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## **Project Summary**

Kansas Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant

Kansas Children's Cabinet and Trust Fund

900 SW Jackson Street, Suite 152, Topeka, KS 66612

Office: (785) 291-3233

Melissa Rooker, Executive Director ([mrooker@ksde.org](mailto:mrooker@ksde.org))

<https://kschildrenscabinet.org>

Kansas has made remarkable progress over the past several years towards strengthening our Early Childhood Education (ECE) system. We leveraged PDG B-5 grants, relief funding, and Child Care Development Funds (CCDF) to identify and design solutions to meet needs of Kansas children, families, and our workforce. We had an active state legislative session this spring, where the establishment of a single ECE state agency and the child care shortage were prime topics. While session ended with little formally changed, the work done by ECE partners, agency leaders, and community champions to prepare for these efforts forms the foundation for this PDG B-5 proposal. Kansas is poised to focus additional investments in very targeted initiatives that will have a significant impact on our ECE system and support the needs of children, families, and the workforce.

In this project, Kansas will address the needs of families in rural communities, families (and young children) with mental health care needs or special health care needs, and families experiencing transition points involving the ECE system. Kansas will also address workforce needs, focusing on enhanced professional development, rural child care providers, provider mental health, and compensation supports. Kansas will continue addressing system-level needs such as distribution of resources – particularly to rural families and families with special health care needs – efficient workforce policies, practices, and tools, streamlined web-based resources, and improved early childhood integrated data.

Kansas has identified 29 initiatives that will enhance state-level infrastructure efforts, scale workforce investment pilots, streamline and solidify our family engagement efforts, focus resources on meeting mental health needs, and leverage the strength of community-driven approaches to expand service reach. Examples of these initiatives include:

- In-depth reports focused on understanding the needs of key groups such as rural families.
- Care conferences to strengthen family-provider connections to design program improvements for children and families with diverse needs.
- Scaled and enhanced development for professionals to address the mental, behavioral, and special health care needs of children and families.
- Future Fellows to train public-sector ECE workers on innovation and futures mindset.
- Child Care Zone pilots to create a community-driven model for addressing child care.
- Health insurance stipends for child care workers.

We still have a tremendous amount of work to do to achieve our vision that every child thrives. With the most recent PDG Planning grant, we updated the Kansas ECE Needs Assessment and *All In for Kansas Kids* Strategic Plan. We identified the needs and articulated next steps. With this proposal, we continue our commitment to transform the Kansas ECE system into a more streamlined, effective, and sustainable partner for those who provide and receive services.

## **Expected Outcomes**

The project activities outlined in this PDG grant proposal are focused on meeting the overall vision of the Kansas ECE ecosystem and the *All In for Kansas Kids* Strategic Plan – every child thrives. The combination of PDG-funded activities will contribute to four overarching north stars or outcomes critical to meeting that vision. These north stars are: communities are empowered and equipped to support young children and families (including expecting parents) and the ECE workforce; both families and ECE professionals can effectively navigate and easily access resources and services across the ECE ecosystem; the ECE workforce feels supported, valued, and able to grow professionally; and families with young children feel empowered, supported by, and connected to their communities and ECE providers as they seek out the resources they need to thrive. Detailed evidence of progress on these outcomes can be found in the evaluation plan table on p. 57. Examples include: enhanced collaboration and coordination among and between state and local partners, higher levels of enrollment from families with young children, improved community-based support, reduction in ECE resource-poor areas, higher ECE professional retention levels, improved confidence and capabilities of ECE professionals, and an overall higher quality of care for young children in Kansas.

## **Approach**

Our approach includes 29 initiatives across six activities plus a general activity and bonus sections. Here we outline the plan for the six activities and partners to accomplish the expected outcomes and transform the ECE system. The Children’s Cabinet (State Advisory Council) approves recommendations from the Early Childhood Recommendations Panel (Recommendations Panel) and approves subgrants.

**Activity 1.** Over 4,200 Kansans' voices shaped the Needs Assessment findings, including families, ECE professionals, community-based organizations, and businesses, in addition to data from 17 reports. Initiatives: 1) Family Child Care Gap Analysis, 2) Rural Family Care Analysis; and 3) ECE Mental Health. Partners: Kansas Children's Cabinet (State Advisory Council), Family child care providers, rural providers; ECE mental health providers; families.

**Activity 2.** The strategic plan was developed through an iterative process with over 450 individuals providing input. Initiatives: 1) Co-creation of Quality Indicators and Targets; 2) Strategic Plan Adoption and Quality Improvement; Partners: The Recommendations Panel, Workforce Development Workgroup, Parts B and C, Child Care Provider Coalition; Home Visitors, Public Health Conference, and Family Advisory Groups.

**Activity 3.** Target families with children who need early intervention services, families in rural communities with limited access to specialized care providers, and perinatal families with behavioral and mental health needs for increased enrollment. Initiatives: 1) GrowTogether - an Interactive Family Transition Tool; 2) ECE Family System Connection Points; 3) Explore an Expanded Family Eligibility and Enrollment Portal; 4) Regional Care Conferences: Family-Driven Connections; and 5) Family-Friendly Healthy Development Resources. Partners: Families from these groups, lived experts who interacted with child welfare and maternal child health and experienced substance use disorder, and low resourced families.

**Activity 4.** We define ECE professionals broadly, including child care, home visitors, educators, and more. We will use several strategies to attract, develop, and retain talent and strengthen the workforce infrastructure. Initiatives: *Recruitment, Retention, and Compensation:* 1) Child Care Substitute Pool; 2) Investment Roundtable; 3) Self-Care Resources; 4) Regional Care Conferences; *Strengthen Workforce Infrastructure:* 1) Kansas Cape Portal and QRIS

Enhancements; 2) ECE Workforce Systems and Strategies Lead; 3) Future Fellows Cohorts.

Partners: ECE professionals, business and foundation leaders, mental health organizations, and public sector workers.

**Activity 5.** Leverage existing efforts and undertake new ones to improve quality by integrating best practices in ECE programs and directly supporting providers to use such practices. Programs for under-resourced families, rural families, families with special health care needs, and children with developmental health delays will be priorities. Initiatives: *Integrate Best Practices:* 1) Child Care Systems Improvement Team; 2) Facility Quality Improvement Guide; 3) Facility Quality Improvement Guide. *Support Providers in Improving Quality:* 1) Mental/Behavioral and Special Health Care-focused Training; 2) Culturally Responsive Supports; 3) ASQ in Universal Home Visiting (UHV). Partners: Kansas Child Care Training Opportunities (KCCTO) Child Care Aware of Kansas (CCA-KS), Infant-Toddler Specialist Network (ITSN), and the Kansas Inservice Training System (KITS).

**Activity 6.** Child care needs vary by geography. We will implement a zone model as part of a nested approach to provide quality care. Initiatives: 1) Kansas State-Local Child Care Zones – Pilot Subgrants. Partners: Kansas Department of Health and Environment (KDHE), Child Care Licensing, CCA-KS, KCCTO, Local Education Agencies, and Kansas State Research and Extension.

Obstacles include coordination across four state agencies and varying priorities and funding sources and attempts by outside interests to address child care needs by loosening regulations. We will address these challenges by continued use of the governance structure and increased collaboration on building and sustaining cross-agency assets. We will use our

established PDG communication channels to respond to requests about child care and provide data and best practices on child care quality and safety.

**Activity 1: Update Comprehensive Statewide B-5 Needs Assessment**

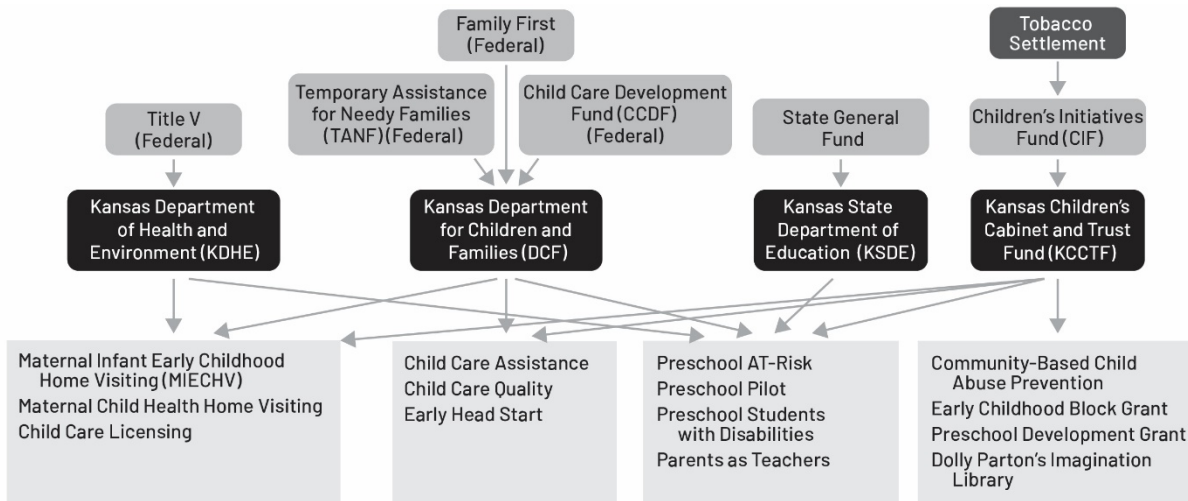
Since 2018, Kansas has completed two comprehensive statewide Early Childhood Education (ECE) Needs Assessments and two abridged annual updates. We used our 2023 PDG Planning Grant to produce the 2024 *All In For Kansas Kids* Needs Assessment, which was approved by the Kansas Children’s Cabinet and Trust Fund (KCCTF) Board in April 2024.

The 2024 *All In For Kansas Kids* Needs Assessment (Needs Assessment) was developed through extensive collaboration with the Kansas Early Childhood State Directors team, staff from the programs and services they administer, and amplified voices from all 105 counties in Kansas. The State Directors team consists of leaders from the four state agencies who manage, fund, and administer Kansas ECE programs and services, and is supported by the University of Kansas-Center for Public Partnerships and Research (KU-CPPR). Table 1 lists the directors and the ECE programs they administer, followed by Figure 1 which shows the flow of ECE funding.

**Table 1: Kansas ECE State Directors Team**

<b>Name</b>	<b>Agency</b>	<b>Program Bucket(s)</b>
Melissa Rooker <i>(PDG Grant Lead)</i>	Kansas Children’s Cabinet and Trust Fund (KCCTF)	Kansas Early Childhood Block Grant; Community Based Child Abuse and Prevention (CBCAP) Programs
Dr. Carla Whiteside-Hicks <i>(EES Director)</i> and Nichelle Adams <i>(co-CCDF Administrators)</i>	Kansas Department for Children and Families (DCF)	Child Care Assistance; CCDF Quality Initiatives; CCDF Workforce Supports; CCDF Consumer Education; Temporary Assistance for Needy Families (TANF); Head Start Collaboration
Pam Hahn	Kansas Department for Children and Families (DCF)	Family First Prevention Services (FFPSA); Family Preservation Services
Derik Flerlage and Dr. Jessie Piper	Kansas Department of Health and Environment (KDHE)	Title V-Maternal Child Health (MCH) Programs; Part C; Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Women, Infants, and Children (WIC); Child Care Licensing
Amanda Petersen	Kansas State Department of Education (KSDE)	Kansas preschool services, Early Childhood Special Education Services (Part B Section 619), Parents as Teachers, statewide Ages & Stages Questionnaires (ASQ) System, Local Interagency Coordinating Councils (LICCs) support, support for Local Education Agencies (LEAs)

**Figure 1: ECE Fiscal Map**



KU-CPPR was the lead researcher and writer for the Needs Assessment. Data collection and analysis were iterative processes that lasted all of 2023. The team explicitly planned new efforts for the needs assessment process while capitalizing on opportunities to gather valuable knowledge from timely efforts already in place. This included data from 17 formal and informal Kansas reports, such as the Statewide Housing Assessment, the Interim MCH Assessment, the Early Childhood Workforce Assessment, and the Child Care Pandemic Relief Midpoint Impact Report. It also included voices of Kansas families and professionals through a survey gauging awareness of developmental health and screening (1,479 Kansas family voices), engagement sessions with ECE professionals on desired pathways for growth and development (37 virtual and in-person sessions), and a statewide community engagement tour led by the Kansas Early Childhood Transition Task Force (500 community members). New efforts to fill data gaps included interviews with child care administrators who closed doors following the pandemic, story collection from low-income Kansas families (214 stories), and a survey of 1,062 Kansans with young children to understand their experiences, attitudes, and behaviors related to social connectedness. Finally, feedback on data collected was solicited from governance groups across the ECE system (see governance chart on p. 69).

To conduct the analysis, the team used research questions derived from previous needs assessments findings and from the 2020 *All In For Kansas Kids* Strategic Plan. These included questions regarding policy alignment, family and professional navigation, shared data, high-quality professional development, family-driven communications, workforce, and barriers communities and businesses face in supporting families with young children.

The team identified over 30 gaps and opportunities. These were summarized into six high-level key findings and organized in the final document across three sections: the Kansas Early Childhood Ecosystem, the Early Childhood Workforce, and the Experiences of Children and Families. Findings were shared broadly with Kansas ECE shareholders and were foundational to the 2024 *All In For Kansas Kids* Strategic Plan (see Activity 2). Table 2 shows examples of how the key findings informed our approach and align to activities in this proposal.

**Table 2: Needs Assessment Key Findings Aligned to Examples of PDG Proposal Activities**

<b>2024 NA Section</b>	<b>Key Finding</b>	<b>Ex. of Alignment to PDG Proposal (Activity Number)</b>
Ecosystem	<b>Limitations of a Coordinated rather than Unified Governance Structure</b> – creates fiscal and administrative inconsistencies; lacks a central decision-making authority; Families experience fragmented services that are often unresponsive to specific needs	CC Zones (6); Strategic Plan Implementation Leads (2); ECE Workforce Systems and Strategy Coordinator (4)
Ecosystem	<b>Difficulty in Capitalizing on Blended Funding Opportunities</b> – individual agency administrative structures and capacity limitations hinder leaders from effectively braiding public and private funding sources	CC Zones (6); Sustainability of proposed activities
Ecosystem	<b>Data Silos</b> – both state and local leaders must navigate differences in agency requirements and limitations for sharing individual-level data	Early Childhood Integrated Data System (5)
Workforce	<b>Development, Recruitment, and Retention Challenges</b> – Low wages, inadequate benefits, and limited growth opportunities or incentives are fundamental barriers to recruiting and retaining early childhood professionals across all services	Health Insurance Stipends (Bonus 2); Baby Steps Expansion (Bonus 2); Cape Portal (4); Substitute Model (4); Self-care Resources (4)
Workforce	<b>Lack of Sustainable Resources for Child Care Owners</b> – too much uncertainty surrounds child care funding; realistic long-term funding strategies are needed to keep child care doors open; communities need locally-driven solutions	Investment Roundtables (4); CC Zones (6)
Children and Families	<b>Difficulty in Accessing Early Childhood Services</b> – Families struggle to meet basic needs and well-being markers foundational to supporting their young children; ECE services are complex to navigate, difficult to access; families with young children experience isolation	GrowTogether (3); ECE Family Systems Consultant (3)

The Needs Assessment highlighted data gaps where more targeted information is needed. We will use PDG funding to address these gaps and better understand the needs of **family child care providers**, the care needs of **rural families** with emphasis on those with infants/toddlers, and the **early childhood mental health** landscape in Kansas (including maternal health). KU-CPPR will lead this work, leverage partnerships to support data collection and analysis, and produce a gap analysis report for each focus area which will provide nuanced understanding. The reports will be shared broadly for collaboration on solutions. Details are below.

*Family Child Care Gap Analysis Report.* Efforts to sustain and bolster child care through the pandemic and beyond reminded us of how the needs of family child care providers differ from their center-based colleagues. The multiple age groups in one space, the outsized impact of a single enrollment change or family need, and the limited capacity to explore new curricula, educational materials, or trainings – these are all examples of the challenges largely unique to family child care providers that require more in-depth analysis and understanding. In Kansas, family child care providers make up 70% (~3,200) of all licensed providers, and supply 40% of child care slots available.<sup>i</sup> While this number has remained relatively stable in recent years, many do not see this as a long-term career. In a 2022 survey of over 880 child care business owners and workers, over 60% of owners did not see themselves staying in the field over the next 10 years.<sup>ii</sup> Table 3 shows our approach to understand the needs of this crucial group of providers.

**Table 3: Family Child Care Gap Analysis**

<b>Family Child Care (FCC) Gap - Guiding Questions</b>
<ul style="list-style-type: none"> <li>• How do the needs of FCC providers differ from those of their center-based colleagues?</li> <li>• What are the factors that contribute to low wages among FCC providers?</li> <li>• What is the likelihood that Kansas will see a large population of FCC providers age out of the career without new providers stepping in to replace them? What is the age distribution of current family child care providers? What would it take to encourage young people to enter this profession?</li> <li>• Does the rate of new FCC providers correlate with birth rates, by community and over time?</li> <li>• What does burnout look like? What are promising system-level strategies to prevent and address burnout?</li> </ul>

<ul style="list-style-type: none"> <li>• Why do FCC providers enter and stay in the profession? Why do they choose this over center-based care? What do they value most about this work? What are the critical components of this work that are non-negotiable for them to stay in the profession?</li> </ul>
<p><b>Family Child Care Gap - Report Activities</b></p> <ul style="list-style-type: none"> <li>• Partner with the Child Care Provider Coalition (CCPC), a Kansas-specific membership organization of FCC providers, to understand what current information exists about the needs and preferences of FCC providers. We will also partner with this group for communication efforts related to this Report.</li> <li>• Conduct a review of the existing peer-reviewed literature.</li> <li>• Analyze existing secondary data, including Child Care Aware of Kansas’s Point-In-Time Data, data from Bureau of Labor Statistics (BLS), Census, and the American Community Survey (ACS), and Cape data (as available). We will also draw on data previously collected through PDG-funded activities, such as Our Tomorrows and community engagement meetings.</li> <li>• Conduct interviews/focus groups with FCC providers to understand why they value the profession.</li> </ul>

***Rural Family Care Gap Analysis Report.*** We also recognize the critical need to spotlight the circumstances affecting the development of a robust ECE system in rural and frontier regions of Kansas. Rural communities are a key constituent in our work. They have unique pressures related to transportation, consistent access to services, and lack of ECE professionals – particularly those offering specialized care such as mental health or special health care services. With lower population ratios, the same investments made in rural communities impact fewer families than in their urban counterparts. This means we need a different, more nuanced approach to showing the impact of ECE investments in rural areas. Table 4 shows our questions and activities to understand the needs of rural families with young children.

**Table 4: Rural Family Care Gap Analysis**

<p><b>Rural Family Care Gap - Guiding Questions</b></p> <ul style="list-style-type: none"> <li>• What pressures do rural communities face regarding transportation, access to ECE and specialized care services? How do these shape the experiences of families?</li> <li>• What child care is available to rural families? Who provides it? How sustainable is this care?</li> <li>• What is the availability of specialized care, including for mental health and special health care needs?</li> <li>• What are the direct and indirect impacts of early childhood investments in rural areas?</li> <li>• What is the impact of substance use disorder (SUD) on families with young children? How do caregivers of young children access treatment for SUD? What are the opportunities to better support these families?</li> <li>• To what extent do rural caregivers with young children experience social connection and isolation?</li> <li>• How does compensation for ECE professionals working in rural and frontier areas compare with peers across the state? What would be a competitive wage for ECE professionals living in these communities?</li> </ul>
<p><b>Rural Family Care Gap - Report Activities</b></p> <ul style="list-style-type: none"> <li>• Draw on peer-reviewed literature, and KS-specific reports and needs assessments, including research from Kansas Sampler Foundation on the needs and strengths of rural community life and work funded by the Sunflower Foundation to identify needs of the SUD system.</li> </ul>

- Analyze existing data on wages, child care availability, economic opportunity, and prevalence and impact of social isolation from BLS, the Census, the ACS, CCAKS Point-In-Time data and through a Young Families' Experiences of Social Connection and Responsibility survey.
- Conduct key informant interviews and review workforce registry (Cape) to gather wage data specific for ECE professionals working in rural and frontier regions. Kansas lacks geographic breakdown in wage information for the ECE workforce. Costs of living varies and understanding discrepancies as well as what is considered a competitive wage in rural communities will be critical to any larger ECE compensation efforts. This will also be useful for CC Zones (see Activity 6).
- Conduct key informant interviews to identify trends in the availability of specialized care providers, including those working in more traditional public health services which often serve the broader care needs of families in rural communities.

***ECE Mental Health Gap Analysis Report.*** In 2023, Kansas ranked last in the nation for mental health care access based on the level of need.<sup>iii</sup> Families and professionals report feeling overwhelmed and under-supported and often must navigate multiple systems, lengthy wait lists, and financial and geographic barriers for mental health services. This report will build on data from mental health-focused community conversations conducted by ITSN last year. This gap analysis will include a two-generation lens to better understand the mental health needs and gaps of children birth through five and their parents and caregivers. Table 5 shows our approach.

**Table 5: ECE Mental Health Gap Analysis**

<b>ECE Mental Health Gap - Guiding Questions</b>
<p><b><u>Young children</u></b></p> <ul style="list-style-type: none"> <li>• What are the mental health needs of young children? What does the EC mental health landscape look like? How accessible are EC mental health services? How does access vary by geography and ability to pay?</li> <li>• What is the availability of social-emotional development resources for young children?</li> </ul> <p><b><u>Caregivers</u></b></p> <ul style="list-style-type: none"> <li>• How does mental health relate to maternal mortality?</li> <li>• What are the mental health needs of caregivers of young children?</li> <li>• What is the current landscape of mental health services available to caregivers of young children? What are common barriers to access? How accessible are prenatal and postpartum mental health supports?</li> <li>• What is the prevalence and impact of social isolation among families with young children?</li> </ul> <p><b><u>ECE professionals</u></b></p> <ul style="list-style-type: none"> <li>• What are the mental health needs of ECE professionals? What are their experiences accessing supports? How does mental health shape professionals' abilities to serve young children and their families?</li> <li>• What is the current landscape of mental health services available to ECE professionals? What are common barriers to access? What resources are available to them through the ECE system to address common mental health issues such as compassion fatigue and burnout? What other supports would they like?</li> </ul>
<b>ECE Mental Health Gap - Report Activities</b>
<ul style="list-style-type: none"> <li>• Review literature on mental health needs of young children, their caregivers, and ECE professionals; mental health role in maternal mortality; mental health issues of ECE workers (like compassion fatigue or burnout).</li> <li>• Conduct interviews to understand the nuances of the Kansas mental health landscape, including services available to families and professionals and common barriers to access, such as cost and wait lists.</li> </ul>

- Map the available mental health resources for families and children from across the mixed-delivery system, such as prenatal and postpartum support and social-emotional development resources.
- Analyze data from previous PDG- and CCDF-funded data collection efforts, including Young Families’ Experiences of Social Connection and Responsibility survey, Our Tomorrows, and ITSN community conversations.
- Interview ECE professionals to learn what resources are available through the ECE system to address mental health issues (such as compassion fatigue and burnout), and what other supports they would like.

**Activity 2: Update Comprehensive Statewide B-5 Strategic Plan**

Kansas is completing a new five-year *All In For Kansas Kids* Strategic Plan (Strategic Plan), slated for presentation to the KCCTF Board in August 2024 and then submitted to federal partners as our planning grant deliverable. This plan was developed through the same collaboration process described in Activity 1 (p. 6) and is based on the gaps, opportunities, and key findings from the 2024 *All In For Kansas Kids* Needs Assessment (p. 8). Feedback on the Strategic Plan was gathered via virtual and in-person meetings with over 450 Kansans as detailed in Table 6.

**Table 6: 2024 Strategic Plan Feedback Groups**

Governance	Programs and Providers	Direct Services	Community/Family
Kansas Early Childhood Systems-Building Webinar (4/10/2024)	Part C Coordinators (4/11/2024) Regional Level KDHE Meetings (4/15/2024)	Child Care Provider Coalition (2/1/2024)	Family First Interagency & Community Advisory Board (2/15/2024)
Early Childhood Recommendations Panel (3/22/2024)	Governor's Public Health Conference (3/6/2024)	Home Visitors (4/1/2024)	Communities In Action (2/19/2024)
Workforce Development Advisory Group (3/27/2024)	State Interagency Coordinating Council (3/22/2024) KS Division for Early Childhood Conference (3/1/2024)		Family Leadership Team and Family Advisory Council (2/19/2024 and 4/13/2024)

The Strategic Plan recommends opportunities for collaboration, coordination, partnership and quality improvement across three pillars that mimic the structure of the 2024 *All In For Kansas Kids* Needs Assessment (Ecosystem, Workforce, Experiences of Children and Families). These opportunities are organized into 15 goals and 111 detailed actions that state agencies, community partners, ECE professionals, policy makers, funders, and other ECE champions can take to meet the Kansas vision that *every child thrives*. Measures of success follow each goal to

communicate benchmarks and drive shared progress. The final section of the document is titled Pathways to Action. This section’s purpose is to engage (and reinforce awareness of) the multiple sectors and perspectives in the Kansas ECE Ecosystem that play a role in the plan’s success. It includes information about existing state-level governance groups, promising local-level approaches, implementation and monitoring efforts, and funding sources to leverage. The Strategic Plan content informed the activities in this proposal, as outlined in Table 7.

**Table 7: Strategic Plan Goals Aligned to Examples of PDG Proposal Activities**

<b>2024 Strategic Plan Goal (Pillar)</b>	<b>Examples of Alignment to PDG Proposal (Activity Number)</b>
Strengthen the continuum of ECE services through widespread collaboration across state and local partners. (Ecosystem)	CC Zones (6); Strategic Plan Implementation Leads (2)
Connect families to the right service at the right time through comprehensive networks of resources and services. (Ecosystem)	GrowTogether (3); ECE Family Systems Support Navigation (3); Family Navigation Referral System Consultation (3)
Measure impact across the full range of ECE services over time and use the data to make changes that reduce disparities and improve outcomes for children. (Ecosystem)	Early Childhood Integrated Data System (5)
Promote agreements between public and private sectors to expand ECE supports. (Ecosystem)	CC Zones (6); Investment Roundtables (4)
Support policies and initiatives that increase capacity, enhance quality, improve access to services, and contribute to economic security for families. (Ecosystem)	Exploration of Family Eligibility and Enrollment Portal (3)
Strengthen existing tools and create new resources to ensure providers offer families seamless transitions in support of their child’s interests, healthy social-emotional development, and academic potential. (Ecosystem)	ECE Family Systems Support Navigation (3); Family Navigation Referral System Consultation (3)
Support strategies to increase the overall compensation of early childhood professionals and improve the financial sustainability of programs. (Workforce)	Child Care Health Insurance Stipends (Bonus 1); Infant/Toddler Incentives (Bonus 1)
Build workforce capacity to provide high-quality ECE services. (Workforce)	Scaling Child Care Substitute Pool Model (4); ECE Workforce Systems and Strategies Coordinator (4)
Support ECE professionals to help them reach their professional development goals. (Workforce)	Specialized Training for ECE Professionals (5); Regional Care Conferences (4)
Support high-quality programming and resources for expecting families and children in all birth to age 5 environments so they can reach appropriate developmental goals. (Workforce)	GrowTogether (3); Expansion of ASQ Training, Screening, and Referral (5)
Engage families in experiences to connect, learn, and contribute, while creating new opportunities to help shape the ECE ecosystem. (Children and Families)	Regional Care Conferences (3); Strategic Plan Implementation Leads Co-Creation with Families (2)
Build awareness of the services available to help families make informed decisions in support of their child’s interests, healthy development, and learning. (Children and Families)	Family-Friendly Healthy Development Resources (3); ASQ Trainings for Health Care Practitioners (Bonus 2)
Improve child well-being by increasing access to the full range of services that prioritize safe, nurturing parent/caregiver relationships and strong families. (Children and Families)	Family Mental Health Education (Bonus 2); Specialized Training for ECE Professionals (5)

Prioritize the mental health of children and families by offering accessible, multi-generational services and opportunities for connection in supportive environments. (Children and Families)	Family Mental Health Education (Bonus 2); Regional Care Conferences (3)
Ensure families experience respectful and responsive interactions across the full range of ECE services. (Children and Families)	Culturally-Responsive Supports (5); Specialized Training for ECE Professionals (5)

In addition to the initiatives referenced above and described in Activities 3-6, there are two larger deliverables where Kansas will target PDG funding. These are described below.

***Co-creation of Quality Indicators and Targets.*** Action 3.1 of the Ecosystem Pillar within the *All In For Kansas Kids* Strategic Plan is identifying and adopting quality indicators and targets for ECE services across a range of outcomes. We will co-create these indicators and targets for maternal/child health metrics, family engagement metrics, and workforce development with the families and professionals impacted. Co-creation efforts will be embedded into PDG-funded activities and other existing efforts supported by other funding sources. Specifically, we will use time at the Regional Care Conferences (p. 20), utilize the CC Zone Project Leads (p. 37), layer questions into surveys that monitor professional satisfaction of the specialized trainings (p. 33), and closely monitor activity and feedback on the different websites and connection points supporting families (i.e., 1-800-CHILDREN, helpmegrowks.org, etc.). KU-CPPR will generate potential quality indicators and targets from these data collection efforts and then facilitate co-creation sessions with families and professionals to present final indicators and targets (along with recommendations for how to monitor) to the appropriate Kansas ECE governance group (see governance chart on p. 69) for adoption.

***Strategic Plan Adoption and Quality Improvement.*** In the Strategic Plan, we note that the goals and actions are “meant to grow and change with new ideas and with signs of progress.”<sup>iv</sup> Kansas will use PDG funding and partner with KU-CPPR to implement efforts that support that intent. We will continue the *All In for Kansas Kids* communication channels

established in 2019. Distribution includes a weekly email to more than 3,000 ECE professionals and partners; updates on the [allinforkansaskids.org](http://allinforkansaskids.org) website to reach key audiences with timely information and resources; and monthly recorded webinars featuring updates on ECE ecosystem initiatives. We will conduct a process evaluation described throughout this document to monitor alignment with Strategic Plan actions and progress on the project timeline and milestones (Table 8 on p. 47). Quarterly updates will be presented at State Director meetings, relevant Kansas ECE governance meetings, and on [allinforkansaskids.org](http://allinforkansaskids.org). Finally, we will use *Our Tomorrows* (OT) sensemaking to gauge community- and family-level understanding of the Strategic Plan and relevance of actions as the implementation moves forward. OT brings families, communities, and decision-makers into a shared, equitable process for making sense of what matters most to families. Kansas has previously used the process to collect stories to inform decisions and planning. This next iteration of OT will feature up to 10 annual in-person and/or virtual sensemaking sessions that align with Strategic Plan actions. OT staff will use sensemaking facilitation techniques to uncover and strengthen experience-based connections between families and professionals and incorporate authentic family voices into Strategic Plan monitoring and actionable insights. This approach enables us to measure progress based on the real-time experiences of families and professionals and ensures the Strategic Plan itself is a living document that reflects and prioritizes the evolving needs of Kansans.

### **Activity 3: Maximize Family Participation and Engagement in the B-5 System**

Kansas will use PDG funds to make the ECE system more equitable, user-friendly, and responsive to families' needs and experiences by improving ease of navigation, accessibility, and enrollment in ECE programs. Recommendations from those families with firsthand experience in Kansas who have engaged with child welfare and maternal child health systems, and who have

lived with substance use disorders, will be centered when defining actions to increase enrollment in ECE services. We will work with ECE programs across home visiting, early intervention, child care, and family-led networks such as Families Together to increase enrollment and meet specific populations and needs. Our Needs Assessment data found three target populations who need increased support to effectively access services: families with children who need early intervention or special education services (i.e., Part C and Part B), families in rural communities with limited access to specialized care providers, and perinatal families with behavioral and mental health needs. A 2022 survey of nearly 1,500 Kansas families indicated stigma and uncertainty is tied to early detection (p. 22). Perinatal mental and behavioral health initiatives highlight challenges with readily identifying and addressing interwoven mental/behavioral and medical care needs of perinatal families.<sup>v</sup> Navigating transitions from the prenatal period through kindergarten such as enrollment in a new service, a geographic relocation, or eligibility for new services is isolating and confusing for families. Family Resource Centers (FRC), kindergarten transition resources, and care coordination-type services are available in Kansas and work when families know what they are eligible for or are already in services. A gap remains in bridging the step from a family having a need to knowing what steps to take to meet that need.

***GrowTogether - an Interactive Family Transition Tool.*** Kansas will develop a prototype to help families understand next steps in their transition and to increase family enrollment in ECE services. This tool will build upon existing supports for families by providing easy-to-access, digestible information that families need at specific points in time. Named GrowTogether, this interactive online platform will use artificial intelligence (AI) and the Kansas-specific resource directory (1-800-CHILDREN, powered by FindHelp) to inform families on what to expect and next steps. The platform will be on the HMG-KS website

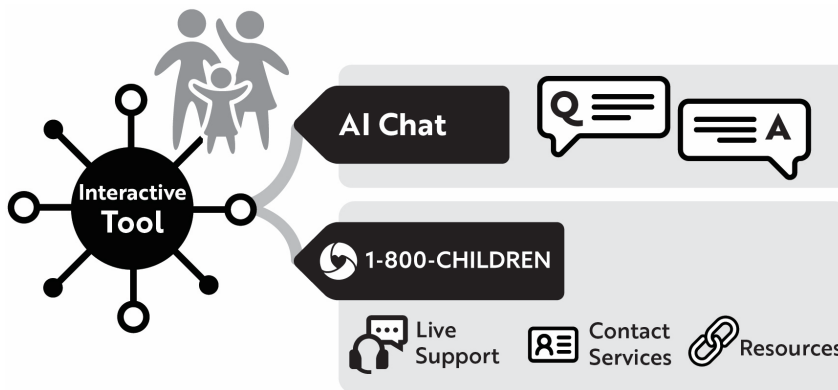
(helpmegrowks.org) and feature an interactive visual of common transition points. A family may interact with the visual map, the AI prompt, or both. The map will give insights into what is next, average length of time between steps, resources, and questions to consider. For example, if a caregiver learns their child is identified as having a developmental delay, this visual shows the steps and preparations to consider between diagnosis and enrolling in services. At each point, families can select how they would like to receive information.

1. Resources – families will receive links to articles and additional information to better understand their situation and what to expect, absorbing at their own pace.
2. Family-initiated contact for services – families can find contact information about existing ECE initiatives in their area, including Part C and Part B providers, child care providers, maternal health supports such as the Kansas Perinatal Community Collaborative (KPCC), Teen Pregnancy Targeted Case Management (TPTCM), and home visiting services through MIECHV or UHV.
3. Live Support - this platform will connect to 1-800-CHILDREN, a closed-loop referral system, so families can speak to a support specialist to talk through their situation.

If a family chooses, they can engage with a controlled AI portion of the platform. Using a prompt and response system, families enter a few basic facts or questions about their needs. The platform will generate a simple, conversational response with 1-3 relevant topics to deepen a family's understanding of what might be next along with tangible action steps. This may include a list of newborn screenings to expect, questions to ask at their next provider appointment, how to access child care assistance, what milestones are next for their child, or what school district (with contact information) they are within. The prototype will include disclaimers about the risks and the limitations of AI, and the importance of connecting with trusted providers when

determining next steps. In development, we will also ensure the platform aligns with Kansas state AI policy and is compliant with all state requirements. The platform minimizes the hours a family might spend searching for answers and offers small doses of information, rather than a page full of hyperlinks to wade through. Natural Language Processing (NLP) enables the tool to better understand, interpret, and respond across multiple languages. This feature is critical for families whose primary language is less commonly spoken and difficult to access timely culturally responsive supports. Finally, we will use the data collected to understand, and proactively respond to, the types of questions or common situations families are seeking information on. Our evaluation will drive decisions on moving beyond a prototype platform. Below is a visual of GrowTogether.

*Figure 2: GrowTogether Visual*



***ECE Family System Connection Points.*** Once a family is aware of options and is empowered with steps to take, the possibilities for traditional care coordination and other existing services/programs become greater. During the perinatal period, families identified the initial developmental health screening and follow-up resources as being frustrating and confusing. We will focus on this as one of the transition points.

We will strengthen connection points for families during these transition points by expanding the reach of the existing connections. KDHE will lead this effort and has hired a

Family Systems Consultant (starting August 2024, funded by MCH) tasked with expanding family and consumer partnerships across the KDHE Bureau of Family Health (BFH). This includes outreach and recruitment efforts, supporting and expanding the family elements of HMG-KS, and assisting families. Using PDG funds, the Consultant will expand the capacity of key screening and perinatal health partners to engage meaningfully with families, support more timely and appropriate referrals, and add workflows and business practices that reduce confusion for families during transitions. Efforts include targeted trainings on family engagement best practices, handouts addressing frequent challenges families struggle with, or one-on-one coaching and technical assistance on topics to support a family whose child(ren)'s ASQ results fall within the monitoring zone or require a referral but are on a lengthy waitlist for services. The goal is to support 150 partners each year, with evaluation to monitor the effectiveness of the capacity-building through a quality improvement lens to strengthen connection points.

***Explore a Family Eligibility and Enrollment Portal.*** We will increase enrollment for low-resourced families in home visiting and WIC programs by exploring a family eligibility and enrollment portal modeled after First 5 South Carolina ([first5sc.org](http://first5sc.org)). Kansas has a portal for direct assistance that includes public benefit programs such as TANF, and we will use PDG funding to explore a similar solution for MIECHV- and MCH-funded home visiting and the WIC program. A coordinated eligibility and enrollment approach that uses family-friendly language can help expand the reach of these important services. Phases of this exploration are outlined below, with Years Two and Three dependent on Year One findings and capacity.

- **PDG Year One:** Assess current benefit program technology, historical efforts, and effectiveness from family and program lead perspectives; assess WIC and MIECHV- and MCH-funded home visiting workflows and needs; share assessment findings with State

Directors and program leads and clarify goals and objectives; meet with the [first5sc.org](http://first5sc.org) team for lessons learned; make decision on moving forward with new portal.

- Year Two (if applicable): Begin implementation of Year One recommendation. Map the eligibility and enrollment processes for all programs to be incorporated into the new portal; determine the appropriate technology and process to implement; identify financial resources, goals, and governance.
- Year Three (if applicable): Begin implementation to secure the technology, which may include a public Request for Proposals process; begin the change management processes with program partners and develop an advisory group with equal representation from program staff and end-users (i.e., families).

***Regional Care Conferences: Family-Driven Connections.*** Kansas will host six Regional Care Conferences (two per year) for professionals and families to focus on mental health and special health care needs and **facilitate family-driven connections and program improvements and equip professionals to better meet family needs.** Conferences offer a “third place”<sup>vi</sup> for professionals and families who live and work nearby to network with peers. These free one-day events are open to anyone in the regional catchment area who is expecting a child or cares for a child age B-5. Family outcomes are identified here in Activity 3 (p. 21) and workforce outcomes listed in Activity 4 (p. 28). The opening panel will be facilitated by Kansas Association for Infant and Early Childhood Mental Health (KAIMH) and will invite families with lived experience and ECE professionals to discuss what early childhood mental health means to them. The panel will model parent-provider conversations, normalize talking about mental health and the social-emotional and special health care needs of children and their families, establish a trusting relationship, and empower parents to be advocates for their children.

Topics will include early intervention, specialized physical health care needs, high behavioral needs, and/or neurodevelopmental disabilities. Content will be localized with recognizable organizations and common barriers and bright spots. Additionally, we will leverage findings from the community conversations ITSN is currently hosting to better understand community level infant-toddler needs and build alignment between these efforts to provide responsive and proactive supports for families with the youngest children.

This intentional time for families to share their experiences with each other and with care providers in a safe environment will drive system and program improvements. Family-focused outcomes are: 1) Conversation topics families wish their provider or their child's provider would have with them; 2) Increased system-level awareness of regional program and service gaps – including quality gaps from the family perspective; and 3) Increased family-level awareness of connecting with peers, steps families can take to advocate for their needs, and normalized conversations about inclusive environments. Regional Care Conferences in Year One will be in NW and SW Kansas (rural/frontier counties), in North-Central and South-Central Kansas in Year Two (including Wichita), and in NE and SE Kansas in Year Three (including Kansas City metro).

***Family-Friendly Healthy Development Resources.*** Kansas utilized Early Childhood Comprehensive Systems (ECCS) and PDG funding over the last seven years to establish a robust developmental health screening infrastructure, including Help Me Grow-Kansas (HMG-KS), an ASQ statewide enterprise account to make online screeners available, and better screening practices. Feedback from almost 1,500 families about their experiences, knowledge, and preferences related to their child(ren)'s healthy development needs showed that many were overwhelmed in knowing when and how to access screenings and supports. We will use PDG funding to create and disseminate resources to address these gaps. The HMG-KS leadership team

will use existing channels to co-create resources with families to better interpret ASQ screening results and next steps. Channels include a quarterly virtual Family Fireside Chat,<sup>vii</sup> Family Leadership Team and Family Advisory Council meetings and email distribution lists, the HMG-KS website, and GrowTogether (p. 16). Resources will include FAQs about developmental milestones, an explainer about the ASQ screener and developmental health, and information on how to connect to specific services. We will build on federally available resources and tailor them for Kansas families, similar to previous efforts such as the Bright Futures Well Visit Planner. Resources will be integrated into Part C, Part B, ITSN, UHV, and MIECHV packets to share directly with families; distributed through Kansas Chapter of American Academy of Pediatrics networks; included in expectations for all MCH Aid-to-Local grantees;<sup>viii</sup> and shared with families at Regional Care Conferences (p. 20).

***Compensation for Family Participation.*** Kansas will continue to compensate family members to participate in conferences, engagement activities, and co-creation opportunities. Amounts vary depending on the activity, but include stipends or an hourly rate, mileage reimbursement, child care expenses, lodging, and/or replenishment of lost wages.

***Family Navigation and Referral System Consultation with Pilot Funds.*** Kansas will partner with KU-CPPR to provide free technical assistance to communities to strengthen localized family navigation and referral systems. Implementation science will help organizations and community partners build capacity and select a platform that meets coordination needs. Communities must establish a Network Team with at least three local partners to access. Communities are self-defined and can be based on geography or sector/service. A single partner from a community can receive a one-hour virtual consultation to learn more or get coaching on

referral systems or build a Network Team. The network team may decide to build a standalone network or connect to one already established. Consultation will be customized and may include:

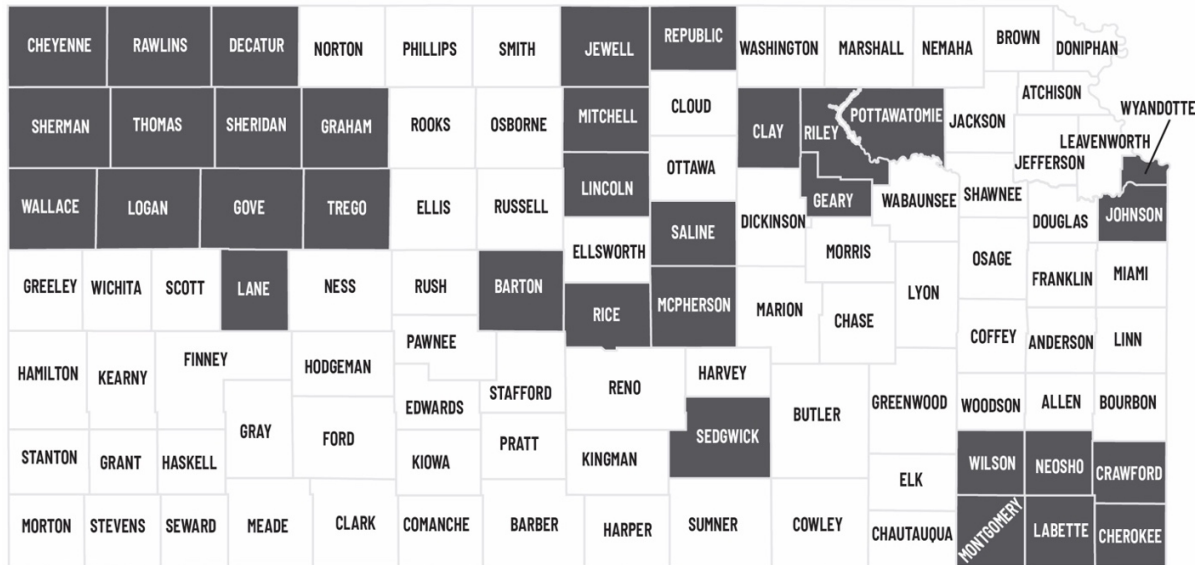
- Analysis and/or visual map of current community referral processes and workflows.
- Survey for communities to administer locally to determine family preferences and gaps and bright spots of current community efforts to streamline navigation.
- Survey for communities to administer locally to understand and assess current referral workflows and relationships between referral partners.
- Case studies of different referral approaches from peer communities in and around Kansas, including how communities have blended funding to sustain their systems.
- Connection to peers in other communities who can share innovative approaches and lessons learned from their development of a comprehensive referral network.
- Facilitated conversations (virtual or in-person) with community partners to understand provider preferences and determine readiness for referral solutions.
- Navigation and Referral Solution Write-up with a minimum of three solutions with pros, cons, and key variables for success in implementation.
- Electronic survey for communities to administer post-solution adoption to track and monitor progress towards family navigation and referral system goals.

Following consultation, communities can apply for up to \$10,000 to pilot their desired Navigation and Referral System solution. Kansas will support 30 communities with consultation, and award up to eight communities to pilot their preferred solution over the PDG grant.

Kansas has invested in two referral tools – IRIS and UniteUs – through federal grants and state funding. These tools are among the options provided in the Solution Write-up. As an example, see Figure 3 for communities currently within an IRIS network. This approach

leverages what is working in Kansas, with the potential to build stronger referral networks and expand existing programs to reach into resource-poor areas. Kansas has access to data collected from IRIS networks and routinely reviews data to modify and improve the flow of referrals.

**Figure 3: IRIS Network Coverage Map**



**Activity 3 Evaluation Approach.** Evaluation methods are mapped to each strategy. We will measure the increase in family participation and engagement, the quality of those engagements, the increase in family utilization of enhanced navigation supports, and family perceptions of how supports improved their overall experience. We will leverage spaces where families are already engaged, including the Family Fireside Chats and existing program surveys and administrative datasets to reduce burden and increase the evaluation’s feasibility. Key inputs, strategy activities, and expected outcomes corresponding to each strategy for Activity 3 are detailed in Table 9 of the program performance evaluation plan on p. 57.

**Activity Four: Support the B-5 Workforce**

Kansas will use PDG funds to continue supporting the ECE workforce, broadly defined as child care professionals, home visitors, professional development staff and trainers, Head Start providers, preschool teachers, Part B and Part C staff, and local and state agencies staff. We will

expand recruitment, retention, and compensation efforts, provide targeted professional development, strengthen the ECE infrastructure, and integrate best practices. Recruitment and retention strategies are also addressed in Bonus 2 (p. 45).

***Recruitment, Retention, and Compensation: Child Care Substitute Pool.*** Using recovery funds from CCDF and state sources, Kansas launched the Child Care Capacity Accelerator (Accelerator) in 2023 to infuse community-level funding for child care infrastructure. One grantee expanded a local child care substitute provider model called Customized Early Education, which successfully supported 42 child care providers in 16 counties and provided 8,800 hours of high-quality substitute care. PDG funds will scale this model to expand substitute coverage options statewide, reaching 180-200 providers over three years. Many child care facilities struggle to maintain adequate staffing when staff need to attend professional development, call in sick, or take personal time off. This is especially challenging for family child care providers who have the extra layer of considering if a substitute is appropriate in their home setting. Expansion of this model addresses these gaps and meets safety ratios. Customized Early Education will oversee substitute onboarding and administrative needs and match professionals with licensed child care facilities in need of coverage. As an Accelerator project, this model was evaluated to support pivots and quality improvements. The model utilizes a web-based platform to recruit quality professionals and match them to child care facilities in their area. The true cost of each substitute is \$250 per day based on a livable wage, which has attracted individuals to enter or re-enter the child care workforce, creating a network of quality substitutes to assist programs to be stable and consistent. PDG funding will be braided with local funding to enable providers to access this service at \$100 per 8-hour shift (a 33% discount) and be assured of a vetted, high-quality child care professional that meets their needs. PDG will also

support training expenses so that substitutes incur no out-of-pocket expenses to join. Finally, the program is partially funded through local dollars from private sources. The lean administrative design enables local funders to direct dollars to subsidize the shift rate and further reduce direct costs to child care providers.

***Recruitment, Retention, and Compensation: Investment Roundtables.*** Kansas used one-time funding to increase scholarships for CDAs, provide bonus payments, and sustainability and facility grants. We need ongoing funding to sustain. Kansas augmented the funding gap by encouraging investment through public-private partnership pilots with varying degrees of success. Examples include employer-sponsored slots, business funding similar to Michigan's Tri-Share model, employer-funded on-site child care, and endowment seed funding from foundations for compensation. Each has had challenges and inconsistencies. Honest conversations with private entities, particularly from pilot efforts, are needed. We will use PDG funds to host roundtable conversations to share lessons learned and make sense of what to scale or tweak. The primary audience will be private sector leaders – foundations, businesses, employers – with roundtables of 10-15 participants. Business CEOs or HR leads and/or philanthropic leaders will facilitate the conversations to navigate frank conversations about what private sector leaders may be willing to participate in and what models and/or incentives are needed to secure their investment and long-term participation. One-pagers summaries from pilot initiatives will provide context of what's been tried. Roundtable conversations will be on a fall-and-spring cadence with two per year. Business and foundation partners will host. The location will rotate to meet employer needs across regions. While 87.5% of Kansas is farmland,<sup>ix</sup> several large industries require shift-work or in-person employees, including aviation, meat and food processing plants, agricultural production plants, and technology and chip processing plants. The Kansas

Department of Commerce recruited large multi-national businesses, and most efforts included how Kansas would meet their child care needs. Each industry voice offers different perspectives on potential private-sector interests in ECE and child care. Roundtable reports and strategies will identify investment partnerships to pilot or scale.

***Recruitment, Retention, and Compensation: Self-Care Resources.*** Kansas struggles to retain ECE professionals, particularly in child care and home visiting. Burnout is a factor in the decision to leave the field. For example, 52% of MIECHV-funded home visitors reported symptoms of burnout,<sup>x</sup> and over 50% of child care owners and directors reported burnout as a top reason they would leave the field.<sup>xi</sup> One mitigation strategy for burnout is mental and emotional health resources. KAIMH will offer self-care resources for 210 ECE professionals over the grant period –targeting family child care owners, child care directors, and home visitors in MIECHV-funded communities.<sup>xii</sup> Professionals may join a cohort track (higher involvement) or a self-directed track depending on their preference. All will receive the *Conscious Discipline “Powers of Resilience” Social Emotional Learning for Adults* training to build resilience, a \$100 stipend, and a self-care toolkit and *Building Your Bounce: Simple Strategies for a Resilient You*. Cohort participants will learn how to put content into practice and get six Reflective Consultation group sessions. Self-directed participants will receive implement supports. Communities of practice will be offered. We will work with the state agencies that oversee ECE professional development requirements to maximize participants’ ability to receive credit for participation.

***Targeted Professional Development: Regional Care Conferences.*** As described in Activity 3, the Regional Care Conferences will strengthen the ability of professionals to better meet the mental health and special health care needs of families. Kansas professionals have shared the desire for inter-personal connections and information processing that comes from in-

person convenings. This is particularly critical if the connections are with others who have shared experiences or backgrounds and if the professional development topic is difficult or intense, as is often the case with mental health or specialized health care topics. The outcomes specific to professionals attending the Conference include:

- High-quality content aligned with the updated Kansas Core Competencies for Early Childhood Care and Education Professionals and the Kansas Early Learning Standards;
- Best practices and guide to meet the mental and special health care needs of families;
- Digital badging or other credentialing approaches to recognize professionals in the professional development workforce registry - Kansas Career and Professional Empowerment Portal (Cape) and Quality Recognition and Improvement System (QRIS) (see below) who make these topics a priority of their professional development;
- Inclusion of ECE professional experiences from these Conferences in Strategic Plan quality benchmarks and implementation efforts (p. 14).

***Strengthen Workforce Infrastructure: Cape and QRIS Enhancements.*** We braided PDG, CCDF ARPA, and state funds through CIF to modernize the QRIS platform which launched March 2024, and begin building Cape. Cape will track and align professional development of ECE professionals, guide advancement and quality, and support state recruitment and retention efforts. The Cape build is governed by the four lead ECE state agencies (p. 6) and led by the ECE State Workforce Development Contractor, KCCTO. Key training partners, KDHE Child Care Licensing, and CCA-KS are involved in discovery and build phases. Cape will launch phase one in October 2024. We will use PDG funds to implement phases two and three and migrate the QRIS platform into Cape. Efforts include:

- Cape Phase Two Build Elements (estimated target date: October 2025):

- customized user experience and expanded user data collection (i.e., users manage views and access, electronic portfolio, personalized dashboard);
  - system verification automation functions;
  - enhanced course management
  - integration with existing technical ECE workforce-related systems (child care licensing, child care resource and referral, and learning management);
  - trainer, training, and technical assistance approval (application, review, determination) processes for all ECE professional development services;
  - integration of career development features (i.e., Core Competencies Self-assessment, Individualized Professional Development Plan, Career Pathway);
  - enhanced visual reporting; and
  - peer-to-peer and community messaging with system-wide alerts and announcements.
- Cape Phase Three Build Elements (estimated target date: October 2026):
- advanced integration of Career Pathway to view individual accomplishments, access prior versions for comparison, and manage professional development opportunities;
  - calendaring tool for scheduling and tracking TA; and
  - alerts/messaging and direct communication with recipients of the supports
- QRIS/Links to Quality (L2Q) Migration into Cape (estimated target date: March 2025):
- migration of existing L2Q workflow into Cape for aligned quality efforts;
  - enhanced functionality for L2Q staff to add links (quality benchmarks);
  - expand number of programs enrolling in L2Q to full statewide reach.

***Strengthen Workforce Infrastructure: ECE Workforce Systems and Strategies Lead.***

Kansas relied on multiple state agencies partnering together to make cross-system workforce

investments, which is challenging to navigate four sets of agency priorities and funding sources. With new PDG funding, Kansas will pilot a new Workforce Systems and Strategies Coordinator position housed at KDHE. This position will work with state administrators overseeing federal funds supporting ECE (CCDF, MIECHV, Head Start, MCH, PDG) and will be a strategic partner to KCCTO and CCA-KS who deliver resources and programming to the early childhood workforce. The coordinator will ensure accountability for ECE system-wide alignment with contracts and deliverables related to ECE workforce and professional development and enhance state-level understanding of federal allowances and flexibilities. The position will provide support to system-level workforce teams (i.e., Cape team, MIECHV workforce cohort, Workforce Development Advisory Group, etc.) and ensure accountability for system-wide workforce initiatives to meet quality benchmarks in the Strategic Plan and Activity 2 (p. 14). They will identify strategies and support compensation efforts for the CC Zone Subgrants. The coordinator will also support Recommendations Panel workgroups on workforce initiatives.

***Strengthen Workforce Infrastructure: Future Fellows Cohorts.*** Kansas used previous PDG funding to establish the Kansas Future Fellows program to build a state network of 30 individuals across multiple sectors—education, public health, civic leadership, tribal communities, and more—to develop a common agenda and map the ECE system of supports for children and families. Many fellows were actively engaged in discussions on the proposed ECE office and increased funding for child care during the legislative session.

To produce transformational ECE systems-level change today, we must use strategic foresight and futures thinking to identify the big issues that will shape our lives in the future and mentally and physically prepare to respond to climate change; rapidly changing technologies on our work, family, and civic lives; and shifting patterns in marriage, fertility, and family

formation. The next three annual cohorts of fellows—10 fellows per year—will target individuals from key state agencies and community-based organizations whose mission is early childhood focused to invest in its public sector, elevate the participants’ skills and introduce new opportunities that are beneficial to their professional and personal life.

Fellows will map influential forces that will affect the ECE system today and over the next 20 to 30 years. The PESTLE framework will uncover social, technological, economical, ecological, and political drivers that will shape or impede the early childhood system. Next, fellows will scan for signals to note emerging issues, trends, and megatrends to anticipate and prepare for changes that may impact their work. Horizon scanning will be ongoing and shared periodically with State Directors, PDG implementation partners, and others within Kansas ECE Governance teams. Fellows will participate in innovation labs on futures thinking, coalition development, and social innovation. Fellows from the first three cohorts continue to be involved, mentor the latest cohorts, and network to inform a statewide vision for a thriving Kansas. A cross-cohort team is currently launching Kansas Civic Foresight—an initiative to offer futures thinking and foresight skills to high school students and community leaders across Kansas.

***Activity 4 Evaluation Approach.*** Impact of workforce activities will be measured quantitatively via the substitute model and Cape to determine the percent increase in workforce retention and increase in self-care behaviors. We will track workforce participation in activities and survey professionals about their mental health practices. Cost benefit analysis of workforce retention and interviews with facility directors and substitute providers will inform scaling. The ECE Workforce Coordinator will engage with sectors of the ECE workforce to assess how strategies are working. Lastly, we will track private sector participation in the investment roundtables to learn geographic and industry strengths and gaps. We will conduct qualitative

thematic analyses to understand their views regarding ECE system investments, including their roles, benefits, and perceived challenges. Our evaluation will improve our understanding of successes and persistent gaps in addressing workforce support. Table 9 (p. 57) shows key inputs, strategies, and expected outcomes corresponding to each strategy for Activity 4.

### **Activity 5: Support Program Quality Improvements**

Kansas will use PDG funds to support program quality improvements that are equitable and inclusive by integrating best practices in ECE program design and directly supporting providers to use these practices and leverage their role to improve quality and increase capacity of high-quality programs across the ECE ecosystem. Strategies leverage existing efforts to scale across the ECE ecosystem and add opportunities to expand knowledge and skills beyond basic competencies to ensure high-quality, inclusive ECE programs for under-resourced families, rural families, families with special health care needs, and children with developmental health delays.

***Integrate Best Practices: Child Care Systems Improvement Team (CCSIT).*** The CCSIT, which is KDHE’s Child Care Licensing advisory group, will review data and engage with child care providers to establish CQI targets for child care regulations and create an ongoing feedback loop between communities, providers and state leaders. The group will meet regularly to identify targets and share strategies to address, as well as elevate systemic bright spots and challenges shared from the local level to KDHE.

***Integrate Best Practices: Facility Quality Improvement Guide.*** Kansas used CCDF ARPA funds to support child care providers to upgrade materials, curriculum, and facilities. These grants were well-received by a workforce with little margin to make such quality improvements and resulted in the state allocating \$1.4 million to continue these grants. Using PDG funds, we will co-create a Facility Quality Improvement Guide with these grantees to scale

best practices. Content will be informed by grantees on how funds helped improve the quality of their facility and supplemented by best practice health and safety information from Caring for our Children.<sup>xiii</sup> The guide will be available on the KDHE CCL and [allinforkansaskids.org](http://allinforkansaskids.org) websites and disseminated via email to all licensed child care programs. The guide will also be translated into Spanish. Hard copies will be printed and made available at no charge on request.

***Integrate Best Practices: Small Center Curriculum.*** Kansas developed a new approach to space and staffing via a new child care license type in response to the unique child care challenges of rural communities, which have fewer resources to meet care needs of multiple age groups. KDHE established the Small Center concept to meet these needs and is piloting with four providers. An evaluation of the pilot will be completed later this year. Providers serve up to 24 children of different age groups without the requirement of separate classrooms that come with large center licenses. Facilities partnered with KDHE to determine the right layout and access points to effectively support a larger group of mixed-age children. Pilot providers expressed a need for a more adaptive curriculum to maintain high-quality services with increased children from mixed age groups. Kansas will use PDG funds to purchase curriculum for these facilities.

***Support Providers in Improving Quality: Mental/Behavioral and Special Health Care-focused Training.*** During our Needs Assessment and Strategic Plan processes, child care providers stressed the increasing struggle to meet the needs of families with children who have challenging behaviors or special health care needs. KCCTO, KAIMH, ITSN, CCA-KS, Families Together, and KITS have been effective in delivering high-quality trainings with annual and one-time funding. We will blend these offerings with national resources such as those from the National Academy for State Health Policy to scale resources and reach more professionals. We will also develop higher-level content to meet the needs of children with complex mental,

behavioral, and/or special health care needs. All trainings will be aligned with the Kansas Core Competencies for Early Childhood Care and Education Professionals (updated in 2024) and the Kansas Early Learning Standards (updated in 2023) and meet formal credit hours requirements.

KCCTO will expand ITSN and the Leadership Education in Neurodevelopment and Related Disabilities program (LEND). ITSN services are currently limited to child care professionals serving infants and toddlers. We will extend to support child care professionals serving children ages three to five, where needs present more frequently. We will scale the LEND program reach to offer additional trainings for child care owners and directors to improve quality care for children with neurodevelopmental needs. Next, Kansas will scale KAIMH offerings to cover a continuum of quality improvement efforts and inclusive supports to meet the mental health needs of young children. We will meet professionals where they are and offer: 1) access to reflective supervision; 2) an online series of content on specific behavioral and mental health topics; 3) scholarships to attend KAIMH's annual conference; and 4) statewide training on early relational health through Nurture Connection. These efforts will increase the number of ECE professionals who can support children and families' mental health and their own.

We will also address the training needs of more advanced child care professionals and those who are serving children with complex mental, behavioral, and/or special health care needs. We will use PDG funds to expand Mindful Minis (a PDG-funded pilot program) to deliver higher-level content for child care programs to 90 child care owners and directors over the three-year grant period. Mindful Minis was established by a licensed clinical therapist and embeds higher-level mental-health informed care approaches into child care settings. Eligible participants must complete one of the trainings referenced above by KAIMH or KCCTO/ITSN and will be selected through an application process that ensures representation from diverse license-types,

facility sizes, and geographic areas. Participants will receive on-site or virtual 1:1 consultation over the course of six months on ways to embed mental-health informed approaches into child care settings. Evaluation efforts will determine if slow expansion or a train-the-trainer model is more appropriate for scaling. Next, we will partner with KITS to develop a new training that brings together early intervention and child care professionals. The training focus will be on: 1) how these two programs can coordinate to provide high-quality supports for children with developmental delays and/or special health care needs in the least restrictive environment, and 2) training Part C and child care professionals on how to collaboratively partner with families to complete the ASQ:SE-2. The training will be available virtually for ECE professionals statewide. This opportunity will be promoted during the regional care conferences (p. 20).

***Increase Capacity of High-Quality Programs: Culturally Responsive Supports.*** We will reduce linguistic and cultural gaps in ECE experiences by creating a fund for ECE professionals and families with young children to access culturally responsive supports and professional development. A simple request form will be available for families and professionals to request funds and process reimbursements. For professionals, this may include translating brochures, documents, website content, family conversations, or receiving professional development to more effectively engage families. For families, this may be translating documents received from their provider or translating questions about their child’s diagnosis, assessment, and/or care visit that they have difficulty expressing in the provider’s language.

***Increase Capacity of High-Quality Programs: ASQ in Universal Home Visiting (UHV).*** Kansas has made substantial investments in statewide infrastructure related to developmental health and early intervention screening. The ASQ is a critical entry point to connect families to the right service at the right time and a key data point for state and program leaders to understand

if families are getting access to high-quality services. To ensure more families get timely access to services, we will embed ASQ screening and family-friendly screening resources (developmental health passport, ASQ 101, etc.) into each Universal Home Visit. UHV is a light-touch home visiting program available to any family, typically offered between pregnancy through 12-months postpartum. These family friendly resources will normalize screening and the discussion of screening results. UHV staff will be trained to help a family understand the purpose of the ASQ and how to use results to work and play with their child and/or connect the family to long-term home visiting or formal early intervention services. 1-800-CHILDREN support staff will be trained to conduct the ASQ over the phone to families and/or to directly connect a family to a UHV or services such as Part C or Part B. We will use PDG funds to target outreach with the existing ASQ infrastructure to pediatricians, community health centers, and other primary care providers who see families with young children. These care providers are vital to ensuring families are connected to services.

***Activity 5 Evaluation Approach.*** We will measure progress and impact through surveys with ECE professionals after completion of specialized training, implementation of new curriculum, and co-creation of health and safety best practices guides. We will track training participation by geography and workforce sector to determine ongoing gaps and/or barriers. We will assess the impact of the specialized training offerings for ECE professionals on confidence providing care for children with special health care needs and families' ability to have their child care needs met. We will also track progress with partner engagement and use of ECIDS as Kansas continues to streamline ECE data and improve partner access. Lastly, we will track the number of completed ASQ trainings, screenings, and referrals made across the ECE system to

inform the target areas for practitioner training in the Bonus Activity 2 section. Table 9 (p. 57) shows key inputs, strategy activities, and expected outcomes corresponding to each strategy.

### **Activity 6: Subaward to Enhance Quality and Expand Access to Programs and Services**

Kansas will use PDG funds to award subgrants to test strategies to expand access to child care programs and services and improve the quality of these existing programs. We will do this through a new subgrant model called the **Kansas State-Local Child Care Zone**.

***Rationale.*** Kansas communities are in very different places when it comes to addressing child care. Some have extensive experience, infrastructure, and expertise while others are just now starting due to urgency or a single local champion's efforts. We will build on lessons from previous PDG and CCDF ARPA-funded grants and peer state approaches, to support communities enhance locally-driven child care solutions. Using PDG funds, we will pilot State-Local Child Care Zones (CC Zones) that bolster regional early childhood leadership, increase child care capacity and compensation for ECE professionals, increase enrollment of low-income or disadvantaged children, and recruit additional investments to ECE. The CC Zone approach offers local autonomy to address a region's most critical child care needs with the help of significant financial resources they receive from the CC Zone. This includes key partners who may have boots on the ground – such as KCCTO, CCA-KS, Local Education Agencies, and Kansas State Research and Extension offices – and their shared services, technical assistance, and professional development support. KDHE has a successful MCH aid to local model and will leverage that experience when administering, awarding, and supporting grantees. A visual representing the CC Zone model is on p. 40. The long-term goal is to expand zones to reflect a holistic ECE mixed-delivery system. A similar hub model is being implemented by MIECHV in southeast Kansas, which will provide an additional proof of concept. We will start with child

care in this grant to capitalize on the momentum of community interest in child care and the success of the Accelerator model.

***Plan to help low-income and disadvantaged children.*** While the CC Zones will identify their most pressing local child care needs and how to meet them, KDHE will establish minimum requirements that each CC Zone must meet, including a focus on increasing child care access for low-income children and families, infants and toddlers, and rural children and families. This approach allows for flexibility in implementation based on local strengths, needs, and assets, while ensuring state investments are meeting the child care needs of the most vulnerable children and families, and in alignment with priorities of both the CCDF State Plan and the *All In For Kansas Kids* Strategic Plan. All CC Zones must present and be able to implement a detailed plan for the following: increasing access to child care for children B-5; supporting child care providers equitably across both licensed and licensed-exempt settings (including home-based providers and relative-care providers in rural communities); recruiting and retaining professionals through increased compensation (i.e., wage increases, benefits, incentive payments); identifying a minimum 40% match from local investment; and ensuring sustainability of the CC Zone following PDG end.

***Plan to improve quality.*** In addition to the requirements above, all CC Zones must produce a plan for improving the quality of child care available in their catchment area. This includes: demonstrating an understanding of the local child care landscape and needs of low-income families; establishing a local child care collaborative (or connect with an existing one) that includes representation from both families and child care providers – must build on Communities-in-Action work<sup>xiv</sup> if applicable; enrolling families/providers in child care subsidy and the child and adult care food program; having a structure to solicit and implement real-time

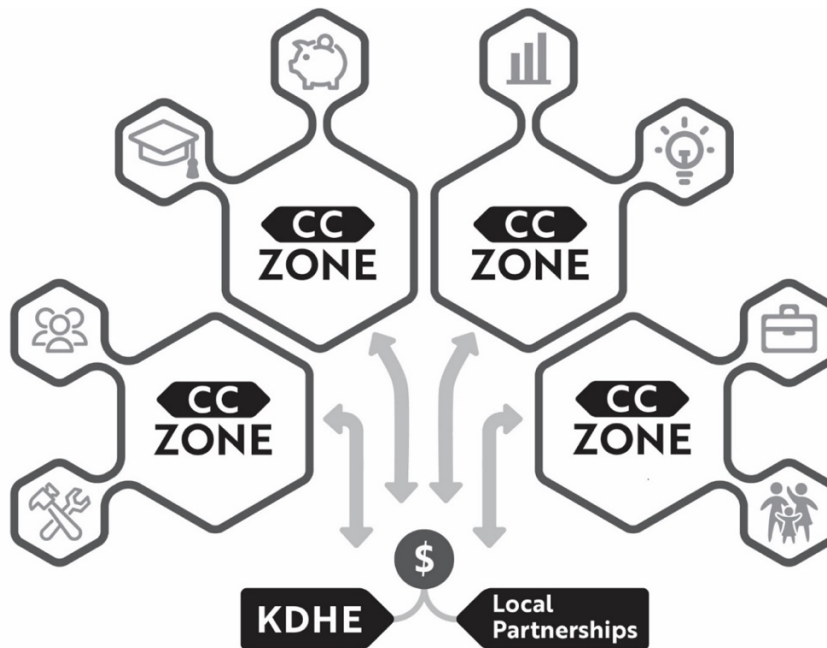
quality improvement based on provider and family feedback; ability to leverage existing state-level investments including QRIS, Cape, and resources offered through KCCTO and CCA-KS; and ability to participate in Future Fellows (p. 30) to infuse innovative thinking into Zones.

***Scope and Timeline.*** KDHE will open the RFP for the CC Zones in Year 1 (by Q2). As part of this launch, KDHE will host interactive sessions with prospective applicants to learn more about their vision for the CC Zones and how local communities would potentially use the funding to realize these visions. The intent of this is to provide equitable support for applicants with a variety of experience within child care and grant writing. These sessions will promote collaboration instead of competition among prospective applicants in the same region. KDHE will then issue three awards in PDG Year One (by Q3) and five additional awards in Year Two (by Q2) using a competitive application process. All CC Zones will operate from point of award through the end of the full PDG grant period. CC Zone awards will be up to \$250,000 per year, and each applicant will identify a single entity to serve as the fiscal agent and overall project lead. Project leads will be expected to distribute the funds in alignment with CC Zone minimum requirements. In addition, KDHE will partner with CCA-KS to issue smaller community-level planning grants (up to \$30,000 each) to support prospective CC Zone applicants in establishing local child care coalitions and organizing their application and planning efforts. These grants will be awarded in line with the CC Zone RFP and award timelines.

Each applicant will determine the geographic reach of its CC Zone services but must cover at least one full county. We anticipate reaching between 8-15 counties total with the CC Zone pilots and adding 2,000 total new child care slots by the end of PDG. These grants will be awarded in line with the CC Zone RFP and award timelines. Once CC Zones are awarded, we will establish a peer support cohort for the grantee teams to share approaches, challenges, and

needs with each other and state partners. The CC Zones can serve as a hub for strengthening child care provider voices and connections, launching new initiatives, raising awareness of existing resources, and improving access to services in their local geographic areas. We will evaluate effectiveness and sustainability of Zone pilots and if appropriate, incorporate the CC Zone model into post-PDG planning. The ultimate goal is to establish a sustainable approach to braiding federal/state investments and infrastructure with local financial resources and partners mobilized to address their community’s child care challenges.

*Figure 4: State-Local Child Care Zone Model*



**General Activity: Strengthen ECE Systems**

*Build on previous PDG award activities.* The activities in this proposal were developed based on successes and lessons learned from previous PDG B-5 awards. These include enhancements to Cape (workforce registry), ECIDS, *All In for Kansas Kids* communication efforts, family navigation initiatives, and a streamlined and targeted update process for the Needs Assessment and Strategic Plan. Initial PDG funding also established the Kansas ECE governance structure, including the State Directors’ team and groups from across the full mixed-delivery

system including those from maternal health and home visiting. This has helped define the scope of the Kansas ECE ecosystem for system partners, programs and services, and families.

This clarity ensures we have alignment and commitment across formal planning and sustainability efforts (see Letter of Support on p. 75). Table 10 (p. 61) outlines how we will braid funding to sustain successful initiatives from this proposal to further the impact of PDG. We have also identified throughout the narrative when other funding such as CIF, CCDF (regular and ARPA), MIECHV, and/or MCH are being leveraged for existing initiatives. In addition, our CCDF and MCH leads are part of the State Directors Team, and the *All In for Kansas Kids* documents informed the CCDF State Plan and MCH-funded efforts. If awarded funding, Kansas will ensure PDG efforts are part of continued collaboration across CCDF-funded programs, will inform future CCDF planning, and support data sharing as outlined in the ECIDS section below.

***Kansas Early Childhood Integrated Data System (ECIDS).*** The Kansas Early Childhood Data Trust (Data Trust) is a collaborative effort among five state agencies—KCCTF, KSDE, KDHE, DCF, and Kansas Department of Corrections—aimed at enhancing the quality, effectiveness, and equity of programs and services for children and families. In 2021, the Data Trust established a governance board responsible for designing frameworks, tools, and practices for sharing data across members and informing policy and programmatic decisions that directly impact Kansas children and families. In 2024, KSDE was awarded a Statewide Longitudinal Data System grant to grow participation in the SLDS and further enhance state capacity to effectively use early childhood data. Kansas will use PDG funds to: 1) support expansion of the Data Trust’s scope and impact, maintaining and enhancing existing authorized projects, and facilitating technical and practical partnerships that optimize child and family well-being; and 2) develop strategies to diversify funding sources and establish sustainable revenue streams.

Activities include coordinating the Data Trust and governance board activities and convenings; expanding the first authorized project which linked Early Childhood Block Grant (ECBG) program data with child welfare data to determine that early childhood services act as a protective factor against children placed in foster care; and expanding the Kansas Distinct Count Dashboard to quantify and categorize the number of children receiving services at state and local levels. This data will inform policy decisions and improve outcomes.

***Family Access.*** In addition to alignment with CCDF and MCH planning efforts, we will use PDG funds to enhance the work these funding sources provide to support family access to public programs. Activity 3 described this work in detail, including increasing enrollment of under-resourced families through GrowTogether, a streamlined enrollment portal, regional care conferences, and increased investments in family friendly resources.

### **Bonus One: Increase Workforce Pay and Benefits**

Kansas faces significant challenges to recruit new ECE professionals and retain existing talent. Only 500 child care professionals were recruited between 2022 and 2023 (a 3.1% increase). We saw a decrease of 32% in full-time equivalent staff in MCH public health programs since 2020.<sup>xv</sup> We utilized CCDF ARPA to issue sustainability grants and used previous PDG funding to explore and implement compensation strategies and tools identified by the Recommendations Panel and Watershed Advisors to identify possible state-level solutions, PDG Subgrantee efforts to pilot local compensation strategies, and the creation of a Kansas-specific cost-of-quality calculator developed by Simon Workman of P3 Solutions to run different child care wage scenarios.

***Child Care Health Insurance Stipends.*** The Recommendations Panel highlighted the value-add that health insurance benefits bring to the ECE workforce, particularly to child care

professionals. PDG funding will scale an existing pilot offering health insurance stipends to child care professionals. Thrive Allen County (Thrive) received a PDG Quality Subgrant in 2020 to issue monthly stipends up to \$300 to reimburse child care professionals in their area for health insurance premiums. Professionals documented expenses and were reimbursed quarterly. The \$150,000 pilot helped 15 professionals access health insurance over the 3-year grant period. We will partner with Thrive to expand this SE KS pilot statewide and monitor the recruitment and retention impact on the child care workforce. Funding will support 300 professionals to access health insurance over the three-year grant period, administrative support for Thrive, and a full-time Health Insurance Navigator to support the child care workforce. This position will help any child care professional access public health insurance on the exchange, regardless of whether they receive the stipend. Thrive will manage the application process with 40% of stipends reserved for family child care. Eligible workers will be any child care professional in an educator role, and priority will be given to professionals without existing insurance in their household and who make less than \$45,000 annually. We will also explore group health care insurance options for the ECE workforce through partnerships with private insurance carriers. Data gathered from the Thrive evaluation and demographic data from the new Cape will be used to engage large issuers to identify pathways to offer affordable health insurance options for the ECE workforce.

***Wage Incentives for Infant-Toddler Slots.*** In addition to reducing out-of-pocket benefit costs, we will explore strategies that support higher provider wages without increasing the financial burden on families. Infant and toddler (I/T) slots are the most significant gap within Kansas child care due to the high personnel cost of providing safe, quality care. Currently, 15 Kansas counties have no I/T slots, and 40 counties have more than 10 children under three per slot opening.<sup>xvi</sup> Baby Steps is an effective Kansas model developed by CCA-KS and piloted in

17 rural counties and four urban counties with support from private philanthropy and previous PDG funds. Baby Steps targets providers currently operating under the licensing ratio caps for I/T and offers financial incentives to open these slots. Using a formula developed by CCA-KS, providers receive an amount to cover salaries in serving additional infants or toddlers, plus an increase of 23% to approach a living wage. For example, if the child care program is licensed as a Group Home and has two FTE staff providing care (40 hours/week), the incentive amount brings individuals to a wage of \$15 per hour. Participating child care programs will also receive quarterly coaching from Baby Steps staff and ITSN to enhance quality. Participating programs must accept the additional infants and/or toddlers for a full 12 months from enrollment and re-commit each year of the PDG grant.

PDG funds will support CCA-KS to expand Baby Steps in 10 targeted counties who rank highly in the Social Vulnerability Index, have low population density, have high percentage of families who speak languages other than English, and have few or no existing I/T slots. Counties are Edwards, Lyon, Greeley, Hamilton, Haskell, Kearny, Meade, Scott, Sherman, and Stanton. The expansion goal is 32 licensed family child care programs for the grant period in these counties, supporting between 80-96 infants and toddlers in care depending on family preferences.

***Bonus One Evaluation Approach.*** We will evaluate the effectiveness of the incentives on opening and/or maintaining infant and toddler slots across the state to inform long-term approaches. Participating professionals and child care facilities will be interviewed to determine the impact and ease of participation. These questions will guide our assessment to increase workforce compensation and benefits: 1) Did the I/T incentives maintain and/or increase infant slots in participating facilities? 2) Did the I/T incentives impact recruitment and retention for infant and toddler teachers? 3) Did stipends increase access to health insurance among

previously uninsured child care professionals? 4) What impact did stipends have on participants' employment? and 5) What impact did stipends have on participants' financial well-being? Table 9 (p. 57) shows key inputs, strategy activities, and expected outcomes.

### **Bonus 2: Support Social-Emotional Development and Mental Health**

Kansas families and professionals often must navigate multiple systems, lengthy wait lists, and financial and geographic barriers for mental health services. ECE professionals have a significant impact on how families experience mental health and social emotional development support. From a child care provider administering an ASQ to a home visitor speaking with a postpartum parent, many opportunities exist to normalize the need for support and connect families with resources. We will partner with the KAIMH and Mindful Minis to expand their training offerings to reach more ECE professionals (see Activity 5).

***Mental Health Endorsement.*** Supporting the mental health of Kansas' ECE workforce is critical to ensuring the well-being of the backbone of our system. We will partner with the KAIMH to expand the number of early childhood professionals who are supported in completing their Infant Mental Health Endorsement program. Trainings will be available virtually and offered at times that are accessible for professionals. Topics will include reflective supervision, healthy brain development, and building resilience. Professionals will choose offerings that fit their needs and capacity, from short virtual trainings to participation in a peer learning cohort.

***Family Mental Health Education.*** Mindful Minis will partner with child care providers to co-create one-pagers to share with families to build consistency between facility mental health approaches and those used at home. Families can participate in virtual training sessions to ask questions and learn more about mental health best practices within early childhood.

***ASQ Trainings for Health Care Practitioners.*** We will provide targeted trainings for professionals in early childhood and primary health care settings to scale ASQ screenings in a comprehensive and supportive way to families. Kansas has a statewide ASQ enterprise account so screening tools are accessible. The gap remains in training professionals who have the greatest influence on families with young children – pediatricians and primary care providers – and those who see children consistently across the early years such as child care providers. To fill this gap, we will offer custom trainings for these practitioners to ensure screenings become a regular part of the workflow of care settings. We will focus on areas with the greatest need for trainings, such as rural communities. We will work with healthy development partners to create supplemental resources that practitioners can offer to families to help them interpret ASQ screening results and incorporate activities to promote their child(ren)’s development into daily routines. Partnership and accessibility of information is critical to creating positive dynamics between families and professionals as they work together to support a child’s healthy development.

***Bonus 2 Evaluation Approach.*** We will assess the impact on the social, emotional, and mental health of Kansas children, families, and professionals through the following questions: 1) Are more Kansas ECE professionals equipped with knowledge of EC mental health best practices at the end of the grant period? 2) Are there more professionals across ECE service settings that completed the KAIMH Mental Health Endorsement? 3) Do families whose children attend Mindful Minis-partnered facilities feel more equipped to provide mental-health informed care at home? and 4) Are more Kansas practitioners trained to provide ASQ screenings? Key inputs, strategy activities, and expected outcomes corresponding to each strategy for Bonus Activity 2 are detailed in Table 9 (p. 57) of the program performance evaluation plan on.

## Project Timeline and Milestones

**Table 8: PDG Project Timeline and Milestones**

Activity 1: Statewide B-5 needs assessment		Year 1				Year 2				Year 3			
Activity	Tasks & Subtasks	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Gap Analysis Reports	Conduct Report Activities (as outlined in Tables 3-5)		x	x	x	x	x	x	x	x	x		
	Data analysis and synthesis				x	x	x	x	x	x	x		
	<b>Milestone:</b> Completion and Dissemination of Reports (1 per year)				<b>X</b>				<b>X</b>				<b>X</b>
Activity 2: Statewide B-5 strategic plan		Year 1				Year 2				Year 3			
Activity	Tasks & Subtasks	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Co-create Quality Indicators	Generate potential indicators and targets at PDG-funded activities		x	x	x	x	x	x	x	x	x	x	x
	Facilitate sessions with families & professionals to co-create final Strategic Plan Implementation												
Strategic Plan Adoption/QI	Continue <i>All In for Kansas Kids</i> Communication Channels	x	x	x	x	x	x	x	x	x	x	x	x
	30 Sensemaking Sessions with families, professionals, leaders, etc.		x	x	x	x		x	x	x		x	
	<b>Milestone:</b> Quarterly progress updates to State Directors and others	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Activity 3: Maximize family participation and engagement		Year 1				Year 2				Year 3			
Activity	Tasks & Subtasks	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
GrowTogether	Prototype development (user journey, visual, AI prompts)		x	x	x	x							
	Testing with families and quality improvements						x	x					
	<b>Milestone:</b> Platform Launch								<b>X</b>				
Family Connection Points	Awareness of services to screening and perinatal health partners	x	x	x	x	x	x	x	x	x	x	x	x
	Trainings and 1:1 coaching/TA for partners		x	x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> 150 partners reached and trained; resources created				<b>X</b>				<b>X</b>				<b>X</b>
Family Enrollment Portal	Assess current state, WIC and HV workflows and needs; meet with the <a href="http://first5sc.org">first5sc.org</a> team; <b>Milestone:</b> make decision on next phase	x	x	x	<b>X</b>								
	Map portal processes for WIC and HV; <b>Milestone:</b> identify technology, financial resources, goals, and governance.					x	x	x	<b>X</b>				
	Public RFP process (if applicable); establish advisory board; <b>Milestone:</b> Select vendor and initiate development									x	x	x	<b>X</b>
Regional Care Conferences	Care conference planning (dates, venue, registration, agenda)	x	x	x		x	x	x		x	x	x	
	<b>Milestone:</b> Host two care conferences/year (same week)			<b>X</b>				<b>X</b>				<b>X</b>	
Healthy Dev. Resources	Determine content with families (co-creation at Family Fireside Chat, FLT and FAC mtgs; feedback from GrowTogether utilization)	x	x	x	x	x	x	x	x	x			
	<b>Milestone:</b> Resource creation and dissemination			<b>X</b>				<b>X</b>				<b>X</b>	

Family Compensation	Issue stipends for families' participation	x	x	x	x	x	x	x	x	x	x	x	x
Referral Consultation, Pilots	Recruit communities to participate (10/year)	x				x				x			
	Consultation tasks (p. 22); <b>Milestone:</b> Solution Write-ups Delivered		x	x	<b>X</b>		x	x	<b>X</b>		x	x	<b>X</b>
	Pilot application open; <b>Milestone:</b> 8 communities receive funds			x	x	<b>X</b>		x	x	<b>X</b>		x	<b>X</b>
<b>Activity 4: Support the B-5 workforce</b>		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
<b>Activity</b>	<b>Tasks &amp; Subtasks</b>	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Child Care Substitute Pool	Outreach to prospective facilities		x	x	x	x	x	x	x	x	x	x	x
	Recruit and hire substitute care providers	x	x	x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> 60-70 providers access substitute care/year (200 total)				<b>X</b>				<b>X</b>				<b>X</b>
Investment Roundtables	Plan roundtable events (finalize date, attendees, agenda)		x	x		x	x		x	x			
	Host roundtables; <b>Milestone:</b> Reports with strategies created				<b>X</b>			<b>X</b>			<b>X</b>		
Self-Care Resources	Recruit 70 professionals annually to cohort or self-directed track	x	x			x	x			x	x		
	Distribute materials and stipends; host group sessions and CoPs			x	x			x	x			x	x
	<b>Milestone:</b> 210 professionals supported and retained (70/year)				<b>X</b>				<b>X</b>				<b>X</b>
Regional Care Conferences	<i>See timeline in Activity 3 above</i>												
	<b>Milestone:</b> Create and update best practices guide for professionals					<b>X</b>				<b>X</b>			
Enhance Cape and QRIS	Cape Phase 2 activities (p. 28); <b>Milestone:</b> Cape Phase 2 Complete	x	x	x	x	<b>X</b>							
	Cape Phase 3 activities (p. 29); <b>Milestone:</b> Cape Phase 3 Complete					x	x	x	x	<b>X</b>			
	QRIS migration activities (p. 29); <b>Milestone:</b> QRIS function in Cape	x	x	<b>X</b>									
Workforce Systems Lead	Recruit and hire for position	x	x										
	Strengthen KS leadership-level understanding of federal funds supporting ECE and monitor contract alignment to meet SP goals			x	x	x	x	x	x	x	x	x	x
	Support system-level workforce partners and teams			x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> Quarterly report on WF system efforts to State Directors			<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Future Fellows	Recruit Fellows from state agencies, ECE community-based entities	x				x				x			
	Participate in Three Innovation Labs, SPARK sessions, and in other cohort's initiatives		x	x	x		x	x	x		x	x	x
	<b>Milestone:</b> Kansas Futures Forum				<b>X</b>				<b>X</b>				<b>X</b>
<b>Activity 5: Support program quality improvements</b>		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
<b>Activity</b>	<b>Tasks &amp; Subtasks</b>	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
CCSIT Coordination	Coordination support for quality improvement	x	x	x	x	x	x	x	x	x	x	x	x
Facility QI Guide	Develop guide content with grantees (surveys, focus groups)			x	x	x							
	<b>Milestone:</b> Complete guide and disseminate (post online; translate into Spanish; print and distribute)						<b>X</b>	<b>X</b>					
Small Center Curriculum	Discuss curriculum needs with small center pilot participants		x	x									

	<b>Milestone:</b> Purchase and distribute curriculum		X	X									
Specialized Care Training	Scale existing ITSN training to child care professionals serving 3-5	x	x	x	x	x	x	x	x	x	x	x	x
	Scale existing LEND training to more child care owners & directors		x	x	x	x	x	x	x	x	x	x	x
	Scale existing KAIMH mental health trainings for additional ECE professionals via reflective supervision, new online trainings, and scholarships to attend KAIMH conferences		x	x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> Creation and access to new KAIMH virtual training				X								
	<b>Milestone:</b> 300 professionals trained				X				X				X
	Expand Mindful Minis program offerings	x	x	x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> 90 child care owners/directors trained via Mindful Minis												X
Culturally Resp. Supports	Develop and promote request form for families and professionals	x	x	x									
	<b>Milestone:</b> Funds provided to families/professionals to meet needs		X	X	X	X	X	X	X	X	X	X	X
ASQ in UHV	ASQ and family-friendly screening resources embedded into UHV	x	x	x	x								
	<b>Milestone:</b> All UHV professionals conduct ASQ screening or refer to 1800-CHILDREN or other HV services for screening support				X	X	X	X	X	X	X	X	X
<b>Activity 6: Subgrants to enhance quality and expand access</b>		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
<b>Activity</b>	<b>Tasks &amp; Subtasks</b>	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
CC Zone Subgrants	Develop grant application	x	x										
	<b>Milestone:</b> Release RFP for initial three CC Zones		X										
	Host informational sessions to support prospective applicants		x										
	Promote CCA-KS coalition-building grant opportunity to applicants	x	x										
	<b>Milestone:</b> Award initial three CC Zones			X									
	Release RFP for second round of applications				x	x							
	<b>Milestone:</b> Award additional five CC Zones					X							
	Facilitate peer learning cohort with CC Zone leaders			x	x	x	x	x	x	x	x	x	x
	Provide CC Zone technical assistance and implementation support			x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> Complete pilot phase of CC Zones												X
<b>General Activity: Strengthen ECE systems</b>		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
<b>Activity</b>	<b>Tasks &amp; Subtasks</b>	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
ECIDS	Coordinate Data Trust and governance board activities	x	x	x	x	x	x	x	x	x	x	x	x
	Work with partners to expand first authorized project (KCCTF and DCF); complete data analysis; update technical dashboard	x	x			x	x			x	x		
	<b>Milestone:</b> Complete expansion of first authorized project			X				X				X	
	<b>Milestone:</b> Complete expansion of dashboard				X				X				X

<b>Bonus 1: Increase workforce pay and benefits</b>		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
<b>Activity</b>	<b>Tasks &amp; Subtasks</b>	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
Child Care Health Insurance Stipends	Contract with Thrive Allen County; finalize application materials; begin outreach & promotion to child care professionals;	x	x	x									
	Select child care professionals to receive stipends			x									
	<b>Milestone:</b> Distribute quarterly stipends to child care professionals			X	X	X	X	X	X	X	X	X	X
Infant/Toddler Incentives	Conduct outreach to recruit participant providers		x	x		x	x			x	x		
	<b>Milestone:</b> Distribute incentives to support 80 infants/toddlers			X	X	X	X	X	X	X	X	X	X
<b>Bonus 2: Support social-emotional development and mental health</b>		<b>Year 1</b>				<b>Year 2</b>				<b>Year 3</b>			
<b>Activity</b>	<b>Tasks &amp; Subtasks</b>	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
KAIMH Endorsement	Expand access for ECE professionals to complete endorsement	x	x	x	x	x	x	x	x	x	x	x	x
	<b>Milestone:</b> 80 ECE professionals trained												X
Family Mental Health Education	Provide virtual trainings to families					x	x	x	x	x	x	x	x
	Develop one pagers to share with families	x	x	x									
	<b>Milestone:</b> Complete and promote one pagers throughout early childhood system			X	X	X	X	X	X	X	X	X	X
ASQ Trainings for Health Care Practitioners	Develop custom training responsive to primary care health care and pediatrician facility workflows	x	x	x									
	<b>Milestone:</b> Train health care professionals				X	X	X	X	X	X	X	X	X
	Develop family-friendly resources for trainees to share with families				x	x							
	<b>Milestone:</b> Complete and promote family-friendly resources throughout early childhood system					X	X	X	X	X	X	X	X

## **Organizational Capacity**

### ***Relevant experience and expertise in ECCE systems and organizational capacity.***

KCCTF is the applicant organization and will be responsible for programmatic and management oversight. KCCTF has the organizational capacity and systems to administer funding and manage sustainability and has an existing partnership with KU-CPPR to provide reporting and backbone support. KCCTF oversees an annual accountability process with 11 Children's Initiative Funds programs (\$55 million), including 26 ECBG and seven CBCAP grantees. In 2023, KCCTF successfully administered 75 one-time Accelerator grants, braiding five funding sources to issue \$102.5 million to communities to expand child care. KCCTF Executive Director Melissa Rooker will be the PDG Project Director. She serves on the State Directors Team and has experience in successfully managing federal funding sources and braiding multiple funding streams.

KSDE is the fiscal agent for KCCTF and supports the PDG fiscal reporting. KSDE manages an annual budget of \$6.6 billion, meeting Uniform Grant Guidance requirements, and supporting PDG fiscal reports. KSDE is represented on the State Directors Team by Amanda Petersen, KSDE Early Childhood Director, and leads ECE school-based services, early learning standards, Part B special education services, child nutrition, kindergarten transitions, and the Statewide Longitudinal Data System.

The KDHE Bureau of Family Health (BFH) oversees public health services and programs for women, infants, children, and adolescents in partnership with communities and families. KDHE is represented on the State Directors team by BFH Directors Dr. Jessie Piper and Derik Flerlage who oversee child care licensing, MIECHV, UHV, MCH programs, and WIC. KDHE

will be the lead organization for the CC Zones (Activity 6) based on significant experience distributing Title V/MCH funding via annual aid-to-local grants.

DCF is the lead Child Care Development Fund (CCDF) agency for Kansas and federal direct assistance and child welfare programs for children and families. DCF is represented on the State Directors team by Dr. Carla Whiteside-Hicks, Pam Hahn, and Nichelle Adams who oversee child care subsidy, child care quality, Head Start programs, TANF programs, QRIS, consumer education and resource and referral services, and workforce development.

KU-CPPR brings a team of researchers, policy analysts, and strategists who develop and support implementation of innovative, yet practical solutions to make systems work better for children and families. KU-CPPR manages 45 federal grants and initiatives across the state, and over the past 13 years has conducted applied research and evaluations of initiatives and systems at national, state, and local levels. KU-CPPR will facilitate partner relationships and provide project management for this PDG grant overall, as well as coordinate specific initiatives such as the Needs Assessment and Strategic Plan updates, Future Fellows, and formal grant evaluation.

***Decision making.*** These four state agencies have been formally collaborating to deliver ECE services and programs funded by both state and federal sources since 2018 as evidenced by the shared vision, goals, and actions outlined in the 2020 and 2024 *All In for Kansas Kids* Strategic Plans, and the commitment from agency executive leadership in supporting this PDG B-5 submission (see Letter of Support on p. 75). State Directors play a key role in the Kansas ECE Governance Structure (p. 69) by modeling partnership, creativity and innovation, and willingness to coordinate and combine resources. The State Directors' Team collaborates on system infrastructure asset development and when necessary, establishes formal governance and MOUs<sup>xvii</sup> to ensure alignment with agency efforts and sustainability.

*Unobligated balances.* There is no unobligated balance on the PDG Planning Grant.

### **Plan for Oversight of Federal Award Funds and Activities**

Project Director Rooker will: 1) oversee federal funds with assistance from the fiscal agent (KSDE); 2) oversee all program activities, staff, and partners; 3) approve transactions for payment; and 4) work closely with the fiscal agent to maintain financial data. The Director successfully managed past PDG Renewal Grant and 2023 PDG Planning Grant funding, exceeded goals and objectives, and submitted timely fiscal and programmatic reports. KCCTF passed federal reviews with no findings, demonstrating fiscal responsibility and integrity. The Director will enter sub-recipient agreements and establish procedures and policies to oversee partners/contractors during the grant. KSDE fiscal staff will be responsible for monitoring funding according to Uniform Grant practices and to determine allowability and allocability. KCCTF staff will initiate payment by submitting invoices to KSDE Fiscal and Operation Services and enter payment vouchers directly into the financial system. KSDE Fiscal and Operation Services receives all approved invoices to audit and approve for payment. After approval and clearance, payments are made to subrecipients and vendors. KCCTF will enter into agreements with sub-recipients, ensuring all partners adhere to applicable federal and programmatic regulations. Grantee and sub-recipients will comply with all requirements of the Uniform Grant Guidance, 2 CFR 200 and all applicable sub-recipient requirements including 2 CFR Subpart D–Post Federal Award Requirements and Methods of Procurement.

### **Program Performance Evaluation Plan**

Kansas will use an applied and iterative approach to evaluating and monitoring ongoing activities and progress toward our PDG-funded efforts that mirrors our *All In for Kansas Kids* Strategic Plan Pillars. The measure of success for the Strategic Plan and for the PDG initiatives

is the positive impact they collectively have on increasing key outcomes related to equity, access, and reach on the Kansas EC Ecosystem, Workforce, and Children and Families. As referenced on p. 3 in our Approach, we are focusing PDG funds to achieve our vision of an ECE system where the workforce feels supported, valued, and able to grow professionally; families are able to navigate and access supports and services; communities are engaged and empowered as local champions; and all children have access to quality care to help them thrive. We will develop a comprehensive evaluation framework focusing on key performance measures aligned to project activities and leverage existing administrative data sources from state agencies, provider organizations' data systems, and publicly available datasets to reduce provider data collection burdens. Table 9 (p. 57) outlines the inputs, key strategies and activities, and expected outcomes aligned to each required and bonus activity.

***Measurement and Data.*** We will utilize quantitative and qualitative data collection and analytic methods to measure the project's outputs and outcomes, relying heavily on existing data sources for all project data. Organizations implementing key activities will provide administrative datasets of information collected as part of ongoing practice and service delivery (e.g., training attendance and certification; resource and referral logs). To assess expected outcomes related to equity, access, and reach, the evaluation team will receive state and county-level data extracts from the Kansas Distinct Count Dashboard. Longitudinal data from this dashboard will inform analysis of annual trends in service provision to families with children birth to 5 across Kansas. These data will address questions about reach and access more broadly while supporting understanding of equity by assessing geographic and demographic patterns. Additional state-level datasets from other state agencies (e.g., child welfare data from DCF) may be utilized to determine the project's impact on key indicators and outcomes. Project evaluators

will also collect primary data to meet performance and outcome assessment needs. For example, documentation of processes without an associated dataset (e.g., development of five-year strategic plan) will be captured through various primary data collection activities. Annual reviews of stories and community sensemaking to find signals of project impact will add qualitative depth and nuance to the analysis.

***Continuous Program Improvement.*** We will use process evaluation results to continuously improve implementation. We will establish performance metrics and use partner feedback to track the effectiveness of changes. Regular internal reporting will keep project teams and leadership informed of progress, while external communication will ensure transparency with the public, funders, and partners. Evaluation findings will be reviewed regularly through quarterly and annual meetings with the project's leadership and management team, project partners, and shareholders. Detailed data analyses will be conducted to identify patterns and trends impacting project goals. Key issues will be prioritized, and collaborative workshops will be held to develop actionable improvement strategies. Pilot programs will be designed to test these strategies on a smaller scale before full implementation. Successful pilots will be integrated into an action plan, which includes clear goals, responsibilities, and timelines, supported by appropriate resource allocation and training for staff. Annual reflective practices will assess the overall impact of improvements and incorporate lessons learned into future planning.

***Data Management and Quality.*** We will implement a robust data management plan focused on accuracy, consistency, and security. We will follow data governance policies and defines roles and responsibilities for data processes including collection, entry, analysis, and reporting. A project data management team will oversee these processes, maintain high standards, and work with community partners responsible for carrying them processes.

Standardized procedures for data collection and entry will be developed and documented, ensuring that data are gathered according to project protocols. Training sessions will be conducted for staff to familiarize them with these procedures and emphasize data accuracy. Twice yearly data validation checks and periodic audits will be implemented to target technical assistance opportunities and identify and correct data issues promptly. Administrative data will be securely transferred and stored within protected servers at the University of Kansas. Access to data are restricted to authorized personnel. We will establish backup procedures to prevent data loss. Regular reviews and updates to data management practices will occur to adapt to new requirements or technologies and ensure data remain reliable and supports project goals.

***Potential Obstacles and Plan to Address.*** Given the reliance on administrative datasets, we anticipate three obstacles. Variability in data reporting methods or understanding among entities across diverse initiatives and partners may lead to discrepancies that could impact evaluation reliability. Comprehensive training for partners on data collection protocols and standardized protocols will address this issue. Support and troubleshooting will be offered to resolve issues and maintain consistency. Additionally, partners may view data requirements as burdensome and resist engagement. To overcome, clear communication about the importance of the evaluation process will be emphasized, highlighting how it benefits the project and partner goals. Providing support and demonstrating early successes and improvements resulting from the evaluation may also increase buy-in and engagement. Lastly, budget constraints might limit resources available for thorough evaluations, including staffing and technology needs. To address, the detailed budget plan prioritizes essential evaluation components and exploring potential funding sources or partnerships to supplement resources. Regular reviews of the budget will be conducted to ensure alignment with project goals.

**Table 9: Kansas PDG Program Performance Evaluation Plan – Inputs, Key Activities/Strategies, and Expected Outcomes**

Inputs	Strategies/Activities	Expected Outcomes
<b>Activity 1: Update Comprehensive Statewide B-5 Needs Assessment</b>		
<p><b>Resources:</b> Data from Kansas reports and assessments; surveys and engagement sessions with families and professionals; research and analysis capabilities of KU-CPPR</p> <p><b>Partners:</b> Kansas Early Childhood State Directors team; KCCTF; KU-CPPR; Kansas families and EC professionals; local and state governance groups</p>	<ol style="list-style-type: none"> <li>1. Data Collection and Analysis</li> <li>2. Collaboration and Partner Engagement</li> <li>3. Research and Reporting</li> </ol>	<p><b>Needs Assessment:</b> Updated and thorough understanding of the statewide B-5 needs; Identify over 30 gaps and opportunities; Six key findings organized into three sections.</p> <p><b>Informed Strategic Planning:</b> Findings used to guide the 2024 <i>All In For Kansas Kids</i> Strategic Plan; Alignment of key findings with PDG activities.</p> <p><b>Targeted Gap Analysis Reports:</b> Family Child Care Gap Analysis Report; Rural Family Care Gap Analysis Report; ECE Mental Health Gap Report.</p> <p><b>Enhanced Data and Insights:</b> Detailed understanding of the needs of family child care providers; Insights into the challenges and opportunities in rural ECE systems; Comprehensive view of the EC mental health landscape.</p> <p><b>Improved Partner Engagement:</b> Amplified voices from all 105 counties in Kansas; Increased collaboration among state agencies, local partners, and community members.</p> <p><b>Policy and Program Improvements:</b> Identification of policy alignment and family navigation issues; Strategies to address workforce recruitment, retention, and professional development challenges; Solutions to improve access to ECE services for families.</p>
<b>Activity 2: Update Comprehensive Statewide B-5 Strategic Plan</b>		
<p><b>Data and Findings:</b> 2024 <i>All In For Kansas Kids</i> Needs Assessment; Feedback from over 450 Kansans</p> <p><b>Partners:</b> Kansas EC Directors; KU-CPPR; community members; families; ECE professionals</p> <p><b>Collaborative Framework:</b> Existing collaboration processes; previous needs assessments and strategic plans; feedback mechanisms (e.g., advisory groups, community engaged sessions)</p>	<ol style="list-style-type: none"> <li>1. Development of the Strategic Plan</li> <li>2. Dissemination and Feedback Collection</li> <li>3. Implementation Support</li> </ol>	<p><b>Strategic Plan:</b> A five-year strategic plan with actionable goals and measures of success reflecting needs and priorities identified in the 2024 Needs Assessment.</p> <p><b>Enhanced Collaboration and Coordination:</b> Stronger partnerships among state and local agencies, ECE professionals, families, and community members; improved alignment and coordination across the ECE ecosystem.</p> <p><b>Improved ECE Services:</b> Implementation of targeted actions to address identified gaps and opportunities; enhanced quality, accessibility, and sustainability of ECE services in Kansas</p> <p><b>Ongoing Monitoring and Adaptation:</b> Continuous feedback loops and quality improvement processes; real-time adjustments based on partner input and evolving needs.</p> <p><b>Increased Partner Engagement:</b> Higher levels of engagement from families, professionals, and community members in the strategic planning process; a living document that evolves with the needs and priorities of the Kansas ECE community.</p>
<b>Activity 3: Maximize family participation and engagement in the B-5 system</b>		
<p><b>Resources:</b> technology infrastructure; support from EC programs</p> <p><b>Partners:</b> ECE programs, FRCs, Family Systems Consultant, tech partners, community organizations.</p>	<ol style="list-style-type: none"> <li>1. Develop GrowTogether</li> <li>2. Expand Family Connection Points</li> <li>3. Explore Expanded Enrollment Portal</li> <li>4. Host Regional Care Conferences</li> </ol>	<p><b>Increased Family Engagement:</b> Families will have improved access to ECE services; higher enrollment and participation, especially in rural area and those with mental health needs.</p> <p><b>Enhanced System Navigation:</b> Families experience reduced confusion and frustration during transitions</p> <p><b>Stronger Family-Provider Connections:</b> Regional Care Conferences and enhanced family outreach will improve communication and collaboration between families and providers, leading to better support for children's needs.</p>

<p><i>(Activity 3 continued)</i>  <b>Data and Assessments:</b> Needs Assessment data, family surveys, and existing admin data  <b>Expertise:</b> Families with lived experiences, ECE &amp; mental health professionals, child care providers.</p>	<ol style="list-style-type: none"> <li>5. Create Family-Friendly Resources</li> <li>6. Incentivize Families</li> <li>7. Consult on Navigation &amp; Referral Systems</li> </ol>	<p><b>Improved Resource Utilization:</b> Use of new resources and tools by families to address developmental and health concerns.  <b>Better System Coordination:</b> Improved community-based support and reduced gaps in service delivery, particularly in resource-poor areas.</p>
<p><b>Activity 4: Support the B-5 Workforce</b></p>		
<p><b>Resources:</b> Customized ECE program, Early Ed Specialists, CAPE  <b>Partners:</b> KAIMH; ECE professionals including child care professionals, home visitors, Head Start providers, preschool teachers, PartCape B and Part C staff, program staff, state agency staff  <b>Professional Development Tools:</b> Conscious Discipline “Powers of Resilience” Social Emotional Learning for Adults; self-care toolkits</p>	<ol style="list-style-type: none"> <li>1. Recruitment, Retention, and Compensation Efforts</li> <li>2. Professional Development</li> <li>3. Strengthening Workforce Infrastructure</li> </ol>	<p><b>Enhanced Workforce Stability:</b> Increased number of child care providers supported by the substitute pool model; Improved recruitment and retention of quality ECE professionals; Higher compensation and more sustainable financial support for ECE workforce.  <b>Professional Development and Well-being:</b> ECE professionals have access to targeted professional development and self-care; Increased resilience and reduced burnout for ECE professionals; Improved ability to meet family mental health and special health care needs.  <b>Improved ECE Infrastructure:</b> Successful implementation and use of Cape for professional development; Better coordination across state agencies and ECE systems; Development of a proactive, future-oriented ECE leadership network through Future Fellows.  <b>Sustained Private Sector Investment:</b> Identification and scaling of effective public-private partnership models; Ongoing private investment/community funding to support initiatives.  <b>Quality and Accessibility:</b> Increased availability of high-quality substitute care; More robust and accessible professional development opportunities for ECE professionals; Enhanced quality recognition and improvement system benefiting ECE programs statewide.</p>
<p><b>Activity 5: Support Program Quality Improvements</b></p>		
<p><b>Partners:</b> CCSIT; Child care providers; KDHE; KCCTO; KAIMH; ITSN; CCA-KS; KITS; LEND; Families and ECE professionals  <b>Resources:</b> Facility Quality Improvement Guide; Small Center Curriculum; Mental/behavioral and special health care-focused training materials; culturally responsive support funds; ASQ screeners</p>	<ol style="list-style-type: none"> <li>1. Integrate Best Practices</li> <li>2. Support Providers in Improving Quality</li> <li>3. Increase Capacity of High-Quality Programs</li> </ol>	<p><b>Program Quality Improvements:</b> Enhanced child care regulations and CQI targets; improved quality of facilities and curriculum in small centers; increased knowledge and skills of ECE professionals in supporting children with complex needs.  <b>Support for Providers:</b> More ECE professionals trained in mental/behavioral and special health care needs; improved quality care for children with neurodevelopmental needs; expanded mental-health informed care approaches in child care settings.  <b>Capacity Building:</b> Reduced linguistic and cultural gaps in ECE programs’ increased use of ASQ screening and timely connections to early intervention services; better support for families in understanding and addressing developmental health needs.  <b>Evaluation and Continuous Improvement:</b> ECE professionals improve confidence and capability post-training; tracking participation in trainings and identifying gaps/barriers; evaluating the impact of training on professionals’ confidence and families’ care needs; Monitoring partner engagement and utilization of the ECIDS; track ASQ training completions, screenings, and referrals across the ECE system.</p>

<b>Activity 6: Subaward to Enhance Quality and Expand Access to Programs and Services</b>		
<p><b>Partners:</b> KDHE; local EC leaders and organizations; families; child care providers; Kansas Future Fellows; peer support cohort</p> <p><b>Resources:</b> Existing child care infrastructure and expertise; facility expansion and service hour extension resources; training and professional development materials; technical assistance for application and implementation; Child Care Matters branding and marketing assets</p>	<ol style="list-style-type: none"> <li>1. Pilot Subgrants Establishment</li> <li>2. Implementation and Support</li> <li>3. Capacity Building and Collaboration</li> <li>4. Evaluation and Quality Improvement</li> </ol>	<p><b>Enhanced Child Care Capacity:</b> Increased number of licensed child care slots; Expanded child care facilities and extended operating hours.</p> <p><b>Improved Workforce Support:</b> Better recruitment and retention of ECE professionals; Direct compensation increases (wages, benefits, incentives) for child care providers.</p> <p><b>Increased Enrollment and Access:</b> Higher enrollment of low-income and disadvantaged children; more families and providers participating in child care subsidy and food programs.</p> <p><b>Strengthened Local Leadership and Collaboration:</b> Empowered regional early childhood leadership; stronger local child care collaboratives with family and provider representation.</p> <p><b>Sustainable Child Care Solutions:</b> Development of sustainable funding models blending state and local resources; successful pilot model for post-PDG planning efforts.</p> <p><b>Quality Improvement in ECE Services:</b> Higher quality of care through leveraging existing state-level investments; Ongoing QI based on real-time metrics and feedback.</p> <p><b>Increased Awareness and Access to Resources:</b> Better access to services and resources for professionals and families; raise awareness of community-specific child care solutions.</p>
<b>Bonus Activity 1: Increase workforce pay and benefits</b>		
<p><b>Partners:</b> Thrive Allen County, EC Recommendations Panel, Watershed Advisors, CCA-KS; P3 Solutions; Private insurance carriers</p> <p><b>Resources:</b> CAPE; Kansas cost-of-quality calculator; Thrive eval data; Baby Steps model; Social Vulnerability Index.</p>	<ol style="list-style-type: none"> <li>1. Health Insurance Stipends</li> <li>2. Wage Incentives for Infant-Toddler Slots</li> </ol>	<p><b>Increased Access to Health Insurance:</b> Support 300 child care professionals in accessing health insurance over three years; Enhanced recruitment and retention of workforce; Identified pathways to offer affordable health insurance options for the ECE workforce.</p> <p><b>Higher Provider Wages:</b> Increase provider wages without added family burden; Support higher wages through incentives; Improved financial sustainability for ECE programs.</p> <p><b>Expanded Infant-Toddler Slots:</b> Open 32 new I/T slots in 10 targeted counties; Support 80-96 children in care over three years; Maintenance of new slots for the full grant period.</p> <p><b>Sustainable Solutions:</b> Develop long-term approaches to support child care workforce pay and benefits; Incorporate successful models into future state-level planning efforts; Use evaluation data to inform and refine strategies for broader implementation.</p>
<b>Bonus Activity 2: Support social-emotional development and mental health</b>		
<p><b>Partners:</b> KAIMH; Mindful Minis, ECE professionals; pediatricians and primary care providers</p> <p><b>Resources:</b> Statewide ASQ account; existing mental health awareness initiatives; Infant Mental Health Endorsement program; data on mental health challenges and barriers; feedback from ECE professionals and families on mental health and social-emotional development needs.</p>	<ol style="list-style-type: none"> <li>1. Needs Assessment</li> <li>2. Professional Development</li> <li>3. Mental Health Endorsement</li> <li>4. Family Mental Health Education</li> <li>5. ASQ Screenings</li> <li>6. Cross-System Collaboration</li> </ol>	<p><b>Improved Mental Health Support:</b> Enhanced understanding and support for early childhood mental health among professionals and families; better-equipped professionals to address the unique needs of children birth to five and their families.</p> <p><b>Increased Professional Capacity:</b> More ECE professionals completing Infant Mental Health Endorsement; Widespread high-quality screenings, particularly in rural areas.</p> <p><b>Enhanced Family Engagement:</b> Families better informed about mental health best practices and equipped to support their children’s social-emotional development; Consistent mental health approaches between child care facilities and home environments.</p> <p><b>Strengthened Cross-System Collaboration:</b> Improved collaboration between EC, health care, and family preservation systems; effective referrals for families navigating systems.</p> <p><b>Data-Driven Improvements:</b> Use of needs assessment data to inform ongoing and future mental health initiatives and policy decisions; Continuous evaluation and adjustment of strategies based on feedback and outcomes to ensure effectiveness and sustainability.</p>

## **Project Sustainability Plan**

This application was developed with sustainability strategies in mind to provide for one-time infrastructure costs with a particular focus on how to leverage annual federal allocations that support children and families. Table 10 (p. 61) addresses sources and partnerships for those initiatives requiring ongoing funding.

***Organizing for Sustainability.*** We divided the initiatives in this proposal into three categories: activities that do not require ongoing funding at this time, activities which themselves generate new funding for our ECE system, and activities we plan to sustain following PDG. Kansas has demonstrated an ability to successfully identify and invest in short-term or one-time initiatives that generate velocity towards solving key ECE challenges. We will continue that approach with several activities in this proposal, including personnel to address system gaps, workforce cohorts, creation of ASQ and online resources for families, and technical build components of Cape. These are immediate needs that can be met within the three-year PDG timeframe, or they require additional exploration to determine if sustaining them is best for our system. For initiatives in the latter group, evaluation efforts embedded within this proposal will inform next steps related to sustainability and be determined before the end of PDG.

This information tells us that a more assertive approach to securing non-governmental sources of funding is going to be necessary to meet long-term goals. This proposal features initiatives aimed at that effort, such as the Investment Roundtables and CC Zones. This is a key part of PDG sustainability planning, where the funded efforts themselves are intended to generate new investments and partnerships to support this work.

***Sustainability Approach for PDG-Funded Activities.*** The final category are those activities that we plan to continue implementing after the three-year PDG grant period. A

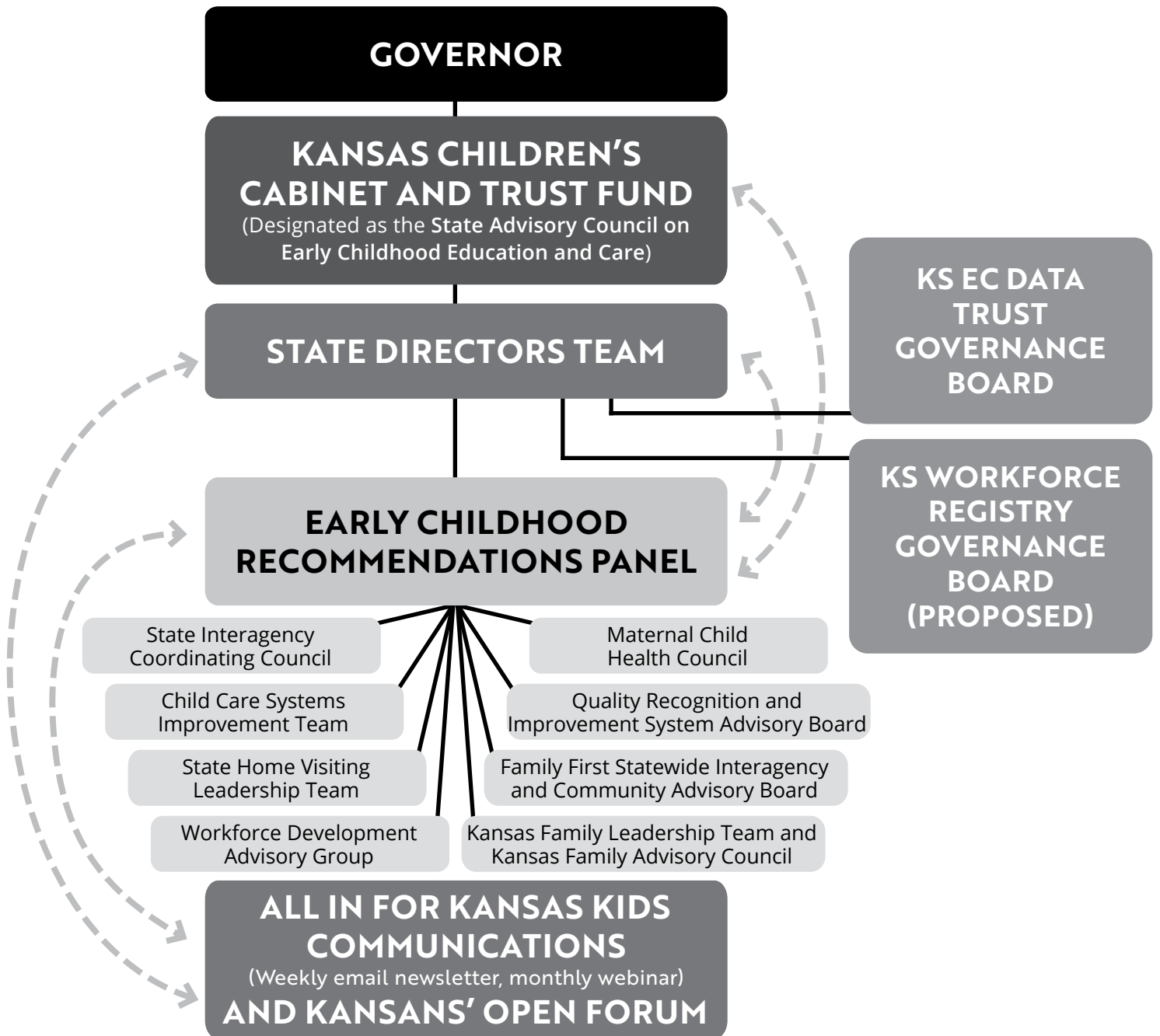
combination of funding approaches, including leveraging federal allocations for ECE programs, shifts in priorities of existing funded efforts based on outcomes, local funding partnerships that reduce state-level funding needs, and/or private foundations and business investments have been identified and aligned to each activity we wish to sustain. That information, along with key partners critical to those sustainability approaches, are outlined in Table 10 below. Through initiatives like Child Care Capacity Accelerator programs and initial Cape Portal discovery phases, Kansas demonstrated the ability to successfully braid federal, state, and private funding sources. As encouraged by federal partners,<sup>xviii</sup> we are interested in exploring a more active braided funding approach with CCDF, Title V/MCH, and MIECHV funding and will be using our State Directors and PDG grant coordination team to explore these options for those activities that show promise in our evaluation results. Finally, Kansas has a regional private Foundation (Dane G. Hansen Foundation) who is taking the lead on developing an endowment fund to support child care. To-date, they have secured \$11 million of their \$25 million five-year goal and are working closely with the state on this effort, as evidenced by a \$5 million allocation from Children’s Initiatives Fund in state FY25. It is this ingenuity and partnership approach that Kansas will lean on as we address sustainability of PDG-funded activities.

**Table 10: PDG-funded Activities to be Sustained with Potential Sources and Key Partners**

<b>Activity</b>	<b>Sustainability Source</b>	<b>Sustainability Partners</b>
Needs Assessment Updates and Strategic Plan Monitoring	CIF; MCH/Title V; MIECHV; CCDF	KCCTF, KDHE, DCF, KU-CPPR
GrowTogether	CIF; MCH/Title V	KCCTF, KU-CPPR, KDHE, HMG Leadership Team
Regional Care Conferences	MCH/Title V; CCDF (Quality)	DCF, KDHE, KCCTO, CCA-KS, KAIMH
Referral System Solutions	Local Funding Sources; State General Fund (SGF); MCH/Title V; MIECHV	Local Foundations, KS Legislature, KDHE, MIECHV LIAs
Family Engagement Compensation	CIF; MCH/Title V	KCCTF, KDHE
Child Care Substitute Pool	Local Funding Sources	Local Foundations and Businesses, State-wide Foundations, Child Care Network lead applicant partners

Cape Portal Maintenance	CCDF (Quality); CIF; MCH/Title V; Cape User License Holders	DCF, KCCTF, License Holders (i.e., KDHE CCL, CCA-KS, KCCTO, etc.)
Training for ECE Professionals	CCDF (Quality), MIECHV	DCF, KDHE, KCCTO/ITSN, KITS, KAIMH
ECIDS	CIF, MCH/Title V, TANF, CCDF (Quality), Title IV-E	KCCTF, KDHE, DCF
ASQ Expansion	MCH/Title V	KDHE, State General Fund/KSDE
CC Zones	Local Funding Sources;	Local Foundations and Businesses, State-wide Foundations, Partnership lead applicants,
Health Insurance Stipends	TBD	Thrive Allen County, Insurance Company Partners
Baby Steps	CCDF (Direct Assistance); Patterson Foundation	DCF, Patterson Foundation, CCA-KS
Mental Health Endorsement	MCH/Title V, MIECHV	KDHE, KAIMH

# Kansas ECE Governance Structure



**Kansas Children’s Cabinet & Trust Fund (KCCTF):** Statutory role to assist the Governor in developing and implementing a coordinated, comprehensive service delivery system for ECE. Meets every other month. Designated State Advisory Council on ECE (ECAC) in 2020. Lead agency for PDG.

**State Directors Team:** State Directors from 4 state agencies supporting ECE in Kansas and represents leadership from the main federal funding sources for ECE, including CCDF and MCH. Serves as the Early Childhood Integrated Data System (ECIDS) Data Trust Governance Board. Meets biweekly. Coordinated and staffed by KU-CPPR.

**Workforce Registry (WFR) Governance Board:** Composed of existing staff with state agencies and ECE lead organizations guiding implementation, and ongoing decision-making for the Kansas Cape Poral (WFR). Coordinated and staffed by KCCTO, the current CCDF workforce contractor. Membership and meeting cadence to be determined.

**Early Childhood Recommendations Panel:** Serves as working group for the Kansas ECAC. Designees outlined in Public Law 134-110 plus Governor’s discretion in alignment with All in for Kansas Kids Strategic Plan priorities. Meets monthly. Coordinated and staffed by KU-CPPR.

# KANSAS ALL IN FOR KANSAS KIDS PDG RENEWAL GRANT ORGANIZATIONAL CHART

