

StateTA Resources

How Phase 3 Early Learning Challenge States are Leveraging ELC Funds and Other Funds to Support Inclusion

This resource was prepared in response to a request for information about how the six Phase 3 ELC States (**Georgia, Kentucky, Michigan, New Jersey, Pennsylvania, and Vermont**) are leveraging ELC funds and other State funds to support inclusion. This information will be helpful to other States as they consider how to continue to increase the quality of early learning for children with special needs.

To address this request, ELC TA contacted the ELC grant coordinators for the six Phase 3 States in June 2017, and asked them to address the five questions below. Note there may be other inclusion activities that were not reported by States and not all activities reported were funded exclusively with ELC funds. The tables in the Appendix A include State responses, and Appendix B includes contact information.

1. Does your Quality Rating and Improvement System (QRIS) specifically address the inclusion of children with disabilities?

- **Georgia, Kentucky, and Michigan** discussed professional development.
 - In **Georgia** and **Michigan**, providers who are in the QRIS are given points for participating in inclusion training.
 - In **Kentucky**, the QRIS gives points to providers for utilizing screening, curriculum, and assessment tools. It also provides professional development on the use of the assessment instruments. Kentucky provides technical assistance through trainings and coaching opportunities to support providers to develop and sustain inclusive practices in the classroom.
 - In **Michigan**, Resource Centers offer professional development opportunities on a variety of topics, including inclusion, developing a written plan for serving children with special needs, and using developmental screening tools.
- **Georgia, Kentucky, New Jersey, Pennsylvania, and Vermont** noted inclusion is incorporated in QRIS standards and in the rating process.
 - Programs in **Georgia** use portfolios to demonstrate how they deliver differentiated instruction for diverse learners.
 - **Georgia** noted that the issue of diversity is addressed throughout the items in the environment rating scales.

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- In **Kentucky**, providers receive points in the QRIS at levels 3, 4, and 5 for supporting the IFSP/IEP goals of children. In **Vermont**, programs get credit for participating in treatment team meetings and for having children with IEP's [Individualized Education Program] in their program.
- In **Michigan**, participants can earn points for having a written plan for serving children with special needs and for completing annual developmental screenings on each child in care.
- In **Michigan**, a guidance document has been created to provide support to validation staff in reviewing evidence, and quality improvement staff in providing technical assistance and coaching to providers on the written special needs plan.
- In **New Jersey**, inclusion classrooms are part of the self-assessment process for enrolled sites that include children with special needs.
- In **Pennsylvania**, programs at the block level (STAR 2) must show evidence they have policies that align with the Office of Child Development and Early Learning (OCDEL)'s Inclusion Guidelines.

2. Did your State implement any new programs or projects with the ELC grant that were focused on improving or increasing the inclusion of children with disabilities into other early childhood programs?

- **Georgia** developed the Quality Rated Inclusion Endorsement, and providers pursuing the endorsement receive training and technical assistance from Inclusion Specialists.
- **Pennsylvania** used the ELC grant to revision their QRIS. New standards reflect improving the inclusion of children with disabilities as well as reducing suspension and expulsion.
- **Vermont** developed *The 13 Guiding Principles of Full Participation of Each and Every Child across All Settings*.
- **Vermont** implemented an Early Multi-Tiered Systems of Support in the professional development system and provides monthly training to increase teacher knowledge and skills in the use of evidence based practice to support the social and emotional competence and confidence for children in programs.

3. Is your State able to track how children with disabilities are doing in your State?

- Several States noted that reports on the Child Outcomes are required under IDEA Part C and Part B.
- Data are collected on the number of children with Individualized Education Plans (IEPs) in different types of programs.

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- **Georgia and Kentucky** collect data in State-funded PreK programs.
- **Georgia and Kentucky** collect data in Head Start and Early Head Start programs according to Federal guidelines.
- **Kentucky** reported collecting data from child care programs that are rated in the QRIS and/or programs receiving a State subsidy through the child care assistance program.
- In **Pennsylvania**, this is tracked within Early Intervention Technical Assistance.
- In **Vermont**, children in IDEA Part C and Part B programs will be included in the State's Statewide Longitudinal Data System (SLDS).
- **Georgia and Michigan** noted that they cannot currently track numbers of children with IEPs or IFSPs in general licensed child care programs.

4. Have you seen a new level of collaboration among agencies serving young children and those serving children with disabilities as a result of the ECL grant?

- **Georgia** reported that the Head Start Collaboration Director, IDEA Parts C and B coordinators, Georgia's Pre-K director, and DECAL's Inclusion manager meet quarterly to discuss issues and plan for increasing access to high-quality early childhood opportunities for children with disabilities.
- **Kentucky** reported that through the ELC grant, data collection efforts through the Kentucky Center for Education & Workforce Statistics longitudinal data system have increased for Head Start, IDEA Part C and B programs, and the HANDS home visiting program (MIECHV).
- **Pennsylvania's** OCDEL's Bureaus of Early Learning Services and Early Intervention have come together to support ELC grant activities and to be an Inclusion Cohort State funded by ECTA and DASYS technical assistance centers.
- **Vermont** is participating in the *Help Me Grow* initiative, a national systems-building strategy to improve collaboration between health professionals, early care and education professionals, human service providers and families.

5. Is there anything else you would like to share with us?

- **Kentucky** developed two online training modules for the Kentucky Early Childhood Standards, which include inclusion.
- **Pennsylvania** drafted OCDEL inclusion, suspension, and expulsion guidelines, which were released in July, 2017
- **Pennsylvania** will be launching an online collaboration course regarding inclusion, suspension, and expulsion for early care and education providers.

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- **Vermont** used ELC funding to hire an Inclusion Coordinator.
- The **Vermont** Child Health Improvement Program (VCHIP) expanded developmental screening training from the health sector to early care and education (ECE) professionals across the State.
- **Vermont** Early Childhood Early Childhood Services (ECSES) team has also developed the Early Childhood Outcomes.

Resources

ELC TA. *2016 RTT-ELC Annual Performance Reports*. 2017. Individual State reports can be found at <https://elc.grads360.org/#program/annual-performance-reports>

ELC TA. Including Children with Disabilities. [Website]. <https://elc.grads360.org/#communities/inclusion/inclusion>

Appendix A: State Responses to Questions

Table 1 Quality Rating and Improvement Systems (QRIS) and Inclusion

Table 1: Quality Rating and Improvement Systems (QRIS) and Inclusion <i>Does your QRIS specifically address the inclusion of children with disabilities? Have your efforts been successful? Is there anything you would like to share about your strategies in your state?</i> Note: Activities listed below may have been funded by sources other than ELC funds .	
State	Response
Georgia	In Standard 4 of Georgia’s Quality Rated [Georgia’s Quality Rating and Improvement System] portfolio, providers are asked to demonstrate how they deliver differentiated instruction for diverse learners. In Standard 1, providers are given points for participating in inclusion training. The issue of diversity is addressed throughout the items in the environment rating scales. Three of the four scales have an item that addresses modifications, family engagement, and information sharing a program engages in if they have any children enrolled in the observed class that have an identified disability. In ECERS-3, indicators addressing the inclusion of children with disabilities are incorporated into many different items relating to how a program individualizes for all children including those with identified disabilities.
Kentucky	Kentucky’s revised TQRIS addresses the inclusion of children with disabilities through awarding points for levels 3, 4, and 5. Each domain of the revised TQRIS addresses inclusion within the standards. The Kentucky TQRIS gives points to providers for utilizing screening, curriculum, and assessment tools and provides professional development around using those instruments. Kentucky provides technical assistance through trainings and coaching opportunities to support providers to develop and sustain inclusive practices in the classroom. The success of this strategy will be reviewed during the validation study of the TQRIS.
Michigan	<p>Great Start to Quality includes one indicator in the <i>Staff Qualifications and Professional Development</i> category and two indicators in the <i>Curriculum and Instruction</i> category in support of inclusion and identifying developmental delays, for child care and preschool centers and child care homes.</p> <ul style="list-style-type: none"> • Staff Qualifications and Professional Development category: <i>Professional Development sub-category</i> <ul style="list-style-type: none"> ○ Annual professional development training attended by all staff includes at least 3 hours (2 hours for child care homes) focused on cultural competence OR inclusive practices, related to serving children with special needs or disabilities, as well as teaching diverse children and supporting diverse children and their families. Participants can earn a point for participating in annual professional development focused on

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	<p>inclusive practices, related to serving children with special needs or disabilities.</p> <ul style="list-style-type: none"> ○ Resource Centers offer professional development opportunities on a variety of topics, including inclusion, developing a written plan for serving children with special needs, and using developmental screening tools. ● Curriculum and Instruction category <ul style="list-style-type: none"> ○ Curriculum and Instruction sub-category: <i>A written plan for serving children with special needs.</i> ○ Screening and Assessment sub-category: <i>Complete annual developmental screening on each child.</i> <p>Participants can earn points for have a written plan for serving children with special needs and for completing annual developmental screenings on each child in care. Providers have struggled to understand how to develop a quality written plan. To support this indicator, as well as other indicators related to having a written plan, a guidance document was created to explain the components that should be included in a high quality written plan. Training on this information was offered to quality improvement staff in support of their work with providers. In addition, the intention of each indicator is captured in provider guidance documents available on www.greatstarttoquality.org.</p>
New Jersey	<p>Inclusion classrooms are part of the Grow NJ Kids (GNJK) [New Jersey’s Quality Rating and Improvement System] self-assessment process for enrolled sites that have children with special needs included. The NJ Center for Quality Rating will look at PSD classrooms when going out to conduct classroom observations; however, those classrooms are not included within the final rating. Feedback on those classroom settings are provided.</p> <p>Specific items that address inclusion in our self-assessment are:</p> <p><i>Safe, Healthy Learning Environment:</i></p> <p><i>1..4 Play areas are inspected annually to assure that play equipment is safe and accommodates abilities, needs and interest of each age group served. Outdoor Play Inspection Report Completed Outdoor Play Inspection Form</i></p>

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	<p>Curriculum and Learning Environment:</p> <p><i>2.3.4 Appropriate teaching and learning modifications and/or accommodations are made based on findings from performance- based assessments, and information gathered from observations to address children’s specific needs and strengths. Lesson/Activity Plans and Materials for different abilities and interests Screening Results Child Development & Education Key Indicator #1 School Readiness #3 Individualizing ACF-PI-HS-11-04 School Readiness</i></p> <p>Workforce/Professional Development:</p> <p><i>4.4.1 All teaching staff has professional development or college level course work that prepares them to work with young children who have special needs. These should include strategies for supporting inclusion. Formal professional development as indicated by Registry and Program Professional Development Plan NJ Registry verification Child Development & Education</i></p> <p><i>4.4.4 Professional development is offered to program staff that includes: special needs, supporting teacher-child interactions, supporting English Language Learners (ELL), cultural competence, transition, and the Strengthening Families’ Protective Factors. 60 hours of professional development in the topics listed obtained in 3 years NJ Registry verification 1304.21(a)(1)(i) Child Development & Education Key Indicator #4 Quality Teaching and Learning.</i></p>
Pennsylvania	<p>The revised Keystone STARS program includes specific indicators regarding the inclusion of children with disabilities. The newly revised QRIS will be a hybrid system of blocks and points. At the block level (STAR 2) the program must show evidence their program has policies in place that align with OCDEL's Inclusion Guidelines. The program must also show evidence it has a policy regarding reducing suspension and expulsion of children with challenging behaviors and/or disabilities. The program's policy must also align with OCDEL's Reducing Suspension and Expulsion Guidelines. The revised Keystone STARS program will launch July 2017.</p> <p>The revised Keystone STARS Core Principles also address inclusion, diversity, equity and respect as the base of the Core Principles statement. For the full Core Principles statement, visit: http://www.pakeys.org/pages/get.aspx?page=Refining_STARS</p>
Vermont	<p>Programs get credit in the scoring system of the QRIS for participating in treatment team meetings and having children with IEP’s [Individualized Education Program] in their program, but only as one possible step toward getting a point.</p>

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	It is our intent, through the ELC grant STARS [Vermont’s Quality Rating and Improvement System] evaluation project being conducted by Child Trends, to look at the inclusion of children with disabilities and how we might address this area in any future revisions of the QRIS.

Table 2 ELC-Grant-Funded Inclusion Programs or Projects

Table 2: ELC Grant-Funded Inclusion Programs or Projects	
<i>Did your State implement any new programs or projects with the ELC grant that were focused on improving or increasing the inclusion of children with disabilities into other early childhood programs? Have they been successful? Is there anything in particular you would like to share about these initiatives?</i>	
State	Response
Georgia	In 2015, Quality Rated partnered with the Instructional Supports division of our agency to develop the Quality Rated Inclusion Endorsement. Providers with a 2 or 3 star Quality Rated star rating are eligible to apply for the endorsement. If selected, programs are given an Inclusive Classroom Profile baseline assessment. Following the baseline, providers receive training and technical assistance from DECAL’s Inclusion Specialists. After six months, another Inclusive Classroom Profile is given. If the program scores a 5 or more on the profile, a Quality Rated Inclusion Endorsement is awarded. The Inclusion Endorsement logo is added to their Quality Rated certificate, and the endorsement is displayed on our website along with star ratings. Families are able to search for programs with the endorsement when they search for child care on the DECAL website, and bonus packages, provided through philanthropic and foundation funds, are awarded to programs who achieve the endorsement.
Kentucky	[no response]
Michigan	[no response]
New Jersey	No, other than Grow NJ Kids.
Pennsylvania	The revisioning of our state’s QRIS system, Keystone STARS, is a project of the RTT-ELC grant. Through the revisioning process, with over 3,000 stakeholder voices heard, we developed the new standards to reflect improving the inclusion of children with disabilities as well as reducing suspension and expulsion of these children. The Keystone STARS Core Principles and newly released standards reflect these changes. The new standards will launch in July and can be found here: http://www.pakeys.org/pages/get.aspx?page=Refining_STARS .
Vermont	We have developed <i>The 13 Guiding Principles of Full Participation of Each and Every Child across All Settings (Guiding Principles)</i> . This has been prepared for dissemination to local, regional, and state partners. The <i>Guiding Principles</i> are a set of explicit and intentional values and practices that can be used to support the successful, inclusive learning and development of children, birth through grade 3. This includes children with diverse cultures, languages, abilities, races, ethnicities, faiths, geographic settings, resources, and circumstances, and their families.

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Did your State implement any new programs or projects with the ELC grant that were focused on improving or increasing the inclusion of children with disabilities into other early childhood programs? Have they been successful? Is there anything in particular you would like to share about these initiatives?

We have also implemented an Early Multi-Tiered Systems of Support in the professional development system in order to build capacity in evidence-based practices in early childhood programs across the state. Monthly training is provided to increase teacher knowledge and skills in the use of evidence based practice to support the social and emotional competence and confidence for children in programs.

Table 3: Tracking Children with Disabilities

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<i>Is your State able to track how children with disabilities are doing in your State? (Such as Number of children with disabilities in high-quality programs; Number of children who received services prior to being identified; Types of services children with disabilities received prior to being identified; Number of early childhood programs that offer early childhood inclusive service)</i>	
State and Contact	Response
Georgia Pam Stevens	We can track the number of children with IEPs in Georgia’s Pre-K and the number of children with IFSPs and IEPs in Head Start and Early Head Start. However, we have no way to track numbers of children with IEPs or IFSPs in general licensed child care programs. We expect that all licensed early learning programs would include children with disabilities if reasonable accommodations can be made, so we do not ask programs to identify whether they provide early childhood inclusive services.
Kentucky	Kentucky is able to track information about children with disabilities including number of children in programs that are rated in the TQRIS and/or programs receiving a State subsidy through the child care assistance program, number of children who received services, and number of programs that offer early childhood inclusive services. Kentucky is working to strengthen these data collection efforts through the RTT-ELC grant. Head Start is able to track children with disabilities. Kentucky collects data in Head Start and Early Head Start programs according to Federal guidelines. The Kentucky Department of Education is able to track those children with disabilities in State Funded Preschool. The Division of Child Care is able to track the number of children with disabilities in programs that are rated in the TQRIS.
Michigan	Our assignment of a UIC [Unique Identification Code] occurs at the point in which a child first enters into a state/publicly funded program. We are working on being able to share between systems, and would have information about a child who had accessed childcare subsidy. The tracking of a child's primary disability classification begins at the point in which that child receives an IFSP or an IEP, therefore impossible to receive services prior to being classified as having a disability. Whether or not a program in Great Start to Quality has the capacity to be inclusive is captured only in the profile completed by the individual provider. We don’t believe that platform allows us to pull a statewide report to determine who those providers

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	<p>are. Identified or not, our GSQ nor licensing collect even ages actually enrolled, let alone disability status.</p> <p>As with every state, Michigan reports on the Child Outcomes required under Part C (Early On) and Part B ECSE) This measure is collected in MSDS, using a federally-promoted tool to determine progress (COS).</p>
New Jersey	These data are not collected universally across all programs.
Pennsylvania	Yes, this is tracked within Early Intervention Technical Assistance.
Vermont	<p>In Vermont, children in Part C and Part B programs will be included in the state’s Statewide Longitudinal Data System (SLDS) as part of Project 22 of the Early Learning Challenge grant.</p> <p>Vermont has also developed a PreK Monitoring System that will support the tracking of all PreK children in public and private PreK programs.</p>

Table 4: Collaboration

Table 4: Collaboration <i>If your State has focused on improving services in inclusive settings in your State through the ELC grant, have you seen a new level of collaboration among agencies serving young children and those serving children with disabilities? Do you feel like inclusion has improved? Do have any data that supports that impression?</i>	
State	Response
Georgia Pam Stevens	<p>The ELC grant has given us more opportunities to connect with other child serving agencies on many issues including access for children with disabilities. The Head Start Collaboration Director, Parts C and B coordinators, Georgia’s Pre-K director and DECAL’s Inclusion manager have begun to meet quarterly to discuss issues and plan for increasing access to high quality early childhood opportunities for children with disabilities.</p> <p>We feel that building awareness around inclusion and providing targeted technical assistance improve inclusive practices throughout our state. At this point, we do not have strong data to support that.</p>
Kentucky	<p>Through the RTT-ELC grant, data collection efforts through the Kentucky Center for Education & Workforce Statistics longitudinal data system have increased for Head Start, Part C and B programs, and the HANDS home visiting program (MIECHV).</p>
Michigan	<p>[no response]</p>
New Jersey	<p>I don’t believe that RTT-ELC has made an impact here. However, the state-funded preschool program has.</p>
Pennsylvania	<p>OCDEL’s Bureaus of Early Learning Services and Early Intervention have come together on not only supporting RTT-ELC grant activities but also, our office was selected to be an Inclusion Cohort state, funded by ECTA and DASY centers. This has ignited our aspirations to develop the OCDEL Inclusion Guidelines and Reducing Suspension and Expulsion Guidelines for all of OCDEL funded programs to utilize. We are hopeful that the new Keystone STARS standards will help our programs better serve children with challenging behaviors and/or disabilities.</p>
Vermont	<p>Vermont is participating in the <i>Help Me Grow</i> initiative, a national systems-building strategy to improve collaboration between health professionals, early care and education professionals, human service providers and families. Help Me Grow Vermont (HMG VT) improves access to existing resources and services for young children and families and promotes parent-engaged developmental monitoring and screening for all Vermont children. <i>HMG VT</i> has four system components: a Centralized Access Point, Family & Community Outreach, Child Health Provider Outreach and Training, and Data Collection and Analysis. Data collection and analysis occurs across all four system components, is reported quarterly, and</p>

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	<p>includes <i>HMG</i> contact center data on services that families are referred to and access. Reports also include data on gaps and barriers to services. This is new information available at both the regional and statewide level as well as new collaboration across multiple service providers and agencies.</p> <p>The <i>Help Me Grow</i> Vermont team customized the Vermont 2-1-1 call center tracking system to address specific data needs. As part of this effort, the <i>Help Me Grow</i> team together with their Vermont 2-1-1 partners, continue to hold one-on-one meetings with various stakeholder groups, including children’s mental health providers, family support/child welfare providers, economic services providers, health care professionals, and several trauma/ACES workgroups, to answer questions and gather input for recommendations for specific early childhood resources and referral information to be included in the <i>HMG</i> 2-1-1 <i>Help Me Grow</i> contact center. Staff partner closely with the Vermont Family Network (our Family Voices agency) for outreach to linguistically and culturally diverse populations to connect them to the <i>HMG</i> contact center (which offers translation services).</p> <p>Under <i>HMG</i> Family and Community Outreach, staff provide quality improvement training with on-site coaching to child care providers in implementing developmental monitoring and routine screening. Training addresses culturally and linguistically responsive and family-centered practices. This training has supported higher quality child care programs statewide: since training started in 2014 we have seen increased participation in our QRIS scoring system among those child care programs that provide specialized child care (SCC) services for children most at risk, including children with special health needs, up from 54% to 68% (since December 2013). To date we have trained 430 providers in 9 of 12 regions across the state with 1185 completed screens, reaching 4,094 families. Long term outcomes include strengthened partnerships and improved communication between child care providers and medical homes and increased frequency and quality of developmental support and guidance families are receiving from the child’s child care provider. Additionally, since 2013 there has been a 20% increase in referrals to Part C Early Intervention services (in Chittenden County where this training started). And statewide, our average age of referral to Early Intervention services has decreased: 26 month average age at intake in 2013 down to 18 months in 2017. Families are now receiving Early Intervention services for a longer period of time: 5 months increase in average length of time in program.</p>
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Table 5: Additional Information

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Is there anything else you would like to share with us?	
State	Response
Georgia Pam Stevens	[no response]
Kentucky	<p>State funded preschool must serve all 3- and 4-year-olds with a disability in the least restrictive environment possible.</p> <p>Kentucky developed two online training modules for the Kentucky Early Childhood Standards, which includes inclusion. Kentucky Early Childhood Standards 101 and 102 teach early childhood professionals the basics of the standards, which discuss the importance of inclusion in the early childhood environment.</p>
Michigan	[no response]
New Jersey	[no response]
Pennsylvania	The drafted OCDEL inclusion, suspension and expulsion guideline announcements will be released in July 2017 to the field. We will also be launching an online collaboration course regarding inclusion, suspension and expulsion for early care and education providers.
Vermont	<p>RTT-ELC has given us the ability and needed resources to enrich the work we were already doing. For example, we were able to hire an Inclusion Coordinator that helped us strengthen our intent and focus because we had a dedicated person to make sure we were attending to the work we needed to do.</p> <p>In partnership with Vermont Birth to Five, a project of the Permanent Fund for Vermont's Children, the Vermont Child Health Improvement Program (VCHIP) expanded developmental screening training from the health sector to early care and education (ECE) professionals across the state. In 2016, over 450 ECE professionals were trained in developmental screening and conducted over 1600 screens on children in their care.</p> <p>Vermont Early Childhood Early Childhood Services (ECSES) team has also developed the Early Childhood Outcomes.</p> <p>ECSES defines the three early childhood outcomes as functional outcomes.</p> <ul style="list-style-type: none"> • Outcome A: Positive Social and Emotional Skills and Relationships • Outcome B: Acquisition and use of Knowledge and Skills • Outcome C: Taking appropriate actions to meet needs <p>Functional outcomes describe children's mastery and appropriate application of behaviors, knowledge, and skills in an intentional and meaningful way across daily</p>

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Is there anything else you would like to share with us?	
	<p>routines, activities and settings. The overarching goal for each and every child is to be an active and successful participant in his/her own learning and development.</p> <p>Practices and Procedures aims to assist professionals in identifying and developing an understanding of the early childhood outcomes process and measurement system. The purpose of the ECSES' early childhood outcomes measurement is to collect and analyze high-quality child outcomes data to meet federal reporting requirements as well as to inform state and local program improvement efforts, including:</p> <ul style="list-style-type: none">• Improving policies, procedures, and practices;• Informing focused monitoring and quality assurance;• Informing professional learning opportunities;• Informing research and funding; and• Gathering philanthropic and political support for early childhood special education services.

Appendix B: Informants

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