

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text"/> Completed by Grants.gov upon submission.	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/> HHS-2019-ACF-OCC-TP-1567	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text"/> New Jersey Department of Children and Families		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 21-600928	* c. Organizational DUNS: <input type="text"/> 7849955030000	
d. Address:		
* Street1: <input type="text"/> 50 East State Street	Street2: <input type="text"/> 3rd Floor	
* City: <input type="text"/> Trenton	County/Parish: <input type="text"/> Mercer	
* State: <input type="text"/> NJ: New Jersey	Province: <input type="text"/>	
* Country: <input type="text"/> USA: UNITED STATES	* Zip / Postal Code: <input type="text"/> 08625-0717	
e. Organizational Unit:		
Department Name: <input type="text"/> Children and Families	Division Name: <input type="text"/> Family/Community Partnerships	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/> Ms.	* First Name: <input type="text"/> Lenore	
Middle Name: <input type="text"/>	* Last Name: <input type="text"/> Scott	
Suffix: <input type="text"/>	Title: <input type="text"/> Assistant Division Director	
Organizational Affiliation: <input type="text"/> NJ Dept. of Children and Families		
* Telephone Number: <input type="text"/> 609-888-7406	Fax Number: <input type="text"/>	
* Email: <input type="text"/> 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-2019-ACF-OCC-TP-1567

* Title:

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

13. Competition Identification Number:

HHS-2019-ACF-OCC-TP-1567

Title:

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

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 Grant Birth through Age Five (PDG B-5)

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="12,500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* 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="12,500,000.00"/>

*** 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: 50px;" type="text" value="Ms."/>	* 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="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. GOVERNOR'S LETTER (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 21, 2019

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, SW, 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 (EC) 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 and continued in the PDGB-5 Planning Grant to address the priorities of PDG B-5 Implementation grant. The state has a sustained commitment from the Governor's Office along with five state agencies: Education (DOE), Children and Families (DCF), Health (DOH), Human Services (DHS), and Labor (DOL), 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 the PDG B-5 grant. DCF is charged with 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 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 HV services for over 6,000 families in all 21 counties; and operates with braided funding--DCF (Title IVB & State), DHS (TANF) and DOH (MIECHV).

APPENDIX 1. GOVERNOR'S LETTER (page 2 of 2)

- *The NJ Central Intake (CI) System*: DCF and DOH collaborate and co-fund this nationally recognized model that provides a single point of entry to 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 (B-5) 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. NJ Interdepartmental Agreement (DOE, DHS, DOH, DOL, DCF) – 1 page

**Interdepartmental Agreement for the
Preschool Development Grant Birth through Age Five (PDGB-5)**

New Jersey Governor Phil Murphy has authorized the Department of Children and Families to serve as the state lead for the PDGB-5 initiative. PDGB-5 includes senior and program leadership across five state departments: The Department of Children and Families (DCF), the Department of Health (DOH), Department of Human Services (DHS), Department of Education (DOE), and Department of Labor and Workforce Development (DOL), 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 related partners for this project. New Jersey will update and build upon the strategic plan that it is developing through the PDGB-5 planning grant. PDGB-5 is a two-generational approach that focuses on infants, young children, and their parents/ families. PDGB-5 promotes a comprehensive, coordinated early childhood 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:

- *Update the NJ Strategic Plan (DCF) based upon the needs assessment developed through the PDGB-5 planning grant;
- *Support the County Councils for Young Children (DCF) to strengthen local cross-sector early childhood relationships with parents, improve parent leadership, & maximize parent knowledge/choice of available services;
- *Increase Central Intake (CI) capacity (DCF/DOH) to facilitate easier access for parents/families and providers to needed health, behavioral health, social services, childcare options, educational, early intervention, family support, e.g. public assistance, parenting/fatherhood resources, job training, etc.
- *Increase 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 cross-departmental multi-systemic infant and early childhood mental health (DHS, DCF, DOE); 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 and 3 of the NJ EASEL (DOE) the State's early childhood integrated data system.

Support: The federal funding request is for \$12.5 million and requires a match of 30% (\$3.75 million). Each department will contribute in-kind resources through the commitment of program staff time to oversee implantation of designated activities and participate in ongoing IPG and related meetings for planning and implementation. DOE, through Round 2 of the recent Preschool Education Expansion Aid funding, will provide the full state match (i.e. state funds not designated as a match to any other state/federal grants). A 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 Human Services


Carole Johnson, Commissioner

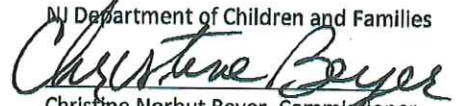
NJ Department of Health


Judith M. Persichilli, Acting Commissioner

NJ Department of Labor & Workforce
Development


Robert Asaro-Angelo, Commissioner

NJ Department of Children and Families


Christine Norbut Beyer, Commissioner

APPENDIX 3. The Johns Hopkins University - PPE Letter of Commitment (1 page)



**Population, Family and
Reproductive Health**

October 29, 2019

RE: Preschool Development Grant Birth through Five, Solicitation # HHS-2019-ACF-OCC-TP-1567
Funding Period - 12/31/19 to 12/30/22; Contract Budget -- \$1,140,000 (\$380,000 per year)

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 and refine 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 PDG, 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 Cynthia S. Minkovitz in blue ink.

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

Handwritten signature of Anne Duggan in blue ink.

Anne Duggan, ScD
Professor
Vice Chair for Research

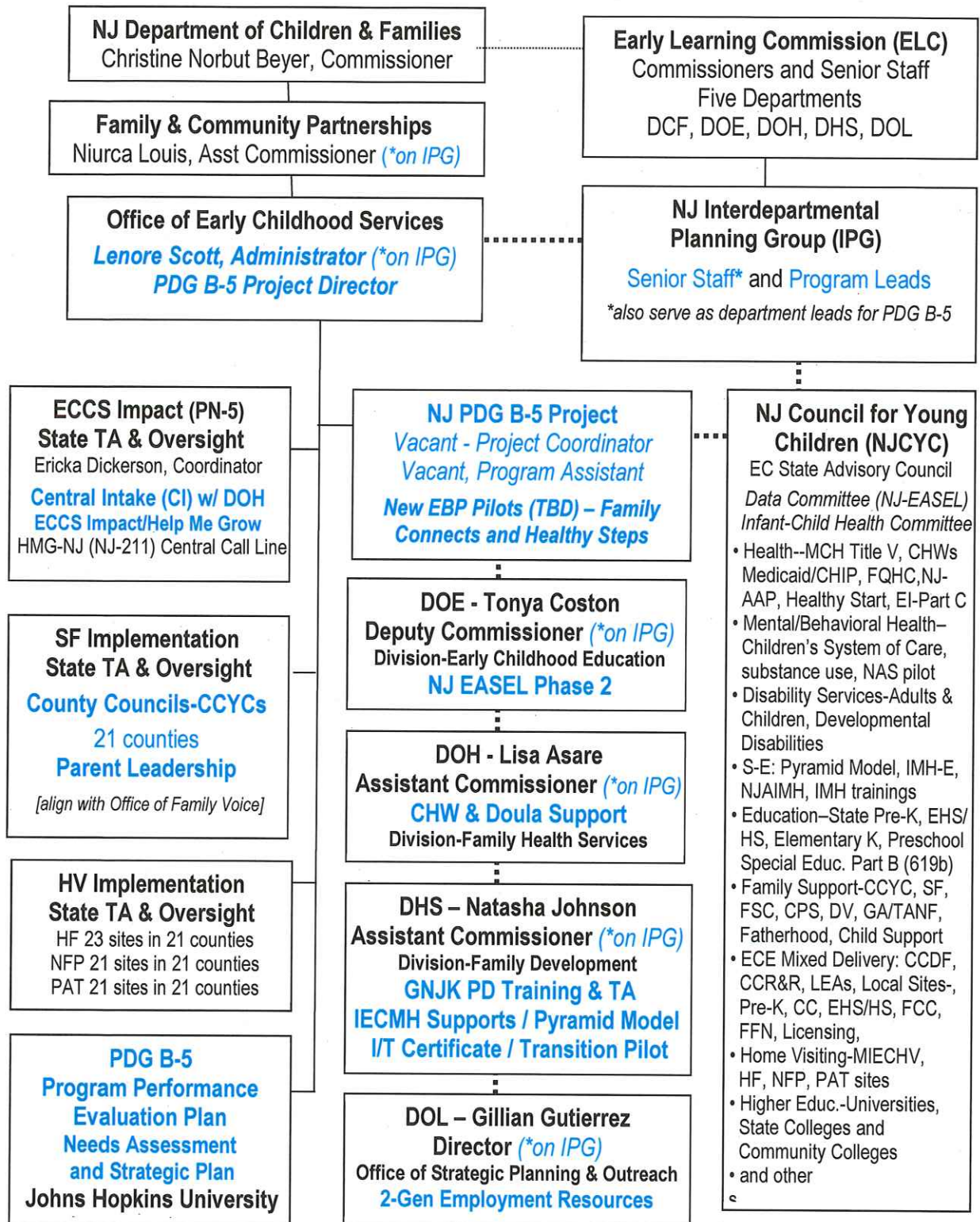
Handwritten signature of Thomas Mattern in blue ink.

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/pfrh

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



APPENDIX 3: Project Timeline & Milestones

	YEAR 1						YEAR 2				YEAR 3			
	M	M	M	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
Years 1-3: January 2020 – December 2022	1	2	3	2	3	4	1	2	3	4	1	2	3	4
DCF-PDG Oversight (Administrative Team): [Director, Coordinator, Program Assistant] internal planning— <i>weekly/monthly</i> ; Initial briefing w/ Commissioner & Gov’s Office, then as needed	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Admin Team meets w/ IPG (DOE/DOH/DHS/DOL/NJCYC) - <i>monthly</i>	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Admin Team updates current MOAs for PDG with IPG dept leads	x	x	x				x				x			
Director, key staff & IPG designees attend PDG Grant meeting in DC		x	x				x				x			
Admin Team meets w/ John Hopkins (JHU) <i>ongoing</i> for planning, implementation & evaluation; also IPG, NJCYC as needed	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Budget mods for current contracts w/ PDG components-- <i>90 days & review monthly</i> (as needed) then <i>quarterly</i>	x	x	x				x				x			x
Fiscal Office set-up grant account-review budget, monitor expenditures	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Admin Team & IPG Leads meet regularly w/ ACF PDG Project Officer	x			x	x	x	x	x	x	x	x	x	x	x
Admin Team meets w/CI, CCYC & CHW leads <i>ongoing</i> for contracts, progress reporting & PDG requirements/monitoring	x	x	x	x	x	x	x	x	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	x	x
Activities 1-2: Needs Assessment & Strategic Plan updates	x	x	x				x				x			
JHU & IPG review needs data/NJ Plan actions to address gaps	x	x	x	x			x	x			x	x		
JHU-NJ Plan data/recommendations to IPG & NJCYC for final input	x	x	x				x	x			x	x		
Coordinator provides PDG updates to <i>IPG monthly / NJCYC quarterly</i>	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Activity 3: Parent Choice & Knowledge (ongoing priorities)														
DCF-CI Hubs build capacity ECE & EC Specialist (existing contracts)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DCF-CCYC build capacity/current contracts (local strategic planning)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DCF Parent Leadership / Develop links to Office of Family Voice	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DOH-CHW build capacity/existing contracts (new Doulas-below)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DHS-develop Communications Plan (<i>NJ Plan</i> recommendations)				x	x	x	x	x	x	x	x	x	x	x
Activity 4: Sharing Best Practices (ongoing priorities)														
DHS-Expand GNJK Training, TA, professional development resources: --IECMH training-endorsement/Pyramid (I/T pilot) (existing contract)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DHS-develop/implement Infant/Toddler Certification & Transition Pilot	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DOH- develop CHW Doula training & support network resources	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Activity 5: Improving Quality-New ECE Programs (ongoing)														
DCF-plan/implement new EBP models--Family Connects/Healthy	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DOH-expand Doula in high risk communities (Medicaid waiver)	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DOL-develop 2-Gen Outreach to Parents B-5 at county One-Stop sites	x	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	x	x	x	x	x	x	x
Activity 6: Monitor/Eval/CQI & Program Performance Evaluation														
NJ-EASEL updates IPG data sharing agreements/ <i>review annually</i>	x	x	x				x				x			
DOE-Longitudinal Outcome Data: Continue NJ EASEL Phase 2	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Program Performance Evaluation Plan: (ongoing priorities)														
JHU meet w/IPG - CQI data indicators (e.g. SPECT, GNJK, HV, etc)	x	x	x				x	x			x	x		x
Use CQI to inform PDG work--CI referrals, I/T focus, etc.	x	x	x	x	x	x	x	x	x	x	x	x	x	x
DCF to oversee CQI activities for CI hubs	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Diseminate PDG reports and materials annually , and as needed				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 Outcomes	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, Proj. HOPE, Family Voice DHS DFD-TANF, GA, CCDBG, Child Support, Medicaid/FamilyCare, SNAP, Fatherhood, MH/Addictions, DDD DOE –PreK, PEA, Head Start/EHS Special Ed-IDEA Part B (619) DOH-Title V MCH, WIC, HV, CI, CHW Doula, EI Part C, Newborn Screens, Special Child Health, Lead Poisoning, DOL – TANF/GA work 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: NJCYC, CCYC, Family Voice, Project HOPE, SPAN</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*: JHU for updated Need Assessment/ NJ Plan (2/29/20) NJ-EASEL Phase 2 in-process Prgrm. Perform. Eval. (PPE) Plan</p>	<p>Activities 1 & 2: JHU annual 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>Activity 3: Provide guidance & support for local EC infrastructure-building—CI, CHW-Doula, CCYCs, Family Voice (OFV). Ongoing, open communication w/ parents & state/local EC stakeholders. Promote parent knowledge & choice in ECE; Parent Leadership training. Grow CCYC parent partners. Align w/ NJCYC & OFV. 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 data to refine the CQI process & promote accountability in CI.</p> <p>Activities 4 & 5: Align IPG/EC priorities thru collaboration & integration. Expand GNJK-QRIS. Revise Quality Standards, as need. Refine PD trainings & regional TA to ECE providers for strong/integrated workforce. Expand IECMH/Pyramid w/clinical consults Pilot GNJK Transition training/assessment Issue I/T Certificate for career lattice New EBPs-Fam. Connects/Healthy Steps DOL-2-Gen employment outreach/support</p> <p>Activity 6: Continue NJ-EASEL (Phase 2+) to assess progress & support long-term eval. Renew NJ data sharing agreements. PPE Plan with CQI focus.</p>	<p>NJ shared vision/priorities reflected in EC state partner decision-making; and alignment w/ related initiatives. Goal 1: Quality EC Services- I/T focus, IECMH/Pyramid, ECE Transition, new EBPs, CI-CQI/PPE planning. State/ local ECE input in GNJK systems standards, ratings, monitoring. State/local partners continue PD quality efforts (Goal 6). Goal 2: Equitable Access-Affordable Services: expand GNJK supports, Pre-K slots/PEA, inclusion, culturally responsive/ESL, KEA; locate \$\$ for facility assessment. Fully responsive CI hubs/improved serv. coordination w/link to SE/IMH support/consultation Goal 3-Collaboration&Partnership-strengthen current NJ structure, add DCA, AG, other; All stakeholders, including parents, participate in state/local planning activities Goal 4: Communication/Awareness-unified EC marketing plan for definitions/shared vision; services. Goal 5: Parent Involvement & Leadership-Fully responsive CCYCs w/ active parent involvement, Parent Leadership Training participation. Culturally responsive EC services. Goal 6: Workforce Development-GNJK PD opportunities, include I/T cert, IECMH/Pyramid, Transition. Data/PPE: NJ-EASEL Phase 2.</p>	<p>High quality ECE is readily available PN-5 – consumer demand rises, increase I/T & Pre-K slots & related EC options-HV/EBP/CHW/Doula Efficient EC providers use shared business practice. Easy PN-5 access/choice via integrated CI network w/links to local partners CHW/Doula, HV, EBPs, EHS/HS, CCYC, CCR&R (Center/FCC), CWA, Special Needs, Health/BH, & Family Supports-DOL 2-Gen. EC system reflects the needs & priorities of parents/families & other stakeholders (CCYCs/Family Voice). Reduce/ultimately eliminate PN-5 disparities in early learning, health, child welfare, economic stability & family success outcomes. Children are <i>Ready to Learn</i> at K/Elementary. B-5 children & families, & communities are healthy and prosperous. NJ EASEL is fully functional. Unique child identifiers and longitudinal data aid in ECE analyses; and drives EC programming, policy & funding decisions.</p>	<p>DHS: GNJK data NJCCIS-ECE workforce data PD, TA GNJK Ratings CCDF data Market Rate study TANF/GA Child Support</p> <p>DOE: NJ-SMART Preschool Exp. EHS/HS data Part B (619) NJ EASEL</p> <p>DOH: MCH data SPECT--for CI referrals, CHW outreach, PN (PRA) data. Birth data, EIS Part C, SCHS/ Autism Registry</p> <p>DCF: Licensing, CCYCs, HV (HF, PAT & NFP), FSCs, Child Welfare</p> <p>DOL: to be developed</p>

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

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. PDG B-5 Renewal Grant	93.434	\$ 12,500,000.00	\$	\$	\$	\$ 12,500,000.00
2. Non Federal Budget	93.434		3,750,000.00			3,750,000.00
3.						
4.						
5. Totals		\$ 12,500,000.00	\$ 3,750,000.00	\$	\$	\$ 16,250,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) PDG B-5 Renewal Grant	(2) Non Federal Budget	(3)	(4)	
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	1,150.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	1,150.00
d. Equipment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	5,123,020.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	5,123,020.00
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other	7,375,830.00	3,750,000.00	<input type="text"/>	<input type="text"/>	11,125,830.00
i. Total Direct Charges (sum of 6a-6h)	12,500,000.00	3,750,000.00	<input type="text"/>	<input type="text"/>	16,250,000.00
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ align="right">12,500,000.00	\$ align="right">3,750,000.00	\$ <input type="text"/>	\$ <input type="text"/>	\$ align="right">16,250,000.00
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	PDG-5 Non Federal Budget (in kind)	\$ <input type="text"/>	\$ 3,750,000.00	\$ <input type="text"/>	\$ 3,750,000.00
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)		\$ <input type="text"/>	\$ 3,750,000.00	\$ <input type="text"/>	\$ 3,750,000.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 12,500,000.00	\$ 3,125,000.00	\$ 3,125,000.00	\$ 3,125,000.00	\$ 3,125,000.00
14. Non-Federal	\$ 3,750,000.00	937,500.00	937,500.00	937,500.00	937,500.00
15. TOTAL (sum of lines 13 and 14)	\$ 16,250,000.00	\$ 4,062,500.00	\$ 4,062,500.00	\$ 4,062,500.00	\$ 4,062,500.00

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.	PDG B-5 Renewal Grant	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17.	Non Federal Budget	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: <input type="text"/>	22. Indirect Charges: <input type="text"/>
23. Remarks: <input type="text"/>	

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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.

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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>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>

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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:**

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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.nj.gov
Web Site Address: www.state.nj.us/dcf

Brief Description of Proposed Grant Project: New Jersey’s PDG B-5 project is a 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’s early childhood partners will continue ongoing needs assessment/strategic planning effort begun during the initial PDG 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) finalize the strategic plan based upon a comprehensive needs assessment process; b) support further development of Central Intake Hubs with links to Community Health Workers/Doulas to facilitate easier access for families & 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. TANF, WIC, Family Success Centers, parent/father support, job training, etc.), or other needed health, educational or social services); c) realign 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, i.e. 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 through 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.

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SECTION 1. EXPECTED OUTCOMES

New Jersey (NJ) is pleased to submit a renewal application for the *Preschool Development Grant Birth through Five (PDG B-5)* from the US Department of Health & Human Services (US-DHHS), Administration for Children & Families (ACF), Office of Child Care. NJ continues its collaboration among 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 \$12.5 million in funding support for PDG B-5 to advance our work in building and aligning state/local maternal-child health (MCH), early childhood (EC), and early care and education (ECE) programs and resources for an integrated system of care--prenatal (PN) through age five. This proposal embodies the PDG B-5 priorities focusing on existing services within our nationally recognized mixed delivery ECE system. **Expected Outcomes include:**

- Implementing a revitalized *NJ Plan* (strategic plan) based on the updated needs assessment that applies a two-generational (2-Gen) approach & guides our work over the next 3 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*
- Engaged/knowledgeable parents with links to a full range of PN to Age 5 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 childcare (CC); ECE to kindergarten (K) & elementary school—*measured by parent/provider feedback*
- Increased ECE operating & cost efficiencies—*measured by ECE program & budget data.*

SECTION 2. APPROACH – ACTIVITIES ONE THROUGH SIX

2.1 ACTIVITY ONE: PDG B-5 Statewide Needs Assessment

Status and Findings: Over the prior nine months, NJ conducted a comprehensive Needs Assessment process led by Johns Hopkins University (JHU) in collaboration with the Interdepartmental Planning Group (IPG), which includes representatives from DOE, DHS, DCF, DOH, DOL; the NJ Council for Young Children (NJCYC), the state EC advisory committee (SAC); and the NJ Child Care Advisory Council (NJCCAC). The NJCYC, in but not of the NJ DOE, ensures alignment and coordination of early childhood priorities, programs and services and across the state. The NJCCAC, operating out of DHS, focuses on issues surrounding subsidized CC and helps inform & make recommendations for the Child Care Subsidy Program. The IPG provided oversight of the review and analysis of over 50 existing state and local needs assessments that relate to service priorities within the B-5 system of care. As a group, prior needs assessments had a broad scope that spanned the accessibility, availability and quality of services across the state. These existing reports had a focus on vulnerable underserved young children and their families. The process was complex and took longer than originally planned, with a near-final draft completed October 2019 in-time to contribute to this PDG application. Key aspects of the process and findings are described in subsections below.

Vulnerable / Underserved Children, and in Children in Rural Areas and Key Terms: Table 1 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.

Table 1: Key Terms & Definitions Note: *Acronyms in this table are also used in the narrative.*

a) Early Childhood - Birth to Age five (EC)	Throughout this document NJ’s EC definition includes all aspect of MCH--pregnancy, postpartum, interconception, preconception, parenting (includes fathers) & family support--especially HV, Early Head Start (EHS), Head Start (HS), CI, CHW, Doulas & other ECE.
---	--

b) High Quality Early Childhood Care & Education (ECE)	<p>-Provision of care in a safe & nurturing environment that optimizes a child’s early learning (EL) and leads to school readiness--regardless of the setting.</p> <p>-Caregiver/parent understand infant/toddler/child growth & development— physical, social-emotional (S-E) & intellectual development.</p> <p>-Mixed delivery ECE, i.e. licensed CC center (private/nonprofit/faith-based), Child Care Resource & Referral (CCR&R), EHS/HS, local education authorities (LEA), school districts, registered Family Child Care (FCC), HV; and Individuals with Disabilities Education Act (IDEA) Parts C & 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 (not limited to) eligible for State-funded Preschool (Pre-K), EHS/HS, CC Development Block Grant (CCDBG), CC Development Fund (CCDF)-subsidized child care, HV, Title I, General Assistance (GA), Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA), Medicaid, NJ FamilyCare (Child Health Insurance Program), Supplemental Nutrition Assistance Program (SNAP), Women/Infant/Child Supplemental Nutrition Program (WIC)</p> <p><u>Special Educational Needs</u>: children/families participating in IDEA Part C Early Intervention (EI) & Part B (619) Preschool Special Education</p> <p><u>Special Medical/Health Needs</u>: medically compromised children, parents w/ special medical, behavioral health (BH), addiction, mental health (MH) &/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><u>Special Circumstances</u>: military families, parent incarceration, migrant families, children/families with transportation barriers, families with English as a second language (ESL) or other communication barriers; socially isolated children/families w/ limited supports.</p>
e) Children in Rural Areas	NOTE: 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 vulnerable families with similar challenges and barriers to access.

NJ’s needs assessment provides data summaries & state/county/municipal maps, as available, for vulnerable, high need populations--Table 1, Row d. NJ population data is in Table 2A-B below.

Tables 2A and 2B: NJ’s Vulnerable Target Populations - Birth Through Age Five

TABLE 2A. 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 2B. 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%

Current ECE Quality & Availability including Vulnerable, Underserved & Rural Populations:

As a prior Race to the Top-Early Learning Challenge (RTT-ELC) recipient (2013-2018), NJ has a strong emphasis on improving quality & availability within a continuum of ECE services with

a particular focus on reaching vulnerable, underserved and rural populations. The updated needs assessment identifies five priorities within the state's ECE system. The full report provides State data for each program & county-level data for HV, CC, Pre-K and K services; and will summarize HS/EHS data as well. A brief summary of findings follows: (1) Home Visiting: NJ's predominant evidence-based (EB) programs are Healthy Families (HF), Nurse-Family Partnership (NFP), and Parents as Teachers (PAT). These comprehensive long-term HV models are available to families in all 21 counties. HV is supported with blended funds from the federal Maternal, Infant/Early Childhood Home Visiting (MIECHV) Program, along with state funding and other federal sources (TANF, Title IVB). HV models differ on eligibility, but *all* target low income, at-risk pregnant women/parents & families (B to age 3), providing a combined statewide total of 4,801 slots. Local programs served 5,700 unique children in FY2018. In NJ, EHS-HV has 658 in-home slots in 12 counties. (2a) Child Care: NJ licenses CC centers & registers FCC providers within the ECE system, serving 386,582 children in licensed CC centers and 1,482 children in registered FCC. Licensing (DCF) does not track filled/available CC slots by child age, thus impeding determination of unmet need by age. (2b) Head Start/Early Head Start offers EL, health & family support for children in families at or below the federal poverty level (FPL). In 2018, 26 HS centers had 12,069 slots for children ages 3-5 years, and 29 EHS programs had 2,960 center-based slots for birth to 3 years. (2c) Grow NJ Kids (ORIS) works to assess/improve ECE quality across the state. GNJK rates five aspects of quality: 1) Safe, Healthy Learning Environments; 2) Curriculum & Learning Environment; 3) Family & Community Engagement; 4) Workforce/Professional Development; and 5) Administration & Management. To receive a 3-, 4- or 5-star rating, programs must meet certain requirements in observation scores, training & environment scales. GNJK enrolls licensed center- and school-based CC

programs, HS/EHS & registered FCC providers. A total of 1,774 center-based programs & FCC providers have enrolled in GNJK since its inception, and 1,222 remain active participants. Of these, 220 centers and 37 FCC programs have earned ratings of 3, 4, or 5 stars. GNJK provides training & incentives to improve the quality of programs. The GNJK website is a vehicle for communicating levels of quality to parents & the interested public. In 2018, to promote/reward quality, GNJK implemented tiered reimbursement, i.e. higher-rated programs serving children with subsidies receive a 4-24% range increase in reimbursement. [Note: Full needs assessment provides more detail/analysis of CCDF subsidy rates in NJ.] (3) *Preschool*: Pre-K expansion for 3- and 4-year olds is a priority for Governor Phil Murphy, with a recent award of 28 new school districts in September 2019. This effort is a part of a \$68 million allocation in the state budget under the Preschool Expansion Aid (PEA) program. NJ has expanded mixed delivery preschool in 104 school districts. For the 2019 school year, Pre-K enrollment for all state-funded programs totaled 59,515 children. (4) *Kindergarten*: About 85% of NJ's 5-year olds are enrolled in K with about 90% of these children in full-day programs (n=480 school districts). Of the 40 districts that still offer only half-day K services, 43% intend to move forward within 3 years (source: 2018 DOE school district survey). (5) *Systems Infrastructure to Support High Quality Service*: Parents must have easy access to an accessible, comprehensive & culturally competent EC system that informs/empowers families & caregivers while supporting the health/developmental needs of each child. Central Intake facilitates enrollment of high-risk children & families in MCH services (all 21 counties). Each county hub provides a single point of entry for family access a wide array of PN-5 community services. See Section 2.3, p.28 for detail on CI process & resources links.

Unduplicated Count of Children Served in Existing Programs & Awaiting Services: NJ has an accurate count of unduplicated children receiving services across mixed delivery settings. At

present, data is tracked by each individual program & reported to state agencies. These counts will become available through the state's EC Integrated Data System (ECIDS), NJ-EASEL (NJ Enterprise Analysis System for Early Learning), once it is fully operational. There is no waiting list for NJ's CCDF program. However, geographic variations affect whether available childcare slots are conveniently located, especially for infants & toddlers (e.g. sparsely populated counties typically have fewer ECE providers). ECE applications through local CCR&Rs have an estimated 10-day turnaround for review, screening & determination. Due to family preference/consumer demand and lower disenrollment, HS/EHS sites generally have lengthy wait lists.

Gaps in Data/Research about EC Quality & Availability of Programs/Supports Considering Needs of Working Families & Those Seeking Employment or Job Training: NJ's identifies four gaps related to quality/availability for this population. (1) Programs & Support for Children with Special Family Circumstances (military service, incarceration, migrant status, homelessness, or language & transportation barriers): Currently, there is no central data reporting of special circumstances that directly affect children's well-being & readiness to learn. Current reports are based on data collection by individual programs, which often result in an incomplete (under-counted) picture. The NJ-EASEL data system will ultimately help address these gaps. (2) Shared Understanding of ECE Definitions: State partners recognize that the robust array of 2-Gen programs in NJ that serve and support pregnant women, infants, young children and their parents/families will continue to have differing missions and priorities. Therefore, our collective impact efforts must continue to focus on building a greater shared understanding—including families & policymakers—of NJ's vision, and key definitions for vulnerable populations & high quality ECE within a 2-Gen framework. (3) Availability of MH Services for Young Children: NJ has had success in raising awareness and providing training resources that convey the importance

of a dyadic approach for infant/early childhood mental health (IECMH) across sectors—ECE, MCH, BH, EI, special education, social services, child welfare, family support, etc. Despite our progress, there is general agreement about the insufficient supply of clinical IECMH services for NJ’s youngest children & their families. NJ prohibits suspension or expulsion of students enrolled in a district preschool (PL 2016, Chapter 45: 18A:37-2c), yet EL centers lack sufficient resources to support children with BH needs. Similarly, Head Start Performance Standards and CCDF Subsidy Program policies prohibit expulsion & denial of services due to children’s behavior. [Note: Survey results to be released late-2019 will assess availability of psychologists serving children B-5 and will be viewed in the context of another recent survey of 368 private preschool programs regarding expulsions & BH needs.] See Section 2.4, p. 38-39 & Bonus 11.2, p. 66-67, for plans to address this need. (4) CC Demand, Affordability, Locations & Slots: Reports assessing affordability of CC make varied assumptions about numbers of parents in the labor force seeking care from licensed CC or registered FCC providers. In reality, the extent to which parents do not seek care due to lack of options (i.e. convenient location, affordability, transportation, or other factors) is less clear. Centralized data for locations/slots of public/free CC would help inform supply/affordability analyses; as would annual provider pricing updates.

Gaps in Data/Research Needed to Support Collaboration across ECE Programs/Services and Maximize Parental Choice: NJ’s needs assessment identifies four gaps. (1) Identification, Programming & Supports for Children in Special Circumstances: As noted above (p. 8), NJ-EASEL promises to provide additional information about children in special circumstances (e.g. military families) as well as provide longitudinal data to assess the outcomes & effectiveness of B-5 programs/services. For example, tracking efforts may include children/families who have experienced violence (domestic/neighborhood) and/or other adverse childhood experiences

(ACEs) in order to provide trauma-informed/healing-centered services. Another data concern for NJ is assuring an accurate count of young children in the upcoming US Census. Given the large proportion of NJ children, B-5, with foreign-born parents and the dependence of EC funding allocations on population counts, it remains critical to accurately count all NJ children. (2)

Assess Unmet Need for Affordable CC & Pre-KI: Current studies apply differing estimates for numbers of families seeking ECE services, but generally agree on limited availability of quality, affordable infant & toddler (I/T) care. EHS reports that ~2,000 children B-3 are on statewide waiting lists in NJ. As Pre-K grows to serve more 3- & 4-year olds, CC & HS/EHS centers will likely convert slots & grow I/T services, resulting in higher provider costs that may be passed on to parents/families. Note: The next two gaps relate to essential data/research tools that will support NJ's sustained commitment for coordinated service delivery & parental choice. (3)

CI Infrastructure to Support Coordination: Central Intake assures that families can access desired, high quality services. NJ's statewide CI design is frequently highlighted at national conferences, in peer-reviewed publications, and selected as a peer leader in national quality improvement (QI) efforts (e.g. Project LAUNCH, HV CoIIN). The promise of CI, however, requires renewed investments with dedicated staff & funding to support coordination, as well as investments to support ongoing continuous quality improvement (CQI) efforts within/across the 21 hubs. Refer to Bonus Section 11.1, p. 64-65 for more detail on CQI needs for CI. (4)

Sustained Funding for NJ-EASEL: The ECIDS will help NJ identify vulnerable families, assess program effectiveness and refine service. Efforts to implement Phase 2 of NJ-EASEL are underway [see Section 2.6 (Data), p.42]. Additional funds are needed to realize NJ-EASEL's full potential. Considerations for long-term funding for a state budget line allocation are on the table. Sustained funding would align with/speak to the primacy of NJ's investment in Pre-K expansion.

NJ's Current Measurable Indicators of Progress that Align with Vision & Desired Outcomes.

Vision for PDG: To promote a comprehensive, coordinated EC system of care that addresses the physical, S-E, behavioral & cognitive aspects of child wellbeing/school readiness from PN-5. NJ supports a family-centered 2-Gen approach that recognizes varied needs, priorities & strengths. This vision recognizes the need for a competent workforce, equitable access to affordable care for all children/families, adequate & sustainable financing, varied high-quality service delivery options, and a system for ongoing accountability, including data, evaluation and CQI. As such, currently measurable indicators of progress for NJ relate to: (1) Child Health, Development, and Well-Being: Rates for PN care, birth weight, gestational age, immunizations, developmental screens, WIC, lead poisoning, breastfeeding, and more. (2) School Performance: As proposed in RTT, NJ is implementing a Kindergarten Entry Assessment (KEA). As of December 2018, DOE trained 1,259 teachers/434 district-level administrators at 114 programs in Teaching Strategies GOLD, a performance-based assessment tool, as part of KEA. Ultimately, KEA scores will be tracked in NJ-EASEL to determine how service delivery and supports influence K readiness. (3) Special Education-EI and Section 619: NJ is making strides to educate young children B-5 with disabilities in natural environments & regular EC classrooms. Inclusive programming is a key indicator of progress & supported by both DOH (for EI) and DOE (for Sect. 619). Progress towards inclusive programming is measured similarly for EI and Part B, i.e. data on educational settings & child outcomes. Child outcome data is collected in both EI & Section 619, measuring progress towards positive S-E skills, acquiring knowledge/skills & using appropriate behaviors to meet the children's needs. (4) Workforce Professional Development: Indicators of progress in NJ encompass--(4a) EC Education Coursework/Certificates at community colleges/universities and will include the Infant/Toddler Instructional Certificate (pending) & IECMH Endorsement

credential. See Bonus 11.2, p.66-67 for more detail. (4b) GNJK Statewide PD Training Activities and Supports offered by the GNJK Training Services (GNJKTS), a collaboration between DHS and Rutgers School of Social Work-Institute for Families (IFF). GNJKTSnow provides PD trainings for all participating ECE providers. IFF's training employs a dual modality approach (online/in-person) in both English & Spanish; with a commitment to collaborative facilitation, staff development & CQI. More than 3,200 providers participated in trainings from 7/1-12/31/18, and (4c) Contracted Trainings from Montclair State University (MSU) Early Childhood Training Institute provide IECMH, Pyramid Model & Keeping Babies & Children in Mind (KBCM) trainings. Other MSU services include coordination for school districts, HS/EHS, center-based & FCC (English/ Spanish); train-the-trainer for Developmental Screening, Strengthening Families (SF) & Pyramid Model; online modules for related topics, e.g. NJ Birth to Three Standards, Cultural Competence, Dual Language Learners (DLL); and training & technical assistance (TA) support for children's S-E development in CC, HS or Pre-K settings. (4d) NJ Workforce Registry tracks completed education, coursework & PD for individuals in the EC workforce. PD data links to the NJ Child Care Information System (NJCCIS) an integrated system that also includes data from licensed CC centers, registered FCC providers and GNJK. Refer to Section 2.4, p. 36 for more detail on the NJ Registry. (5) CI Screens: CI screening numbers are used as a proxy for the number of families linked to EC related services. CI collects data from screens & referral forms. While NJ is seeing added supports for at-risk children/families, the updated needs assessment shows a recent decline in the numbers of screens/referrals to CI. This data highlights NJ's need for a renewed focus on CQI for CI systems coordination. One aspect of NJ's Program Performance Evaluation (PPE) plan will be to closely examine/strengthen the CQI function within CI Hubs to determine the cause of this decline (see Bonus Section 11.1, p 64-65).

Key Concerns or Issues related to ECE Facilities: NJ has very little centralized information on existing ECE buildings & physical infrastructure need. Although NJ's initial PDG application included a desire to complete a statewide facilities assessment, reduced federal funds precluded completion of this activity in the 2019. According to the 2018 Ready, Set, Go Study Report, focus groups & other data sources recommend that NJ authorize funding for facilities projects in expansion districts that are not meeting facility standards. It also encourages public-private partnerships with organizations/donors focused on community development to establish a revolving loan fund for HS/EHS and CC buildings in districts where more centers are needed.

Barriers to Funding & Provision of High Quality ECE Services/Supports and Opportunities for More Efficient Use of Resources. IPG funding partners routinely analyze funding streams & identify opportunities for improved collaboration/coordination across departments & programs. NJ stakeholders also examine potential barriers that could negatively affect state efforts to ensure high quality services, including: (1) Communication Strategy for NJ Shared Vision: NJ partners have been successful securing public & private funding for multiple initiatives serving the PN-5 population. To promote continued success, EC partners identified a need to develop a unified communication strategy that provides a basic understanding of EC terms & definitions; informs all partners/reinforces understanding about NJ's shared vision & explicitly shows how varied initiatives align to support this vision. A successful communication plan will create feedback loops & provide guidance regarding the exchange of information among the IPG, NJCYC, ELC and CCYCs to facilitate increased collaboration & shared accountability. The process will identify overlapping missions, activities & priorities based on funding requirements and/or agency regulations; and promote a greater understanding among constituents about how activities are conducted & resources allocated. (2) Insufficient Funds: Several key components of

NJ's EC system are threatened by insufficient long-term funding—1) further development & full implementation of NJ-EASEL, and 2) continuation/QI of the statewide systems infrastructure-- CI Hubs, CCYCs & CHW Outreach. 3) many EC partners are concerned about potential impacts of Governor Phil Murphy's plan to increase NJ's minimum wage. Raised to \$10 as of 7/1/19, the rate will gradually increase to \$15/hour by 2024 for most workers. The increase, while beneficial to working parents, will likely impact CC costs for working families in NJ. To support families and offset higher provider costs, the Murphy Administration has increased subsidy rates—the first substantial increase in nearly a decade. Subsidy funds incentivize provider QI & include adjusted rates (infants/toddlers/Pre-K). However, providers may still need additional support given their commitment to quality services & inability of most parents to pay more for care. In addition, for families whose income rises just above the FPL, eligibility for EHS/HS may be this jeopardized. (3) Diverse Funding Streams with differing goals/priorities can lead to lack of coordination & inefficiencies. The NJCYC Infant-Child Health Committee identifies a need for improved collaboration across programs with different funding & restrictions. ICHC participants, including parents, support a unified approach to increase knowledge/awareness of different programs & opportunities to align efforts & promote stronger EC collaboration. (4) Need to Increase Consumer Awareness is essential for increasing service usage and availability. To date, there has been limited funding for ECE marketing. NJCYC partners recommend more resource links on state & local websites to increase consumer knowledge of ECE services. Other efforts include a) NJ's partnership with Vital Villages for TA to increase consumer awareness about available services/supports and cultivate stronger connections between residents & community agencies. And, b) *NurtureNJ* is the NJ First Lady's statewide awareness campaign committed to reducing infant/maternal mortality and morbidity and ensuring equitable maternal/infant care

among women & children of all races & ethnicities. *NurtureNJ* is expanding collaboration to new state departments/agencies & developing a robust social media strategy to raise awareness.

Transition Supports & Gaps Affecting How Children Move between ECE & School Entry:

NJ's updated assessment identifies transition needs within/between all ECE settings--Home, Infant/Toddler Care (i.e. HV, EHS, Center, FCC), EI, Pre-K (center- & school-based, including classroom changes), K & Elementary School. Factors include: (a) current transition practices/advance planning, (b) workforce PD—preparation, guidance & reassurance to children/families as environment, activities, routines & learning expectations change; and partnering with parents for planning/decision-making; (c) data on actual parent/family involvement, (d) collaboration of professionals within & across settings. NJ state administrative code identifies core elements of transition including the processes for collaborating with Pre-K through Grade 3 administrators in the district; communicating information (including performance-based assessment results) about individual children to their new teachers; identifying/communicating curriculum with programs; providing information to parents about K, or other relevant, programming. NJ also establishes transition as a priority for children exiting EI (Part C) and entering Preschool Special Education (Part B). SPP/APR data indicates timeliness of the transition between programs but *does not document the experiences of the family and the child*. Feedback from educators in both Part C and Part B systems indicate a need for additional trainings/support. Bonus Section 11.3, p. 67-68.

Needs Assessment Process for Completion & Updates/Plan to Address Gaps. NJ's updated

Needs Assessment is nearly finished—with a few essential steps remaining. Earlier steps included: 1) thorough review by the JHU Team of numerous existing documents & synthesizing/ updating the most salient data elements. JHU assembled additional data details & mapped state/ county/municipal data (as available) to support NJ's 2-Gen focus, including key child & family

characteristics: population (density, age, race, ethnicity, mother's education), infant/child health status (preterm birth, birth weight, black & white infant mortality), poverty/income (Medicaid/CHIP participation, TANF, SNAP, WIC participation, food insecurity), EI/Special Education data, SCHS (birth defects, congenital anomalies, autism), Child Welfare/CPS status, and Child Support data. (1) Goals/Work Remaining/Timeline for Completion: Preliminary goals were identified based on needs information, but JHU will return to IPG, NJCYC (including parent reps) and NJCCAC for further input/feedback before finalizing with submission by DCF (by 12/31/19). (2) Periodic Updates/Addressing Data Gaps: Ongoing needs assessment updates are planned during the 3-year grant period. Within the first quarter of the renewal grant, participants in the IPG, ELC, NJCYC & others will help identify any new EC-related assessments, planning priorities and/or activities for alignment with PDG, e.g. reports for the Pritzker grant & Project HOPE (Harnessing Opportunity for Positive, Equitable, EC Development). For each year of the PDG grant, JHU will complete an end-of-year summary with updates. This process will help NJ continue efforts to identify/address data gaps while coordinating with other EC planning efforts.

Parents Engaged to Assess What's Been Learned & Help Determine Goals/Activities. NJ has a state (NJCYC) & local (CCYC) infrastructure to engage parents/families & communities in the process of assessing need, providing feedback on current strategies & giving input on proposed EC goals/activities. The timeline for establishing stronger *formal* linkages with the NJCYC has been delayed due to an essential state-level restructuring of the NJCYC in 2019. NJ maintains a commitment/priority of strengthening active regional/county parent participation through the CCYCs (DCF lead). JHU presented an overview of the Needs Assessment draft to the NJCYC (including parent representatives) on 10/21/19 for input prior to finalizing. The NJ assessment identifies a goal for parent/family engagement & active participation. Also, parents contributed

to NJ's 2-Gen work providing information/feedback through surveys & related activities for the *Parents & Children Thriving Together* (PACTT)-National Governors Association (NGA) 2-Gen Policy initiative; and Project HOPE, a national consortium led by Nemours & BUILD Initiative.

Provide Definable and Measurable Outcomes to be Achieved, Including Milestone Dates.

As the updated NJ needs assessment nears completion a preliminary set of measurable outcomes and milestone dates has been identified. Please refer to Table 3 on p. 19 for a summary of these preliminary outcomes & milestones based on the findings of the completed needs assessment.

2.2 ACTIVITY TWO: B-5 Statewide Strategic Plan

NJ Strategic Plan with Periodic Updates based on Current Needs Assessment: NJ will continue to utilize the JHU Team to complete the current strategic planning process that builds upon the updated 2019 Needs Assessment. JHU will conduct annual updates of the assessment as well as a review of the strategic plan to determine progress & needed adjustments or revisions. The *updated NJ Strategic Plan* (now referred to as the *NJ Plan*) maintains a specific focus on PDG B-5 priorities to continue improving coordination/collaboration & QI for relevant programs & services [Appendix 3 - JHU Letter, p.72]. The *NJ Plan* is informed by an intensive analyses of recent data reports, feedback surveys & recommendations, as described in Activity One. Refer to Table 3, p. 19 for a preliminary outline of the *NJ Plan*. NJ's process includes discussion with NJCYC partners (Oct 2019) on key aspects of the plan. Target completion date is 2/29/20.

(1) Identified/Meaningfully Engaged Full Range of Stakeholders Impacted by ECE: NJ's current EC stakeholders embody a wide range of provider/parent partners that support a 2-Gen approach to infant/child/family wellbeing. This same mix of cross-sector partners is providing guidance, input & support for strategic planning & PDG renewal. See *Meaningful Government & Stakeholder Engagement*, Diagram 1, p.46 for ELC, IPG & NJCYC detail & Table 10, p. 47 for

listing of state level stakeholders contributing to the work in NJ. (a) Government Stakeholders: As noted above (p. 4), five state departments comprise the IPG, representing a wide array of ECE agencies/services. State partners oversee development & implementation of essential 2-Gen & EC-related services. IPG includes senior staff & assistant commissioners with decision-making responsibility from each department. Monthly meetings provide a structured agenda for planning/implementation of EC activities, and assuring alignment of programs & policies. (b) NJCYC participants include ECE advocates/providers. 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 EC services are functioning. NJCYC meets quarterly with opportunities for committee updates and public comment at each meeting. c) Local Partners: The impacts of this work are felt by ECE partners (direct services, PD, CCR&R). Due to NJ's leadership & inclusive approach to EC systems development & collective impact, e.g. EC Comprehensive System/Help Me Grow (ECCS/HMG), this work also extends to other committed local EC cross-sector partners. (1) CI Hubs—health, BH, IECMH, education, child welfare, social services, public assistance, family support. (2) CCYCs –parents/ families are involved at the local (and state) levels and advise on how the community/state can better serve high-need families. (3) CHWs provide local outreach to help parents/families connect with needed services/supports. [See Section 2.3, pp. 27-33 for more detail on CI, CCYC & CHW.]

NJ Plan -- Goals & Action Steps to Establish a Comprehensive ECE Birth to 5 System:

NJ has initiated a strong planning process with clear goals and planning steps to ensure that the progress made thru RTT-ELC continues to build and align with other related EC initiatives. See Tables 3 below for summary of NJ's updated Strategic Plan. JHU is leading the development of action steps related to each of the goals & expected outcomes. Completion target date is 2/29/20.

Table 3. NJ Plan -- NJ's Updated Strategic Plan (PRELIMINARY REPORT)

Domain (bold) and Goal	Needs Assessment Findings (thru Oct 2019)	Outcome Objectives (pending-not final)	Measures & Timeline (TBD-to be determined)
Quality of Services <ul style="list-style-type: none"> • IECMH • ECE 	<ul style="list-style-type: none"> • Shortage of IECMH services for B-age 5 • Shortage of affordable high-quality childcare 	<ul style="list-style-type: none"> • MH clinicians available to providing IECMH • More licensed CC centers/ sed GNJK enrollment 	By 2022: 25% increase IMH clinicians, and 25% increase in licensed CC slots
Equitable Access to Affordable Services <ul style="list-style-type: none"> • Culturally Responsive services / English Language Learners • Improve Access to High Quality • Supports for Inclusion • Expand Universal PreK • Ongoing Assessment of Gaps • KEA Implementation • ECE facility Development 	<ul style="list-style-type: none"> • Large % of foreign-born children • Persistent disparities • Low levels of inclusion • Low levels of children in state funded PreK • Gaps in data for children with special circumstance • Little info on quality of existing ECE facilities • Emergence of KEA as indicator of progress • Lacks facility need data 	<ul style="list-style-type: none"> • ECE staff participate in training & TA opportunities • ECE info--multiple languages • Improved ECE collaborations with families and providers • Improved services for children with special needs • Enhanced workforce capacity for special educ. populations • Improved high quality access for vulnerable populations • Cross-agency policy reviews • Conduct facility assessment via public/private partnership 	By 2022: 50% increase in TTA participation for culturally responsive services; and -50% increase in TTA participation on inclusion of children with special needs; and - 25% increase in #s of vulnerable children/ families thru CI Hubs. By July 2020: IPG & NJCYC to seek funds for facility assessment
Collaboration/Partnership <ul style="list-style-type: none"> • Continue IPG learning & agency coordination 	<ul style="list-style-type: none"> • Uneven implementation of best practices • Conflicting policies 	<ul style="list-style-type: none"> • Strengthen/expand partners, e.g. housing, agriculture (Ag) • Review EC-related policies 	By July 2020: IPG will add DCA & Ag to IPG; -Start policy reviews
Communication & Awareness – vision, mission & key definitions <ul style="list-style-type: none"> • Shared understanding of NJ's vision, mission & key definitions • Unified communication strategy for shared vision • Increase consumer demand for ECE 	<ul style="list-style-type: none"> • Uneven understanding of vision/key terms e.g. vulnerable, high quality • Lack of information about 2-Gen approach to ECE, children, pregnant women, parents and families • Consumer demand for ECE varies across NJ 	<ul style="list-style-type: none"> • NJ parents/providers have easy access to resource information & referral • NJ parents/providers have a shared vision of EC success • Bidirectional communication plan is developed between IPG, NJCYC and CCYCs • Data (NJ-EASEL) is used to communicate need & success 	By July 2020: NJ will unified communication planning process (IPG, NJCYC, CCYC, others) to promote NJ's understanding of EC shared vision, key definitions, etc. -Marketing plan in place by Jan 2021 (Yr2)
Parent Involvement & Leadership <ul style="list-style-type: none"> • Strengthening Families • EC parent advisors 	<ul style="list-style-type: none"> • Lack of opportunities for parent feedback • Lack of knowledge of state ECE services 	<ul style="list-style-type: none"> • Stronger (formal) links between NJCYC & CCYCs • Increased opportunities for parent input & feedback 	By July 2020: 25% increase in CCYC parent participation; and links with NJCYC
Workforce Development <ul style="list-style-type: none"> • Use Workforce Registry to identify PD needs • Increase I-T certifications • Adapt training, when able (i.e. shortened time commitment, online, archived offerings) • Convey respect for ECE workforce and parents • Reflective practice 	<ul style="list-style-type: none"> • Workforce registry to track staff issues • Emergence of statewide Infant-Toddler Instruction Certificates • Multiple workforce development efforts (GNJK-Rutgers, MSU) • Few professionals for parent/child IECMH clinical services 	<ul style="list-style-type: none"> • Higher Ed Workgroup has I/T & Pre-K representation • Increased # of certified infant/toddler teachers • NJ cross-sector ECE training is well-coordinated • OOL regulatory standards support high quality training • Increased # of clinicians with IECMH credentials • Reflective practice in IECMH 	By Sept 2020: I/T Certificate is available. By 2022: NJ will have teachers w/ I/T cert. By July 2020: IPG to initiate TTA analysis By Dec 2020: OOL review with IPG By 2022: 50% increase in IECMH PD participation.
Sustainable Financing <ul style="list-style-type: none"> • Central Intake Investment • NJ-EASEL Investment 	<ul style="list-style-type: none"> • Insufficient funds for long-term supports • affordable CC & Pre-K 	<ul style="list-style-type: none"> • Identify & realign EC funding streams for long-term support • Expand # of CC/Pre-K slots 	-IPG-for gov't funding -20% increase in CC slots by 2022
Continuous Quality Improvement–CI System	<ul style="list-style-type: none"> • Decrease in CI screens and referrals 	<ul style="list-style-type: none"> • PPE Plan to include CQI for EC systems integration & CI 	By 2022: 25% increase in CI screens/referrals.

Partnerships/Collaboration/Coordination, QI & Opportunities to Leverage Policy Alignment, Program Quality & Service Delivery across ECE within B-5 System: As noted above on p. 4 and throughout this proposal, NJ has a strong vital ECE system of interdepartmental/interagency collaboration, coordination & partnerships. NJ has high-level (commissioner) buy-in that will ensure success with PDG. This proposal builds upon a history of service integration & policy funding alignment to optimize our efforts to deliver high quality services and prevent/eliminate fragmentation & overlap. NJ's commitment/success are evident in many current mixed-delivery ECE initiatives—Child Care, HS/EHS, Pre-K, GNJK, HV, CHW, CI System & more. Many aspects of these programs receive blended interdepartmental supports, and benefit from shared resources including—training, funding, supportive services, and/or data. For example, HV services are supported across 3 departments—DCF, DOH & DHS; and when fully operational, NJ-EASEL will receive data from multiple programs across four core departments—DOE, DHS, DCF & DOH. The NJCYC and other EC partners participated in NJ's development of higher quality ECE standards (e.g. Birth to Age 3) and QI practices (e.g. GNJK). Other state-level specialty workgroups are formed to garner advice and input within specific focus areas, e.g. Statewide HV Workgroup and Child Care Advisory Council.

Activities to Improve Children's Transitions from I/T to Pre-K to Elementary Programs: NJ emphasizes the need for successful transition practices for children (with staff, families & peers) across ECE settings (HV, EHS, EI, CC, FCC, etc.) and within programs (classroom changes, key staff changes). NJ has developed standards of care (B to 3, Pre-K, EI, Special Ed, K, Elementary) that guide local ECE services. GNJK activities, trainings & TA reinforce quality standards to support transition planning for all children moving to different settings & with participating providers to ensure their understanding of effective ECE transitions. See Bonus 11.3-p. 67-68.

How NJ Plan Builds/Supports Improved Coordination/Collaboration among ECE: The IPG & NJCYC have important roles in supporting coordination/collaboration at the state- and local-levels. NJ state leaders set expectations & guide the work at the local level to help providers/communities implement cooperative practices and, as appropriate, integration of services. For example: a) NJ is successfully leveraging available CC services/slots through the public-private partnerships that are in place within our mixed-delivery system. This minimizes any wait time & ensures that children/families have immediate access to available infant/child care services; b) With initial PDG support, NJ is developing shared services for GNJK providers to promote business efficiencies (ensure fiscal viability & maintain/grow quality CC slots) for local CC partners; and c) CI is built on a philosophy of coordination/collaboration & integration.

NJ Framework to Increase Participation in High-Quality ECE Mixed Delivery System: State leaders have been instrumental for development/refinements of the CI System to improve overall participation in the array of ECE services. As previously noted, county CI Hubs serve as an entry point for perinatal and child developmental screening/risk assessments. This 2-Gen process promotes early identification & referrals of women/families with infants/ young children to core ECE services, such as HV, EHS/HS, CC; as well as available supportive services—Health, BH, social services, WIC/SNAP, public assistance, family support, etc. Participation of local partners—parents, service providers, CCR&R, Social Services, CCYC, Family Success Centers is essential for CI success. See Section 2.3, p. 28 and Section 11.1, p. 64-65.

Federal, State & Local Statutory Requirements: NJ has successfully met the majority of 2014 CCDBG Reauthorization requirements through collaborative planning efforts, e.g. aligning IPG resources for quality PD & TA through GNJK; completing EL and development standards; meeting health & safety standards; adhering to child-staff ratios; and hiring qualified staff to

meet licensing standards. Examples of state EC-related policy/legislative efforts include: (a) interdepartmental planning (DHS, DCF, DOH) for a Medicaid HV pilot (in-process) for eligible families PN-Age 3, (b) allocation of Pre-K expansion funds (PEA), (c) tiered-reimbursement for centers with higher rating levels in GNJK, and (d) increasing NJ's minimum wage.

Barriers/Challenges to Future Collaboration: 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 by establishing a standing meeting (3-hours each month) where IPG members come together with specific agenda items that keep NJ's EC and 2-Gen work moving forward. IPG meetings have occurred monthly since 2012 and are now expected practice. Challenges related to the updated *NJ Plan* include: (a) advocacy for full implementation of NJ-EASEL (b) Further development of the NJ Child Care Information System (NJCCIS), data integration for licensing, workforce and QRIS; and (c) links with Community Affairs (housing), Agriculture (food insecurity) and Transportation.

NJ Strategic Plan Process & Proposed Activities Build on Existing State/Program EC Plans:
(1) Process: As the Needs Assessment process concludes, NJ has begun discussions among ECE stakeholders/partners, including parents, through IPG & NJCYC to explore existing & proposed services/supports that focus on the needs & strengths of all children/families across the state. As presented above in Table 3, p.19, a draft *NJ Plan* has been completed, including goals to improve outcomes for NJ's high needs children. Further details will be finalized by 2/29/20. To ensure a systematic approach in optimizing coordination, collaboration & integration, NJ will also strive to align PDG planning priorities with related EC strategic plans (Table 4 below).

Table 4. Other ECE Strategic Planning Efforts for Alignment with NJ PDG Strategic Plan

Title (<i>references are available</i>)	Scope (vulnerable children/families)	Lead Agency / Date
Project HOPE (Harnessing Opportunity for Positive Equitable Early Childhood Development)	<ul style="list-style-type: none"> • Achieve equitable outcomes for young children/families (PN-5) • Build capacity of local communities & coalitions to prevent social adversity in EC & promote child well-being. 	<u>National Leads:</u> BUILD & Nemours-start Oct 2018 <u>State Lead:</u> DCF & DOH cross-sector team comprised of IPG/NJCYC members.
Pritzker Children’s Initiative – PN to Age 3: Planning grant to ensure an efficient, effective & well-funded ECE system	<ul style="list-style-type: none"> • Expand/strengthen reach of HV & CI • Improve child/family health outcomes • Monitor key indicators for success • Expand financing & messaging efforts 	<u>National:</u> JB & MK Pritzker Family Foundation-Apr 2019 <u>State Lead:</u> ACNJ w/ cross-sector team IPG & NJCYC
ECCS/HMG Strategic Plan 2016 NJCYC-Infant/Child Health Comm.	EC Systems Integration - Access to Care, Screening, Families PN to Age 5	DCF current thru 2020
Every Student Succeeds Act (ESSA) State Plan to identify district needs for early supports/funding to meet student needs- ECE Standards, ECE quality	Includes K (age 5) for: (a) equitable access to quality education resources and opportunities; (b) improved student performance to close achievement gaps	DOE - initial submission under ESSA, August 2017; then, updates every 3 years
Nurture NJ Recommendations to Improve Maternal-Child Health Outcomes in NJ.	Maternal & Infant Health-special focus on Black Infant Mortality & Maternal Mortality (interdepartmental workgroup)	Office of The First Lady thru Dept. of Community Affairs, with DOH & other key depts..

(2) NJ uses Indicator Data to Assess Progress, Outcomes, Cost/Resource Efficiency & CQI:

ECE efforts in NJ have relied on accurate/timely data to drive strategic planning, monitor fidelity of implementation, build CQI strategies, and assess progress over time. As cited, assessments are regularly conducted across related programs to determine need, review existing resources/funds & revise plans to address issues. Each of the major ECE programs have internal and/or state data systems to track participant/provider enrollment & related data, e.g. DHS can cross-match data for CCDF, GNJK, TANF/GA & Child Support, and with a DCF interagency agreement can also 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, described on pp.41-43, which has interdepartmental agreements in place & support from the NJ Office of Information Technology (OIT). This long-term plan will integrate EC data (4 phases over 8 years) related to child, family, classroom, program & workforce; and answer critical questions about the impacts/outcomes of

structured, high-quality ECE. NJ has completed Phase 1 planning/design with preliminary reporting capability. **NJ is requesting PDG funds to continue Phase 2 development/support.**

(3) NJCYC (SAC) Role in Implementation of NJ Plan to Achieve Collective Impact/Strengthen

ECE B-5 Continuum: Similar to planning/implementation of the initial state plan, the NJCYC has provided input/feedback during PDG renewal planning. NJCYC will initiate a committee structure to support implementation of updated *NJ Plan* components. JHU facilitated a planning meeting (Oct. 2019) with NJCYC stakeholders to review priorities for the needs assessment & implications for the strategic plan. This was a two-way dialog to elicit ideas/input for completing the needs assessment and pending update to the *NJ Plan*. Enthusiasm of the state's EC partners is strong, and their commitment will extend over the entire grant period and beyond.

Describe Process/Timeline for Completion of NJ Plan: Initial development of the strategic plan began late September 2019 as EC partners were analyzing needs assessment data reports & identifying service needs/gaps. The process has included a series of meetings with IPG / NJCYC stakeholders to reach consensus on key ECE priorities that will guide the work for PDG through Dec. 2022 (Table 3, p. 19). These meetings also provided input/guidance on critical elements, ensuring alignment with related initiatives (Table 4, p. 23), next steps (action steps), realistic implementation timelines, progress measures (CQI-PPE) & funding requirements/sustainability planning (Section 7, p. 56-57). NJ will complete the final strategic planning phase, resulting in a detailed plan with milestones & completion timelines by February 29, 2020. We estimate the remaining steps will take 60-90 days to complete, and will include further vetting to refine goals, objectives & action steps, specifying outcome measures & setting final implementation timeline.

NJ Progress on Key Elements of Initial PDG Activities & Implications for PDG Renewal:

(a) Progress: The vision & logic model from the initial PDG application have undergone minor

revisions & continue to guide the work of this PDG renewal. NJ’s governance structure & decision-making process remain viable with IPG evolving across 5 core departments with new links in-process for 2-Gen support (i.e. employment, housing, food security/agriculture, and transportation). (b) Initial PDG activities-See Table 5 for milestones accomplished, challenges preventing achievements, and strategies to address them. As noted in Column 3, NJ faced an unanticipated delay that have been resolved in fully executing interdepartmental Memoranda of Agreement (MOA), due in part to administrative changes in NJ’s internal review process.

Table 5: Summary of Initial PDG B-5 Grant Activities

1) Initial PDG Activities/Milestones	2) Completion Status	3) Identify Prior Year Challenges	4) How Challenges were Addressed
<u>Activity 1 and Activity 2:</u> a) Update the NJ Needs Assessment b) ECE Facility Assessment c) Update NJ Strategic Plan	a) on-target for 12/31/19. b) no facility assessment c) Strategic plan on-target to be completed by 2/29/20	Delayed funds & start-up. Complex review of existing reports. b) insufficient funds	Existing DCF-JHU contract enabled start while waiting for amended funds.
<u>Activity 3: Parent Choice/Knowledge</u> a) Continue/maintain CCYCs b) Build CHW capacity (DOH) c) Build CI capacity	On-target service delivery for all components through 12/31/19.	-MOA w/ DOH delayed -Despite funding delay, basic service activities were maintained.	Existing contracts enabled planning & activities while waiting for funding.
<u>Activity 4: Best Practice-PD</u> a) Expand Pyramid Model TA b) Build capacity for IECMH c) ECE Director/Leadership Training d) Implement Shared Services module e) GNJK-expand TTA to new centers	All PD activities a) thru e) – completed & ongoing	-MOUs w/ DHS & DOE delayed -Despite funding delay, basic service activities were maintained.	For a) thru e) existing contracts enabled planning & maintaining activities while waiting for funding.
<u>Activity 5: Improve Quality DOL & IPG to explore 2-Gen EC partnerships (no B-5 funds)</u>	DOL is now an active IPG member helping to improve 2-Gen approaches	Insufficient funds to enter into formal partnership w/ DOL	Moved ahead w/ planning. Propose in PDG renewal.
<u>Activity 5: Improve Quality</u> a) NJ EASEL (ECIDS) Phase 2 funds b) NJCCIS for Workforce/PD tracking c) SPECT data capacity for CI Hubs d) PD Learning Management System	On-target service delivery for components a), b) & c) through 12/31/19. d) NJ eliminated LMS with ACF approval	-MOUs w/ DHS & DOE delayed -Despite funding delay, basic data activities were maintained.	Existing contracts enabled planning & maintaining activities while waiting for funding.
<u>PPE Plan</u> : across all 5 activities	Final PPE reporting will extend to Q1 of 2020.	Delayed funding & start-up affected PPE.	Existing contract w/ JHU enabled start-up during wait ACF \$\$

(c) PDG Renewal Plans: As noted in Section 2.3, p. 28, NJ is well-positioned for success with a fully-established comprehensive statewide CI System for PN-5 that provides screening/early identification of family needs, including children with/at risk of disabilities, with referrals to ECE & related 2-Gen supports—health/MH, nutrition, EI, special education, social services, etc.

Describe: (a) Lessons-learned from Initial PDG, (b) Implications for Future Actions, (c) What

NJ is Doing Differently as a Result of Initial PDG: Refer to Table 6 below for these responses.

Table 6: NJ’s Initial PDG - Lessons-Learned and Implications for the Future Actions

Initial PDG Funded Activities	a) Lessons-Learned from Initial PDG Activities	b) Implications for Future Activities	c) What NJ is Now Doing Differently
<u>Activity 1</u> and <u>Activity 2</u> : a) Updated NJ Needs Assessment b) Update NJ Strategic Plan	A <i>thorough process</i> for data analysis, planning & feedback is important & takes time.	Data highlighted gaps to be incorporated into plan & implementation, e.g. CI needs a CQI plan.	PPE will include CI-CQI plan Conduct annual reviews & updates
<u>Activity 3</u> : Parent Choice/Knowledge a) Continue/maintain CCYCs b) Build CHW capacity (DOH) c) Build CI capacity d) Parent Leadership training	-Expand TTA to achieve shared vision & extend reach of these services. -Ongoing effort/stipends needed for parent roles.	-Ongoing CQI is needed to ensure viability of these parent-centered elements -Data will help w/ long-term sustainability plans	IPG is beginning sustainability plan for long-term support beyond PDG renewal.
<u>Activity 4</u> : Best Practice-PD a) GNJK-expand TTA to centers b) Expand Pyramid Model TA c) Build capacity for IECMH d) ECE Leadership Training e) Shared Services module	a), b) & c) ECE staff are desiring TTA, including S-E wellbeing. d) & e) ECE directors desire leadership & shared services training/TA	Continued to align support across program types & encourage collaboration	Working to apply work cross sector to reduce duplication of services
<u>Activity 5</u> : Improve Quality a) NJ EASEL - Phase 2 funds b) NJCCIS -Workforce/PD tracking c) SPECT data capacity for CI Hubs	a) Phase 2 continues	Funds are essential for continued progress	Continue collaboration for implementation.

Describe: What was Learned in Initial PDG re: Funding—(a) Spending, (b) Alignment, (c)

Efficiencies, and (d) Additional Funding Streams: Over the 3-year PDG renewal, per the NJ Plan

(Table 3, p. 19), IPG will focus on policy/funding alignments. NJ’s approach is addressed below.

(a) Spending Money Differently: NJ funding priorities include expansion of Pre-K slots with state

PEA funds (DOE); Tiered-reimbursement for higher ratings (CCDF); (b) Realigning Funds: At

the end of RTT-ELC in Dec 2018 & PDG in Dec 2019, realignments/adjustment include—using

CCDF funds for training with Pre-K, HS/EHS, licensing; GNJK for tiered-reimbursement & PD,

and DOE funds for PD/TTA & NJ-EASEL. (c) Greater Efficiencies Realized: NJ’s ECE system

has benefited from IPG collaborative planning/implementation, e.g. for GNJK, NJ developed a

well-coordinated PD system for training, TA & coaching activities—this expanded to other ECE

providers with input/resources for staffing & funding across departments. (d) New Funds for

Efficiencies & Unified/Holistic B-5 ECE System for Children's Transitions:. Examples of new funds in NJ include: PEA funds to expand Pre-K slots across the state (DOE); expand HV slots through NJ Medicaid (in process) to augment current blended funding (DCF/DOH/DHS); and Family First Prevention Act to support prevention-focused services (DCF).

2.3 ACTIVITY THREE: Maximizing Parental Choice and Knowledge

In RTT-ELC, NJ made huge strides implementing/aligning key strategies to improve parent engagement/involvement (mothers, fathers & other family) within the EC system of care. NJ's ongoing PDG needs assessment/strategic planning process support the refinement of these key activities for a coordinated/integrated network of parent-centered services. The *NJ Plan* for PDG renewal continues these efforts to inform/engage parents as active partners in the ECE system.

NJ Activities to: Learn What *all* Parents Want/Need; Inform/Connect them to B-5 Resources/ Services; Empower Choice; Build Knowledge/Skills for Strong Parent-Child Relationships & Healthy Child Development; and Engage Families in Young Children's ECE: The *NJ Plan* includes continuation/refinement of 3 core strategies funded by the RTT & initial PDG grants. These services are central to NJ's efforts to engage ALL parents (e.g. special family needs--ESL and children with disabilities) and address PDG priorities for Parental Choice & Knowledge.

(1) County Councils for Young Children--NJ now has a statewide CCYC network (21 counties). CCYCs serve as local advisory boards comprised of parents/families, health providers, EC educators, social service agencies and other stakeholders (local government, faith-based, businesses, civic groups, etc.). CCYCs actively seek family engagement, mentor parents in leadership roles & promote community action to improve the health, education, safety & well-being of children, including families with high needs. CCYCs are inclusive, reflecting the racial, home languages, cultural composition & special needs of families (PN-5). NJ remains optimistic

that the CCYC network can become a more effective vehicle for parent choice in the ECE mixed delivery system & can build/sustain cross-sector parent/community involvement to address the complex needs of young children & their families. **PDG funds will be requested to support the CCYCs.** For this renewal, NJ (DCF) will refine & seek sustainability of CCYC infrastructure to ensure meaningful parent/family/community engagement within the EC network. Over the next 3 years, DCF will seek parent & ECE partner input to reassess the county-level CCYC structure, with a plan in progress to align CCYC implementation/oversight to a newly established DCF Office of Family Voice (OFV). The goal is to move beyond parent involvement (i.e. outreach/consultation) to real collaboration & shared leadership. OFV will work collaboratively with the IPG & NJCYC partners to develop genuine parent/family/community collaborations to improve ECE policy development, direct service & supports; and connections across related EC systems.

(2) Central Intake: RTT funds extended NJ’s nationally recognized CI System to all 21 counties. CI functions as a county-level single point of entry with a primary focus of PN-5. CI Hubs streamline information, access & choice for all families to a range of services from health insurance, primary/pediatric care and HV to WIC, parent-child BH/IECMH, EI/Special Ed, ECE programs. CI promotes wider access to a continuum of health/developmental services for I/T & young children based on PN risk assessment (PRA) & child developmental screening (ASQ & ASQ:SE). NJ’s CI system has become an Early Childhood Comprehensive System (ECCS) and Help Me Grow (HMG) model for other states, designed to reach the most vulnerable children & their parents/families earlier (pregnancy/birth) through screening, referral & connections to appropriate services/supports—so 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 & families of infants/young children. Equally important, CI assists local community

providers—health, social service, early learning (CC, EHS/HS, HV, etc.) make needed referral connections for the families they serve. The initial PDG grant helped NJ enhance CI staff support with an EC Specialist to provide IECMH consultation (parent/child dyad). **PDG renewal funds are requested to further develop this role within CI** as a prevention link between the CI Hub, ECE partners & child welfare to assess parent/child IECMH needs & facilitate IECMH clinical referrals and/or other supports (see Bonus 11.1, p. 64-65). *(3) Community Health Workers--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, increase referrals for development screening & identify vulnerable women/families. Unfortunately, racial/ethnic MCH disparities persist in NJ (low birth weight, infant/maternal mortality) showing little improvement, especially for African-Americans, over the last decade. At-risk women, on average, attend fewer PN visits & are more likely to experience adverse pregnancy outcomes; parents/children are less likely to access routine comprehensive healthcare, and less likely to receive quality care. Using a 2-Gen approach to address maternal-infant health & Black Infant Mortality, along with socio-economic, environmental, and behavioral inequities, is a NJ priority. To this end, DOH now provides Doula services (promising practice) to work in tandem with CHWs targeting women in the highest risk communities (based on MCH/needs assessment data). Visits encompass—PN in-home, PN care, labor & delivery, and postpartum/newborn in-home. In May 2019, the NJ legislature passed a bill into law for NJ Medicaid coverage of doula services. To support this expansion, DOH has identified a critical need for standardized CHW/Doula training. Curriculum is in development to include topics such as cultural competency, health promotion & child development. DOH will update/maintain a user-friendly online resource tool for parents & professionals with information on local, state, and federal resources. **PDG funds are requested for continuing to build CHW/**

Doula network resources. [Note: This request also aligns with the priorities of *NurtureNJ*, championed by NJ’s First Lady, Tammy Murphy, to eliminate racial/ethnic MCH disparities.]

New Strategies to Develop/Implement 2-Gen Approach to Improve Child/Family Outcomes (including Family Economic Security): NJ’s network of CCYCs (linked with OFV), CI Hubs, and CHW Outreach are all 2-Gen parent-centered initiatives that engage vulnerable families to directly contribute to the development & review/revision of local service delivery. While these services are not new, per se, NJ continually seeks new strategies to refine/improve local coordination & active parent participation. NJ has a strong track record of practice that builds nurturing parent-child interactions & family/community protective factors (PF). NJ was an early adopter of SF-ECE (DCF-2006). In 2013, NJ implemented a statewide expansion of parent cafes & extensive *cross-sector* T/TA on the PF Framework (ECE mixed-delivery, CCR&R, CCYC, MCH, BH, FSC, Family Support, IECMH, Social Services, Child Welfare & parent participants). SF training is now embedded in GNJK’s rating levels & PD activities (DHS) requiring ECE providers to educate, encourage & assist parents to participate children’s EL & development. Additionally, parent input is solicited for ECE & related 2-Gen policies/practices (including smooth ECE transitions) through participation in local advisory boards, SF cafes, surveys and focus groups that address: (a) ECE: HV, HS/EHS, EI, Pre-K Special Ed, CC & FCC, CCR&R, Pre-K, and K; and (b) Other: local 2-Gen services for family well-being & economic security—Health, BH, TANF, GA, EA, WIC, SNAP, FSC, housing, transportation, employment & job training and Child Welfare/CPS. Local efforts benefit from State guidance/oversight and QI (PD, TTA, data, evaluation) to ensure uniform function. Other strategies to ensure parents & families have access to information about ECE quality include—marketing for GNJK & related services, and online websites with links to licensing/inspection reports & GNJK

quality ratings. Parents can also access PN-5 information through HMG NJ-211 (website & toll-free), a central contact for CI Hubs, health/BH services, screening (ASQ), EI & other resources.

For PDG, NJ is requesting funds for a new state-level collaboration with DOL for parent outreach & employment supports at county Workforce Investment Board One-Stop sites.

How NJ Informs Families & Elicits Concerns re: Child Development, Ensures Effective Resource Connections & Access to Quality Inclusive EL Programs/IDEA Services: A priority for NJ is to ensure easy access to information & essential services for families, including those with children at risk for developmental delays, or an existing disability/delay. As noted above, HMG (NJ-211) and CI Hubs are key resources in reaching PN-5 families across the state for developmental screening (ASQ, including S-E scales) & educational materials for developmental milestones from *Learn the Signs/Act Early* (LTS/AE). These supports were developed for NJ's ECCS Impact/HMG initiative. NJ has also implemented training/TA through KBCM, Pyramid Model, and IECMH to build strong trusting parent/child-provider relationships that support S-E development, and children's nurturing transitions to other ECE services/classrooms/supports.

Ensure ALL Parents/Families are Informed/Connected to Other Needed Services—Housing, Food, Training/Employment, Income Support, Health/MH: The CI System works in coordination with the CHW network & CCYCs through a well-established collaborative process to ensure that all families (and ECE providers/FFN childcare) have information about eligibility & availability of supportive services & easy access to needed referrals. NJ is a 2018 graduate of NGA's *PACTT Initiative* (DHS), renewing IPG efforts for interagency collaboration & easy access for PN-5 families to support services (information, eligibility, availability & referral). NJ also participates in the national *Project HOPE Initiative* launched in 2018 (DCF/DOH) with parents/providers actively working together in two at-risk communities to identify/address barriers to equity.

Describe/Give Examples of Current/Proposed Future Efforts to Improve Available/Usable Information for Families re: High Quality EL Programs & Quality Indicators: NJCYC is completing a 2019 restructuring process that will strengthen parent communication and collaboration. The Infant/Child Health Committee (IHC) has regular active parent participation. However, NJCYC general council/public meetings often lack direct parent input. Parent/family consumer agencies are well-represented (e.g. SPAN, ACNJ, CCYC state office), with parents attending (sometimes presenting at) annual meetings. Structural changes (bylaws, membership, committee) will build stronger connections & direct parent representation between the NJCYC and CCYCs for input & feedback on policy/practice, needs assessment & performance. New strategies will be explored, e.g. parent stipend/payment for meeting/travel/prep/debriefing times.

Recent efforts to improve availability/access to information for families about quality ECE program indicators include a statewide GNJK marketing campaign that resulted in multimedia messages (TV/radio/internet/billboards/fliers) and local CCYC & CCR&R outreach. Renewed marketing/promotional efforts will be implemented to coincide with the three-year PDG grant.

How NJ's Coordinated Referral/Resource System Might Be Expanded to Promote Efficient Family B-5 Access to System Services: The CI System provides easy/effective family access to local screening, resource information & referrals for EC service/supports. CI expansion adds an EC Specialist at the hub to provide IECMH risk assessment/consultation. See Section 11.1, p.64.

Examples of Family Engagement & Leadership in NJ's Mixed Delivery System: As noted above, NJ actively encourages/supports parent engagement & leadership. Initial PDG funds were allocated for Parent Leadership Training to support parents' meaningful involvement in the CCYCs and participation on advisory boards/committees. **PDG funds will be requested to expand Parent Leadership training within the CCYCs & Office of Family Voice (DCF).**

In addition to local parent-centered CCYC activities described in prior sections above, NJ has solicited parent input/feedback & participation in state-level advisory roles. Recent examples of NJ state initiatives: (a) two Union County CCYC parents became contributing members of the NJ-PACTT state advisory board. They provided input on 2-Gen policies & successfully led a Parent Involvement presentation at the 2018 NGA-PACTT National Meeting; (b) two parents participate in ICHC quarterly meetings (advisory body for NJ-ECCS Impact/HMG), contributing to goal-setting/strategic planning/program design to address cross-sector PN/infant/child needs. ICHC also provided input for developmental screening & *LTS/AE* parent education materials; (c) HS Policy Councils have a long history of parent leadership development, serving as a model for related EC efforts; (d) parents are actively contributing to the Project HOPE assessment process.

NJ Efforts to Create/Sustain Peer-To-Peer Networks that Support Information Exchange & Develop Family Leadership/Advocacy Skills: NJ is known for its diversity, i.e. race, ethnicity & cultures, including foreign-born, non-English speakers (Section 2.1, p. 5). A NJ priority for ECE service delivery is to ensure that ALL families feel respected & supported in their interactions with ECE providers & other system partners. Parent Leadership trainings mentioned above are intended to build/strengthen Peer-to-Peer connections at the CCYCs & other ECE settings. This aspect of parent leadership development must ensure that participants represent the geographic (urban, suburban, rural) and demographic (cultural/linguistic) composition of the community.

2.4 ACTIVITY FOUR: NJ Best Practices & Professional Development for EC Workforce

Describe NJ's (a) Current / (b) Proposed - PD & Best Practice Activities: (a) Current: NJ has a long & successful history of implementing best practices within multiple EC-related settings—ECE, MCH, Social Services, Family Support & Child Welfare. Adhering to training & other PD requirements (TA, coaching, reflective supervision) is key for implementation with fidelity. NJ

leaders are often called on to share expertise (implementation, training/TA, CQI) with other state & national partners. Two departments--DCF (Child Welfare, Child BH, Prevention) & DHS (GNJK-CC, WorkFirst NJ)—routinely provide PD on trauma-informed care for direct services.

(b) Proposed: The *NJ Plan* (Table 3, p. 19) identifies goals & outcomes that inform our proposed EBPs & PD activities for PDG. See details in Section 2.5-Direct & Indirect Activities, p. 39-41.

Develop/Expand Efforts to Incorporate EB Practices (EBP) into PD for ECE Providers: NJ's QRIS is a statewide initiative that incorporates EBP to raise CC quality. GNJK Standards are based on best practices that (a) ensure very young children in CC settings are given experiences preparing them for school achievement & healthy S-E growth; and (b) professionals responsible for their care have the knowledge & skills to foster children's optimal development. Participation in GNJK offers ECE programs ongoing PD training opportunities, 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 and learning environments. Provider quality & effectiveness is evaluated using EBP tools, i.e. Infant/Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS) and Family Child Care Environment Rating Scale (FCCERS). The GNJK staffing team is in-process of revising the standards for center-based, district & HS programs. In 2020, GNJK will study cross-system impacts & update/realign GNJK Standards with other EL practice standards.

Increase PD Practice-Based Coaching/Mentoring/Assessment; Trauma-Informed Care Approach; & Inclusion Strategies for Children with/at-risk for Disabilities & Delays: GNJK partners have designed a PD system that utilizes ongoing training, TA, coaching & mentoring support to develop ECE expertise across NJ, and ensure successful high quality implementation.

(a) ECE Provider Training & Assessing PD Needs: Grow NJ Kids Training Services (GNJKTS)

is a best practice that complements the rating system to build ECE quality. As referenced above (p. 12), GNJKTS is an innovative collaboration between DHS (lead) and the Rutgers Institute for Families (IFF) that manages PD for the ECE workforce. IFF coordinates, develops, delivers & evaluates training/education to advance the knowledge & skills required of EC professionals participating in GNJK. GNJKTS offers an online comprehensive training menu, including types of educational offerings, course titles & descriptions. Reports provide attendance information, as well as quantitative & qualitative participant satisfaction data, and course materials which help to inform future planning/revisions. (b) TA & Coaching: GNJK has established a systematic state structure & process for TA for local ECE providers (private, non-profit & faith-based) and registered FCC. NJ's 4 Regional TA Centers provide a team of QI Specialists (QIS) and TA Specialists (TAS) to support Centers & FCC providers during the GNJK process--on the way to rating, and again post-rating (CQI). The goal is to support programs based on their individual needs, and to reach/sustain QI over time. Standard protocols & other participant resources guide the process. Rowan University's EC Leadership Institute (ECLI) is the state hub ensuring that the Regional TA Centers are well-equipped to work with their assigned ECE providers. ECLI provides leadership PD, coaching & communities of practice to support field staff, supervisors & master teachers. **PDG funds will support expansion of GNJK Training and TA resources.**

Strategies to Address Workforce Turnover: GNJK has established standards related to employee/staff benefits--vacation time, health insurance, etc. GNJK also has set criteria for merit awards (educational scholarships & stipends) for educational advancement, i.e. \$500 for a certification or advanced degree, i.e. Child Development Associate (CDA), Associate (AA), Bachelor (BA) or P-3 certification. NJ's career lattice guides workforce educational attainment.

Strategies to Align Credentials/Certifications/Coursework across PD & Higher Ed (including Articulation) for ECE System Alignment & Career Ladder; and PD Registry Enhancement: The NJ Workforce Registry (accredited by the National Registry Alliance) is a statewide system that guides, tracks & recognizes the professional growth of the ECE workforce. Through the NJ Registry, scholarships are offered for the pursuit of a CDA (infant-preschool), AA, BA and P-3. These scholarship opportunities are available to Teachers, Asst. Teachers & FCC providers. The Registry Career Lattice identifies steps in the EC & Afterschool PD pathways, from entry-level staff to seasoned professionals. The NJ Registry Career Lattice reflects updated state/GNJK & national standards, and the evolving EC coursework at NJ colleges/universities. Periodic reviews of the career lattice will ensure alignment with standards/program changes that may affect the EC or Afterschool staff. In addition, DFD & DOE-Division of Academics & Performance are meeting to develop an on-the-job training/apprentice pathway for high school students in ECE.

Strategies to Increase NJ's Availability of Qualified Providers (include rural areas): As noted (p.14), along with raising the minimum wage, Governor Murphy's administration has issued the first substantial increase for CC subsidy rates in nearly a decade. (1) Subsidy increases for per child reimbursement use a tiered-reimbursement structure that incentivizes provider quality & adjusts the rates for infants, toddlers and Pre-K slots. (2) NJ providers have ready access to free/low cost training. As an additional incentive for GNJK participation, providers receive free access to high-quality training & supports (TA, coaching/mentoring) at convenient locations (on-site/county/regional) and times (day/evening); and other needs--Spanish language, on-line, etc. (3) DHS, DOL & DOE are working on a pilot with select Vocational High Schools that offer the CDA credential coursework. GNJK will recommend quality CC placements for CDA students to ensure they graduate with hands-on experience, ready to enter the ECE workforce. (4) DHS has

conducted a Train the Trainer (TTT) for Strengthening Business Practices supported by the National Center on Early Childhood Quality Assurance. The training provides topics on Budgeting, Financials, Marketing, and Recruiting/Retaining Staff. The foundational training will be available in 2020 statewide (English/Spanish) to FCC Providers & CC Center Directors. For additional supports specific to FCC providers, budget scenarios & fiscal examples will be offered that are applicable to FCC business operations. (5) DHS has organized a Higher Education Workgroup to further address the progressive PD needs of FCC Providers & Directors which include IECMH principles—S-E Supports & Reflective Supervision. See Bonus 11.2, p.64-65.

NJ's Best Practices & PD to the Meet Needs of (a) Infants/Toddlers; and (b) Meaningful Inclusion of Children with Disabilities & Special Needs across ECE: (a) *I/T Focus*: Ensuring the healthy growth & development of infants & toddlers is a priority for NJ across all EC settings. Best practices include PD trainings for I/T care providers based on the American Academy of Pediatrics (AAP) recommendations in *Caring for Infants and Toddlers in Child Care and Early Education* to ensure that CC centers, EHS & FCC providers meet GNJK Standards & Licensing requirements. HV staff receive core/supplemental trainings on PN-3 topics, e.g. developmental & S-E screens, immunizations, lead poisoning, breastfeeding, etc. Workers across all EC settings can participate in SF, KBCM & IECMH trainings, as previously described. (b) Inclusion: IDEA Parts C and B (619) state leaders come to the table as core partners of the IPG, NJCYC and ICHC (as the ECCS/HMG advisory body). Alignments were also made with the Community of Care Consortium for NJ's Children with Special Health Care Needs (CSHCN) & Special Child Health Services (including NJ's Autism Registry). Upon release of the federal *Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs*, a workgroup led by EI & ECCS was established with parents/providers to study NJ's ECE inclusion practices.

Interdisciplinary PD to Build Shared Understanding/Connections across EC, Health & Human Service Providers Serving Families of Young Children: As previously noted, NJ has been an active leader in promoting the SF-PF Framework within ECE settings across the state. In 2013, DCF began expanding SF trainings to include a wider multidisciplinary target audience. Cross-trainings had wide appeal & positive feedback from participants including Health, MH/BH, ECE, CPS, EC Prevention, FSC/Family Support, Social Services, Parents, Faith Partners, and more. This early success led to inclusion of SF principles within the GNJK Standards & PD trainings. SF has expanded and is now funded by DHS-DFD and integrated into the GNJK Training Centers. Keeping Babies & Children in Mind also targets a cross-sector audience to support resilience and S-E development in very young children. KBCM emphasizes the need to establish interdisciplinary connections to effectively support families with young children. DHS-DFD has integrated/expanded these important trainings into GNJK's PD planning. **NJ requests PDG funding to support continued expansion of GNJK training & TA (DHS).**

Develop/Enhance PD Strategies for ECE Workforce to Support Children's Transitions into Early Elementary Grades, including Before & After School Care: A core element of GNJK PD and QI is assuring that ECE programs are better attuned to the needs of young children B-5 during transitions across programs/settings, and when going from Pre-K to K/Early Elementary grades. The School Age contract supported by CCDF was just expanded to add training & TA. NJ (DHS) will address this new priority within transition for Before & After School Care. NJ utilizes the PF Framework in GNJK & provides frequent cross-sector trainings to ensure ECE partners use a strengths-based approach with young children & their parents/families to promote children's sense of trust & security as they move through ECE settings & systems. GNJK also places a strong emphasis on S-E wellbeing of infants/young children through KBCM, Pyramid

Model & IECMH trainings (MSU). These have been well attended with resounding positive feedback; and the need/demand continues to grow. NJ's PDG B-5 funding request for GNJK training & TA (above) includes a) expanding IECMH trainings, developing a clinical track to help professionals obtain the IMH Endorsement (IMH-E) credential & build in-state consultation capacity at the higher endorsement levels. This will ensure statewide availability of IMH consultation, including less populated/rural areas with fewer resources. And, (b) expanding Pyramid Model T/TA & coaching for participating NJ sites to include responsive & successful EC transitions in core training & follow-up coaching for direct service staff & program directors.

2.5 ACTIVITY FIVE: Improve ECE Quality, Integration & Access/Develop New Programs

NJ's collaborative, coordinated & effective ECE system design is based on data & best practices research that support EC mixed delivery providers & enhance children's learning opportunities.

Proposed PDG Activities: The *NJ Plan* (Table 3, p.19) provides an overview of goals and outcomes to improve overall quality, expand access to existing ECE programs & develop new programs to address service gaps for children/families based on identified needs. Table 7, p.40 below, summarizes NJ's proposed activities to improve the well-being of children impacted by poverty, homelessness, developmental delay, disability & other vulnerabilities. (a) Direct Impact Activities. NJ is requesting PDG funds for 2 new initiatives. (1) DCF to pilot new EBP prevention options offering less intense follow-up for families who decline long-term in-home models (HF, NFP, PAT). Initial studies have been completed examining a) *Family Connects*, an EB model for short-term HV follow-up of families at birth to provide MCH assessments, parent support & cross-sector service connections; and b) *Healthy Steps*, a pediatric (peds) office-based infant/child/family assessment with intermittent follow-up at well-child peds visits for health & parent education, developmental screening follow-up & cross-sector connections; and (2) DOH

to train & expand CHW & Doula Network services in select high need communities for PN health education, birthing support (labor & delivery), and short-term postpartum maternal/infant/family education & follow-up, including cross-sector service referral. The project period for these initiatives will encompass the 3-year grant period to allow sufficient time for start-up, model training, TA, data collection, monitoring implementation fidelity. This timeline also allows state partners to make CQI adjustments & develop sustainability resources. NJ has addressed PDG renewal Direct Impact questions and requirements in Table 7 below:

TABLE 7: NJ Direct Impact Activities

Program (state lead):	1) New EBP Prevention Models (DCF)	2) Enhanced CHW/Doulas (DOH)
Subgrant - #	Yes – 1-2 pilot sites	Yes – 7 subgrants
Identified Need / Gaps Addressed:	To address the needs of vulnerable families that decline long-term HV or other beneficial ECE supports.	
Target Population:	Vulnerable families include rural areas & parents/children with special needs, disabilities, homelessness. <i>Note: Services reach homeless families in shelter settings.</i>	
Project Length:	three-year pilot	three-year implementation
# to be Served:	# of families to be finalized upon staffing	1,380 families
Comprehensiveness:	Yes, short-term intervention in-home or peds office with links to CI resources	Yes, short-term intervention in-home or community with links to CI resources
Importance for Target Community:	These EBP models provide options for vulnerable families to participate in the EC system of care & benefit from 2-Gen support services for parents/young children	
SMART Objectives / Deliverables (# / %)	By 9/30/2020, DCF will complete core training and start-up of selected models. By 12/31/22, programs will improve MCH indicators, service referrals for 80% of participating families.	By 12/31/22, DOH will decrease poor MCH health outcomes; increase service referrals for 80% of families served; and increase CHW & Doula training for 100% of employed staff.
Tracking System to Determine Success	Yes, as part of the model - TBD	Yes, SPECT system

(b) Indirect Impact Activities: NJ is requesting PDG funding to improve the quality of local programs by enhancing EC systems components & infrastructure improvements as outlined in Tables 8A-B below. [Note: DCF administrative functions, i.e. needs assessment/strategic plan updates, PPE Plan & PDG grant oversight, are not included in Indirect Impact tables.] Project periods for indirect activities encompass the 3-year period to allow sufficient time for start-up hiring/ training & expansion, TA, data collection systems & monitoring progress to determine

potential impacts. This timeline allows state partners to make needed QI adjustments & develop resources for sustainability. Indirect Impact questions/requirements are covered in Tables 8A-B:

TABLE 8 (A and B) – NJ Indirect Impact Activities

TABLE 8A. Activity (state lead):	1) CI Hubs with EC Specialist (DCF)	2) CCYCs with Parent Leadership (DCF)
Process to Identify Needs that relate to Activities: Needs Assessment	data shows that vulnerable families often decline long-term services	NJ has gaps in sustained commitment for active parent participation
Plan to Improve EC Systems Components &/or Local Program Capacity for System Linkages	Collaboration with State IPG and NJCYC Stakeholders to review/analyze data updates; and collaboration with Local advisory group partners to review/discuss data updates & parent feedback.	
Project Length:	three-year	three-year
# of subawards	up to 21	up to 21
# to be Served:	21 counties	21 counties
SMART Objectives / Deliverables <i>Note: # or % included as feasible.</i>	80% of families will accept initial referral for service links	Each CCYC will recruit a minimum of 10 parents/family members
Est # of Programs, Children/Families to Benefit from Subgrant Activities	To be finalized varies by county	To be finalized varies by county
Data Tracking to Determine Success	Yes - SPECT	No manual tracking

TABLE 8B. Activity (state lead):	4) GNJK Training & TA PD Activities (DHS)	5) 2-Gen Workforce Coordination (DOL)
Process to Identify Needs that relate to Activities:	Survey data and data collection from GNJK enrolled programs	Needs assessment data for poverty/vulnerable families
Plan to Improve EC Systems Components &/or Local Program Capacity for System Linkages	Develop regional resource centers with consultants to support S-E PD needs; and provide clinical support	State DOL 2-Gen coordinators to consult/advise county Workforce Investment Boards-One Stops
Project Length:	three-year	three-year
# of subawards	up to 4	0
# to be Served:	programs enrolled in GNJK	21 counties
SMART Objectives / Deliverables <i>Note: # or % included as feasible.</i>	-Reduce # children expelled/suspended -Children with challenging behaviors are supported & families have choices -GNJK sites obtain/maintain ratings -Increase # sites achieve higher ratings	Year 1: Training & outreach to county WIBs about their role in 2-Gen success & gather data to inform objectives for Yrs 2 & 3.
Est #'s (TBD) of Programs, Children/Families to Benefit from Subgrant Activities	-all children/programs-IECMH referral -all GNJK enrolled program/providers -# of ECE providers attending training	In Year 1, establish baseline data for WIB participation/activities for parents with children PN-5
Data Tracking to Determine Success	Yes - NJCCIS	No – manual tracking

2.6 ACTIVITY SIX: Monitoring, Evaluation and Data Use for Continuous Improvement

Data Integration, Management & Data Use: (1) *NJ's progress in developing an ECIDS to improve ECE delivery & EC system:* The planning & operational aspects of NJ-EASEL are progressing on schedule. This cross-agency collaboration (DOE, DHS, DCF, DOH and DOL) receives technical support from the Office of Information Technology (OIT). Now in Phase 2,

NJ’s long-term plan (4 phases over 8 years) will fully integrate EC data for child (including PN), family, classroom, program & workforce; and answer critical questions about ECE programs that align with school readiness goals. The design of NJ EASEL (DOE lead) was initiated in 2013 (RTT-ELC) with input from NJCYC Data Committee. The 12-month in-depth review examined current agencies/programs & EC data systems across departments; and established EC goals, objectives & desired outcomes. Phase 1 was completed November 30, 2018. PDG initial grant funds helped NJ move ahead with Phase 2 plans. See Table 9 below for: 1) *Collaborating partners*, 2) *EC-related programs*, 3) *Data links*, 4) *Reporting capability*, and 5) *Current status*.

TABLE 9: NJ-EASEL Development (Data Integration, Management & Use)

1) Collaborating Partners	2) Collaborating Programs	3) Data Collection System Links	4) Reporting Capability	5) Status: <i>envisioned, in-process, operational</i>
DOE (lead)	State Pre-K	NJ SMART/CDS	yes	operational
	HS/EHS	NJ SMART/CDS	yes	operational
	Part B, sect 619	NJ SMART/CDS	yes	operational
	Public Ed K-3	NJ SMART/CDS	yes	operational
	Title 1	Title 1	no	envisioned
DHS	CC Subsidy - CCDF	CARES / OMEGA	yes / no	operational / envisioned
	GNJK	Workforce Registry	no	envisioned
	TANF	FAMIS	no	envisioned
	SNAP	FAMIS	no	envisioned
	WorkFirst-Child Care	OMEGA	no	envisioned
DCF	HV - HF	FamSys	no	in-process
	HV - PAT	PATSys	no	in-process
	HV - NFP	NFP	no	envisioned
	Child Protective Services	NJ SPIRIT	no	envisioned
DOH	Child Care Licensing	LIS	no	envisioned
	PN/Birth Data	EBF	no	in-process
	IDEA Part C-EI	EIS	no	envisioned

(2) How NJ Assesses Data Literacy of Users: Current NJ-EASEL users are IPG representatives.

For Phase 1, work sessions were held with data users to ensure understanding & interpreting of the reports to increase the decision makers’ knowledge/appropriate use of state/county level data.

(3) Plan/Structure for Data Governance across State Agencies: (a) Data Sharing Agreements-

NJ’s Data Governance Plan is a cross-agency governance structure with roles & responsibilities, and policies & procedures for oversight/governance of NJ-EASEL. DOE has fully executed Data

Sharing MOAs in place for NJ-EASEL with: OIT executed in Dec. 2015, DCF & DHS executed in May 2016, and DOH executed in Dec. 2016. Additional MOAs are in place for Professional Services (July 2017), and Maintenance & Support (June 2019). All these agreements have been extended through Dec 2019. Extensions will be created for each MOA listed above pending the PDG award. *(b) Addressing Privacy & Confidentiality*, Each of the data sharing agreements address privacy of the data governed by the Federal Educational Rights and Privacy Act (FERPA), which protects the privacy of student education records. Other Federal & State statutes and regulations also apply, including maintaining confidentiality of all health records as required by the Health Insurance Portability & Accountability Act (HIPAA). In addition, Confidentiality, Safeguards & Security requirements for all data exchange activity shall be in accordance with federal & state statute, laws & regulations as identified in the data sharing agreements.

(4) NJ Plans/Approach for Unique Identifiers for Children, Families, Workforce & Providers:

Statewide unique identifiers for each child currently do not exist in NJ. NJ-EASEL creates a unique identifier for each child as part of the matching process, utilizing demographic data elements (name, gender, age, race & ethnicity). NJ's Statewide Longitudinal Data System (SLDS) is represented by 3 systems: NJ-EASEL (early childhood), NJ SMART (K-12) and NJEEDS (postsecondary/workforce). DOE has applied for the 2019 SLDS Grant Program, which includes EC, Elementary/Secondary, Postsecondary, & Workforce Data System integration to: a) Develop a state-level governance structure to coordinate activities between EC (NJ-EASEL), K-12 (NJ SMART) & postsecondary workforce (NJEEDS) longitudinal data systems, and, b) create a statewide identifier process/plan for ID resolution across all SLDS source systems within NJ.

(5). NJ's Status for an Unduplicated Count of Children in ECE Programs: Unduplicated counts of children included in NJ-EASEL Phase 1 Reports are based on child enrollment in specific

programs/services per county or statewide, using a subset of the NJ-EASEL systems integrated to date. For example, a Phase 1 report identifies linkages between high-quality ECE programs for participating children. This report is designed to help IPG partners understand service patterns & identify needs/gaps based on participation in combinations of multiple programs. Ultimately NJ-EASEL reports will guide NJ decisions on EC resource allocation and service improvements.

Monitoring, Evaluation & Continuous Improvement: (1) Tools & Methods to Promote Accountability across ECE Mixed-Delivery: NJ relies on 4 methods to promote accountability: (a) Strong Governance: The IPG (5 state agencies) reviews alignment of EC programs with the state's vision, performance outcomes for the PN-5 population, and the impacts of program improvements, as well as changes in regulations & standards. The NJCYC & 21 CCYCs incorporate stakeholder input/parent voices and will increasingly do so with PDG funds to assure that family perspectives regarding program quality inform refinements. These approaches are achieved through structured regular meetings including presentations from key stakeholders & review of monitoring/evaluation findings; (b) Outcomes Based Accountability: NJ has a strong culture of reviewing program effectiveness (e.g. QRIS, HV Benchmarks, and CI-CQI), as well as engagement and leadership roles in national QI efforts (e.g. HV CoIIN and ECCS CoIIN); (c) Utilization-Focused Evaluation: NJ engages stakeholders at the outset from evaluation design through interpretation of results to assure use of findings; (d) Data Systems: NJ invests in data systems (e.g., NJ-EASEL, Workforce Registry) to track progress and benchmarks.

(2) Areas of Fragmentation & Overlap, with Increased Sustainability: NJ uses its governance structure to align programming efforts and minimize fragmentation/overlap. PDG funds will further reduce fragmentation through structural NJCYC & CCYC changes, IPG review of EC-related policies across agencies, identification/alignment of EC funding streams, and renewed

marketing/promotional efforts to improve availability and access to information for families (*NJ Plan*-Table 3, p. 19). In addition to strong governance, NJ strengthens sustainability through a mixed delivery system with public-private support for services & infrastructure (e.g., integrated data systems, professional development) and a shared vision for the EC System of Care.

(3) Program Performance Evaluation Plan: See Section 5, pp 51-56 for detail of NJ's PPE Plan.

(4) Alignment of PPE with Needs Assessment & Strategic Plan: JHU will review the PPE annually to reflect ongoing needs assessment and strategic plan updates, and new EC-related needs assessments, strategic planning priorities, and activities. End of the year summaries with updates will review these changes and support coordination with other EC planning efforts.

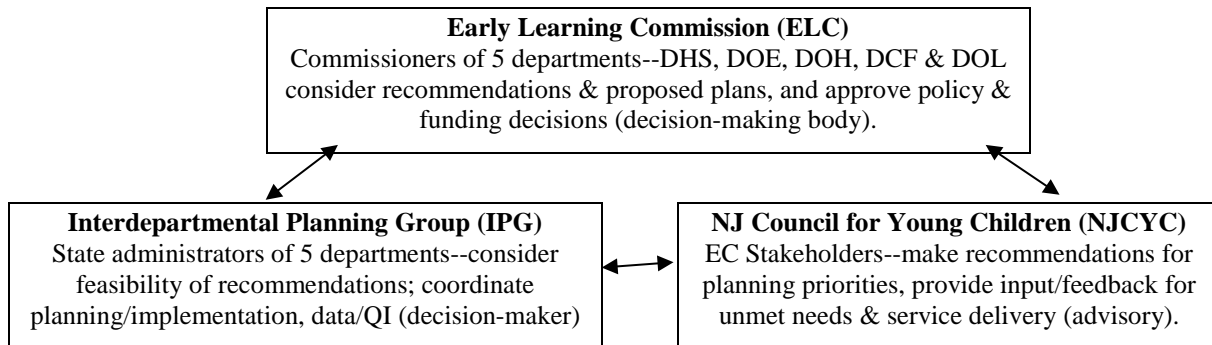
(5) Build on Progress from Previous PDG B-5: NJ builds on prior PDG B-5 activities and recommendations from emerging priorities in the Strategic Plan in addition to building on lessons-learned (Table 6, p. 26). (a) Spending: PDG renewal grant funds are allocated for two Direct Impact Activities (Table 7, p. 40)—1) EBP Prevention Models (new) & 2) CHW/Doula Network (enhanced/new). NJ has identified four Indirect Impact Activities (Tables 8A-B, p. 41)—1) CI Hubs-EC Specialist (sustained), 2) CCYC-Parent Leadership (sustained), 3) GNJK Training and TA Activities (new components), and 4) 2-Gen Workforce Coordination (new). The Budget Table 1 on, p.58-58 provides specific funding requests/costs for each component.

(b) Funding Alignment: NJ has a strong track record of sustainability for proven strategies (see Section 7, pp. 56-57). An important role of the IPG is to ensure coordinated, integrated, quality service delivery, as well as to examine funding streams for recommendations to align resources. An example referenced earlier, pertains to SF trainings—originally funded by DCF-ECS and subsequently integrated into GNJK standards & training (DHS-DFD sustaining funds). Similar steps will occur for all PDG renewal program components & corresponding funding requests.

(c) Additional Funding Streams: The ELC, IPG & other state EC Stakeholders, including private foundations/EC Funders Collaborative are working together to identify funding streams to support essential services & proven practices. Also see Section 7, pp. 56-57.

Meaningful Governance & Stakeholder Engagement: (1) NJ's Governance Structure - Since Initial PDG Grant: NJ governance is essentially unchanged from its inception in 2012. This effective & responsive structure has high-level Commissioner support (Appendix 2, p.71). ELC designates their senior staff to participate in monthly IPG meetings. The IPG designees represent a wide range of EC related services (see Table 10 below). They are committed to coordination, collaboration & integration across departments/agencies/programs. IPG considers the feasibility of EC program/policy recommendations (e.g. from NJCYC), develops viable implementation plans, presents them to the Early Learning Commission (ELC) & collaborates with relevant state organizations & agencies to carry out plans. Diagram 1 below shows NJ's well-established decision-making path (ELC, IPG & NJCYC) with relationships, roles for input/feedback/recommendations; program planning/design implementation; coordination & integration; policy development; data/QI, evaluation & policy direction.

Diagram 1: NJ ECE Governance and Decision-Making Structure



NJ Stakeholders: Table 10 below lists key individuals (name/affiliation), including IPG & NJCYC members involved in ECE / PDG assessment, planning & implementation activities.

TABLE 10: NJ ECE Stakeholders [Note: Due to space limits, this is a partial listing.]

Name	Agency	Representing:	
Natasha Johnson	State DHS – Division of Family Development (DFD)	IPG/ Pritzker	Asst. Commissioner-DFD (WorkFirst NJ TANF/GA, SNAP, CC, Child Support)
Andrea Breitwieser	State DHS - DFD	IPG	Grow NJ Kids
Margaret Milliner	State DHS - DFD	IPG	Childcare / CCDF Administrator
Cary Booker	State DOE - Division of EC Education (DECE)	Pritzker	Asst. Commissioner - DECE Pre-K, K- 3 rd Grade & HS Collaboration
Tonya Coston	State DOE – DECE	IPG	Deputy Asst. Commissioner-DECE
Suzanne Burnette	State DOE - DECE	IPG	NJ Head Start Collaboration Director
Erika Kelley	State DOE – DECE	IPG/Pritzker	NJCYC (SAC) Director
Alexis Ziegler	State DOE - Special Education	IPG	Preschool Special Educ. (Part B/619)
Niurca Louis	State DCF - Division Family & Community Partnerships (FCP)	IPG	Asst. Commissioner-DFCP (EC, Family Support & School-Linked Services)
Lenore Scott	State DCF – ECS	IPG/Pritzker	EC Administrator-HV, SF, CCYC
Ericka Dickerson	State DCF – ECS	IPG	ECCS Impact/HMG Manager
Joslyn Bjorseth	State DCF-Office of Licensing	IPG	OOL Director
Lisa Asare	State DOH Division of Family Health Services (FHS)	IPG	Asst. Commissioner-DFHS (includes MCH, SCHS/EIS, WIC, and more)
Juliet Jones	State DOH - FHS	IPG	Program Manager, SNAP ED
Sandra Howell	State DOH - FHS	IPG	Early Intervention (Part C)
Dr. Lakota Kruse	State DOH – FHS	Pritzker	MCH - Medical Director
Danielle Jubanyik	State – DOL (Labor and Workforce Development)	Pritzker	Director, Adult Education & Literacy
Gillian Gutierrez	State – DOL	IPG	Director, Strategic Planning & Outreach
Lauren Lalicon	Office of The First Lady	IPG/Pritzker	Policy Advisor/EC Liaison
Cecelia Zalkind	Association for Children of NJ	NJCYC Pritzker	Executive Director, ACNJ
Fran Gallagher / Harriet Lazarus	American Academy of Pediatrics (AAP) NJ Chapter	NJCYC	Pediatrician Outreach, Research and Education
Kaitlin Mulcahy	Montclair State University-MSU & NJ Assn Infant Mental Health	NJCYC Pritzker	Assoc. Director, MSU IECMH/Autism President NJAIMH / IMH Clinician
Diana Autin	State Parent Advocacy Network	NJCYC	Co-Executive Director, SPAN
Cynthia Soete	Coalition of I/T Educators	State/Pritzker	President
Bonnie Eggenburg	Gateway EHS/HS Program	Local/Pritzker	Vice President
Kay Hendon	The Nicholson Foundation	State/Pritzker	Sr. Program Officer
Beverly Lynn	Programs for Parents	Local/Pritzker	CEO
Elizabeth Mahn	Citizen representative	Pritzker	Leadership Team member

SECTION 3. PROJECT TIMELINE AND MILESTONES

Refer to Appendix 5 on p.74 for a detailed timeline with monthly/quarterly projections. NJ has outlined list of key activities for improving the overall quality of ECE programs and provider services over the 36-month grant period. Documenting Progress in Achieving Milestones: NJ has established processes for tracking accomplishments through program-level documentation, & program-specific data systems to track critical indicators of performance & guide QI activities.

SECTION 4. 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 stable organizational structure & fully possesses the capacity, resources, relationships, program & fiscal expertise needed to lead, manage and achieve desired PDG outcomes. DCF operates under the leadership of Commissioner, Christine Norbut Beyer, MSW, with responsibility for an annual operating budget of \$1.5 billion and 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 EL Commission with a direct voice to the Governor. DCF serves & safeguards NJ's most vulnerable children/families as reflected in our mission to *ensure the safety, well-being, and success of NJ's children & families in partnership with New Jersey's communities.*

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

- Division of Family & Community Partnerships (FCP) – early childhood/prevention services
- Office of Licensing (OOL) – for childcare centers and registered family childcare providers
- Division of Child Protection & Permanency (CP&P) – child protective services
- 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, Niurca Louis oversees FCP offices for Early Childhood Services (OECS) and Family Support & School-Linked Services. She communicates directly to Commissioner Beyer. This relatively flat hierarchy ensures timeliness in advancing the work of PDG B-5. Refer to Appendix 4, p. 73 for DCF's organizational chart showing lines of authority

within DCF to PDG B-5, and links with EC-related departments & partners. Project staff have extensive experience in program planning & development, fiscal accountability, monitoring & TA, and collaboration to maintain an active network of public-private partnerships.

The OECS will provide direct oversight of PDG. 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: HV (HF, NFP & PAT models); ECCS Impact/HMG NJ, Central Intake (with DOH), County CYCs, SF in ECE, and Project HOPE. Other DCF offices provide services that complement EC, e.g. Family Success Centers operate in all 21 counties with onsite resources for parenting, father support & more. FCP staff & practices reflect the nationally recognized *PF Framework* to promote strong families and mitigate risks.

Culturally Appropriate Services: FCP approaches its work at the state & local levels with a deep regard for the communities served and the individual attributes & beliefs that influence the life experiences of parents/families. Needs assessments require careful attention to factors that influence culture--including racial/ethnic identity, age, education, gender, sexual orientation, religious/spiritual beliefs, income, employment & more. DCF protocols require staff & grantees to demonstrate culturally appropriate & 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 family literacy needs. FCP-funded programs are expected to employ staff that are culturally/linguistically representative of the communities served. Program staff receive training & support in cultural competence and responsiveness; and apply this knowledge in their work with families, children & communities.

Fiscal Accountability: FCP program administrators work closely with DCF Budget Director 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:

- 1) Federal Title IVB (US DHHS, ACF) for local prevention activities issued as local grants.
- 2) Federal TANF funds through a MOA with NJ DHS for HV and School Based Youth Svcs;
- 3) Federal US DHHS, HRSA funds for MIECHV funding in collaboration with the NJ DOH.
- 4) Federal HRSA funds for the ECCS Impact initiative – funded through July 2021
- 5) Federal US DHHS, ACF funds for NJ Community Based Child Abuse Prevention (CBCAP)

Qualified Staff with Experienced Leadership in EC Systems & Services:

(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) 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/evaluation activities; & 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. At the conclusion of the grant, the coordination roles will be subsumed by the relevant agencies.

(c) 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 / Interagency Collaboration & Coordination: NJ's effective cross-agency governance structure has high-level state agency & stakeholder leadership. See Section 2.6- *Meaningful Governance & Stakeholder Engagement* on pp. 46-47. This design ensures that NJ's most vulnerable infants/children & families are well-served through meaningful communication, interagency coordination/teamwork, and streamlined decision-making for allocating fiscal & staff resources. If selected for PDG B-5, NJ will be immediately ready to implement the *NJ Plan*.

SECTION 5. PROGRAM PERFORMANCE EVALUATION PLAN

NJ partners are committed to implementing a comprehensive PPE Plan that tests & promote the effectiveness of NJ's core ECE and 2-Gen strategies proposed for the PDG Renewal Grant.

(1) Purpose, Audience & Evolution: The PPE will be led by JHU in partnership with DCF. Its purpose is to: (a) monitor ongoing activities; (b) track progress towards the goals & objectives (Table 3, p.19) and PPE Aims (Table 11, below); and (c) contribute to CQI for both CI and Doula services. The intended audience for PPE is the IPG & other EC system stakeholders (providers, staff, families, & policy makers). The PPE Plan will be updated following finalization of the *NJ Plan* (expected 2/29/20) & annually thereafter to assure relevance with updates to the needs assessment and strategic plan.

(2) Aims & Questions: Consistent with the approach JHU has used over the past 10 years in conducting ECE evaluations in NJ, we expect PPE foci to evolve as progress is made & barriers experienced. Aims & sample questions are presented below in relation to the *NJ Plan* which was developed based on updated needs assessment findings.

Table 11: Strategic Plan, PPE Aims and Sample Questions

Strategic Plan Domain	Aim (pending finalization of strategic plan by 2/29/20)	Sample Questions
Quality of Services	Examine how quality of EC services changes over time.	Do more children receive high quality IECMH, HV, and other EC services?
Equitable Access to Affordable Services	<ul style="list-style-type: none"> ● Assess how changes in minimum wage impact access to EC services. ● Strengthen CQI function of CI Hubs to determine cause of decline in screens/referrals identified in needs assessment. 	<ul style="list-style-type: none"> ● What is effect of increased minimum wage on childcare providers and families? ● Does use of PDSA cycles & data dashboards lead to more families satisfied, screened by CI services & enrolled in HV in 1 month or less?
Collaboration and Partnership	Align conflicting policies across EC agencies in IPG	Does use of a structured policy review create better aligned policies?
Communication and Awareness	Assess whether unified communication strategy promotes understanding of shared vision.	Do enhanced marketing and family engagement lead to increased family awareness of programs and increased participation in EC services?
Parent Involvement & Leadership	Increase parent involvement and leadership through committee structural changes and enhanced training.	Do stronger links between NJCYC and CCYC, and Parent Leader trainings increase opportunities for parent input and feedback?
Workforce Development	Enhance continuum of professional development opportunities	Do peer coaching and reflective supervision lead to reduced staff turnover?
Sustainable Financing	Promote blended funding streams to sustain financing of EC services.	Does sustained funding lead to greater provider/service continuity for families?

(3) Key Personnel: JHU & DCF provide key personnel for the PPE. Key personnel, their expertise, responsibilities & extensive history of conducting evaluations in partnership with NJ state agencies are described in Section 10 (Budget Justification, p. 62-63), the JHU Letter of Commitment (Appendix 3, p. 72). (4) Data Sources & Improvements to Existing Data Capacities: Data sources to assess achievement of expected outcomes are described in Section 1 and will be supplemented by stakeholder meeting minutes & subcontractor/grantee evaluations (e.g., HealthySteps, Family Connects). NJ-EASEL’s continued development will enhance data capacity to address program implementation & outcomes reporting (Section 2.6, p.41). Table 12

below shows currently available data sources to monitor NJ ECE service delivery. The PDG Project Coordinator will ensure that state/local CI data sharing agreements are up-to-date.

Table 12: NJ ECE Data Sources

State Agency	Program Focus - Data System	Type of Data
DCF	HV Healthy Families - FAMSys HV Nurse-Family Partnership - ETO HV Parents As Teachers - PATSys Central Intake - SPECT (w/DOH) HMG - ASQ Enterprise System Licensing Information System - LIS Prevention data-e.g. Family Success Centers CPS data system - NJ SPIRIT	client level data same as above (s/a) s/a s/a s/a Center & FCC provider data Center data client level data
DOH	MCH Birth Outcomes-NJSHAD BRFS-Behavioral Risk Factor Survey (adding ACES) SPECT-Prenatal Risk Assessment/Community Screens Central Intake-SPECT / CHW Outreach-SPECT WIC data system	population data client level data s/a s/a s/a
DHS	CCDBG Child Care Subsidy-CARES GNJK - QRIS data GNJK - Workforce Registry CCR&Rs - NACRO TANF/GA, SNAP, Child Support - data systems	client level data participant agency data staff data provider data client level data
DOE	NJ SMART-longitudinal data PreK to Secondary NJ SMART-Workforce data EHS/HS – subset is in NJ SMART NJ EASEL (see pp. 42-43) SPP/APR data (indicators 6, 7 & 8)	student data workforce - individuals infant/child participants integrated data Part B (619) data
DOL	Workforce data - Office of Information & Research	individual and employer data

(5) New Data Sources & Data System Revisions: New data sources (e.g., evaluations of direct impact activities by subcontractors) will be incorporated into the PPE as they become available and others sources (e.g., focus groups, key informants) identified to meet emerging PPE needs in response to changes in the needs assessment and strategic plan. Data system revisions focus on NJ-EASEL (Section 2.6, pp.41-43). *(6) How DCF Will Collect/Manage Data:* The PDG Project Coordinator and key partner staff will identify all key data elements & related data management systems for NJ partners. The Project Director will provide oversight & guidance to the Project Coordinator & Program Assistant, as needed. DCF staff will work collaboratively with JHU as they do for MIECHV & ECCS evaluations. Since 2012, DCF & DOH have used the evaluation process to strengthen CQI activities within the NJ-HV network. NJ implements a standard CQI

process for implementing agencies/programs using data dashboards with links to HV systems.

(7) Approach: NJ will conduct a utilization focused, mixed methods evaluation. The plan includes an array of existing program data sources (Table 12 above) to inform the PPE & ensure the ability to track/report process & outcome indicators that measure effective ECE core services & systems linkages to other EC supportive services. Data collection & tracking are the basis of NJ's strong quality assurance process. Requirements for timely & accurate CQI data are a standard component of DCF's annual contract renewal process. NJ's approach to CQI aligns with principles of quality improvement. The approach is family focused, involves teamwork with leadership and front-line staff across each of the CI hubs and programs; uses data to identify problems, analyze processes, and test changes; and applies a systems perspective to understand how to improve functioning. NJ uses the Model for Improvement, the Institute for HealthCare Improvement's methodology for QI. As such the QI team, co-led by JHU & DCF, uses multiple QI tools including process mapping, key driver diagrams, PDSA cycles, and data dashboards to measure progress. NJ has developed a key driver diagram and measures 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 & HV data to assess/improve the efficiency of CI for referring families into HV. As a result of this work, NJ has a better understanding of the CI system, a foundational step to improvement. For example, NJ learned that when CI has successful contact, families are more likely to enroll in HV. NJ is now poised to use PDSA cycles & testing to improve CI Hub performance on shared measures (e.g. families enrolled in HV \leq 1 month).

(8) Metric Aligned with Data Sources: NJ's Logic Model (Appendix 6, p.75) identifies many of the key indicators/metrics and corresponding data sources that will be used to show progress and inform continuous learning and improvement. (9) Refined Logic Model and Associated

Process & Cost Indicators and Outcomes: Collecting process, impact & outcome data is central to NJ's Logic Model (p, 75). PPE core partners (DCF, IPG & JHU) will identify process, cost & implementation reporting requirements in alignment with the updated Needs Assessment & Strategic Plan (key indicators, target populations & geographic areas that will benefit most from implementation of ECE services). (10) Short- and Long-Term Outcomes: Short- and long-term outcomes, shown in the Logic Model, are linked with proposed *NJ Plan* activities (p. 75).

(11) Leverage PPE Findings to Support CQI: DCF/JHU's evaluation and CQI meetings for HV (in place since 2008), provide a prototype for PDG. Sustained & vibrant partnerships across stakeholders/service sectors have supported data driven decision-making. NJ expects that implementation report findings will similarly inform continuous learning and improvement through PDG. NJ's CQI work is informed by experience in HV CoIIN focused on family engagement & developmental health promotion, and the ECCS CoIIN focused on children being developmentally on track at age 3 years. As part of HV CoIIN, NJ has led a learning collaborative with monthly data uploads, coaching calls (JHU & partner leads) and peer networking calls resulting in cross-pollination/shared learning & joint problem solving.

(12) Work with TA Providers: The NJ team & evaluators have years of experience working with TA providers (e.g., MIECHV, LAUNCH) and look forward to continuing to benefit from guidance in finalizing the implementation reporting plans.

(13) Potential Obstacles & Strategies to Address: The DCF/JHU team has a long history of productive collaborations (JHU Letter, p. 72). We are confident in our ability to jointly problem solve to address barriers as they arise. Proposed strategies to potential barriers include: (a) Delays in receiving data – Set reasonable expectations with stakeholders, send reminders, & prioritize other tasks while awaiting data; (b) EC staff at partner agencies reluctant to

participate in data collection efforts given competing priorities – Identify EC champions (IPG) who support PPE & encourage participation, include requirements for timely/accurate data as standard components of contracts, align data reporting with other reporting requirements to avoid concurrent deadlines, share evaluation findings to increase investment in future efforts; (c) *Inability to fully engage stakeholders via phone or web-based conferencing* – Attend stakeholder groups in person as JHU currently does to optimize quality of interactions, identify alignment of PPE goals/strategies with interests of stakeholders, use participatory strategies; (d) *Executing contracts/MOUs*—Revise timeline, identify/address delays, as appropriate.

SECTION 6: LOGIC MODEL

NJ's Logic Model (Appendix 6, p.75) provides a conceptual framework & summary of links among/across key elements--vision, target population, project goals, inputs/resources, activities/outputs, expected short- & long-term outcomes & data/evaluation plan for measuring success.

SECTION 7. PROJECT SUSTAINABILITY PLAN

Governor Murphy and state leaders are committed to ensuring that all children, especially NJ's vulnerable & underserved children/families, have access to carefully designed, enriching early experiences. With over a decade of experience, IPG leaders regularly update Commissioners on work plans, child/family outcomes & long-term program implications. NJ will continue to refine/strengthen core services in the *NJ Plan* & develop a viable long-term sustainability plan. Based on the commitment of Pre-K expansion funds, along with a strong track record of sustainability, we are optimistic that sustainability will be established for core PDG service components.

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. NJ leaders & EC stakeholders strive to refine & build capacity of key ECE services/systems linkages. RTT-ELC

helped NJ establish core ECE best practices & quality components, e.g. GNJK quality rating system, GNJK PD/Training & TA, which now have sustainability within existing structures & budgets. Several systems & EBP components, such as CI & CHW/Doulas, will utilize this three-year renewal period for longer-term feasibility planning, e.g. DOH will work with NJ Medicaid for Doula services, and DCF will explore options for Family Voice/CCYC support.

NJ has a solid track record in sustaining best practices within the MCH & ECE sectors. As with prior initiatives, data/evaluation results drive NJ's process for expansion and ultimately sustainability of effective strategies that improve ECE quality/access for NJ's children/families. We are confident the same will hold true for strategies in the *NJ Plan*. Past successes include: (1) Central Intake Hubs: Within a decade of developing the original CI concept, IPG state partners helped to expand CI to all 21 counties. Partial funds now come from DCF & DOH (state & federal). PDG B-5 will help build CI capacity. (2) EBHV: DCF's early HV efforts (1990s) targeted only high-risk municipalities. Since then, state & local leaders worked to expand models, service area (statewide) & capacity (now at 7,000 families). NJ uses blended funding for HV--DCF-Title IVB/state funds, DHS-TANF and DOH-MIECHV. In 2019, NJ Medicaid is working with DCF & DOH to implement an approved Medicaid HV pilot to grow & sustain HV services. If Family Connects & Healthy Steps pilots are successful, DCF will explore a Medicaid waiver with DHS for sustainability. (3) GNJK: As previously noted, IPG partners have implemented a sustainability plan for many aspects of QI ratings, training & TA.

SECTION 8: DISSEMINATION PLAN

NJ will use general communications strategies similar to those for RTT-ELC grant & GNJK as a framework for disseminating PDG B-5 renewal reports (e.g. Needs Assessment), materials, and/or project activities/program information to key target audiences. Messages & materials will

be tailored to/developed with audience input (e.g. focus groups/surveys). Target audiences may include: mixed delivery providers, ECE staff/workforce, state & local stakeholders, EC-related partners (health, social services, etc.), parents/families, and/or other interested organizations, e.g. philanthropy. Brochures, educational materials, screening tools & other products will be online; and provided in multiple languages. Selected reports will be printed & distributed via the NJCYC and/or other partner/stakeholders. NJ will ensure that final dissemination plans include the required components: a) dissemination goals and objectives; b) strategies to identify and engage with target audiences; c) allocation of sufficient staff time and budget for dissemination purposes; d) preliminary plan to evaluate the extent to which target audiences have received project information and have used it as intended, and e) the timeline for dissemination.

SECTION 9: THIRD-PARTY AGREEMENTS

Refer to Appendix 2, p. 71 for NJ Interdepartmental Agreement signed by the Commissioners of DOE, DHS, DOH, DOL & DCF with authority from Governor Murphy (Appendix 1, p. 69) to make such commitments for their departments. The Agreement briefly describes roles of each department for PDG renewal activities. DOE will provide the 30% match in state PEA funding for each grant year. DCF will execute formal MOAs upon notification of grant award from ACF.

SECTION 10: PROJECT BUDGET and BUDGET JUSTIFICATION

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

Line Item Budget: See *Budget Table 1* below for NJ’s line item budget request to ACF, along with identified non-federal matching funds. Note: Budget Years 2 & 3 are essentially the same.

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

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, <i>also travel in h) Other</i>	\$1,150	0	\$1,150
d) Equipment	0	0	0
e) Supplies:	0	in-kind	0

f) Contractual:	\$5,123,020	\$0	\$5,123,020
MSU PDG State TA/Oversight	\$ 249,783	0	\$ 249,783
MSU State CCYC Oversight	\$ 222,737	0	\$ 222,737
CCYC / Parent Leadership	\$1,769,500	0	\$1,769,500
CI / EC Specialist enhancement	\$1,750,000	0	\$1,750,000
New EBP Prevention models (pilot)	\$ 751,000	0	\$ 751,000
JHU-Needs, <i>NJ Plan</i> & PPE Plan	\$ 380,000	0	\$ 380,000
g) Construction	0	0	0
h) Other: includes DC travel	\$7,375,830	\$3,750,000	\$11,125,830
DOH – CHW/Doula Network	\$1,401,150	0	\$1,401,150
DHS – GNJK Training & TA (IECMH)	\$3,101,150	0	\$3,101,150
DOE – NJ-EASEL	\$2,792,380	\$3,750,000	\$6,542,380
DOL – Workforce Coordination	\$ 81,150	0	\$ 81,150
i) Total Direct Costs	\$12,500,000	\$3,750,000	\$16,250,000
j) Total Indirect Costs:	0	in-kind	0
PROJECT TOTAL:	\$12,500,000	\$3,750,000	\$16,250,000

Cost Sharing/Matching Requirement: NJ is requesting \$12.5 million for this 12-month grant. The required match of \$3.75 million (30%) will be met within each year of the PDG grant. These are committed state dollars for NJ Preschool Expansion Aid (PEA). Funds are administered by DOE, a core partner in PDG B-5 (Appendix 2, p. 71) Interdepartmental Commitment Letter signed by 5 NJ State Departments). This is a credible plan because PEA funds targets communities serving vulnerable children, i.e. less than 200% of FPL; and a portion of PEA funds may be used for Pre-K enhancements, i.e. curriculum improvement, PD, parent/family engagement, S-E supports, coaches, social workers, and ECE transitions. PEA priorities align with proposed PDG B-5 activities identified in this proposal.

Projected Funds for Each Required Activity: Below in *Budget Table 2* is a summary of funds for the six required PDG B-5 Activities, the PPE Plan and State technical assistance activities leading to successful implementation of grant requirements.

NOTE: NJ meets the required 5% (\$625,000) allocation for Evaluation Activities as follows--

- \$380,000 for JHU Team: 1) to conduct annual data review/analyses/updates to the Needs Assessment & Strategic Plan; and 2) design/implement the PPE Plan & related CQI activities.
- \$245,000 for NJ-EASEL: This is only a small portion of the total funds allocated for ECIDS, but applies to the evaluation requirement, as Phase 2 reports are now available for review/analysis.

Sustainability Plan: As described in Section 7, p.56-57, NJ has a strong record of sustainability and we fully intend to identify/solidify ongoing sources of support for key components of PDG B-5. *Budget Table 2-Column 4* provides a credible preliminary plan to sustain key activities.

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

1) PDG Priority Activities	2)Activity Lead	3) ACF Funds	4) Long-Term Sustainability
Activity 1-Needs Assessment	DCF with JHU	\$ 40,000	Does not apply - ends 2019
Activity 2 - Strategic Plan	DCF with JHU	\$ 40,000	Does not apply - ends 2019
Activity 3-Parent Choice/Knowledge a) CI and b) CCYC/Parent Leadership c) CHW/Doula Network	DCF-EC (a & b) DOH-FHS (c)	\$3,469,500 \$1,400,000	DCF-Office of Family Voice, Family First Act; DOH-Title V, NJ Medicaid
Activity 4 - Sharing Best Practices a) GNJK - PD (IECMH/Pyramid)	DHS-DFD	\$3,100,000	Joint decisions--DHS-CCDF and/or DOE-PEA funding sources

Activity 5 – Quality/Integration/Access New Prgrms: a) HV pilot, b) 2-Gen/Labor	DCF-ECS for (a) DOL-Outreach (b)	\$751,000 \$ 80,000	HV NJ Medicaid waiver DOL-IPG discuss project success
Activity 6 – Monitoring/Data/CQI NJ EASEL (overlap with Evaluation)	DOE-DEPE	\$2,791,230	Early Learning Commission/IPG for long-term ongoing costs
PPE Plan (includes CQI activities) Implementation Report/Data Planning	DCF with JHU & IPG partners	\$300,000	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	\$472,118	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**

- Lenore Scott will serve as the Project Director (12-month, minimum of 10%). As the ECS Administrator, she will provide high-level administrative oversight of the grant & guide the work of the PDG B-5 Project Coordinator. Lenore participates on the IPG and joins the DCF Commissioner at Early Learning Commission meetings. She will ensure that cross-sector program/data recommendations are integrated with IPG & other EC partners. In-kind costs are not quantified for the Project Director, as state funds are applied to other federal grants.

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 three-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)** \$249,783 (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.] Staff include:

- a) **PDG B-5 Project Coordinator**, Vacant 1.0 FTE-100% grant fund (Section 4, p. 50). 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.
- b) **Program Assistant**, Vacant, 1.0 FTE, (Section 4, p.51) assists with day-to-day operations, meeting schedules, minutes and notes, and data collection/reporting support; provides staff support for PDG activities & workgroups; and assists with fiscal reporting requirements.

In addition to personnel, the MSU budget request includes travel & 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
Project Coordinator - Vacant (1.0 FTE)	\$85,500	\$38,475	\$123,975
Program Assistant - Vacant (1.0 FTE)	\$65,500	\$29,475	\$94,975
Travel: Local In-State (based on current monthly travel of \$240pp/month [itemized as \$120/mo. for mileage reimbursement (\$.32/mile) / \$120/mo. for parking & tolls] x 2)			\$5,760
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:			\$227,010
Indirect: (agency charge of ~10% of direct costs)	0.1		\$22,773
Contract Total:			\$249,783

2. CCYC State TA Oversight: PDG B-5 funds \$222,737 per year are requested for a 12-month continuation of an existing contract with MSU for State Oversight of the CCYCs. Regional TA staff, itemized in *Budget Table 4*, oversee current CCYC contracts. TA staff work out of the DCF main office with oversight from ECS Administrator and 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: (1.0 FTE), SF/CCYC Regional Specialist	\$65,000	\$29,250	\$94,250
(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/month parking & tolls]			\$5,760
Supplies: \$1,200 (\$50pp/month x 2 staff) and Resource Materials (miscellaneous = \$2,070)			\$3,270
Other: Parent Stipends for state meetings/events (20 parents @ \$25/pp x 10 events/year)			\$5,000
Sub-Total Direct Costs:			\$202,530
Indirect: (agency charge of 10% of direct costs)	0.1		\$20,253
Contract Total:			\$222,737

3. County-Level CCYC Implementation Contracts: Total of \$1,769,500 in PDG B-5 funds are requested to continue current operations of CCYC partners (from initial PDG grant). The local CCYCs help engage parents in the community. Each of 21 counties receives a small grant. PDG B-5 enhancements include funds for parent stipends & limited supports, such as, transportation and childcare to attend key meetings. CCYC local costs are itemized in *Budget Table 5* below based on current budgets--21 counties @ \$79,500 - \$1,669,500. This CCYC budget line also includes funds for Parent Leadership training (itemized at \$5,000 per cohort x 20 cohorts=\$100,000) to educate, mentor and support parents (PN-5) in assuming leadership roles across 21 counties.

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. County-Level CI Implementation Contracts: \$1,750,000 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 *Budget Table 7* below based on current budgets--21 counties @ \$83,333 each = \$1,750,000.

BUDGET TABLE 7. 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	\$78,533
Travel: - based on average of \$150/month for local mileage & parking	\$ 1,800
Other: Parent Stipends itemized at \$25/event (training/meeting) x 10 events/year x 12 parents	\$ 3,000

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

6. Program Performance Evaluation (PPE) Plan: DCF has worked with the JHU School of Public Health (PI: Cynthia Minkovitz & Anne Duggan) in related EC initiatives—PDG (ongoing), HV (ongoing), ECCS Impact (ongoing) & Project LAUNCH (ended). DCF will amend its current contract with JHU with specific deliverables for 3 core PDG B-5 activities. Each year’s \$380,000 budget is allocated for: a) annual revisions/updates to Activity 1--Needs Assessment: \$40,000; Activity 2--Strategic Plan: \$40,000; c) Activity 6--PPE Plan/Monitoring/Eval. & CQI: \$300,000. [Note: DCF is aware that the PPE shall include a plan that addresses the ACF requirements for *implementation reporting, data system planning and ongoing development activities*. Additional funds are allocated elsewhere for NJ-EASEL, a portion of which is applied to meet the 7% max for the NJ evaluation budget.] Estimated costs are based on our prior work designing/conducting evaluations with input/buy-in from local stakeholders, including parent & participant partners. The table below outlines JHU budget detail for all three activities combined for year one:

Budget Table 8: Personnel Detail	Role	Effort	Cal Mos	Annual Salary	Salary Request¹	Fringe²	Total
Cynthia Minkovitz	Principal Investigator	30%	3.6	\$192,300	\$57,690	\$19,326	\$77,016
Anne Duggan	Co-Principal Investigator	2%	0.24	\$192,000	\$3,846	\$1,288	\$5,134
Anne Lilly	Co-Investigator	25%	3.0	\$76,875	\$19,219	\$6,438	\$25,657
Alexandra Lilli	Data Analyst	100%	12.0	\$60,276	\$60,276	\$20,192	\$80,468
Emily Sexton	Sr Research Assistant	50%	6.0	\$48,750	\$24,375	\$8,166	\$32,541
Marc Cavella	Coordinator	30%	3.6	\$60,456	\$18,137	\$6,076	\$24,213
Constance Mercer	Research Program Coord.	20%	2.4	\$51,565	\$10,313	\$3,455	\$13,768
TBN	Research Assistant	100%	12.0	\$23,100	\$23,100	\$7,739	\$30,839
Liza Mohamed	Financial Analyst	20%	2.4	\$78,653	\$15,730	\$5,270	\$21,000
Personnel + Fringe	Salary & effort detailed above; roles detailed below.				\$232,686	\$77,950	\$310,636
Travel	Details below						\$8,306
Supplies	Details below						\$4,793
Other	Details below						\$21,720
Total Direct Costs							\$345,455
Indirect Costs	@ 10% of Direct Costs						\$34,545
TOTAL							\$380,000

¹ If salary exceeds the federal cap, salary request is based on the federal salary cap. ² Fringe benefit rate is 33.5%.

Personnel: Three faculty will share direction of PPE & CQI activities / dissemination of results.

- Cynthia Minkovitz, MD, MPP (Y2 & Y3 2.4 cal mths) will lead all aspects of the Needs Assessment, Strategic Plan, and PPE Plan from design through implementation and dissemination and be responsible for timely reporting of performance outcomes.
- Anne Duggan, ScD (Y2 0.24 & Y3 0.12 cal mths) will contribute to methods design and interpretation of findings for all three activities.
- Anne Lilly, MSPH, (Y2 & Y3 6.0 cal mths) will contribute to methods design for all 3 activities and lead CQI activities for CI hubs and assure these activities inform continuous learning/improvement. She will direct day-to-day activities and draft their reports.

Six senior staff and support staff will carry out project tasks.

- Alexandra Lilli, MPH, (12 cal mths each year) - design and conduct administrative data matching and analyses involving administrative data sets and primary data.
- Emily Sexton, MSc - coordinate updates for needs assessment & stakeholder-driven strategic plan. She also will synthesize PPE Plan data/reports & continue to participate in stakeholder meetings as she does for current PDG. Her meeting minutes are a key data source for PPE.
- Marc Cavella, MA (Y2 & Y3 1.8 cal mths) will oversee day-to-day fieldwork for primary data collection for all aspects of the project.
- Constance Mercer, MS (2.4 cal mths each year) will facilitate web-based data collection, coordinate travel, and contribute to data analysis.
- Research Assistant TBD will assist in archival review of needs assessments and strategic plans, primary data collection and management, and preparation of reports.
- Liza Mohamed, (2.4 cal mths each year) will oversee financial & fiscal management.

Travel: Y1 & Y3 \$8306; Y2 \$8992 for staff travel of four types:

- 1) \$5784/year for out-of-state travel by Baltimore-based team members to Trenton NJ to meet with project stakeholders [2 one-day trips per month combined for PI/Co-PI/Co-I/Sr RA @ \$241 per trip to cover train fare (\$171), cab (\$40) and breakfast/lunch/incidentals per diem (\$30)]
- 2) \$861/year for Dr. Minkovitz to attend the 3-day PDG B-5 grantee meeting [\$151 to cover train to DC, taxi to hotel (\$20); per diem for meals and incidentals (\$57 for 1st & last day and \$76 for 2nd day = \$190) and per diem hotel for 2 nights \$250/night = \$500]
- 3) \$1161 in Y1 & Y3 and \$1847 in Y2 for partial coverage of travel and registration to disseminate methods and results at national professional meetings such as APPAM.
- 4) \$500/year is budgeted for local travel by NJ-based team members for reimbursement of auto travel to meetings & for primary data collection (est. 17.6 miles per week @ \$0.545 per mile).

Supplies: Y1 \$4793; Y2 \$4967; Y3 \$741

Supplies related to data collection, management, analysis and dissemination (such as laptop computers, printers, scanners and audio recorders, hard drives and general office supplies).

Other: Y1 \$21,720; Y2 & Y3 \$25,720

- Telephone, conference, zoom: \$3500 is budgeted each year for telephone and electronic communications, including telephone for fieldwork staff communications and transfer of data.
- Duplication: \$1500 is budgeted each year for team operations and meetings materials.
- Postage: \$400 is budgeted each year for mailing materials to families and collaborators.
- Participant Remuneration: \$6000 is budgeted in year 1 and \$10,000 in years 2 and 3, to reimburse families and ECE stakeholders not remunerated by the project lead agency to contribute to design of strategic plan and provide information for performance evaluation.
- Data/IT: \$10,320 is budgeted each year to cover fifty percent of the 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 include Education, Health, Human Services & Labor. The Project Narrative includes a description of their roles & responsibilities as partners. [Note: Third-party MOAs with DHS, DOE, DOH & DOL are in effect and on-file from the initial PDG grant and will be amended upon notification of funds.] A new MOA will be required for DOL. Budget Table 9 below provides a summary of proposed PDG activities & budget totals 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)	\$2,791,230	\$3.75 million State Match	
DOE: Travel to DC - itemized same as DCF	\$1,150	DOE-PEA	
DOE Sub-Total:	\$2,792,380	\$3,750,000	\$6,542,380
DOH: CHWs/Doula-existing contracts w/ local leads	\$1,400,000	\$0	
DOH: Travel to DC - itemized same as DCF	\$1,150	\$0	
DOH Sub-Total:	\$1,401,150	\$0	\$1,401,150
DHS: GNJK Training & TA - existing contracts, including MSU (for IECMH and Pyramid model)	\$3,100,000	\$0	
DHS: Travel to DC - itemized same as DCF	\$1,150	\$0	
DHS Sub-Total:	\$3,101,150	\$0	\$3,101,150
DOL: Office of Outreach-2 Regional Coordinators	\$80,000	\$0	
DHS: Travel to DC - itemized same as DCF	\$1,150	\$0	
DOL Sub-Total:	\$81,150	\$0	\$81,150
Total of H. Other Costs	\$7,375,830	\$3,750,000	\$11,125,830

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 \$3.75 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 - NJ has a well-designed plan. DCF will lead oversight of PDG B-5 program activities, staff & partners. Section 4, p. 48-51.

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. Erin Zippel is the DCF Budget Director with extensive experience managing DCF’s federal grants. Project Director (L. Scott) will work closely with the Finance Office to ensure ongoing fiscal monitoring. As is our practice with other grants, DCF will maintain program spreadsheets that identify funding sources & 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.

SECTION 11: BONUS POINTS

11.1 Bonus--Coordinated Application, Eligibility, Enrollment: NJ will implement a QI pilot

to expand on/refine the state’s existing CI structure. The CI System of Care is a single point of

access for services. CI has evolved since its inception in 2007. The original focus was on PN screening/risk assessment (PRA), eligibility determination, & referral/linkage of families to EBHV programs (HF/NFP/PAT). CI's purpose is to improve EC outcomes through supportive service connections for vulnerable families (2-Gen) beginning early (PN/birth) with a primary focus on young children B-5. Related goals are to eliminate duplication of effort (in participant recruiting), increase efficient use of limited funds (for direct services/visits versus recruitment), and assist parents & providers with community service linkages. CI encompasses 21 counties & become an integral hub to coordinate/integrate cross-sector EC services--Health (PN/Peds), MH, BH, WIC, SCHS, EHS/HS, HV, CC/FCC, EI (Part C), Special Ed (Part B/619), Pre-K, FSCs, TANF/GA, SNAP, EA, employment/job training, and more. CI Hubs have local advisory boards (providers & parents) to ensure cross-sector communication/input. In addition to PN screening (NJ Medicaid requirement), CI has links with NJ-211 HMG for developmental screening (ASQ/ASQ:SE). Oversight of CI has evolved with joint administrative partners (DCF & DOH) and includes uniform policies/procedures & established links with CHW & Doula supports. With PDG renewal funds, DCF is adding an EC Specialist to the CI hub for IECMH consultation and prevention links with child welfare. CQI Need: Much progress has been made in coordination of core services listed above. However, the needs assessment shows that screens completed by PN/community partners do not always result in CI connections. PN-5 family referrals have plateaued or decreased. Intensive CQI is needed to assess/address this concern & will be further developed by the JHU team for the PPE Plan in collaboration with IPG. NJ will also examine ECE referrals between CCR&Rs-CCDF subsidy application, CC, FCC, Pre-K, K & Elementary to streamline family eligibility/enrollment for multiple services/public benefits. Local advisory board feedback will aid planning/assessment efforts, leading to more efficient use of EC dollars.

11.2 Bonus--Infant/Toddler Emphasis: Table 13 below provides a snapshot of current NJ

efforts to build capacity & promote high-quality I/T services across ECE mixed delivery system:

Table 13: Summary of NJ’s Current Focus on PDG Infant/Toddler Priorities

PDG Priorities	NJ Current Status	Timeline
a) Prioritize I/T providers in increasing CC subsidy rates	<i>DHS-DFD will increase CCDF subsidy rates for CC providers serving I/T by ~40% from \$724 to \$994</i>	Effective January 2020
b) Offer financial incentives for PD or retention	DHS-GNJK recognizes & rewards career lattice educational/PD attainment. No state-level monetary incentive for retention.	Initiated through RTT-ELC in 2014, still in effect
c) Establish staffed FCC networks to provide QI supports for home-based FCC providers serving I/Ts	<i>FCC pilot ended 2017. Steps to Quality: FCC Initiative. Pilot to provide in-home assessment, training, resources & supports funded by The Nicholson Foundation. I/T sub-population.</i>	Ended 2017. No plan to resume at this time
d) Create new ECE slots for infants and toddlers in childcare “deserts” with a limited supply of infant-toddler care.	<i>Too early to project numbers of newly created slots. CCDF funded I/T Quality Grants to increase supply & expand capacity in NJ. Still in early phase of outreach; provides TA & support to programs to make necessary changes to their facility to accommodate I/T & expand slots. These grants also awarded health & safety funds for minor repairs, & purchase of necessary materials/ equipment to improve quality I/T services.</i>	CCDF grants released in 2018-2019
e) Add indicators specific to I/T in data systems that track children’s progress & link with other EC system data.	<ul style="list-style-type: none"> ● NJ-EASEL will have links btw the DOH birth registry (in Phase 2) & other EC/family services ● HF/NFP/PAT data systems track I/T service links. ● CI data system tracks I/T service connections 	<ul style="list-style-type: none"> ● NJ-EASEL data reports are 2-3 years away. ● HV & CI active
f) Provide IECMH consultation to ECE program staff to better support I/T wellbeing; and integrate 2-Gen trauma-informed approaches that support Parent-I/T relationships	<i>DHS--proposed strategies detailed below</i>	<i>PDG proposal 3-year expansion</i>
g) Create a network of I/T specialists, coaches and mentors to ensure CCR&R staff have expertise in EC development.	<i>DHS will implement the I/T Instructional Certificate</i>	<i>PDG proposal 3-year expansion</i>
h) Integrate I/T early learning guidelines, standards, core knowledge and competencies, and credentials into the QRIS.	DHS--GNJK trainings cover all of these topics for I/T needs	Initiated in 2013, active status

NJ has selected two I/T bonus priorities to expand current efforts that are already in process:

1) NJ Infant & Toddler Instructional Certificate will address a gap in workforce development for specialization of I/T care. Completion of the NJ Infant & Toddler Instructional Certificate will be a new indicator of success in NJ, reflecting national trends & recommended by the NJCYC. The Certificates, available to those with an AA or BA degree, will require 18 hours of additional I/T

coursework. NJ will track completion of the credential in the Workforce Registry. Six NJ community colleges are interested in offering the I/T certificate educational track. It will be included in career ladder planning for NJ practitioners by offering professional learning, higher education opportunities & credentials. It also aligns with Head Start Performance Standards.

2) IECMH Consultation & Clinical Supports: NJ professionals have the opportunity to attain IECMH Endorsements to recognize expertise in the S-E development of infants/young children. A total of 157 individuals have been endorsed, however only 20 endorsed professionals in NJ provide infant/toddler/parent/family clinical services. This underscores the need to increase the competency & capacity of licensed MH professionals to engage in this work. GNJK will lead this initiative and will study the results of a pending statewide survey to determine clinical interest/availability for IECMH and begin planning next steps with input from EC Stakeholders, including parents, clinicians, NJ Association for IMH, ECE providers, and trainers.

11.3 Bonus--Collaborative Transition & Alignment Birth to Early Grades: NJ has applied the principles of collaborative transitions for young children in the GNJK (DHS) Quality Standards Birth through K, and in mixed delivery Pre-K & K settings (DOE) to support seamless transition planning for all children moving across EC settings (programs, classrooms, etc.). Successful transition requires ongoing collaboration between community-based programs, e.g. EHS/HS, FCC & Licensed CC. The child portfolio includes performance-based assessments, and documents successful interventions/strategies for children who exhibit challenging behaviors. This information is shared with the child's parent/family as well as the next placement. The transition plan supports the home-school relationship between the family & EC setting to better align services for each child. Effective transition practices promote continuity from one setting to the next and incorporate family involvement/support.

DOE regulations & guidelines prescribe transition practices for Pre-K and K educational providers that uses a developmental approach considering interconnected factors that influence development & learning, including family, school, peers & community. In the Kindergarten Implementation Guidelines, DECE recommends that transition plans promote not only academic skills, but also physical and S-E development. Additionally, DECE recommends that school districts establish a P-3 transition team composed of families, community leaders, and Pre-K & Elementary personnel (i.e. teachers, child study team, bilingual education specialists, curriculum coordinators, and administrators). The team establishes goals to ensure seamless supports for all children, Pre-K through Grade 3. Transition guidelines include: a) Involve all stakeholders in designing & implementing a comprehensive transition plan for seamless programming from home, CC, or EI settings to Pre-K; from home or Pre-K to K; and from K through 3rd Grade; b) Provide child/family supports at annual school year transition periods, as well as during summer months; and c) Align curricula & assessments with learning standards. NJ B-5 Transition Pilot: NJ guidelines & regulations are very thorough in their descriptions of how transitions should proceed to ensure success & support young children as they move within and across ECE settings. In practice, there is considerable variability in how children/families birth to age 5 experience the transition process. This pilot will assess transition effectiveness and test the impacts of GNJK transition training and TA strategies. Feedback will be solicited from parents/families through surveys and/or focus groups; survey/interview questions will be developed by the GNJK Team with parent input. Provider input about training impacts & follow-up strategies (coaching/mentoring) to strengthen collaboration from Pre-K to K to Early Grades will be elicited using training evaluation forms/surveys. GNJK pilot design/development will include participation from providers & parents and will align PD curricula with standards/practices.

Key Contacts Form

*** Applicant Organization Name:**

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Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

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