

Kansas Early Childhood Comprehensive Systems Plan

Executive Summary

September 2005

The vision of the **Kansas Early Childhood Comprehensive Systems** plan is to make Kansas the best place to raise a child. The plan is organized into five goals to provide children birth through five with the resources they need to succeed in school and life.

- Goal 1:** Ensure that all Kansas children have health insurance and access to medical providers.
- Goal 2:** Fully integrate mental health and social-emotional development into the early childhood system in Kansas.
- Goal 3:** Develop a comprehensive and coordinated early childhood care and education system in Kansas Birth-5.
- Goal 4:** Educate and mentor parents about childhood health, development, and education.
- Goal 5:** Promote a system that helps families develop and utilize both intellectual and material resources to prepare their children for school and life.

Background

The Kansas Early Childhood Comprehensive Systems plan is the nexus of the Maternal and Child Health Department (Kansas Department of Health and Environment), the Kansas Children's Cabinet and Trust Fund, the Kansas Department of Social and Rehabilitative Services, the Kansas State Department of Education, Kansas Action for Children, the Kansas Health Foundation, the Governor's Office, and other critical stakeholder efforts to develop a comprehensive system that promotes school readiness. The Kansas Early Childhood Comprehensive Systems plan is the culmination of a two year planning process that merges the Kansas vision of being the best place to raise a child with the reality of the early childhood system in Kansas.

Strategic planners used an environmental scan and preliminary school readiness data on community, school, and family influences in relation to children's readiness for school (child level indicators) to identify gaps in early childhood. In addition to the scan, The Kansas State Department of Education collected data on all of the school readiness indicators and released preliminary findings, including the results of the Kansas School Readiness Assessment pilot. In fall of 2004, 4,949 surveys were sent to 976 Kindergarten classrooms across the state. The response rate was 40% or 1,997 surveys returned. General findings indicate that females were rated as more ready for school than males, English Language Learner students were rated as less ready than native speakers except in the area of physical readiness, and low income students and students with an Individualized Education Plan (IEP) were rated as less ready than students of higher socio-economic status or students without IEPs. Baseline data on all school readiness indicators (family, community, and school) were also presented. These data sources can be found in the *Kansas Early Childhood Data Resources Book*.

The Kansas Early Childhood Comprehensive Systems Plan and School Readiness

School readiness provides the framework for the Kansas Early Childhood Comprehensive Systems plan work and builds on what we know about preparing children to succeed in school and life. An inherent component of school readiness is a child's physical health. Mothers and children must have adequate and consistent health

care. Early childhood programs must include quality practices and an environment that supports the child in all developmental areas. Continuous monitoring and evaluation of programs is necessary to ensure that early learners are developing the skills they need. Young children must be nurtured and taught by well-trained consistent teachers and childcare providers to build the emotional ties necessary for healthy social and emotional development. These elements are essential to preparing children for school.

While many programs are already in place including Head Start, Early Head Start, Smart Start, Parents as Teachers, 4-Year Old At-Risk classrooms, and all day Kindergarten in some areas, the Kansas Early Childhood Comprehensive Systems plan addresses gaps in the early childhood system. The goals, strategies, and activities of the Kansas Early Childhood Comprehensive Systems plan are based on best practices that have been shown to improve community, school, and family influences on a child's school readiness. The plan provides a road map for early childhood over the next three years and focuses the first year on Pre-K, a quality rating system for childcare, health care access for all children, the integration of early childhood mental health and social-emotional development into the early childhood system, an integrated public awareness campaign, parent education on school readiness, and a comprehensive child abuse neglect and prevention plan.

Identified Gaps

The analysis of school readiness data, the environmental scan, and the service matrix, coupled with the input of those actually delivering services, identify several gaps in areas that influence the school readiness developmental domains of children: physical health, social-emotional development, communication and literacy, mathematical knowledge, and symbolic development.

Health insurance and medical homes. 1. Between 40,000 and 60,000 of eligible children in Kansas are not accessing health insurance coverage. 2. Sufficient numbers of Medicaid providers are lacking. As the message from the oral health initiative takes hold with the public, there are also an inadequate number of dentists who accept Medicaid.

Mental health and social-emotional development. 1. Mental health and providers of mental health services are not adequately integrated into the early childhood system in Kansas. 2. Measures of the social-emotional readiness of a child on the School Readiness Assessment need to be refined and augmented. 3. The inclusion of mental health in professional development initiatives is minimal. 4. Early childhood needs to be promoted in mental health curricula at institutions of higher education.

Early care and education services. 1. There is no infrastructure to determine "quality" of programs. 2. There is a disconnect between K-12 and early childhood education. 3. Funding and infrastructure supports are lacking for all-day Kindergarten and Pre-K programs. 4. Quality infant/toddler slots are lacking. 5. More professional development, training, and education are needed for early childhood educators. 6. Wages for early childhood educators are insufficient to support highly qualified educators. 7. Childcare is not considered to be a viable industry in the State.

Parent education. 1. Involving parents in decision-making at the organizational level is difficult. 2. Parent education programs have not been evaluated sufficiently. 3. Parents are unaware of their early childhood education options. 4. Non-English speaking and

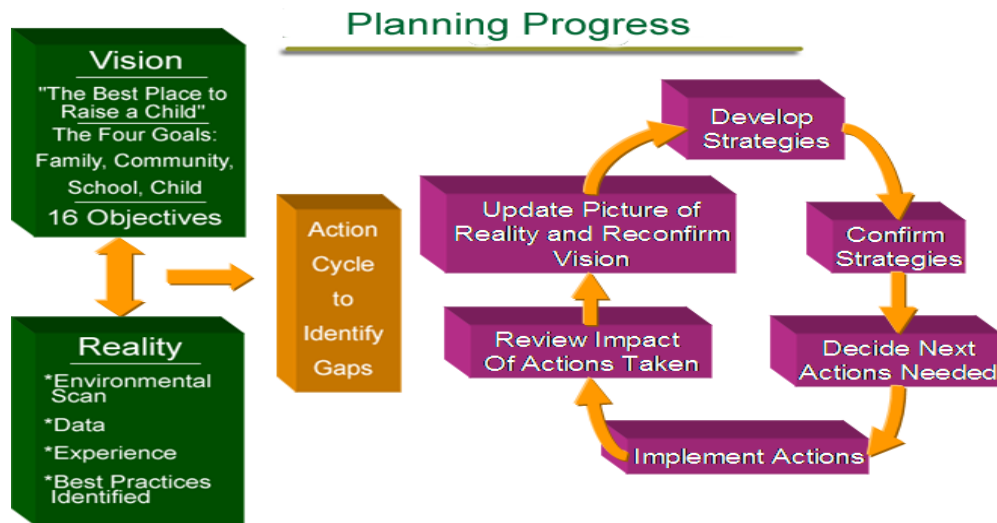
at-risk populations are difficult to reach and connect with services. 5. Public awareness campaigns are not coordinated.

Family supports. 1. Eligible families are not accessing available services/programs. 2. Childcare subsidies are unavailable for mothers over the age of 19 who dropped out of school to give birth.

The Kansas Early Childhood Comprehensive Systems Process

In the spirit of cooperation and collaboration, the Kansas Department of Health and Environment (KDHE) placed governance of the plan with The Early Learning Coordinating Council (ELCC), a diverse group of early childhood stakeholders. Kansas utilizes a planning process and action cycle, shown in Figure 1 to address gaps in our current early childhood system.

Figure 1: Planning Process and Action Cycle



In April 2005, more than 80 key stakeholders came together again to develop strategies to address the School Readiness goals and objectives. This work is the backbone of the Kansas Early Childhood Comprehensive Systems plan. Organizers infused technology into the two-day strategic planning session by using a web-based application. Participants were divided into eight teams of ten with a diversity of agency representation and perspectives. Based on the data presented and the vision of school readiness, participants were asked to generate strategies. All strategies were collected in a central database, enabling us to give participants an immediate printout of their work and that of other groups. Participants reviewed the “brainstorming” strategies that night and come back the next day ready to identify priorities and commit to action. This process has engendered considerable buy-in from a diversity of stakeholders and has made them feel a part of the process.

Keeping the Momentum: Monitoring the Plan

The Kansas Early Childhood Comprehensive Systems plan is a unifying document or umbrella under which all early childhood programs play a role in preparing children for school. Kansas is well-positioned to be a national leader because we have

political leaders, key stakeholders, and community partners all working towards the same goal. Challenges include timing, funding and creating legislative will. Early childhood stakeholders are supportive of the plan and affirmed their commitment to it at the April 2005 strategic planning meeting. The challenge lies in keeping the momentum going so that partners continue to feel this commitment. The ELCC will manage the project and communicate with partners using a website as a clearinghouse and networking tool for the early childhood community. A web-based application will enable partners to enter activities that support plan goals and objectives. Partners and policy makers will be able to access the plan on the website and see weekly progress. In addition, partners will be able to post reports, publications, and plans that either parallel the Kansas Early Childhood Comprehensive Systems process or support an aspect of the plan. Early childhood stakeholders will meet semi-annually (October and April) and continue the work using the action cycle.

The Implementation Plan

Strategic planners realize that, in order to affect change, planning cannot extend indefinitely. Accordingly, the Kansas Early Childhood Comprehensive Systems plan is a starting point. The plan is dynamic and can adapt to changes in funding streams, program partners, and policy decisions. Additional strategies and activities can be added at any point in the process. The following plan is based on the input of the early childhood stakeholders across Kansas and was vetted at six public hearings across the State.

Legend of all participating partners in the plan: **CFIT** – Caring for Infants & Toddlers (American Academy of Pediatrics physician education initiative on early intervention); **CSHCN** – Children with Special Health Care Needs Program; **EHS** – Early Head Start; **ELCC** – Early Learning Coordinating Council; **ELG** – Early Learning Guidelines; **Gov** – Office of the Kansas Governor; **HSSCO** – Head Start-State Collaboration Office; **ICC** – Interagency Coordinating Council on Early Childhood Developmental Services; **KAC** – Kansas Action for Children; **KACCRRRA** – Kansas Association of Child Care Resource and Referral Agencies; **KBI** – Kansas Bureau of Investigation; **KCC(TF)** – Kansas Children’s Cabinet (& Trust Fund); **KCCTO** – Kansas Child Care Training Opportunities, Inc.; **KDHE** – Kansas Department of Health and Environment; **(K)ECCS** – (Kansas) Early Childhood Comprehensive Systems; **KEEP** – Kansas Early Education Partners; **KHF** – Kansas Health Foundation; **KHSA** – Kansas Head Start Association; **KITS** – Kansas In-service Training System; **KQRS** – Kansas Quality Rating System; **KSDE** – Kansas State Department of Education; **KSEA** – Kansas School Entry Assessment; **MARC** – Mid-America Regional Council; **MCH** – Maternal & Child Health Block Grant (includes Healthy Start Home Visitors Program); **Part B** – Part B of the Individuals with Disabilities Education Act (IDEA), Early Childhood Special Education Preschools; **Part C** – Part C of IDEA, Infants & Toddlers with Disabilities (Tiny K); **PAT** – Parents As Teachers; **PTAs/PTOs** – Parent/Teacher Associations or Parent/Teacher Organizations; **R&R** – Resource and Referral; **SED** – serious emotional disturbance; **SRS** – Kansas Department of Social and Rehabilitation Services; **TEACH** – Teacher Education And Compensation Helps; **WIC** - Special Supplemental Nutrition Program for Women, Infants, and Children (0-5).

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(Strategies for Years Two and Three are highlighted in yellow.)

**Goal 1: To ensure that all Kansas children have access to health insurance and medical homes
(medical homes = regular source of health care).**

Objective 1.1 Increase the percent of births to women having received adequate prenatal care (81.1% in 2003, Vital Statistics).		
Strategy 1.1.1 Assure outreach, education and ongoing support for pregnant women in underserved populations through collaboration with community providers.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Implement standardized educational curricula for home visitors across all programs.	KHSA, Early Head Start, Head Start, Parents as Teachers, Healthy Start home visitors: Deliver professional development to home visitors.	All 2,000 home visitors in Kansas have access to home visitation training. Timeline: Ongoing, statewide access completed by Dec 2006
Strategy 1.1.2 Ensure that all women receive early and comprehensive health care before, during and after pregnancy through public awareness.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Conduct public awareness campaign.	KCC, Foundations, KDHE: Submit funding requests.	Documented submission. Timeline: July 2006
Strategy 1.1.3 Expand state-funded insurance to provide coverage to all uninsured pregnant women, including non-citizens.		
Objective 1.2 Increase the number of children in Kansas who have medical insurance and a medical home.		
Strategy 1.2.1 Assure outreach and enrollment of all children eligible for HealthWave (Medicaid/SCHIP program).		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Intensify existing systems to identify individuals who are eligible, but are not enrolling (presumptive eligibility).	DHPF, SRS, KAMU, KSDE, KDHE, KAC, KHI: Assist families to apply for XIX, XXI, Part C, MCH, and CSHCN. KDHE: Coordinate with Child Health Council on universal enrollment process and child health standards.	Increase in enrolled children. Timeline: Ongoing
B. Link Immunization Registry, WIC, Early Head Start, and other systems with HealthWave outreach efforts (health insurance notification).	DHPF: Send out notifications and facilitate enrollment. KDHE (MCH/CSHCN, WIC, and Part C): Work with clearinghouse, outreach to families and assist them with enrollment. EHS: Provide eligibility lists.	

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C. Provide training to staff of access points (emergency rooms, SRS, PAT, WIC, and faith-based organizations) throughout the State to enroll children.	DHPF: Provide training.	
Strategy 1.2.2 Assure that all children including children with special needs have care and have a regular source of care (medical home).		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Integrate Caring for our Children standards into the Child Care Licensing regulations relating to the care of children with special needs.	KDHE: MCH/CSHCN and Part C participate in local initiatives and training for child care providers to increase quality and availability of care.	Increase in CSHCN care within a medical home. Increase in # of child care providers trained to provide care for children with special needs. Increase in child care slots for children with special needs. Timeline: July 2006
B. Contract with the Kansas Chapter of the American Academy of Pediatrics to advise early childhood efforts in Kansas.	KDHE: Part C, MCH/CSHCN participation in advisory council; collaborate to bring CFIT program to Kansas.	Increase in physician knowledge about early intervention services; increase in referrals; increase in families reporting medical homes. Timeline: July 2006
Strategy 1.2.3 Strengthen health programs to expand access to services (i.e. oral and mental health).		

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Goal 2: To fully integrate mental health and social-emotional development into the early childhood system in Kansas (mental health and social-emotional development).

Objective 2.1 Increase the ability of providers to identify, address, and prevent social-emotional problems in early childhood.		
<i>Strategy 2.1.1 Integrate mental health into professional development activities for providers.</i>		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Identify best practices in early childhood mental health/social-emotional development.	KCC: Convene state infant/toddler mental health providers and provide funding. SRS: Facilitate the group and lead efforts. Build on efforts of SRS Children's Mental Health Team.	Best practices identified. Timeline: January-June 2006
B. Develop module on early childhood mental health practices to be available to KACCRRRA, EHS, KHSA, TAG trainings.	KCC: Convene state infant/toddler mental health providers and provide funding. SRS: Facilitate the group and lead efforts. Build on efforts of SRS Children's Mental Health Team.	Module developed. Timeline: June-September 2006
C. Integrate social-emotional screening into existing programs.	KDHE: Screen new mothers, infants and toddlers for attachment issues and other social-emotional issues.	Increase in referrals. Timeline: September 2006
D. Assess providers' awareness of best practices in early childhood mental health.	Evaluators: Develop survey instrument.	Increase in provider awareness after Activity D. (Survey Instrument) Timeline: October 2006
E. Training provided at October 2006 ECCS stakeholder meeting.	KCC, ELCC: Convene early childhood stakeholder group.	Increase in number of providers aware of mental health indicators. (Survey Instrument) Timeline: October 2006
Objective 2.2 Increase the early identification of children who need mental health services.		
<i>Strategy 2.2.1 Provide assessment training for early childhood professionals to increase early identification.</i>		
Objective 2.3 Develop a system to provide mental health services so that young at-risk children and families receive needed services.		
<i>Strategy 2.3.1 Partner with institutions of higher education to develop courses focusing on early childhood mental health.</i>		

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Strategy 2.3.2 Partner with mental health centers for consultation to providers on mental health issues.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Develop linkages between local early childhood providers and mental health providers.	KCC, SRS: Invite local mental health providers to ECCS strategic planning meetings.	Increase in mental health providers participating in ECCS strategic planning meetings. Timeline: October 2006
B. Distribute mental health resources to local early childhood providers.	KACCRRRA: Provide local providers with information on mental health resources and consultation in the area.	Number of providers that ask for and receive information. Timeline: December 2006 and ongoing
C. Examine policies that limit the provision of services to children under age 3.	Mental Health and Health Care Authority: Develop policy recommendations and needed funding levels.	Policy recommendations. Timeline: January 2006
Objective 2.4 Increase the State's ability to assess social-emotional readiness outcomes.		
Strategy 2.4.1 Develop additional items on School Readiness Assessment to measure social-emotional readiness.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Research how other states are measuring social-emotional readiness.	SRS/Children's Mental Health Team, KSDE: Lead efforts to identify measures of social-emotional readiness.	List of potential social-emotional items to measure social-emotional school readiness. Timeline: December 2005
B. Develop pool of social-emotional readiness items.	SRS/Children's Mental Health Team, community partners: Use research to develop item pool.	List of social-emotional items for use in the School Readiness Assessment. Timeline: June 2006
C. Field test social-emotional items.	KSDE: Integrate items into School Readiness Assessment.	Data from School Readiness Assessment. Timeline: September 2006: Administer instrument January 2007: Release data results.
D. Refine and integrate social-emotional items into School Readiness Assessment.	KSDE: Refine School Readiness Assessment based on field test results.	Revised School Readiness Assessment. Timeline: TBD

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Goal 3: To develop a comprehensive and coordinated early childhood care and education system in Kansas encompassing Birth-5 (early care and education services).

Objective 3.1 Increase the number of children receiving high quality early childhood education.		
Strategy 3.1.1 Implement Kansas Quality Rating System statewide.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Complete KQRS in Reno, Butler, Saline, and Sedgewick counties.	KACCRRRA: Conduct initial Quality Rating Assessment. Smart Start: Funding for Reno and Butler SRS: Funding for Saline and Sedgewick counties.	38 classrooms will complete Quality Rating Assessment. 100% of programs will have Quality Performance Profile. 100% of programs will increase the number of rating points by the time they receive their second QRA assessment. Timeline: January 2005-June 2006
B. Train additional Resource and Referral Agencies.	KACCRRRA: Provide training to three Resource and Referral (R&R) agencies to conduct the Quality Improvement Coaching.	Four coaches at the three agencies will have received KQRS training (60 hours of coach professional development). Timeline: May 2005-June 2006
C. Provide technical assistance to child care providers.	Local R&R's: Provide coaching to programs participating in KQRS.	Each participating program will receive an average of 119 hours of on-site coaching. Timeline: January 2005-June 2006
D. Evaluate KQRS utilizing Colorado Rand Study methodology and measures.	Midwest Child care Research Consortium: Conduct program evaluation.	Data results of three year QRS comparison study. Timeline: January 2005-December 2008
E. Integrate Wyandotte, Leavenworth and Johnson Counties into the KQRS initiative.	KACCRRRA: Facilitate integration into the KQRS system.	Additional classrooms included in the KQRS initiative. Timeline: Beginning January 2006
F. Increase parental access to information about choosing quality child care.	R&Rs: Distribute information to parents as requested. KACCRRRA: Explore methods to disseminate KQRS ratings.	KQRS Ratings Timeline: Fall 2007 R&R distribution: on-going

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Strategy 3.1.2 Maintain, and where possible, expand the current Professional Development Initiative.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Expand TEACH, WAGE\$, and the Apprenticeship Project.	KACCRRRA: Promote funding sources to communities. SRS: Funding for TEACH and Apprenticeship. Kauffman: Funding for WAGE\$. Smart Start: Funding for TEACH AND WAGE\$.	Increase in scholarships awarded. Increase in number of WAGE\$ counties. Timeline: Ongoing
B. Expand and promote home visitation.	KHSA: Facilitate the work of an interagency group to train providers in the community on best practices in home visitation. KDHE, SRS, KSDE, KACCRRRA, ICC, and EHS: Deliver professional development to home visitors.	All 2,000 home visitors in Kansas have access to home visitation training. Timeline: Ongoing, statewide access completed by December 2006.
Strategy 3.1.3 Strengthen community collaboration to promote and ensure high quality child care.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Expand Smart Start Kansas and local coordinating councils.	KCC: Provide funding and technical assistance for grantees and local coordinating councils doing collaborative work.	Increase in number of Smart Start grantees. Timeline: TBD
B. Make intentional efforts to involve local stakeholders.	KCC: Provide technical assistance to facilitate collaboration. KSDE: Facilitate collaboration efforts.	Increase in number of collaborators involved in Smart Start efforts. Timeline: Ongoing
C. Educate public about Smart Start and local collaborative efforts.	KCC: Provide KAC with Smart Start data. KAC: Publish Smart Start efforts. ELCC: Publish local successes on website.	Fact sheets published and distributed. Website promotes success stories. Timeline: Jan 2006
Strategy 3.1.4 Coordinate public awareness campaigns and messages to increase public and political investment in early childhood development.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Identify messages generated by agencies, foundations, and community partners who disseminate early childhood information.	KAC, KHf: Convene community partners, foundations, and agencies and develop inventory of messages. MCH: Collaborate with the ELCC in relation to content of messages. KDHE: HHS and AD Council Breastfeeding Promotion campaign.	List of public awareness campaigns pertaining to early childhood development and school readiness. Timeline: Sept-Dec. 2005

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B. Develop a framework that coordinates early childhood public awareness campaigns and messages.	ELCC, KAC, & KHF: Facilitate work and help to secure funding for integrated campaign. KDHE: Coordinate messages with framework including Caring for Infants & Toddlers (American Academy of Pediatrics physician education initiative on early intervention).	Coordinated message that can be used statewide to promote school readiness and developmental domains. Timeline: February 2006
C. Develop early childhood articulation agreements between two and four year institutions of higher education.	IHE faculty, deans, provosts, KBOR, KACHE< EQIP, ECHO.	Articulation agreements in place between community colleges and four year institutions. Timeline: Ongoing. Expected completion: 2007
Strategy 3.1.5 Support the needs of providers who serve children with special needs to identify and increase quality services.		
Strategy 3.1.6 Support community economic development.		
Objective 3.2 Increase the number of early childhood programs that are available.		
Strategy 3.2.1 Promote universal all day, every day, voluntary kindergarten.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Use the School Readiness data to validate the needs for funding all day Kindergarten.	KSDE: Collect data by working with schools, teachers and principals participating in the School Readiness Project. Promote results through final report. PTAs/PTOs, Early Childhood Community, ELCC, State Legislators: Promote school readiness data.	Increase in number of press releases, web links, and other public awareness strategies. Timeline: Sept. 2005 and ongoing
B. Increase the public will to fund all day Kindergarten.	KAC, KEEP, Smart Start Grantees, KACCRRRA, KSDE, SRS, Foundations, ELCC, ECCS Members: One question at Legislative visits. Create Talking Points about School Readiness.	All day, voluntary kindergarten is funded. Timeline: Sept. 2005 until Kindergarten is funded.
Strategy 3.2.2 Promote universal community-based, school-based, and faith-based preschool programs.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Use the School Readiness data to validate the need for universal three and four year old programs.	KSDE, SRS, KDHE: Collect data and work with partners to provide additional data. SRS, KDHE, KHSA, PTAs/PTOs, Early Childhood Community, ELCC, State Legislators: Promote school readiness data.	Increase in number of press releases, web links, and other public awareness strategies. Timeline: Sept. 2005 and ongoing

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B. Increase the public will to fund universal four year old programs that are community based, faith-based, and school based.	KAC, Smart Start Grantees, KACCRRRA, KSDE, KHSA, Foundations, ELCC, ECCS Members: One question at Legislative visits. Create Talking Points about School Readiness.	Increase in funding for four year old programs. Timeline: Fiscal Year 2007
Strategy 3.2.3 Promote early intervention for children with special needs.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Identify gaps in services and areas in need of improvement.	ICC: Facilitate work. KDHE, KSDE: Provide data on referrals. MCH/CSHCN: Refer eligible children to Part C services and utilize CFIT to increase physician referrals to early intervention services.	Recommendations generated to increase referrals. Timeline: Sept. 2005
B. Partner with ICC to address gaps.	ICC: Coordinate efforts. KDHE (MCH/CSHCN): refer eligible children to Part C services. KSDE: Work with ICC to refer eligible children.	Increase in Part B and Part C referrals. Timeline: Sept. 2005 and ongoing
Strategy 3.2.4 Promote early intervention for children at-risk.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Expand existing Early Head Start programs.	KHSA, EHS: Facilitate work. KACCRRRA, ICC, PAT: Support work and provide referrals. State Legislature: Approve funding.	Increase in number of children served. Timeline: Pending funding
B. Expand Early Head Start to unserved counties.	KHSA, EHS: Facilitate work. KACCRRRA, ICC, PAT: Support work and provide referrals. State Legislature: Approve funding.	Timeline: Fiscal Years 2007 and 2008
Strategy 3.2.5 Provide adequate funding for core child care services of quality early child care, health care, developmental intervention, and education.		
Objective 3.3 Increase the number of schools that provide high quality learning environments.		
Strategy 3.3.1 Provide developmentally appropriate, inclusive, and culturally sensitive training for teachers.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Provide training on school readiness developmental domains.	KSDE: Develop and provide training to kindergarten teachers and work with partners to provide training to early childhood educators.	Increase in numbers of teachers trained in school readiness developmental domains. Timeline: May 2005 and ongoing

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Objective 3.4 Increase the quality of classroom learning environments.		
Strategy 3.4.1 Utilize Early Learning Guidelines (ELG) to align curriculum and standards between community and early childhood programs and public education to cover the school readiness developmental domains.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Finalize and disseminate Early Learning Guidelines.	KSDE, SRS: Complete guidelines and distribute.	Final draft of Early Learning Guidelines. Timeline: April 2006
B. Provide training on the Early Learning Guidelines to community providers.	KSDE, SRS : Provide training R&Rs: Host trainings.	Increase in the number of providers trained on the Early Learning Guidelines. Timeline: September 2005 – September 2006
C. Incorporate Early Learning Guidelines into KQRS, subsidy payments, and child care licensing.	KSDE, SRS, KDHE, KACCRRRA: Adapt systems to include ELG.	Increase in the number of providers providing high quality care (as determined by the KQRS). Timeline: TBD
Strategy 3.4.2 Utilize Kansas Quality Standards and Core Competencies for early childhood programs to promote high quality, developmentally appropriate learning environments.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Utilize School Readiness data to identify gaps.	KSDE and SRS: Conduct analysis and identify gaps.	Inventory of gaps. Timeline: Sept. 2005
B. Review and revise existing training and professional development as needed.	KSDE, KACCRRRA, KCCTO, KHSA, KITS: Revise modules on best practices using Kansas Quality Standards, Core Competencies, and Early Learning Guidelines. Deliver training and professional development.	Professional development modules developed. Timeline: December 2005-September 2006
Objective 3.5 Strengthen relationships schools have with families and communities.		
Strategy 3.5.1 Develop local and regional range of options for promoting and providing high quality learning environments through collaborations with local school districts.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Conduct needs assessment on training needs of local collaborations.	KCC, KACCRRRA, KHSA, KSDE: Conduct web-based survey.	Survey data. Timeline: December 2005
B. Provide technical assistance based on survey results.	KCC, KACCRRRA, KHSA, KSDE: Provide professional development based on survey results.	Survey satisfaction of participants. Timeline: February 2006

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Strategy 3.5.2 Target hard-to-reach parents and engage them in the education of their children.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Develop a framework to inform parents of their early childhood education options.	KSDE, SRS, KDHE, KHSA: Develop framework.	Materials to be distributed to families. Timeline: October 2005
B. Develop a framework that assists communities to target hard-to-reach families.	KACCRRRA, Smart Start, United Way, SRS, KDHE, KHSA: Develop framework.	Recommendations generated to communicate with hard-to-reach families. Timeline: February 2006

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Goal 4: To educate and mentor parents about childhood health, development, and education (parent education).

Objective 4.1 Increase the number of programs that promote parent education on the school readiness developmental domains: physical health, social-emotional development, communication and literacy, mathematical knowledge, and symbolic development.		
Strategy 4.1.1 Promote school readiness on the developmental domains.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Develop materials on the school readiness developmental domains.	KCC, SRS, KDHE, KSDE: Partner to identify content and develop materials.	Materials developed. Timeline: February 2006
B. Disseminate materials.	KCC, SRS, KDHE, KSDE, Community Partners: Distribute to parents.	Number of materials distributed. Timeline: February 2006 and ongoing
Objective 4.2 Increase the quality of parent education programs.		
Strategy 4.2.1 Promote, evaluate and enhance Parents as Teachers and Early Head Start programs.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Conduct evaluation of PAT.	KSDE: Conduct evaluation (when funding is available).	Evaluation results. Timeline: September 2005
B. Define best practices.	KSDE, PAT, KHSA/EHS: Identify best practices based on evidence-based research and evaluation results.	Document of best practices. Timeline: December 2005
C. Refine programs based on evaluation and best practices.	KSDE, PAT, KHSA/EHS: Refine program based on evaluation and best practices.	Recommendations to programs. Timeline: January 2006 and ongoing
Strategy 4.2.2 Implement evidence-based practices that increase parental involvement.		

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Goal 5: To promote a system that helps families develop and utilize both intellectual and material resources to prepare their children for school and life (family supports).

Objective 5.1 Increase the number of mothers who are high school graduates.		
Strategy 5.1.1 Provide comprehensive services to pregnant and parenting youth to help them complete their high school education.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Partner to ensure that pregnant and parenting youth are receiving services.	Community partners and Smart Start grantees: Use collaboratives to create continuum of care on the local level.	Increase in graduation rates (School Readiness data). Timeline: Ongoing
Strategy 5.1.2 Provide funding for child care for all youth with children to complete their high school education.		
Objective 5.2 Increase the number of children living in homes free of violence.		
Strategy 5.2.1 Develop a state comprehensive Child Abuse Neglect and Prevention plan.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Conduct environmental scan.	KCC: Provide funding and oversight. SRS, KDHE, Community Partners: Participate in all phases of plan development.	Completed scan. Timeline: April 2006
B. Define vision and mission statement, goals, and objectives.	KCC: Provide funding and oversight. SRS, KDHE, Community Partners: Participate in all phases of plan development.	Vision, mission statement, goals and objectives determined. Timeline: TBD
C. Define priority areas of focus.	KCC: Provide funding and oversight. SRS, KDHE, Community Partners: Participate in all phases of plan development.	Priorities identified. Timeline: TBD
D. Identify indicators to track Child Abuse and Neglect outcomes.	KCC: Provide funding and oversight.	Indicators selected, field-tested and validated. Timeline: TBD
E. Document strategic planning process.	KCC: Provide funding and oversight. SRS, KDHE, Community Partners: Participate in all phases of plan development.	Documentation of process. Timeline: TBD
F. Identify best practices.	KCC: Provide funding and oversight. SRS, KDHE, Community Partners: Participate in all phases of plan development.	Best practices document. Timeline: TBD

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G. Develop Comprehensive Child Abuse Neglect and Prevention Plan.	KCC: Provide funding and oversight. SRS, KDHE, Community Partners: Participate in all phases of plan development.	All elements of plan are completed. Timeline: TBD
Objective 5.3 Increase the number of children living in families that can afford basic necessities.		
Strategy 5.3.1 Partner with SRS to ensure that eligible families are receiving services.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Work with Community Capacity in SRS regions to expand outreach activities.	SRS and Community Partners: Coordinate efforts to link families with services.	Increase in number of eligible families receiving services. Timeline: Ongoing
B. Develop and disseminate information on Kansas-administered food resources.	SRS, KSDE, KDHE, Department of Aging, Kansas Department of Corrections, Juvenile Justice Authority: Lead efforts to summarize Kansas-administered food assistance programs (Commodity Supplemental Food Program, Food Assistance Program, Senior Farmers' Market Nutrition Program, The Emergency Food Assistance Program, WIC, Child Nutrition Programs, Elderly Nutrition Programs, Soup Kitchen Program) and inform public regarding availability, eligibility, and access.	Brochure completed. Timeline: June 2006
Strategy 5.3.2 Improve efficiencies in referrals to food assistance programs.		
Activity	Partners and Roles	Outcome Measures & Timeline
A. Create a Cabinet Level work team.	Governor's Office, SRS, KDHE, Department of Aging, Kansas Department of Corrections, and Juvenile Justice Authority: Participate on work team activities.	Meeting minutes. Timeline: Ongoing
B. Create a single brochure that describes all nine food assistance programs administered by four state agencies.	SRS, KSDE, KDHE, Department of Aging, Kansas Department of Corrections, Juvenile Justice Authority: Lead efforts to summarize Kansas-administered food assistance programs and inform public regarding availability, eligibility, and access. All partners distribute at their community locations.	Brochure completed and distributed to all 105 counties. Brochures available at all 700 SRS access points. Timeline: June 2006

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<p>C. Send letters to county commissioners from Governor to: 1) raise awareness about hunger in Kansas communities, 2) share strategies that communities can implement to reduce hunger in their communities, and 3) survey communities about available food resources in that locality.</p>	<p>Governor's Hunger Team: Send out letters. County Commissioners: Respond to Governor's request.</p>	<p>Information from county commissioners. Timeline: September 2005</p>
<p>D. Create a website through Access Kansas that links to brochure in two languages, the community strategies, and the survey results of county commissioners.</p>	<p>Governor's Hunger Team: Upload Hunger Team links to website.</p>	<p>Website links created and usage statistics. Timeline: September 2005</p>
<p>Objective 5.4 Increase the affordability of early childhood programs.</p>		
<p>Strategy 5.4.1 Define financing structures for early childhood services including both public and private financing.</p>		
<p>Strategy 5.4.2. Remove policy barriers to funding at the State and federal levels.</p>		

Plan Progress

Since the April 2005 strategic planning, the ELCC has met monthly and partners have both continued and initiated many new strategies and activities in the following areas.

Kansas Quality Rating System

KACCRRRA finalized a contract with SRS to pilot the Kansas Quality Rating System (KQRS) in 16 classrooms located in Sedgwick and Saline Counties. Smart Start grants in Reno and Butler counties have provided funding for an additional 22 classrooms. Participating programs will have access to a variety of technical assistance offerings upon receipt of a Quality Rating. Each program will receive an average of 119 hours per year of on-site coaching delivered by a specially trained Quality Improvement Coach from their local Child Care Resource and Referral agency. Programs will also receive \$2,000 per classroom for quality improvements as determined by their Quality Rating. Funds may be used for developmentally appropriate classroom/facility equipment, health and safety equipment, or accreditation fees, among others. Staff in participating programs in Reno County will also have access to educational supports that may fund CDA scholarships, T.E.A.C.H. scholarships, college coursework or WAGE\$ stipends. (Educational support will be determined by the Quality Rating.) KACCRRRA will administer all KQRS components and utilize statewide professional development initiatives.

Health Care Access

In partnership with Early Head Start, Head Start, and Parents as Teachers, KDHE supports the use of a basic home visitor curriculum to assure standardized basic training across all programs including Healthy Start home visitors, based in local health departments. Many of the 112 Healthy Start home visitors have received special SRS training to assist families complete Healthwave application forms.

KDHE has also initiated a Caring for Infants and Toddlers (CFIT) project. Individuals receive training to participate in multidisciplinary panel presentations to physician groups and conferences about the importance of early intervention and the availability of development services. Physicians are encouraged to make referrals to Infant-Toddler networks. A component of the training is the importance of establishing a regular source of medical care (medical home) for every infant and toddler in Kansas.

KDHE recently completed an assessment of maternal and child health needs in Kansas and posted the Maternal and Child Health 2010 Report at www.kdhe.state.ks.us/bcyf. The project recommends strategies to address the health of women, infants, and children, including children with special health care needs. Health insurance coverage for women of reproductive age and a regular source of care for children with special health care needs are two of the nine state priorities.

KDHE has also initiated a discussion with the Kansas Medicaid program to consider a "family planning waiver" to extend health insurance coverage for women of reproductive age (15-44 years) beyond the minimum 60 days postpartum. The favorable 90/10 federal/state matching rate and the availability of matching funds through existing sources makes this a cost-effective way to improve the health of mothers and infants in Kansas, of whom 13.2% are uninsured (KHI, 2001).

Parent Education

Multiple stakeholders developed and printed brochures on *The Early Learning Guidelines*, *School Readiness*, and *Quality Early Learning*. These brochures were

disseminated by early childhood stakeholders beginning with the Child Care Advisory Council meeting and the Special Education Leadership conference in July and Kindergarten teacher training in August.

Comprehensive Child Abuse Neglect and Prevention Plan

The KCCTF will lead efforts to develop a Kansas Child Abuse Neglect and Prevention Comprehensive Systems plan to unify efforts, coordinate resources, and strengthen and support families to reduce the likelihood of child abuse and neglect and increase the well-being of all children in Kansas. To accomplish this task, the KCCTF is initiating an extensive planning process that brings together stakeholders involved in the CFSR strategic planning meetings, state agencies, parents, and all other interested parties. The planning phase, approximately a two-year process, follows a linear progression. The process begins with an environmental scan of programs, initiatives, and funding streams and will culminate in a comprehensive state plan that includes the following components: vision and mission statement, goals, objectives, and strategies, priority areas, indicators to track outcomes, documentation of strategic planning process, best practices, identification and commitment of key partners, leveraging with other initiatives, policy impact, sustainability, and data collection and continuous quality improvement plan.

The strategic planning process will incorporate the content areas covered during the technical assistance phase: outcome accountability, parent leadership, and cultural diversity. In addition to these priority areas, the following areas will be emphasized:

- **Best practices and current trends in child abuse prevention and planning including safety, permanence and well-being issues.** The latest research on early childhood and brain development (Shonkoff, J. and the National Scientific Council on the Developing Child) will be presented as a guiding principal for strategic planning.
- **Federal Initiatives and State efforts.** The alignment of CBCAP, CFSR, and School Readiness and other prevention outcomes will be presented and discussed. Partnerships and collaboration between CBCAP strategic planning and the Kansas Early Childhood Comprehensive Systems plan will be explored.
- **Collaboration between child welfare agencies, CBCAP partners and KCCTF.** The CBCAP Network is the nexus for child abuse neglect and prevention programming. Coordination of efforts, reducing duplication and addressing gaps in services for underrepresented populations of overburdened families will continue to be a focus and a priority of strategic planning.
- **The need for temporary child care for children and crisis nurseries in Kansas.** Staff from the Association for Retarded Citizens (ARC) and Infant-Toddler Coordinating Councils will be invited to strategic planning activities and will provide input on the needs of these children and their families.
- **The integration of CBCAP funding with expanded Smart Start Kansas (See Appendix C) funds.** This combined funding targets community programs benefiting early childhood development, providing family support services and increasing health access for those underserved individuals. The combination of funds strengthens the programs by encouraging collaboration, reduction service duplication and aligning Federal, State, community, and agency goals and outcomes.