

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: NJ Preschool (PDG B-5)	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: New Jersey	
8. APPLICANT INFORMATION:		
* a. Legal Name: New Jersey Department of Children and Families		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 21-6000928	* c. Organizational DUNS: 7849955030000	
d. Address:		
* Street1: 50 East State Street	Street2: <input type="text"/>	
* City: Trenton	County/Parish: Mercer	
* State: NJ: New Jersey	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 08625-0717	
e. Organizational Unit:		
Department Name: Children and Families	Division Name: Family/Community Partnerships	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Lenore	
Middle Name: <input type="text"/>	* Last Name: Scott	
Suffix: <input type="text"/>	Title: Assistant Division Director	
Organizational Affiliation: NJ Dept. of Children and Families		
* Telephone Number: 609-888-7406	Fax Number: <input type="text"/>	
* Email: Lenore.Scott@dcf.nj.gov		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Administration for Children and Families - OCC

11. Catalog of Federal Domestic Assistance Number:

93.434

CFDA Title:

Every Student Succeeds Act/Preschool Development Grants

*** 12. Funding Opportunity Number:**

HHS-2018-ACF-OCC-TP-1379

* Title:

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

13. Competition Identification Number:

HHS-2018-ACF-OCC-TP-1379

Title:

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

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

NJ Preschool Development Collaboration- a project to build and align state and local early childhood care and Education programs and resources for an integrated system of care

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="15,000,000.00"/>
* b. Applicant	<input type="text" value="4,500,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="19,500,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION <input style="width: 90%;" type="text" value="New Jersey Department of Children and Families"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 200px;" type="text" value="Catherine"/> Middle Name: <input style="width: 150px;" type="text"/>
* Last Name: <input style="width: 300px;" type="text" value="Schafer"/>	Suffix: <input style="width: 80px;" type="text"/>
* Title: <input style="width: 250px;" type="text" value="Senior Executive Services Director"/>	
* SIGNATURE: <input style="width: 300px;" type="text" value="Completed on submission to Grants.gov"/>	* DATE: <input style="width: 200px;" type="text" value="Completed on submission to Grants.gov"/>

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

APPENDIX 1. LETTER FROM NJ GOVERNOR, PHIL MURPHY (page 1 of 2)



State of New Jersey

OFFICE OF THE GOVERNOR
P.O. Box 001
TRENTON, NJ 08625-0001

PHILIP D. MURPHY
Governor

October 30, 2018

Honorable Lynn Johnson
Assistant Secretary, Administration for Children and Families
U.S. Department of Health and Human Services
Administration for Children and Families, Office of Child Care
330 C Street, S.W., Suite 4010-4012
Washington, DC 20201

Dear Assistant Secretary Johnson:

I am pleased to submit this application for the State of New Jersey (NJ) to the U.S. Department of Health and Human Services for a *Preschool Development Grant Birth through Age Five* (PDG B-5). The PDG B-5 grant will support NJ's continuing efforts to ensure access to high quality early childhood care and education services within our existing mixed-delivery system with a special emphasis on promoting school readiness for the state's most vulnerable children and families. NJ will develop and implement an updated strategic plan that addresses key priorities for the continuation of our work; facilitate better partnerships between programs, expand parental choice and knowledge, improve transitions, strengthen two-generational linkages for families to community services and ensure program and cost efficiencies.

New Jersey will build upon its unprecedented collaboration and shared leadership structure developed under the Race to the Top-Early Learning Challenge grant to address the priorities of PDG B-5. The state has a sustained commitment from the Governor's Office along with five state agencies: the Departments of Education (DOE), Children and Families (DCF), Health (DOH), Human Services (DHS), and Labor and Workforce Development (DOLWD), as well as links to the NJ Council for Young Children (NJCYC), which includes public, private, state and local partners.

I have authorized the Department of Children and Families as the State entity responsible to submit the application and as the designated agency for oversight and management of the PDG B-5 grant. DCF is devoted to serving and safeguarding the most vulnerable children and families in our state. I am confident that DCF is best suited to lead this work based on its proven record of program and fiscal management of related early childhood initiatives that require

New Jersey Is An Equal Opportunity Employer • *Printed on Recycled Paper and Recyclable*

GOVERNOR'S LETTER – page 2 of 2

collaboration and coordination among a full range of early childhood services and funding streams. DCF partners with various other Departments across the state to provide the following services:

- *The NJ Home Visiting Initiative:* NJ provides home visiting services for over 6,000 families in all 21 counties; and operates with braided funding--DCF (Title IVB & State), DHS (TANF) and DOH (MIECHV).
- *The NJ Central Intake System:* DCF, DOH and DOE collaborate and co-fund this nationally recognized model that provides a single point of entry access needed services for children/families.
- *County Councils for Young Children (CCYC):* State partners (DCF, DOE, DOH, DHS & NJCYC) provide a framework for local CCYC collaboration with input from parents and community partners.
- *Harnessing Opportunity for Positive Equitable Early Childhood Development (HOPE):* State partners (DOH and DCF). This systems initiative takes a comprehensive approach in addressing inequitable outcomes faced by families with young children (birth-5 years) due to factors such as, poverty, racism, trauma, and unequal access to care.

Early childhood and school readiness remain a priority of this administration. It is with great pride that I submit this *Preschool Development Grant Birth through Age 5* application for your consideration.

Sincerely,



Philip D. Murphy
Governor

APPENDIX 2. LETTER OF AGREEMENT - STATE GOVERNMENT PARTNERS



State of New Jersey

Interdepartmental Agreement for the Preschool Development Grant Birth through Age Five (PDG B-5)

New Jersey Governor Phil Murphy has authorized the Department of Children and Families to serve as the state lead for the PDG B-5 initiative. PDG B-5 includes senior and program leadership across five state departments through the Early Learning Commission and Interdepartmental Planning Group (IPG).

Brief Description of Proposed Grant Project: State IPG leaders will collaborate with the NJ Council for Young Children (state advisory council) and other early childhood (EC) related partners for this project. NJ will update and build upon the strategic plan that is in place for NJ's Race To The Top Early Learning Challenge (RTT-ELC) grant. PDG B-5 project is two-generational approach that focuses on infants, young children and their parents/families. PDG B-5 promotes a comprehensive, coordinated early childhood (EC) system of care to address the physical, social-emotional, behavioral and cognitive aspects of child/family wellbeing and school readiness from pregnancy through age five.

Project Activities: Core quality improvement activities of this grant (and department leads) include:

- Revise the NJ strategic plan (DCF) based upon an expedited needs assessment/planning process;
- Support County Councils for Young Children (DCF) to strengthen local cross-sector EC relationships with parents, improve parent leadership, & maximize parent knowledge/ choice of available services;
- Develop Central Intake (CI) capacity (DCF/DOH) to facilitate easier access for parents/families and providers to needed health, behavioral health, social services, child care options, educational, early intervention, family support, e.g. public assistance, parenting/fatherhood resources, job training, etc.
- Develop Community Health Worker capacity (DOH) to identify/link pregnant women, infants, children and families to available services through CI and other appropriate community connections.
- Expand best practices (DHS) to improve quality of NJ's existing mixed delivery providers—Grow NJ Kids (quality rating system), training/technical assistance services, and related activities and supports;
- Support Phase 2 of the NJ EASEL (DOE) the State's early childhood integrated data system.

Support: The federal funding request is for \$15 million and requires a match of 30% (\$4.5 million). Each department will contribute in-kind resources through the commitment of program staff time to oversee implementation of designated activities, and participate in ongoing IPG and related meetings and for planning and implementation. The full state match (i.e. state funds not designated as a match to any other state/federal grants) will be provided through Round 2 of the recent Preschool Education Expansion Aid funding (DOE). Formal Memoranda of Agreement will be executed upon receiving the Notice of Award.

Signatures:

NJ Department of Education



Dr. Lamont Repollet, Commissioner

NJ Department of Health




Dr. Shereef M. Elnahal, Commissioner

NJ Department of Human Services



Carole Johnson, Commissioner

NJ Department of Labor



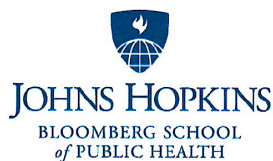
Robert Asaro-Angelo, Commissioner

NJ Department of Children & Families



Christine Norbut Beyer, Commissioner

APPENDIX 3. LETTER FROM JOHNS HOPKINS UNIVERSITY (PPE Plan)



Population, Family and
Reproductive Health

October 31, 2018

RE: Preschool Development Grant Birth through Five, Solicitation # HHS-2018-ACF-OCC-TP-1379
Funding Period - 12/17/18 to 12/16/19; Contract Budget -- \$600,000

Lenore Scott, MSW
Assistant Division Director – Office of Early Childhood Services
NJ Department of Children & Families
50 East State Street, 7th Floor
Trenton, NJ 08625

Dear Ms. Scott:

This letter serves two purposes. The first is to confirm the Johns Hopkins University's commitment to partner with New Jersey to develop the Needs Assessment and the Strategic Plan, and to carry out the Project Performance Evaluation for the above-referenced project. Mr. Mattern is signing this letter as the person with authority to make this commitment on behalf of the University's Bloomberg School of Public Health.

We are writing also to confirm our team's enthusiasm and strong qualifications to carry out our role in this important work. For the past ten years, we have worked with New Jersey stakeholders at all levels in building New Jersey's early childhood system of care. Examples include our role as evaluators of state initiatives supported by the MIECHV Program, Project LAUNCH, and Early Childhood Comprehensive Services grants. These projects often have included needs assessments and strategic planning for which our team has played key roles. We also are proud to contribute to New Jersey's early childhood systems building as evaluative researchers committed to utilization-focused evaluation and implementation science.

Our research team is highly experienced and skilled, with expertise in public health, public policy, early childhood, child welfare, family support, health care delivery, and health services research. Because of our ongoing contractual relationship with you and our long-standing working relationships with the organizations partnering in this project, we can begin work on Day 1 to assure adherence to the project work plan and timeline. We have a track record of over 25 years of continuous extramural funding of evaluative research on early childhood services and systems, from a range of public sources such as ACF, NIH, HRSA, CDC and AHRQ, as well as national foundations such as the Robert Wood Johnson Foundation, the Annie E. Casey Foundation, and the Heising-Simons Foundation. We are leaders of key early childhood services research initiatives such as the Home Visiting Applied Research Collaborative, a national research and development platform supported by DHHS/HRSA/MCHB and affiliated as well with ACF.

In summary, we welcome the opportunity to contribute to this project and we wish you a most favorable review of your application.

Sincerely,

Handwritten signature of Anne Duggan in blue ink.

Anne Duggan, ScD
Professor
Vice Chair for Research

Handwritten signature of Cynthia S. Minkovitz in blue ink.

Cynthia Minkovitz, MD, MPP
William H. Gates, Sr. Professor
Chair

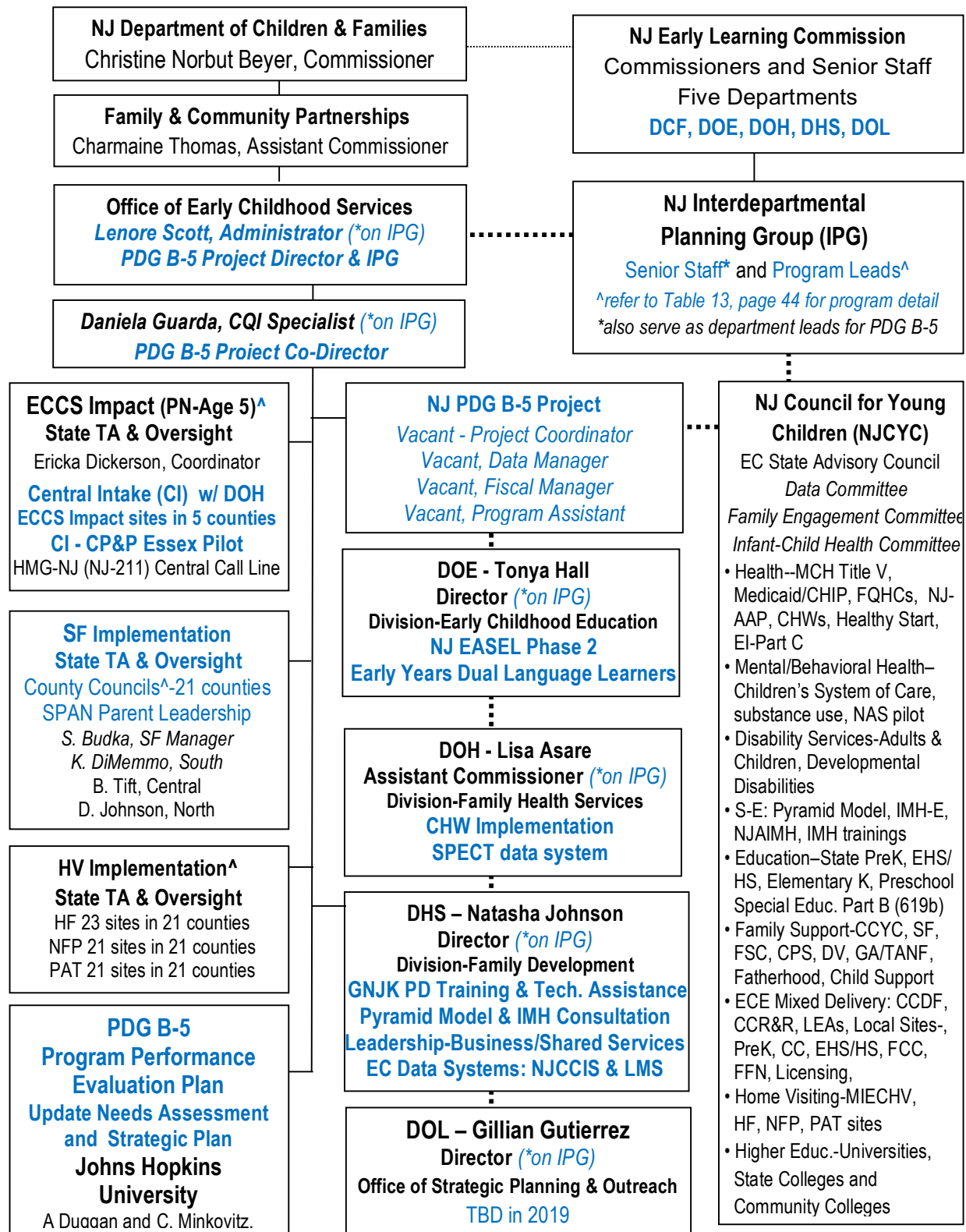
Handwritten signature of Tom Mattern in blue ink.

Thomas Mattern
Grants Associate
Office of Research Administration

Population, Family and Reproductive Health

615 N. Wolfe Street Baltimore, MD 21205-2179 410-614-5280 Fax 410-955-2303 www.jhsph.edu/prfh

APPENDIX 4. NJ-DCF Organizational Chart with PDG B-5 Program and Partner Links



APPENDIX 5. PROJECT TIMELINE & MILESTONES

Year 1: December 2018 – December 2019	Pre	1	2	3	4	5	6	7	8	9	10	11	12
DCF Oversight (Administrative Team--Director, Coordinator, Fiscal, Data, Program Asst) weekly mtgs; Initial briefing w/ Commissioner & Gov Office	x	x	x	x	x	x	x	x	x	x	x	x	x
Admin Team notifies IPG (DO/ DOH/DHS/DOL/NJCYC) monthly	x	x	x	x	x	x	x	x	x	x	x	x	x
Admin Team updates current MOUs for PDG with IPG depT leads / updates IPG data sharing agreements	x	x	x	x									
Director, key staff & IPG designees attend PDG Grant meeting in DC		x											
Admin Team meets w/ John Hopkins (JHU) or Data Committee) for planning, implementation & evaluation	x	x	x	x	x	x	x	x	x	x	x	x	x
Budget mods for current contracts w/ PDG components--60 days & review monthly (as needed) then quarterly	x	x		x			x			x			x
Fiscal Office set-up grant account-review budget, monitor expenditures	x	x		x			x			x			x
Admin Team & IPG Leads meet regularly w/ ACF PDG Project Officer	x	x	x	x			x			x			x
Admin Team meets w/CI, CCYC & CHW leads to discuss contract extension & PDG requirements/monitoring	x	x		x			x			x			x
Admin Team develop/implement program & financial sustainability plan w/ IPG State Leads to present to ELC				x			x			x	x	x	x
Activities 1 & 2: Needs Assessment & Strategic Plan updates-by Mo 3	x	x	x	x									
Consultant & IPG review needs data & initiates plan to assess gaps, i.e. Facilities assessment, Licensing data	x	x	x										
Data analysis and recommendations for <i>NJ Plan</i> update presented to IPG and NJCYC for input and finalized	x	x	x	x	x	x	x	x	x	x	x	x	x
Coordinator to provide PDG updates to full <i>IPG monthly</i> and <i>NJCYC quarterly</i> --updates, recommendations	x	x	x	x	x	x	x	x	x	x	x	x	x
Activity 3: Parent Choice & Knowledge (existing local partners)													
DCF-CI Hubs build capacity/links w/ ECE & CP&P (existing contracts)	x	x	x	x	x	x	x	x	x	x	x	x	x
DCF-CCYC -- maintain current contracts (update local assessments & strategic planning priorities & activities)	x	x	x	x	x	x	x	x	x	x	x	x	x
DOH-CHW expand capacity of existing sites (modify existing contracts)	x	x	x	x	x	x	x	x	x	x	x	x	x
DHS-Communications Plan (out of strategic planning recommendations)				x	x	x	x	x	x	x	x	x	x
Activity 4: Sharing Best Practices													
DHS-Expand Pyramid Model implementation and IMH training/endorsement pilots (mod. existing MSU contract)	x	x	x	x	x	x	x	x	x	x	x	x	x
DHS-Implement Shared Services (study existing model months 1-3)	x	x	x	x	x	x	x	x	x	x	x	x	x
Activity 5: Improving Quality													
DHS-Expand GNJK & Directors Business Practices training-Rutgers contract	x	x	x	x	x	x	x	x	x	x	x	x	x
DHS-Workforce Data: NJCCIS & Learning Management System (LMS)	x	x	x	x	x	x	x	x	x	x	x	x	x
DOE-Longitudinal Outcome Data: Continue NJ EASEL Phase 2 (ECIDS)	x	x	x	x	x	x	x	x	x	x	x	x	x
DOL-explore “Credentialing Engine” model links to NJCCIS registry	x	x	x	x	x	x	x	x	x	x	x	x	x
ALL Activities: PDG participants produce quarterly & annual reports	x			x			x			x			x
Program Performance Evaluation: DCF to oversee CQI activities	x	x	x	x	x	x	x	x	x	x	x	x	x
Use existing data systems (e.g. SPECT, HMG, HV, NJCCIS)-establish indicators to be reported & analyzed	x	x	x	x	x	x	x	x	x	x	x	x	x
Implementation Science Framework for CQI to inform PDG work--engage partners, stakeholders, parents	x	x	x	x	x	x	x	x	x	x	x	x	x

APPENDIX 6. NJ's PDG B-5 LOGIC MODEL

Vision Statement: NJ has a high quality EC system that results in success for all infants, toddlers, young children & their families, especially the most vulnerable.				
Resources and Inputs	Activities and Outputs	Short-Term Outcomes	Long-Term Outcomes	Data Sources
<p>Interdepartmental Planning (IPG) Governor's Office representative DCF (lead) FCP/ECS-ECCS Impact, HMG, HV (HF, NFP, PAT), Central Intake (CI), County Councils (CCYC), Family Success Centers (FSC), CPS, Licensing, HOPE (pending) DHS DFD-TANF, GA, CCDBG, Child Support, Medicaid/FamilyCare, SNAP, Fatherhood, MH/Addictions, DDD DOE -Preschool, Head Start/EHS Special Ed-IDEA Part B (619) DOH-Title V MCH, WIC, HV, CI, CHW, EI Part C, Newborn Screening, Special Child Health, Lead Poisoning, DQL – TANF/GA partnerships NJCYC-State Council & committees</p> <p>EC Stakeholders: CCR&Rs, Child Care Centers, FCC, EHS/HS sites, HV sites (HF, NFP, PAT), CI Hubs, CHWs, Preschools, LEAs, Title I</p> <p>Parents/Families: County Councils, Statewide Parent Advocacy Network</p> <p>Health Partners: MCH Consortia, FQHCs, AAP-NJ, local Ob/Gyn, Pediatric, Primary Care, MH/BH, Public Health, WIC, hospitals, clinics</p> <p>Family Support/Social Services: Local FSCs, CWAs, CPS offices,</p> <p>Data/Evaluation*: existing Needs Assessment and NJ Plan</p>	<p><u>Activities 1 & 2:</u> RFI-consultant to review & update Needs Assessment & NJ Plan w/IPG & NJCYC input. Communicate & build support for shared EC vision w/ EC partners Use data to drive decisions re: policy & practice changes & address unmet needs.</p> <p><u>Activity 3:</u> Provide guidance & support for local EC infrastructure-building (CI-CCYC) Ensure ongoing, open communication w/ parents & other state & local stakeholders. Promote parent knowledge & choice in ECE; Grow parent participation in CCYCs. Continue to implement CI to link families PN-5 w/ needed EC services/supports. Provide referrals that meet family needs. Collect process, impact & outcome data. Utilize SPECT system to refine the CQI process & promote accountability in CI.</p> <p><u>Activities 4 & 5:</u> Align priorities among IPG partners thru collaboration & integration. Continue development & roll-out of NJ's QRIS, Grow NJ Kids (GNJK). Revise GNJK quality standards, as needed. Review/refine professional development (PD) roles & regional TA providers to ensure a strong, integrated EC workforce. Continue to develop NJ EASEL to assess progress & support long-term evaluation. Renew IPG data sharing agreements.</p>	<p>NJ shared vision & priorities reflected in EC state partner decisions & practices.</p> <p>All stakeholders, including parent reps, participate in state & local plans, implementation, ECE transition process & CQI Program Performance Eval. Plan activities.</p> <p><u>Goal 1:</u> ECE Quality Access <u>Goal 2:</u> Aligned EC Standards <u>Goal 5:</u> Educator Workforce <u>Goal 6:</u> School Readiness State/local ECE partners participate in GNJK systems standards, ratings, monitoring process. State/local partners continue PD quality priorities.</p> <p><u>Goal 3:</u> Access for vulnerable families to services/supports. CI Hubs are fully operational/improve service coordination. S-E supports are provided to B-5 via Pyramid Model / IMH consult</p> <p><u>Goal 4:</u> Empower Parents CCYCs are fully operational w/ active parent involvement. Local resources to support culturally responsive services.</p> <p><u>Goal 7:</u> NJ will Proceed with Phase 2 of NJ-EASEL.</p>	<p>High quality ECE is readily available PN-5</p> <p>Efficient ECE providers use shared services & business best practices.</p> <p>Easy PN-5 access via integrated network of CI Hubs w/ links to local partners--CHWs, HV, EHS/HS, CCYC, CCRR (Centers/FCC), CWA, Special Needs, Health/BH, and Family Support..</p> <p>EC system reflects the needs & priorities of parents/families & other stakeholders (CCYCs).</p> <p>Reduce and ultimately eliminate disparities in early learning, health & child welfare outcomes.</p> <p>Children are <i>Ready to Learn</i> at K/Primary level. Infants, toddlers, & young children; and their parents, families & communities are healthy & prosperous.</p> <p>NJ EASEL completed Phases 3 & 4—and is fully functional.</p>	<p><u>DHS:</u> GNJK data NJCCIS-ECE workforce data PD, TA GNJK Ratings CCDF data Market Rate study TANF/GA Child Support</p> <p><u>DOE:</u> NJ-SMART Preschool Exp. EHS/HS data Part B (619) NJ EASEL</p> <p><u>DOH:</u> MCH data SPECT--for CI referrals CHW outreach, PN (PRA) data. EIS Part C</p> <p><u>DCF:</u> Licensing, CCYCs, HV (HF, PAT & NFP), FSCs, Child Welfare</p> <p><u>DOL</u> - TBD</p>

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Preschool Development Grant Birth through Five (PDG B-5)	93.434	\$ <input type="text"/>	\$ <input type="text"/>	\$ 15,000,000.00	\$ 4,500,000.00	\$ 19,500,000.00
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Totals		\$ <input type="text"/>	\$ <input type="text"/>	\$ 15,000,000.00	\$ 4,500,000.00	\$ 19,500,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Preschool Development Grant Birth through Five (PDG B-5)				
a. Personnel	\$ 0.00	\$	\$	\$	\$ 0.00
b. Fringe Benefits	0.00				0.00
c. Travel	1,150.00				1,150.00
d. Equipment					
e. Supplies					
f. Contractual	4,960,900.00				4,960,900.00
g. Construction					
h. Other	14,537,950.00				14,537,950.00
i. Total Direct Charges (sum of 6a-6h)	19,500,000.00				\$ 19,500,000.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 19,500,000.00	\$	\$	\$	\$ 19,500,000.00
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Preschool Development Grant Birth through Five (PDG B-5)	\$ 4,500,000.00	\$	\$	\$ 4,500,000.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$ 4,500,000.00	\$	\$	\$ 4,500,000.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 15,000,000.00	\$ 3,750,000.00	\$ 3,750,000.00	\$ 3,750,000.00	\$ 3,750,000.00
14. Non-Federal	\$ 4,500,000.00	\$ 1,125,000.00	\$ 1,125,000.00	\$ 1,125,000.00	\$ 1,125,000.00
15. TOTAL (sum of lines 13 and 14)	\$ 19,500,000.00	\$ 4,875,000.00	\$ 4,875,000.00	\$ 4,875,000.00	\$ 4,875,000.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	Preschool Development Grant Birth through Five (PDG B-5)	\$ 15,000,000.00	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 15,000,000.00	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: \$15,000,000	22. Indirect Charges: 0
23. Remarks:	

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 2

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

<p>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>TITLE</p> <p>Senior Executive Services Director</p>
<p>APPLICANT ORGANIZATION</p> <p>New Jersey Department of Children and Families</p>	<p>DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

Standard Form 424B (Rev. 7-97) Back

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Project Narrative File(s)

* **Mandatory Project Narrative File Filename:**

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

Project Abstract

Project Title: NJ Preschool Development Grant Birth through Age Five (PDG B-5)
Applicant Name: New Jersey (NJ) Department of Children and Families (DCF)
Address: 50 East State Street, PO Box 717, Trenton, NJ 08625-0717
Project Director Name: Lenore Scott, MSW
Contact Phone Number: Voice – 609-888-7393 / Fax – 609-292-1306
E-Mail Address: lenore.scott@dcf.state.nj.us
Web Site Address: www.state.nj.us/dcf

Brief Description of Proposed Grant Project: New Jersey's PDG B-5 project is two-generational approach that promotes a comprehensive, coordinated early childhood (EC) system of care in addressing the physical, social-emotional, behavioral and cognitive aspects of child wellbeing and school readiness from prenatal (PN) through age five. NJ early childhood partners will build upon the strategic plan for NJ's Race To The Top Early Learning Challenge grant.

Needs to be Addressed: NJ parents/families with young children (PN-5), especially vulnerable, underserved families, will be better informed and have a stronger voice regarding EC services at the local and state levels. Families & caregivers will have easier access to high quality services (based on best practices) that are needed and desired (parent choice) to improve pregnancy-birth & child outcomes, promote early learning, eliminate disparities (health, educational, etc.), support parent & family wellbeing (including fathers), and strengthen local communities.

Proposed Services: NJ's PDG B-5 includes leadership across five state departments and collaboration with EC partners of the NJ Council for Young Children (state council) to: a) revise and refine the *NJ Plan* based upon an expedited needs assessment/planning process; b) support further development of Central Intake Hubs (with links to Community Health Workers) to facilitate easier access for families and providers to: Parent/Child Health (including screening), Infant/EC Mental Health, Home Visiting, Early Head Start/Head Start, Child Care Referral (Center & Family Child Care), Preschool, Early Intervention, Family Support (e.g. public assistance, parenting classes, fatherhood, job training, etc.), or other needed health, educational or social services); c) support and develop County Councils for Young Children to strengthen local cross-sector EC relationships (including parents), improve parent leadership, and maximize parent choice & knowledge of available EC services and supports; d) expand best practices (e.g. EC training/technical assistance network) to reach more of NJ's existing mixed delivery system providers, e) continue quality improvement activities (e.g. participation in Grow NJ Kids-QRIS).

Population Groups to Be Served: Parents/families with young children, birth to age five, residing in New Jersey. PDG B-5 resources will help NJ reach communities where risks for infants and young children are highest due to poverty, social isolation, disabilities, educational inequities, health disparities, structural racism, cultural barriers, poor maternal/child health outcomes, and infant/early childhood developmental delays.

TABLE OF CONTENTS

PROJECT DESCRIPTION

Section 1.	Approach: Activities One Through Five	3
1.0	Introduction	3
1.1	Activity One: B-5 Statewide Needs Assessment Plan	4
1.2	Activity Two: B-5 Statewide Strategic Plan	14
1.3	Activity Three: Maximizing Parental Choice and Knowledge	21
1.4	Activity Four: Sharing Best Practices among State ECE Providers	29
1.5	Activity Five: Improving Overall Quality of ECE Programs/Services...	35
Section 2.	Organizational Capacity and Management	38
Section 3.	State B-5 Mixed Delivery System Description and Vision Statement	45
Section 4.	Timeline	50
Section 5.	Program Performance Evaluation Plan	51
Section 6.	Logic Model	59
Section 7.	Sustainability Plan	59
Section 8.	Budget and Budget Justification	62

APPENDICES

Appendix 1:	Letter from NJ Governor, Phil Murphy	69
Appendix 2:	Letter - NJ State Interdepartmental Agreement	71
Appendix 3:	Letter - Johns Hopkins University (Evaluation Plan)	72
Appendix 4:	DCF Organizational Chart & Partner Linkages	73
Appendix 5:	Timeline and Work Plan	74
Appendix 6:	Logic Model	75

SECTION 1: APPROACH – ACTIVITIES ONE THROUGH FIVE

Introduction: New Jersey (NJ) is pleased to submit this application to the US Department of Health & Human Services, Administration for Children & Families (ACF), Office of Child Care for a *Preschool Development Grant Birth through Five (PDG B-5)*. The project is a collaboration between the Governor’s Office and five state departments—Education (DOE), Human Services (DHS), Health (DOH), Labor (DOL), and Children & Families (DCF). The DCF Office of Early Childhood Services (OECS) is authorized to lead this initiative. NJ is requesting \$15 million in funding support for PDG B-5 to continue advances we have made in building and aligning state/local early childhood care and education (ECE) programs and resources for an integrated system of care prenatal (PN) through age five. This proposal builds upon NJ’s Race to the Top Early Learning Challenge (RTT-ELC); and embodies PDG B-5 priorities focusing on existing services within our nationally-recognized mixed delivery ECE system. **Expected Outcomes include:**

- updated & revitalized *NJ Plan* (strategic plan)—based on identified cross-sector needs that incorporates a two-generational (2-Gen) approach & guides our work over the next 3-5 years
- improved program quality—*measured by multiple ECE sources, Grow NJ Kids (GNJK) data, State Performance Plan/Annual Performance Reports (SPP/APR), parent feedback and more*
- better partnerships between parents/families, ECE mixed delivery providers and community partners—*measured by parent/County Council (CCYC), provider & Central Intake (CI) data*
- expanded parental choice & involvement which links to a full range of services that address parent/child/family need—*measured by CCYC, CI & Community Health Worker (CHW) data*
- improved transitions between infant/toddler/preschool, e.g. home visiting (HV) to child care (CC); and ECE programs to elementary school—*measured by parent/provider feedback*
- increased ECE operating & cost efficiencies—*measured by ECE program & budget data.*

1.1 ACTIVITY ONE: B-5 Statewide Needs Assessment Plan

The Interdepartmental Planning Group (IPG) includes representatives from DOE, DHS, DCF, DOH, DOL and NJ Council for Young Children (NJCYC). The IPG will oversee a review and refinement of the *existing* EC needs assessments that relate to service priorities within the B-5 system of care; then move to implement an expedited needs assessment and strategic planning process to facilitate/sustain stronger collaboration & coordination among ECE programs within the mixed delivery system, with a special emphasis on preparing low-income and disadvantaged children, to successfully transition across EC settings, e.g. Home Visiting (HV) to Early Head Start/Head Start (EHS/HS), and ultimately into kindergarten (K) and elementary school.

How NJ will Address Activity One Requirements - Planned Process: NJ will undergo an expedited needs assessment process utilizing the existing array of state/local assessment reports that have been completed since the inception of the NJ Council for Young Children (NJCYC) to ensure coordination & integration (as appropriate) across ECE services. These existing needs assessments have a wide-ranging scope that examine access, availability and, where feasible, the quality of existing services in the State, with a particular focus on efforts to reach NJ's most vulnerable and/or underserved infants/children & their families. Table 1, pp.5-6 below, shows that NJ has a rich body of data/survey resources to quickly assemble an integrated PDG B-5 *EC Needs Assessment* document that synthesizes the data to identify our progress, successes, trends, gaps/unmet needs; and points to next steps and ECE-related priorities for an update of the state's current EC strategic plan (*NJ Plan*) developed for the 2012 RTT-ELC grant. This inventory of needs assessment resources was compiled with input from EC and maternal-child health (MCH) partners, i.e. IPG, NJCYC, CC, EHS/HS, local educational authorities (LEA), HV, parents & many other NJ partners (see pp. 16-17).

Scope: As summarized in Table 1 below, NJ’s state and local partners have completed multiple needs assessments that encompass various aspects of ECE (including pregnancy, preconception and interconception; and parent/father engagement); and focus on the priorities identified in the PDG B-5 guidance--i.e. availability & quality of direct services, staffing needs, salaries & credentials, training & workforce development, and 2-Gen supportive services.

Table 1. Existing Needs Assessment Documents

Scope (vulnerable children/families)	Title (resources/references available)	Lead Agency / Date
Mixed Delivery ECE Continuum: Access, Quality, Availability--B-age 8	RTT-ELC Needs Assessment Data Tables and program reports	DOE (w/ DHS, DOH, DCF) 2013-2018 annual updates
Mixed Delivery PreK Services: Access, Quality, Availability - Birth to Age 5 [Note: PD=Professional Development]	State-Funded Preschool Survey District Self-Assessment (SAV/K3 SAV) School readiness-K Entry Assessment EHS/HS Needs Assessment <i>PD Quality-NJ EarlyLearning Workforce</i> <i>NJ EC Higher Education Inventory</i>	DOE - 2018 annual DOE - 2018 annual DOE - 2018 annual DOE - 2018 annual DOE/NJCYC 2013 DOE/NJCYC 2013
Child/Family Wellbeing: Access, Quality, Availability - Birth to Age 5	<i>More Than Marketing: A NJ Study on Outreach to Underserved Populations</i>	NJCYC with interagency cross-sector input - 2012
Mixed Delivery PreK Services: Access, Quality, Availability - Birth to Age 5	<i>Ready, Set, Go - NJ State Preschool Expansion Report</i> (pending Nov 2018)	NIEER-Nat'l Institute for Early Educ. Research-2018
MCH and EC Services: Access, Quality, Availability--Prenatal/Birth thru Age 5	NJCYC Infant/Child Health Committee (IHC) Needs & Strategic Planning-2015	DCF- <i>Help Me Grow (HMG)</i> <i>ECCS-EC Comp System</i>
Mixed Delivery PreK Services: Access, Quality, Availability-primary focus B-5	CCDBG 2014 Reauthorization - Child Care Market Survey 2018 (slots/costs/gaps)	DHS-DFD (Div. of Family Development) - Rutgers
Mixed Delivery PreK Services: Access, Quality, Availability - Birth to Age 13	Child Care Resource & Referral (CCR&R) Agency Needs Assessments	CCR&Rs serving 21 Counties - 2018 update
Mixed Delivery PreK Services: Access, Quality, Availability - Birth to Age 5 (Grow NJ Kids = GNJK)	GNJK Quality Rating System (QRIS)- Provider Focus Groups/Surveys, Parent Focus Groups, PD Surveys	DHS/DOE w/ CCR&Rs 2018
Mixed Delivery PreK Services: Access, Quality, Availability - Birth to Age 13	NJCCIS (NJ CC Information System) Workforce Registry Reports Child Care Licensing Registry	DHS with DOE - 2018 DCF with DHS - 2018
MCH Services: Vulnerable women, infants & children - PN and B-5 (including women childbearing age)	Title V MCH Block Grant Assessment CHW County Level Focus Groups NJ Healthy Women, Healthy Families	DOH w/ 21 counties - 2018 DOH w/ 21 counties - 2018 DOH county/municip 2018
Food Insecurity: Vulnerable women, infants/children & families - PN-Age 5	Needs Assessment WIC-Women, Infants, & Children Supplemental Nutrition Prgm	DOH w/ input 21 counties - 2018 annual update
Health Status: All populations - births, deaths and morbidity public health data	NJ-SHAD (State Health Assessment Data)-state, county & municipal levels	DOH vital records database 2018 data available
Special Needs-Access & Availability for children B-Age 3 & Age 3-K	Early Intervention (EI) System Preschool Special Education Data	DOH - 2018 update DOE - 2018 update
School Readiness: Access & Linkages to ECE services/supports (interdepartmental)	NJ EASEL EC Information Data System Phase 1-DOE, DHS, DCF data Phase 2 - expanded data sets	DOE w/ DHS, DCF, DOH. Phase 1 rpt due Dec 2018 Phase 2 development-2019
MCH/EC Community Services and Support: Linkages, Access, Availability via Central Intake (CI) & CHWs	SPECT-Single Point of Entry Client Tracking Data System (PN assessment) [statewide and county-level data]	DOH & DCF 2018 update

Infant/Child Development: MCH-EC Services & Support Linkages via CI	HMG-NJ data tracking of Ages & Stages Questionnaire (ASQ)	DCF w/ United Way via the NJ-211 call & data system
Parent Involvement/Knowledge/Choice county-level ECE networks PN to 8yrs	County Councils for Young Children (CCYC) Needs Assessment/Planning	DCF in partnership w/ 21 CCYCs - at various stages
Father Involvement: Access & Availability of services/supports.	Child Support Data Tracking System	DHS-DFD - annual reports
Food Insecurity: Access, Quality, Availability -- all ages	Supplemental Nutrition Assistance Program (SNAP) Education Survey	DHS & DOH – 2017 (3-yr)
Infant-Toddler Child Care: Access, Quality, Availability - Birth to Age 3	<i>No Room for Babies: Center-Based Infant-Toddler Care in Short Supply</i>	Advocates for Children of New Jersey (ACNJ) - 2017
Child & Family Wellbeing: Access, Quality, Availability - PN-Age 18	NJ Kids Count with County Profiles NJ Babies Count 2018 State Profile	ACNJ -2018 annual
Mixed Delivery PreK Services: Access, Quality, Availability - Birth to Age 5	<i>Quality Costs How Much? Preschool Expansion in NJ - Roadmap</i>	ACNJ - Apr 2017 ACNJ - 2018
Child & Family Wellbeing: Infant & EC Mental Health (IECMH) PN/B-Age 8	NJ Project LAUNCH Needs Assessment & Strategic Plan (State & Essex Co.)	DCF w NJCYC Infant-Child Health Committee-2014
IECMH Services & Workforce: Access, Quality, Availability - PN/B-Age 8	<i>A Snapshot of NJ's Infant & Early Childhood Mental Health Workforce</i>	DCF/Project LAUNCH & Montclair University-2015
Evidence-Based Home Visiting: Access, Quality, Availability-PN-5: Healthy Families (HF), Nurse-Family Partnership (NFP) & Parents As Teachers (PAT)	MIECHV (Maternal, Infant & EC Home Visiting) Statewide Needs Assessment HV Continuous Quality Improvement (CQI) Dashboard Reports	DOH & DCF w/ state/local input-2013 (update 2019) DOH & DCF w/ state & local input - 2018 ongoing
Infant-Toddler Services & Safety: Access, Quality, Availability-PN/B-3yrs	Infant-Toddler Policy Action Team (assessment and recommendations)	ACNJ & Zero To Three with state/local input-2015
Family Child Care (FCC) Providers: Access, Quality, Availability B-Age 8	<i>Steps to Quality: A Grow NJ Kids Family Child Care Initiative</i>	Child Care Connect'n, DHS w/ Nicholson Funds - 2017
Economic Stability: Access/Availability for at-risk individuals & families [<i>Note: Temporary Assistance to Needy Families (TANF) & General Assistance (GA)</i>]	TANF/GA data reporting Labor/Employment reports ALICE (Asset Limited, Income Constrained, Employed)--NJ Report	DHS-DFD - annual reports DOL - annual reporting United Way ALICE Project NJ Report - 2018 pending
Health Status general at-risk populations	NJ County Health Rankings Roadmap	RWJ Foundation - 2018
Addiction/Child Safety: Access, Quality, Availability - PN & Infant+	<i>Caring for Substance Exposed Infants & their Mothers - Plans of Safe Care</i>	NJ Birthing Hosp Survey DOH, DHS & DCF-2017
Local-level Health/Wellbeing: Access, Quality, Availability-various indicators, e.g. homeless, language/cultural barriers	--MCH Consortia Needs Assessments --Community Development Block Grant --Human Service Advisory Commission	Public Health and Human Services Agencies w/ local input - periodic updates
Social-emotional, academic & behavior outcomes of students w/ disabilities upon entering & exiting preschool programs	IDEA Part B (619) Preschool Special Ed. State Performance Plan/Annual Performance Report (SPP/APR)	Required by US DOE, and submitted by NJ DOE

Vulnerable or Underserved Children, and in Children in Rural Areas and Key Terms: Table

2 below provides definitions of key terms for NJ's needs assessment process, along with a full description of NJ's vulnerable, high risk populations of infants, children, parents, & families.

Note: No communities in NJ meet the formal federal definition of a Rural Area, nevertheless, needs assessment updates continue to show extreme pockets of need in rural parts of the state.

Table 2: Key Terms and Definitions

a) Early Childhood - Birth to Age five (EC)	Please note: Throughout this document NJ includes all aspect of maternal and child health--pregnancy, postpartum, interconception, preconception, parenting (including fathers) and family supports--in its EC definition, especially in HV, EHS, Central Intake, CHWs, & other related community services
b) High Quality Early Childhood Care & Education (ECE)	<p>-Provision of care in a safe and nurturing environment that optimizes early learning and leads to school readiness--regardless of the setting.</p> <p>-Caregiver/parent understand infant/toddler/child growth & development; promote physical, social-emotional (S-E) & intellectual development of young children.</p> <p>-Mixed delivery partners include--licensed CC centers (private, nonprofit, faith-based), EHS/HS, LEAs, school districts, approved private schools for the disabled, registered FCC & HV; and integration with IDEA Part C & Part B (619)</p> <p>-NJ partners offer resources to support quality for parents opting out of a formal EC setting, and other caregivers--Family/Friend/Neighbor (FFN)</p>
c) Availability	EC programs and related supportive services have the infrastructure in place (staffing, management, fiscal, facility) to immediately screen, refer & enroll infants, young children, parents and/or families in need of services.
d) Vulnerable, Underserved, High Needs Populations <i>Families with young children Prenatal through Age 5 who experience any one, or more, of these factors.</i>	<p><u>Poverty/Economic Stressors</u>: pregnant women, parents & children in low income families, including (but not limited to) those eligible for State-funded Preschool, EHS/HS, CCDBG subsidized child care, HV, Title I services, GA, TANF, Medicaid, NJ FamilyCare (Child Health Insurance Program-CHIP), SNAP, WIC</p> <p><u>Special Educational Needs</u>: children/families participating in IDEA Part C Early Intervention & Part B (619) Preschool Special Education</p> <p><u>Special Medical/Health Needs</u>: medically compromised children, parents w/ special medical, behavioral (alcohol/substance abuse), mental health, &/or disability needs</p> <p><u>Child Welfare & Safety Needs</u>: children/families referred to child protective services (CPS)--DCF Child Protection & Permanency (CP&P); families impacted by domestic violence (DV)/interpersonal violence (IPV)</p> <p>Special Circumstances: children in military families, children with an incarcerated parent, children/families with transportation barriers, families where English is a second language or with other communication barriers; children in migrant families, socially isolated children/families w/ limited family/community supports</p>
e) Children in Rural Areas	NJ has no geographic areas that meets the federal definition of a rural area. <i>However</i> , the southern and northwestern sections of NJ (e.g. farmland, pine barrens) have high needs families with challenges and barriers to access for infant/child care, health, behavioral health and other supportive services.

Work Plan for Conducting an Effective Needs Assessment Update: NJ will conduct an expedited intensive 3-month process (thru 3/31/19) to review & synthesize existing assessments & data, update strengths and gaps as needed, solicit feedback from federal partners, and develop an updated integrated strategic plan, the *NJ Plan*, that supports a 2-Gen approach optimizing opportunities for success for infants, young children & their parents/families across EC sectors.

In preparation for this grant application, NJ state leaders have initiated discussions with ECE partners (e.g. IPG, NJCYC, LEAs, Child Care, EHS/HS, FCC, etc.) about the process for leveraging and aligning existing federal/national, state & local needs assessments and strategic planning activities. PDG B-5 planning meetings (described on pp.15-17) have taken place under the joint leadership of the IPG/Governor's Office. Specific planning steps include: (1) compile a list of current ECE and MCH Needs Assessments (Table 1); (2) create a library of the documents (in process); (3) complete state-required tasks, i.e. amend current DCF contract agreement with Johns Hopkins University (JHU) to lead both the Needs Assessment & Strategic Plan updates for NJ (Appendix 3-JHU Letter, p.72); (4) seek input/clarification from state & local partners, as needed; (5) identify strengths, weaknesses and gaps; (6) identify areas for improved collaboration, coordination & integration across sectors; (7) work with the IPG and NJCYC to develop feasible recommendations and priorities for action; (8) incorporate the recommendations and priorities in the updated *NJ Plan* (see Activity Two: Strategic Plan, pp.14-21).

Scope of NJ Needs Assessment Work Plan: NJ will undertake a process that builds upon and refines the work of existing needs assessments and data sources, including Phase 1 of the NJ Enterprise Analysis System for Early Learning (NJ EASEL), and leads to better integration & coordination across programs and sectors resulting in successful implementation of a strategic plan that embraces high-quality, parent-informed service delivery. The scope will include all aspects of NJ's statewide mixed delivery system (Section 3: B-5 Mixed Delivery p.45), spanning state-funded preschool (school & community-based), CCDF subsidized child care services (center-based, FCC & family/friend/neighbor care), EHS/HS (center & home-based, and EHS-CC Partnership sites), HV programs (HF, NFP & PAT), EI IDEA Part C, and Preschool Special Education IDEA Part B (619). The B-5 needs assessment will also review data reports from

MCH experts assembled by First Lady, Tammy Murphy, to examine factors that contribute to black maternal and infant mortality, and poor maternal/birth outcomes for NJ women/infants.

Other Federal/State Needs Assessments Inform the NJ State B-5 Needs Assessment: As noted above and in Table 1, rather than undertake a completely new needs assessment process, NJ will utilize existing data across programs & services to drive the strategic planning process. This expedited process will make better use of available resources--time, staffing and funding.

Available Data Sources: Through our cross-agency collaboration and participation in several pivotal federal/national initiatives that target PN-5, state partners recognize the value of an accurate needs assessment/data collection process. As a result, IPG partners have developed data systems to track service enrollment/utilization & quality indicators for key programs. Initiatives with recent needs assessments include: RTT-ELC, State-Funded Preschool, Preschool Expansion Grant, CCDBG Reauthorization, EHS/HS State Collaboration, EHS-CC Partnership, GNJK, MIECHV-Maternal, Infant & Early Childhood HV, Title V MCH Block Grant, Help Me Grow (HMG), Early Childhood Comprehensive Systems (ECCS Impact), Project LAUNCH (ended 8/31/18) & the National Governors Association (NGA) *2-Gen Parents and Children Thriving Together (PACTT)*. New initiatives include *Project HOPE: Harnessing Opportunity for Positive, Equitable EC Development* (Oct 2018) and the Family First Prevention Services Act (FFPSA).

Funds Required for Activity One: The funding request for Activity One is \$150,000.

Current ECE Quality & Availability including Vulnerable, Underserved & Rural Populations: Through our work on the RTT-ELC grant, the *NJ Plan* has a strong emphasis on improving quality & availability within a continuum of ECE services with a particular focus on reaching vulnerable, underserved & rural populations. These populations are quantified in Tables 3A and 3B below. The primary vehicle for quality improvement (QI) is the Grow NJ Kids QRIS. NJ is

able to track/quantify the total numbers of ECE providers--CC centers, FCC & other providers; as well as the subset participating in GNJK. See Tables 4A and 4B below for provider data.

Tables 3A and 3B: NJ's Vulnerable Target Populations Birth Through Age Five

TABLE 3A. Vulnerable, Underserved Children B-5 [FPL=Federal Poverty Level]			Infants to Age 1	Toddlers Ages 1 to 3	PreK-K Ages 3 to 6
Ages Birth-5 (<200% FPL)	191,678	32%	38,474 (6.4%)	76,780 (12.7%)	76,481 (12%)
TABLE 3B. Special Populations as a Percent of ALL Children Birth through Age 5:					
a) Disability/Developmental Delay	33,728	5.60%	c) Homeless	4,818	<1%
b) Home Language not English	180,638	30%	d) Foster care	3,495	<1%

Tables 4A and 4B: Mixed Delivery ECE - GNJK & All Programs; and Enrolled Children

TABLE 4A. ECE Programs by Type	Subset of Programs in GNJK # (%)	Total # of Programs in NJ	TABLE 4B. Enrolled Children by Age			
			Unduplicated Count Enrolled Children	Birth-Age 1	Ages 1 to 3	Ages 3 to 6
State-Funded Preschool	243 (41%)	597	41,229	n/a	n/a	41,229
EHS (excludes PN only)/HS	123 (82%)	150	16,698	799	2,796	13,103
CC Center (CCDF)	443 (18%)	2,441	27,034	2,231	12,587	12,216
FCC Provider (CCDF)	319 (15%)	1,637	3,609	1,117	915	1,577
IDEA Part B (619)	23 (6.6%)	350	11,943	n/a	n/a	11,943
IDEA Part C	n/a	n/a	11,413	729	10,684	n/a
Other: DOE PreK	11 (6%)	198	8,614	--	--	8,614
Title 1 of ESEA	n/a	n/a	13,908	--	135	13,773
Other Licensed CC (private)	210 (9%)	2,258	not available (n/a)	n/a	n/a	n/a
HV (excludes PN only)	n/a	21 counties	5,700 (FYE 2018)	2,296	2,693	711
TOTALS:	1,372 (17%)	8,094	140,178	7,172	29,810	103,166

In support of GNJK quality ratings, NJ is making strides in building a strong regional network for Professional Development (PD) and Technical Assistance (TA) for all ECE levels--director, teacher, assistant teacher, classroom aide--to improve quality for vulnerable children. Through our RTT-ELC efforts, we recognize that PD alone is not sufficient. TA is essential because it enhances what teachers & directors learn in PD sessions thru hands-on support. These quality improvement activities encourage higher order learning & implementation of key concepts (see Subsection 1.4 - Best Practices, p.29). Summary data for PD (Table 5A) and TA (Table 5B) are provided on the next page.

TABLE 5A. [six-month snapshot]		TABLE 5B. TA by Provider Type (1/1/18-6/30/18)			
GNJK Professional Development Activities and Trainings (1/1/18-6/30/18)		NJ Regional TA Centers	Center-Based TA Hours	FCC TA Hours	Totals by Region
Total # of Course Titles	37	Northern NJ	1523	296	1819
Instructor-Led Classroom (CR) Courses	143	Northeast NJ	707	165	872
Instructor-Led CR Training Days	253	Central NJ	1356	192	1548
Web-Based Trainings	96	Southern NJ	2100	95	2195
Total # of Provider Participants:	3,316	TOTAL Hours:	5686	748	6434

Unduplicated counts of children served in existing programs & awaiting services: As noted above, NJ has an accurate count of children (by age-infant, toddler and preschool) being served across settings in our mixed delivery system, as summarized in Table 4B above. *We also have ECE program counts by race and ethnicity (RTT-ELC data), which are not included here due to page limits.* There is no waiting list for NJ’s CCDF program. However, geographic variations may affect whether available child care slots are conveniently located, especially for infants & toddlers (e.g. sparsely populated counties typically have fewer ECE providers). ECE applications thru local CCR&Rs have an estimated 10-day turnaround for review, screening & determination.

Identify Gaps in Data/Research about EC Quality & Availability of Programs & Supports:

Gaps for NJ include: (a) statewide assessment of ECE facility needs (similar to RI and MA reports) to identify specific needs related to ECE physical environments to ensure safe and healthy settings for early learning and development. Deficiencies are cited as part of the licensing process, but a formal needs assessment could result in a comprehensive report that goes well beyond numbers. This type of data may generate interest from other funders/advocates and lead to a plan that assists ECE providers on a larger scale, i.e. small grants or low interest loans. (b) NJ may be able to take a more comprehensive look at the childcare needs of families related to economic factors, i.e. working but underemployed, seeking employment, in school, in job training, and/or requiring non-traditional hours--with a potential focus on sectors where access is

an issue due to work hours, scheduling practices, etc. (c) ECE partners are interested in expanding opportunities for Shared Services. NJ's needs assessment update will examine ECE business practices--i.e. shared services, fiscal management, and leadership development and capacity-building. (d) NJ would like more information/assessment of licensing practices across states, specifically relating to licensing requirements for infant-toddler staff training.

Plan to Fill Gaps in Data/Research to Optimize ECE Collaboration & Parent Choice: (a) NJ will commission a report that analyzes facility needs across ECE partners. Data for this report can be provided by the DCF Office of Licensing (OOL) and DOE School Facilities unit. (b) For NJ's 2-Gen initiative, DOL (Labor) joined the IPG as a core partner and now attends monthly leadership meetings. The updated Needs Assessment will include partnering with DOL to help identify/quantify the needs of low wage working families, including individuals who are underemployed, seeking employment, and/or in job training or school. (c) NJ is one of the most diverse states in the nation--further assessment is needed on the impacts of language barriers in B-5 settings for young children & their families. (d) NJ will study results from a small privately-funded Shared Services pilot (just completing) and build upon lessons-learned for the design and implementation of a larger PDG-sponsored pilot; and survey current mixed delivery partners to determine business practices & further interest. Note: As NJ EASEL (described next) proceeds to Phases 2 & 3, NJ will begin to match data across state agency programs to get a more accurate picture of economic and other factors that impact infant/child and family wellbeing and success.

NJ's Plan to Develop & Track Measurable Indicators of Progress: NJ-EASEL is a state-level Early Childhood Integrated Data System (ECIDS) that brings together DOE, DHS, DCF and DOH in cross-agency collaboration with technical support from the Office of Information Technology (OIT). This longer-term plan (4 phases over five years) will integrate EC data

(including prenatal) related to child, family, classroom, program, and workforce; and answer critical questions about ECE programs in NJ that align with the State's early learning and school readiness vision. The design of NJ EASEL (DOE lead) was initiated in 2013 (RTT-ELC funds) with input from key program representatives of the NJCYC Data Committee. This 12-month process included review/development of EC goals, objectives, critical questions, and desired outcomes [Note: This is a lengthy document and is on file at DOE.]. It also included a review of existing EC data management systems across departments, agencies and programs. Phase 1 data will be available in December 2018. See Section 5, p.51 - Program Performance Evaluation Plan for more information about next steps.

NJ's Plan to Address ECE Facilities & Facility-Related Concerns: As noted above, one area that remains a priority for NJ is a formal assessment of ECE facilities & related concerns-- building deficiencies and capital improvement needs. The updated assessment will begin by examining currently available Office of Licensing data for facilities serving the B-5 population.

Analysis of Barriers to Funding & Provision of High Quality ECE Services & Supports: IPG state funding partners have been able to analyze current funding streams & identify opportunities for improved collaboration/coordination across departments and programs resulting in more efficient use of state/federal ECE resources. This analysis informed our application as we jointly set priorities for PDG B-5 funding. Ongoing analysis will continue as the project moves forward.

Transition Supports & Gaps for Children Moving between ECE Programs & School Entry: NJ's updated assessment will be enhanced to identify transition needs within and between all ECE settings--Home (including HV), Infant/Toddler Care (i.e. EHS, Center, FCC), Early Intervention, Preschool (center- & school-based, including classroom changes), Kindergarten, and Elementary School. Factors to be assessed include: (a) current transition practices/advance

planning, (b) workforce PD--preparation/guidance/reassurance to children/families as the environment, activities, routines & learning expectations change; and partnering with parents in planning and decision-making; (c) data on actual parent/family involvement, d) collaboration among professionals within and across settings.

How NJ's Needs Assessment Plan Aligns with the Logic Model & Vision: NJ partners who contribute to state & local needs assessments are identified as *Resources & Inputs* (column 1) in Appendix 6, p.75—Logic Model (LM). This information, along with partner feedback, will be incorporated in the review/update of NJ's needs assessment (*LM Activities & Outputs*-column 2).

Ensuring a Meaningful Plan: As described above, NJ has proposed a thorough needs assessment process to ensure a meaningful B-5 *NJ Plan*. As we have demonstrated, NJ's interdepartmental infrastructure (IPG) and related data systems are able to measure unduplicated counts of children & families, (a) served in existing programs, and, (b) awaiting ECE services.

1.2 ACTIVITY TWO: B-5 Statewide Strategic Plan

How NJ will address Activity Two: NJ will undertake a strategic planning process that builds upon the existing *NJ Plan* and goals developed in 2012 as part of NJ's successful RTT-ELC application. NJ will expedite the process by amending an existing DCF contract with Johns Hopkins University (JHU) to update the *NJ Plan* with a specific focus on PDG B-5 priorities to continue improving coordination, collaboration and quality improvement for relevant programs/services [see Appendix 3 - JHU Letter, p. 72]. The ECE strategic planning process for NJ will be informed by intensive analyses of recent data reports, feedback surveys & recommendations (as described in Activity One). To ensure a systematic approach in optimizing coordination, collaboration & integration, NJ will also study & align proposed updates to the *NJ Plan* with other EC-related strategic planning documents (see Table 6 below).

Table 6. Existing Strategic Planning Documents

Scope (vulnerable children/families)	Title (<i>references are available</i>)	Lead Agency / Date
(a) ECE Quality: QRIS, PD, Standards, (b) School Readiness-Data & Assessment, (c) Access to Care--CI systems links, (d) Parent Engagement-local CCYCs PN-8y	NJ Plan is the Statewide strategic plan developed for RTT-ELC in 2012.	DOE current thru Dec 2018
EC Systems Integration - Access to Care, Screening, Collective Impact Families PN to Age 5	Infant-Child Health Committee - ECCS/HMG Strategic Plan developed 2013, updated 2016.	DCF current thru 2020
EC Systems Integration - access to care, screening, behavioral health. Families PN-8yr	Project LAUNCH Strategic Plan [SAMHSA-Substance Abuse & Mental Health Services Admin]	DCF grant ended Aug 2018 developed 2013, update 2016
ESSA-Every Student Succeeds Act-- includes K (age 5) to: (a) equitable access to quality education resources/opportunities; (b) improve student performance/close achievement gaps	NJ's ESSA State Plan (helps to identify district needs for early supports/funding to meet students' needs-ECE Standards ECE quality	DOE - initial submission under ESSA, August 2017; then, updates every 3 years
Maternal & Infant Health-w/ a special focus on Black Infant Mortality & Maternal Mortality (interdepartmental workgroup)	Recommendations To Improve Health Outcomes for Black Infants & Mothers	Office of the First Lady thru Dept of Community Affairs, with DOH & other key depts
Access to care & service gaps for families PN to Age 3	Infant-Toddler Policy Action Team (state & local input)	ACNJ and Zero to Three (2015)

Funds Required for Activity Two: Funding for this activity is requested at \$150,000.

NJ Strategic Plan Development & Implementation Meaningfully Engage ECE Stakeholders:

As noted in Activity One, NJ's current EC stakeholders embody a wide range of provider/parent partners that support a 2-Gen approach to infant-child & family wellbeing. Their input, guidance, & support was critical for development of the original *NJ Plan* during RTT-ELC planning. **This same mix of cross-sector partners has participated in planning for this PDG B-5 proposal.**

Government stakeholders--represent five state departments who oversee the development & implementation of essential 2-Gen and EC-related services & programs. IPG representatives consist of administrators (under Commissioners) and key staff from each core department with responsibility for programs & services related to children and families from prenatal to age eight. The IPG meets monthly, serving as the primary vehicle for implementation of strategic planning activities for EC programs & policies (see Table 13, p.44). The IPG considers the feasibility of EC program/policy recommendations (e.g. from the NJCYC), develops viable implementation

plans, presents them to the Early Learning Commission (see p.43) & works in close collaboration with all other relevant state organizations & agencies to carry out these plans. This governance structure, in place since 2012, has been very successful in bringing together various government partners to advance the work of EC in our state, and will continue for this updated *NJ Plan*.

NJCYC participants--include: ECE mixed-delivery system providers (state-funded PreK programs, EHS/HS sites, CCDBG centers and FCC providers, HV, EI, Preschool Special Education), child care provider organizations, state associations, healthcare providers, social service/family support agencies, institutions of higher education, and others. A current redesign of the NJCYC is in process. NJCYC will build stronger linkages with parent representatives from the local County Councils for Young Children (CCYC) and establish workgroups that align with the priorities of the updated *NJ Plan*. The NJCYC has been a critical partner in our work to improve outcomes for NJ's vulnerable children/families, beginning prenatally--providing insight into how the *NJ Plan* is functioning. The NJCYC meets quarterly with opportunities for public comment at each meeting; and receives updates from the designated committees--Infant-Child Health Committee (IHC), Family & Community Engagement (FCE), and Data Committee.

Local Partners: As expected, the impacts of this work are being felt by our core ECE mixed- delivery partners (direct services, PD, CCR&R). Equally important, due to NJ's leadership and inclusive approach to EC systems development & collective impact (i.e. HMG, ECCS, RTT) the effects of this work also extend to other committed EC cross-sector partners at the local level. This happens in several ways: (a) Central Intake Hubs (CI)--health, behavioral health, infant/ early childhood mental health (IECMH), education, child welfare, social services, public assistance, family support. (b) County Councils for Young Children (CCYC) provide parents/ families with more opportunities to be involved at the local (and state) levels, and serve

as the primary connection for parents & community leaders to advise on how the state can better serve high-need families. (c) Community Health Workers (CHW) provide local outreach to help parents/families connect with needed services/supports. [Also refer to Activity Three, pp.21-22.] Additionally, NJ was an early adopter of Strengthening Families in ECE and Protective Factors Framework (SF) as a method for building stronger parent/family connections across EC sectors; and continues providing state & local trainings to a diverse partners, including child welfare.

Partnerships, Collaboration, Coordination, Quality Improvement & Opportunities to Leverage Existing Resources to Improve B-5 ECE within the State System: As noted throughout this document, NJ has strong state system of interdepartmental and interagency collaboration, coordination & partnerships. ECE representatives/partners have been at the table as we have developed higher quality standards and quality improvement practices for the provision of ECE.

New/Updated Federal & State Statutory Requirements NJ has been successful in meeting all of the Act of 2014 CCDBG Reauthorization requirements with collaborative planning efforts that were already underway thru the RTT-ELC. Examples include aligning IPG resources to place a greater emphasis on quality PD training and TA through GNJK; resources for early learning & development standards; meeting health & safety standards and providing requisite health & safety trainings; adhering to age standards & child-provider ratios; providing qualified staff to meet licensing standards & conducting criminal background checks.

NJ is successfully leveraging available childcare services/slots through the public-private partnerships that are in place within our mixed-delivery system. This minimizes any waiting time and ensures that children/families have immediate access to available infant/child care services. GNJK is also working with participating providers to ensure a greater understanding of the need & importance of assisting young children & their families with effective ECE transitions.

Examples of State-level EC-related policy/legislative efforts include: (a) interdepartmental planning (i.e. DHS/DCF/DOH) to implement a new NJ Medicaid Home Visiting pilot for eligible families PN-Age 3 (in process), (b) allocation of new State funds for expansion of preschool services (in process), (c) tiered reimbursement was implemented for higher levels in GNJK, (d) Earned Sick Leave (in effect 10/29/18 with provisions for DV & sexual violence), (e) pending-expansion of Family Leave (to bond with newborn or adopted child) and Temporary Disability (pregnancy), (f) increasing NJ's minimum wage to \$15 is a priority for the Governor.

Barriers/Challenges: There are always potential barriers that impact the consistency and quality of collaboration & coordination efforts at all levels--e.g. limited staffing resources, limited meeting/communication time, challenges for travel/distance; and most importantly, competing priorities. At the state-level, NJ has addressed these barriers by establishing a standing meeting (3-hours each month) where IPG program administrators/supervisors (now from 5 departments) come together with specific agenda items that keep NJ's early childhood work moving forward. IPG meetings have occurred monthly since 2012, and are now expected practice. Particular challenges to address in the updated NJ Plan include: (a) further development of the NJ Child Care Information System (NJCCIS), an integrated data system that houses licensing, workforce and QRIS data; (b) using a Learning Management System (LMS) to improve our ability to systematically track & coordinate registrations for trainings/educational offerings that are provided by other EC-related partners; and (c) establishing stronger links with Labor/DOL to explore future options for collaboration, e.g. tracking credentialing for ECE related career fields and employees in early care and education.

NJ Strategic Plan Process & Proposed Activities Build on State & Program EC Plans: Below in Table 7, is a summary of the current *NJ Plan*, including goals relating to PN/Birth to Age 5

that work to improve outcomes for NJ's high needs children. Further details of the *updated NJ Plan* will be developed during Months 1-3 of the project. NJ provides a detailed implementation Timeline for PDG B-5 key elements in Appendix 5, p.74). Fiscal & staff resources, assigned roles & responsibilities, evidence & performance metrics are described in subsequent sections.

Table 7. Current NJ Strategic Planning Priorities (NJ Plan - abbreviated version)

Goal 1: NJ will provide access to high quality early learning & development programs that reach high-needs infants/young children through: 1a) Implementation of Grow NJ Kids tiered QRIS; and 1b) Establish a coordinated EC system for all PD Training & Technical Assistance (TA).		
Baseline -- Targets (B-Age 5)	Implementation Notes	PDG B-5 Updates
56 pilot sites--1790 (28%) mixed delivery sites CCDF center-based / CCDF family child care State-funded PreK & IDEA Part B programs Other state-funded PreK sites EHS/HS programs Public/Private schools for Disabled Non-high needs sites	GNJK Quality Improvement trainings provided to: 16,092 early childhood educators 3,100 related staff (e.g. EI, HV) NJ will continue to work toward current targets--50% GNJK participants will reach Level 3, 4, 5	Incorporate updated CCDF federal statute requirements. Continue to build GNJK mixed-delivery enrollment. Continue GNJK PD-T/TA. Increase ECE consultation & supports in S-E & IMH.
Goal 2: NJ will implement an aligned set of evidence-based early learning and development standards for Birth to Grade 3 in all NJ early learning & development programs.		
Trainings for EC educators on the standards. 14,652 educators of B-5 children 1,790 - all ECE programs (as of 2013) Pertaining to B-5 populations:--NJ Birth-Age 3 Early Learning Standards --Preschool Teaching & Learning Standards	NJ standards meet all domains of school readiness. Disseminated B-3 standards to ECE programs statewide. Produced multilingual guides for diverse NJ parents/families.	GNJK--Update standards; Assess additional training needs, i.e. new staff & turnover, new sites. Use standards to inform licensing & contracts.
Goal 3: Prepare high needs children for school readiness by improving access to services that address the physical, social and emotional health of infants and young children.		
50% of high needs children are screened (ASQ) with referral to EI or other indicated service. 45% of high needs children to get pediatric care for well-child care, immunizations, etc.	Link high needs children/families, ECE programs, health and community providers for follow-up of health & social service needs.	Build CI capacity & links. Increase ECE supports for S-E, IMH & EC transitions. Continue ASQ screenings,
Expand Central Intake Hubs to all 21 counties. Train 2,800 early childhood educators Train 1,000 participants from EC-related partners in health linkages & referral process.	Improve capacity to coordinate local EC services for families. Provide ongoing training/education on evidence-based approaches.	DCF & DOH collaboration using collective impact/SF. Stronger links with ECE & Child Welfare (prevention)
Goal 4: Engage & support families in NJ's high needs communities; and empower parents & families to become leaders and partners in B-5 early learning and development.		
Train 2,800 ECE educators/community partners in SF. Provide GNJK programs (n=1,790) with training in Family Engagement Standards; Achieved 50% parent membership on CCYCs; Multilingual resources thru GNJK website to reach culturally/linguistically diverse families	Statewide SF training & GNJK Family Engagement Standards. Provide meaningful, user-friendly formats for NJ's diverse families. Parent Leadership trainings. CCYC network in all 21 counties.	Strengthen CCYC structure. Continue funds to support state oversight, local staff, parent leadership training. Partner w/ CHW for parent outreach/supports.

Goal 5: Build an effective career development system for a high quality EC educator workforce.		
Implement the NJ Core Knowledge & Competencies Framework with progression of credentials to improve workforce quality. Coordinate career pathways for EC educators. Achieve 100% participation (30% baseline) of higher education institutions using the Competencies Framework within coursework	Align credentialing & PD systems to ensure high quality ECE Refine/integrate Core Knowledge & Competencies w/ Career Lattice Collect data on ECE coursework in the Workforce Registry to inform decisions about reform efforts.	Continue to facilitate quality & types of ECE coursework in higher ed. Develop GNJK business practice/leadership. Continue to build effective NJCCIS/workforce registry. LMS to track all PD sources.
Goal 6: Build understanding of School Readiness at K entry using the NJ K Entry Assessment (NJKEA) in 80% of participating K classrooms; use this information to address transitions & close readiness gap.		
Achieve 100% in five years— -assess 118,500 children in 4,700 classrooms- train 1,000 teachers & 250 administrators per yr-assess degree of alignment between NJKEA, the NJ Preschool Standards & the NJ Kindergarten Standards	NJ-KEA is now part of NJ evidence based Comprehensive Assessment System to help understand status of children’s development at K entry. With parent input, the tool helps create individual learning plans.	DOE conducted in-depth study of the pilot in 2013. Improve integration of the assessment tool and provide better PD its use. Assess transition planning.
Goal 7: Fully develop NJ-EASEL to operate as an ECE data warehouse that links state data systems related to infants/young children to evaluate NJ’s progress in achieving high quality services, and inform programs & policies that improve outcomes for all high needs children.		
Designed NJ EASEL data system to improve EC instruction, practices, services & policies. Data Committee detailed data needs for the NJ-EASEL data warehouse to align w/ DOE-NJ SMART & other EC-related state data systems.	IPG data agreements are in place. RTT-ELC enabled NJ to complete Phase 1 of a four-stage process. Additional funds are critical for continuation of NJ-EASEL work.	Continue building capacity to collect/analyze & report data across programs for key outcomes. Ensure continuation in the future.

NJ’s Plan Uses Indicator Data to Assess Progress in Achieving Desired Outcomes (including Service Delivery & Cost/Resource Efficiencies) and Inform Needed Revisions Over Time: ECE efforts in NJ have relied on accurate and timely data to drive strategic planning, monitor fidelity of implementation, build continuous quality improvement, and assess progress over time. As cited above, needs assessments are regularly conducted across related programs to determine need, review existing resources/funding, & revise plans in ways the help to address these issues.

Each of the major service programs have internal and/or intradepartmental data management systems to track participant/provider enrollment & related data, e.g. DHS can crossmatch CCDF, GNJK (including workforce data), TANF/GA & Child Support data; and with a DCF interagency agreement can match Licensing, HV & CPS data. While service data systems are critical for tracking & quality improvement, there are limits to what we can learn over a longer span of time.

To this end, NJ used a portion of RTT-ELC funding to develop NJ-EASEL, a state-level ECIDS, described on pp.12-13. NJ-EASEL meets established national standards. This state collaboration has interdepartmental agreements in place (DOE, DHS, DCF & DOH) and is supported by NJ OIT. This longer-term plan (4 phases over five years) will integrate EC data related to child, family, classroom, program & workforce; and answer critical questions about the impacts/outcomes of structured, high-quality ECE services. RTT-ELC funds helped NJ complete initial planning/design and Phase 1 reporting capability (effective Dec. 2018). NJ will request PDG B-5 funding to continue development & support Phase 2 of NJ EASEL.

Inclusion of the NJCYC (SAC) in the Development and Implementation of the EC Plan:

Similar to planning and implementation of the current *NJ Plan*, the NJCYC (State Advisory Council) has begun to provide input and feedback during the planning phase. NJCYC will initiate a committee/workgroup structure to support the process of implementation. A planning meeting was held with NJCYC stakeholders to review the priorities of this PDG B-5 grant and solicit ideas and input for the initial application development. Enthusiasm of the state's EC partners is strong and their commitment will extend over the entire grant period and beyond.

1.3 ACTIVITY THREE: Maximizing Parental Choice and Knowledge

Background: As a RTT-ELC state (2013-2018), NJ made huge strides in implementing strategies to improve parent engagement and involvement (for mothers, fathers & other family members) within the EC system of care. Essential features of the *NJ Plan* include:

(1) County Councils for Young Children--NJ now has a statewide network in all 21 counties, which serve as local advisory boards comprised of parents/families, health care providers, EC educators, social service agencies and other local stakeholders (local government, church/faith-based organizations, businesses, civic groups, etc.). CCYCs actively seek family engagement,

mentor parents in leadership roles & promote community action to improve the health, education & well-being of children, including families with high needs. CCYCs are inclusive & reflect the racial, home language & cultural composition of local families (PN-5). NJ is optimistic that this statewide network of CCYCs can become a more effective vehicle for parent choice in the ECE mixed delivery system & can establish/sustain parent & community involvement across sectors to ensure attention to the complex needs of young children and their families.

(2) Central Intake Hubs (CI)--Over the past four years with RTT funds, NJ has established a statewide CI network to function as a single point of entry in each of 21 counties for pregnant & parenting families (to age 5). CI streamlines access and choice for families to a range of services from health insurance and primary/pediatric care, to WIC, early intervention, child behavioral health, and early education programs. CI promotes wider access to a continuum of health and developmental services for families of infants & young children PN-5, with an added emphasis on prenatal risk assessment (PRA) and child developmental screening (ASQ). NJ's CI system has become an Early Childhood Comprehensive System (ECCS) model for other states, designed to reach the most vulnerable children and their parents/families earlier, i.e. pregnancy and birth, through screening, referral and connections to appropriate services and supports so that children are healthy and "ready to learn." This streamlined system of care offers easier access to a variety of service options that benefit pregnant women, parents and families of infants/young children. Equally important, CI assists community providers--health, social service & early learning (CC, EHS/HS, HV, etc.)--in making service referral connections for the children/families they serve.

(3) Community Health Workers (CHW)--NJ's network of CHWs target outreach activities statewide to areas of highest need where impacts will be most significant, e.g. to reduce health disparities, and focus efforts toward high-risk women/families. These women, on average, attend

fewer prenatal visits and are more likely to experience adverse pregnancy outcomes; and their children/families are less likely to access routine comprehensive healthcare services, and also less likely to receive quality care. Addressing maternal-infant health and Black Infant Mortality is a priority within DOH, especially for those experiencing health disparities due to social, economic, environmental, and behavioral inequities. Unfortunately, racial & ethnic disparities persist for state MCH indicators, e.g. low birth weight, preterm birth, and infant and maternal mortality, showing little improvement over the last decade.

How NJ will address Activity Three: For this PDG B-5 grant, NJ will continue & build upon the current B-5 parent engagement infrastructure to refine our existing efforts & implement new activities that maximize parental choice & knowledge about the state's mixed delivery system of existing programs/providers, as well as available health, social service & family support services. NJ state partners will facilitate stronger linkages between current parent/family-centered partners, i.e. CCYCs (DCF lead), CI Hubs (DCF/DOH co-leads), CCR&Rs (DHS lead), GNJK Quality Rating System (DHS lead), EHS/HS Parent Advisory Council/Health Advisory Councils (DOE lead), HV Programs (DCF lead), CHWs (DOH lead), and others—to improve coordination and collaboration across EC systems partners, further improve parents knowledge of mixed delivery services, maximize parent choice & ensure parent involvement in successful ECE transitions.

PDG B-5 activities to be Funded & Implemented for Activity 3: Funds are requested for:

(1) CCYCs: Maintain infrastructure in 21 counties as described above (RTT ends Dec 2018-- DCF contracts in place) & augment staffing as per the state/local needs assessments & strategic planning process (Activities 1 & 2), e.g. urban vs. rural population/service needs. The CCYCs will complete/update a local strategic planning process that informs the updated *NJ Plan*. Continue to develop parent leadership/participation through an existing relationship with the

Statewide Parent Advocacy Network (SPAN), as per item 4 below, and provide parent incentives (transportation, family meal, stipend) to support ongoing participation.

(2) CI Hubs: Strengthen capacity within NJ's existing 21-county infrastructure (DCF contracts in place) and augment staffing, as determined by the state & local needs assessment/strategic planning process (Activities 1 & 2), e.g. urban vs. rural population/service needs. CI will establish better local connections & service linkages in 2 key areas—(a) outreach to mixed delivery providers/GNJK partners, and (b) outreach & consultation for parents/families of young children B-5 referred to Child Welfare but not substantiated for abuse/neglect. This work with CP&P has a strong emphasis on infant mental health & cross-system collaboration, and is based on a current DCF pilot (Essex County) that is well regarded by parents & child welfare workers.

(3) CHWs: As described above, CHWs (funded by DOH) serve an important role in outreach to vulnerable pregnant/parenting women/families & their young children. This component is now better aligned with CI and CCYCs. Through RTT-ELC & ECCS planning efforts, and with input/advice from NJCYC committees, i.e. Family & Community Engagement, and Infant-Child Health, NJ is striving to better integrate parent connections among CHWs, CI, and the CCYCs.

(4) Strengthen Linkages with other PN-5 Parent Partners: NJ will use the PDG B-5 resources outlined above to build internal capacity to ensure strong, reciprocal connections among parents and ECE partners--(a) CCR&R agencies serving parents/families in all 21 counties; (b) EHS/HS Parent Policy Councils at all local HS/EHS sites, (c) LEA parent networks in all NJ school districts, and other community EC partners--with an emphasis on increasing parent knowledge about EC quality and parent choice. NJ will also develop stronger links for B-5 parents/families who have had an initial referral to DCF Child Protective Services, but are not substantiated for child abuse and neglect. To support this work, SPAN will continue to provide in-depth training

to parents for leadership skills development, and consultation to state and local partners who also have a vital role in promoting genuine parent involvement and parent leadership skills.

Ensuring that Parents/Families receive Timely/Accurate Information about Variety, Quality, Access & Affordability of ECE services in a Culturally & Linguistically Sensitive Manner: NJ is able to address this priority at a statewide level in several ways through: GNJK marketing resources--a) online via the GNJK website, b) onsite at CC&Rs and mixed-delivery sites, and c) media efforts that include web ads, billboards, bus ads, radio/TV ads. At the local level, direct communications come from DHS-funded service organizations (e.g. CCR&R, County Welfare Offices, One-Stop Career Centers). Additional sources to augment local efforts include the CI, CCYC & CHW network of local community-based outreach & referral services described above.

Activities to Promote Parent/Family Involvement in their Child's Development & Education and Increase Parent Participation to Ensure Smooth ECE Transitions within B-5 & Kindergarten:

The *NJ Plan* includes further development of the core strategies identified above, i.e. CI, CCYC, and CHW. The updated *NJ Plan* will guide our work to build capacity and effectively integrate efforts with ECE partners to welcome and value parents/families input at the table. NJ has laid a solid foundation by providing extensive T/TA on the SF Protective Factors Framework across sectors (ECE mixed delivery partners, Child Welfare, Social Services, Family Support, MCH, Behavioral Health, IECMH) and including parent partners. SF training has been embedded in GNJK rating levels & related PD activities. GNJK guidelines require that ECE providers educate, encourage & assist parents to participate in all aspects of their children's learning & development. GNJK provides PD about the importance of smooth transitions along the ECE continuum for infants/young children--classroom, setting (HV, FCC, Center), and grade level to K/elementary grades. As GNJK participation expands, providers will be better attuned to small

changes in routines (from one classroom to another); and parents will become confident partners with providers/educators in setting transition goals & ensuring a smooth process for their child.

DOE conducts an annual parent survey in a representative subset of NJ school districts to determine if parents believe that the districts have included them in decision making for their children. Results are reported to US-DOE & to participating districts for improvement planning. Data are also used for statewide planning and are included in the coordinated needs assessment.

NJ’s Collaboration/Coordination with the State Network of EC-related Programs/Services that Strengthen, Engage & Stabilize Children--Health, Mental Health & Wellness Supports: NJ is nationally recognized for its EC systems approach with strong state leadership and cross-sector partnership/collaboration. The NJCYC’s Infant Child Health Committee (IHC) serves as the state advisory body for the ECCS Impact Grant. In addition to ECE mixed delivery providers (CCDBG, EHS/HS, PreK, FCC, CCRRs, GNJK, HV, etc.), active participants represent a mix of state & local levels--Prenatal/Pediatric Care [including NJ Chapter-American Academy of Pediatrics (NJAAP) and FQHCs], Infant Mental Health (IMH), EI Part C, Preschool Special Ed-Part B (619), Special Child Health, Medicaid/NJ FamilyCare, Title V MCH, three Healthy Start federal grants, WIC, SNAP, TANF/GA, Family Success Centers, and more. The IHC also has participation from parent representatives and SPAN. Broad input into the IHC ensures service coordination & reduces duplication. Quarterly meetings provide opportunities to address health and related needs of young children/families and align service priorities (see Table 8 below).

Table 8: NJCYC - IHC Strategic Priorities

#1 Child & Family Health & Wellness	#2 Infant EC Mental Health	#3 Children with Special Needs
ECCS Impact/HMG NJ--ASQ/ASQ:SE Access - CI Hubs, CHW, CCYCs Screens - PN Risk Assessment, ASQ, Childhood Lead Poisoning	PD: NJ Pyramid Model-GNJK <i>Keeping Babies/Children in Mind</i> - GNJK training; IMH Endorsement NJ Association IECMH	EI, Preschool Special Education Special Child Health Services Community of Care Consortium SPAN-Parent Advocacy Network

NJ Collaborates with IDEA Programs in the State: As noted above the work of the ICHC includes coordination & collaboration with IDEA partners for B-5. The ICHC Strategic Plan includes an expanded statewide effort for B-5 developmental screening, and parent partners/SPAN help to ensure that families with concerns about their child's development and/or suspect a developmental delay or disability are connected to appropriate resources for further assessment --Pediatric evaluation, Regional EI Centers-IDEA Part C, Preschool Special Education IDEA Part B (619); and ensure infants, toddlers & children with disabilities have access to Special Child Health Services and as needed, high-quality inclusive early childhood care and education.

NJ's Collaboration among State Agencies administering CCDF, CCR&Rs, NJCYC, State HS Collaboration Office & Related EC Initiatives/Services: As previously noted, all relevant state agencies regularly attend IPG meetings as collaborative partners to ensure efficient coordination of our efforts to build/enhance existing EC activities and maximize parental choice. A key role at the state-level is to ensure EC policy review & alignment across program services. And, where indicated, to solicit input from other state/local partners, including parents, e.g. addressing suspension/expulsion in ECE, and working with parents to reduce absenteeism.

NJ Parent Education Activities that Target Special Parent Populations including--Fathers, Parents Speaking a Home Language other than English & Families Identified as Vulnerable: As one of the nation's most diverse states, NJ partners work hard to ensure that all families have access to needed information and support. This is especially true for ECE and related EC/MCH service providers. All of the specific programs identified above (CI, CCYC, CHW, HS/EHS, HV) strive to hire qualified staff that reflect the demographic profile (race/ ethnicity/languages) of the highest needs communities they serve. Staff receive training in parent engagement and motivational interviewing (MI) to effectively engage parents & families in activities. SF also

provides direct training and engagement activities to reach vulnerable parents, e.g. NJ's SF and CCDBG program leads have recently begun using the HMG-SF curriculum, *Books, Balls and Blocks*, at parent-centered ECE events as a hands-on for parent education and engagement. CCYC meetings provide translation, transportation, childcare and a family meal for attendees. With NJ's pending expansion of state-funded preschool (See Section 3, B-5 Mixed Delivery, p.46), and our growing diversity across counties/communities, resources will also be used to support Dual Language Learners (DLL) & their families (see Subsection 1.4 Best Practice, p.33).

NJ's partnership with SPAN has also helped to improve awareness of resource linkages to support diverse families in addressing special needs, disabilities, and supports for ECE inclusion. Fathers are an important population as well, and are encouraged to participate on local CCYCs and in other EC-related programs/activities. An additional resource not previously discussed is NJ's network of Family Success Centers (FSC). These DCF-funded parent/family resource centers cover all 21 counties to provide information, education & wrap-around service referrals for families, e.g. links to insurance; employment; budgeting, nutrition, housing; parent education; parent-child activities; fatherhood support, grandparent support, immigration issues, etc. FSCs have a parent led advisory board and in most counties, they closely partner with the local CCYC.

While much progress has been made since 2012, gaps/concerns still remain that require state and local collaboration, including parent input. Issues include continuing efforts to simplify access and ensure that parents have affordable & high quality ECE services, including childcare for non-traditional, part-time & involuntary part-time work schedules. Many NJ parents face daily challenges for reliable transportation, food insecurity, basic needs, and affordable housing. Finally, it is essential that we continually seek input from parents/families to identify racial bias & promote equity. NJ was recently selected (2018) to participate in Project HOPE: Harnessing

Opportunity for Positive Equitable Early Childhood Development. HOPE will help cross-sector state teams & local community coalitions achieve equitable outcomes for young children (PN-5) and families by building capacity to prevent social adversities in EC & promote child well-being.

NJ is a critical juncture with infrastructure firmly in place and RTT-ELC funds ending. Support for preschool and early childhood remains a priority for the state; nevertheless, NJ is still in an early stage of transition with the recent election of Governor Murphy, newly appointed Commissioners, and senior-level administrative changes within these five core partner departments. While we have been successful in maintaining many core quality improvement components (QRIS, PD, TTA) of RTT-ELC (see Subsection 1.5, p.35), resources to support parent participation & parent choice activities are at greatest risk. Therefore, NJ will allocate PDG B-5 funds to support/refine these key ECE systems linkages and basic structures.

Funding to be Spent on Activity 3. PDG B-5 funds will be used to support: (1) CI Hubs - \$1.67 million, (2) CCYCs - \$1.87 million, (3) SPAN - \$100,000, and (4) CHWs - \$1.67 million.

1.4 ACTIVITY FOUR: Sharing Best Practices among State ECE Providers

How NJ will Address Activity Four: NJ is nationally recognized as a leader in developing and sharing best practices in ECE and related-EC programs/services. The current *NJ Plan* continues to provide guidance on recommended statewide activities that promote/encourage utilizing and sharing best practices among our ECE program providers. Refer to Table 9 below and on the next page for a concise summary of these efforts. [Note: NJ will use PDG-B-5 funds to support continuation and or enhancements to Best Practice programs *in italics*.]

Table 9. Summary of NJ Best Practices in ECE and Related EC Efforts (*research-driven)

ECE Direct Services & Workforce	EC Collaboration & Systems Integration	Other EC Related
Direct Services: a) State-Funded Preschool* b) Mixed Delivery ECE System c) EHS/HS State Collaboration d) HS delivery using a national model	NJ Governance Structure: a) IPG State Leadership Team b) ELC (Commissioners of 5 Departments) c) NJCYC - State Advisory Council and committees/workgroups	Other Supportive Family Practices: a) Paid Family Leave* b) Earned Sick Leave* c) Child Tax Credit*

<i>continued</i> Direct Services/Workforce	EC Collaboration & Systems Integration	Other EC Related
e) EHS/CC Partnership* f) Inclusive classrooms* g) Doula Program - evidence-informed h) Evidence-based HV statewide 1) Healthy Families* 2) Nurse-Family Partnership* 3) Parents As Teachers* EC Related Direct Service Issues: a) Fatherhood Engagement Initiatives b) HS Policy Council - advocacy c) <i>ECE Shared Services-cost efficiency</i> d) Medicaid Pilot-HV Reimbursement e) ECE Tiered Reimbursement/GNJK Workforce / PD / TTA: a) <i>B-3 & 3-5 Early Learning Standards*</i> b) Preschool Implementation Guidelines* c) <i>GNJK-EC workforce PD, TA / lattice</i> d) <i>NJ Pyramid Model* - TTA</i> e) <i>IMH endorsement* / IECMH training</i> Keeping Babies & Children in Mind* g) <i>Dual Language Learners Program</i> <i>Assessment*</i> (DLLPA) h) Motivational Interviewing* i) Trauma-Informed Approaches* j) NJ Infant-Toddler Specialist Network	EC Collaboration/Systems Development: a) NJ <i>Central Intake (CI)</i> linked to EBHV* b) <i>NJ CI expanded to EC & CP&P partners</i> c) Help Me Grow (HMG) National Model* d) EC Comprehensive Systems (ECCS) e) CI integrate PN Risk Assessment (PRA) f) CI align developmental screening (ASQ)* GNJK ASQ screening-referral link to CI g) ECCS Impact- <i>Collective Impact Process*</i> h) NGA Parents & Children Thriving Together (2-Gen approach)-NJ State Team i) SF strengths-based--1) SF in ECE*; 2) SF Protective Factors Framework*; 3) SF- HMG Books, Balls, and Blocks j) <i>County Councils for Young Children</i> <i>(CCYC) state developed model</i> k) GNJK- parent engagement/links to CCYC l) Project HOPE: Harnessing Opportunity for Positive Equitable EC Development- <i>new</i> Data Systems Development: a) <i>SPECT data</i> -CI, PRA, CHW & referrals b) HV Data - HF, PAT & NFP data systems c) <i>NJCCIS-NJ integrated data system-GNJK</i> <i>Workforce Registry/Licensing (add LMS)</i> e) <i>NJ EASEL - ECIDS</i>	d) Earned Income Tax Credit (EITC)* e) Governor's initiative provides legal aid for immigrants facing deportation--leading to parent/child separation. f) <i>Shared Services pilot</i> (privately funded) g) dedicated budget line for PD &TA in CCDBG h) <i>Child Welfare: B-3yr prevention pilot (Essex) w/ IECMH & CI focus</i> i) <i>Community Health Workers (CHW)</i> and community need screen j) Plans of Safe Care referral linkages k) Resource family/ foster care supports for at-risk families l) Family First Prevention Act-pending

Efforts to Reduce Duplication, Leverage Financial & Other Resources & Increase B-5 Service

Quality/Collaboration/Efficiency: NJ's state-level IPG structure (see Section 2-Organizational Capacity/Management, p.43-44) provides a strong framework that identifies areas of duplication & potential conflicts. Program leads then work collaboratively to develop mutually agreed upon strategies to eliminate such duplication, or address a shared concern. IPG leaders have genuine, trusting relationship (meeting monthly since 2012!) & know each other's service priorities well. This has helped NJ make steady advances in partnering for problem-solving & resource-sharing across departments. State partners have leveraged financial/other program resources where this would advance NJ's efforts to ensure program quality & improve program service efficiencies.

The IPG also leverages outside resources and works with collaborators to improve quality, e.g. higher education partners (state & county colleges) are creating an Infant-Toddler Teaching Certificate (18 credits) based on NAEYC's *Power to Profession* report. To increase quality &

efficiencies, NJ would like to allocate PDG B-5 funds to develop the leadership and business practices of ECE providers (i.e. Robert R. McCormack Foundation ECE leadership focus). Based on ECE director feedback, we would like to develop/implement and oversee a Shared Services Alliance where multiple ECE sites pool needs & share resources—including staff, information, skills & funds—in order to improve their long-term capacity to provide high quality care. Currently, there is a small pilot (local foundation funds) in one county. A larger pilot will help NJ better analyze the impact in cost savings and improved cost efficiencies for ECE.

Increase B-5 Program Service Quality, Collaboration & Efficiency: NJ's quality rating improvement system, GNJK, is a statewide initiative designed to raise the quality of child care & early learning experiences. GNJK Standards are based on best practices that ensure very young children in child care settings are given experiences that lay a foundation for school achievement and healthy social-emotional (S-E) growth; and that the professionals responsible for their care have the knowledge and skills to foster their optimal development. Participation in GNJK (refer to Tables 4A & 4B, p.10) offers ECE programs hands-on TA and the needed resources to assess & improve the quality of their care; and provides parents with information that allows them to evaluate programs & make the best choices for their child's care environment during the most vulnerable & formative years of learning. The GNJK Team (DOE, EHS/HS, DHS) is in the process of revising the Standards for center-based, district and HS programs. PDG B-5 funds will enable NJ to hire a consultant (TBD) who will carefully examine cross-system impact & help to update, realign & level GNJK Standards (developed in 2012) with other Early Learning practice standards. Provider quality & effectiveness is evaluated using evidence-based practice (EBP) tools— i.e. Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS) and Family Child Care Environment Rating Scale (FCCERS).

Grow NJ Kids Training Services (GNJKTS) is a best practice that complements the rating system to build ECE quality. GNJKTS is an innovative collaboration between DHS (lead) and the Rutgers Institute for Families (IFF) that manages & coordinates professional development for the ECE workforce (refer to Table 5A on p.11). IFF coordinates, develops, delivers & evaluates training/education to advance the knowledge and skills required of professionals participating in GNJK and caring for the state's youngest learners. GNJKTS offers an online comprehensive training menu, including types of educational offerings, course titles and specific descriptions. Reports provide detailed attendance information for all conducted courses, as well as quantitative and qualitative participant satisfaction data/comments about training experiences, course materials, and learning. This information is used to inform future planning and revisions.

Efforts to Improve Transitions: Since our work together for RTT-ELC and with a greater focus on quality through the implementation of Grow NJ Kids, state leaders have made strides in ensuring that funded ECE programs are better attuned to the needs of young children during transitions across programs, as well as into kindergarten and the early elementary grades. NJ utilizes the SF Protective Factor Framework in the GNJK Self-Assessments & Standards; and provides frequent cross-sector trainings to ensure that ECE partners use a strengths-based approach as they work with young children and their parents/families to promote children's sense of trust and security as they move through settings & systems. GNJK also places a strong emphasis on the S-E wellbeing of infants/young children leading to NJ's implementation of The Pyramid Model (demonstration & implementation sites), as well as the *Keeping Babies & Children in Mind* training series (S-E foundational training). This emphasis on children's S-E wellbeing thru Pyramid Model & Infant Mental Health (IMH) trainings (provided by Montclair State University) have been very well attended with resounding positive feedback; and the need/

demand is growing. NJ will request PDG B-5 funds to: (1) develop & implement an expanded IMH consultation network as a resource for ECE mixed delivery providers. Funds will help individuals interested in obtaining the IMH Endorsement (IMH-E) credential to build in-state consultation capacity, especially at the higher levels of the endorsement, to ensure availability of IMH consultation across the state, including less populated areas with fewer resources. And, (2) expand NJ's Pyramid Model T/TA and coaching capacity for implementation & demonstration sites in NJ. This work will incorporate responsive & successful EC Transitions into core training & follow-up coaching for direct service staff *and* their program directors.

An additional support for positive EC Transitions is ensuring our capacity to effectively reach NJ's growing populations of Dual Language Learners and their parents/families. With PDG B-5 funds, NJ will implement WIDA Early Years for DLL training/support resources.

NJ's Participation in Research-Driven and/or National TA Initiatives to Share Best Practices: NJ has been an active participant in numerous state & national opportunities for partnerships, collaboration, coordination & sharing best practices. Program leads from DOE, DHS, DOH & DCF frequently make presentations (individually & jointly) to other colleagues at the state and national levels on key aspects of EC including--program design, implementation, QI, evaluation and systems integration. NJ has a strong record of collaboration with nationally-recognized organizations & researchers to continually improve practice (see Table 10 below).

Table 10. NJ's Participation in National Best Practices and National & State Research

Nationally Recognized Organizations:	NJ as Participant in:	NJ as TA Provider:
<ul style="list-style-type: none"> -National Institute for Early Education & Research (NIEER) -National HS/EHS (ECLKC) -The BUILD Initiative -Zero to Three (ZTT) -The Pew Center on the States -Help Me Grow (HMG) National Office -National Governors' Association (NGA) -Center for Law & Social Policy (CLASP) -Center for Study of Social Policy (CSSP) 	<ul style="list-style-type: none"> Learning and TA opportunities at national & regional meetings. National organizations come to NJ to offer in-state expertise. Partial list includes: -RTT-ELC Grant (DOE) -PDG (DOE) -ECCS Impact--CoIIN (HRSA) -HV CoIIN (2 rounds) (HRSA) -Project LAUNCH (SAMHSA) 	<ul style="list-style-type: none"> NJ state partners present on our work on best practices for many of these same national organizations. -ECE Mixed Delivery System -EHS/HS - various topics -RTT-ELC - various topics -GNJK QRIS development -HV - various topics -EC Systems Integration & CI

<i>continued from prior page...</i> -National Ctr for Pyramid Model Innovations -Michigan Infant Mental Health (IMH) Assn Alliance for the Advancement of IMH -National Association for the Education of Young Children (NAEYC) -National EC Program Association (NECPA) -The Casey Foundation -FRIENDS Natl Ctr-Child Abuse Prevention -and Federal funding agencies	-HMG-TA sessions -NGA-Parents & Children Thriving Together (PACTT) -The Pyramid Model trainings -SF-Early Care & Education -SF Protective Factors Strengths-based Approach -Trauma-informed Care/ACES -Motivational Interviewing	-PN Screening & Risk Assessment -Developmental Screening -SF Protective Factors cross-sector trainings (including child welfare) -Infant/EC Mental Health (Keeping Babies & Children in Mind, 7-part series)
Nationally Recognized Researchers: -NIEER -Mathematica Policy Research -Johns Hopkins University (JHU) -National Implementation Research Network (NIRN)	NJ as Research Participant: EBHV: ACF&HRSA-MIECHV, MIHOPE (JHU); ACF-EHS/HS HV Research Network (JHU) NJ Project LAUNCH (JHU) NIRN Family Success Centers	NJ as Research TA Provider: NJ state partners have participated with researchers on similar topics as summarized above
State Researchers: -William Patterson University -Rutgers University -Montclair State University	Examples of State Studies: -GNJK Ratings Evaluation -2018 Market Rate Study -IECMH Statewide Analysis	same as above

Providing Systematic TA to Local Communities & Community-Based Organizations:

Through RTT-ELC, GNJK state partners have established a systematic statewide structure and process for TA to local community ECE partners--this includes Centers, FCC, EHS/HS, and encompasses a mix of private, non-profit and faith-based organizations, as well as family provider settings. NJ's Regional TA Centers provide a network of Quality Improvement Specialists (QIS) and Technical Assistance Specialists (TAS) to support Center-Based and FCC providers during the GNJK process--on their journey to rating, and again after they are rated (post-rating CQI). The goal is to support programs based on their individual needs, and to reach and sustain quality improvements over time. Standard protocols have been developed to guide the process, e.g. *Technical Assistance Protocols for CC Centers & FCC, GNJK Post Rating CQI Protocols* (Centers & FCC); and other participant resources, e.g. *GNJK Who will Support Me*. Rowan University serves a statewide hub to ensure that the four Regional Centers (TAS & QIS staff) are well-equipped to work with the designated ECE providers in their service areas. Rowan's EC Leadership Institute (ECLI) provides leadership PD, coaching and communities of

practice to support QIS/TAS field staff, supervisors & DOE master teachers. PDG funds will support an enhancement/expansion of these essential PD, TA and Leadership activities in NJ.

Funds to be Spent on Activity Four: PDG B-5 funds will help NJ expand Best Practices in existing programs: (1) Pyramid Model (\$750,000) to recruit additional ECE demonstration and implementation sites. (2) IMH Training & Consultation, and IMH Endorsement (\$750,000) to help NJ build capacity for IMH consultation. (3) ECE leadership training, business skills and Shared Services pilot (\$200,000) in collaboration with higher education & ECE partners to build leadership/business competencies of local ECE leaders to become change agents & support CQI. (4) WIDA *Early Years* (\$300,000) for PD to support Dual Language Learners in ECE settings and address NJ’s growing diversity of children/families across counties/communities.

1.5 ACTIVITY FIVE: Improving Overall Quality of ECE Programs/Providers/Services

For our work in RTT-ELC, NJ developed a collaborative, coordinated approach to improve overall quality of ECE programs. Our planning efforts, based on data & research, have led to the development & implementation of evidence-based practices within GNJK & among EC partners. NJ’s ECE system is supported by well-designed quality improvement (QI) and professional development plans for ECE providers to achieve enhanced learning opportunities for children. Table 9, p.29 highlights many of NJ’s accomplishments & successes in developing best practices to improve overall quality. In planning meetings & discussions for this application, ECE partners also identified remaining challenges & long-term needs for overall QI in NJ, see Table 11 below.

Table 11: Summary of Long-Term Quality Improvement Activity Needs (planning sessions)

Overall Long-Term Quality Improvement Needs	Professional Development Needs
<ul style="list-style-type: none"> -Continue 2-Gen collaborations across IPG departments to align systems, services & funding (now include DOL) -Sustain CI, CCYC & CHW networks to address related EC issues: Black Infant Mortality, food insecurity, etc. -Continue to align quality standards--B-3, PreK, K -Infrastructure assistance for centers and FCC -ECE availability to support non-traditional work hours 	<ul style="list-style-type: none"> -Continually assess/refine Training & TA across ECE -Build supports for onsite coaching for teachers/staff -Strengthen CQI process and leadership support for QI -Build collaborations-e.g. Community College partners -Business TA for program directors, include HR support -IECMH, SF for directors, teacher, parents--transitions -ECE career pathways include NJ leadership pathway

-Cultural shift for lasting success in ECE mixed delivery <i>continued from prior page:</i> -ECE salaries to align with career pathways -Increase refundable tax credits (e.g. child tax credit) -Continue NJ EASEL to reach Phases 3 & 4 -Integrate efforts for racial equity-health, education, etc.	-I-T Credential--now continue refinements & expansion -Continue to assess supports for dual language learners -Refine/expand EHS-CC Partnerships -Explore EBHV-FCC (and FFN) partnership model -Integrate racial equity training - health, education, etc.
---	--

Estimated Timeframe to Focus on Activity 5-Overall Quality Improvement: Immediately following completion of the updated *NJ Plan* (and where approved, concurrently), state leads will initiate work with ECE partners to implement the QI activities described in this narrative. Table 12 below provides a brief summary of each of the quality improvement activities we are including in this PDG B-5 funding request, and the associated completion time. All of these activities will be implemented and completed by the end of the Year 1 grant period.

Table 12: Summary of PDG B-5 Funded Early Childhood Quality Improvement Activities

Overall Quality Improvement Activities	Est. Completion Time
Expedited update of <u>Activity 1</u> -Needs Assessment & <u>Activity 2</u> -NJ Plan (Strategic Plan) ECE Facility Assessment (will require more time for a final report) Feasibility Study to require Infant-Toddler training requirement for Licensing	March 31, 2019 complete by mid-year complete by mid-year
<u>Activity 3</u> -Parent Choice & Knowledge (and <u>Activity 4</u> -Best Practice/ <u>Activity 5</u> -Quality) Continuation of CCYCs (infrastructure in place) (100% RTT-ELC--funds end 12/31/18) Build capacity of CHWs (infrastructure in place) and SPECT data system Build Capacity of CI Hubs (infrastructure in place) and SPECT data system Continue working relationship with SPAN for parent leadership training and consultation	December 31, 2019 December 31, 2019 December 31, 2019 December 31, 2019
<u>Activity 4</u> -Best Practice (Professional Development) / <u>Activity 5</u> -Improve Quality B-5 Social-Emotional needs, including ECE Transitions (and parent role) Expand TA and coaching support for NJ Pyramid Model Build in-state capacity for IMH consultation and IMH-E GNJK Program Standards – update, revise and align with other B-5 standards ECE Directors/Leadership Training-Develop Business Practices/Shared Services module Higher Education work btw State Universities & Community Colleges (<i>no B-5 funds</i>) GNJK-expand T&TA reach to more existing ECE providers (Districts, FCC, HV, etc.) <i>Early Years/WIDA</i> resources for Dual Language Learners	December 31, 2019 December 31, 2019 December 31, 2019 December 31, 2019 December 31, 2019 December 31, 2019 December 31, 2019
<u>Activity 5</u> -Improve Quality (as noted above) Collaboration with DOL to explore future 2-Gen EC partnerships (<i>no B-5 funds</i>) Explore other state resources--Community Affairs (housing), Agriculture (<i>no B-5 funds</i>)	June 30, 2019 June 30, 2019
<u>Activity 5</u> -Improve Quality (Data Tracking & Program Performance Evaluation): NJ EASEL funding for Phase 2 implementation (EC Integrated Data System) NJCCIS funding to build tracking capacity for PD, Workforce Registry, Licensing LMS (Learning Management System) to coordinate & track PD across EC sectors SPECT funding to build capacity to track additional EC partners thru CI Hubs	December 31, 2019 December 31, 2019 December 31, 2019 December 31, 2019
<u>Activity 5</u> -Project Oversight & Program Performance Evaluation (across all 5 activities)	December 31, 2019

Reasonable Rationale for Each Activity to Improve Overall Quality: NJ's proposed QI activities for PDG B-5 can be quickly implemented and completed within the one-year timeframe because we have a solid infrastructure with strong state leadership already in place. The proposed activities have evolved from NJ's recent state & federal quality investments (e.g. RTT-ELC, PreK Expansion, CCDBG, MIECHV, EHS-CC). They are reflected in the current *NJ Plan* (refer to Table 7, pp.19-20); and will be aligned with the anticipated refinements and QI activities of the updated *NJ Plan*. Further, these PDG B-5 quality activities support NJ state leadership efforts to ensure that NJ's children & families have access to high quality ECE and fully meet all the requirements of the CCDBG Act.

Funding to be Spent on Activity Five: PDG B-5 funds will be allocated for enhancing information management systems to help NJ track program and participant data, accurately assess and quantify the reach of key program services/components, monitor performance, and use data to drive Program Performance Evaluation Planning (see Section 5, p.51) and EC quality improvement. (1) NJ EASEL (refer to p.12) (\$4 million) to implement Phase 2 of the ECIDS. (2) NJCCIS (\$1 million) to expand/integrate ECE information from 3 current systems—GNJK (DHS), Workforce Registry (DHS), & Licensing (DCF). This becomes a single point of access to CC licensing, FCC registration, inspections and complaint information; as well as, Grow NJ Kids ratings, PD (resources, information & trainings), and NJ Workforce Registry (experience, education & credentials in a central location). (3) Learning Management System (LMS) software application (\$115,000) - NJ lacks this important tool to eliminate duplication of effort & more effectively track continuing education & workforce trainings provided by other partners across the EC spectrum. And, (4) Enhance SPECT (*Single Point of Entry for Client Tracking*) (\$50,000) to improve the capacity of this existing system to track CI & CHW service components.

SECTION 2. ORGANIZATIONAL CAPACITY AND MANAGEMENT

Lead Agency Responsibilities & Key Roles to Meet Program Requirements: The NJ

Department of Children and Families (DCF) is designated as the lead agency for the PDG B-5 Grant. DCF has a solid and stable organizational structure, and fully possesses the capacity, resources, relationships; and program and fiscal expertise needed to lead, manage and achieve desired outcomes for this project. DCF operates under the strategic leadership of Commissioner, Christine Norbut Beyer, MSW, who is responsible for an annual operating budget of \$1.5 billion and over 6,600 dedicated employees. Commissioner Beyer serves on Governor Phil Murphy's Cabinet; and this initiative has the full support of the Governor's Office (Appendix 1, pp.69-70). DCF is one of five core departments that comprise the Early Learning Commission (described below) with a direct voice to the Governor. DCF is charged with serving & safeguarding NJ's most vulnerable children & families--summarized in our mission to *ensure the safety, well-being, and success of New Jersey's children & families in partnership with New Jersey's communities.*

DCF Structure & Related Programs: Key divisions/offices in DCF that relate to PDG B-5:

- Division of Family & Community Partnerships (FCP) – early childhood/prevention services
- Office of Licensing (OOL) – for child care centers and registered family child care providers
- Division of Child Protection & Permanency (CP&P) – child protective services
- Office of Research, Evaluation & Reporting (RER) – support for performance management
- Division on Women—domestic/interpersonal violence and women's issues across systems
- DCF Central Office—including Fiscal/Budget Office (Steven Dodson, Chief Financial Officer)

PDG B-5 will be administered through the Division of Family & Community Partnerships (FCP) established in 2006 to serve as DCF's nucleus for primary and secondary prevention services.

Assistant Commissioner, Charmaine Thomas oversees 3 division offices--Early Childhood,

Family Support & School-Linked Services. She communicates directly to Commissioner Beyer. This relatively flat hierarchy will ensure timeliness in advancing the work of this project. Refer to Appendix 4 for the DCF organizational chart showing lines of authority within DCF to PDG B-5, and links with EC related departments & partners. Key staff have extensive experience in program planning, project development, fiscal accountability, program monitoring & TA, and collaboration to maintain an active network of public-private partnerships within the community.

Direct oversight of PDG B-5 will sit in the Office of Early Childhood Services (OECS) (PN-5). Many of the programs/services in OECS are critical to the work of PDG B-5 and have been described in prior sections of this application. To summarize, OECS programs target all 21 counties and include: evidenced-based HV (HF, NFP & PAT models); ECCS Impact, Help Me Grow NJ, Central Intake (with DOH), County Councils for Young Children, Strengthening Families in ECE, and *pending* Project HOPE (Harnessing Opportunity for Positive Equitable EC Development). We also work closely with the NJ Children's Trust Fund & federal Community-Based Child Abuse Prevention (CBCAP) ACF grant. Other DCF offices will provide services that complement OECS efforts, e.g. Family Success Centers operate in all 21 counties with onsite resources such as parent groups, fatherhood support, and more. FCP staff & practices are heavily influenced by the nationally-recognized *SF Protective Factor Framework* that promotes an understanding of the 5 protective factors that build strong families & help to mitigate risks.

Culturally Appropriate Services: FCP approaches its work at the state and local levels with a deep regard for the communities served and the individual attributes and beliefs that influence the life experiences of parents/families. Assessing the needs of a community and/or target population(s) require careful attention to factors that influence culture--including racial/ethnic identity, age, education, gender, sexual orientation, religious/spiritual beliefs, income,

employment, and more. DCF protocols require staff and grantees to demonstrate culturally appropriate and responsive practices that meet the needs of NJ's diverse population. These areas include community outreach, hiring/staffing, language fluency (or translation availability for special populations) and understanding the literacy needs of families being served. FCP-funded programs, including all subcontracts, are expected to make every attempt to employ staff that are culturally and/or linguistically representative of the communities served. In addition, program staff are expected to receive training and support in cultural competence and responsiveness; and incorporate this knowledge & practice into their work with families, children & communities.

Fiscal Accountability: FCP program administrators work closely with DCF Budget Officer, Erin Zippel, and business office to expedite disbursement of Federal funds. DCF has a strong record of internal staffing capacity, experience & effectiveness in managing federal grant funds:

- Federal Title IVB funds (US DHHS, ACF) for local prevention activities and HV services (\$2 million/year)—issued as grants to local communities.
- Federal TANF funds through an MOA with NJ Department of Human Services (DHS) for HV (\$4.7 million/year); and Family Success Centers (\$1.5 million/year);
- Federal US DHHS, HRSA funds for two MIECHV Grants--Formula (\$10.97 million/year and Innovation Grant (\$2 million/year) *in collaboration with the NJ DOH.*
- Federal HRSA funds for the ECCS Impact initiative (\$426,600/year thru July 2021)
- Federal US DHHS, ACF funds for NJ Community Based Child Abuse Prevention (CBCAP)

Qualified Staff with Experienced Leadership in EC Systems & Services: OECS managers will provide in-kind leadership, direction & oversight for PDG B-5.

a) Lenore Scott, MSW, OECS Administrator (10% in-kind) will have ultimate responsibility for administrative & fiscal aspects of the grant. Ms. Scott has 30 years of experience spanning

ECE direct services, systems integration & management at the local & state levels. At the state-level she has established strong partnerships with other MCH/EC partners across departments to move forward a shared agenda of strengthening families & improving outcomes that reflect PN/child/family well-being & prevent child maltreatment. Ms. Scott will participate in the planning, implementation & evaluation of PDG B-5. She will be accountable for achieving B-5 outcomes; and will champion NJ efforts to ensure a fully aligned/integrated/coordinated EC system.

b) Daniela Guarda, MSW, EC Quality Improvement Specialist (10% *in-kind*) will provide assistance in overseeing PDG B-5 implementation. Ms. Guarda has extensive experience at both the local and state levels in MCH/EC Home Visiting, CI & EC Systems Integration. Daniela helped with implementation of the recent ECCS CoIIN process for NJ. She has established a strong CQI process for MIECHV, and assists other OECS programs in structuring data collection processes to ensure tracking of key indicators. Ms. Guarda has access to CI and HV data systems. She will provide consultation for data management and QI aspects of this project. She will provide supervisory support to guide the day-to-day work of the Project Coordinator.

To ensure full compliance with the PDG B-5 Grant, new staff positions will be required:

c) Project Coordinator (1.0 FTE - 100% grant-funded) will manage, coordinate & facilitate PDG B-5 grant implementation and priorities of updated *NJ Plan*. This requires working closely with state & local project partners for cross-agency activities, and ensuring alignment with related EC initiatives within and across departments. The coordinator will oversee program monitoring, performance assessment, and evaluation activities; and participate in related EC meetings to promote systems integration. This individual will ensure project deadlines are met, and take responsibility for ensuring that directives from the governing entities are being

implemented. During the grant period, the Coordinator will manage the newly created positions. At the conclusion of the grant, the coordination roles will be subsumed by the relevant agencies.

d) Data Manager (1.0 FTE - 100% grant funded) to provide TA support & ensure compliance from each funded partner for timely data collection, reporting & tracking that supports an internal process for program monitoring, performance assessment, and evaluation. This position will be funded by the PDG B-5 grant and will no longer be needed at the end of the grant.

e) Fiscal Manager (1.0 FTE - 100% grant funded) to oversee contracts/agreements for the updated *NJ Plan*; and set up & maintain a fiscal tracking system for each component to ensure responsible use of PDG B-5 grant funds & fulfill all fiscal reporting requirements over the grant period. This position, funded by PDG B-5, will no longer be needed at the end of the grant.

e) Program Assistant (1.0 FTE - 100% grant funded) to assist the Project Director, Data and Fiscal staff with grant activities. This person will assist with tasks for PDG B-5 implementation including communications (meeting notices, agendas & follow-up tasks). This position will be funded by the PDG B-5 grant and will no longer be needed at the end of the grant.

Interdepartmental Governance Structure / Interagency Collaboration & Coordination: As described above, DCF will serve in the lead facilitating role for PDG B-5 with the full support of the Governor's Office, five key state departments, and an array of EC partners. NJ's highly effective cross-agency governance structure has a solid foundation with high-level state agency and stakeholder leadership. This design ensures that NJ's most vulnerable infants/children and families are well-served through meaningful communication, interagency coordination & teamwork, and streamlined decision-making for allocating fiscal & staff resources. This EC infrastructure has evolved since the establishment of the SAC in 2010. Two important tiers added in 2012, have been pivotal in moving the work of early childhood forward in NJ.

Appendix 4, p.73 shows how the DCF structure links with EC state partners: NJ Early Learning Commission, Interdepartmental Planning Group & NJ Council for Young Children. If selected for PDG B-5, NJ's leadership structure is in place and will be immediately ready to implement the updated *NJ Plan* with a strong foundation and genuine cross-sector collaboration/support.

a) Early Learning Commission (ELC) is comprised of the Commissioners from DOE, DHS, DOH, DCF and DOL (recently invited), as well as the NJCYC Chair. This group identifies and discusses important EC issues, takes recommendations from the NJCYC on practice & policy concerns, assigns follow-up tasks & fact-finding to senior staff, and makes final decisions about key practices, policy changes and funding allocations. The designated liaison from Governor Murphy's Office, Carey Booker, will continue to join ELC and IPG meetings, as appropriate.

b) Interdepartmental Planning Group (IPG) monthly meetings consist of administrators, managers and key staff from five departments with oversight of a wide range of programs & services that support children & families--PN to age 5 (see Table 13 on the next page, p.44). The NJCYC Director also attends. This group is charged with facilitating better coordination and integration of services, and improving quality of care across EC settings. IPG participants bring a program perspective as they consider the feasibility of council recommendations based on current resources, related services, and other factors that may impact implementation and practice. With authorization from the ELC, this group has the ultimate leadership responsibility for planning & implementation in collaboration with other state organizations and agencies. New to the IPG in 2018 is Labor/DOL. Stronger links with DOL will help us explore new opportunities over the next year, e.g. data sharing--employment, job training, continuing education, credentialing; and program development; and career pathways, such as the CHW apprenticeship program to increase

the number of CHWs in NJ. For 2019, IPG will seek stronger relationships with the Departments of Community Affairs (housing) and Agriculture (food/school lunch programs).

Table 13: Summary of NJ Interdepartmental Planning Group 2-Gen Services (B-5)

Education (DOE)	Human Services (DHS)	Children & Families (DCF)	Health (DOH)	Labor (DOL)
Race to the Top-Early Learning Challenge	Grow NJ Kids-QRIS	Child Care Licensing	Title V MCH Block Grant	WFNJ TANF/GA SNAP
PDG Expansion grant	CCDF Child Care Development Block Grant (CCDBG)	FCC Registration	Healthy Women/Healthy Families	Smart Steps Career Advancement
State-Funded Pre-K Preschool Education Expansion Aid-PEEA	Subsidized Child Care	NJ Home Visiting/CI ECCS/Help Me Grow	Black Infant Mortality	Voucher Program (CAVP)
Early Head Start/Head Start	Wraparound Care	SF Protective Factors	Maternal Mortality	WFNJ-OJT
Collaboration Office	NJ First Steps-Infant/Toddler Program	County Councils for Young Children/CCYC	Perinatal Risk Assessment (PRA)	YTTW-Youth transition to Work
Teacher Credential & Licensing	Family Child Care (FCC) Providers	Parent-Linking Prgrm	CHWs / CI Hubs	Youth Corps
Preschool Special Education (IDEA Part B, Section 619)	Child Care Resource & Referral Agencies (CCR&R)	School-Based Services	Access to PN Care	Literacy-Title II
School Support Services--teen parents	& Referral Agencies (CCR&R)	Project TEACH for Teen Parents	FQHCs/Primary Care	Federal Bonding
Federal Title I services for low-income families	GNJK-TTA	Family Success Centers	WIC Services	YouthBuild
Other Federal Educ Programs & Services	WorkFirst NJ-TANF, GA, SNAP	Division on Women-DV/IPV services	Breastfeeding	Temporary Disability
Region Achievement Centers (RAC)	Emergency Services	Children's Trust Fund	SNAP Education	Insurance (TDI)
NJ Council for Young Children (NJCYC)	Child Support	Federal CBCAP (Community-Based Child Abuse Prevent)	Child Health/Immunizations	Family Leave
NJ EASEL integrated data system	Addiction & MH	Child Behavioral Health Services	Healthy Homes	Insurance (FLI)
	Neonatal Abstinence	Child Developmental Disabilities	Child Lead Poisoning	Unemployment
	Disability Services	Child Protection & Permanency	Adolescent Health / Pregnancy Prevention	Insurance (UI)
	NJ Medicaid	Child Protection & Permanency	Shaping NJ	Earned Sick Leave enforcement
	NJ FamilyCare-CHIP	Family First Prevention Act-pending	EI - IDEA Part C	One-Stop Career Centers (OSCC)
		HOPE-pending	Special Child Health Peds Mental Health Access Program	CHW apprenticeship w/ Rutgers

c) NJ Council for Young Children (NJCYC) works to improve collaboration, coordination and service quality for all NJ children (Birth to Age 8). The NJCYC has 25 members with representatives from DHS, DOE, DOH, DCF and DOL. Participants also include state advocacy groups & local constituents—early childhood education, HS/EHS, public education, family child care, higher education, military families, migrant services, child health, infant mental health, parent representatives, and others. NJCYC now has a broader focus to encompass 2-Gen partners including--ECCS/HMG systems integration, MCH services, HV, CI, CHWs & CCYCs. General

meetings are held quarterly, and over 100 stakeholders participate in committee work: (a) Infant-Child Health, (b) Family & Community Engagement, and (c) Data Information Systems.

Key Partner Descriptions: As described in Subsection 1.2 (pp. 15-17), NJ brings to this PDG B-5 initiative well-established partnerships that will enhance our work with families and communities across the state. These relationships are genuine and can be substantiated by our strong record of success in prior and current collaborative projects including--RTT-ELC (current-DOE lead), ECCS Impact (current-DCF lead), Project LAUNCH (2018 end-DCF lead), Help Me Grow (current-DCF lead), MIECHV (current-DCF co-lead), HOPE (pending-DCF lead). State EC collaborators represent 2-Gen cross-agency involvement (outlined above in Table 13), along with local community stakeholders & organizational leaders that represent a full range of services (also refer to Appendix 4-DCF Organizational Chart and NJ Partner Linkages, p.73).

SECTION 3. MIXED DELIVERY SYSTEM DESCRIPTION/VISION STATEMENT

NJ's existing B-5 mixed delivery early childhood care & education system; ECE-related Policies and Programs; and Public or Private Funds that target EC Outcomes: NJ's mixed delivery system targeting the B-5 population has been in place since 2009. In 2012, the *NJ Plan* was expanded to develop stronger linkages with Early Intervention and include Home Visiting in the service array. Today, NJ's ECE system serves pregnant women, infants and young children across a variety of settings, now including: State-funded Preschool Programs, EHS/HS, CCDF subsidized Child Care Centers & FFCC providers, evidence-based HV (PN to age 3), Early Intervention IDEA Part C, and Preschool Special Education IDEA Part B. The *NJ Plan* aims to link these core partners & services together within an integrated system of care across sectors (health, early childhood education, early intervention, family support, and social services) that improves our ability to reach the majority of children/families with high needs from pregnancy to

age eight. PDG B-5 services will focus on the PN through Age 5 population. A brief description of each program type follows. Refer back to Tables 3A-B and 4A-B on p.10, for enrollment data.

State-funded Preschool Programs: NJ's State Preschool Program invests an average of \$13,439 in each preschooler, the 2nd largest state per pupil rate in the nation. The combined funding for general education students in the State Preschool Program and other DOE-funded preschool programs has increased steadily every year between FY 2009 and FY 2017, from \$576.4 million to \$609.5 million, a 9.9% increase (NIEER *State of Preschool 2017*). NJ is one of the few states to increase its funding during the recession, and its commitment to serving young children moved ahead with the RTT-ELC grant--reflecting overall growth in enrollment of high needs children served by these programs from 49,080 to 51,860 children over the same period.

Preschool Expansion Grant 2015: NJ is in the final year of a four-year federal RTT Preschool Expansion Grant to expand high quality preschool. Since January 2015, with annual funding of \$17.5 million, DOE implemented high quality state-funded preschool in 16 additional school districts (serving 1,280 grant-eligible four-year-old at 200% of FPL) and improved preschool services & conditions for an additional 649 children. These 1,929 children served in new and improved slots represents 71.7% of grant-eligible four-year-old's in the 16 districts.

NJ Preschool Expansion: Governor Murphy's Fiscal Year 2019 budget included \$50 million for the Preschool Education Expansion Aid (PEEA) and an additional \$33 million in Preschool Education Aid. This is the largest increase in pre-K funding in over a decade. PEEA funding is distributed based on the numbers of low-income students in the district. It will support existing preschool programs to provide high-quality programming by extending the hours, decreasing class size, and adding additional children. The districts will improve seats for 1,218 preschool children and open new seats for 882 new preschool children. Round 1 of PEEA (\$20.6 million)

will reach 31 eligible districts to enhance & expand preschool services for over 2,000 three- & four-year-old children across the state. The second round of PEEA funds (over \$26.7 million) will reach 2,320 preschool children in 33 additional districts that have not previously received State preschool aid (based on Free & Reduced Lunch rates). **[Note: NJ will use \$4.5 million of the 2019 Round 2 State Funds that support quality (i.e. PD, coaching, family engagement) as the state match for this PDG B-5 grant.** See Appendix 2-p.71 for the Interdepartmental Agreement Letter that includes confirmation of the DOE state match.]

Early Head Start/Head Start: NJ's network of EHS/HS programs receives \$167 million in Federal funding from ACF. In addition, as noted above, NJ's mixed delivery model State Preschool Program encompasses many HS sites across the state. Through this mechanism, NJ has increased its state contribution for HS from \$27.4 million in FY 2009 to \$39.8 million in FY 2018 to keep pace with the growing number of underserved children residing in these high needs districts. NJ's 23 EHS/HS programs reach about 16,000 children.

Early Head Start/Child Care (EHS/CC) Partnership Grant: In 2015, NJ received an \$8 million federal grant for the EHS/CC Partnership—five grantees serve 825 infants and toddlers.

Child Care Development Fund (CCDF) & Temporary Assistance to Needy Families (TANF): DHS, Division of Family Development (DFD) is the lead agency for CCDF and TANF funds. Approximately 100,500 children/families with high needs were served by DFD through the CCDF Child care Program in FY2018. CCDBG provides eligible families with a range of service settings for their infants & young children, including licensed child care centers, registered FCC providers, and Family/Friend & Neighbor (FFN) care (if approved & registered). The program services and quality initiatives supported by DFD are fully integrated into the *NJ Plan*. Overall, NJ's CCDF resources remain stable with NJ providing a significant state federal contribution

relative to the need. DFD's Child Care Program funding is allocated based on the population needs of NJ's low-income families. Total funds exceed \$400 million—sources include: CCDF (\$161M), TANF federal funds (\$97M), State federal match (\$90M) & State non-MOE (\$67M).

IDEA Part C: DOH is the lead for Early Intervention Services in New Jersey. In SFY 2018, NJ State contributions for EI services for the birth to age 3 population totaled \$111.7 million.

IDEA Part B (Section 619): DOE is the lead for Preschool Special Education. NJ allocates State funds in the amount of \$11.2 million in FY 2019 for special education and related services for children age three to kindergarten entry.

Evidence-Based Home Visiting (HV): Since 2009, funding for HV has more than doubled from \$9.3 million to \$21 million resulting in a statewide network that serves approximately 7,000 vulnerable families. NJ's funding commitment spans 3 departments—DCF, DOH & DHS; and includes a combination of state & federal funds. NJ uses three evidence-based models—Healthy Families (HF), Nurse-Family Partnership (NFP) & Parents as Teachers (PAT)—that focus on families PN-age 3. All HV models work individually with parents/families to provide intensive, long-term services that improve their understanding of prenatal/infant/child health & wellness; and track adherence to a common set of benchmarks. HV is integrated into the *NJ Plan* providing pregnant/parenting women an alternative holistic approach for ECE/family wellbeing.

Progress & Successes, Hurdles/Challenges, and Strategies that are Shaping Development and Implementation of a Robust Mixed Delivery System: As noted above, NJ has had a robust mixed delivery system in place for nearly a decade. It's taken time to build understanding & trust across providers, but tremendous strides have been made in building local collaboration. As we move forward, state leaders will continue to focus on the relationships between LEAs and other ECE pre-K providers, i.e. HS, Child Care, FCC to ensure district-level collaboration & high quality;

and promote GNJK participation, equitable funding of PD resources, staffing structures, staff qualification, shared services and efficient use of new/existing funds & other available resources.

How NJ's Mixed Delivery Vision Will Increase Quality, Coordination, Alignment & Program Efficiency: Our vision for the B-5 mixed delivery system is adapted from the current *NJ Plan*: **NJ will have an aligned and coordinated high quality ECE system that embraces a two- generational approach resulting in measurable improvements and long-term success for the state's highest needs infants, toddlers and young children (PN-5)--and their families.** This vision supports our efforts to implement a fully-integrated EC system of care that embraces a 2Gen approach ensuring that parents are well-informed about the value of ECE and understand the available infant/toddler/child care options within their local communities.

At this juncture, core elements of the *NJ Plan* and existing service array will benefit from PDG B-5 resources that allow us to refine and continue the infrastructure for high quality that has been established. As noted above, these include: CI Hubs, CCYCs, CHWs, Parent Engagement & Leadership, GNJK standards, ECE workforce PD and TA, S-E wellbeing, EC transitions, dual language learners, and several key data tracking systems, including NJ EASEL.

How NJ will Leverage Key EC Partners/Stakeholders including Mothers, Fathers, Families & Other Caregivers to Achieve NJ's Vision and Identified Grant Activities: As described in prior sections, NJ has laid a strong foundation building consensus among state leaders (ELC & IPG) and other public-private partners (NJCYC) for implementation of key quality components, such as Grow NJ Kids; and systems development, e.g. Central Intake, CCYCs, and CHWs--that are helping to leverage local input and support from parents/families and community-based organizations for NJ's early childhood vision & related activities.

Gaps, Challenges & Opportunities to Improve Coordination, Alignment and Delivery of High

Quality Services – and Proposed Strategies to address each: Table 14 below provides a concise summary of priorities, related factors & proposed strategies for this subsection.

Table 14: High Quality-Priorities, Progress, Gaps/Challenges and Proposed Strategies

Current Priorities	Progress/Successes	Hurdles/Challenges	PDG B-5 New Strategies
ECE Coordination, Service Alignment & Integration Central Intake capacity	Available CI linkages w/ ECE & support services in all 21 counties. SPECT tracks local HV & CI referral connection	CI was developed with HV & links to supportive services. Now strengthen family links to other ECE programs Build capacity at CI Hubs.	-Staffing support and TA for local CI Hubs -CHW outreach capacity -Support SPECT data system to track progress.
Parent Involvement/ Family Engagement CCYC capacity CHW outreach capacity	CCYCs in 21 counties w parent /provider reps. 5 counties join the ECCS Collective Impact. SPAN Parent Leadership training	\$\$ to maintain CCYCs Expand collective impact for local EC assessment/planning. Parent awareness & choice of GNJK quality ratings; and awareness of other resources.	-TA staffing support at state/local-level CCYCs. -Parent trainings w/SPAN -Offer parent stipends -CCYC data tracking-DCF -CHW outreach capacity.
Grow NJ Kids (GNJK) Quality Rating System PD/TA capacity to reach more providers	Active EC participation across mixed delivery GNJK marketing success Quality improvements	Expand ECE participation in GNJK. Business practice needs Facility needs impede ratings	-Support GNJK upgrades. - Revise/refine associated documents/processes. -Shared services pilot
GNJK Prof. Development & Workforce Registry Expand training capacity Workforce Data System	Lessons-learned from original PD plan. Successful marketing Positive TTA feedback	-Revised TA implementation -Improve district collaboration -More ECE provider demand -Improve PD tracking ?	-expand PD to all licensed/registered providers -Expand registry capacity -Promote GNJK
ECE Transition	GNJK focus & PD on EC transition planning	Ongoing TA for parent input and monitoring.	TTA-strengthen transitions across ECE settings
NJ EASEL long-term outcomes	Plan, design & Phase 1 implementation-Dec 2018	Data agreements (in place) \$\$ to maintain & continue	-Need funds to continue Phase 2 of NJ EASEL

NJ Target Population: B-5 will target NJ’s vulnerable pregnant women, parents & families of infants/young children. Short & long-term outcomes are outlined in Appendix 6 - LM, p.75.

SECTION 4. PROJECT TIMELINE AND MILESTONES

Please refer to Appendix 5 on p.74 for a detailed timeline with monthly/quarterly projections. NJ has proposed a reasonable list of activities for improving the overall quality of ECE programs and provider services within a feasible period of time over the 12-month grant period. The NJ Timeline highlights the amount of time that activities will occur over the 12-month project period after the needs assessment and strategic plan are completed.

Documenting Progress toward Achieving Project Milestones: NJ has a strong process in place for tracking accomplishments (see Table 15 below for more detail) through established program-level documentation, and program-specific data management systems that are in place to track critical indicators of performance and are used to guide quality improvement activities.

TABLE 15: Documenting Progress in Achieving Project Milestones

Core Activities for PDG B-5	Tracking System / Documentation	Factors that may Accelerate or Decelerate the work	# activities to be accomplished	# people to be served
<u>Activities 1 & 2:</u> Update Assessment & NJ Strategic Plan Facilities Assessment	Draft and Final Documents	Amend JHU agreement (existing contract) – no delay expected-- ready to begin on-time.	Completed documents	Statewide impact
<u>Activ 3:</u> Parent Choice CI Hubs & CHWs	SPECT data system referral & follow-up	Amend FHI existing contract Amend current contracts-current service levels will be maintained;	Strengthen links in 21 counties to ECE & CP&P	Systems measure-- no specific #s
CCYCs SPAN--Statewide Parent Adv Network	Manual Tracking and developing data system	Resources for added capacity will be allocated based on county/community needs data.	74 new Parent Leaders across 21 counties	outreach to children & families TBD
<u>Activ 4:</u> Best Practice Pyramid Model S-E supports	?? new Pyramid implementation sites	Amend existing contract with MSU (Pyramid Model state lead) --no delays expected.	new Pyramid sites w/ stronger S-E supports	# of children & families - TBD
IECMH credentialed experts to support existing ECE network	NJ Association of Infant Mental Health (NJAIMH) tracking	Partner with NJAIMH Sufficient interest to achieve highest levels of IMH-E	Recruit IMH experts to serve all 21 counties	Min of 15 IMH-Es 21 counties
Shared Services for ECE cost efficiencies	DHS reports to IPG on implementation	DHS will hire state point person to serve as project consultant.	Recruit 20 ECE sites	TBD during development
Activity 5: Quality NJ EASEL--ECIDS	DOE reports to IPG re: Phase 2 progress.	All IPG department agreements are in place--no delays expected.	Integrated EC data reporting	NJ children & families
LMS to track PD of ECE workers	DHS reports to IPG on implementation	No delays expected--DHS will purchase software license.	Integrated PD workforce data	All ECE providers

SECTION 5. PROGRAM PERFORMANCE EVALUATION PLAN

Overall Approach: NJ partners are committed to developing a comprehensive Program Performance Evaluation (PPE) to test & promote the effectiveness of core ECE 2Gen strategies.

Background: Performance management, continuous quality improvement (CQI) & program evaluation are priorities for the state lead (DCF), as demonstrated by our work with state & local stakeholders in HV, Central Intake, CCYC, and ECCS Impact systems-integration initiative.

Since NJ’s receipt of a 2009 ACF federal Evidence-Based HV Grant, NJ partners (DCF, DOH,

DHS and Johns Hopkins University) have developed a well-integrated utilization-focused evaluation process that drives state-level CQI oversight activities. This collaborative evaluation process has developed a culture of CQI at all levels & has built capacity of key partner groups, including local implementing agencies, to: (a) appreciate the value of CQI, (b) understand the multi-level nature of performance drivers, and (c) work both within local organizations, and across service sectors, to improve performance.

Adequately Identify/Finalize Indicators & Metrics necessary to Examine Proposed Process, Cost & Program Implementation Reporting: NJ's current Logic Model (see Appendix 6, p.75) identifies many of the key indicators/metrics that will be used as a framework for PDG B-5 reporting. During the first few months of this one-year grant, PPE partners (DCF/IPG Partners & Johns Hopkins) will identify process, cost & implementation reporting requirements as follows:

- Utilize the updated Needs Assessment/Strategic Plan to refine/finalize key indicators, target populations & geographic areas that will benefit most from implementation of ECE services;
- Use the Logic Model (Appendix 6, p.75) framework & expound on it as needed, to provide detail & descriptions for key *inputs* (e.g., organizational profiles, collaborative partners, staff, fiscal & other resources), key *activities/processes*, & expected *outcomes* of funded activities.
- Refine the Logic Model's identified *short- and long-term outcomes* that are associated with the proposed strategic plan activities for infants/young children, families, and providers;
- Ensure that the PPE Plan aligns with the Logic Model; and identify potential obstacles for implementing the PPE, and how obstacles will be addressed.

NJ will Refine the Proposed Logic Model to Ensure that it Aligns with the Vision Statement; & Proposed Processes, Cost Indicators & Outcomes set forth in the Updated NJ Plan: (a) NJ's Logic Model (p.75) is aligned with our vision statement (above p.49). The Logic Model outlines

the inputs, activities/processes and short- & long-term outcomes; and data elements to be measured/tracked. It also identifies information that will be used to inform the PPE and the CQI process for funded activities. (b) The PPE Plan will also align with NJ's vision statement & needs assessment. NJ's PPE will study EC service integration and related processes, timelines, costs & outcomes across all core PDG B-5 activities.

Identify & Examine Existing Data Infrastructure and Systems to ensure Timely & Accurate Process & Implementation Reporting: NJ has an array of existing program data sources (see Table 16, p.55 below) available to inform our PPE design and ensure our ability to track and report process & outcome indicators that measure effective ECE core services, and systems linkages to other EC supportive services. Data collection and tracking are the basis of NJ's strong quality assurance process. Requirements for timely & accurate CQI data are now a standard component of DCF's annual contract renewal process. NJ has developed an established data set/metrics for the CI Hubs that can be used as a guide for the PDG B-5 quality assurance process. NJ's HV evaluation has a CQI process in place to match CI and HV data to assess/improve the efficiency of the CI system for referring families into HV. As a result of this work, adjustments to CI indicators have been made in collaboration with DOH as we continue to revise and better define measures to improve the EC systems process and outcomes. For PDG B-5, NJ's evaluation partners will determine if a similar process can be applied for other ECE mixed delivery settings, e.g. CCDF child care data. Here is a brief overview of several NJ data/tracking systems that will help to inform the PPE Plan:

Central Intake: NJ has an established data system and process with the designated CI hubs to help collect & report many of the required EC indicators for the PDG B-5 grant. The SPECT system operates in all 21 counties. SPECT captures client/family-level data gathered by the PRA

& Community Screening tools to complete a standardized family risk assessment—socio-demographic data (e.g. age, race, ethnicity, home language, education level, income, insurance, place of residence), perinatal/infant risk data (e.g. PN care entry, prior preterm birth, multiple births), & other risks (e.g. homelessness, depression, substance abuse). The PRA is linked to NJ Medicaid HMOs. Local CI sites have Business Affiliation Agreements in place for data sharing.

Population & Administrative Data Sources: DCF has access to many sources of state, county and municipal level population data through well-established relationships among state programs and departments. PDG B-5 indicators may include population-based data, such as: preterm births (DOH), substantiated child abuse/neglect birth to age three (DCF), TANF/GA poverty (DHS), Medicaid participation (DHS), Early Intervention (DOH), perinatal risks (PRA) for substance abuse (DOH), food insecurity-SNAP (DHS) and WIC (DOH), and more.

Service Data for Infants/Children: NJ will use HV performance indicators as a guide to determine if similar data is available from other ECE mixed-delivery providers. HV data points include service-related process data such as birth outcomes, health insurance status, WIC participation, well child visits, immunizations, lead screening, and developmental screening (with Early Intervention or Preschool Special Education referrals, as needed).

Service Data for Pregnant Women/Parents: NJ performance measures will examine available data within the Central Intake SPECT data system for Perinatal Risk Assessment (PRA) prenatal & social risk factors; *4 P's Plus* screening results (for depression, tobacco use, substance use, domestic violence); service coordination & referrals among ECE programs with a focus on PN to age 5--HV, EHS/HS, child care, EI, WIC, TANF, health insurance, family support & more.

ECE program data – DFD has reporting capabilities for CC, FCC, and FFN providers; DOE reports data for state-funded pre-K from school districts, HS, and other mixed-delivery partners.

Current Data Systems: NJ's IPG partners share a long-term vision of an integrated EC data system (NJ EASEL) to assess family well-being and children's health, development and school readiness—described in the next subsection. While state and local EC partners patiently wait for NJ EASEL to enter the next phase, we are fortunate that in the short-term, NJ has sophisticated data sources *already in operation* for the PDG B-5 evaluation. NJ's established infrastructure & interdepartmental relationships ensure a strong start in utilizing existing data to effectively measure program performance and impacts of the PDG B-5 grant in our state.

Table 16: Existing NJ Data Sources

State Agency	Program Focus - Data System	Type of Data
DCF	HV Healthy Families - FAMSys	client level data
	HV Nurse-Family Partnership - ETO	same as above (s/a)
	HV Parents As Teachers - PATSys	s/a
	Central Intake - SPECT (w/DOH)	s/a
	HMG - ASQ Enterprise System	s/a
	Licensing Information System - LIS	Center & FCC provider data
	Prevention data-e.g. Family Success Centers CPS data system - NJ SPIRIT	Center data client level data
DOH	MCH Birth Outcomes-NJSHAD	population data
	BRFS-Behavioral Risk Factor Survey (adding ACES)	client level data
	SPECT-Prenatal Risk Assessment/Community Screens	s/a
	Central Intake-SPECT / CHW Outreach-SPECT WIC data system	s/a s/a
DHS	CCDBG Child Care Subsidy-CARES	client level data??
	GNJK - QRIS data	participant agency data
	GNJK - Workforce Registry	staff data
	CCR&Rs - NACRO	provider data
	TANF/GA, SNAP, Child Support - data systems	client level data
DOE	NJ SMART-longitudinal data PreK to Secondary	student data
	NJ SMART-Workforce data	workforce - individuals
	EHS/HS – subset are in NJ SMART	infant/child participants
	NJ EASEL (see following narrative section) SPP/APR data (indicators 6, 7 & 8)	integrated data Part B (619) data
DOL	Workforce data - Office of Information & Research	individual & employer data

For PDG B-5, the Project Coordinator will review and ensure that state & local CI data sharing agreements are updated, as needed.

Systems & Processes that Support DCF's Performance Management Requirements through Effective Tracking, & Accurate & Timely Reporting of Performance Outcomes: As noted in

Section 2-Organizational Capacity & Management the Project Coordinator has responsibility for meeting program implementation requirements, including PPE Planning. The Coordinator will work with the Data Manager and Johns Hopkins University (JHU) evaluation team [co-Principal Investigators, Anne Duggan & Cynthia Minkovitz] to complete key tasks outlined above and finalize the NJ evaluation design. This individual will monitor participation of other PDG B-5 partners, ongoing processes, and progress made towards achieving project goals & objectives.

How DCF will Collect and Manage Data: As the PPE Plan is developed and finalized, the DCF Data Manager will be responsible for identifying all of the key data elements and related data management systems for NJ partners. The DCF CQI Specialist, Daniela Guarda (in-kind management support-p.41), will provide oversight & guidance to the Project Coordinator and Data Manager, as needed. Ms. Guarda works in close collaboration with JHU on the MIECHV and ECCS evaluations. In fact, since 2012, DCF & DOH have used the evaluation process to strengthen CQI activities within the statewide HV network. NJ now implements a standard CQI process for 29 implementing agencies (65 programs) that uses local data dashboards with links to HV systems. NJ will explore whether a similar process could be developed for CI Hubs using SPECT data. These data sources are available for all counties, including 5 target communities designated for ECCS Impact. Daniela also helped develop reporting formats for DCF CCYCs.

New Data Sources to Complement Program & Service Data to Address Proposed PDG B-5 Implementation Reporting & Plan for Development of Revised Data Systems, as needed: As referenced in Subsection 1.5, NJ is still in the early development/implementation stage of NJ EASEL (Phase 1). NJ EASEL Longer-Term Data Systems Connections: DCF & representatives from each IPG core department have participated on the RTT-ELC Data Committee/NJ-EASEL Team for the planning & development of this data system project. Over the past two years, the

NJ-EASEL team completed significant work to capture user priorities and identify relevant data elements from 14 identified data systems. DOE is currently conducting Source Data Analysis sessions to ensure in-depth understanding of data elements for proper data mapping & analysis. Full implementation of NJ-EASEL is planned in phases over several more years. We anticipate having matched data for Phase 1 completed by December 2018. Understanding the effectiveness of these services will help to address NJ's established *Key Questions & Objectives* (available upon request), and promote positive outcomes for young children.

Methodological Approach includes a Strategy for Data Collection, Sampling, Measurement, & Analysis including Metrics of Progress to Inform Continuous Learning & Improvement

Efforts related to Implementation: DCF will employ a dedicated Data Manager to facilitate timely & accurate data collection, sampling, measurement and analysis; and consult with other NJ state partners, as needed, to ensure a collaborative PPE process. This individual will report to the DCF Project Coordinator for advice & guidance as the plan is finalized. DCF program staff (Project Director, Coordinator, CQI Specialist, Data Manager) will work with IPG partners, federal TA providers and JHU evaluators to finalize PDG B-5 Implementation Reporting Plans.

Similar to our evaluation/CQI experience with HV & CI (as described above), PDG B-5 implementation reporting findings will be used to inform continuous learning & improvement efforts; and prepare NJ for Year 2 continuation, if PDG B-5 continuation funds are forthcoming.

The methodological approach that NJ is proposing is an implementation science framework similar to that described for HV & CI in the Background Subsection above, p.51-53. If approved by federal TA partners, DCF & the JHU Team will work closely with IPG state partners to set up a data-driven process that guides CQI for the PDG B-5 grant. In recent years, NJ partners have refined and expanded use of this approach, building an efficient system that

uses data to improve service delivery, coordination and impact. This evaluation process led by JHU is currently utilized in five target counties participating in ECCS Impact, a place-based initiative led by DCF. NJ will use this same structure & ongoing collective impact process to examine key factors that affect the integration of ECE mixed delivery services--i.e. efficacy of parent links to ECE services through the EC System--CI, CCYC, CHW, CCR&R; the extent of parental choice & knowledge in linkages to needed/available ECE and supportive services; assessing parents' understanding of best practices and high quality services--i.e. GNJK quality rating system, successful B-5 Transitions, and quality child care. DCF has existing contracts with each of the five designated local lead organizations (Table 17 below), which will support a rapid start-up. All 5 organizations have extensive experience serving as the county CI Hub—single point of entry for information, outreach, screening, referrals & service linkages for PN-5 families (2Gen approach). Further, county leads meet NJ's requirement for CI sites to build strong relationships with local providers; and ensure connections to (a) CCYCs that serve as a local advisory body with parent/family participation, and (b) CHWs for outreach and education.

Table 17: NJ's Proposed PDG B-5 Program Performance Evaluation Target Communities

Target County	Local Lead Agency (contracts are in place)
(1) Camden (urban)	Southern NJ Perinatal Cooperative
(2) Cumberland (rural)	Robins' Nest, Inc.
(3) Essex (urban)	Essex Pregnancy & Parenting Connection
(4) Middlesex (urban/suburban)	Central Jersey Family Health Consortium
(5) Passaic (urban)	Partnership for Maternal & Child Health of Northern NJ

Incorporate Findings from the Needs Assessment and Strategic Plan: NJ will revise/finalize the PPE with information from the updated Needs Assessment & Strategic Plan, along with specific input from the designated federal technical assistance provider for this Year 1 funding.

New Jersey is excited to develop an integrated Program Performance Evaluation process to demonstrate the effectiveness of PDG B-5 core strategies to strengthen the EC

system of care. Among DCF and state co-leaders, we have strong interdepartmental relationships, internal staff expertise, core data systems, and committed cross-sector partners with the capacity to capture key data indicators to measure progress and support the ECE infrastructure over the initial grant period--and beyond.

Dissemination Plan: NJ implemented a successful communications plan for disseminating the core components & accomplishments within the RTT-ELC grant. NJ will use the same structure & communications strategies currently in place for GNJK as a framework for PDG B-5. Led by DHS, preparation for this work involved extensive outreach & focus groups with target audiences--ECE mixed delivery providers, ECE staff/workforce, state & local stakeholders, other EC partners (health, social services, etc.), parents/families, and other interested stakeholders, e.g. philanthropy/funders. Bicultural/bilingual sessions were provided, as needed. Audience testing was initiated for document drafts before final posting and/or distribution. Brochures, educational materials, screening tools & other products will be available online; and provided in multiple languages. Selected reports will be printed & distributed via partner/stakeholder network.

SECTION 6. LOGIC MODEL

NJ's Logic Model (Appendix 6, p.75) provides a conceptual framework and summary of the key linkages among and across program elements--vision, target population, project goals, inputs/resources, activities/outputs, expected short- and long- term outcomes, and data/evaluation plan for measuring the extent to which proposed processes and outcomes actually occur.

SECTION 7. PROJECT SUSTAINABILITY PLAN

Governor Murphy and state leaders are committed to ensuring that all children, especially NJ's vulnerable and underserved children/families, have access to carefully designed, enriching early experiences. To this end, the NJ early childhood partners have reflected on our successes,

challenges, and lessons-learned from over a decade of experience. NJ will continue to strengthen core services in the current and updated *NJ Plan* and develop a plan for long-term sustainability. NJ is still in the first year of transition, a new Governor, recently appointed Commissioners, and many high-level administrative staff changes across the five partnering departments. Based on NJ's new commitment of preschool expansion funding, along with our strong track record of sustainability, we are optimistic that a feasible long-term sustainability plan will be established for each of the core components in PDG B-5. Realistically, more time will be needed to better understand the full range of priorities--administrative, legislative and budgetary--as the new administration moves forward. During this time of transition, IPG state leaders have been updating their Commissioners regarding work plans and intended outcomes.

Effective, Feasible Sustainment of Key Elements: While NJ has an effective infrastructure firmly in place, the state is at a critical juncture for EC development. We appreciate having this opportunity to request federal PDF B-5 support as NJ leaders and other stakeholders strive to refine and build capacity of key ECE services and systems linkages. As we complete Year 5 of RTT-ELC (ending 12/31/18), most of the current components and current service levels, e.g. GNJK quality rating system, GNJK PD/Training & TA, have a viable plan for sustainability within existing structures and budgets. Several systems-related components (CCYCs, Parent Leadership) require continuation funds to provide additional time for longer-term feasibility planning. But as has been our experience in past initiatives, NJ leaders are optimistic that the impacts of this work will lead to long-term sustainability.

NJ has a strong track record in sustaining promising & evidence-based strategies within MCH and ECE sectors. As with prior initiatives, data and evaluation results drive NJ's process for revision, expansion and ultimately sustainability of effective strategies that improve ECE

quality and access for young children/families in our states. We are confident that the same will hold true for recommended strategies in the updated *NJ Plan*. Examples of past success include:

Central Intake Hubs: Within a decade of the early development of the original CI concept, IPG state partners helped to expand central intake to all 21 counties. Partial funding now comes from DCF (state & federal) and DOH (state & federal). Note: PDG B-5 will help build capacity.

Prenatal Screening & Risk Assessment (PRA): Within a decade of its initial development and testing (DHS/DOH/DCF), and with the support of state partners, NJ has a nearly 100% rate of PRA use by Medicaid Managed Care providing linkages for vulnerable infants & families.

Evidence-Based Home Visiting (HV): DCF's early HV efforts (1990s) targeted only high-risk municipalities. Since then, state & local leaders worked to expand models, service area (statewide) and capacity (from 1,500 to 7,000 families). NJ uses blended funding--DCF Title IVB & state funds, DHS TANF funds, and DOH MIECHV funds. And, in 2018, IPG partners are actively working with NJ Medicaid to implement a Medicaid HV reimbursement pilot to support long-term sustainability and growth for evidence-based HV models.

HV Continuous Quality Improvement (CQI) Process: Building upon lessons-learned through the formal HV evaluation (Johns Hopkins University), DCF's CQI Specialist has implemented a CQI process for all HV implementing agencies (21 counties) to use local data dashboards with links to HV data systems. Note: PDG B-5 funds are requested to develop a similar process using SPECT to track CI (and HV) linkages with ECE providers, i.e. EHS/HS and CCDBG subsidy.

DCF and collaborating partners will work to ensure sustainability that results in lasting impacts & improved early childhood outcomes through a two-generation strengths-based approach for families with young children from pregnancy to age five (and beyond).

SECTION 8. PROJECT BUDGET & BUDGET JUSTIFICATION

DCF serves as the lead agency for PDG B-5. Four other departments--DOE, DOH, DHS, and DOL--are committed partners with DCF for implementation of core project activities.

Line Item Project Budget: A summary of NJ's request for federal ACF funding along with identified non-federal matching funds is provided in Budget Table 1 below.

BUDGET TABLE 1. PDG B-5 Year 1 Line Item Budget

Object Class Categories	Federal Budget	Non-Federal Budget	Total Budget
a) Personnel-Salary:	0	in-kind	0
b) Personnel-Fringe:	0	in-kind	0
c) Travel for PD, also travel in h) Other:	\$1,150	0	\$1,150
d) Equipment	0	0	0
e) Supplies:	0	in-kind	0
f) Contractual:	\$4,960,900	\$0	\$4,960,900
MSU PDG State TA/Oversight	\$499,565	0	\$499,565
MSU State CCYC Oversight	\$222,335	0	\$222,335
CCYC existing contracts	\$1,669,500	0	\$1,669,500
CI	\$1,869,500	0	\$1,869,500
SPAN	\$100,000	0	\$100,000
JHU	\$600,000	0	\$600,000
g) Construction	0	0	0
h) Other: includes DC travel	\$10,037,950	\$4,500,000	\$14,537,950
DOH	\$1,720,650	0	\$1,720,650
DHS	\$4,016,150	0	\$4,016,150
DOE	\$4,301,150	4,500,000	8,801,150
i) Total Direct Costs	\$15,000,000	\$4,500,000	\$19,500,000
j) Total Indirect Costs:	0	in-kind	0
PROJECT TOTAL:	\$15,000,000	\$4,500,000	\$19,500,000

Cost Sharing or Matching Requirement: NJ is requesting \$15 million for this 12-month grant. The required match of \$4.5 million (30%) will be met within the PDG grant year. These are committed state dollars from a new round of funding (see pp.46-47) for NJ Preschool Education Expansion Aid (PEEA). The funds are being administered by DOE, a core partner in this PDG B-5 initiative (see Appendix 2, page 71 Interdepartmental Agreement, for confirmation letter signed by five NJ State Departments). This is a credible plan because PEEA funding targets communities serving vulnerable children, i.e. less than 200% of FPL; and a portion of PEEA funds may be used for enhancement of preschool services (to include curriculum improvement, PD, parent/family engagement, S-E supports, coaches, social workers, and EC transitions). PEEA priorities align with the PDG B-5 activities identified for implementation in this proposal.

Projected Funds for Each Required Activity: Below in Budget Table 2 is a summary of funds for the five required PDG B-5 Activities, the Program Performance Evaluation Plan (which includes implementation reporting and data system planning activities) and State technical assistance activities leading to successful implementation of grant requirements.

Sustainability Plan: As described in Section 7, p.59-61, NJ has a strong record of sustainability and we fully intend to identify/solidify ongoing sources of support for key components of this

PDG B-5 project. In Column 4, Budget Table 2 provides a credible preliminary plan to sustain key activities by each of the IPG department leads.

BUDGET TABLE 2. PDG B-5 Funding Allocations for Required Activities

PDG Priority Activities	Activity Lead	Federal Funds	Sustainability Plan
Activity One-Needs Assessment	DCF	150,000	Does not apply - ends 2019
Activity Two - Strategic Plan	DCF	150,000	Does not apply - ends 2019
Activity Three-Parent Choice/Knowledge DCF – a) CI, b) CCYCs & c) SPAN DOH – CHWs DOE – <i>Early Years</i> Dual Lang. Learners	DCF for a), b,) c) DOH DOE	\$3,639,000 \$1,669,500 \$ 300,000	DCF-Family First Act (pending) DOH-Title V or State funds DOE – PEEA State funds
Activity Four - Sharing Best Practices a) S-E - Pyramid Model & IMH T/TA b) Business TTA & Shared Services c) GNJK-TA, Standards d) Dual Lang. Learner TTA	DHS for a), b), c) DOE for d)	\$2,900,000 \$ 300,000	Sustainability for all components will include joint decisions-- DHS and/or DOE funding source CCDBG and/or PEEA funds
Activity Five - Overall Quality Data: DOE – NJ EASEL; DOH – SPECT; DHS- a) NJCCIS & b) LMS	DOE-NJ EASEL DOH-SPECT DHS-NJCCIS	\$4,000,000 \$ 50,000 \$1,115,000	Early Learning Commission DOH- DOH Title V to maintain SPECT DHS-CCDBG to maintain NJCCIS
Program Performance Evaluation Plan - Implementation Report/Data Planning	DCF with JHU & IPG partners	300,000 (2%)	PPE will end when grant ends. IPG to develop ongoing CQI.
State-level TA for implementation PDG B-5 requirements: <i>Overall TA+CCYC TA</i>	DCF lead agency	721,900 (4.8%)	When funds end, TA functions to be subsumed by activity leads.

BUDGET JUSTIFICATION NARRATIVE with Line-item Budget Detail For Year One

A. PERSONNEL / SALARY: **PDG B-5 Request = \$0**

- 1) Lenore Scott will serve as the Project Director (PD) (12-month, minimum of 10%). As Administrator for the Office of EC Services. She will provide high-level administrative oversight of the grant and will guide the work of the PDG B-5 Project Coordinator. She participates on the Interdepartmental Planning Group (IPG) and joins the DCF Commissioner at the Early Learning Commission meetings. Lenore will ensure that cross-sector program/ data recommendations are integrated with state departments and other key EC partners.
- 2) Daniela Guarda, EC Systems/CQI Manager, *See detail in Line F, Item 1 (MSU).*

Note: Both individuals serve important roles for implementation of this grant. In-kind personnel costs are not quantified because state funds for these staff are applied to other federal initiatives.

B. FRINGE BENEFITS: **PDG B-5 Request = \$0**

Costs for fringe benefits for Project Director are in-kind to the grant.

C. TRAVEL: **PDG B-5 Request = \$1,150**

Out-of State Travel costs will be charged here for Project Director to attend PDG B-5 meeting in Washington, DC. Costs are estimated at–hotel (\$250/night x 3 nights), train (\$200 R/T), and Meals/incidentals (\$200 meals, train parking, taxi). *NOTE: If permitted by ACF, NJ will bring a team of 6 people to the Washington, DC meeting--travel costs are included in agreements for the Project Coordinator and other NJ departmental partners (DOE, DOH, DHS & DOL).*

D. EQUIPMENT: None requested **PDG B-5 Request = \$0**

E. SUPPLIES: None requested **PDG B-5 Request = \$0**

DCF in-kind for office supplies, copies, printing costs, etc.

F. CONTRACTUAL:

PDG B-5 Request = \$4,960,000

Implementation Notes: Since PDG B-5 funds are limited to an initial one-year commitment, DCF will use its *existing contracting structure* to expedite start-up and implementation for project oversight & selected core activities. DCF is fully compliant with NJ’s state procurement process. All contracts are on file in DCF and available to ACF upon request.

1. State Technical Assistance Contract - Montclair State University (MSU) \$499,565 (see Budget Table 3). DCF has a framework in place to quickly execute this contract with MSU for PDG B-5 project staff support. [DCF also contracts with MSU for CCYC state TA support.] Staff include:

- a) EC Systems/CQI Manager, Daniela Guarda (*minimum of 0.10 FTE in-kind*) (Section 2, p. 41). She will provide administrative back-up support to the Project Director (co-PD); and Data/CQI support to the Project Coordinator (vacant) & Data Manager (vacant). She participates on the IPG, leads HV CQI with JHU evaluators, and represents DCF on the NJCYC Data Committee. She will work collaboratively to initiate/advance the work of this project.
- b) PDG B-5 Project Coordinator, Vacant 1.0 FTE-100% grant fund (Section 2, p. 41). To coordinate state-level activities and oversee the planning & implementation of all aspects across state and local partners. The Coordinator will participate on the IPG and ensure collaboration with all PDG B-5 activities as outlined in this Project Description proposal.
- c) Data Manager, Vacant, 1.0 (Section 2, p.42) – to provide TA support and ensure compliance from each partner for accurate/timely data collection/reporting on contract deliverables.
- d) Fiscal Manager, vacant 1.0 (Section 2, p.42) - to set up/maintain tracking spreadsheets that align deliverables with financial data; provide TA support and ensure compliance from each partner for accurate/timely financial reporting on contract agreements.
- e) Program Assistant, Vacant, 1.0 FTE, (Section 2, p.42) assists with day-to-day operations, meeting scheduling, minutes and notes, and data collection/reporting support. She leads the Central Phone Line Workgroup, and provides staff support for other ICHC workgroups to keep tasks on schedule. She will have an important role to keep track of status and reporting requirements for the five participating CoIIN place-based communities.

In addition to personnel, the MSU budget request includes travel and program related expense as detailed below. MSU is a state educational agency with a fringe rate of 45% that mirrors DCF and other state agencies since it includes state pension costs [itemized fringe = FICA 7.65%, health/dental insurance 23.99%, taxes, unemployment & disability insurance 0.6%, Workers Comp 0.6%, retirement plan 12.16%]. Costs for this component are itemized as:

BUDGET TABLE 3. PDG B-5 State TA (1-year contract - Montclair State University)

MSU Budget Detail-Project Management TA	Salary	Fringe (45%)	Total
Personnel: CQI Manager, D. Guarda (0.10 FTE)	in-kind	in-kind	\$0
Project Coordinator - Vacant (1.0 FTE)	\$85,000	\$38,250	\$123,250
Data Manager - Vacant (1.0 FTE)	\$80,000	\$36,000	\$116,000
Fiscal Manager - Vacant (1.0 FTE)	\$75,000	\$33,750	\$108,750
Program Assistant - Vacant (1.0 FTE)	\$65,000	\$29,250	\$94,250
Travel: Local In-State (based on current monthly travel of \$200pp/month [itemized as \$100/mo. for mileage reimbursement (\$.32/mile) / \$100/mo. for parking & tolls] x 4			\$9,600
Travel: Out-of-State (PDG grant meeting) [itemized as \$1150pp x 2 staff x 3-days in Washington, D.C (hotel-\$250/da, train-\$200 r/t, meals/incidentals//taxi-\$200)			\$2,300
Sub-Total Direct Costs:			\$454,150
Indirect: (agency charge of 10% of direct costs)	0.1		\$45,415
Contract Total:			\$499,565

2. CCYC State TA Oversight: PDG B-5 funds \$222,335 per year are requested for a 12-month continuation of an existing contract component with MSU for State Oversight of the CCYCs. As itemized in Budget Table 4 below, the staff listed below oversee county-level contracts that are already operational. These TA staff work out of the DCF main office; and are accountable to Lenore Scott, OECS Administrator/PDG B-5 Project Director.

BUDGET TABLE 4. CCYC State TA Funds by Object Class Categories

MSU Budget Detail--County Council TA (DCF)	Salary	Fringe	Total
Personnel: S. Budka (1.0 FTE) SF/CCYC State Coordinator	in-kind	in-kind	\$0
B. Tift (1.0 FTE), SF/CCYC Regional Specialist	\$65,000	\$29,250	\$94,250
D. Johnson (1.0 FTE), SF/CCYC Region Specialist	\$65,000	\$29,250	\$94,250
Travel: In-State (based on current monthly travel of \$240pp/month) [itemized as \$120/mo. for mileage reimbursement (\$.32/mile)//\$120/mo parking & tolls]			\$5,760
Supplies: \$1,200 (\$50pp/month x 2 staff) and Resource Materials (miscellaneous = \$1,714)			\$2,914
Other: Parent Stipends for state meetings/events (20 parents @ \$25/pp x 10 events/year)			\$5,000
Sub-Total Direct Costs:			\$201,610
Indirect: (agency charge of 10% of direct costs)	0.1		\$20,161
Contract Total:			\$222,335

3. County-Level CCYC Implementation Contracts: \$1,669,500 in PDG B-5 funds are requested to enable NJ/DCF to continue current operations of county-level partners. These local partners help engage parents in the community (funded by RTT-ELC & developed over the past 4 years). Funding to maintain/sustain this component is in development, but has been delayed due to recent NJ State Government and departmental transitions. We are optimistic that sustaining funds will be forthcoming; and appreciate ACF support as we explore viable options for further development of the CCYCs & stronger parent leadership. Each of 21 counties receives a small grant. PDG B-5 enhancements include funds for parent stipends & limited supports, such as, transportation and child care to attend key meetings. CCYC projected costs are itemized in Budget Table 5 below based on current budgets--21 counties @ \$79,500 - \$1,669,500.

BUDGET TABLE 5. CCYC Local Grant Funds by Object Class Categories

Personnel--Salary + Fringe: [1.0 FTE Local Coordinator hired at the local level]	\$75,000
Travel: - based on average of \$125/month for mileage & parking	\$ 1,500
Other: Parent Stipends [\$25/event (meeting/activity) x 10 events/year x 12 parents]	\$ 3,000

4. SPAN (Statewide Parent Advocacy Network): \$100,000. PDG B-5 funds will continue Parent Leadership Development that is currently funded by RTT-ELC. This component aligns with the CCYCs. Projected costs in Budget Table 6 below are itemized based on current budget.

BUDGET TABLE 6. SPAN Grant Funds by Object Class Category:

Personnel--Salary + Fringe: itemized at 1.0 FTE State Parent T/TA Coordinator hired by SPAN	\$85,000
Travel: - based on average of \$200/month for statewide mileage & parking	\$ 2,500
Other: Parent Stipends itemized at \$25/event (training/meeting/activity) x 10 events/year x 50 parents	\$12,500

5. County-Level CI Implementation Contracts: \$1,869,500 of PDG B-5 funds are requested to enable NJ/DCF to build capacity of current county-level CI partners that help engage parents & promote parent choice for needed/desired services. NJ has 21 counties--all with established CI Hubs. Six of these counties were funded by RTT-ELC, and all 21 now have sustaining funds (DCF & DOH). For this request, NJ would like to build capacity to engage CCDF partners (local CCR&R & ECE mixed-delivery providers). *Equally important* for reaching vulnerable B-5 parents/families, is expansion of a DCF pilot that provides consultation to CPS workers, with a

special emphasis on B-5 infants/young children upon initial referral to CPS. We appreciate ACF support as we development this component further with parent & provider input. Each of 21 counties will receive grant funds to expand capacity and will work closely with the CCYC, CHWs, and SPAN on collective impact. PDG B-5 enhancements will support 1.0 FTE additional staff person at CI with EC credential. Projected Costs are itemized in Tables 7A/7B below based on current budgets--21 counties @ \$79,500 each--\$1,669,500--and other supports itemized below:

BUDGET TABLE 7A. CI Hub Local Grant Funds by Object Class Category:

Personnel--Salary + Fringe: itemized at 1.0 FTE I/EC Specialist hired at the local level	\$75,000
Travel: - based on average of \$125/month for local mileage & parking	\$ 1,500
Other: Parent Stipends itemized at \$25/event (training/meeting) x 10 events/year x 12 parents	\$ 3,000

In addition, five of the current CI counties will receive one-time funds (total of \$200,000) for participation in the NJ PDG B-5 Program Performance Evaluation Plan (next subsection):

BUDGET TABLE 7B. CI Sites participating in PPE by Object Class Category

Other: CI Hubs participating in the Program Performance Evaluation Plan--5 counties x \$40,000 each	\$200,000
--	-----------

Note: DCF will make final determination for ALL individual budget/contract approvals.

6. Program Performance Evaluation (PPE) Plan: DCF has worked with the Johns Hopkins (JHU) School of Public Health (Anne Duggan, Principal Investigator) in MIECHV & other related EC initiatives--ECCS Impact & Project LAUNCH (end 8/31/18). To facilitate & expedite the process for this 12-month project, DCF will amend its current contract with specific deliverables for 3 core PDG B-5 activities/components: a) Activity 1: Needs Assessment update - \$150,000 to be completed by 4/1/19; b) Activity 2: Strategic Plan update - \$150,000 to be completed by 4/1/19; and c) Program Performance Evaluation Plan - \$300,000 to be completed by 12/16/19 [Note: The PPE shall address ACF requirements for *implementation reporting* and *data system planning activities*.] Itemized costs below are based on our prior work developing evaluation design & processes with input/buy-in from local stakeholders, including parent partners.

BUDGET TABLE 8. JHU Funding Object Class Categories & itemized costs:

Personnel Detail	Role	Effort	Cal Mos	Annual Salary	Salary Request ¹	Fringe ²	Total
Anne Duggan	Principal Investigator	10%	1.2	\$189,600	\$18,960	\$6,446	\$25,406
Cynthia Minkovitz	Co-Principal Investigator	20%	2.4	\$189,600	\$37,920	\$12,893	\$50,813
Allison West	Co-Investigator	20%	2.4	\$119,635	\$23,927	\$8,135	\$32,062
Anne Lilly	Co-Investigator	60%	7.2	\$75,750	\$45,450	\$15,453	\$60,903
Alexandra Lilli	Data Analyst	40%	4.8	\$55,997	\$22,399	\$7,616	\$30,015
Jack Dagg	Data Analyst	35%	4.2	\$62,976	\$22,041	\$7,494	\$29,535
Kristen Ojo	Coordinator	40%	4.8	\$63,083	\$25,233	\$8,579	\$33,812
Marc Cavella	Coordinator	75%	9.0	\$59,572	\$44,679	\$15,191	\$59,870
TBD	Research Assistant	100%	12.0	\$50,500	\$50,500	\$17,170	\$67,670
TBD	Research Assistant	100%	12.0	\$50,500	\$50,500	\$17,170	\$67,670
Liza Mohamed	Project Manager	20%	2.4	\$77,502	\$15,500	\$5,270	\$20,770
Personnel-Salary and Fringe (cost detail above; roles detailed below)					\$357,109	\$121,417	\$478,526
Travel	Details below						\$16,929
Supplies	Details below						\$20,000
Other	Details below						\$30,000
Total Direct Costs							\$545,455
Indirect Costs	@ 10% of Direct Costs						\$54,545
TOTAL							\$600,000

¹ If salary exceeds the federal cap, salary request is based on the federal salary cap. ² Fringe benefit rate is 34%.

Personnel: **Four faculty** will share responsibility for direction of activities and will share in dissemination of methods and results. 1) Anne Duggan, ScD will oversee all aspects and direct the Project Performance Evaluation, from design through implementation and dissemination. 2) Cynthia Minkovitz, MD, MPP will lead all aspects of the Needs Assessment/Strategic Plan from design through implementation & dissemination. 3) Allison West, PhD will contribute to methods design for all 3 activities. She will direct day-to-day activities of the PPE and draft its reports. 4) Anne Lilly, MSPH will contribute to methods design for all 3 activities. She will direct day-to-day activities of the Needs Assessment and Strategic Plan and draft their reports.

Seven senior staff & support staff will carry out project tasks. 1) Alexandra Lilli, MPH, will design and conduct administrative data matching and analyses involving administrative data sets and primary data. 2) Jack Dagg, MA, MS, will design and conduct administrative data matching and analyses pertaining involving SPECT, HV MIS, and MIS of other services. 3) Kristen Ojo, MSPH will coordinate synthesis of needs assessments and activities to facilitate development of the stakeholder-driven strategic plan. 4) Marc Cavella, MPH, will oversee day to day fieldwork for primary data collection for all aspects of the project. 5) 2.0 FTE Research Assistants TBD will assist in archival review of needs assessments, primary data collection and management, and preparation of reports. 6) Liza Mohamed will oversee financial & fiscal management of project.

Travel: \$16,929 for staff travel of three types: 1) \$15,120 for out-of-state travel by Baltimore-based team members to New Jersey (primarily Trenton) to meet with project stakeholders [6 one-day trips per month combined for PI/Co-PI/Co-Is @ \$210 per trip to cover train fare (\$160), cab (\$20) and breakfast/lunch/incidentals per diem (\$30)]; 2) \$255 for Dr. Duggan to attend the 3-day PDG B-5 grantee meeting [\$85 per day to cover commuter train to DC (\$8), train station parking (\$20), and per diem for meals and incidentals (\$57)] and 3) \$1554 for partial coverage of travel to disseminate methods and results at national professional meetings such as APPAM.

Supplies: \$20,000 is budgeted for laptop computers, printers, scanners and audio- and video-recorders for fieldwork staff; software and office supplies.

Other: \$30,000

- Local Travel: \$5,000 is budgeted for local travel by New Jersey-based members of our team for reimbursement of auto travel to meetings and for primary data collection (approximately 176 miles per week @ \$0.545 per mile).
- Telephone: \$5,000 is budgeted for telephone and electronic communications, including telephone for fieldwork staff communications and transfer of data.
- Participant Remuneration: \$17,000 to reimburse families and early childhood care and education stakeholders not remunerated by the project lead agency to contribute to design of the strategic plan and to provide information for evaluation of project performance.
- IT: \$3000 is budgeted to cover a fifth of annual maintenance and software fees for our team's dedicated secure server, used to store and analyze administrative data.

H. OTHER EXPENSE:

PDG B-5 Request = \$10,037,950

DCF state partners for this initiative include the Departments of Education, Health, Human Services and Labor (non-monetary). The Project Narrative includes a description of their roles & responsibilities as partners (Section 2-p.43). Table 13 on page 44, shows the array of services that relate to NJ's 2-Gen/EC services. [Note: Third-party Memoranda of Agreement for DCF, DOE, DOH & DHS are in effect and on-file from NJ's RTT-ELC grant. These documents will

be quickly updated upon receipt of the NOA from ACF.] Budget Table 9 below provides a summary of the PDG B-5 Activities key components & budget totals for this, by Department.

BUDGET TABLE 9. IPG Department Partners by Object Class Category

Object Class Category	Federal	Non-Federal	Total Budget
h) Other: Interdepartmental Agreements - includes detail on vendors, etc.			
DOE: NJ EASEL (ECIDS) – existing agreements w/ IPG & Office of Information Technology (OIT)	\$4,000,000	\$4.5 million State Match DOE-PEEA	
DOE: Dual Language Learners – DOE will contract with Early Years (WIDA) for TTA resources	\$300,000		
DOE: Travel to DC - itemized same as DCF	\$1,150		
DOE Sub-Total:	\$4,301,150	\$4,500,000	\$8,801,150
DOH: CHWs – existing contracts w/ local county lead agencies, itemized same as CCYC above p.65	\$1,669,500	\$0	
DOH: SPECT data system – amend existing contract w/ Family Health Initiatives	\$50,000	\$0	
DOH: Travel to DC - itemized same as DCF	\$1,150	\$0	
DOH Sub-Total:	\$1,720,650	\$0	\$1,720,650
DHS: NJCCIS Registry - amend existing contract w/ current vendor, the Consultants Consortium	\$1,000,000	\$0	
DHS: GNJK TA & PD - amend existing contracts w/ Rowan (State TA), Regional Centers (TA) & Rutgers (PD)	\$1,000,000	\$0	
DHS: GNJK Standards Revision –amend existing contract with Rowan University	\$200,000	\$0	
DHS: ECE Pyramid Model - amend existing contract with Montclair State University	\$750,000	\$0	
DHS: ECE IMH consultation - amend existing contract with Montclair State University	\$750,000	\$0	
DHS: GNJK LMS – to purchase software package	\$115,000	\$0	
DHS: GNJK Shared Services - TBD	\$200,000	\$0	
DHS: Travel to DC - itemized same as DCF	\$1,150	\$0	
DHS Sub-Total:	\$4,016,150	\$0	\$4,016,150
Total of H. Other Costs	\$10,037,950	\$4,500,000	\$14,537,950

J. INDIRECT CHARGES: DCF in-kind to the grant. **PDG B-5 Request = \$0**

COMMITMENT OF NON-FEDERAL RESOURCES: NJ has met the required 30% totaling \$4.5 million in non-federal resources to support this project as identified in Block 18 of the SF-424. Matching funds from DOE are state dollars from the Preschool Education Expansion Act (PEEA) (p.46-47). NJ will be required to report these funds in the Federal Financial Reports.

PLAN FOR OVERSIGHT OF FEDERAL AWARD FUNDS - As noted in Section 2, p.38-45) NJ has a well-designed staffing plan with DCF as the lead agency responsible for oversight of all PDG B-5 program activities, staff, and partners.

FISCAL CONTROLS AND ACCOUNTING PROCEDURES: DCF will ensure prudent use, proper & timely disbursement, and accurate accounting of ACF funds. Steven Dodson, MBA, is the DCF Chief Financial Officer. Shirlee Siracusa is the DCF Grants Manager with extensive experience managing DCF’s federal grants. For added accountability in PDG B-5, project staff includes a program-level Fiscal Manager who will ensure ongoing fiscal monitoring with each designated partner contract and report to the Project Director (L. Scott) & DCF Finance Office.

As is our practice with other grants, DCF will maintain program spreadsheets that relate financial data to performance data that identifies the funding source & associated activities. DCF program staff work closely with the Finance Office to ensure accountability for funds, compare outlays with budget amounts, and provide accounting records supported by source documentation.