

*Research on Quality  
and School Readiness:  
A Statewide Framework  
for Measuring Outcomes*

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Kentucky Invests in Developing Success

## Building the Foundation for School Success Kentucky State Outcomes and Indicators

### **OUTCOME # 1 CHILDREN POSSESS THE FOUNDATION TO SUCCEED IN SCHOOL**

#### **Indicators:**

- *Infants are born healthy.*
  - Percent of mothers with late or no prenatal care
  - Percent of women with early entry into prenatal care
  - Percent of infants born to mothers using drugs/alcohol
  - Percent or number of pregnant women served in substance abuse program
  - Infant Mortality Rate
  - Percent of newborns receiving newborn hearing screening
  - Percent of infants born low birth weight
  
- *Children have healthy growth and development.*
  - Percent of uninsured children
  - Children below 200% of poverty having Medicaid/KCHIP coverage
  - Children with Chronic Illness (absentee – school performance)
  - Number of children receiving mental health services
  - Percent of children experiencing abuse and neglect (Child abuse and neglect rate)
  - Childhood nutrition (W.I.C., Ag.)
  - Free/Reduced Lunch (Percent of free and reduced lunch eligible four year old children enrolled in high quality preschool programs)
  - Number of families receiving support through home visiting (HANDS)
  - Percent of preschool children receiving hearing screening
  - Percent of preschool children receiving vision screening
  - Number of children 3-6 receiving a vision exam using state or federal dollars
  
- *Children have access to early care and education programs.*
  - Number of child care center placements (capacity) ages 0-3
  - Number of child care center placements (capacity) ages 3 - 5
  - Number of family child care placements (capacity)
  - Number of school age placements (capacity)
  - Percent of eligible children served by child care subsidy
  
- *Children have access to high quality early care and education programs.*
  - Number of eligible children that participates in KY Preschool and Head Start programs
  - Retention of early care teachers
  - Number of programs receiving a ST☆R rating (ST☆RS for KIDS NOW)
  - Number of children served in ST☆R rated program (ST☆RS for KIDS NOW)
  - Number of accredited centers
  - Number of accredited family child care homes
  - Number of resource classrooms
  
- *Children at-risk receive appropriate services.*
  - Rate of neural tube defects in newborns
  - Percent of children 3-4 with disabilities served in state funded preschool program/Head Start

- Percent of state-funded preschool children with educational disabilities (Percent of 3-4 year old children with educational disabilities enrolled)
- Percent of children of ethnic minorities referred to First Steps
- Percent of children from low literacy families referred to First Steps

## **OUTCOME # 2 SCHOOLS ENSURE CHILDREN'S CONTINUOUS PROGRESS**

### **Indicators:**

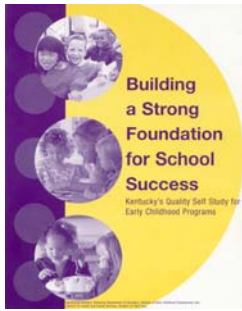
- *Educators are qualified and competent.*
  - Number or percent of teachers teaching out of field.
  - Number or percent of teachers in Head Start, Pre – K, First Steps with IECE certification
  - Number of teachers with national certification in Pre K-Primary
- *Children make continuous progress.*
  - Number or percent of children spending 5 or more years in primary (K-3)
  - Number or percent of children reaching proficient level in grade 4 in reading.
  - Number or percent of children reaching proficient level in grade 4 in math.
  - Adequate time devoted directly to the teaching of reading
  - Engaging instruction in a supportive environment that will motivate students to achieve and to value education
  - Early diagnosis and evaluation with appropriate individual intervention for students who struggle with reading at all levels
  - Content area reading instruction in all academic areas
  - Acknowledgement and ownership by communities of the importance of reading which leads to high literacy attainments as a means to improve quality of life
  - Percent of high school dropouts, ages 16-19
  - Percent of age group over 25 with high school diplomas or GED
- *Children perform at high levels.*
  - Gaps in achievement are narrowed

## **OUTCOME # 3 FAMILIES AND COMMUNITIES SUPPORT LIFE LONG LEARNING**

### **Indicators:**

- *Children live in economically secure families.*
  - Percent of population living in poverty
  - Percent of children under age 18 living in poverty
  - Median household income
  - Teen pregnancy rates
  - Number of homeless families and children
- *Families have the skills and education to earn a living wage.*
  - Number of Kentucky adults with a high school diploma or equivalent
  - Number of family literacy programs and participants
  - Number of adult participants in adult education
  - Number of adult participants in higher education

## Kentucky's Early Childhood Quality Self Study Overview – Summary



Kentucky's Early Childhood Quality Self Study was designed to address the definition and characteristics of quality across center based settings for children birth to five. The research-based document will assist programs and classrooms in self-assessing and planning for continuous improvement using specific standards and indicators of quality across five key areas. These key areas are: Program Structure and Personnel; Child Experiences in the Environment; Child Experiences with Curriculum and Assessment; Health, Safety and Nutrition; and Program Interactions with Families and Communities.

### Purpose of Building a Strong Foundation for School Success Series

The *Building a Strong Foundation for School Success* series consists of three documents carefully designed to be used by **all** early care and education professionals working with young children from birth to five. The first two documents, *Kentucky's Early Childhood Standards* and *Kentucky's Early Childhood Continuous Assessment* guide are designed for use with children in home or center based settings. The *Early Childhood Standards* help ensure quality early care and education services by providing a common language through which program staff can express expectations for young children. Similarly, the *Early Childhood Continuous Assessment Guide* provides recommended guidelines and practices in all areas of assessment: screening, diagnostic, classroom/instructional and program evaluation.

The third document in the series, *Kentucky's Early Childhood Quality Self Study* is designed for use in early childhood center based programs for children from birth to five. Research indicates that child outcomes are enhanced by experiences in quality programs. Completion of the self study can serve as a preparation tool for achieving high quality recognition, but completion does not equate with an accreditation or recognition program. The self study format encourages involvement of all staff and encourages family input in the process.

*Kentucky's Early Childhood Quality Self Study* includes four main sections: Introduction, Overview, the Quality Self Study Grids, and an Appendix. In addition, a glossary, standards at-a-glance, and an indicator locator for the embedded topics of transition, diversity, guidance, training, and special needs are located in the Overview section. The Appendix contains the Early Childhood Core Content for professionals and a resource list.

*Kentucky's Early Childhood Quality Self Study* focuses on five areas defining quality early childhood programming and positive outcomes for young children. These areas include:

- Program Structure and Personnel
- Child Experiences in the Environment
- Child Experiences with Curriculum and Assessment
- Health, Safety and Nutrition
- Program Interactions with Families and Communities

Standards in each of the five areas are provided with indicators. Examples are included to further illustrate to the practitioner what the indicators may look like in practice. The user may code the indicator as fully met, in process, or not met and note an action plan or list the evidence if fully met.

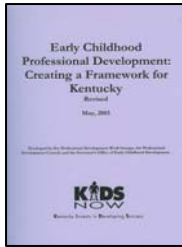
The use of *Kentucky's Early Childhood Standards*, *Continuous Assessment Guide*, and *Quality Self Study* will provide valuable information to ultimately improve child outcomes by helping early care and education programs be accountable for and document quality as well as the results and benefits of their programs.

*Kentucky's Early Childhood Quality Self Study* is available to download from this web site:

<http://www.kidsnow.ky.gov>

For further information contact: Nancy Newberry, Division of Early Childhood Development,  
Kentucky Department of Education [nancy.newberry@education.ky.gov](mailto:nancy.newberry@education.ky.gov) or 502/564-8341.

## Kentucky Early Childhood Professional Development Framework Overview – Summary



The *Kentucky Early Childhood Professional Development Framework* was developed to support a cohesive system for the education and training of early childhood professionals. Five work groups that represented a diverse group of early childhood educators across the state provided recommendations to the Early Childhood Professional Development Council and the Early Childhood Development Authority on the framework, which was approved in 2001.

### Purpose of the Early Childhood Professional Development Framework

The Early childhood Professional Development Framework provides an action plan for the education, training and credentialing of early childhood development professionals in Kentucky. The plan defines five levels of professional accomplishment and the training, credentialing and articulation requirements for each. It includes Core Content, Credentials, Training, Articulation and Scholarship.

- ❖ **Core Content** provides information on the specific knowledge, competencies, and characteristics needed by early childhood practitioners to work effectively with young children and families. Core content is the foundation for determining training content, course content, and competency standards for professional performance. The Core Content plan covers seven essential competency subject areas of early childhood education. Each area is organized into five levels of increasing mastery.
- ❖ **Credentials** for Early Care and Education Professionals describes multiple opportunities to acquire increasing levels of professional credentials. Each credential represents a discrete entry/exit point and each credential represents a building block to the next level of credentialing and competency. Three new early childhood credentials, Commonwealth Child Care Credential, Director's Credential, Trainer's Credential have been created to acknowledge that differing competencies and skill areas are required for different aspects of the early childhood profession. Credential programs are offered in several kinds of education settings to recognize that different types of early childhood practitioners may wish to access education and training settings appropriate to their needs. Lead agencies/institutions are described in the context of each credential. These credentials fit into the five levels of professional accomplishment along with Child Development Associate (CDA) certificates and college degrees in early childhood.
- ❖ The **Training** component outlines a seamless system of training and professional development for early childhood professionals that are designed to instill a sense of professionalism; motivate the pursuit of additional education; help change attitudes about professional development; and provide a follow-up to training that will help in the application of what has been learned to the trainee's unique circumstances. The training plan addresses the need for increased training hours required by STARS for KIDS NOW Quality Rating System and increased competencies as levels of education and training increase.
- ❖ The **Articulation** plan provides a process which meshes the system for credentialing and training of early childhood professionals and includes five levels of competency, each of which articulate into the next level. At lower levels of competency, the completion of a particular credential, program or certificate equivocates or, transfers as college credit. Thus students can transfer their training hours between secondary schools, community and technical colleges, training programs, and four-year institutions. The academic credits are transferable to an Interdisciplinary Early Childhood Education program and count toward IECE degree credit hours.
- ❖ The **Scholarship** program provides support for formal education and training of early childhood professionals at the non-college and college level. College based scholarships are administered through the Kentucky Higher Education Assistance Authority and are for early childhood professionals who will take college-credit courses to obtain the Child Development Associates Credential, associate or bachelor's degrees in early childhood development, or the Director's Credential. The scholarships may be used at Kentucky colleges and universities approved by the Early Childhood Development Authority. Non-college scholarships for the Commonwealth Child Care Credential (60 clock hours) and Child Development Associate's Credential (120 hours) are available through training organizations approved by the Division of Child Care in the Cabinet for Health and Family Services

The *Kentucky Early Childhood Professional Development Framework* is available to download from this web site:

<http://www.kidsnow.ky.gov>

For further information contact Kim Townley, Ph.D., Division of Early Childhood Development, Kentucky Department of Education, [ktownley@kde.state.ky.us](mailto:ktownley@kde.state.ky.us) or 502/564-8341

## Building A Strong Foundation for School Success

Kentucky's Early Childhood Standards



## Kentucky Early Childhood Standards Overview – Summary

The *Kentucky Early Childhood Standards* document was designed to reflect the range of developmental abilities typical of young children, birth through four years of age. The critical knowledge and skills learned in the early years are presented in developmental domains for children birth-to-three years of age and in content areas for three-and-four-year-old children. This content for learning is intended to support early care and education professionals as well as parents in planning experiences to promote progress along the developmental continuum.

The *Kentucky Early Childhood Standards* document consists of standards, benchmarks, developmental continuum and example behaviors and is linked to the *Kentucky Department of Education K-12 Program of Studies* and to the *National Head Start Outcomes*. Definitions of the major components in the standards are:

- ❖ **Standard:** A general statement that represents the information, skills, or both that a child should know or be able to do.
- ❖ **Benchmark:** A subcomponent of a standard that translates the standard into what a child should understand or be able to do at a specific developmental level.
- ❖ **Developmental Continuum:** A predictable but not rigid sequence of accomplishments that describe the progressive levels of performance in the order in which they emerge in most children.
- ❖ **Example Behaviors:** Observable “samples” of what children might do as they demonstrate accomplishment at each level of the developmental continuum.

Within early childhood settings, *instruction*, *curriculum* and *assessment* are appropriately joined to promote each child’s progress in building a strong learning foundation.

- ❖ **Instruction:** Activities, materials and experiences are provided that address all items along the developmental continuum.
- ❖ **Curriculum:** Experiences are planned that will promote children’s progress towards achieving benchmarks.
- ❖ **Assessment-Classroom/Instructional:** Observing, recording and documenting what children do and how they do it in all developmental domains and using the information to help the child develop further.

Survey results from early childhood programs indicate that the *Kentucky Early Childhood Standards* are used to:

- ❖ Align to school district’s curriculum (Curriculum)
- ❖ Create a curriculum map (Curriculum)
- ❖ Check units of study against standards (Curriculum)
- ❖ Develop new learning centers and classroom activities (Instruction)
- ❖ IEP development (Instruction)
- ❖ Assess learning through observations (Assessment)
- ❖ Use as a part of on-going assessment (Assessment)

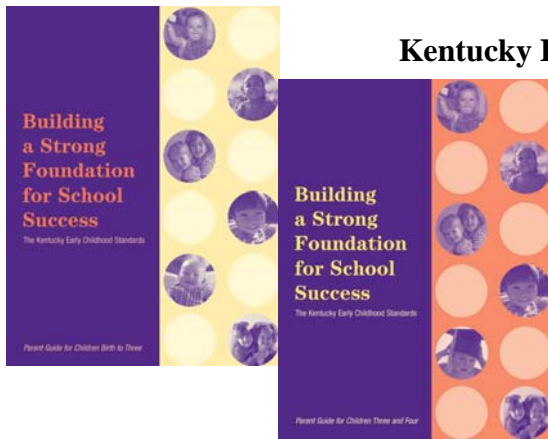
The *Kentucky Early Childhood Standards* are available to download from this web site:

<http://www.kidsnow.ky.gov>

For further information contact Barbara A. Singleton, Ed.D., Division of Early Childhood Development, Kentucky Department of Education, [barbara.singleton@education.ky.gov](mailto:barbara.singleton@education.ky.gov) or 502/564-7056



## Kentucky Early Childhood Standards – Parent Guides Overview – Summary



*The Kentucky Early Childhood Standards – Parent Guides (Birth-Three and Three and Four Year Olds)* provide an easy-to-understand version of *The Kentucky Early Childhood Standards* for parents of young children. The Guides are a tool to assist parents in understanding the developmental sequence that unfolds in the first four years of life. The Guides help parents to understand their role in supporting development and learning during the first four years. And very importantly, the Guides help the parents to understand the connection between the infant/toddler and preschool years and later academic success.

### ***General Use of the Parent Guides for Early Childhood Professionals:***

- ❖ To assist in supporting parents in their role as the primary teachers and caregivers of their children
- ❖ To provide a tool that provides appropriate child development information
- ❖ To underscore the importance of positive daily interactions and routines as the most important way parents can prepare their children for school

### ***Organization and Example of the Parent Guides:***

#### **Standard with an interpretive statement:**

**Standard:** English/Language Arts Standard 3: Demonstrates general skills and strategies of the reading process.

**Interpretive statement:** Your child's increasing skill and interest in books, letters and sounds.

#### **What does it mean?**

- Enjoys and participates in storybook reading.
- Beginning to understand the basic concepts of pre-reading including learning that reading is left to right, top to bottom, front to back and that words have meaning.

#### **What are some things you can do?**

- Provide your child with a wide variety of books. Take him/her to the library and let him/her choose different types of books and stories.
- Talk to your child about the letters of the alphabet but make it fun! Use alphabet books, puzzles, or just the letters in your child's name. Talk about the letters that you see in your environment – on signs, books, and notes that you write.

The *Kentucky Early Childhood Standards-Parent Guides* are available to download from this web site:

<http://www.kidsnow.ky.gov>

For further information contact Kim Townley, Ph.D., Division of Early Childhood Development, Kentucky Department of Education, [kim.townley@education.ky.gov](mailto:kim.townley@education.ky.gov) or 502/564-8341

## Kentucky Early Childhood Continuous Assessment Guide Overview – Summary

Building  
a Strong  
Foundation  
for School  
Success

Kentucky's Early Childhood  
Continuous Assessment Guide

The *Kentucky Early Childhood Continuous Assessment Guide* was developed by a diverse group of early childhood educators across the state to provide guidance to early childhood programs as they develop or revise their assessment system to measure child progress and improvement related to *Kentucky's Early Childhood Standards*. This document is designed as a companion piece to the *Kentucky Early Childhood Standards*, which provides a framework to assist families, early care and education professionals, administrators, and others in understanding what children are able to know and do from birth through four years of age.

### Purpose of the Building a Strong Foundation for School Success Series

All three components of the *Building a Strong Foundation for School Success* series have been carefully designed so that the materials can be used by **all** early care and education professionals working with young children from birth to 5 years of age, both in home and center-based settings. The *Early Childhood Standards* help ensure quality early care and education services by providing a common language through which program staff can express expectation for young children. The *Early Childhood Quality Self-Study* helps programs evaluate their services and determine areas of strength and those areas that need to be addressed to better help children meet the early childhood standards. Similarly, the *Early Childhood Continuous Assessment Guide* provides recommended guidelines and practices in all areas of assessment: screening, diagnostic, classroom/instructional and program evaluation. In addition, both the standards and assessment guide will provide valuable information to help early care and education programs, be accountable for, and document both the results and benefits of their programs.

The *Kentucky Early Childhood Continuous Assessment Guide* includes the following sections: Introduction, Overview, Screening, Diagnostic, Classroom/Instructional, Recommended Assessments, Program Evaluation, Professional Development, and Appendix. Definitions of the major components are:

- ❖ **Continuous Assessment System:** An assessment process that 1) includes both formal and informal assessments that are conducted on a regular basis, 2) is integrated with instruction at various times, 3) improves learning and helps guide and direct the teaching-learning process, 4) informs every aspect of instruction and curriculum (Kentucky Department of Education, March, 2004).
- ❖ **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 development and/or health risks” (Council of Chief State School Officers (CCSSO), 2004). Since the purpose of the *Early Childhood Assessment Guide* is to recommend component parts of a comprehensive, continuous assessment system for early childhood programs that address multiple developmental domains; single domain screening instruments were not included in the document.
- ❖ **Diagnostic:** Assessment tools are defined as those that are designed to provide information about a child’s health or developmental status (typically as compared to other children of the same age) and may be used to establish eligibility for special services. Two specific types of assessment tools are discussed: multi-domain and single domain.
- ❖ **Classroom/Instructional:** “an ongoing process of observing a child’s current competencies (including knowledge, skills, dispositions and attitudes) and using the information to help the child develop further in the context of family and caregiving and learning environments” (Council of Chief State School Officers (CCSSO), 2004).

### Methods of Collecting Continuous Assessment Information

The *Early Childhood Continuous Assessment Guide* addresses the four primary methods used to collect data when conducting classroom/instruction assessments using a performance or authentic approach: observation, interview, evaluating children’s work, and direct testing. Recommended practice would suggest that all of these methods are important in classroom/instruction assessment. All of these methods can be a part of an early childhood continuous assessment system; however, they should include normal routines and classroom activities and be directly relevant to instructional decisions to help children make progress and monitor their progress toward developmental goals.

The *Kentucky Early Childhood Continuous Assessment Guide* is available to download from this web site:

<http://www.kidsnow.ky.gov>

For further information contact Kim Townley, Ph.D., Division of Early Childhood Development,  
Kentucky Department of Education, [kim.townley@education.ky.gov](mailto:kim.townley@education.ky.gov) or 502/564-8341





Kentucky Invests in Developing Success

# Kentucky's Early Childhood Initiative Summary

In order to reach the goal that **all young children in Kentucky are healthy and safe, possess the foundation that will enable school and personal success, and live in strong families that are supported and strengthened within their communities**, 25% of Kentucky's Phase I Tobacco Settlement dollars will fund the early childhood initiative.

## *Assuring Maternal and Child Health*

**Healthy Babies Campaign:** To plan and implement a public awareness / education campaign to educate the public about fetal alcohol syndrome, the impact of substance abuse on pregnancy and childrearing, the importance of smoking cessation, and about healthy lifestyle choices that help babies to be born healthy. Contact: Dr. Kim Townley - 502/564-8341.

**Folic Acid Campaign:** To prevent the high incidence of Neural Tube Defects (also known as spina bifida or open spine) in Kentucky by providing access to the B vitamin Folic Acid, a known preventive measure. **FACT:** Kentucky's rate of neural tube defects is 1 1/2 times the national average. An estimated 70% of such birth defects are preventable through the administration of folic acid in the early prenatal period. Based on Kentucky's incidence of neural tube defects and the average lifetime cost associated with the condition, the annual cost to Kentuckians is estimated to be \$55 million dollars annually. Contact: Dr. Steve Davis - 502/564-3970 or Sandy Cleveland - 502/564-2154.

**Substance Abuse Treatment Program for Pregnant and Post-partum Women:** To assist women with current or prior substance abuse problems to bear healthy babies and to remain free of substance abuse behaviors in the future and to provide prevention services. Contact: Janet Mitchell - 502/564-2880

**Universal Newborn Hearing Screening:** To screen all newborns prior to hospital discharge. **FACT:** At the rate of 3:1000 births, hearing difficulties are the most common sensory birth defect. Early detection and appropriate tracking and follow-up are vital to the development of the child. The cost of educating a deaf child in a residential program is approximately \$27,000 as compared to \$6000 annually for the child who is diagnosed early and served in a typical classroom. Contact: Michelle King - 502/595-4459 ext. 323 and 877-757-4237 or Eric Friedlander - 502/595-4459 ext. 271.

**Immunization Program for Underinsured Children:** To achieve 100% immunization coverage by age three. **FACT:** Currently 17% of children ages birth to three years old are underinsured. The purchase of vaccines to cover this population of children who are non-Medicaid and non-KCHIP eligible will increase access to immunizations. Contact: Dr. Steve Davis 502/564-3970 or Dr. Kraig Humbaugh - 502/564-7243

**Eye Examinations For Children:** To require all children to submit evidence of an eye examination (not a screening) no later than Jan. 1 of the first year of public school entry. **FACT:** Screening alone often misses visual difficulties such as amblyopia which have the potential for reversal if diagnosed and treated before the age of five. Contact: Dr. Kim Townley - 502/564-8341, Eric Friedlander - 502/595-4459 ext. 271 or Jackie Ferguson - 800/232-1160.

**Oral Health Education and Prevention Program:** To prevent early childhood caries (ECC) through: (1) targeted early screening, (2) oral health education of caregivers, (3) application of a fluoride varnish to primary teeth (baby) if necessary, and (4) proper referral to a dentist if appropriate for care. **FACT:** ECC is highly preventable and at an affordable cost. From the 2001 Kentucky Children's Oral Health Survey, nearly one-third of a sample of 2-4 year olds was affected by ECC. Rehabilitation of severe ECC can be more than \$5,000. Contact: Dr. Steve Davis 502/564-3970 or Dr. Jim Cecil - 502/564-3246.

## *Supporting Families*

**HANDS Home Visiting Program:** To provide a voluntary home visitation program for first time parents who are at-risk in order to promote the healthy growth and development of the child. **FACT:** The highest number of reported child abuse cases (43%) involves children four years old and younger. In evaluations of multiple home visiting programs, participating children exhibited enhanced levels of health and development. Contact: Dr. Steve Davis - 502/564-3970 or Brenda Chandler - 502/564-3756.

**Early Childhood Mental Health Program:** To provide mental health consultation for early childhood programs, assessment and therapeutic services for young children and their families. Personnel will be trained to deliver age appropriate services. **FACT:** It is estimated that one of every 10 children and adolescents has a mental health challenge. Contact: Dr. Steve Davis 502/564-4830, Mary Beth Jackson - 502/564-3756 or Beth Armstrong - 502/564-4448.

**Children's Advocacy Centers:** To provide medical examinations for sexually abused children. To implement a statewide medical examination program including telehealth and specialized physician training. **FACT:** In FY 2000, over 3,600 children were served annually by Children's Advocacy Centers, and over 1000 medical exams are provided. Medical examinations are necessary to mitigate the physical and mental health impact of abuse of these children. Contact: Marla Montell - 502/564-9433.

## *Enhancing Early Care and Education*

**Access to Child Care Subsidy:** To increase the reimbursement to childcare centers and licensed family daycare homes who provide care to low-income families by increasing the percentage of eligible children. **FACT:** By increasing the eligibility from 160% of the federal poverty level to 170% FPL, an estimated 12,000 *additional* children will be covered by eligibility guidelines thereby increasing access to care for low-income families. Contact: Dr. Betsy Farley – 502/564-2524

**STARS for KIDS NOW:** A voluntary quality rating system to raise the level of quality in child care by offering a system of incentives and rewards based on identified characteristics associated with positive outcomes for children and families and by offering technical assistance to achieve quality indicators. **FACT:** Children cared for in high quality settings performed significantly better in math, language, and social skills at school entrance than did their peers in programs of poor quality, according to a study published by the University of North Carolina. Contact: Mary Howard – 502/564-8341 or Rob Hester – 502/564-7962.

**Scholarship Fund for Child Care Providers:** To provide a scholarship fund, administered through the Ky. Higher Education Assistance Authority, to those who work in child care at least 20 hours per week. The funds assist personnel in moving through a credentialing system that begins at entry level and proceeds through post-secondary education. **FACT:** Quality of child care is closely associated with the education and training levels of the child care providers. Early care and education personnel are among the most poorly paid individuals in the workforce and therefore need assistance and incentive to increase their educational achievement and to permit workers to move up the career ladder in early childhood. Contact: Albert Fox – 502/564-8341.

**Increased Licensing Personnel:** To increase the number of licensing personnel dedicated specifically to child care who will bring expertise to upgrade child care quality by having smaller caseloads consisting only of child care facilities. **FACT:** 1999 caseloads averaged 100 facilities per worker (exceeding national standard of 50 facilities) and included facilities other than child care. High case numbers preclude anything but monitoring for compliance with minimal standards and leave no time for assessing quality. Few workers have backgrounds in early childhood. Contact: Dr. Betsy Farley – 502/564-2524 or Rob Hester – 502/564-7962.

**Healthy Start in Child Care:** To provide personnel to train child care providers and parents in health, safety, nutrition, and the benefits of early intervention and the importance of children's social/emotional well being. **FACT:** There are approximately 2,040 licensed childcare facilities in Kentucky and 814 certified family day care homes that will benefit from assistance to upgrade health and safety conditions and staff/parent training. Contact: Dr. Steve Davis–502/564-3970 or Sue Bell–502/564-3756.

**Community Early Childhood Council Funding:** To assist agencies and individuals, identified in legislation, in forming community councils to improve the lives of children and families. **FACT:** Approximately 103,000 of Kentucky's young children are in childcare. According to national standards, much of Kentucky's childcare is judged to be of poor quality and yet providers often cannot afford the expense associated with increasing quality. Funding through councils will offer seed money to make needed improvement. Contact: Hanan Osman 502/564-8341.

**First Steps: Kentucky's Early Intervention System:** To serve children from birth to age 3 who have a developmental delay or a particular medical condition that is known to cause a developmental delay. **FACT:** The First Steps program is increasing approximately 20% annually. Last year over 9800 children were served at an average cost of \$4,000 per child. Contact: Department of Public Health, Meredith Brown-502/564-3756.

## *Establishing the Support Structure*

**Early Childhood Development Authority:** To receive and disburse funds and to coordinate the development of programs supported by the funds. The Early Childhood Development Authority merges four Councils for efficient coordination of issues related to early childhood. Contact: Dr. Kim Townley – 502/564-8341.

**Business Council:** To involve the corporate community and local governments in supporting issues of importance to working families in Kentucky. The Business Council is composed of business and community leaders who have demonstrated an interest in early childhood and families in the workplace. Contact: Dr. Kim Townley – 502/564-8341.

**Professional Development Council:** To work with existing entities to create a seamless system of education and training for early childhood providers, beginning with an entry level credential and proceeding through a Master's degree. Contact: Nancy Newberry – 502/564-8341.

**Evaluation of Initiative:** To ensure effective use of funds in achieving targeted outcomes across settings statewide. Contact: Dr. Kim Townley – 502/564-8341.

## *Program Improvements*

**Training:** Requires the Cabinet for Families and Children to set training requirements for all providers of childcare who receive a state childcare subsidy. Contact: Dr. Betsy Farley -502/564-2524.

**Child Safety in Childcare:** Allows the Cabinet for Families and Children (through Cabinet for Health Services Office of Inspector General) to assess penalties to facilities when an inspector finds a situation that poses an immediate threat to the health, safety, or welfare of children. In addition to a hearing, an informal dispute resolution process is established prior to an action that could result in the closure of a childcare facility. Contact: Dr. Betsy Farley-502/564-2524.

# Kentucky's Early Childhood Initiative Summary

(Numbers as of December 2005)

Website: [kidsnow.ky.gov](http://kidsnow.ky.gov)

In order to reach the goal that **all young children in Kentucky are healthy and safe, possess the foundation that will enable school and personal success, and live in strong families that are supported and strengthened within their communities**, 25% of Kentucky's Phase I Tobacco Settlement dollars fund the early childhood initiative.

## *Assuring Maternal and Child Health*

**Healthy Babies Campaign:** To plan and implement a public awareness/education campaign to educate the public about fetal alcohol syndrome, the impact of substance abuse on pregnancy and childrearing, the importance of smoking cessation, and about healthy lifestyle choices that help babies to be born healthy. Contact: Division of Early Childhood Development, Dr. Kim Townley - 502/564-8341.

### Results

- ❑ 99% of women in the targeted age believe that women their age can take measures to increase their chances of having a healthy baby.
- ❑ There is a general awareness of the value of avoiding drug use, getting exercise and rest, taking care of one's general health and having the B Vitamin in their diet.
- ❑ Over half, but no more than two-thirds, of the women surveyed would make changes in their lifestyles if they became pregnant.

### Activities

#### FY 06

- ❑ Healthy Babies Campaign ran August 29, 2005 through October 10, 2005 with total paid spots aired: 7,684. Most stations, excluding cable, were able to bonus additional spots totaling approximately 3,800 throughout the duration of the schedule.

#### FY 04

- ❑ Collaboration with the Tobacco Prevention and Cessation Program to use the Healthy Babies spots on TV from February thru August 2004.
- ❑ Maintain toll free number (1-866-929-BABY) and website MyHealthyBaby.com.

#### FY 02

- ❑ Contract awarded to Prime Meridian August 2001.
- ❑ State and local media campaign occurred in December 2001 - June 2002.
- ❑ 800,000 pieces of education material distributed with partner agencies in health, social services, and community organizations.
- ❑ Toll free number (1-866-929-BABY) established and a new website ([myhealthybaby.com](http://myhealthybaby.com)) for target population to get more information.
- ❑ Newborn babies in Kentucky in 2002 were sent home with videotape on the importance of the first years and a Kentucky Family Guide.

#### FY 01

- ❑ Work group plan approved by Early Childhood Development Authority January 2001.
- ❑ RFP distributed May 1, 2001.

**Folic Acid Campaign:** To prevent the high incidence of two common and serious birth defects, spina bifida and anencephaly, in Kentucky by providing all women of childbearing age access to the B vitamin Folic Acid, a known preventive measure. **FACT:** An estimated 50-70% of such birth defects are preventable through the ingestion of folic acid prior to pregnancy and in the early prenatal period. Neural tube defects occur within the first four weeks after conception before most women even realize they are pregnant. According to the CDC the annual medical care and surgical costs for persons with spina bifida in the United States exceed \$200 million, and the average total lifetime cost to society for each infant born with spina bifida is approximately \$532,000 and for many children the cost may be well above \$1,000,000. Based on Kentucky's incidence of spina bifida for the past six years the average estimated annual cost to Kentucky residents is 12.1 million dollars. Contact: Department for Public Health, Dr. Steve Davis – 502/564-3970 or Sandy Cleveland – 502/564-2154.

### Results

- ❑ In 1996 there were 67 babies born with neural tube defect in Kentucky compared to 32 in 2002, and 28 in 2003, according to the Kentucky Birth Surveillance Registry. Using the total number of live births and stillbirths as the denominator, the rate has declined from 5.9/10,000 in 2002 to 5.1/10,000 in 2003.
- ❑ The percentage of women 18-44 reporting knowledge of folic acid aiding in the prevention of birth defects increased from 32.3% in 1997 to 53.6% in 2004, according to the Kentucky Behavioral Risk Factor Surveillance Survey (BRFSS).
- ❑ The percentage of women 18-44 reporting taking a multivitamin or supplement containing folic acid on a daily basis increased from 29.0% in 1997 to 45.6% in 2004, according to the BRFSS.

### Activities

#### FY 06

- ❑ From July 1, 2005 through December 2005, 43,485 women of childbearing age received folic acid counseling and supplementation through the efforts of the health departments and their contract services. The Commission for Children with Special Health Care Needs (CCSHCN) reported the provision of folic acid services to 469 women.
- ❑ As of January 2006, the Kentucky Folic Acid Partnership (KFAP) has 83 individual members representing 75 agencies, organizations, and businesses. The KFAP has provided 131 folic acid awareness activities reaching 58,809 participants statewide.

#### FY 05

- ❑ 84,886 women of childbearing age received folic acid clinical services through the efforts of the local health departments, and the Commission for Children with Special Health Care Needs.
- ❑ The KFAP had 86 individual members representing 73 agencies, organizations, and businesses. The KFAP provided 344 folic acid awareness activities reaching 638,009 participants statewide. The KFAP has added other perinatal health issues to their scope of services. Prematurity awareness has been included as a focus to promote healthy pregnancy outcomes.

#### FY 04

- ❑ 87,485 women received folic acid clinical services.
- ❑ The Kentucky Folic Acid Partnership had 75 individual members representing 66 agencies, organizations, and businesses. 1,914,664 participants were reached in 533 statewide folic acid activities.

#### FY 03

- ❑ 83,714 women received folic acid tablets and counseling.
- ❑ In addition to the 120 health departments, folic acid tablets and counseling are being provided at 6 state universities.
- ❑ 32,102 participants reached in statewide folic acid activities through the efforts of the Folic Acid Partnership.

#### FY 02

- ❑ 110,623 women received folic acid supplements and nutritional counseling.
- ❑ 862,500 Kentuckians reached with the folic acid message through community and professional events and thousands more through radio, TV and news articles.

#### FY 01

- ❑ Folic Acid Nursing Coordinators in all 120 county health departments were trained to promote folic acid supplementation and to counsel young women on the importance of folic acid.

- ❑ 43,500 women received folic acid supplements and nutritional counseling.
- ❑ Folic Acid Educational Kits were mailed to 3,400 physicians and nurse midwives statewide.
- ❑ Kentucky Folic Acid Partnership composed of 55 agencies report 580 community and professional activities reaching 49,870 participants statewide.

**Substance Abuse Treatment Program for Pregnant and Post-partum Women:** To assist women with current or prior substance abuse problems to bear healthy babies and to remain free of substance abuse behaviors in the future and to provide prevention services. **FACT:** Pregnant females using alcohol, drugs and tobacco are one of the most hard-to-reach, and costly subpopulation in Kentucky. Babies born to addicted mothers can be affected by fetal alcohol syndrome, delays and mental retardation, low birth weight and other health issues. Further costs in special education and foster care or treatment can occur. Contact: Department of Mental Health and Mental Retardation Services, Janet Mitchell - 502/564-2880.

### Results

- ❑ KIDS NOW provides support that allows substance abuse programs to be on-site at public health departments and private physician offices to reach more of the target population.

### Activities

#### FY 06

- ❑ Substance Abuse and Pregnancy Initiative implemented a pilot project in three of the community mental health regions designed to focus on pregnant women with the highest risk for substance use. A 2004 evaluation of the initiative revealed that pregnant women at highest-risk for substance use were not being reached. The pilot programs will be evaluated by the Center on Drug and Alcohol Research located at the University of Kentucky and will focus on developing reliable and available resources, examining the overall effectiveness of the initiative, and better describing the characteristics of women with higher-risk pregnancies.
- ❑ After initial screening by the health departments, pregnant women will be referred to a substance abuse prevention intervention where further screening will identify women at greatest-risk of use. These women will then be connected with a case manager who can provide intensive services as needed. Screening tools to collect data from the first session to the birth of their child will provide outcome data on the tools and process being used. Data will indicate any change in substance use (including tobacco), mental health issues, stress, and abuse issues. These outcomes will have direct affect on the health of the baby.
- ❑ During the first quarter of FY 2006, the Substance Abuse and Pregnancy Initiative has been able to reach a number of at-risk pregnant women with vital substance abuse prevention and treatment services. Over 1,800 screenings were provided by local and regional health departments and that led to more than 650 pregnant women receiving a prevention intervention and nearly 150 receiving critical substance abuse treatment services.

#### FY 05

- ❑ Over 988 pregnant women received prevention or treatment services.
- ❑ Over 2952 pregnant women received screening services regarding risk of substance use during pregnancy.
- ❑ Linkages with over 88 community agencies and health departments were established.

#### FY04

- ❑ 2,537 pregnant women received services.
- ❑ Linkages with over 80 health departments have been established and health departments across the state have screened over 6,000 pregnant women for substance abuse using the recommended 4P's Plus screening tool.
- ❑ Quarterly network meeting continue to be held with community providers.

#### FY 03

- ❑ Linkages with over 50 community agencies and health departments have been established.
- ❑ Quarterly network meetings are held with community providers.

#### FY 02

- ❑ Individual incentives offered for delivering healthy baby and remaining in program.
- ❑ Funding for methadone treatment and transportation for narcotic addicted pregnant women (including oxycontin).



- ❑ 3,405 pregnant women have been screened or referred, 548 have been assessed and 1,940 have entered prevention or treatment services.
- ❑ Over 75 practitioners have been trained in administration of substance abuse screening tool for use with pregnant women.

**FY 01**

- ❑ Division of Substance Abuse received support from the Kentucky Medical Association encouraging physicians to screen and refer pregnant women for needed substance abuse prevention and treatment services.

**Universal Newborn Hearing Screening:** To assist hospitals in implementing universal hearing screening on newborns prior to hospital discharge. **FACT:** 38 states currently have universal newborn screening laws. At the rate of 3 per 1000 well baby births, and 2-4 per 100 infants in the NICU; hearing difficulties are the most common sensory birth defect. The average \$20 cost per child for a reliable hearing screening before hospital discharge is covered by KCHIP and by Medicaid for eligible populations. Early detection and appropriate tracking and follow-up are vital to the development of the child. The cost of educating a deaf child in a residential program is approximately \$27,000 as compared to \$6,000 annually for the child who is diagnosed early and served in a typical classroom. Contact: Commission for Children with Special Health Care Needs, Michelle King – 502/595-4459 ext. 323 and 877/757-4237 or Eric Friedlander – 502/595-4459 ext. 271.

**Results**

- ❑ 99% of Kentucky newborns (born in hospitals with 40 or more annual births) have their hearing screened before they leave the hospital.
- ❑ Follow-up within 3 months.
- ❑ Enrollment in intervention services within 6 months.

**Activities**

**FY 06**

- ❑ 25,261 hearing screen report forms have been submitted to UNHS. Of the infants screened, 2,786 were at-risk for hearing loss. Of the infants at-risk for hearing loss, 1,158 referred on the newborn hearing screen on one or both ears. The remaining 1,628 passed the screening test, but have a risk indicator that put them in a higher risk category for developing later onset or progressive hearing loss, or for one reason or another were not screened prior to hospital discharge. All 2,786 at-risk infants have been entered in a database and referred for follow-up, which includes dissemination of information to families and assigning a regional coordinator to each child.

**FY 05**

- ❑ 51,195 hearing screen report forms were submitted to UNHS. Of the infants screened, 5,262 were at-risk for hearing loss. Of the infants at-risk for hearing loss, 2,235 referred on the newborn hearing screen on one or both ears. The remaining 3,027 passed the screening test, but have a risk indicator that put them in a higher risk category for developing later onset or progressive hearing loss or for one reason or another were not screened prior to hospital discharge. All 5,262 at-risk infants have been entered in a database and referred for follow-up, which includes dissemination of information to families and assigning a regional coordinator to each child.
- ❑ 47 children reported to UNHS with identified permanent childhood hearing loss.

**FY 04**

- ❑ 52,503 hearing screen report forms were submitted to UNHS. Of those babies screened 5,222 were at-risk for hearing loss. Of the infants at-risk for hearing loss, 2,111 were referred for additional testing.
- ❑ 44 children reported to UNHS with identified permanent childhood hearing loss.

**FY 03**

- ❑ 50,038 hearing screen report forms were submitted to UNHS, 49,580 (99.08%) were screened before hospital discharge. Of those babies screened, 3,913 (7.89%) were at-risk for hearing loss. Of the infants at-risk for hearing loss, 1,932 (49.37%) were referred for additional testing.
- ❑ 39 children reported to UNHS with identified permanent childhood hearing loss.



**FY 02**

- ❑ 45,017 children were screened or 98.83% of infants on whom a hearing screening report form was received. Of these screened, 4,949 were found to be at risk because of health or family history, failed or had no screen; of these 1,545 children failed the screen.
- ❑ Deaf and Hard of Hearing and other public and private entities statewide to provide outreach to families, health departments, physicians, schools and other community based organizations.
- ❑ 47 children reported to UNHS with identified permanent childhood hearing loss.

**FY 01**

- ❑ Kentucky Infants' Sound Start (KISS) fully implemented beginning January 2001 with 41,405 (85.38%) infants having been screened.
- ❑ A system is in place to refer families for follow-up testing within 3 months and intervention within 6 months.

**Immunization Program for Underinsured Children:** To achieve 100% immunization coverage by age three. **FACT:** Vaccines are among the most cost-effective tools in preventing and controlling infectious diseases. For every dollar spent on vaccines, it has been estimated that up to \$24 in additional health care costs are saved. It has been estimated that 17% of children ages birth to three years old are underinsured. The purchase of vaccines to cover this population of children who are non-Medicaid and non-KCHIP eligible will increase access to immunizations. Contact: Department for Public Health, Dr. Steve Davis – 502/564-3970 or Dr. Kraig Humbough 502/564-7243.

**Results**

- ❑ To date, over 20,000 immunization services have been provided to underinsured children through this program.

**Activities**

**FY 06**

- ❑ 1,506 immunization services provided to underinsured children.

**FY 05**

- ❑ 5,580 immunization services provided to underinsured children.

**FY 04**

- ❑ 6,132 immunization services provided to underinsured children.
- ❑ Letter sent to all participating physicians and clinics encouraging providers to redouble efforts to identify and serve underinsured children.

**FY 03**

- ❑ 6,173 children have received vaccinations.

**FY 02**

- ❑ Over 246,000 vaccine doses distributed to physicians since July 2000.
- ❑ Approximately, 17,000 underinsured children immunized since July 2000.

**FY 01**

- ❑ Training has been provided to all physician participants.
- ❑ Fully implemented August 2000.

**Eye Examinations For Children:** To require all children to submit evidence of an eye examination (not a screening) no later than Jan. 1 of the first year of public school entry for ages 3, 4, 5, and 6. Funds are available through the Commission for Children with Special Health Care Needs to assist children who are neither Medicaid nor KCHIP eligible and who do not have sufficient resources to pay for the cost of an eye examination. **FACT:** Screening alone often misses visual difficulties such as amblyopia that have the potential for reversal if diagnosed and treated before the age of five. Contact: Division of Early Childhood Development, Dr. Kim Townley – 502/564-8341, the Commission for Children with Special Health Care Needs, Eric Friedlander 502/595-4459 ext. 271, Jackie Ferguson – 800/232-1160.

### **Results**

- 13.9% of the children have needed corrective lenses.
- 3.40% diagnosed with amblyopia.
- 2.31% diagnosed with strabismus.

### **Activities**

#### **FY 06**

- 1 child has accessed funds this fiscal year.

#### **FY 05**

- 1 child accessed funds.

#### **FY 04**

- 19 children accessed funds.

#### **FY 03**

- 46 children accessed funds.

#### **FY 02**

- 80 children accessed funds.
- Vision services and corrective lenses provided for children 3-6 years old who were KCHIP and Medicaid eligible has increased by more than 50%.

#### **FY 01**

- 285 optometrists/ophthalmologists have contracted with the Commission for Children with Special Health Care Needs to conduct the eye exams.
- Commission for Children with Special Health Care Needs is working with health departments, the Family Resource Youth Service Centers, and Kentucky Optometric Association to identify families between 200-250% of poverty to receive help in paying for the eye exam. Optometrists/ophthalmologists are reimbursed at \$40/exam and the family is asked for a \$5 co-pay.
- 71 children accessed the funds in the first year.

**Oral Health Education and Prevention Program:** To prevent early childhood caries (ECC) through: (1) targeted early screening, (2) oral health education of caregivers, (3) application of a fluoride varnish to primary teeth (baby) if necessary, and (4) proper referral to a dentist if appropriate for care. **FACT:** ECC are highly preventable and at an affordable cost. From the 2001 Kentucky Children's Oral Health Survey, nearly one-third of a sample of 2-4 year olds were affected by ECC. Rehabilitation costs of severe ECC can be more than \$5,000 per child. Contact: Department for Public Health, Dr. Steve Davis – 502/564-3970 or Dr. Jim Cecil – 502/564-3246.

### **Results**

- 1,192 health department nurses and other providers trained in KIDS SMILE.
- Approximately 57,437 oral health screenings and fluoride varnish applications have been provided to Kentucky children through local health departments and the Commission for Children with Special Health Care Needs.

## **Activities**

### **FY 06**

- ❑ Over 17,000 visits have been provided (July through December 2005) to children for oral health screening and applications of fluoride varnish in local health departments, and other venues. This compares to approximately 11,000 services at this time in 2005, representing an increase exceeding 50%. Monthly visit averages have been increasing steadily since the inception of this program, with FY 06 visits exceeding 2,800 per month. Additionally, 92 new screener/appliers were trained (including nurses, medical assistants, dentists, hygienists and a physician).
- ❑ Several invited talks have also been given to child care professionals for the purpose of heightening awareness of dental disease and oral health in children ages 0-5.

### **FY 05**

- ❑ Approximately 27,000 visits were provided to children for oral health screening and applications of fluoride varnish in local health departments, and other venues. About 2,500 visits per month were provided to children birth through 5 years of age by nurses (RN's and LPN's).
- ❑ Data is currently being analyzed to assess repeat services as well as first-time services.

### **FY 04**

- ❑ Approximately 13,000 children have been provided oral health screening and applications of fluoride varnish in local health departments.
- ❑ Provided training at 23 sites to approximately 700 health department nurses and other providers.
- ❑ Provided over 30,620 pre-packaged fluoride varnish kits to local health departments.
- ❑ Developed a database for monthly tracking and reporting applications of fluoride varnish.

### **FY 03**

- ❑ Oral Health program developed and pilot tested, finalized December 2002.
- ❑ Provided training at five sites to health department nurses and other providers.
- ❑ Provided health promotions/prevention messages to caregivers.

## ***Supporting Families***

**HANDS Voluntary Home Visiting Program:** To provide a voluntary home visitation program for at risk first time parents in order to promote the healthy growth and development of the child. Contact: Department for Public Health, Dr. Steve Davis – 502/564-3970 or Brenda Chandler – 502/564-3756.

### **Results**

- ❑ HANDS families deliver more full-term babies, a lower number of low birth weight and very low birth weight babies resulting in healthier children.
- ❑ Current estimates show potential savings of \$4.7 million a year in delivery costs.
- ❑ NO incidents of substantiated physical, sexual or emotional abuse - based on 2004 HANDS study of participating teens.

## **Activities**

### **FY 06**

- ❑ 7,812 families receiving services.
- ❑ 2,833 assessments conducted.
- ❑ 25,579 professional home visits conducted.
- ❑ 39,111 paraprofessional home visits conducted.

### **FY 05**

- ❑ 11,255 families received services.
- ❑ 5,923 assessments conducted.
- ❑ 50,557 professional home visits conducted.
- ❑ 83,719 paraprofessional home visits conducted.

### **FY 04**

- ❑ 10,756 families received services.
- ❑ 259 families declined services.

- ❑ 857 families exited the program.
- ❑ 48,539 professional home visits conducted.
- ❑ 81,225 paraprofessional home visits conducted.

**FY 03**

- ❑ All 120 counties with HANDS programs.
- ❑ 8,789 families received services.
- ❑ 5,248 assessments conducted.
- ❑ 35,670 professional home visits conducted.
- ❑ 69,622 paraprofessional home visits conducted.

**FY 02**

- ❑ In 103 counties, with over 6,643 families received services July 1 through June 30, 2002.
- ❑ Over 69,200 home visits made.
- ❑ Participant profile for FY 02 show: Mother's age 53%, 16-20 yr.; 30%, 21-25 yr.; 17%, over 25 and Single/separated/divorced-67%; 84% Caucasian, 9% African American; 14% mothers employed full-time, 11% part-time; 53% fathers employed full-time, 12% part-time.

**FY 01**

- ❑ Local technical assistance personnel hired and trained and approximately 300 home visitors hired by local health departments were trained and working with families.
- ❑ Operational in 47 counties, with over 3,800 families enrolled.
- ❑ 30,000 home visits conducted.

**Early Childhood Mental Health Program:** To provide mental health consultation for early childhood programs, assessment and therapeutic services for young children and their families as appropriate. **FACT:** It is estimated that one of every 10 children and adolescent has a mental health challenge. Strategies to meet the need exist; personnel have been trained to deliver the services to young children and their families. Contact: Department for Public Health, Dr. Steve Davis 502/564-3970, Mary Beth Jackson 502/564-3527 or the Department of Mental Health and Mental Retardation Services, Beth Armstrong 502/564-4448.

**Results**

- ❑ Children and their families in early childhood programs are receiving services.
- ❑ Total children enrolled since inception 1,491
- ❑ A network of early childhood mental health specialists across the state is being built.

**Activities**

**FY 06**

- ❑ 349 children enrolled in Early Childhood Mental Health Program.
- ❑ 2,449 Direct Interventions.
- ❑ 42 trainings provided to 808 Early Care and Education Professionals.
- ❑ 2,166 consultations provided.
- ❑ 30 trainings provided to 128 Mental Health Professionals
- ❑ Of 349 children enrolled, 7 have been expelled (98% success rate)

**FY 05**

- ❑ 558 children served in Early Childhood Mental Health Program.
- ❑ 4,892 Direct Interventions.
- ❑ 126 trainings provided to 2,099 Early Care and Education Professionals.
- ❑ 3,249 consultations provided.
- ❑ 90 trainings provided to 1,030 Mental Health Professionals.

**FY 04**

- ❑ 2,214 children and families received services.
- ❑ 8 regional trainings were presented to specialist and other mental health professionals.
- ❑ ECMH specialist contacted most of the child care centers and other early childhood programs to introduce the program.

### **FY 03**

- ❑ 14 Early Childhood Mental Health Specialists hired by the Regional Community Mental Health Centers. Training in progress.
- ❑ The ECMH Specialists completed three local trainings and more in-depth training presented by Dr. Stanley Greenspan.
- ❑ All of the ECMH Specialists contacted most of the Child Care Centers and other Early Childhood programs in their communities to introduce this initiative.

### **FY 02**

- ❑ 13 intervention specialists in community mental health centers have been trained in FY 01.

**Children's Advocacy Centers:** To mitigate the physical and mental health impact of sexual abuse inflicted on a child by providing comprehensive, state-of-the-art medical examinations. This funding will fund staff in Children's Advocacy Centers to provide and coordinate medical examinations for sexually abused children, create a statewide telehealth program for these agencies and support state-of-the-art training for physicians. The funds will increase by 50% the number of exams done for children, will facilitate development of a statewide telehealth program and provide one statewide physician training annually. **FACT:** In FY 2000, over 3,600 children were served annually by Children's Advocacy Centers, and over 1000 medical exams were provided. Medical examinations are necessary to mitigate the physical and mental health impact of abuse of these children. Contact: Division of Child Abuse and Domestic Violence Services, Marla Montell – 502/564-9433.

### **Results**

- ❑ Created 4 Medical Unit Coordinators whose duties include, but are not limited to: billing, scheduling, physician assistance during the exam, physician recruitment, implementation of policy and procedure, safety within the medical unit, case management, follow-up and support for the multi-disciplinary team members. Because of the implementation of this position within the Centers, it is almost unanimous that quality and efficiency have improved.

### **Activities**

#### **FY 06**

- ❑ 797 children under the age of five were seen in the Children's Advocacy Centers.

#### **FY 05**

- ❑ 1,640 children under the age of five were seen in the Children's Advocacy Centers.

#### **FY 04**

- ❑ 1,593 children under the age of five were seen in the Children's Advocacy Centers.

#### **FY 03**

- ❑ 1,202 children under the age of five were seen in the Children's Advocacy Centers.
- ❑ Funds support Medical Unit Coordinators for 4 Children's Advocacy Centers. Those centers provided 253 specialized forensic medical examination to children alleged to have been sexually abused.
- ❑ On a quarterly basis approximately 400 children under the age of five are seen in the Children's Advocacy Centers.

### ***Enhancing Early Care and Education***

**Access to Child Care Subsidy:** To increase the reimbursement to child care centers and licensed family child care homes who provide care to low-income families by increasing the percentage of eligible children. **FACT:** By increasing the eligibility from 160% of the federal poverty level to 170% FPL, an estimated 12,000 *additional* children will be covered by eligibility guidelines thereby increasing access to care for low-income families. Contact: Division of Child Care, Dr. Betsy Farley – 502/564-2524.

## Results

- ❑ There are no children on a waiting list.
- ❑ 64,795 children receiving subsidy in FY 06.

### Activities

#### FY 06

- ❑ There are no children on a waiting list.
- ❑ 64,795 children receiving subsidy, unduplicated count.

#### FY 05

- ❑ There were no children on a waiting list.
- ❑ 79,540 children received subsidy, unduplicated count.

#### FY 04

- ❑ 5,649 children that were on the waiting list affecting 3,466 families have been served.

#### FY 03

- ❑ 82,573 children received subsidy, unduplicated count FY 03.
- ❑ May 1, 2003 intake/enrollment of families was stopped, except for TANF families, teen parents, and protection & permanency families.
- ❑ 56,000 children served per month, due to the lack of state and federal dollars steps are being taken to contain costs.

#### FY 02

- ❑ Early Childhood Development Authority recommended that \$3M be used to serve those who need child care assistance up to the 165% of poverty, and not limit funds to serving only those who are between 160-165% of poverty.

#### FY 01

- ❑ Moved to 165% of poverty October 2000.
- ❑ 54,716 children served by the Child Care Assistance Program from April – June 2001.

**STARS for KIDS NOW:** A voluntary quality rating system to raise the level of quality in early care and education settings by offering a system of incentives and rewards based on research identified characteristics associated with positive outcomes for children and families and by offering technical assistance to achieve quality indicators. **FACT:** Children cared for in high quality settings perform significantly better in math, language, and social skills at school entrance than did their peers in programs of poor quality, according to studies published. Contact: Division of Early Childhood Development, Mary Howard – 502/564-8341 or Division of Regulated Child Care, Rob Hester – 502/564-2800.

## Results

- ❑ Over 500 centers and 140 family child care homes have a STARS for KIDS NOW rating.
- ❑ Over 40,000 children are receiving higher quality early care and education each day.

### Activities

#### FY 06

- ❑ 639 Quality Incentive Awards were disbursed: Centers /Homes \$444,843.
- ❑ 174 Achievement Awards were disbursed: Centers/Homes \$114,150.

#### FY 05

- ❑ 353 Quality Incentive Awards were disbursed: Centers /Homes \$445,326.
- ❑ 218 Achievement Awards were disbursed: Centers /Homes \$42,100.

#### FY 04

- ❑ 1,246 Quality Incentive Awards were disbursed: Centers /Homes \$756,204.
- ❑ 578 Achievement Awards were disbursed: Centers /Homes \$316,400.



### **FY 03**

- ❑ Quality Incentive Awards were disbursed: Centers /Homes \$429,930.
- ❑ Achievement Awards were disbursed: Centers /Homes \$269,800.

### **FY 02**

- ❑ Statewide rollout of STARS for KIDS NOW for child care centers began July 2001
- ❑ 475 centers received a STAR rating. These centers served over 30,000 children.
- ❑ \$242,100 achievement awards paid and \$170,238 subsidy increases paid through July 2002 to STAR centers.
- ❑ Piloting of the STARS for KIDS NOW for family child care (Type II and certified homes) were conducted January–June 2002. 36 family child care homes received a STAR rating. These homes served a total of 198 children.
- ❑ A total of \$12,400 were paid in Quality Achievement and \$2,070 in Quality incentives to STAR homes during the pilot period.
- ❑ 18 Infant Toddler Specialists located in the Child Care Resource and Referrals provided technical assistance to centers and family child care homes.

### **FY 01**

- ❑ Piloting of the STARS for KIDS NOW was conducted in 17 counties across the state, January – June 2001. 88 child care centers volunteered to participate in the pilot, with 77 receiving a rating, 4,200 children receiving enhanced care in these centers.
- ❑ 50 centers received STAR Achievement Awards. 28 centers received Quality Incentive Awards.
- ❑ 18 Quality Coordinators, located in the Child Care Resource and Referral Agencies, provided technical assistance to Type I centers.

**Scholarship Fund for Childcare Providers:** To provide a scholarship fund administered through the Ky. Higher Education Assistance Authority and the Division of Child Care, available to those who work in early care and education programs or as assistants in preschool classrooms at least 20 hours weekly. The funds assist early care and education personnel in moving through a credentialing system that begins at entry level and proceeds through post-secondary education. **FACT:** The quality of early care programs and education is closely related to the education and training levels of the providers. Early care and education personnel are among the most poorly paid individuals in the workforce and therefore need assistance to increase their educational achievement and to permit movement up the career ladder in early childhood. Contact: Division of Early Childhood Development, Albert Fox – 502/564-8341, Division of Child Care, Lee Chance – 502/564-2524.

### **Results**

- ❑ 790 Commonwealth Child Care Credentials have been awarded/renewed.
- ❑ 1,737 CDA mini-grants have been awarded.
- ❑ 65% of the scholars are attending KCTCS.
- ❑ 35% of the scholars are attending Universities.
- ❑ 294 Director Credentials have been awarded.
- ❑ 796 Trainer Credentials have been awarded.

### **Activities**

#### **FY 06**

- ❑ Fall term 2005, 773 scholarships awarded.
- ❑ 473 Non -college scholarships awarded.

#### **FY 05**

- ❑ Fall term 2004, 930 scholarships awarded.
- ❑ Spring term 2005, 852 scholarships awarded.
- ❑ Summer term 2005, 404 scholarships awarded.
- ❑ 540 Non -college scholarships awarded.

#### **FY 04**

- ❑ Fall term 2003, 731 scholarships awarded.
- ❑ Spring term 2004, 872 scholarships awarded.
- ❑ Summer term 2004, 430 scholarships awarded.
- ❑ 885 Non-college scholarships awarded.

### **FY 03**

- ❑ Fall term 2002, 718 scholarships awarded.
- ❑ Spring term 2003, 768 scholarships awarded.
- ❑ Summer term 2003, 380 scholarships awarded.
- ❑ 584 Non-college scholarships awarded.

### **FY 02**

- ❑ Fall term 2001, 537 scholarships awarded.
- ❑ Spring term 2002, 691 scholarships awarded.
- ❑ Summer term 2002, 352 scholarships awarded.
- ❑ Two additional professional development counselors have been hired.
- ❑ Thirteen contracting agencies were approved to offer training for the Commonwealth Child Care Credential and the CDA. As a result, 34 Commonwealth Child Care Credentials were awarded.

### **FY 01**

- ❑ Beginning January 2001, 516 scholarships awarded representing 25 public and 5 private colleges and universities.
- ❑ Ten professional development counselors hired and trained in the Child Care Resource and Referral Agencies across the state.

**Training Into Practice Project:** To provide opportunities for early childhood trainers and higher education to have access to knowledge and training that will develop and enhance skills as a trainer of adults working with young children and families. Contact: TIPP Director, Carol Schroeder at 859-257-2078 or Division of Child Care, Dr. Betsy Farley at 502-564-2524.

### **Results**

- ❑ Six-week and Six-month follow-up surveys sent to 10% of the Fundamentals of Effective Training (FET) participants show that participants have changed how they conduct training in the following ways: spend more time considering the location and set-up of the room; use a greater variety of training methods in consideration of the different styles of learning; develop and use written needs assessments; use ROPES to help organize training; use more interactive training techniques; narrow the topic in order to cover in-depth; plan time for feedback and follow-up.

### **Activities**

- ❑ ***Fundamentals of Effective Training Seminar (FET)***
  - FY 06** – Twenty-four (24) participants completed the 3-day seminar held in Bowling Green in September and 26 attended the seminar in N KY in November.
  - FY 05** – A total of six (6) seminars were held, with 148 participants completing the three-day seminar.
  - FY 04** – 28 FET seminars have been conducted since May 2002, with 841 early childhood trainers completing the two-day seminar.
  - FY 03** – 417 early childhood trainers have completed this 2-day seminar.
- ❑ ***Trainers Institute***
  - FY 06** – The Early Childhood Trainers Institute will be held in central KY in May 2006.
  - FY 05** – The 2005 Trainer’s Institute was held in Lexington in May. Approximately 90 trainers attended the interactive sessions on topics related to effective training strategies.
  - FY 04** – The 2004 Training of Trainers Institute was held May 14 in Lexington, with pre-conference sessions on May 13. Both national and state speakers presented interactive sessions on topics related to effective training strategies. A total of 100 trainers attended.
  - FY 03** – The annual Institute for early childhood trainers was held May 9, 2003, with 70 participants.
- ❑ ***Beyond Fundamentals***
  - FY 06** – During the first two quarters, twelve (12) Beyond Fundamentals training sessions were conducted by the Master Trainers at regional locations, with more than 115 credentialed trainers participating. Training sessions were publicized through *Trainer Talk*, an electronic newsletter.

**FY 05** – Sixteen (16) trainings were conducted by the Master Trainers at regional locations across the state, with 203 early childhood trainers participating. Topics covered were Games & Icebreakers, Training Design, Group Discussion, Effective Demonstrations, Interactive Lectures, Adult Learners, and Transfer of Training. A quarterly newsletter, Trainer Talk, was designed to publicize the schedule of Beyond Fundamentals trainings being offered across the state. The newsletter was sent to all credentialed trainers via e-mail.

**FY 04** – Eight training-of-trainers modules have been developed that build on topics covered in *Fundamentals of Effective Training*. These modules on effective training methods will be delivered regionally to early childhood trainers during the next two years by six Master Trainers, who were selected based on their experience and expertise in training adult learners. Clock hours obtained through participation will be applied towards renewal of the Trainer's Credential.

□ **Dial-a- Discussion**

**FY 06** – Dial-A-Discussion sessions for trainers have been scheduled for January-February 2006.

**FY 05** – Eight (8) Dial-A-Discussion conference calls for trainers were held this year with a total of 86 participants. Four (4) Dial-A-Discussion conference calls for directors were held with a total of 12 participants.

**FY 04** – Monthly calls for trainers have been held for graduates of FET since January 2003. In September 2003, monthly calls for directors who have attended one of the Directors Seminars were added. During calls, participants have an opportunity to discuss strategies they have implemented since attending training and gain new ideas from other participants and from the facilitator. Then, following the call, participants are sent a summary of the ideas and strategies shared as well as an evaluation to be completed. Clock hours are awarded for participation and completion of activities. As of June 30, 2004, a total of 18 D-A-Ds for trainers have been held with 292 participants. During the year, 11 D-A-Ds for directors were held, with 30 participants.

**FY 03** – Eight Dial-A-Discussion calls were held on various topics with 53 different participants. These one-hour conference calls are designed as a follow-up for trainers who have participated in *Fundamentals of Effective Training* seminars.

□ **Trainer E-Exchange**

**FY 06** – Since the Discussion Board was not widely used by trainers, it was discontinued this year.

**FY 05** – Since the Discussion Board was not widely used by trainers, it was discontinued this year.

**FY 04** – Topics related to FET and Dial – A – Discussion were posted to provide additional opportunities for trainers to share ideas and ask questions.

**FY 03** – An electronic bulletin board has been established for communication of questions and solutions.

□ **Early Care Orientation On-Line (ECOOL) (Orientation for Early Care and Education Professionals.)**

**FY 06** – During the first quarter, 97 early care and education staff registered for the web-based training; 73 completed all coursework and received a certificate.

**FY 05** – During the year, 323 early care providers enrolled in the on-line course, with 257 of these completing all requirements and receiving a certificate of completion. Forty-two (42) withdrew before completion or did not access the course after enrolling. Twenty-four (24) others were still completing activities.

**FY 04** – The three required modules for orientation of new child care staff (Health, Safety, & Sanitation; Recognizing and Reporting Child Abuse; Recommended Practices in Early Care, and Education) have been available on the KYVU website since July 2003. Since then, 467 students actively worked on the course; of these, 314 completed all activities and received certificates. Participants were from more than 65 different counties in Kentucky.

**FY 03** – Input was solicited from a broad spectrum of stakeholders in January. A Memorandum of Understanding with Kentucky Virtual University was completed to put Early Care Orientation On-line (ECOOL) on their web site, beginning July 1, 2003.

□ **Early Childhood Professional Development Framework Training**

**FY 06** – Professional Development Framework overview sessions were held in September and November in conjunction with the FET seminars, with more than 40 participants.

**FY 05** - Sessions were held in conjunction with the FET seminars for those trainers who had not previously attended. Six (6) seminars were conducted with 59 trainers attending.

**FY 04** – These informational sessions on Kentucky’s early childhood professional development framework were held at several conferences and Super Saturdays during the summer and fall of 2003. Most sessions were jointly conducted by a representative from the Division of Early Childhood Development (DECD) and TIPP staff. An additional session was held at the FET seminar in June 2004. Since March 2003, a total of 21 sessions have been conducted with 423 participants attending and receiving a copy of the manual, *Early Childhood Professional Development: Creating a Framework for Kentucky*. Currently, the manual is on the KIDS NOW website.

**FY 03** – Eleven 2 1/2-hour sessions were provided across the state with 289 participants. Each participant received a copy of *Kentucky Early Childhood Professional Development Framework book*.

□ ***Linking Staff Training to the Workplace Series***

**FY 06** – A Directors Seminar I is scheduled for January in N KY. The training also is being adapted for online coursework to be available in the spring.

**FY 05** – Four (4) Directors Seminar I sessions were held during the year, with 35 participants. Two (2) Directors Seminar II sessions were held with 20 participants. To date, over 330 directors have participated in these seminars.

**FY 04** – During Fall 2003, Directors Seminars II were added to the series. Directors Seminar II focuses on strategies to promote transfer of knowledge and skills from training to the work environment. A total of 19 Directors Seminar I and two Directors Seminar II sessions have been held since Spring 2003, with 278 directors participating.

**FY 03** – Eight sessions of Directors Seminar I were provided across the state. This training addresses how child care directors can use early childhood core content for professional development administrative tasks, such as writing job descriptions, self-assessment of competencies and knowledge, completing professional development plans, and conducting staff reviews.

□ ***Training Credential Review and Recommendations***

**FY 06** – The Trainer’s Credential Review Panel met in October 2005 to review approximately 50 applications. The next review meetings are planned for January and March 2006.

**FY 05** – During the year, 177 applications were received by the Trainer’s Credential Coordinator for processing. The Panel met five (5) days and reviewed 207 applications. Of these, 187 were recommended for a Credential and 8 were given conditional recommendation; others are pending due to lack of documentation.

**FY 04** – The Trainer’s Credential Review Panel met monthly beginning in April 2003. Panel members review applications to ensure that qualifications are met for the level of Credential that is being sought and make recommendations to the Cabinet for Health and Family Services, who then award the Credentials. As of June 30, 2004, 693 applications have been reviewed by the Panel. Of these, 572 applicants have been recommended for a Credential; others are pending, requiring additional documentation for approval.

**FY 03** – The application form and process for obtaining a Trainer’s Credential was developed. Nominations for Review Panel members were solicited. Panel members were appointed, and the Panel reviewed 80 applications.

□ ***Screening and Classroom/Instructional Assessment Trainings***

**FY 06** – Three (3) Classroom/Instructional Assessment trainings were held during Fall 2005 in collaboration with local Community Early Childhood Councils, with 87 participants. An introductory Screening training was held in December, with 18 participants.

**FY 05** – During this fiscal year, the second manual in the series of three, *Building A Strong Foundation for School Success: Kentucky’s Early Childhood Continuous Assessment Guide*, was completed and was being disseminated across the state. In order to assist in using this *Guide*, two training sessions were offered: one focusing on screening and the other on classroom/instructional assessment. Five (5) screening trainings were held, with 153 participants. Five (5) classroom/ instructional trainings also were held, with 160 participants.

□ ***Infant-Toddler Institute***

**FY 06** – The two-day 2005 Institute was held August 25-26 in Lexington, with a pre-conference day on August 24. Attendees, who totaled over 430, were able to select from 36 break-out sessions. Eighty (80) participants attended the pre-conference sessions. The 2006 Institute is scheduled for August 10-11 at the Drawbridge Inn in NKY; a pre-conference day will be August 9 and a post-conference day is scheduled for August 12.

**FY 05** – The two-day 2004 Institute was held August 20-21 in Owensboro with over 530 Early Care and Education providers attending.

❑ **Orientation Overview**

**FY 05** - This training is for trainers who facilitate the six-hour orientation that is required for new child care staff within their first three months of employment at a licensed center/home or a certified family child care home. These modules were revised and have been in use since October 1, 2003. Four overview trainings were held during Summer 2003 to introduce the revised modules to trainers. Two additional trainings were held in January of this year, with 38 participants.

**Increased Licensing Personnel:** To hire additional licensing personnel dedicated specifically to child care who bring expertise to upgrade child care quality. **FACT:** 1999 caseloads averaged 100 facilities per worker (exceeding national standard of 50 facilities) and included facilities other than child care. High case numbers preclude anything but monitoring for compliance with minimal standards and leave no time for assessing quality. Few workers had backgrounds in early childhood. Contact: Division of Child Care, Dr. Betsy Farley – 502/564-2524 or the Department of Regulated Child Care, Rob Hester – 502/564-2800.

**Results**

- ❑ Approximately 40,000 children are served in higher quality settings as rated by STARS for KIDS NOW.
- ❑ Since July 1, 2001 74% of centers with more than one rating have moved to increase quality and a STAR rating.

**Activities**

**FY 06**

- ❑ 541 Star Rated Centers and 155 Star Rated Family Child Care Homes.

**FY 05**

- ❑ 549 Star Rated Centers and 140 Star Rated Family Child Care Homes.

**FY 04**

- ❑ 547 Star Rated Centers and 163 Star Rated Family Child Care Homes.

**FY 03**

- ❑ 525 Star Rated Centers and 121 Star Rated Family Child Care Homes.

**FY 02**

- ❑ Worked with Division of Early Childhood Development, Division of Child Care, and Kentucky Association of Child Care Resource and Referral Agencies to implement the STARS for KIDS NOW quality rating system.
- ❑ Three quality raters from each of the four licensing regions to do ratings for STARS for KIDS NOW.

**FY 01**

- ❑ New Department of Licensed Child Care established.
- ❑ New licensing surveyors hired and participated in on-going training. (4 Regional Program Managers, 10 STAR Team Raters, and 34 Child Care Surveyors)

**Healthy Start in Child Care:** To provide personnel to train and educate early care and education staff and parents in health, safety, nutrition, and the benefits of early intervention. Emphasis is also placed on the prevention of communicable diseases in-group settings and the social/emotional well being of children. **FACT:** There are approximately 2,040 licensed child care facilities in Kentucky, and 1,100 certified family child care homes that will benefit from assistance to upgrade health and safety conditions. Contact: Department for Public Health, Dr. Steve Davis – 502/564-3970 or Sue Bell – 502/564-3527.

**Results**

- ❑ 88 Trained Healthy Start consultants provide free technical assistance in areas of health, safety and nutrition.
- ❑ Early care and education settings are safer and provide more quality.



## Activities

### FY 06

- ❑ 3,340 phone consultations, 475 on-site consultations and 3 playground inspections provided.
- ❑ 1,600 classes on health, safety, and nutrition were presented to 25,340 childcare providers, parents and children in collaboration with the Child Care Resource and Referral Agencies.
- ❑ Collaboration with Early Childhood Mental Health specialists. DECA's were administered to 233 children, with 123 referred to mental health specialists.

### FY 05

- ❑ 12,957 phone consultations, 2,172 on-site consultations and 22 playground inspections provided.
- ❑ 3,032 classes on health, safety, and nutrition were presented to 49,612 childcare providers, parents and children in collaboration with the Child Care Resource and Referral Agencies.
- ❑ Collaboration with Early Childhood Mental Health specialists. DECA's were administered to 570 children, with 558 referred to mental health specialists.

### FY 04

- ❑ 76,901 Education Services (including consultation, playground consults, DECA administration, classes) provided to early childhood settings.

### FY 03

- ❑ 8,534 phone consultations, 3,131 on-site consultations and 210 playground inspections provided.
- ❑ 3,239 classes on health, safety, and nutrition were presented by 79,169 child care providers, parents and children in collaboration with the Child Care Resource and Referral Agencies.
- ❑ Collaboration with Early Childhood Mental Health specialists. 44 DECA's were administered with 21 children referred to mental health specialists.

### FY 02

- ❑ Healthy Start consultants provided 5,649 phone consults, 4,899 on site consultations, and 264 playground consultations.
- ❑ Provided 2,874 classes on health, safety, and nutrition to 60,897 child care providers, children, and parents.
- ❑ 85 trained Healthy Start consultants are available to provide services in all 120 counties.

### FY 01

- ❑ 88 trained Healthy Start Consultant are available to provide services in all 120 counties.
- ❑ 6,050 outreach activities (letters, brochures, newspaper) have been conducted.
- ❑ 2,122 consultations by phone or on-site have been completed.
- ❑ Consultants have been trained on early childhood social/emotional well-being and will implement the DECA (Devereaux Early Childhood Assessment) tool in October. The DECA is an observation assessment tool for children ages 2-5 that can be used by parents and teachers to help build resiliency in children.

**Community Early Childhood Council Funding:** To form community councils to improve the lives of children and families. Potential member agencies and individuals are identified in HB 706. Service area defined as no smaller than a county. **FACT:** Approximately 103,000 of Kentucky's young children are in child care. According to national standards, much of Kentucky's child care is judged to be of poor quality and yet providers often cannot afford the expense associated with increasing quality. Funding through councils offers seed money to make needed system improvements at the local level according to specified criteria through the use of non-recurring dollars. Contact: Division of Early Childhood Development, Hanan Osman – 502/564-8341.

## Results

- ❑ 95 Councils representing 120 counties exist.

## Activities

### FY 06

- ❑ 2007 RFA released in November 2005.
- ❑ 84 councils representing 112 have received funding for the FY 2006.
- ❑ Nine technical assistance planned for FY 07 RFA. 2 technical assistance were conducted in December 2005.



#### **FY 05**

- ❑ 77 councils representing 102 counties received funding in FY 05 to improve early care and education.
- ❑ 91 councils sent proposals representing 118 counties.
- ❑ Eight technical assistance meetings held across the state.
- ❑ RFP released November 2004.

#### **FY 04**

- ❑ 88 councils representing 103 counties received funding in FY 04 to improve early care and education.
- ❑ 82 Grant proposals were received representing 108 counties.
- ❑ Five technical assistance meetings held across the state.
- ❑ RFP released January 2004.

#### **FY 03**

- ❑ 80 Councils representing 97 counties were funded
- ❑ Programs monitored.
- ❑ Review team evaluated proposals.
- ❑ Summaries of CECC's work on website.

#### **FY 02**

- ❑ 103 Community Early Childhood Councils formed representing all 120 counties.
- ❑ 62 councils funded representing 90 counties

#### **FY 01**

- ❑ Request for Proposals were released March 2001, with 93 grant applications received by May 2001.
- ❑ Family Resource Youth Service Centers and Child Care Resource and Referral Agencies worked with existing entities in counties to convene Community Early Childhood Councils.

**First Steps: Kentucky's Early Intervention System:** To serve children from birth to age 3 who have a developmental delay or a particular medical condition that is known to cause a developmental delay. **FACT:** The First Steps program is increasing approximately 20% annually. Last year over 9,800 children were served at an average cost of \$4,000 per child. Contact: Department for Public Health, Meredith Brown – 502/564-3756.

### *Establishing the Support Structure*

**Early Childhood Development Authority:** To receive and disburse funds and to coordinate the development of programs supported by the funds. The Early Childhood Development Authority merges four existing Councils for efficient coordination of issues related to early childhood. Contact: Division of Early Childhood Development, Dr. Kim Townley – 502/564-8341.

- ❑ Appointed by Governor and meeting on a regular basis to conduct business.

**Business Council:** To involve the corporate community and local governments in supporting issues of importance to working families in Kentucky. The Business Council is comprised of business and community leaders who have demonstrated an interest in early childhood and families in the workplace. Contact: Division of Early Childhood Development, Dr. Kim Townley – 502/564-8341.

- ❑ Appointed by Governor and is meeting at quarterly.

**Professional Development Council:** To work with existing entities to create a seamless system of education and training for early childhood providers, beginning with an entry level credential and proceeding through a Master's degree. Contact: Division of Early Childhood Development, Nancy Newberry – 502-564-8341.

- ❑ As per HB 706 the Professional Development Council sunsets June 2004.
- ❑ Appointed by Governor and met quarterly.
- ❑ Approval granted for new early childhood credentials, trainers' credential, and early childhood core content levels and levels of training, currently being implemented.

**Evaluation of Initiative:** To ensure effective use of funds in achieving targeted outcomes across settings statewide. Contact: Division of Early Childhood Development, Dr. Kim Townley – 502/564-8341.

- ❑ Contract with UK/UL completed and the research team currently working.

## ***Program Improvements***

**Training:** Requires the Cabinet for Health and Family Services to set training requirements for all providers of child care who receive a state child care subsidy. Contact: Division of Child Care, Dr. Betsy Farley, 502/564-2524.

- ❑ Relatives providing care must meet same requirements as registered home providers beginning April 2001.
- ❑ Regulation filed to require training for registered providers in July 2001.
- ❑ Contract with vendor for expanding services to registered child care providers.
- ❑ Healthy Start in Child Care providing assistance to licensed, certified, and enrolled providers relating to safety and nutrition.

**Child Safety in Childcare:** Allows the Cabinet for Health and Family Services (through Cabinet for Health Services Office of Inspector General) to assess penalties to facilities when an inspector finds a situation that poses an immediate threat to the health, safety, or welfare of children. In addition to a hearing, an informal dispute resolution process is established prior to an action that could result in the closure of a child care facility. Contact: Division of Child Care, Dr. Betsy Farley-502/564-2524, Division of Regulated Child Care, Rob Hester – 502/564-7962.

- ❑ Cabinet for Health Services implemented the civil penalties and informal dispute resolution for licensed child care facilities.
- ❑ Civil Penalties collected annually are placed in Early Childhood Development Scholarship Fund for professional development of child care employees.