **Evaluates** job satisfaction to improve program management and staff development.
- 3.6 **Educates** and **coaches** other early learning and care professionals on research based practices linked to effective program operation and management.
- 3.7 **Advocates** for a broader understanding of the programs and staff that are involved in the transitions of children from one setting to another.
- 3.8 **Investigates** and **provides** support for staff to attain higher degrees and/or advanced certification status.



## COMPETENCY STATEMENT F

**Demonstrates systematic use of program evaluation to support continuous improvement.**

### DEVELOPING

- 1.1 **Participates** in regular performance reviews.
- 1.2 **Offers** input on the evaluation of services.

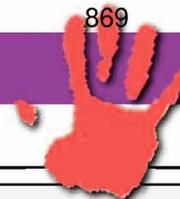
### ACHIEVING

- 2.1 **Identifies** a process for regularly conducting observations and evaluations of staff and services.
- 2.2 **Gathers** job and program specific data from multiple perspectives including parents, staff, and community members and **seeks** their participation on advisory boards/councils.
- 2.3 **Reviews** evaluation data to inform program planning and staff development.
- 2.4 **Provides** all stakeholders access to program evaluation results.

### EXTENDING

- 3.1 **Shares** program evaluation data with the community and colleagues.
- 3.2 **Analyzes** program data, and **identifies** trends to ensure continuous improvement.
- 3.3 **Compares** and **contrasts** program evaluation data with other programs to better understand efficacy of using different service delivery approaches.
- 3.4 **Teaches** early educators the process by which evaluation occurs, and how it is used to support quality improvement.

# MANAGEMENT SUMMARY SHEET



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
⇒ <i>Never/rarely demonstrates competence with the indicators</i>	⇒ <i>Demonstrates competence with many, but not all of indicators</i>	⇒ <i>Consistently demonstrates competence with almost all of the indicators</i>
⇒ <i>Demonstrates competence with the indicators, but only with guidance</i>	⇒ <i>Demonstrates competence with the indicators, but inconsistently</i>	⇒ <i>Is able to help others understand and implement with guidance the indicators</i>

## COMPETENCY AREA: MANAGEMENT

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>MGMT.A:</b> Demonstrates and applies knowledge of organizational structure to effectively implement philosophy, mission, policies, and procedures.				
<b>MGMT.B:</b> Demonstrates compliance and good standing with all licensing regulations, and strives to achieve quality standards established by the profession.				
<b>MGMT.C:</b> Demonstrates effective communication, organization, record keeping, and use of technology to maintain program operational practices and promote high quality programming.				
<b>MGMT.D:</b> Demonstrates knowledge and application of financial planning and management.				
<b>MGMT.E:</b> Demonstrates leadership in program management.				
<b>MGMT.F:</b> Demonstrates systematic use of program evaluation to support continuous improvement.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# TEACHING AND LEARNING COMPETENCY AREA

*Educators' competency in Teaching and Learning builds upon their knowledge of child development and their skills in fostering learning and engaging children in exploration.*

*Competency in Teaching results in environments and experiences that target child abilities and interests, and foster growth and learning. Educators carefully select the appropriate learning formats (one on one, small group, large group) and the most effective learning environments and strategies. For example, should a lesson be teacher led and/or child led and initiated? Should a new material be introduced indoors or outdoors? Should children read a book to build vocabulary before engaging in exploration to provide them with the language needed to discuss and explore the materials in a small group? These are questions that educators must address to teach effectively. Competent educators are able to apply their teaching and learning knowledge across domains and modalities. They integrate learning experiences across content areas in meaningful and challenging ways. They scaffold learning to deepen children's understanding. They demonstrate knowledge of IEP and IFSP plans and practices that facilitate children's social, emotional and physical development, literacy, arts, science, math, and social studies skills.*

*Understanding the learning process and the importance of teacher-child interactions is vital to plan and implement early education practice. Educators competent in Learning demonstrate an understanding of the importance of play, plan intentional learning opportunities in routines and transitions, structure outdoor and indoor learning environments to cultivate learning, and are able to use technology to promote learning. All adults working with young children are teachers in the eyes, hearts, and minds of children. That is why individuals working with young children are required to participate annually in professional development to continuously gain new knowledge and skills to be as effective as possible.*



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# TEACHING AND LEARNING



## COMPETENCY STATEMENTS SECTION A: TEACHING



- COMPETENCY A:** Demonstrates the ability to design developmentally appropriate curriculum across domains and content areas and use a variety of teaching strategies.
- COMPETENCY B:** Demonstrates ability to integrate learning experiences across content and developmental domains in meaningful and challenging ways.
- COMPETENCY C:** Demonstrates understanding of essential concepts and content across disciplines, and scaffolds learning and instruction to deepen children's understanding.
- COMPETENCY D:** Demonstrates knowledge of goals and strategies for integrating and implementing children's IEP and IFSP into daily activities, routines, and curriculum.
- COMPETENCY E:** Demonstrates knowledge and practices that facilitate children's social, emotional, and physical health and development.
- COMPETENCY F:** Demonstrates ability to intentionally plan learning experiences that build listening, speaking, reading, writing, and viewing skills.
- COMPETENCY G:** Demonstrates and supports children's creative development through appreciation and integration of the arts.
- COMPETENCY H:** Demonstrates knowledge of science and skills in implementing hands-on experiences that foster positive attitudes toward science.
- COMPETENCY I:** Demonstrates knowledge of mathematics and skills in implementing hands-on experiences that foster positive attitudes toward math.
- COMPETENCY J:** Demonstrates knowledge of history and social studies and skills in supporting children in understanding themselves, their families, and communities.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**


## COMPETENCY STATEMENT A

**Demonstrates the ability to design developmentally appropriate curriculum across domains and content areas and use a variety of teaching strategies.**

### DEVELOPING

- 1.1 Understands** the importance of planning daily activities for children.
- 1.2 Recognizes** the need to match curriculum to the child's developmental level.
- 1.3 Acknowledges** the importance of accommodating differences in children's ability to engage in curricular experiences and activities.

### ACHIEVING

- 2.1 Plans and implements** developmentally appropriate curriculum and teaching strategies, drawing upon current research and knowledge of child development and learning.
- 2.2 Implements** curriculum that builds on children's strengths and interests.
- 2.3 Uses** curriculum to meet program goals, foster development across domains, and support children in the construction of knowledge and skills.
- 2.4 Adapts** curriculum to meet the needs of specific children or classrooms while maintaining high expectations for all children.

### EXTENDING

- 3.1 Supports** curriculum design and implementation through professional development and coaching.
- 3.2 Creates** curriculum models and teaching strategies based on child development and research.
- 3.3 Uses** knowledge of child development to evaluate and review curriculum models and teaching strategies.

COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**COMPETENCY STATEMENT B**

**Demonstrates ability to integrate learning experiences across content and developmental domains in meaningful and challenging ways.**

**DEVELOPING**

- 1.1 **Recognizes** opportunities and activities that encourage curiosity, exploration, and problem solving.
- 1.2 **Recognizes** how curriculum can build on each child's unique approach to learning, growth, and development patterns.
- 1.3 **Identifies** activities and routines that build on children's natural curiosity and desire to explore.

**ACHIEVING**

- 2.1 **Plans and implements** learning experiences that integrate language and literacy, mathematics, science, social studies, and the arts.
- 2.2 **Uses** assessment data to inform decision making, and to plan challenging, integrated learning experiences.
- 2.3 **Develops and selects** learning experiences and strategies that are inclusive and respectful of family culture, socioeconomic status, and language.
- 2.4 **Evaluates** curriculum, activities, and materials to determine appropriateness in supporting children's learning.

**EXTENDING**

- 3.1 **Describes** major curriculum models and current research that impact the field of early childhood programming.
- 3.2 **Supports** early educators to implement integrated curriculum approaches.
- 3.3 **Designs** opportunities to engage families and the community in meaningful learning experiences and in celebrating learning.
- 3.4 Systematically **uses** evaluation results to provide feedback on the effectiveness of curriculum in achieving program goals and in supporting student growth over time.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**


## COMPETENCY STATEMENT C

**Demonstrates understanding of essential concepts and content across disciplines, and scaffolds learning and instruction to deepen children's understanding.**

### DEVELOPING

- 1.1 **Recognizes** that children need to have experiences in a variety of content areas and domains.
- 1.2 **Identifies** basic math, language and literacy experiences in daily routines and activities that support developmentally appropriate practice for different groups of children.
- 1.3 **Articulates** the concept of scaffolding and **knows** when to apply it.

### ACHIEVING

- 2.1 **Locates** resources to deepen children's understanding of content.
- 2.2 **Provides** daily opportunities for children to engage in mathematics, language and literacy, and other content area experiences.
- 2.3 **Recognizes** opportunities to scaffold learning to increase persistence, and a higher level of understanding.
- 2.4 **Employs** methods of investigation and expression across various academic disciplines.
- 2.5 **Uses** an integrated teaching and learning approach that responds to and builds upon children's knowledge.
- 2.6 **Designs** meaningful and challenging activities that develop new skills and concepts appropriate to the strengths and interests of all children.
- 2.7 **Evaluates** impact of the curriculum on children's progress in achieving outcomes.

### EXTENDING

- 3.1 **Examines** alignment between curriculum and standards across content areas and developmental milestones and **provides** feedback on the kinds of instructional opportunities that deepen children's understanding.
- 3.2 **Gathers** evaluation information specific to learning and instruction and **uses** the results to provide feedback on the extent to which essential concepts and content are integrated and used to deepen children's understanding.
- 3.3 **Designs** and **provides** training based on evaluation results to strengthen learning and instruction.
- 3.4 **Advocates** for and **designs** curriculum models that align research-based practices to content across developmental domains.


**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**

## COMPETENCY STATEMENT D

**Demonstrates knowledge of goals and strategies for integrating and implementing children's IEP and IFSP into daily activities, routines, and curriculum.**

### DEVELOPING

- 1.1 **Recognizes** children's unique abilities.
- 1.2 **Holds** high standards for all children.

### ACHIEVING

- 2.1 **Uses** UDL principles to identify and match materials and supports to children's developmental levels and to foster inclusion.
- 2.2 **Plans** ways to include the broadest range of learners in curriculum and assessment using multiple means of representation, communication, and demonstration.
- 2.3 **Explains** why certain materials might be appropriate for specific children based on their individual needs.
- 2.4 **Monitors** student responses to instruction and materials and **makes** modifications as needed to meet educational goals.
- 2.5 **Uses** IEP/IFSP to plan, implement, and monitor children's progress and response to curriculum and instruction.
- 2.6 **Adapts** curriculum, environment and assessment to accommodate the needs of individual learners.
- 2.7 **Collaborates** with parents and specialists to provide programming to children with IEP/IFSP.
- 2.8 **Analyzes** the selection of learning materials to ensure that they meet the needs of all children.

### EXTENDING

- 3.1 **Facilitates** collaboration among diverse stakeholders to make environmental and curricular adaptations that support full inclusion of children with IEPs/IFSPs.
- 3.2 **Seeks** or **shares** specialized expertise for example, speech and language, occupational therapy, physical therapy to facilitate inclusion of all children.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**


## COMPETENCY STATEMENT E

**Demonstrates knowledge and practices that facilitate children's social, emotional, and physical health and development.**

### DEVELOPING

- 1.1 **Fosters** an emotional climate where adults and children connect with one another through positive interactions and learning experiences.
- 1.2 **Teaches** children how to care for and respect their bodies, and **supports** them in caring for themselves and others.
- 1.3 **Supports** children in developing a sense of self and in building relations with others.

### ACHIEVING

- 2.1 **Strengthens** children's ability to self-regulate, care for the environment, and express emotions through participation in routines, discussions, and problem solving.
- 2.2 **Creates** a learning environment that encourages self-motivation and cooperation.
- 2.3 **Plans** for experiences and environments that promote peer-to-peer interactions through active play, conversations, and shared activities.

### EXTENDING

- 3.1 **Evaluates** the classroom climate and **provides** feedback on creating learning environments that motivate learners, support cooperative learning, promote self-awareness and habits for caring for themselves, others, and the environment.
- 3.2 **Shares** research on best practices for promoting children's social, emotional, and physical health.
- 3.3 **Educates** and **supports** families in fostering social, emotional, and physical health at home that is appropriate to children's development levels.


**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**

## COMPETENCY STATEMENT F

**Demonstrates ability to intentionally plan learning experiences that build listening, speaking, reading, writing, and viewing skills.**

### DEVELOPING

- 1.1 **Articulates** the importance of reading multiple books aloud to children throughout the day.
- 1.2 **Identifies** ways to engage children in language play (e.g., repetitive sounds, rhythm, rhyme and alliteration).
- 1.3 **Demonstrates** responsive and reciprocal communication skills.
- 1.4 **Facilitates** expression of thoughts and feelings through words, signs, and gestures for all children.
- 1.5 **Uses** different ways of communicating with children (e.g., symbols, signs, pictures, and stories).
- 1.6 **Recognizes** multiple opportunities for all children including DLL to develop receptive and expressive language skills.

### ACHIEVING

- 2.1 **Utilizes** opportunities throughout the day to build children's oral language, comprehension, print and alphabetic knowledge, and concepts about reading.
- 2.2 **Plans, implements and provides** meaningful opportunities for children to develop writing skills (writing for expression or with a purpose) throughout the day.
- 2.3 **Analyzes and selects** texts that facilitate language development and learning.
- 2.4 Intentionally **plans** oral language and vocabulary building experiences, and **engages** children in problem solving, conversations, play, singing, book reading, and storytelling.
- 2.5 Intentionally **provides** children with opportunities to gain meaning by exploring signs, words, pictures, print, numbers, sounds, shapes, facial expressions, and photographs.
- 2.6 **Plans and implements** multiple opportunities for all children including DLL to develop receptive language skills and comprehension.
- 2.7 **Facilitates** conversations by serving and returning dialog to children using imitation, repetition, comments, interpretations, extension, or questions during routines, and structured/unstructured times.
- 2.8 **Plans and implements** multiple opportunities for all children including DLL to develop expressive language skills (spoken and/or written) across content areas and domains.

### EXTENDING

- 3.1 **Models** feedback loops to extend children's language and build vocabulary.
- 3.2 **Evaluates** the quality of the language and literacy environment using valid and reliable tools.
- 3.3 **Provides** early educators with feedback on language and literacy practices, and **supports** them in identifying and achieving goals.
- 3.4 **Shares and/or contributes** to research on language and literacy and best practices in early education.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**


## COMPETENCY STATEMENT G

**Demonstrates and supports children's creative development through appreciation and integration of the arts.**

### DEVELOPING

- 1.1 **Provides** experiences to enhance children's creative development and aesthetic appreciation.
- 1.2 **Provides** children with multiple means for expressing themselves through words and actions using various mediums.

### ACHIEVING

- 2.1 **Plans and implements** daily opportunities for participation in the arts.
- 2.2 **Fosters** children's curiosity, self-expression, and self-competence through the arts.
- 2.3 **Provides** opportunities for self-expression, autonomy, and choice through the arts that build on children's initiations and interests.
- 2.4 **Encourages** creativity through experiences in the visual arts, music, movement and dance, and dramatic play.
- 2.5 **Applies** research on the positive relationship between arts education and the development of skills used in other content areas, such as mathematics and language and literacy.

### EXTENDING

- 3.1 **Articulates** how the arts impact learning and foster development across domains.
- 3.2 **Contributes** to research on the arts, and **shares** art expertise with early educators.
- 3.3 **Evaluates** and **provides** feedback on the implementation of lessons that foster creative experiences.


**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**

## COMPETENCY STATEMENT H

**Demonstrates knowledge of science and skills in implementing hands-on experiences that foster positive attitudes toward science.**

### DEVELOPING

- 1.1 **Understands** the components of science and their importance in fostering children's learning and development.
- 1.2 **Utilizes** learning standards to plan age appropriate science and inquiry activities and experiences.
- 1.3 **Provides** materials and experiences that foster children's curiosity.
- 1.4 **Encourages** children to ask and find answers to questions through active exploration.

### ACHIEVING

- 2.1 **Plans and implements** intentional learning experiences to support children's understanding and experience with scientific inquiry.
- 2.2 **Utilizes** knowledge of science to develop and implement a comprehensive integrated curriculum aligned to learning standards.
- 2.3 **Develops** children's knowledge of science through observation, questioning, investigation, and analysis of hands-on experiences with real animals, plants, and objects in the environment.
- 2.4 **Expands** children's descriptive language through active listening and asking open-ended questions that encourage them to talk about and describe scientific discoveries.
- 2.5 Intentionally **incorporates** inquiry, prediction, problem solving, observation, and hands on activities in planning science exploration.

### EXTENDING

- 3.1 **Articulates, analyzes and evaluates** current scientific theories and research to expand and refine children's experiences and understanding.
- 3.2 **Evaluates** materials and adult interactions during science activities, and **provides** feedback to support and promote discovery.
- 3.3 **Educates** others on the importance of using inquiry and descriptive language to promote scientific thought and curiosity.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**


## COMPETENCY STATEMENT I

**Demonstrates knowledge of mathematics and skills in implementing hands-on experiences that foster positive attitudes toward math.**

### DEVELOPING

- 1.1 **Utilizes** learning standards in mathematics.
- 1.2 **Understands** and **recognizes** the developmental progression of mathematics.
- 1.3 **Identifies** learning experiences for fostering mathematical thinking and literacy.

### ACHIEVING

- 2.1 **Plans** and **implements** intentional learning experiences that support children's understanding of mathematics and application in daily experiences.
- 2.2 **Utilizes** in-depth knowledge of learning goals and mathematics to develop and implement a comprehensive integrated curriculum.
- 2.3 **Plans** and **implements** opportunities for children to engage in problem solving and to use mathematical language to express ideas.
- 2.4 **Applies** mathematical knowledge to plan and implement experiences that help children construct knowledge in number sense, algebra, geometry, measurement, and data collection.

### EXTENDING

- 3.1 **Educates** others on the importance of fostering mathematical thinking in early childhood.
- 3.2 **Supports** early educators in understanding mathematical concepts and in building their own background knowledge and ability to promote mathematical thinking.

COMPETENCY AREA: TEACHING AND LEARNING - SECTION A**COMPETENCY STATEMENT J**

**Demonstrates knowledge of history and social studies and skills in supporting children in understanding themselves, their families, and communities.**

**DEVELOPING**

- 1.1 **Utilizes** learning standards to implement learning experiences that foster children's knowledge of people and history.
- 1.2 **Assists** children in recognizing the role of family and community members.

**ACHIEVING**

- 2.1 **Plans and implements** activities that support children in learning about themselves, their home, and community.
- 2.2 **Assists** children through experiences to understand the relationship between people and their environment.
- 2.3 **Promotes** the understanding of time (past, present, and future) through discussions of personal history and events relevant to the child, family, and the community.
- 2.4 **Engages** children in discussions about how people, the environment, and daily life changes over time.

**EXTENDING**

- 3.1 **Links** classroom curriculum to community resources to support children in learning about themselves, their families, and the community.
- 3.2 **Provides** training to support teachers in helping children learn about themselves, others, and the environments in which they live.

## TEACHING AND LEARNING SUMMARY SHEET - SECTION A: TEACHING



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
<ul style="list-style-type: none"> <li>⇒ <i>Never/rarely demonstrates competence with the indicators</i></li> <li>⇒ <i>Demonstrates competence with the indicators, but only with guidance</i></li> </ul>	<ul style="list-style-type: none"> <li>⇒ <i>Demonstrates competence with many, but not all of indicators</i></li> <li>⇒ <i>Demonstrates competence with the indicators, but inconsistently</i></li> </ul>	<ul style="list-style-type: none"> <li>⇒ <i>Consistently demonstrates competence with almost all of the indicators</i></li> <li>⇒ <i>Is able to help others understand and implement with guidance the indicators</i></li> </ul>

### COMPETENCY AREA: TEACHING AND LEARNING - SECTION A: TEACHING

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>TL(T).A:</b> Demonstrates the ability to design developmentally appropriate curriculum across domains and content areas and use a variety of teaching strategies.				
<b>TL(T).B:</b> Demonstrates ability to integrate learning experiences across content and developmental domains in meaningful and challenging ways.				
<b>TL(T).C:</b> Demonstrates understanding of essential concepts and content across disciplines, and scaffolds learning and instruction to deepen children's understanding.				
<b>TL(T).D:</b> Demonstrates knowledge of goals and strategies for integrating and implementing children's Individual Education Plans (IEP) and Family Supportive Plans (IFSP) into daily activities, routines, and curriculum.				
<b>TL(T).E:</b> Demonstrates knowledge and practices that facilitate children's social, emotional, and physical health and development.				
<b>TL(T).F:</b> Demonstrates ability to intentionally plan learning experiences that build listening, speaking, reading, writing, and viewing skills.				
<b>TL(T).G:</b> Demonstrates and supports children's creative development through appreciation and integration of the arts.				
<b>TL(T).H:</b> Demonstrates knowledge of science and skills in implementing hands-on experiences that foster positive attitudes toward science.				
<b>TL(T).I:</b> Demonstrates knowledge of mathematics and skills in implementing hands-on experiences that foster positive attitudes toward math.				
<b>TL(T).J:</b> Demonstrates knowledge of history and social studies and skills in supporting children in understanding themselves, their families, and communities.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# TEACHING AND LEARNING



## COMPETENCY STATEMENTS SECTION B: LEARNING



- COMPETENCY A:** Demonstrates an understanding of the importance of play and implements a play period daily to foster children's interactions and construction of knowledge.
- COMPETENCY B:** Demonstrates ability to plan intentional learning opportunities in routines, transitions, and play.
- COMPETENCY C:** Demonstrates ability to structure outdoor learning environments and experiences that cultivate development and learning.
- COMPETENCY D:** Demonstrates ability to structure indoor learning environments and experiences that cultivate development and learning.
- COMPETENCY E:** Demonstrates ability to select and use technology to promote learning.
- COMPETENCY F:** Demonstrates awareness of bias in society and utilizes resources to promote social justice.
- COMPETENCY G:** Applies knowledge of Approaches to Learning to plan and implement curriculum.
- COMPETENCY H:** Applies knowledge of child development, multiple intelligences, and UDL principles to plan curriculum.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION B**


## COMPETENCY STATEMENT A

**Demonstrates an understanding of the importance of play and implements a play period daily to foster children's interactions and construction of knowledge.**

### DEVELOPING

- 1.1 **Identifies** play (e.g., parallel, symbolic, pretend, and socio-dramatic).
- 1.2 **Explains** the role of play and exploration in young children's growth and development and learning.
- 1.3 **Describes** how active engagement with concrete objects provides "practice play" while developing skills and concepts.
- 1.4 **Recognizes** impact of children's play choices on development of self-expression, relationships, and preferences.
- 1.5 **Follows** children's interests and recognizes teachable moments.
- 1.6 **Cultivates** spontaneous play as a means of promoting exploration of the environment, developing and satisfying curiosity and fostering creativity.

### ACHIEVING

- 2.1 **Articulates** how children construct knowledge during play as they interact with their environment and with others.
- 2.2 **Encourages** children's play and exploration through responsive and positive interactions.
- 2.3 **Designs and implements** a daily schedule that integrates play through self-selected, child directed activities appropriate to children's ages and length of the day.
- 2.4 **Evaluates** the daily schedule to ensure time dedicated to play, exploration, and social interactions is planned.
- 2.5 **Analyzes** observations of children's play and exploration to assess skills and progress, and to inform development.

### EXTENDING

- 3.1 **Articulates** how children grow and learn through play.
- 3.2 **Uses** a range of strategies to facilitate play through multiple intelligences and varied approaches to learning.
- 3.2 **Critiques** curriculum design to ensure an emphasis on play, exploration, and social interactions.
- 3.3 **Structures** a collaborative planning process to ensure a balance between learning and play.
- 3.4 **Advocates** for the development of curriculum that integrates play, exploration, and social interactions as the cornerstones of children's learning and development.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION B****COMPETENCY STATEMENT B**

**Demonstrates ability to plan intentional learning opportunities in routines, transitions, and play.**

**DEVELOPING**

- 1.1 **Uses** child development concepts to foster growth and learning.
- 1.2 **Recognizes** the need to consider factors such as age, stage of development and learning style when planning child-centered routines, and environments.
- 1.3 **Follows** children's leads by responding to their interests and initiatives.
- 1.4 **Provides** directions and opportunities for learning, practice, and mastery of developing skills.
- 1.5 **Establishes** schedules, routines, and interactions that are responsive to all children.

**ACHIEVING**

- 2.1 **Identifies** and **uses** materials that compliment children's interests, language, and culture during routines to provide authentic use and interactions.
- 2.2 **Extends** learning by embedding meaningful learning opportunities into transitions and routines.
- 2.3 **Applies** knowledge of child development to plan and implement daily opportunities for children to actively explore the world through their senses, thinking, reasoning, and expressive and receptive language.

**EXTENDING**

- 3.1 **Evaluates** the effectiveness and efficiency of routines in promoting quality interactions among children and in fostering children's development and learning.
- 3.2 **Coaches** colleagues in developing effective and efficient routines and transitions, and positive learning environments to support children's development and learning.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION B**


## COMPETENCY STATEMENT C

**Demonstrates ability to structure outdoor learning environments and experiences that cultivate development and learning.**

### DEVELOPING

- 1.1 **Describes** standards for outdoor education and is aware of the *Public Playground Safety Handbook*.
- 1.2 **Expresses** the importance of scheduling and providing outdoor time for all children.
- 1.3 **Describes** daily opportunities for children to explore outdoors using all of their senses and natural materials.
- 1.4 **Provides** opportunities to play outdoors as weather permits and as appropriate for children's age and development.
- 1.5 **Recognizes** outdoor equipment and spaces suitable for children of various ages and abilities and **provides** supervision.

### ACHIEVING

- 2.1 **Shares** safety procedures with children in developmentally appropriate ways to ensure their safety while outdoors, on the playground, on roads with vehicles and bicycles, and in water.
- 2.2 **Creates** a safe outdoor environment that is age and ability appropriate for daily outdoor play.
- 2.3 **Creates** an outdoor environment that provides choice for children to play and a wide variety of equipment and games for active or quiet play.
- 2.4 **Articulates** the importance of outdoor participation, and **generates** a list of alternatives for indoor movement and games when outdoor play is not possible.

### EXTENDING

- 3.1 **Uses** the *Public Playground Safety Handbook* and research to ensure a safe outdoor play space for children of all ages and abilities and to guide the purchasing of new equipment and ground cover.
- 3.2 **Monitors** maintenance of outdoor equipment, placement and use, and outdoor spaces to ensure suitability for all children and compliance with learning standards.
- 3.3 **Recommends** modifications to routines and the outdoor environment based on current research and accessibility.
- 3.4 **Teaches** the importance of integrating outdoor play and learning.
- 3.5 **Advocates** for resources for high quality playgrounds in the program and community.



## COMPETENCY STATEMENT D

**Demonstrates ability to structure indoor learning environments and experiences that cultivate development and learning.**

### DEVELOPING

- 1.1 **Identifies** environmental factors that impact indoor settings for children. (e.g. social, physical, and temporal elements)
- 1.2 **Selects** appropriate learning materials for children.
- 1.3 **Observes** how children engage with materials.

### ACHIEVING

- 2.1 **Applies** knowledge of environmental design to indoor spaces to support development and learning for all children.
- 2.2 **Provides** rationale on the use of indoor space.
- 2.3 **Adapts** indoor space to meet the diversity and developmental levels of children.
- 2.4 **Selects** learning materials, and **facilitates** indoor activities that are developmentally and culturally appropriate.
- 2.5 **Utilizes** current research to develop indoor environments that are inclusive.

### EXTENDING

- 3.1 **Evaluates** the program's integration, use of, and need for indoor materials and equipment.
- 3.2 **Evaluates** the physical, social and emotional, instructional, and temporal aspects of the indoor learning environment.
- 3.3 **Provides** feedback on indoor learning environments and **supports** establishing priorities for continuous improvement.
- 3.4 **Advocates** and **acquires** resources to improve the quality of indoor learning environments and materials.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION B**


## COMPETENCY STATEMENT E

**Demonstrates ability to select and use technology to promote learning.**

### DEVELOPING

- 1.1 **Observes** and **discusses** how children interact with and use technology.
- 1.2 **Identifies** equipment, materials, and software appropriate for various stages of children's development.
- 1.3 **Uses** a computer and knows how to operate software.
- 1.4 **Describes** how technology is used to foster development and meet the needs of diverse learners.

### ACHIEVING

- 2.1 **Demonstrates** appropriate use of technology, software, and multimedia to maximize children's development.
- 2.2 **Infuses** software, technology, and media across domains and content areas.
- 2.3 **Applies** knowledge and skills in technology to expand learning.
- 2.4 **Evaluates** the appropriateness of technology and equipment including software.
- 2.5 **Utilizes** current research, observation, and knowledge of children to select technology to support learning.
- 2.6 **Combines** technology and multimedia with other teaching tools to integrate and reinforce learning.

### EXTENDING

- 3.1 **Advocates** for access to software, technology and media that foster early learning and are appropriate for use at home and in programs.
- 3.2 **Advocates** for software, technology, and media that reflect diverse cultures, ethnicity, genders, and ability.
- 3.3 **Influences** the establishment of policies for selecting and using software, technology, and multimedia in early childhood programs.
- 3.4 **Advocates** for equity in the distribution of software, technology, and media.



## COMPETENCY STATEMENT F

**Demonstrates awareness of bias in society and utilizes resources to promote social justice.**

### DEVELOPING

- 1.1 **Recognizes** societal biases with regard to gender, race/ethnicity, socioeconomic status, sexual orientation, and language.
- 1.2 **Describes** a wide range of materials that can be added to a classroom to reflect the diversity of children and families.
- 1.3 **Learns** about and **draws** from the cultural norms and values of the ethnic, racial or language group of families served, to shape the curriculum.

### ACHIEVING

- 2.1 **Creates** safe spaces for children to share perspectives and discuss issues of fairness.
- 2.2 **Helps** learners uncover areas of social injustice.
- 2.3 **Discusses** the effects of bias on children, families, and communities and **uses** appropriate language concerning differences and diversity.
- 2.4 **Identifies** artifacts in the classroom, homes, and the community that reflect the children and families served.
- 2.5 **Links** culturally relevant instruction with children's lives and experiences, and **provides** anti-bias materials, literature, media, images, and experiences across content areas.
- 2.6 **Evaluates** materials, literature, and experiences for possible bias.

### EXTENDING

- 3.1 **Designs** and **develops** materials and literature that are bias free.
- 3.2 **Works** with staff and parents to examine personal beliefs, feelings, attitudes, and actions toward diversity, and **determines** methods for reducing personal bias.
- 3.3 **Advocates** for social justice.

**COMPETENCY AREA: TEACHING AND LEARNING - SECTION B**


## COMPETENCY STATEMENT G

**Applies knowledge of Approaches to Learning to plan and implement curriculum.**

### DEVELOPING

- 1.1 **Identifies** children's unique approaches to learning.
- 1.2 **Identifies** "intellectual dispositions" (e.g., investigating, imagining, thinking, creating, visualizing, and/or problem solving).
- 1.3 **Nurtures** children's "social dispositions" to promote friendly, cooperative learning through curiosity and joint problem solving.
- 1.4 **Recognizes** that learning is social, and social dispositions are formed through interactions with others, including teachers, families, and peers.

### ACHIEVING

- 2.1 **Engages** children in taking multiple perspectives to solve problems.
- 2.2 **Models** and intentionally **plans** opportunities for children to use their imaginations and flexibility when solving problems and exploring new concepts.
- 2.3 **Provides** children with opportunities to engage in shared thinking, goal setting, planning, and to explore, ask questions, experiment, and persist in completing difficult tasks.
- 2.4 **Creates** opportunities for children to use a range of approaches to learning (e.g., hypothesizing, making inferences, and asking questions) to solve problems.
- 2.5 **Supports** children's efforts to interact with peers and engage in play.
- 2.6 **Builds** learning communities to support students in developing social dispositions.

### EXTENDING

- 3.1 **Shares** and **contributes** to research on Approaches to Learning.
- 3.2 **Provides** early educators with feedback on developing positive learning environments that motivate learners.
- 3.3 **Evaluates** the extent to which the classroom's instructional strategies promote higher order thinking and positive approaches to learning.



## COMPETENCY STATEMENT H

**Applies knowledge of child development, multiple intelligences, and UDL principles to plan curriculum.**

### DEVELOPING

- 1.1 **Structures** individual and group learning experiences using multiple modalities to address variations in growth and development.
- 1.2 **Implements** interactions and environmental supports to foster development of different learning styles using multiple modes of intelligence.

### ACHIEVING

- 2.1 **Uses** knowledge of individual children, multiple intelligences, and UDL principles to design learning experiences and environments.
- 2.2 **Applies** UDL principles to plan, implement and evaluate learning goals and objectives and to convey acceptance of individual differences.
- 2.3 **Develops** achievable and challenging learning experiences for all children.
- 2.4 **Uses** observation and assessment data to develop curriculum that addresses the range of children's abilities.

### EXTENDING

- 3.1 **Analyzes** supports for children, and **provides** feedback to effectively meet the needs of all children through the use of multiple intelligences and modalities.
- 3.2 **Evaluates** the effectiveness of experiences intended to enhance the development of all children, and **provides** feedback on the use of multiple modalities to improve practice and/or services.
- 3.3 **Assesses** the effectiveness of learning environments in stimulating the optimal development of children with differing abilities.
- 3.4 **Provides** training on the use of multiple modes of intelligence to support UDL.

## TEACHING AND LEARNING SUMMARY SHEET - SECTION B: LEARNING



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
<ul style="list-style-type: none"> <li>⇒ <i>Never/rarely demonstrates competence with the indicators</i></li> <li>⇒ <i>Demonstrates competence with the indicators, but only with guidance</i></li> </ul>	<ul style="list-style-type: none"> <li>⇒ <i>Demonstrates competence with many, but not all of indicators</i></li> <li>⇒ <i>Demonstrates competence with the indicators, but inconsistently</i></li> </ul>	<ul style="list-style-type: none"> <li>⇒ <i>Consistently demonstrates competence with almost all of the indicators</i></li> <li>⇒ <i>Is able to help others understand and implement with guidance the indicators</i></li> </ul>

### COMPETENCY AREA: TEACHING AND LEARNING - SECTION B: LEARNING

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>TL(L).A:</b> Demonstrates an understanding of the importance of play and implements a play period daily to foster children's interactions and construction of knowledge.				
<b>TL(L).B:</b> Demonstrates ability to plan intentional learning opportunities in routines, transitions, and play.				
<b>TL(L).C:</b> Demonstrates ability to structure outdoor environments and experiences that cultivate development and learning.				
<b>TL(L).D:</b> Demonstrates ability to structure indoor learning environments and experiences that cultivate development and learning.				
<b>TL(L).E:</b> Demonstrates ability to select and use technology to promote learning.				
<b>TL(L).F:</b> Demonstrates awareness of bias in society and utilizes resources to promote social justice.				
<b>TL(L).G:</b> Applies knowledge of Approaches to Learning to plan and implement curriculum.				
<b>TL(L).H:</b> Applies knowledge of child development, multiple intelligences, and UDL principles to plan curriculum.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# OBSERVATION, DOCUMENTATION, AND ASSESSMENT COMPETENCY AREA

*A deeper understanding of learning is often gleaned through observation and reflection on children's developing skills and knowledge. Consequently, early care and education providers rely on their ability to observe and document children's abilities, interests, and learning needs to inform curriculum and practice, monitor progress, reflect on their own practice, and evaluate teacher effectiveness. Competent early childhood educators know the types and purposes of observation, documentation and assessments. They systematically collect data, and use ethical practices and appropriate tools to screen, monitor, and assess young children. They partner with families in the assessment process. Differentiated instruction, response to intervention, and meeting the goals of children on IFSP or IEP's require educators to use their skills in observing, documenting, and assessing to plan effective approaches for enhancing children's experiences and fostering growth and learning.*





# OBSERVATION, DOCUMENTATION, AND ASSESSMENT



## COMPETENCY STATEMENTS



**COMPETENCY A:** Demonstrates knowledge of the types and purposes of observation, documentation, and assessment.

**COMPETENCY B:** Demonstrates knowledge and skill in progress monitoring and assessment to establish goals for children, classrooms, and programs.

**COMPETENCY C:** Demonstrates knowledge of both the legal and ethical requirements to partner with families in the assessment process to build an effective learning environment.

**COMPETENCY D:** Demonstrates use of developmentally appropriate, culturally, and linguistically responsive assessment methods.

**COMPETENCY E:** Demonstrates ethical behavior and use of informal and formal tools and strategies for standardized assessment.



## COMPETENCY STATEMENT A

**Demonstrates knowledge of the types and purposes of observation, documentation, and assessment.**

### DEVELOPING

- 1.1 **Identifies** differences between screening and assessment tools.
- 1.2 **Extracts** data from assessments in a non-biased manner.
- 1.3 **Lists** reasons for conducting observations and assessments.
- 1.4 **Uses** checklists to assess children and the program.
- 1.5 **Maintains** confidentiality, and **stores** assessment data in secure locations.

### ACHIEVING

- 2.1 **Explains** basic terminology used in assessments.
- 2.2 **Uses** instruments only for the intended purpose(s).
- 2.3 **Gathers** relevant background information on all children.
- 2.4 **Knows** strengths and limitations of various assessment tools and strategies.
- 2.5 **Selects** and **uses** appropriate assessment methods based on purpose and assessment guidelines.
- 2.6 **Designs** methods for improving assessment procedures based upon information collected as well as potential barriers associated with specific methods or tools.
- 2.7 **Uses** technology to support and conduct assessments and to summarize results.

### EXTENDING

- 3.1 **Establishes** assessment criteria, procedures, and documentation methods.
- 3.2 **Creates** a program plan based on assessment data.
- 3.3 **Designs** and **disseminates** research-based assessment tools and strategies.

## COMPETENCY STATEMENT B

**Demonstrates knowledge and skill in progress monitoring and assessment to establish goals for children, classrooms, and programs.**

### DEVELOPING

- 1.1 **Views** children as individuals and **acknowledges** that children develop at their own pace while recognizing the need to observe and monitor developmental milestones.
- 1.2 **Observes** and **records** children's participation in natural settings to identify strengths and needs and/or to learn more about specific behaviors.
- 1.3 **Lists** multiple sources for gathering information on children's development.
- 1.4 **Identifies** ways to embed on-going assessment in daily activities.
- 1.5 **Recognizes** appropriate methods for documenting developmental progress.

### ACHIEVING

- 2.1 **Uses** progress monitoring tools and other strategies to systematically collect data to inform individual and program planning.
- 2.2 **Uses** multiple sources of information including screening and assessment data to identify strengths, establish goals, and monitor progress.
- 2.3 Regularly **observes** and **analyzes** children's participation to inform instruction.
- 2.4 **Identifies** activities and routines that can be used to examine children's development, skills and learning needs, and to monitor progress.
- 2.5 **Reviews** observations, screening and assessment data to identify children who need to be referred, and **obtains** informed consent.
- 2.6 **Writes** developmental profiles for each child using observations, anecdotal notes and assessments.
- 2.7 **Communicates** results of screenings and assessments to families.
- 2.8 **Monitors** progress toward goals, including the goals set for children with IEP and IFSP.
- 2.9 **Uses** assessment data to make changes to the learning environment.

### EXTENDING

- 3.1 **Provides** guidance to early educators in selecting and implementing assessment methods.
- 3.2 **Aligns** curriculum with developmental assessments of children.
- 3.3 **Advocates** for responsible assessment of all children and for early identification of children with disabilities.
- 3.4 **Consults** with experts to inform the selection and alignment of assessments, use of data, and best practices for children, families, teachers, programs, and the community.



## COMPETENCY STATEMENT C

**Demonstrates knowledge of both the legal and ethical requirements to partner with families in the assessment process to build an effective learning environment.**

### DEVELOPING

- 1.1 **Gives** examples of significant variations in development that would require referrals.
- 1.2 Is **aware** of the importance of partnering with a professional team to evaluate a child.
- 1.3 **Describes** the expectations of the teams' goals and purpose for evaluating a child.
- 1.4 **Recognizes** the importance of family input in assessment and goal setting.
- 1.5 **Acknowledges** the legal rights of parents, and **follows through** with activities prescribed in the IEP or IFSP.

### ACHIEVING

- 2.1 **Applies** knowledge of the teacher's role as a participant in the development and use of IFSP and IEP.
- 2.2 **Initiates** assessment partnerships to facilitate the evaluation process.
- 2.3 **Partners** with others to use child data to improve program practices, identify professional development needs, and meet the needs of all children (e.g. health care providers, special needs consultants, and/or program directors).
- 2.4 **Issues** assurances and due process rights to parents prior to assessment, eligibility, determination, and placement.
- 2.5 **Identifies, discusses,** and **plans** ways to involve families in assessing children's strengths and needs and for establishing goals.
- 2.6 **Notifies** parents of the purposes of screening, and the purposes and results of subsequent evaluations.
- 2.7 **Collaborates** with team in using data to determine eligibility and to write IFSP or IEP goals.
- 2.8 **Identifies** technology, adaptive and assistive devices to support instructional practices and assessments.

*(continued on page 83)*

# COMPETENCY STATEMENT C

*(continued from page 82)*

## EXTENDING

- 3.1 **Monitors** the implementation of education plans.
- 3.2 **Initiates** outreach, and **advocates** for assessment partnerships to evaluate children.
- 3.3 **Collaborates** with community partners to initiate systems and support assessment partnerships in the evaluation of children.
- 3.4 **Facilitates** the sharing and reporting of assessment results to determine next steps for children in collaboration with families and other professionals or agencies.
- 3.5 **Analyzes** and **evaluates** IEP and IFS implementation and family involvement.
- 3.6 **Advocates** for ongoing involvement of families in the assessment and goal setting process.
- 3.7 **Evaluates** the design and the implementation of the evaluation process.





## COMPETENCY STATEMENT D

**Demonstrates use of developmentally appropriate, culturally, and linguistically responsive assessment methods.**

### DEVELOPING

- 1.1 **Recognizes** own bias.
- 1.2 **Identifies** how language and culture can influence the assessment process and assessment results.

### ACHIEVING

- 2.1 **Selects** assessment tools that reflect the diversity and language of the population being served.
- 2.2 **Uses** assessment tools in a language the child understands.
- 2.3 **Identifies** and **uses** additional screenings and assessment tools to monitor the growth of DLL.
- 2.4 **Implements** assessment practices, and **interprets** results cognizant of children's abilities, families' cultures, language, and environmental factors.

### EXTENDING

- 3.1 **Plans** observation and assessment strategies that are culturally and linguistically sensitive to children's needs, and **mentors** others in their use.
- 3.2 **Creates** models for implementing responsible assessment processes that reduce or eliminate negative influences on assessment results.
- 3.3 **Advocates** for responsible assessment processes reflective of cultural, linguistic, and environmental influences.
- 3.4 **Consults** with specialists to select appropriate screening and assessment tools and to interpret results for children with diverse learning needs or with a sensory impairment in vision or hearing.



## COMPETENCY STATEMENT E

**Demonstrates ethical behavior and use of informal and formal tools and strategies for standardized assessment.**

### DEVELOPING

- 1.1 **Articulates** ethical principles that guide observations and assessment processes.
- 1.2 **Identifies** and **describes** multiple informal assessment strategies.
- 1.3 **Expresses** various uses for informal assessments strategies.

### ACHIEVING

- 2.1 **Lists** characteristics and uses of standardized assessments.
- 2.2 **Acquires** knowledge and hands on familiarity with the strategy or instrument before screening or assessing children.
- 2.3 **Uses** screening and assessment instruments and strategies appropriate for the children being evaluated and only for the purpose for which the tools were designed.
- 2.4 **Uses** multiple sources and predetermined formal assessment tools and strategies in the evaluation process.

### EXTENDING

- 3.1 **Provides** training on assessment tools and strategies for early educators.
- 3.2 **Designs, uses, and mentors** others in the use of informal assessment tools and strategies for monitoring young children's development and needs.
- 3.3 **Examines** information regarding the appropriate use of assessment tools, and use of data.
- 3.4 **Selects** tools and strategies based on their intended purpose and use.

## OBSERVATION, DOCUMENTATION, AND ASSESSMENT SUMMARY SHEET



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
⇒ <i>Never/rarely demonstrates competence with the indicators</i>	⇒ <i>Demonstrates competence with many, but not all of indicators</i>	⇒ <i>Consistently demonstrates competence with almost all of the indicators</i>
⇒ <i>Demonstrates competence with the indicators, but only with guidance</i>	⇒ <i>Demonstrates competence with the indicators, but inconsistently</i>	⇒ <i>Is able to help others understand and implement with guidance the indicators</i>

## COMPETENCY AREA: OBSERVATION, DOCUMENTATION, AND ASSESSMENT

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>ODA.A:</b> Demonstrates knowledge of the types and purposes of observation, documentation, and assessment.				
<b>ODA.B:</b> Demonstrates knowledge and skill in progress monitoring and assessment to establish goals for children, classrooms, and programs.				
<b>ODA.C:</b> Demonstrates knowledge of both the legal and ethical requirements to partner with families in the assessment process to build an effective learning environment.				
<b>ODA.D:</b> Demonstrates use of developmentally appropriate, culturally, and linguistically responsive assessment methods.				
<b>ODA.E:</b> Demonstrates ethical behavior and use of informal and formal tools and strategies for standardized assessment.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# INTERACTIONS AND GUIDANCE COMPETENCY AREA

*Children’s experiences develop their self-regulation and resiliency skills, which in turn, are linked to social and academic success. Competent early educators help children develop foundational knowledge in building, and maintaining relationships with adults and peers outside the family. They help children develop appropriate responses to their emotions to build neuro pathways in the brain – pathways that link to children’s overall social and emotional health and their ability to interact and respond appropriately to others. Educators use their own interactions with children as opportunities to support social and emotional learning. They demonstrate how to nurture responsive relationships and caregiving, and the relationship between emotions and actions to communicate effectively, how to guide and support positive behavior, and to provide planned opportunities for children to develop social skills, responsibility, and autonomy.*



## 7



# INTERACTIONS AND GUIDANCE



## COMPETENCY STATEMENTS

**COMPETENCY A:** Demonstrates nurturing responsive relationships and caregiving.

**COMPETENCY B:** Demonstrates knowledge of social emotional development as well as the relationship between emotions and actions to communicate effectively.

**COMPETENCY C:** Demonstrates knowledge and skills to guide and support children's positive behavior.

**COMPETENCY D:** Demonstrates ability to establish a climate that supports children's social emotional development.

**COMPETENCY E:** Demonstrates planned opportunities for children to develop social skills, responsibility, and autonomy.

## COMPETENCY AREA: INTERACTIONS AND GUIDANCE



# COMPETENCY STATEMENT A

**Demonstrates nurturing responsive relationships and caregiving.**

### DEVELOPING

- 1.1 **Communicates** with family members to transition children between home and the program.
- 1.2 **Shows** warmth and respect toward children through words, body language, and matching affect.
- 1.3 **Focuses** attention on children using proximity, eye contact, and gestures in a responsive manner.
- 1.4 **Describes** how adult interactions influence children's perceptions of self and their learning dispositions.
- 1.5 **Interacts** with all children equally throughout the day.
- 1.6 **Identifies** children's emotional states, and **supports** them in labeling their emotions.

### ACHIEVING

- 2.1 **Uses** courteous, supportive, and attentive interactions to relate to each child by matching his/her temperament, personality, and social/emotional development patterns.
- 2.2 **Interacts** and **articulates** confidence in children's own abilities to promote positive social dispositions and habits of the mind.
- 2.3 **Practices** reflective communication techniques to identify children's emotions.
- 2.4 **Addresses** children and families personally by name, and **makes** eye contact when greeting and/or interacting with others.
- 2.5 **Recognizes** and **responds** to children's positive behaviors.
- 2.6 **Creates** a comfortable, welcoming, and safe environment for all children and families recognizing and celebrating the diversity of its members.

### EXTENDING

- 3.1 **Instructs** parents and early educators on strategies for nurturing positive relationships and caregiving.
- 3.2 **Works** with early educators and families to support children during major transitions and when transitioning from one classroom to another.
- 3.3 **Advocates** for continuity of care and on the importance of establishing strong, nurturing relationships with young children at home and in their communities.
- 3.4 **Teaches** others to develop programs that support, nurture, and respond to the emotional needs of a diverse population.



## COMPETENCY STATEMENT B

**Demonstrates knowledge, skill and practices that guide and support children's positive behavior.**

### DEVELOPING

- 1.1 **Describes** realistic behavioral expectations of children.
- 1.2 **Observes** and **identifies** positive guidance approaches.
- 1.3 **Articulates** a variety of ways to address children's behavior through positive guidance.
- 1.4 **Establishes** and **communicates** limits for acceptable behavior and **uses** redirection and positive encouragement to guide children.
- 1.5 **Selects** guidance approaches that support children in developing self-control.
- 1.6 **Addresses** problem behaviors and situations avoiding labeling of children.

### ACHIEVING

- 2.1 **Manages** behaviors and **implements** classroom rules and expectations in a consistent and predictable manner.
- 2.2 **Uses** positive feedback and encouragement, and **involves** other adults in acknowledging children and in providing positive feedback and encouragement.
- 2.3 **Teaches** children social skills through cooperative games, lessons, stories, and activities.
- 2.4 **Models** decision making and problem solving in response to events or conflicts.
- 2.5 **Gains** children's attention before giving directions to minimize misunderstanding or misbehaviors and to provide time for children to ask questions and gain clarification.
- 2.6 **Selects** appropriate grouping strategies to avoid misbehavior and to support children in participating and following agreed upon rules.
- 2.7 **Communicates** with families areas of concern, and **develops** cooperative strategies for managing problem behaviors or situations.

### EXTENDING

- 3.1 **Teaches** early educators, parents, and the community positive guidance approaches, and the effective use of praise and encouragement.
- 3.2 **Applies** theories of child development to improve positive guidance, and **mentors** others in the classroom through reflective practice and modeling.
- 3.3 **Designs** written policies for effective guidance to be used by others.

**COMPETENCY AREA: INTERACTIONS AND GUIDANCE****COMPETENCY STATEMENT C**

**Demonstrates planned opportunities for children to develop social skills, responsibility, and autonomy.**

**DEVELOPING**

- 1.1 Promotes** positive social interactions between children by offering support and guidance.
- 1.2 Provides** examples of children developing a positive sense of self through accomplishments and responsibilities.

**ACHIEVING**

- 2.1 Creates** opportunities and **encourages** children to take on responsibility for caring for themselves and to develop self-help skills.
- 2.2 Constructs** opportunities to foster children's active participation in the environment to increase their sense of responsibility.
- 2.3 Fosters** autonomy by providing children with the opportunity to freely move and interact with adults and peers and to follow established classroom rules.
- 2.4 Designs** and **implements** activities to build social skills and foster responsibility for others and the environment.

**EXTENDING**

- 3.1 Teaches** staff, parents and community ways to encourage children to practice responsibility, autonomy and positive social skills.
- 3.2 Applies** knowledge of current research and practice when conducting observations, evaluations, and feedback sessions on nurturing children's autonomy, in the classroom and at home.
- 3.3 Designs** programs for supporting children's development of responsibility, autonomy, and social skills.



## COMPETENCY STATEMENT D

**Demonstrates ability to establish an environment that supports social emotional development taking into account the impact of the physical, temporal, and social emotional climate on children's behavior.**

### DEVELOPING

- 1.1 **Identifies** how physical space, materials, routines, and transitions support supervision, engagement, and interactions.
- 1.2 **Establishes** routines for smooth transitions between activities, and **alerts** children to changes in activities and routines by providing a warning prior to transitions.
- 1.3 **Provides** children with choice whenever possible.
- 1.4 **Foster** interactions, communication, and learning among peers to promote engagement and expansion of play and learning.
- 1.5 **Creates** secure and predictable environments that support children in communicating with one another and with peers.

### ACHIEVING

- 2.1 **Promotes** engagement, interactions, communication, and learning that expands children's social and emotional development through play and learning.
- 2.2 **Prevents** challenging behaviors through intentional environmental design and effective scheduling based on children's needs and abilities.
- 2.3 **Supports** children's emotional needs in a responsive and respectful manner during transitions and daily routines.
- 2.4 **Monitors** appropriateness of classroom rules, routines, and activities by observing children's responses, and **makes** modifications accordingly.
- 2.5 **Uses** data to guide decision making and to determine the impact of environmental changes on children.

### EXTENDING

- 3.1 **Teaches** and/or **mentors** early educators on best practices related to organizing the environment and daily schedule or routine.
- 3.2 **Evaluates** and **provides** feedback to educators and programs specific to environments and interactions to improve practice.
- 3.3 **Advocates** for licensing regulations, quality standards, and allocation of resources that acknowledge the need for social and emotional development supports in early learning and care environments.

## COMPETENCY AREA: INTERACTIONS AND GUIDANCE



### COMPETENCY STATEMENT E

**Demonstrates effective communication techniques between children and adults, and across diverse populations drawing upon knowledge of social emotional development and the relationship between emotions and actions.**

#### DEVELOPING

- 1.1 Identifies** multiple ways in which children verbally and nonverbally communicate emotions.
- 1.2 Ensures** the safety of children who are unable to control emotion or behavior by providing time and space to gain control in a safe environment.
- 1.3 Models** appropriate use of oral and written language, building upon home language, and demonstrating respect and value for individual cultures, attitudes, and expectations for children.
- 1.4 Engages** in conversations with children in which there are multiple feedback loops among all participants.

#### ACHIEVING

- 2.1 Develops** and **designs** an environment that supports a positive climate and promotes communication and expression of emotion in a constructive manner.
- 2.2 Models, teaches** and **implements** a variety of strategies to support children in expressing and communicating emotions to peers and adults.
- 2.3 Recognizes** atypical behaviors and emotional disorders, and **seeks** additional supports and resources in partnership with the family.
- 2.4 Supports** multiple means for communicating including speaking, signing, listening, reading, writing, body language, and use of representations such as drawings photos, video or computer generated images.
- 2.5 Facilitates** dialogue among children using a variety of strategies.
- 2.6 Communicates** effectively using active listening and oral and written language.
- 2.7 Designs** daily opportunities for children to converse and to communicate their ideas in large and small groups and in formal and informal settings.
- 2.8 Incorporates** opportunities for problem solving to develop communication skills and to resolve problems.

*(continued on page 105)*



## COMPETENCY STATEMENT E

*(continued from page 104)*

### EXTENDING

- 3.1 Uses** assessment tools to regularly assess and provide feedback on interactions and on the effectiveness of communication strategies.
- 3.2 Organizes** professional development opportunities based on relevant assessment data to enhance early educator's communication skills.
- 3.3 Communicates** information to families, educators, and the community for supporting young children in developing effective skills for expressing emotions or interacting with others.
- 3.4 Produces and disseminates** information to parents, educators, and the community to help them identify the typical and atypical ranges of emotional expression in young children.



# INTERACTIONS AND GUIDANCE SUMMARY SHEET



<b>AREA OF OPPORTUNITY</b>	<b>STEADY PROGRESS</b>	<b>AREA OF STRENGTH</b>
⇒ <i>Never/rarely demonstrates competence with the indicators</i>	⇒ <i>Demonstrates competence with many, but not all of indicators</i>	⇒ <i>Consistently demonstrates competence with almost all of the indicators</i>
⇒ <i>Demonstrates competence with the indicators, but only with guidance</i>	⇒ <i>Demonstrates competence with the indicators, but inconsistently</i>	⇒ <i>Is able to help others understand and implement with guidance the indicators</i>

## COMPETENCY AREA: INTERACTIONS AND GUIDANCE

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>IG.A:</b> Demonstrates nurturing responsive relationships and caregiving.				
<b>IG.B:</b> Demonstrates knowledge of social emotional development as well as the relationship between emotions and actions to communicate effectively.				
<b>IG.C:</b> Demonstrates knowledge and skills to guide and support children’s positive behavior.				
<b>IGD:</b> Demonstrates ability to establish a climate that supports children’s social emotional development.				
<b>IG.E:</b> Demonstrates planned opportunities for children to develop social skills, responsibility, and autonomy.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# PROFESSIONALISM COMPETENCY AREA

*Professionalism is an intentional commitment to the Early Care and Education profession. The concept of professionalism in the field embodies informed and ethical decision making, and reflection on daily practice with the goal of quality improvement. Competent educators adhere to a Code of Ethical Conduct (NAEYC). They reflect on teaching and draw from multiple perspectives. They understand the Early Care and Education profession and the importance of advocating for program quality and services to enhance professional status and working conditions for staff. They demonstrate a commitment to continuously expand knowledge and practice through ongoing professional activities in areas such as early childhood development, advocacy, family and community engagement, and ethical practices. Professionalism benefits children, family, and community, and elevates the field.*





# PROFESSIONALISM



## COMPETENCY STATEMENTS



**COMPETENCY A:** Demonstrates professional behaviors and adherence to the Code of Ethical Conduct as defined by the NAEYC.

**COMPETENCY B:** Demonstrates a commitment to continuously improve knowledge and practices through ongoing engagement in professional organizations, professional development, and use of professional resources.

**COMPETENCY C:** Demonstrates and models a personal philosophy of developmentally appropriate early care and education that supports inclusion and cultural/linguistic diversity.

**COMPETENCY D:** Demonstrates ability to draw from professional knowledge, ethics, and multiple perspectives to inform decision making.

**COMPETENCY E:** Demonstrates an understanding of the Early Childhood profession including the influence of historical perspectives, current issues and trends on thought and practices.

**COMPETENCY F:** Demonstrates a commitment to advocate on behalf of young children and their families, to improve program quality and services for them, and to enhance the professional status and working conditions for early educators.

**COMPETENCY AREA: PROFESSIONALISM**


# COMPETENCY STATEMENT A

**Demonstrates professional behavior and adherence to the Code of Ethical Conduct as defined by the NAEYC.**

## DEVELOPING

- 1.1 Understands** how the NAEYC Code of Ethical Conduct (NAEYC Code) guides professional practices in early learning and care settings.
- 1.2 Formally agrees** to abide by the NAEYC Code.
- 1.3 Participates** in training on the professional behaviors set forth in the NAEYC Code and **reflects** on their application.

## ACHIEVING

- 2.1 Provides** ongoing training to program staff on the NAEYC Code.
- 2.2 Works** with program staff on how to apply the NAEYC Code to decision making, conflict resolution, and policy development.
- 2.3 Applies** and **models** the professional behaviors set forth in the NAEYC Code to shape program practices and interactions with children, families, staff, and the community.

## EXTENDING

- 3.1 Develops** and **conducts** training and coaching on using the NAEYC Code to guide professional practices.
- 3.2 Identifies** opportunities to present the NAEYC Code as an identifying feature of early childhood professional practice.
- 3.3 Reflects** on the application of ethical practices at the program and community levels.
- 3.4 Advocates** for the consistent application of the NAEYC Code to all services impacting young children and their families.



## COMPETENCY STATEMENT B

**Demonstrates a commitment to continuously improving knowledge and practices through ongoing engagement in professional organizations, professional development, and use of professional resources.**

### DEVELOPING

- 1.1 **Identifies** professional needs and goals.
- 1.2 **Seeks** opportunities for professional growth through conferences, workshops, and courses.
- 1.3 **Identifies, reviews, and discusses** articles and research presented in various professional journals.
- 1.4 **Joins** a professional organization such as NAEYC.

### ACHIEVING

- 2.1 **Shares** professional resources with colleagues.
- 2.2 **Maintains** membership in a professional organization, and regularly **reads** journal articles, **attends** conferences, and/or **engages** in local or regional meetings.
- 2.3 **Applies** current research to practices.
- 2.4 Actively **participates** in creating and implementing a professional development plan to achieve goals.
- 2.5 **Communicates** best practices, and **shares** relevant resources with families.

### EXTENDING

- 3.1. **Designs** staff development based on current knowledge, research and practices, and **shares** relevant research, resources, and practices with early educators.
- 3.2 **Contributes** to the field by serving on a board or participating in a workgroup, authoring articles or presenting at conferences.
- 3.3 **Mentors** other professionals to increase active participation in professional organizations and to develop leadership skills.
- 3.4 **Advocates** for professional development and degree bearing programs that increase the knowledge and skills of early educators.
- 3.5 **Advocates** for strong professional development systems.

## COMPETENCY AREA: PROFESSIONALISM



### COMPETENCY STATEMENT C

**Demonstrates through actions, attitudes, and practices a personal philosophy of developmentally appropriate early care and education that supports inclusion and cultural/linguistic diversity.**

#### DEVELOPING

- 1.1 Understands** the importance of respecting individual and family diversity and how to support equal access to quality early care and education.
- 1.2 Values** the impact that a diverse group of children and families bring to the early learning setting.
- 1.3 Discusses** how staff can support inclusion through their actions, attitudes, and practices.

#### ACHIEVING

- 2.1 Facilitates** dialogue between staff and families to better understand the varied cultures and the diverse characteristics of those represented in the early learning setting.
- 2.2 Reflects** with staff on how beliefs, values, and experiences can impact their interactions with all families.
- 2.3 Promotes** program wide practices that support inclusion and honor cultural and language diversity.

#### EXTENDING

- 3.1 Researches** varied cultures and languages to promote full inclusion and respectful program practices.
- 3.2 Evaluates** program policies and staff practices to ensure full inclusion and genuine regard for diversity.
- 3.3 Advocates** for recognition, respect, and equity of access to meet the needs of all children.



## COMPETENCY STATEMENT D

**Demonstrates ability to reflect on teaching and draw from multiple perspectives to inform decision making.**

### DEVELOPING

- 1.1 **Recognizes** the roles of supervisors and coaches in guiding program practices and the use of protocols for communicating needs and concerns.
- 1.2 **Offers** input and feedback to supervisors to inform the decision making process.
- 1.3 **Uses** supervisor and/or coach to actively reflect on interactions with children, families, and coworkers.
- 1.4 **Seeks** input from a supervisor and/or colleagues to better understand professional actions and the rationale behind certain program directives or work-related decisions.

### ACHIEVING

- 2.1 **Communicates** to staff how regulations, philosophy, ethics, and best practices influence the decision making process.
- 2.2 **Encourages** input and feedback from all program staff to inform decision making.
- 2.3 **Engages** in active reflection with staff to continuously improve program interactions and operations.

### EXTENDING

- 3.1 **Participates** in a professional network of reflective practice.
- 3.2 **Uses** community forums to reflect on early learning and care program policies and trends.
- 3.3 **Reviews** research and data on program quality, and **uses** this information to guide decisions related to programs, early educators, and community stakeholders.

**COMPETENCY AREA: PROFESSIONALISM**


## COMPETENCY STATEMENT E

**Demonstrates an understanding of the Early Childhood Profession including the influence of past perspectives, current issues, and trends on thought and practices.**

### DEVELOPING

- 1.1 **Understands** the evolutionary nature of early care and education from historical and political perspectives.
- 1.2 **Recognizes** the impact of policies and mandates on the profession.

### ACHIEVING

- 2.1 **Seeks** information regarding trends and funding opportunities that impact and support the early childhood profession, and **shares** this information with staff and families.
- 2.2 **Integrates** latest knowledge and opportunities into daily program practices and to strategic plan.

### EXTENDING

- 3.1 **Reviews** the latest policies and initiatives to determine their impact on the early childhood profession.
- 3.2 **Works** with community leaders to strategically plan for the integration of new knowledge and practices into existing perspectives and policies.
- 3.3 **Advocates** for practices that are anchored in a historical perspective of the field yet reflect new, valid and effective methods of practice.



## COMPETENCY STATEMENT F

**Demonstrates a commitment to advocate on behalf of young children and their families, to improve program quality and services for young children, and to enhance the professional status and working conditions for early educators.**

### DEVELOPING

- 1.1 **Understands** the importance of speaking on behalf of young children and their families.
- 1.2 **Describes** the importance of quality programming on young children's development and learning, and its relationship to Michigan's quality rating system.
- 1.3 **Acknowledges** the wide range of services and professions that may comprise early learning and care.
- 1.4 **Identifies** as an early childhood professional.

### ACHIEVING

- 2.1 **Implements** high quality programming, fully **participates** in the statewide quality rating system, and **seeks/promotes** additional relevant accreditations.
- 2.2 **Provides** staff, colleagues, families, and community members with information that demonstrates the impact of quality early care and education.
- 2.3 **Shares** information that strengthens the quality of services for children and families, and **supports** staff in pursuing career opportunities.
- 2.4 **Implements** policies that elevate the status of the early childhood professional.

### EXTENDING

- 3.1 **Engages** community members in identifying needs, and works collaboratively to fill gaps.
- 3.2 **Advocates** for funding, support, and acknowledgement of the unique needs of children and their families prior to formal school entry.
- 3.3 **Commits** to lifelong learning related to the early childhood profession.
- 3.4 **Models** and **mentors** other early childhood professionals, and **provides** information to support a clear pathway (Lattice/Ladder) for advancing education and career options.

## PROFESSIONALISM SUMMARY SHEET



### AREA OF OPPORTUNITY

- ⇒ *Never/rarely demonstrates competence with the indicators*
- ⇒ *Demonstrates competence with the indicators, but only with guidance*

### STEADY PROGRESS

- ⇒ *Demonstrates competence with many, but not all of indicators*
- ⇒ *Demonstrates competence with the indicators, but inconsistently*

### AREA OF STRENGTH

- ⇒ *Consistently demonstrates competence with almost all of the indicators*
- ⇒ *Is able to help others understand and implement with guidance the indicators*

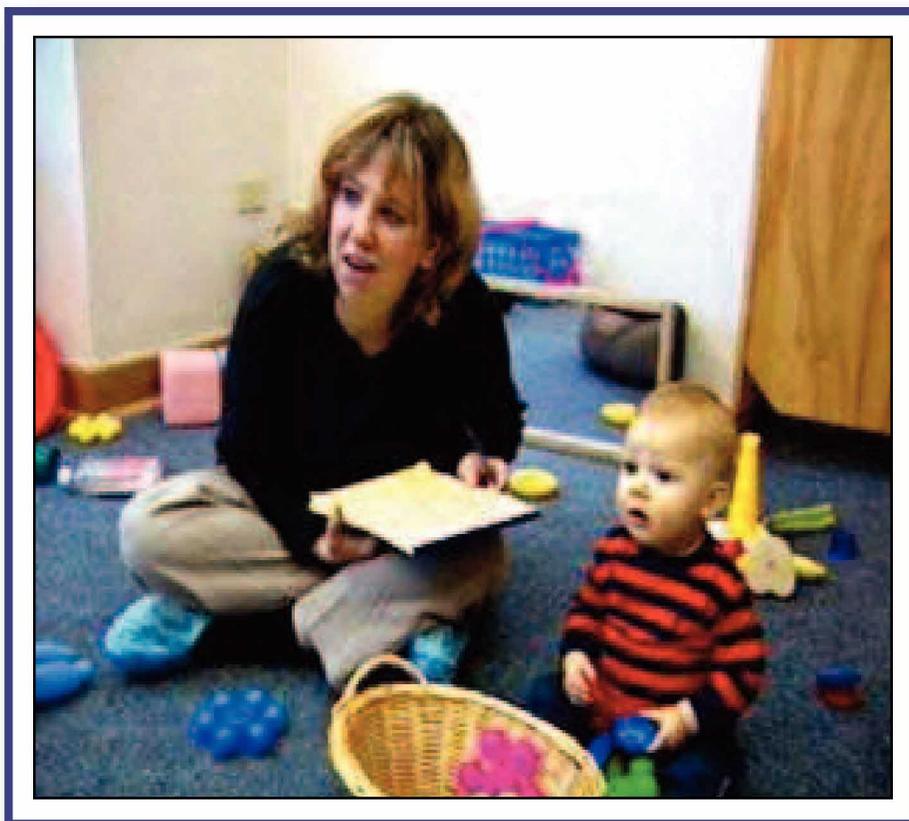
## COMPETENCY AREA: PROFESSIONALISM

Competency Statements	Area of Opportunity	Steady Progress	Area of Strength	Notes
<b>P.A:</b> Demonstrates professional behavior and adherence to the Code of Ethical Conduct as defined by NAEYC.				
<b>P.B:</b> Demonstrates a commitment to continuously improve knowledge and practices through ongoing engagement in professional activities.				
<b>P.C:</b> Demonstrates ability to reflect on teaching and draw from multiple perspectives to inform decision making.				
<b>P.D:</b> Demonstrates an understanding of the Early Care and Education profession, including the influence of past perspectives, current issues and trends on thought and practices.				
<b>P.E:</b> Demonstrates an understanding of the Early Childhood Profession including the influence of past perspectives, current issues, and trends on thought and practices.				
<b>P.F:</b> Demonstrates a commitment to advocate on behalf of young children and their families, to improve program quality and services for young children, and to enhance the professional status and working conditions for early educators.				

DATE SELF ASSESSED (MM/DD/YEAR)	

# **GLOSSARY**

## **2013 MICHIGAN CORE KNOWLEDGE AND CORE COMPETENCIES FOR EARLY CHILDHOOD PROFESSIONALS**







TERM	DEFINITION
<b>Accommodations/Adaptations</b>	Accommodations or adaptations sometimes referred to as modifications are made to the physical environment, materials, or learning process and/or procedures to support children with diverse learning needs in accessing the curriculum regardless of their abilities. Such accommodations assist ALL children in participating in the curriculum and services with their peers.
<b>Advocacy</b>	The act of influencing public policies and practices so that they are more responsive to issues affecting a large number of children. Advocacy takes place at various levels (school, local, state, and federal) where policy makers and agencies call attention to problems and propose solutions.
<b>Aesthetic Development</b>	Growth in one's ability to be appreciative and sensitive to the arts gained through participation and/or exposure.
<b>Americans With Disabilities Act (ADA)</b>	Federal law that prohibits public accommodations, including early childhood programs, from discriminating against anyone who is disabled.
<b>Anti-bias</b>	Activist approach to valuing diversity and promoting equity by teaching children to accept, respect, and celebrate diversity as it relates to such things as: gender, race, culture, language, and ability.
<b>Approaches to Learning</b>	A child's feeling about learning (interest, pleasure, and motivation) and children's behaviors when learning (attention, persistence, flexibility and self-regulation). From Hyson, M. (2008) <i>Enthusiastic and engaged learners: Approaches to learning in the early childhood classroom</i> . New York: Teachers College Press.
<b>Attitude</b>	Personal characteristics that influence how one feels, believes, and interacts with others and their environment often rooted in social-emotional, spiritual, and cognitive background and experiences.
<b>Child and Adult Care Food Program (CACFP)</b>	A federally funded program that assists early childhood programs in planning and paying for nutritious meals.
<b>Child-initiated</b>	Experiences chosen and directed by children including engaging in play or learning with peers and/or responsive adults.
<b>Coaching</b>	A relationship-based process led by an expert with specific knowledge and skills in adult learning that supports educators in building their own capacity for specific professional dispositions, skills, and behaviors.
<b>Code of Ethical Conduct</b>	A set of guidelines for responsible behaviors created by the National Association for the Education of Young Children to guide decision making and practices in early childhood education and care.
<b>Cognitive Development</b>	The development of intelligence, conscious thought, and problem solving abilities that begins at birth. Jean Piaget, Lev Vygotsky, Howard Gardner and others developed theories articulating how cognition develops across the lifespan.
<b>Community Resources</b>	Human and organizational resources within the community such as extended family, friends, social workers, health care providers, schools, libraries, social service, and government agencies.
<b>Construction of Knowledge</b>	The process of assisting children in developing a higher understanding of concepts, language, and relationships through active exploration and scaffolding.

# MICHIGAN CKCC GLOSSARY



TERM	DEFINITION
<b>Critical Thinking</b>	The mental process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and evaluating information to reach an answer or draw a conclusion.
<b>Dual Language Learners (DLL)</b>	Children who are dual language learners are learning both English and a home language other than English.
<b>Developmentally Appropriate Practice</b>	Respectful and inclusive program practices that address children’s development and learning based on three important kinds of information and knowledge of: 1. age-related human characteristics; 2. individual strengths, interests and needs; and 3. the social and cultural contexts in which children live.
<b>Developmental Delays</b>	A classification for children with or without established diagnosis that perform significantly behind developmental norms.
<b>Developmental Domain</b>	Areas of development including: cognitive, physical, social, emotional, language, and aesthetic development.
<b>Disability</b>	A disadvantage that is imposed on an individual that impacts physical or mental development or limits movement, senses, activities, or learning.
<b>Discourse</b>	Expressing opinions, ideas and values in a climate that promotes effective listening, speaking, and responsive interactions.
<b>Disposition</b>	A prevailing tendency, mood or inclination; a temperamental makeup; and the tendency to act in a certain manner under given circumstances. Both <b>children</b> and <b>adults</b> have disposition that impact their behavior and learning.
<b>Documentation</b>	Qualitative and quantitative data used to assess and monitor children’s development and learning, and programs outcomes.
<b>Effective Praise/Encouragement</b>	Feedback provided to a group or individuals that acknowledges, recognizes, or encourages progress and effort.
<b>Early Literacy</b>	Young children’s development of concepts related to phonological and print awareness. These skills and early behaviors precede the development of reading and conventional writing.
<b>Emotional Development</b>	The core features of emotional development include the ability to identify and understand one’s own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one’s own behavior, to develop empathy for others, and to establish and maintain relationships. From National Scientific Council on the Developing Child (Winter 2004) “Children’s Emotional Development Is Built into the Architecture of Their Brains,” <i>Working Paper</i> No. 2.
<b>Environmental Influences</b>	The people, procedures, habits, routines of family and community life that impact a child’s development. (e.g., poverty, poor nutrition, and lack of access to health care).
<b>Evaluation</b>	Systematically gathering information about children, programs, schools, and/or educators to inform decision making and/or monitor growth or achievement of established goals.
<b>Evidence-based Practice</b>	Educational practices or interventions that are backed by strong evidence of their effectiveness as demonstrated by scientifically-based research.
<b>Expressive Language</b>	The ability to put thoughts, feelings, and actions into words to express oneself through spoken or sign language.



TERM	DEFINITION
<b>Family Collaboration/Partnership</b>	A partnership that offers opportunities for families to plan and participate in all stages of program development and implementation and to expand their knowledge of child development, increase parenting skills or extend children's learning at home or in their community.
<b>Family Centered</b>	Practices that recognize families as equal partners and collaborators in young children's early care and education.
<b>Family Strengths</b>	Characteristics that contribute to a family's satisfaction and its perceived success such as: rituals, traditions, respect, commitment, strong value system, effective crisis management, etc.
<b>Great Start Readiness Program</b>	(GSRP) A competitive grant awarded to center-based preschool programs for four-year-old children who may be "at risk" of school failure that requires strong family involvement and parent education components as well as preschool education.
<b>Guidance</b>	Modeling or encouraging appropriate behaviors, redirecting children to acceptable activities, setting clear limits, and helping children to develop and maintain relationships with others.
<b>Head Start</b>	A federally funded comprehensive child development program serving children from 0-5 years of age, pregnant women, and their families that aims to increase the school readiness of young children in low-income families.
<b>Higher Order Thinking Skills</b>	Critical, logical, reflective, metacognitive, and creative thinking activated when individuals encounter unfamiliar problems, uncertainties, questions, or dilemmas.
<b>IDEA Parts A,B, &amp; C</b>	Individuals with Disabilities Education Act (IDEA): a federal program that provides funding to states to support the planning of service systems and the delivery of services, including evaluation and assessment, for young children who have or are at risk of developmental delays/disabilities. Funds are provided through the Infant and Toddler Program (known as Part C of IDEA) for services to children birth through two years of age, and through the Preschool Program (known as Part B-Section 619 of IDEA) for services to children ages three through five years.
<b>Inclusion</b>	The practice of including all children in regular early care and education programs regardless of their abilities.
<b>Individual Educational Plans (IEP)</b>	A plan that outlines the services a student with disability will receive, identifies who will provide the service, and articulates the educational goals for the student established by a team including the child's family and other professionals.
<b>Individual Family Service Plans (IFSP)</b>	The written document specified in the Individuals with Disabilities Education Act (IDEA) to guide the implementation of early intervention services for children from birth to age three and their families developed through collaborative interchanges between families and the professionals involved in assessment and service delivery.
<b>Integrated Approach</b>	An approach to planning and implementing learning activities organized to include a variety of experiences across content areas that cover the breadth and depth of learning around a focal point.
<b>Integrated Learning Experiences</b>	Intentional learning experiences that are inclusive of all content areas and domains of learning including: language, literacy, mathematics, science, health, safety, nutrition, social studies, art, music, drama, and movement to help children construct knowledge and foster development.

# MICHIGAN CKCC GLOSSARY



TERM	DEFINITION
<b>Intentional Teaching</b>	Selecting teaching strategies and experience that best promote children’s thinking, skills, and development.
<b>Inquiry</b>	The process of using questions, hypothesizing, exploration, and investigation to promote new knowledge or gain new information. Both children and adults benefit from inquiry as they expand their knowledge and skill in search of new information.
<b>Language Acquisition</b>	The process of developing the five interrelated aspects of language knowledge — phonetic, semantic, syntactic, morphemic, and pragmatic— that contribute to the ability communicate through receptive and expressive language.
<b>Language Development</b>	The ability to understand that words and symbols provide a means for communicating thoughts and ideas to others through systems of oral and written communication.
<b>Learning Environment</b>	The physical environment in which learning occurs including the interactions between and among members and their relationships, the climate, feedback and instructional practices, how the learning area is set up to define space, materials, and equipment, and how the daily schedule (temporal environment) is planned to provide children time to fully engage in learning experiences.
<b>Learning Styles</b>	Personal preferences that affect how one approaches the processing of learning as well as preferences for the modalities used to engage in learning.
<b>Least Restrictive</b>	The inclusion of children with disabilities in education and care facilities alongside their peers in natural environments within the community whenever possible to avoid the need for separate programing.
<b>Maturation</b>	The process or action of growing overtime across developmental domains following developmental trajectories.
<b>Mandated Reporter</b>	The Michigan Child Protection Law, 1975 PA 238, MCL 722.621 et. seq., requires the reporting of child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of child abuse and neglect by all persons. The Child Protection Law includes the legal requirements for reporting, investigating, and responding to child abuse and neglect.
<b>Mentoring</b>	A relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and professional skills, willing to mentor and provide guidance and example to a protégé to increase capacity and abilities.
<b>Multiple Modes of Intelligence</b>	A theory of intelligence based on Howard Gardner’s work that describes multiple ways of acquiring knowledge to solve problems and to generate or explore new problems through various modalities and strengths including Logical-Mathematical, Spatial, Linguistic, Bodily Kinesthetic, Musical, Interpersonal, Intrapersonal, Naturalistic and Existential intelligence.
<b>Multiple Modalities</b>	Using a variety of modalities and materials including auditory, visual, and movement to effectively interest and engage learners.
<b>NAEYC</b>	National Association for the Education of Young Children, the largest membership organization for early childhood professionals working with or on behalf of children from birth through age 8.



TERM	DEFINITION
<b>Participatory Leadership</b>	Management that addresses the relationship between the organization and its worker and stakeholders through issues of governance within the organization by providing employees and external stakeholders and users of services decision making power and processes over the organization with a defined structure.
<b>Philosophy</b>	A written vision of an organization's mission that describes the goals and methods or theoretical framework for services
<b>Physical Development</b>	The body of knowledge focused on the sequence and process of developing body awareness and increased control over physical movements. Physical development evolves from the inside-out and from top to bottom. For example, we gain control of our arms before hands and fingers and control of our head muscles long before learning to control our legs.
<b>Professional Development</b>	A continuum of learning and support activities including education, training and technical assistance designed to prepare individuals to work with and on behalf of young children and their families and ongoing experiences to enhance this work.
<b>Program Standard</b>	Widely-accepted expectations and best practices for program quality or early learning established for use across program settings in homes, centers, and schools. Standards typically address environments, administration, staffing, curriculum, relationships, family involvement, safety, and health.
<b>Progress Monitoring</b>	Formal and informal assessments, that occur within the context of children's participation in the program designed to inform instruction and measure growth between established intervals of time.
<b>Protective Services</b>	In Michigan, Protective Services refers to the Department of Human Services (DHS) Children's Protective Service Department. All reports of suspected child abuse and neglect are reported through this agency.
<b>Public Playground Safety Handbook</b>	Playground rules and regulations that all public playgrounds must adhere to.
<b>Quality Rating and Improvement System</b>	<b>(QRIS)</b> is part of nation-wide conversation around what defines quality early childhood programs in an attempt to identify the essential elements needed for a well-financed, high quality early childhood system in individual states and throughout the country.
<b>Receptive Language</b>	The process of taking in language through the sense of hearing or sign and making meaning from what is communicated.
<b>Reflective Practices</b>	Critical analysis from multiple perspectives of one's own experiences, both past and present, in order to learn and grow and make informed decisions..
<b>Research-based Practice</b>	Practices, strategies, and curriculum that has been rigorously examined and researched to demonstrate effectiveness in achieving desired outcomes.
<b>Scaffolding</b>	A teaching strategy that strives to assist children in reaching beyond competence levels in any area often linked to increases in executive functioning, vocabulary growth, reading comprehension, and literacy skills. To scaffold teachers must be able to identify a child's current understanding of a concept and seek to raise that level of understanding by adapting instruction based on knowledge of the child's current thinking or experiences.
<b>Screening</b>	A brief, relatively inexpensive, standardized procedure designed to quickly appraise a large number of children to determine who should be referred for further assessment.

# MICHIGAN CKCC GLOSSARY



TERM	DEFINITION
<b>Self-concept</b>	The thoughts and feelings that an individual has at any point in time about who, he/she is in the context of self, family, and community.
<b>Self-regulation</b>	A set of internal skills individuals use to manage their own choices and actions rather than being publicly regulated by other people.
<b>Social Justice</b>	A socially just society based on the principles of equality and solidarity that both understands and values human rights, and recognizes the dignity of every human being.
<b>Special Abilities</b>	Children who have diverse needs due to abilities above or below the norm.
<b>Standardized Assessment Tool</b>	A testing instrument (norm-referenced or criterion-referenced) that is administered, scored, and interpreted in a standard manner.
<b>Standard Precautions</b>	An approach to infection control wherein all bodily fluids are treated as if they are infectious and proper precautions are taken to avoid contaminations, such as wearing latex gloves, whenever there is a chance of contact with bodily fluids. Also called <i>Universal Health Precautions</i> .
<b>Training</b>	College courses in a closely related field, professional development, coaching, and technical assistance that help early educators progress in their roles and increase knowledge and skills.
<b>Temporal Climate</b>	The timing of early learning activities across and throughout the day.
<b>Temperament</b>	The nine characteristics or behaviors that make up an individual's profile linked to the origin of the human personality.
<b>Universal Design for Learning (UDL)</b>	A set of principles for curriculum development that give all individuals equal opportunities to learn. UDL provides a blueprint for creating instructional goals, methods, materials, and assessments that work for everyone not a single user. From: The National Center on Universal Design for Learning.
<b>Technology</b>	The range of interactive media, software programs, applications, broadcasts, and platforms used to facilitate active and creative learning or social engagement between children and adults.

# OVERVIEW OF CKCC DOCUMENT ALIGNMENT FOR EDUCATORS







## THE CKCC DOCUMENT ALIGNMENT FOR EDUCATORS: INTRODUCTION TO CODES

The CKCC Document Alignment for Educators, presented on the following pages, uses Wheels to illustrate the dynamic relationships among the CKCC Competency Areas and other key documents including Early Learning Guidelines, Program Standards, Regulations and Michigan's Quality Rating and Improvement System. The bolded codes below reference specific sections in each set of documents that align to each CKCC Competency Area. Note that the codes are referenced in individual Wheels to help you see the connections between and among documents. Use these documents as resources for planning professional development, for establishing a career path or for continuous improvement.

### EARLY LEARNING:

**ECSQ-PK/ELE** – Michigan State Board of Education (2013) Attachment A: *Early Learning Expectations for Three-and-Four-Year Old Children, to the Early Childhood Standards of Quality for Prekindergarten.*

**ECSQ-IT/LS** – Michigan State Board of Education (2013) Attachment A: *Early Development and Learning Strands for Infants and Toddlers to the Early Childhood Standards of Quality for Infant and Toddler Programs.*

**CDSELF-HS** – U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start (2010) *Head Start Child Development and Early Learning Framework: Promoting Positive Outcomes in Early Childhood Programs Serving Children 3-5 Years Old.*

### PROGRAM STANDARDS:

**ECSQ-PK** – Michigan State Board of Education (2005) *Early Childhood Standards of Quality for Prekindergarten.*

**ECSQ-IT** – Michigan State Board of Education (2006) *Early Childhood Standards of Quality for Infant and Toddler Programs.*

**HS-PPS** – Head Start Program Performance Standards (2009) 45 CFR Chapter XII.

### REGULATIONS:

**BCAL-CCC** — State of Michigan Department of Human Services Bureau of Child and Adult Licensing (2008), *Licensing Rules for Child Care Centers.*

**BCAL-FCC** – State of Michigan Department of Human Services Bureau of Child and Adult Licensing (2009), *Licensing Rules for Family and Group Child Care Homes.*

### QUALITY RATING AND IMPROVEMENT SYSTEM:

**QRIS** – Great Start to Quality Rating and Improvement System Draft 6-13 <http://greatstartCONNECT.org>



**Professionalism (P), Interactions and Guidance (I), Observation, Documentation and Assessment (ODA), Teaching (T) and Learning (L), Management (M), Family and Community Engagement (FCE), Health, Safety and Nutrition (HSN) and Child Development (CD)**

Early Learning:  
ECSQ-IT/LS: Well Being  
ECSQ-PK/ELE: Approaches to Learning, and Social Emotional, and Physical Health & Development  
CDSELF-HS: Social Emotional Development & Approaches to Learning

Quality Rating Improvement System:  
QRIS: Environment & Curriculum and Instruction

Quality Rating Improvement System:  
QRIS: Screening and Assessment

Regulations:  
BCAL-FCC: 400.1914 Rule 14 (1)-(7)  
BCAL-CCC: 400.8179 (1)-(12)

Early Learning:  
ECSQ-PK/ELE: All  
ECSQ-IT /LS: All  
CDSELF-HS: All

Regulations: BCAL-FCC: R 400.1913 & 1924  
BCAL-CCC: R 400.8173, 8182, 8185

Program Standards ECSQ-PK: Physical, Nutrition and Safety Climate  
ECSQ-IT: Physical & Mental Health, Nutrition, Relationships & Climate  
CDSEFL-HS 1034, 1320, 1232 & 1324

Quality Rating Improvement System  
QRIS: Consistent Interactions

Program Standards:  
ECSQ-PK: Learning Environment  
ECSQ-IT: Environment of Care and Learning

Program Standards:  
ECSQ-IT & ECSQ-PK: Child Assessment and Program Evaluation  
HS-PPS: 1304.21, 24, 41, 51-3

Program Standards:  
ECSQ-IT: Staffing & Administrative Support and Professional Development and An Environment of Care & Learning  
ECSQ-PK: Staffing & Administrative Support and Professional Development, and The Learning Environment  
CDSELF-HS: 1304021

Early Learning:  
ECSQ-PK/ELE: All  
ECSQ-IT/LS: ALL

Program Standards:  
ECSQ -IT: - Community Collaboration and Financial Support  
ECSQ-PK : Partnership with Families  
CDSELF-HS: 1304.2,4,5,20,23,40,&41

Quality Rating Improvement System:  
QRIS: Curriculum and Instruction

Program Standards:  
ECSQ-IT and ECSQ-PK: Staffing, Administrative Support and Professional Development and Physical & Mental Health & Safety  
HS-PPS: 1304.20, 22-24, 40,50, 51, and 53

Program Standards:  
ECSQ-IT: Program Statement of Philosophy, Staffing & Administrative Support, and Professional Development and , An Environment of Care and Learning  
ECSQ-PK: Program Statement of Philosophy, Staffing & Administrative Support and Professional Development, and Child Assessment and Program Evaluation  
CDSELF-HS: 1304,50-53

Program Standards:  
ECSQ-IT and ECSQ-PK: Staffing and Administrative Support and Professional Development  
CDSELF-HS-1304,1351-52

Quality Rating Improvement System:  
QRIS: Staff Qualifications and Professional Development

Regulation:  
BCAL-CCC: R.400.8143 and R400.8146

Quality Rating Improvement System:  
QRIS: Physical & Health Environment

Quality Rating Improvement System:  
QRIS: Staff Qualification & Professional Development, Administration & Management, and Curriculum & Instruction

Regulation:  
BCAL-CCC: R.400.8101-8131  
BCAL-FCC: R400.1902-13

Regulations:  
BCAL-FCC: R400.1902.1903 & 1905  
BCAL-CCC: R 400.8131

Quality Rating Improvement System:  
QRIS: Program Statement and Family & Community Partnerships

Regulations:  
BCAL-CCC All  
BCAL-FCC All

Early Learning:  
ECSQ-PK/ELE :Social and Emotional Development, Health, Safety & Nutrition  
ECSQ-IT/LS: A. Well Being and C. Exploration  
CDSELF-HS: Physical Development & Health





## **CHILD DEVELOPMENT (CD)**

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## **HEALTH, SAFETY AND NUTRITION (HSN)**

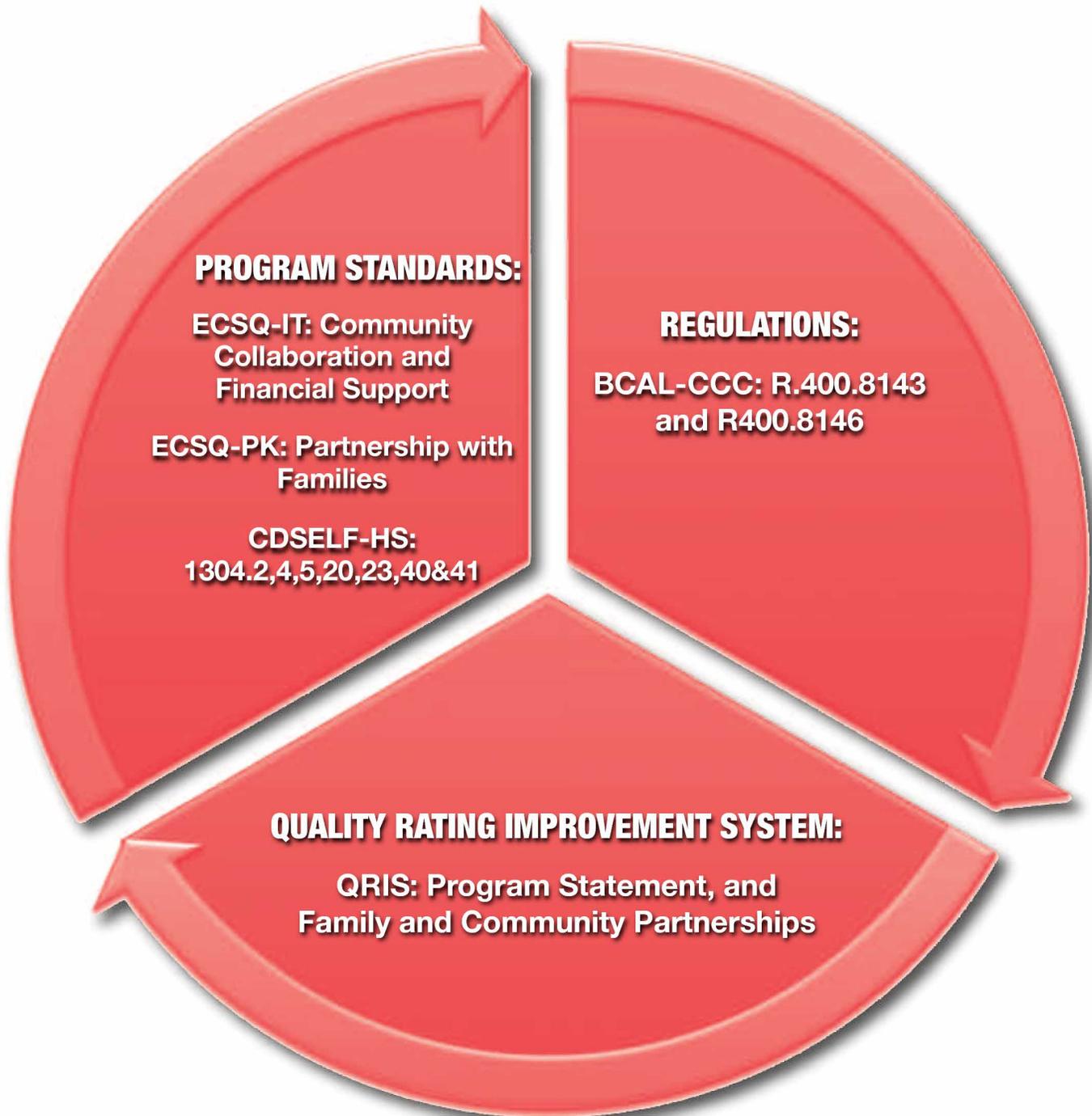
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## **FAMILY AND COMMUNITY ENGAGEMENT (FCE)**

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## **MANAGEMENT (M)**

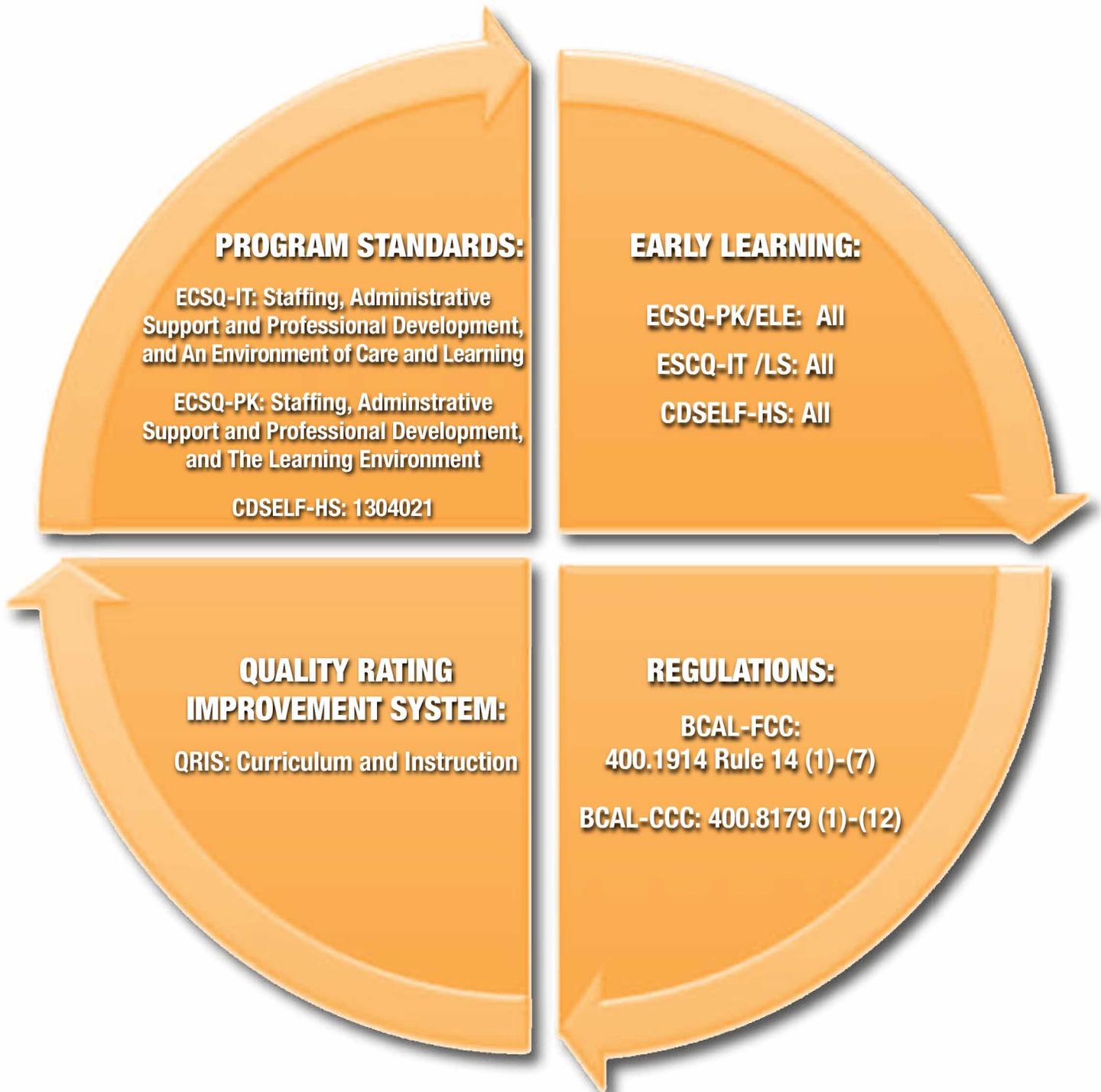
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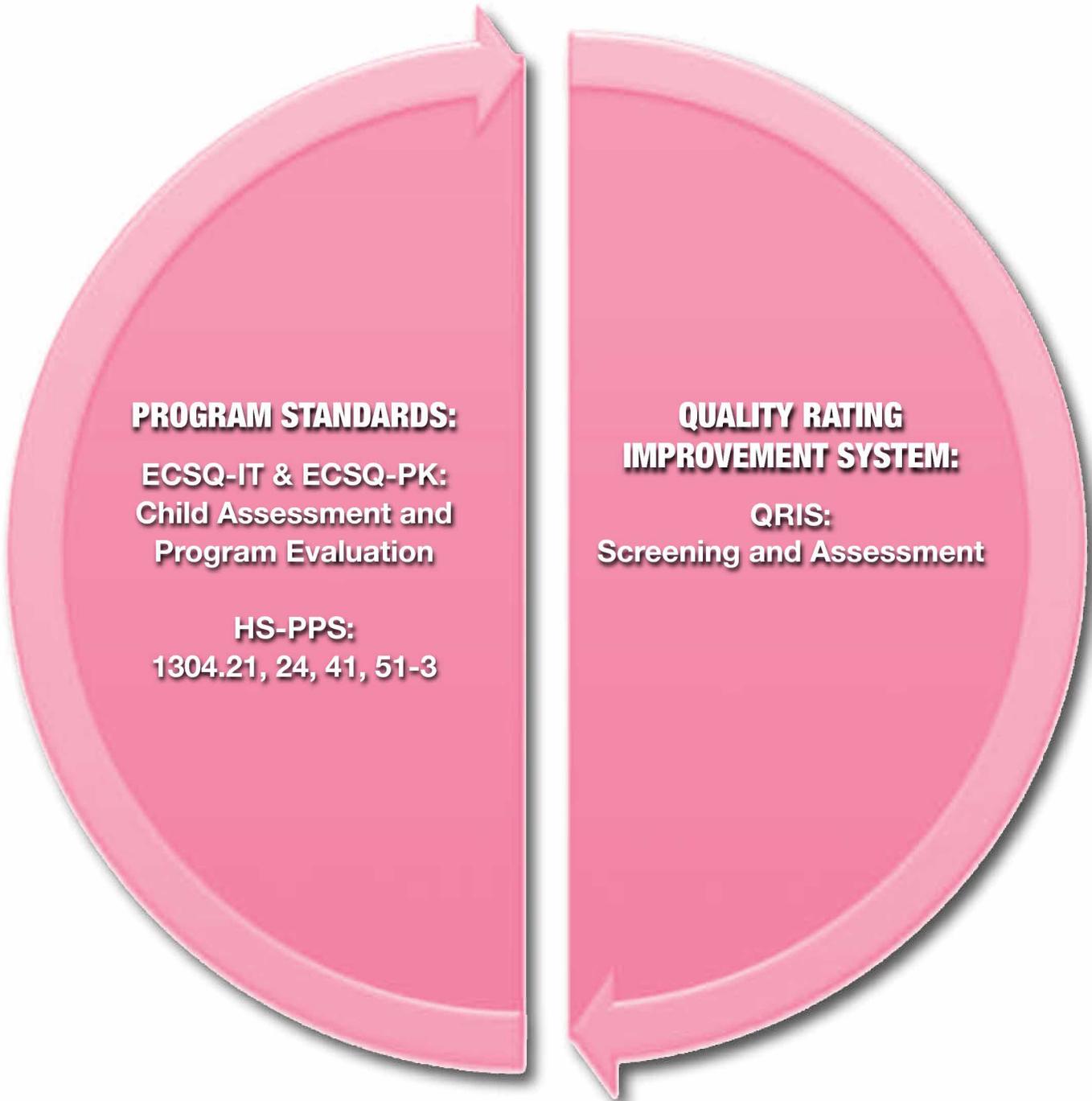
## OVERVIEW OF CKCC DOCUMENT ALIGNMENT FOR EDUCATORS

### TEACHING (T) AND LEARNING (L)





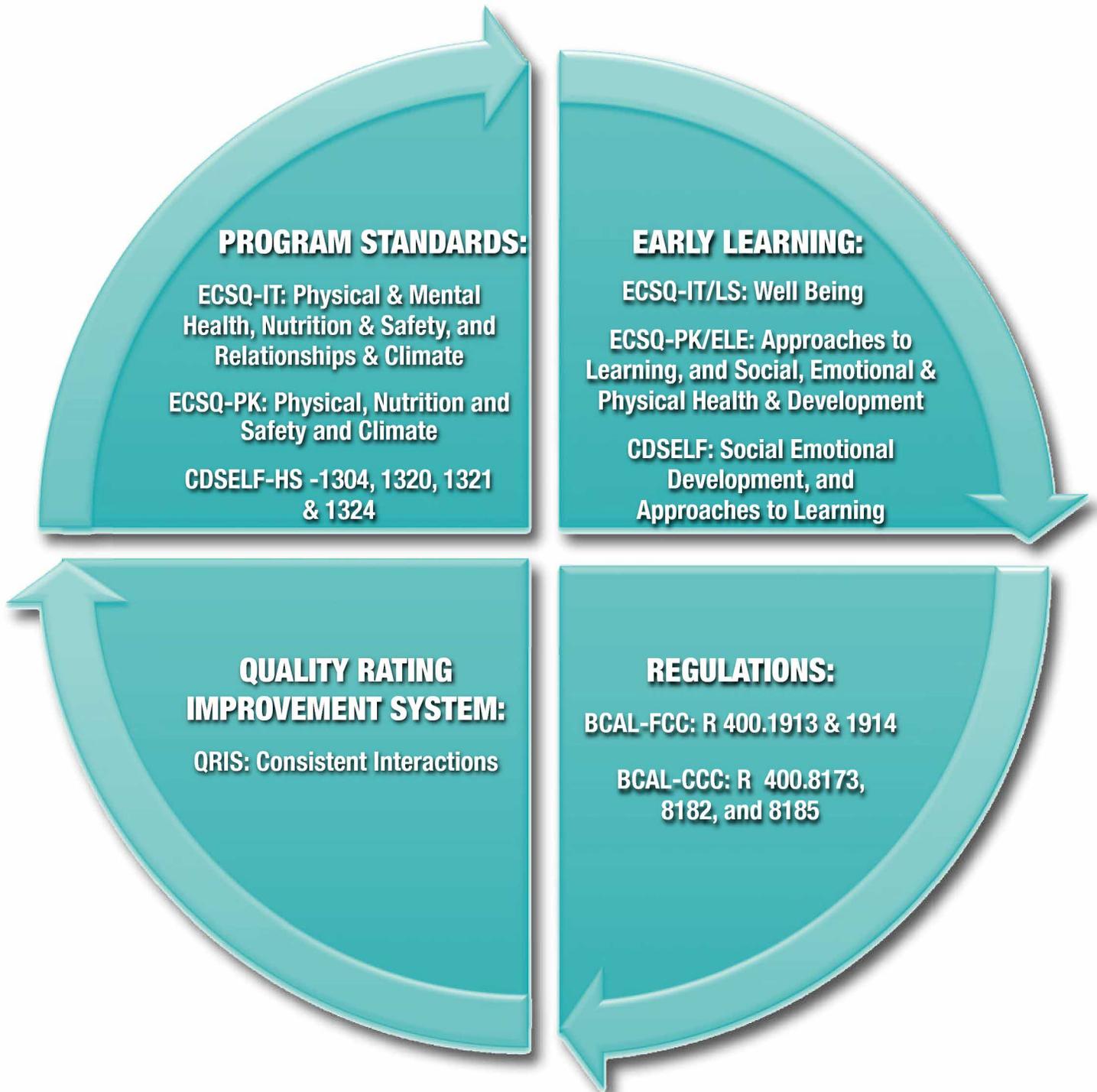
**OBSERVATION, DOCUMENTATION AND ASSESSMENT (ODA)**





## OVERVIEW OF CKCC DOCUMENT ALIGNMENT FOR EDUCATORS

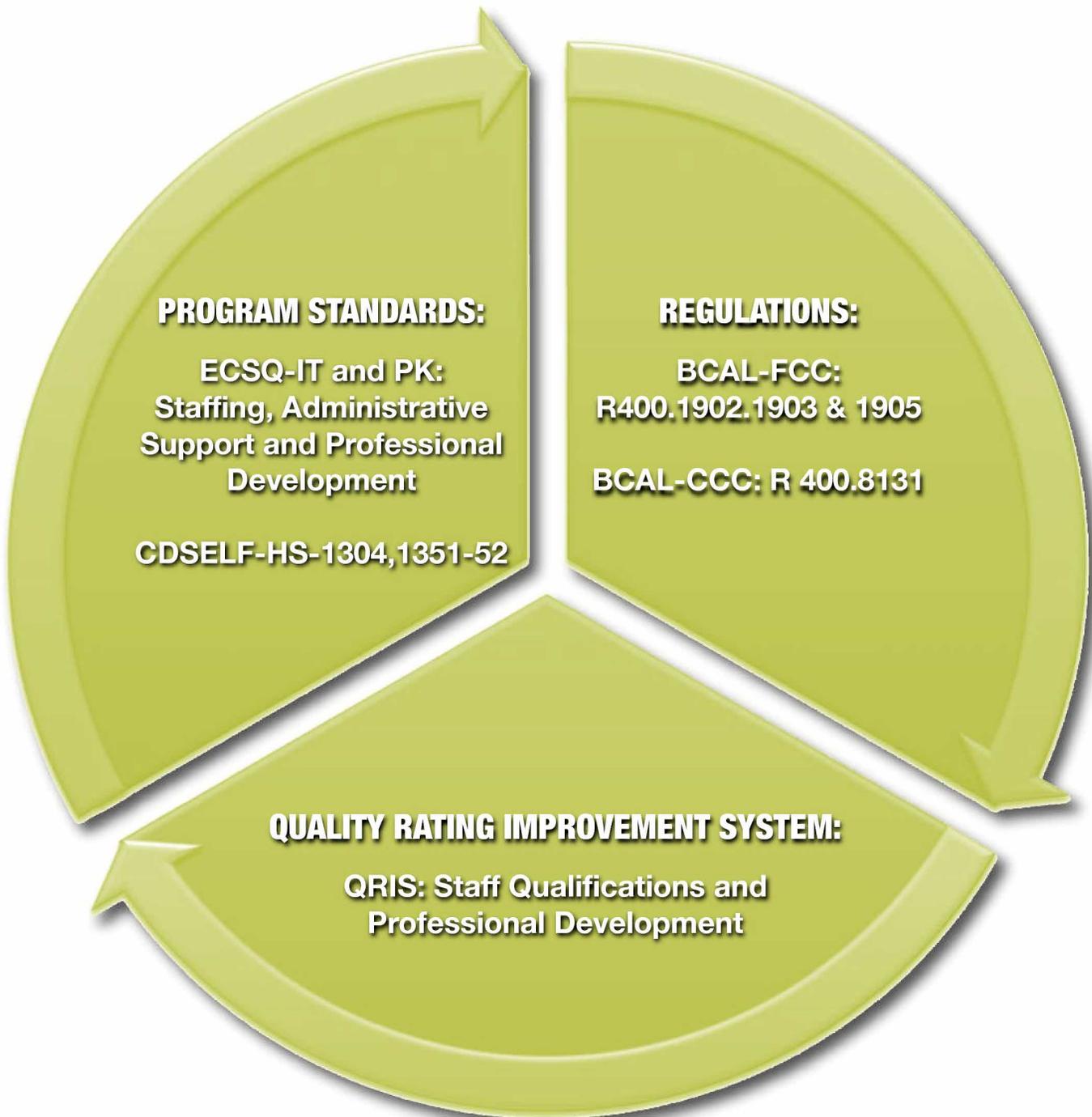
### INTERACTIONS AND GUIDANCE (I)





## **PROFESSIONALISM (P)**

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# **OVERVIEW OF CKCC DOCUMENT ALIGNMENT FOR INSTITUTES OF HIGHER EDUCATION**





# Alignment of Standards for Early Educators Preparation with MI CKCC

## Standard 1 Child Development

2010 NAEYC Standards for Initial and Advanced Early Childhood Preparation	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September (2008) and Michigan Test for Teacher Certification	
<b>1a:</b> Knowing and understanding young children's characteristics and needs from birth through age 8	<p><b>Subject Area 1:</b> Planning a safe, healthy, learning environment</p> <p><b>Subject Area 8:</b> Understanding principles of child development and learning</p>	CD Competency A.	ICC2K1,3,4, & 5	1.0, 1.1	0001, 0002, 0004, 0005, 0006, 0009
<b>1b:</b> Knowing and understanding the multiple influences on early development and learning		CD Competency B.	ICC2, 5,6,7, & ECSE4K1	1.7	0001, 0002, 0004, 0005
		CD Competency C.	ECSE2K6 & 7	1.2	
		CD Competency D.	ICC1K10, ICC3K1-5, & ECSE3K1-2, ICC1K9, ICC9S6, & ICC3K3	1.2	
		CD Competency E.		1.2	
<b>1c:</b> Using developmental knowledge to create healthy, respectful, supportive, and challenging learning environments		CD Competency F.	ECSE6K1	1.1	0002, 0004, 0005, 0006, 0008, 0009, 0010
		CD Competency Area G.	ECSE6K1- 2, ICC6K1-4, & ECSE6K1-2,	1.1	
		CD Competency Area H.		1.1	
		CD Competency I.	ECSE6K1	1.1	
		CD Competency J.		1.1	
	HSN Competency A.	ICC5S1	1.0, 1.2, 1.3		
	HSN Competency B.	ICC5S17			
HSN Competency C.	ECSE5S6				
	HSN Competency D.	ICC5K6	1.4		

Standard 2 Building Family and Community Relationships					
2010 NAEYC Standards for Initial and Advanced Early Childhood Preparations	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September 2008 and Michigan Test for Teacher Certification	
<b>2a:</b> Knowing about and understanding diverse family and community characteristics	<b>Subject Area 4:</b> Building productive relationships with families	CD Competency F.	ICC2K4, ICC5K8	2.0, 2.9	0013, 0014
<b>2b:</b> Supporting and engaging families and communities through respectful, reciprocal relationships		FCC Competency A.	ICC10K1-3, ECSE10S1-3.	1.2, 1.5, 2.1, 2.7	0013
		FCC Competency B.	ICC10K4	1.5	
		FCC Competency C.	ICC10S1, ICC10S6, ICC10S9- 10, & ECSE10S1	2.2, 2.3	
<b>2c:</b> Involving families and communities in young children’s development and learning  <b>Advance Standard:</b> <i>2c: Demonstrating cultural competence and effective collaboration</i> to involve families and communities in their children’s development and learning		HSN Competency E.	CC10S1, ICC10S6, ICC10S9- 10, & ECSE10S1	2.6	0013, 0014
		FCC Competency D.	ICC10S1, ICC10S6, ICC10S9-10, & ECSE10S1		
		FCC Competency E.	ICC10S1-11, & ECSE 10S1-9		
		P Competency D.			

Standard 3 Observing, Documenting and Assessing to Support Young Children and Families					
2010 NAEYC Standards for Initial and Advanced Early Childhood Preparations	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September 2008 and Michigan Test for Teacher Certification	
<b>3a:</b> Understanding the goals, benefits and uses of assessment-including its use in development of appropriate goals, curriculum, and teaching strategies for young children	<b>Subject Area 7:</b> Observing and recording children's behavior	ODA Competency B.	ICC4S4, ICC8K1, ICC8K3, ICC8K4, ICC8S1, & ECSE8S4, ECSE8S7	3.1 , 3.2, 3.3, 4.8	0003
<b>3b:</b> Knowing about and using observation, documentation, and other appropriate assessment tools and approaches, including the use of <i>technology</i> in documentation, assessment and data collection		ODA Competency A.	ECSE5S7, ECSE7K3, ECSE8K3, ECSE5S6, ECSE8S9,10, 11, & ICC4S3,ICC7S1, 4, 5,6, AND 7, ICC7S13, 14, 15, & ICC8S8	3.0, 3.4, 3.6	0003
<b>3c:</b> Understanding and practicing responsible assessment to promote positive outcomes for each child, including the use of assistive <i>technology</i> for children with disabilities		ODA Competency D.	ICC4S5, 6, 7, ICCS84, & ECSE8S1, & 2.	3.2,3.4	0003
<b>3d:</b> Knowing about assessment partnerships with families and with professional colleagues to build effective learning environments  <b>Advanced Standard:</b> <b>3d:</b> <i>Demonstrating ability to collaborate effectively</i> to build assessment partnerships with families and with professional colleagues to build effective learning environments		ODA Competency C.	ICC1K6, ICC5S5, ECSE8K1, ECSE8S3, ECSE8S2	3.5, 3.7	0003
		PM Competency F.	ICC5S5, ICC7S2 & 3, ICC8S6 AND 7 ECSE7S1, ECSE7S7, ECSE8K 1 & 2, ECSE8S8	3.5, 3.6,3.7, 4.8, 4.14, 5.9	

Standard 4 Using Developmentally Effective Approaches					
2010 NAEYC Standards for Initial and Advanced Early Childhood Preparations	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September 2008 and Michigan Test for Teacher Certification.	
<b>4a:</b> Understanding positive relationships and supportive interactions as the foundation of their work with young children	<b>Subject Area 2:</b> Advancing children's physical and intellectual development  <b>Subject Area 3:</b> Supporting children's social and emotional development	I Competency A.		4.4	0002, 0004, 0005, 0006, 0007, 0008, 0009, 0013
<b>4b:</b> Knowing and understanding effective strategies and tools for early education, including appropriate uses of technology		L Competency C.	ECSE5S5	4.9	0002, 0004, 0005, 0006, 0007, 0008, 0009, 0010, 0011, 0012
		L Competency D.	ECSE5S5	4.9	
		L Competency E.		3.6 and 4.11	
		I Competency C.	ICC5K1-10 & ICC6S1-17 & ECSE5S1-7	4.0	
<b>4c:</b> Using a broad repertoire of developmentally appropriate teaching /learning approaches  <b>Advanced Standard:</b> <b>4c:</b> Using a broad repertoire of developmentally appropriate teaching /learning approaches <i>with a high level of cultural competence, understanding and responding to diversity in culture, language and ethnicity</i>		L. Competency A.	ICC3K2 & ECSE3K2	4.11, 4.13	0002, 0005, 0006, 0007, 0008, 0009, 0010, 0011, 0012
		L Competency B.	ECSE4S7, ECSE5S3, ECSE6S2, & ICC5S13	4.10	
		L Competency G.		4.12	
		L Competency F.		3.6 and 4.9	
		I Competency E.	ICC5K3 & 5 & ECSE5S1, 2, 3, & 5	4.4. and 4.12	
	I Competency D.	ICC5K5, 6,7, 8 & ICC5S1,2, & 4 AND ECSE2K6, & ECSE2S1	1.0, 1.3, 1.5, 1.6, & 1.7		
<b>4d:</b> Reflecting on own practice to promote positive outcomes for each child	P Competency C.			0002, 0005, 0006, 0007, 0008, 0009,	

Standard 5 Using Content Knowledge to Build Meaningful Curriculum				
2010 NAEYC Standards for Initial and Advanced Early Childhood Preparations	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September 2008 and Michigan Test for Teacher Certification
<b>5a:</b> Understanding content knowledge and resources in academic disciplines: language and literacy; the arts – music, creative movement, dance, drama, visual arts; mathematics; science, physical activity, physical education, health and safety; and social studies	<b>Subject Areas 2 &amp; 3</b> provides an introduction to essential concepts, inquiry tools and structures of the academic content discipline that are part of an early childhood curriculum. However, the Child Development Associate is not expected to design or evaluate curriculum.	T Competency E.		4.6, 4.7
		T Competency F.		1.1, 1.5, 4.4, 4.5, 4.6, 4.10, 4.11
		T Competency G.		4.6
		T Competency H.		4.6
		T Competency I.		4.6
		T Competency J.		4.6
<b>5b:</b> Knowing and using the central concepts, inquiry tools, and structures of content areas or academic disciplines		T Competency C.	ICC71,2, & 3, & ECSE 7K2 AND 3	4.0
		L. Competency F.		4.2
<b>5c:</b> Using own knowledge, appropriate early learning standards, and other resources to design, implement, and evaluate developmentally meaningful and challenging curriculum for each child		T. Competency A.	ICC5K3	4.11, 4.13
		T. Competency B.	ICC5S2, 3, AND 4	4.11, 4.12
	T Competency D.		4.8, 4.10	

Standard 6 Becoming a Professional					
2010 NAEYC Standards for Initial and Advanced Early Childhood Preparations	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September 2008 and Michigan Test for Teacher Certification	
<b>6a:</b> Identifying and involving oneself with the early childhood field  <b>Advanced Standard:</b> <b>6a:</b> Demonstrating professional identification with and <i>leadership skills</i> in the early childhood field to think strategically, build consensus, create change, <i>effectively collaborate with and mentor others</i> , and have a positive influence on outcomes for children, families and the profession	<b>Subject Area 5:</b> Managing an effective program operation  <b>Subject Area 6:</b> Maintaining a commitment to professionalism	M Competency A.	ECSE1K1 & 1K2	5.6	0015
		M Competency B.		4.13	
<b>6b:</b> Knowing about and upholding ethical standards and other early childhood professional guidelines  <b>Advanced Standard:</b> <b>6b:</b> <i>In-depth understanding and thoughtful application of NAEYC Code of Ethical Conduct and other professional guidelines relevant to their professional role</i>		FCC Competency E.	ECSE1K1, ECSE8K2, ECSE1K1, & ECSE9K1	2.4 2.5, 2.8	0001, 0015
		M Competency E.			
		ODA Competency E.			
<b>6c:</b> Engaging in continuous, collaborative learning to inform practice; using technology effectively with young children, with peers, and as a professional resource  <b>Advanced Standard:</b> <b>6c:</b> Using <i>professional resources, inquiry skills and research methods</i> to engage in continuous, collaborative learning and investigation relevant to practice and professional role		P Competency A.	ICC1K6 & ECSE 1K1, 1K2 & 1S1	5.0, 5.2	0001, 0015
		M Competency D.			
		PM Competency F.			
		P Competency B.		5.4	

Standard 6 Becoming a Professional					
2010 NAEYC Standards for Initial and Advanced Early Childhood Preparations	CDA Subject Areas *February 2012 Alignment NAEYC and Council for Professional Recognition	MI CKCC Competency Statement	2009 CEC Initial Common Core and Initial Special Education Professional in Early Childhood Special Education/Early Intervention	Standards for the Preparation of Teachers Early Childhood ZS September 2008 and Michigan Test for Teacher Certification.	
<p><b>6d:</b> Integrating knowledgeable, reflective, and critical perspectives on early education</p> <p><b>Advanced Standard:</b>  <b>6d:</b> Integrating knowledgeable, reflective, and critical perspectives on early education based upon <i>mastery of relevant theory and research</i></p>		P Competency D.		5.8	0001, 0015
<p><b>6e:</b> Engaging in informed advocacy for young children and the early childhood profession</p> <p><b>Advanced Standard:</b>  <b>6e:</b> Engaging in informed advocacy for children and the profession, <i>skillfully articulating and advocating for sound professional practices and public policies.</i></p>					0001, 0015
<p><b>6f:</b> Demonstrating a <i>high level of oral, written and technological communication skills</i> with specialization for specific professional role(s) emphasized in the program.</p>		I Competency E.			0001, 0015

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 16**

## **Michigan Career Lattice/Ladder for Early Childhood Professionals**

# Michigan Career Lattice/Ladder for Early Childhood Professionals

Years of experience  
College credit  
Recognition

## PROFESSIONAL ROLES

					Family or Group Child Care Home and Child Care Center	Early Head Start and Head Start	Early Childhood Special Education	Great Start Readiness Program	Training and Technical Assistance	Higher Education	Research and Policy
<b>8</b>	Ed.D. or Ph.D. in ECE, Special Education or a Related Field	↑			Program Director/Administrator	Director/Education Coordinator	Lead Teacher: Public School (ZS) license	EC Specialist Public School (ZS) license EC Specialist Community Program Masters Degree	BCAL Licensing Consultant/Trainer for a local training agency	Instructor at a 4-year or community college	Position in research/local, state, or federal policy making
<b>7</b>	Masters in Early Childhood, Special Education, or a Related Field	↑									
<b>6</b>	Early Childhood (ZS) Endorsement with Valid Michigan Teaching Certificate	↑									
<b>5</b>	Bachelor's Degree and 18 credits in ECE or Special Education	↑			Lead Teacher*	Lead Teacher	Assistant Teacher/Para-professional Title 1 Requirement	Lead Teacher: Community Programs	Independent Curriculum Consultant		
<b>4</b>	Associates Degree in ECE or a Related Field	↑			Lead Teacher/Program Director	Assistant Teacher	Assistant Teacher/Para-professional	Teacher/Para-professional			
<b>3</b>	Child Development Associate (CDA) or Montessori	↑			Family or Group Child Care Home Owner or Provider		Assistant Teacher	Assistant Teacher/Para-professional			
<b>2</b>	45 Training Hours in Early Childhood Education (ECE)	↑									
<b>1</b>	Minimum Entry Requirements for Position	↑			Assistant Teacher in Child Care Center			Assistant Teacher: 3rd Person			

\* Alternative Qualifications as described in Michigan Licensing Rules for Child Care Centers

## Michigan Career Lattice/Ladder for Early Childhood Professionals

There are many ways to grow as a professional in the field of early childhood. The Career Lattice/Ladder is one tool that you can use to reflect on and plan the next steps on your career pathway. It can help you think about the positions in early childhood education for which you might qualify based on your current Career Lattice/Ladder level. You can also use the Career Lattice/Ladder to consider a position you might like to have in the future and set goals toward obtaining the required level of education and/or training. Equally as important, companion tools like the Michigan Core Knowledge and Core Competencies (CKCC) Reflection and Professional Development Tool help you think about your career, not simply in terms of formal education and positions, but how you can intentionally plan to meet goals that will improve your practice and strengthen your commitment to the field.

### About the Career Lattice/Ladder

The initial Career Lattice/Ladder levels are based upon professional development hours and non-credit bearing credentials. Subsequent levels are based upon formal higher education. Earning additional degrees, coursework, and credentials with a concentration in early childhood education, along with years of experience, help you progress to higher levels and broaden your career options.

The Career Lattice/Ladder provides you with general information about the training and/or education required at each level. Individual agencies and programs may differ in their requirements that pertain to years of experience, pre-service and ongoing training, number of college credits in early childhood, among other basic requirements like fingerprint clearance and a criminal history review. Be sure to check with the director of the program for their policies and qualification requirements.

### A Note: Early Childhood and Related Degrees

The degrees required for level 5 and above may be in early childhood education, child development, special education, or other related fields. Other related fields may include psychology, sociology, social work, education, pediatric nursing, family and consumer science, recreation, child and family studies, and business.

*This Career Lattice/Ladder framework was adapted from the Kent County Professional Development Steps and represents recommendations made by the Great Start Collaborative Early Care and Education Subcommittee members as a model for best practices in professional development.*

## General Information on Program Requirements

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### FAMILY & GROUP CHILD CARE HOMES

#### **Assistant Caregiver Education Requirements**

- a. Complete not less than 5 clock hours of training each year related to child development and caring for children, not including CPR and first aid training.
- b. Complete training that includes information regarding sudden infant death syndrome and shaken baby syndrome.

#### **Caregiver Education Requirements**

- a. The caregiver shall complete not less than 10 clock hours of training each year related to child development, program planning, and administrative management for a child care business, not including CPR and first aid training.

#### **Education Options**

- a. Training hours may include participation in any of the following:
  - i. Sessions offered by community groups, faith-based organizations, and child care home associations.
  - ii. Trainings, workshops, seminars, and conferences on early childhood, child development, or child care administration, and practices offered by early childhood organizations.
  - iii. Workshops and courses offered by local or immediate school districts, colleges and universities.
  - iv. Online courses.
- b. CPR and first aid training shall be maintained in the following manner:
  - i. Every year for CPR.
  - ii. Every 36 months for first aid.

### CHILD CARE CENTERS

#### **Assistant Teacher**

- a. Complete blood-borne pathogen training before unsupervised contact with children.
- b. Complete CPR training yearly and first aid training every 36 months.
- c. Complete training about safe sleep and shaken baby syndrome prior to caring for infants and toddlers.

#### **Lead Teacher**

- a. Same requirements as Teacher Assistant AND
- b. A combination of education, CEU's and hours of experience (as defined by Michigan licensing guidelines found at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)).

#### **Program Director/Administrator**

- a. Same requirements as Teacher Assistant AND
- b. A combination of education, CEU's and hours of experience (as defined by Michigan licensing guidelines found at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)).

All of the above positions must meet professional development requirements: R 400.8131 Rule 131 (1)-(9). The Core Competencies support teachers in selecting appropriate professional development aligned to requirement in (4). Complete 16 clock hours of professional development annually on topics relevant to job responsibilities, including, but not limited to, child development and learning; health, safety and nutrition; family and community collaboration; program management; teaching and learning; observation, documentation, and assessment; interactions and guidance; professionalism; and the child care center administration rules.

### HEAD START PROGRAM\*

#### **Assistant Teacher**

- a. Child Development Associate (CDA) credential.

#### **Lead Teacher**

- a. Bachelor's degree in early childhood education or other related field.

#### **Director/Education Coordinator**

- a. Bachelor's or advanced degree in early childhood education or other related field.

**\* By 2013**

### GSRP PROGRAM\*\*

#### **Assistant Teacher/Paraprofessional**

"Third person" minimum entry requirements.

#### **Assistant Teacher/Paraprofessional**

- a. Child Development Associate (CDA) credential OR Associate's degree in early childhood/preschool education or child development.

#### **Lead Teacher (Community Programs)**

- a. A valid Michigan teaching certificate and an early childhood specialist (ZS) endorsement OR a Bachelor's degree in child development with specialization in preschool teaching.

#### **Lead Teacher (Public School)**

- a. A valid Michigan teaching certificate and an early childhood specialist (ZS) endorsement.

#### **Early Childhood Specialist**

- a. A graduate degree in child development or early childhood education.

**\*\*For more information about GSRP requirements visit:  
[http://www.michigan.gov/mde/0,1607,7-140-6530\\_6809\\_50451---,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_6809_50451---,00.html)**

## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 17**

## **Michigan Kindergarten Teacher Opinion Survey Key Findings**

# Michigan Kindergarten Teacher Opinion Survey

## Key Findings



### Background

As part of our shared mission to ensure that every young child in Michigan has a Great Start and arrives at the kindergarten door healthy and ready to succeed in school, the Early Childhood Investment Corporation recently collaborated with Lake Research Partners to conduct an online survey of Michigan kindergarten teachers. The main focus of this initiative was to gather valuable information about the school readiness of young children in Michigan based on the professional opinions of kindergarten teachers, with specific emphasis placed on the readiness of the 2008-2009 cohort of kindergarten students. The purpose of the survey was also to gauge kindergarten teacher opinions on issues surrounding school readiness, potential reasons for school unreadiness, and to gauge resources available statewide that support school readiness. This survey was funded through W.K. Kellogg Foundation and the Michigan Head Start State Collaboration Office.

### Methodology

The survey was conducted by Lake Research Partners (LPR) from February 25 through March 11, 2009 and April 29 through May 26, 2009, with a total of 675 Michigan kindergarten teachers statewide completing the approximately 15-minute online survey. Disseminated electronically to all building administrators of public schools identified as having kindergarten students, the field of targeted participants included almost 2000 public schools in Michigan. Email addresses used for survey communications were drawn from a list of public school building administrators in Michigan provided by the Center for Educational Performance and Information (CEPI). The building administrators were asked to forward the online survey to kindergarten teachers in their school.

### Key Findings\*

- 📍 32% OF MICHIGAN KINDERGARTEN TEACHERS WERE **NOT SATISFIED\*\*** WITH THE ABILITIES OF THEIR KINDERGARTEN STUDENTS WHEN THEY STARTED SCHOOL THIS YEAR, WITH AN ADDITIONAL 50% BEING ONLY **SOMEWHAT SATISFIED**.
- 📍 IN COMPARISON, **ONLY 10%** OF MICHIGAN KINDERGARTEN TEACHERS WERE NOT SATISFIED\*\* WITH THE ABILITIES OF THOSE KINDERGARTEN STUDENTS WHO HAD ATTENDED A **GREAT START READINESS PROGRAM** (STATE-FUNDED PRESCHOOL FOR EDUCATIONALLY DISADVANTAGED 4 YEAR OLDS).
- 📍 ACCORDING TO MICHIGAN KINDERGARTEN TEACHERS, ON AVERAGE, ONLY **65%** OF CHILDREN ENTERED KINDERGARTEN CLASSROOMS THIS YEAR **READY TO LEARN** THE CURRICULUM.
- 📍 86% OF MICHIGAN KINDERGARTEN TEACHERS REPORT THAT STUDENTS WHO ARE BEHIND ACADEMICALLY AT KINDERGARTEN ENTRANCE HAVE AN **IMPACT** ON THEIR ABILITY TO EFFECTIVELY PROVIDE INSTRUCTION TO THE **REST OF THE CLASS**.

## Key Findings continued...

📍 MICHIGAN KINDERGARTEN TEACHERS RANK “NOT PARTICIPATING IN A **PRESCHOOL** PROGRAM AT AGE 4” AS A MAIN FACTOR CONTRIBUTING TO STUDENTS STARTING SCHOOL ACADEMICALLY BEHIND.

📍 97% OF MICHIGAN KINDERGARTEN TEACHERS BELIEVE THAT IT IS MORE **COST-EFFECTIVE** IN THE LONG TERM TO PREPARE CHILDREN **BEFORE** THEY ENTER KINDERGARTEN VERSUS TRYING TO CATCH THEM UP ONCE THEY ENTER KINDERGARTEN.

📍 98% OF MICHIGAN KINDERGARTEN TEACHERS SAY IT IS IMPORTANT FOR MICHIGAN TO MAKE A **SIGNIFICANT INVESTMENT** IN EARLY CHILDHOOD SUPPORTS AND SERVICES.

📍 97% OF MICHIGAN KINDERGARTEN TEACHERS SAY IT IS IMPORTANT TO HAVE A COMMUNITY ENTITY, SUCH AS A **GREAT START COLLABORATIVE**, THAT FOCUSES ON THE NEEDS OF CHILDREN 0-5.

📍 ACCORDING TO MICHIGAN KINDERGARTEN TEACHERS, THE THREE MOST IMPORTANT THINGS THAT CAN BE DONE TO IMPROVE THE **SCHOOL READINESS** OF MICHIGAN STUDENTS ARE:

1. **Create a system for children birth to five** that includes parent education, high quality child care and early education opportunities, and social, emotional and physical health supports for every child.
2. **Improve early childhood education** so children are better prepared when they enter kindergarten.
3. **Expand access to high-quality preschool** for at-risk 3-4 year old children., and social, emotional and physical health supports for every child.

📍 90% OF MICHIGAN KINDERGARTEN TEACHERS SAY IT IS IMPORTANT FOR INSTITUTIONS SUCH AS EDUCATIONAL ASSOCIATIONS AND UNIONS TO ACTIVELY SUPPORT A SCHOOL READINESS AGENDA FOR MICHIGAN CHILDREN, EVEN IF IT MEANS PUTTING SOME **SCHOOL AID FUNDS** INTO **EARLY CHILDHOOD** EFFORTS.

\*Margin of error for the survey is +/- 3.8%.

\*\*Or “only a little satisfied”

## Next Steps

The Early Childhood Investment Corporation will be working in collaboration with state and local partners to further disseminate and evaluate the data collected in this survey effort. The ECIC anticipates the need to provide technical assistance to Great Start Collaboratives surrounding analysis of regional and statewide data. An in-depth report, including detailed data analysis and connections to relevant early childhood research, is anticipated in the coming months. Similar initiatives in other states have offered great insight into the status of young children and have informed early childhood policies and systems accordingly. Given the increasing numbers of vulnerable young children in Michigan and the relentless threats to the programs ensuring their care and education, it is the sincere hope of the ECIC that these findings also impact the priorities and policies of Michigan’s decision-makers, at both the state and local level.

## Contacts

Questions? For more information, please contact Jessica Gillard, ECIC Specialist for Early Education, at [jjillard@ecic4kids.org](mailto:jjillard@ecic4kids.org).

### Early Childhood Investment Corporation (ECIC)

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## **Michigan Race to the Top Early Learning Challenge**

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# **Appendix 18**

## **Maryland-Ohio Essential Standards**

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression	
Physical Development (PD)	Physical Education (1)	<b>PD.1.1</b>	<b>Demonstrate the ability to use large muscles to perform a variety of physical skills.</b>					Coordination–Large Motor	
		PD.1.1.A	Show fundamental movement by identifying body parts and demonstrating a variety of ways they can move, and demonstrating spatial concepts in movement patterns.			1	2		
		PD.1.1.B	Demonstrate locomotor skills with control, coordination, and balance during active play (e.g., running, hopping, skipping).			1	2		
		PD.1.1.C	Demonstrate coordination in using objects during active play (e.g., throwing, catching, kicking balls, riding tricycle).						
		PD.1.1.D	Use non-locomotor skills with control, balance, and coordination during active play (e.g., bending, stretching, and twisting).						
		<b>PD.1.2</b>	<b>Demonstrate the ability to use small muscles to perform fine motor skills in play and learning situations.</b>					Coordination–Small Motor	
		PD.1.2.A	Coordinate the use of hands, fingers, and wrists to manipulate objects and perform tasks requiring precise movements.						
		PD.1.2.B	Use classroom and household tools independently with eye-hand coordination to carry out activities.			1	2		
	PD.1.2.C	Use a three-finger grasp of dominant hand to hold a writing tool.			1	2			
	Health (2)	Health (2)	<b>PD.2.1</b>	<b>Demonstrate the ability to apply prevention and intervention knowledge, skills, and processes to promote safe living, in the home, school, and community.</b>					Safety and Injury Prevention
			PD.2.1.A	With modeling and support, identify and follow basic safety rules.			1	2	
			PD.2.1.B	Identify ways adults help to keep us safe.			1	2	
			PD.2.1.C	With modeling and support, identify the consequences of unsafe behavior.					
			PD.2.1.D	With modeling and support, demonstrate ability to follow transportation and pedestrian safety rules.					
<b>PD.2.2</b>		<b>Demonstrate personal health and hygiene practices.</b>					Personal Care Tasks		
PD.2.2.A		Independently complete personal care tasks (e.g., washing hands before eating and after toileting).			1	2			

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression Tasks
		PD.2.2.B	Follow basic health practices (e.g., covering mouth/nose when coughing/sneezing).					
Mathematics (MA)	Counting and Cardinality (1)	<b>MA.1.1</b>	<b>Know number names and the count sequence.</b>					Number Sense
		MA.1.1.A	Verbally rote count the number sequence to 20.		1		2	
		MA.1.1.B	Touch each concrete object as it is counted, pairing one number word with each object and saying each number word only once in consistent order.					
		MA.1.1.C	Use number cards arranged in a line to count and then determine what number comes before or after a specific number.		1		3	
		<b>MA.1.2</b>	<b>Recognize the relationships among number, numeral, and quantity.</b>					
		MA.1.2.A	Visually identify, without counting, small quantities of items (1–3) presented in an irregular or unfamiliar pattern (subitize).		1		2	
		MA.1.2.B	Recognize that the count remains the same regardless of the order or arrangement of the objects.					
		MA.1.2.C	Demonstrate understanding that the last number spoken tells the number of objects counted; respond correctly when asked “how many” after counting concrete objects.	1			1	
		MA.1.2.D	Name written numerals and pair them with concrete objects.		1		3	
	Operations and Algebraic Thinking (2)	<b>MA.2.1</b>	<b>Understand addition as putting together and adding to, and understand subtraction as taking apart and taking from.</b>					Number Operations
		MA.2.1.A	Solve simple addition and subtraction problems with totals less than 5, using concrete objects.					
		MA.2.1.B	Use manipulatives to find the amount needed to complete the set.	1			1	
			MA.2.1.C	Manipulate sets to decompose numbers (e.g., 1 and 4 objects equal 5 objects; 2 and 3 objects equal 5 objects).	1			1
	Classification		<b>MA.3.1</b>	<b>Sort, classify, and compare objects.</b>				
MA.3.1.A			Using prior knowledge of grouping, sort objects by one attribute (e.g., “red or not red,” “round or not round,” or creating a set of “all red” or “all round” objects).					
MA.3.1.B			Sort multiple groups by one attribute (e.g., “all blue, all red, all yellow” or “all bears, all cats, all dogs”).		1		2	

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression	
	<b>Measurement and Data (3)</b>	MA.3.1.C	Identify the attribute by which objects are sorted.						
		MA.3.1.D	Count to identify the number of objects in each set, and compare categories using comparison vocabulary (e.g., "greater"/"more than," "less than," "same"/"equal to").	3			3		
		<b>MA.3.2</b>	<b>Describe and compare measurable attributes.</b>						
		MA.3.2.A	Directly compare and describe two objects with a measurable attribute (e.g., length, size, capacity and weight) in common, using words such as "longer"/"shorter," "heavier"/"lighter," or "taller"/"shorter."		1		2		<b>Measurement</b>
		MA.3.2.B	Order objects by measurable attribute (e.g., biggest to smallest).		1		1		
		MA.3.2.C	Measure length and volume (capacity) using non-standard measurement tools.						
	<b>Geometry (4)</b>	<b>MA.4.1</b>	<b>Describe two- and three-dimensional shapes.</b>					<b>Shapes</b>	
		MA.4.1.A	Match similar shapes when given a variety of two- and three-dimensional shapes.		1		2		
		MA.4.1.B	Use names of two-dimensional shapes (e.g., square; triangle; circle) when identifying objects.		1		2		
		MA.4.1.C	Distinguish examples and non-examples of various two- and three-dimensional shapes.						
		MA.4.1.D	Use informal language to describe three-dimensional shapes (e.g., "box" for cube; "ball" for sphere; "can" for cylinder).						
<b>Reading</b>		<b>LL.1.1</b>	<b>Comprehend and respond to interactive read-alouds of literary and informational text.</b>					<b>Story/Text Comprehension</b>	
		LL.1.1.A	Before interactive read-alouds, make predictions and/or ask questions about the text by examining the title, cover, illustrations/photographs, graphic aids, and/or text.	1			1		
		LL.1.1.B	During interactive read-alouds, listen and ask and answer questions as appropriate.	1			1		
		LL.1.1.C	After interactive read-alouds, respond by retelling the text or part of the text in an appropriate sequence, using discussions, re-enactment, drawing, and/or writing as appropriate.		1		3		
		LL.1.1.D	Identify the beginning, middle, and end of literary text.						

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression
Language and Literacy (LL)	(1)	LL.1.1.E	Identify the main topic of informational text.					
		<b>LL.1.2</b>	<b>Demonstrate understanding of spoken words and sounds (phonemes).</b>					Phonological Awareness
		LL.1.2.A	Identify initial and final sounds in spoken words.	2			2	
		LL.1.2.B	Identify, blend, and segment syllables in spoken words.		1		2	
		LL.1.2.C	Blend and segment onsets and rimes of single-syllable spoken words.					
		LL.1.2.D	Recognize rhyming words in spoken language.	2			1	
		<b>LL.1.3</b>	<b>Know and apply letter-sound correspondence and letter recognition skills.</b>					Phonics and Letter Recognition
		LL.1.3.A	Recognize that words are made up of letters and their sounds.					
		LL.1.3.B	Demonstrate basic knowledge of one-to-one letter-sound correspondences by producing the most frequent sound for some consonants.		1		2	
	LL.1.3.C	Recognize and name some upper- and lowercase letters.		1		3		
	Speaking and Listening (2)	<b>LL.2.1</b>	<b>Communicate effectively in a variety of situations with different audiences, purposes, and formats.</b>					Communication
		LL.2.1.A	Speak or express thoughts, feelings, and ideas clearly enough to be understood in a variety of settings.			1	2	
		LL.2.1.B	Participate in conversations with adults and peers, staying on topic through multiple exchanges and adding appropriate ideas to support or extend the conversation.			1	2	
	Writing (3)	<b>LL.3.1</b>	<b>Produce letter-like shapes, symbols, letters, and words to convey meaning.</b>					Emergent Writing
		LL.3.1.A	With modeling and support, print letters of own name.		1		2	
		LL.3.1.B	With modeling and support, print meaningful words with letters and letter approximations.		1		2	
LL.3.1.C		Use a combination of drawing, dictating and developmentally appropriate writing for a variety of purposes (e.g., tell a story, give an opinion, express ideas).						
	<b>LL.4.1</b>	<b>Demonstrate beginning understanding of the conventions of standard English grammar and usage when engaged in literacy activities.</b>						
	LL.4.1.A	Use familiar nouns and verbs to describe persons, animals, places, events, actions, etc.		1		3		

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression
	Language (4)	LL.4.1.B	Develop understanding of singular and plural nouns (e.g. "dog" means one dog, "dogs" means more than one dog); form regular plural nouns orally by adding /s/ or /es/.		1		2	Grammar
		LL.4.1.C	Understand and begin to use question words.					
		LL.4.1.D	Use frequently occurring prepositions (e.g., "to," "from," "in," "out," "on," "off," "for," "of," "by," "with").		1		3	
		LL.4.1.E	Produce complete sentences in shared language activities.					
		<b>LL.4.2</b>	<b>Use words acquired through conversations and shared reading experiences.</b>					Vocabulary
		LL.4.2.A	Identify real-life connections between words and their uses (e.g., relate the word "helpful," used in a story, to own life by telling ways to be helpful)			1	2	
		LL.4.2.B	Determine the meanings of unknown words/concepts using the context of conversations, pictures that accompany text, or concrete objects.	1			1	
Science (SC)	Skills and Processes / Life Science (1)	<b>SC.1.1</b>	<b>Construct knowledge of life science through questioning and observation.</b>					Inquiry and Observation
		SC.1.1.A	Raise questions about the world around them and be willing to seek answers to some of them by making careful observations and trying things out.			1	2	
		SC.1.1.B	Observe a variety of familiar plants and animals and describe how they are alike and how they are different.	2			2	
Social Studies (SS)	Government (1)	<b>SS.1.1</b>	<b>Demonstrate understanding of rules and responsible behavior.</b>					Responsible Behavior
		SS.1.1.A	Identify the importance of rules at home and at school.					
		SS.1.1.B	Generate and follow rules, such as taking turns, walking inside, and forming a line, that promote order in the classroom.			1	2	
	History (2)	<b>SS.2.1</b>	<b>Demonstrate an understanding of past, present, and future in the context of daily experiences.</b>					Events in the Context of Time
		SS.2.1.A	Describe the events of the day (things that have happened in the immediate past, that happen in the present, and that might happen in the future) using terms such as "morning/afternoon" and "night/day."			1	2	
		SS.2.1.B	Communicate about past events and anticipate what comes next during familiar routines and experiences.					
		<b>SF.1.1</b>	<b>Recognize and identify emotions of self and others.</b>					Awareness and Expression
		SF.1.1.A	Recognize and identify own emotions and the emotions of others.					

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression
Social Foundations (SF)	Social Emotional (1)	SF.1.1.B	Express, understand, and respond to feelings (emotions) of self and others.			1	2	and Expression of Emotion
		SF.1.1.C	Express concern for the needs of others and people in distress.			1	2	
		<b>SF.1.2</b>	<b>Look to adults for emotional support and guidance.</b>					Relationships with Adults
		SF.1.2.A	Separate from familiar adults in a familiar setting with minimal distress.					
		SF.1.2.B	Seek security and support from familiar adults in anticipation of challenging situations.			1	2	
		SF.1.2.C	Request and accept guidance from familiar adults.			1	2	
		<b>SF.1.3</b>	<b>Demonstrate ability to resolve conflicts with others.</b>					Conflict Resolution
		SF.1.3.A	Seek adult help when solving interpersonal conflicts.			1	2	
		SF.1.3.B	With modeling and support, negotiate to resolve social conflicts with peers.					
	Approaches to Learning / Executive Functioning (2)	<b>SF.2.1</b>	<b>Manage the expression of feelings, thoughts, impulses, and behaviors.</b>					Self Control
		SF.2.1.A	Refrain from demonstrating disruptive or defiant behaviors.			1	2	
		SF.2.1.B	Demonstrate appropriate use of own materials or belongings and those of others.					
		SF.2.1.C	Demonstrate the ability to delay gratification for short periods of time.			1	2	
		<b>SF.2.2</b>	<b>Demonstrate the ability to persist with a task.</b>					Persistence
		SF.2.2.A	Carry out tasks, activities, projects, or transitions, even when frustrated or challenged, with minimal distress.			1	2	
		SF.2.2.B	Focus on an activity with deliberate concentration despite distractions and/or temptations.			1	2	
		<b>SF.2.3</b>	<b>Demonstrate the ability to retain and apply information.</b>					Working Memory
		SF.2.3.A	Follow routines and multi-step directions.			1	2	
		SF.2.3.B	Remember and use information for a variety of purposes, with modeling and support.					
		SF.2.3.C	Use prior knowledge and information to assess, inform, and plan for future actions and learning.			1	2	
<b>SF.2.4</b>	<b>Demonstrate the ability to solve problems.</b>					Problem Solving		
SF.2.4.A	Solve everyday problems based upon past experience.							
SF.2.4.B	Solve problems by planning and carrying out a sequence of actions.			1	2			
SF.2.4.C	Seek more than one solution to a question, problem, or task.							
		SF.2.4.D	Explain reasoning for the solution selected.					

**KEA Blueprint DRAFT**  
(last revised: May 29, 2013)

Domain	Strand	KEA Code	Standard/Essential Skills and Knowledge	SR	PT	CL	POINTS	Learning Progression
		<b>SF.2.5</b>	<b>Seek and gather new information to plan for projects and activities.</b>					<b>Initiative</b>
		SF.2.5.A	Express a desire to learn by asking questions and seeking new information.			1	2	
		SF.2.5.B	Demonstrate independence in learning by planning and initiating projects.					
		SF.2.5.C	Seek new and varied experiences and challenges (take risks).					
		SF.2.5.D	Demonstrate self-direction while participating in a range of activities and routines.			1	2	
		<b>SF.2.6</b>	<b>Demonstrate cooperative behavior in interactions with others.</b>					<b>Cooperation with Peers</b>
		SF.2.6.A	Plays or work with others cooperatively.					
		SF.2.6.B	Interact with peers in complex pretend play, including planning, coordination of roles, and cooperation.			1	2	
		SF.2.6.C	Demonstrate socially competent behavior with peers.					
		SF.2.6.D	Share materials and equipment with other children, with adult modeling and support.			1	2	
<b>NUMBER OF ITEMS</b>				15	18	29	<b>62</b>	
<b>TIME PER ITEM</b>				x .75 min	x 2 min	x .5 min		
<b>TOTAL TIME</b>				11.25	36	14.5	<b>61.75</b>	