

# New Jersey Strategic Plan Preschool Development Grant Birth through 5 (PDG B-5)

*New Jersey Department of Children and Families  
in Collaboration with Johns Hopkins University*

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## New Jersey Strategic Plan Preschool Development Grant Birth through 5 (PDG B-5): Executive Summary

New Jersey's vision is for PDG to promote a comprehensive, coordinated early childhood system of care in addressing the physical, social-emotional, behavioral and cognitive aspects of child wellbeing and school readiness from prenatal through age five. Informed by a robust needs assessment and in keeping with ACF guidance, New Jersey developed a Strategic Plan "to plan for changes to the system that maximize the availability of high-quality Early Childhood Care and Education (ECE) options across providers and partners for children and families, improve the quality of care, streamline administrative infrastructure, and improve state/territory-level ECE funding efficiencies."

This strategic plan was created under the auspices of the Interdepartmental Planning Group (IPG). The IPG is comprised of representatives of five state departments: Department of Education (DOE – Division of Early Childhood Education, Offices of Special Education and Title I, Homeless and Migrant Education), Department of Human Services (DHS – Division of Family Development), Department of Health (DOH – Office of Early Intervention), Department of Labor and Workforce Development (DOL – Strategic Planning and Outreach), and Department of Children and Families (DCF – Offices of Licensing, Child Protection and Permanency, Family and Community Partnerships). As such, the IPG represents a wide array of early care and education agencies/services. Participants include senior staff and assistant commissioners with decision-making responsibility from each department. Monthly meetings provide a structured agenda for planning/implementation of early childhood activities and assuring alignment of programs and policies.

### Strategic Planning Process

Development of the strategic plan began late September 2019 as early childhood partners were analyzing the PDG needs assessment data reports and identifying service needs/gaps. The strategic plan also aligned with concurrent work being led by Advocates for Children of New Jersey (ACNJ) in partnership with the IPG and the New Jersey Council for Young Children (NJCYC) and performed as part of the Pritzker Prenatal to Three planning grant. The Pritzker work focused on three key areas—Infant and Toddler Child Care, Infant Mental Health, and Home Visiting. The strategic plan also was informed by review of ten prior strategic plans and two strategic initiatives focused on priorities within the B-5 system of care and conducted by New Jersey state agencies, committees, and organizations. These existing strategic plans had a focus on vulnerable underserved young children and their families.

### Vision and Mission

**Vision:** The state's vision is to promote a comprehensive, coordinated, and equitable early childhood system of care that addresses the physical, social-emotional, behavioral and cognitive aspects of child wellbeing and school readiness for expectant families and families with young children from birth through age five.

**Mission:** To achieve this vision, New Jersey engages with parents to promote a competent workforce, provide equitable access to affordable services for all children and

families, ensure adequate and sustainable financing, provide varied high-quality service delivery options, and create a system for ongoing accountability including evaluation and continuous quality improvement.

## Stakeholder Engagement and Involvement

Stakeholder engagement included ongoing dialogue with the **IPG**, including attendance at monthly meetings, conference calls focused on reviewing draft documents, as well as email and phone correspondence with members to incorporate perspectives and expertise of each agency. Discussions about the strategic plan, in relationship to the needs assessment, also took place as part of standing meetings of the **NJ Council for Young Children (NJCYC)**, which is the state's early childhood advisory committee. The NJCYC meets quarterly with opportunities for committee updates and public comment at each meeting. Conversations also took place with the **Infant Child Health Committee (IHC)**, which operates as a standing committee of the NJCYC and focuses on three priority areas—infant/child wellness, infant and early childhood mental health, and children with special needs. In addition, our work was informed by engagement with the **NJ Child Care Advisory Council (NJCCAC)**, which operates out of DHS and focuses on issues surrounding subsidized child care and helps inform and make recommendations for the Child Care Subsidy Program. Robust discussions about the strategic plan thus took place within and across state agencies as part of ongoing meetings as well as development of the successful PDG B-5 Renewal application. The meetings and conversations provided input/guidance on critical elements, ensuring alignment with related initiatives, next steps (action steps), realistic timelines, progress measures and funding requirements/sustainability planning.

Parent voices contributed to the strategic plan through their ongoing input to existing state workgroups. For example, the work of the New Jersey Council for Young Children is informed by the work of the County Councils for Young Children (CCYCs). All 21 counties have established a County Council for Young Children (CCYC) to strengthen collaboration among parents, families, and local community health, early care and education, family support, and other service providers. The shared leadership philosophy includes parents as active partners with service providers and community leaders helping to identify the needs, concerns, aspirations and successes of the state's collective efforts to positively impact the health, education and well-being of children from pregnancy/birth to age 8. CCYC representatives, including parents, also serve on the Infant Child Health Committee, a subgroup of the NJCYC. In addition, both the New Jersey Council for Young Children and the NJ Child Care Advisory Group include representation from parent organizations. The Statewide Parent Advocacy Network serves on the NJCYC and Advocates for Children of New Jersey participates in both groups.

## Objectives and Activities

The strategic plan is organized in eight broad domains: 1) Quality of Services, 2) Equitable Access to Affordable Services, 3) Collaboration/Partnership, 4) Communication & Awareness, 5) Parent Involvement and Leadership, 6) Workforce Development, 7) Sustainable Financing, and 8) Continuous Quality Improvement. The plan articulates 31 objectives across the eight domains as well as measures and a timeline to assess their achievement. The number of objectives per domain ranges from one (Collaboration/Partnership) to eight

(Equitable Access to Affordable Services). For each objective, the plan also specifies key action steps and the agency responsible for making progress on the objectives. And finally, the plan identifies how the objectives respond to and align with findings from the PDG B-5 needs assessment.

## Conclusion

Development of the NJ Strategic Plan has supported and been informed by rich dialogue among key stakeholders. Stakeholders are committed to achieve the state's vision and recognize that the strategic plan provides a starting point and will evolve over time. The plan builds on the PDG B-5 needs assessment to prioritize eight domains, 31 objectives, and specific actions steps to achieve those objectives. The plan also identifies a broad set of indicators to allow the responsible agencies to monitor progress. Implementation of the Strategic Plan will continue under the auspices of the **Interdepartmental Planning Group (IPG)**. With representation of senior staff across five state departments, the IPG is uniquely qualified to assess federal, state, and local statutory requirements and identify any potential barriers or roadblocks that these requirements put on future coordination. The **NJ Council for Young Children (NJCYC)**, the state's early childhood advisory committee, will continue to provide input and track progress. NJCYC also brings a strong parent voice and input from each of the County Councils for Young Children to understand how implementation is progressing across the state. Responding to COVID-19 underscores the critical importance of addressing the physical, social-emotional, behavioral, and cognitive aspects of child wellbeing and school readiness for expectant families and families with young children. New Jersey is eager to continue the work.

## **Introduction**

This strategic plan (NJ Plan) has been accomplished as part of New Jersey's Preschool Development Grant Birth through Five (PDG B-5) sponsored by the Administration for Children and Families (ACF), Office of Child Care. The strategic plan has been conducted by Johns Hopkins University and the Department of Children and Families under the auspices of the NJ Interdepartmental Planning Group (IPG). The plan is organized into eight sections to delineate: the strategic planning process (Section I), vision (Section II), mission (Section III), stakeholder engagement and involvement (Section IV), goals and objectives (Section V), specific activities (Section VI), alignment of the objectives with the recently completed PDG B-5 Needs Assessment (Section VII), and conclusion (Section VIII). An Appendix reviews commonly used abbreviations.

Of note, this strategic plan was developed and refined prior to COVID-19. As such, we will revisit the timeline and prioritization of objectives and activities moving forward. In particular, the evolution of the pandemic will inform which issues are most critical to address across agencies and sectors in order to strengthen and sustain the ECE system in order to meet the needs of families, efficiently allocate resources and support front line staff.

### **I. Description of strategic planning process**

The purpose of the strategic plan, per the ACF guidance, is “to plan for changes to the system that maximize the availability of high-quality ECE options across providers and partners for children and families, improve the quality of care, streamline administrative infrastructure, and improve state/territory-level ECE funding efficiencies.” As such, nine steps articulated in the ACF guidance were followed and are reflected in the plan:

- Identify the full range of stakeholders meaningfully impacted by the work (see Section IV).
- Lay out a plan with goals and action steps that establish a comprehensive ECE system (see Sections V and VI).
- Identify the partnerships, collaborations, coordination, and quality improvement activities that will be used to leverage policy alignments and program quality and service delivery across ECE settings in the birth through five (B-5) system (see Section VI)
- Identify activities to improve transitions of children from ECE programs into elementary schools (see Section VI)
- Delineate how the plan builds on and supports improved coordination and collaboration among ECE programs (see Section VI)
- Provide a strong framework for laying out how the state/territory will increase the overall participation of children in high-quality ECE programs, services, and settings within and across a mixed delivery system (see Section VI)
- Assess current federal, state, and local statutory requirements and identify any potential barriers or roadblocks that these requirements put on future coordination (Section VIII)
- Identify how the state/territory will use indicator data to assess progress, assess key desired outcomes, inform cost and resource efficiency, and support continuous quality improvement (see Section V)
- Describe how the state/territory will continue to involve the State Advisory Council in the implementation of the strategic plan (Section VIII)

Development of the strategic plan began late September 2019 as early childhood partners were analyzing the PDG needs assessment data reports and identifying service needs/gaps. The strategic plan also aligned with concurrent work being led by Advocates for Children of New Jersey (ACNJ) in partnership with the IPG and the New Jersey Council for Young Children (NJCYC) and performed as part of the Pritzker Prenatal to Three planning grant. The Pritzker work focused on three key areas—Infant and Toddler Child Care, Infant Mental Health, and Home Visiting. The strategic plan also was informed by review of ten prior strategic plans and two strategic initiatives focused on priorities within the B-5 system of care and conducted by New Jersey state agencies, committees, and organizations (Table 1). These existing strategic plans had a focus on vulnerable underserved young children and their families.

**Table 1. Review of New Jersey Strategic Plans and Initiatives**

<b>Source</b>	<b>Strategic Plan Title (Year)</b>
New Jersey Council for Young Children	<i>New Jersey's Strategic Plan for Early Education and Care (2012)</i>
Advocates for Children of New Jersey	<i>Starting Off Strong: Making Infants and Toddlers a Priority in New Jersey (2015)</i>
New Jersey Department of Human Services (DHS), Division of Family Development (DFD)	<i>Child Care and Development Fund (CCDF) Plan for New Jersey FFY 2019-2021 (2019)</i>
New Jersey Department of Human Services (DHS), Division of Family Development (DFD)	<i>The Child Care and Development Fund (CCDF) Plan for State/Territory New Jersey FFY 2016-2018 (2016)</i>
New Jersey Department of Education (DOE)	<i>Every Student Succeeds Act: New Jersey State Plan (2017)</i>
Infant-Child Health Committee (IHC) of the NJ Council for Young Children (NJCYC)	<i>IHC Strategic Plan dev. December 2014 – Updated April 2018 (Working Document).</i>
New Jersey Department of Children and Families (DCF)	<i>DCF Strategic Plan 2016 – 2018 (2016)</i>
New Jersey Council for Young Children (NJCYC)	<i>New Jersey Council for Young Children Strategic Plan 2014-15 (2014)</i>
New Jersey Department of Children and Families (DCF), Essex Pregnancy & Parenting Connection	<i>New Jersey Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) Urban Essex County Strategic Plan (2014)</i>
New Jersey Department of Children and Families (DCF)	<i>ECCS/Help Me Grow Strategic Plan (2018)</i>
<b>Source</b>	<b>Strategic Initiative</b>
New Jersey Department of Children and Families (DCF)	Project H.O.P.E.
New Jersey Department of Health (DOH)	Nurture NJ Recommendations

Initial discussions regarding the strategic plan were reflected in the PDG B-5 renewal application, which emphasized New Jersey's emphasis on aligning PDG planning priorities

across related early childhood strategic plans to ensure a systematic approach in optimizing coordination, collaboration and integration.

Engagement of stakeholders was a critical part of the strategic planning process (Section IV).

## **II. Vision**

The state's vision is to promote a comprehensive, coordinated, and equitable early childhood system of care that addresses the physical, social-emotional, behavioral and cognitive aspects of child wellbeing and school readiness for expectant families and families with young children from birth through age five.

## **III. Mission**

To achieve this vision, New Jersey engages with parents to promote a competent workforce, provide equitable access to affordable services for all children and families, ensure adequate and sustainable financing, provide varied high-quality service delivery options, and create a system for ongoing accountability including evaluation and continuous quality improvement.

## **IV. Stakeholder engagement and involvement**

This strategic plan was created under the auspices of the Interdepartmental Planning Group (IPG). The IPG is comprised of representatives of five state departments –Department of Education (DOE - Division of Early Childhood Education, Offices of Special Education and Title I, Homeless and Migrant Education), Department of Human Services (DHS – Division of Family Development), Department of Health (DOH – Office of Early Intervention), Department of Labor and Workforce Development (DOL – Strategic Planning and Outreach), and Department of Children and Families (DCF – Offices of Licensing, Child Protection and Permanency, Family and Community Partnerships). As such, the IPG represents a wide array of early care and education agencies/services. Participants include senior staff and assistant commissioners with decision-making responsibility from each department. Monthly meetings provide a structured agenda for planning/implementation of early childhood activities and assuring alignment of programs and policies.

Stakeholder engagement included ongoing dialogue with the **IPG** including attendance at monthly meetings, conference calls focused on reviewing draft documents, as well as email and phone correspondence with members to incorporate perspectives and expertise of each agency. Discussions about the strategic plan, in relationship to the needs assessment also took place as part of standing meetings of the **NJ Council for Young Children (NJCYC)** which is the state's early childhood advisory committee. The NJCYC meets quarterly with opportunities for committee updates and public comment at each meeting. Conversations also took place with the **Infant Child Health Committee (IHC)**, which operates as a standing committee of the NJCYC and focuses on three priority areas—infant/child wellness, infant and early childhood mental health, and children with special needs. In addition, the work was informed by engagement with the **NJ Child Care Advisory Council (NJCCAC)** which operates out of DHS



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There is included an objective specific to "Increase County Council for Young children participation and training" as part of the strategic plan as a means to incorporate parent voices on key committees and workgroups and provide support and training to allow meaningful engagement. The objective also recognizes the need to provide additional training opportunities for CCYC parent members as well as the need to train staff to work with parent leaders.

NJ recognizes a wide array of stakeholders that are impacted by the strategic plan. Stakeholders include children and families, birth through five, with a special focus on those who are vulnerable, underserved and high needs; the NJ Needs Assessment operationalized vulnerability on the basis of poverty and economic stressors, special educational needs, special medical/health needs, child welfare and safety needs, and other special circumstances. Additional stakeholders include policy makers, payers (including private and public as well as tax payers), state agencies, the wide array of service providers in the mixed delivery system.

## V. Goals and objectives

The following table identifies the goals within eight broad domains and their corresponding objectives, measures, and timeline. The number of objectives per domain ranges from one (Collaboration/Partnership) to eight (Equitable Access to Affordable Services).

**Table 2: Strategic Plan Goals, Objectives, Measures and Timeline**

<b>DOMAIN (bold) and GOAL</b>		<b>OUTCOME OBJECTIVES</b>	<b>MEASURES &amp; TIMELINE</b>
<b>1: Quality of Services</b>			
	Enhance the quality of IECMH services	1.1 Mental health (MH) clinicians available to provide IECMH	By 2022: 25% increase IMH clinicians
	Enhance the quality of ECE services	1.2 Increased GNJK enrollment	By 2022: 25% increase in enrollment in GNJK, 10% of those enrolled rated (3 or more stars)
	Enhance ECE facility development	1.3 Conduct facility assessment via public/private partnership	By July 2020: IPG & NJCYC to seek funds for facility assessment
	Expand use of Kindergarten Entry Assessment (KEA)	1.4 Continue pilot of KEA	By Summer 2020: Guidance materials for KEA assessment
<b>2: Equitable Access to Affordable Services</b>			
	Provide culturally responsive services/ English language learners	2.1 ECE info--multiple languages	By 2022: 5% increase per year in training & TA participation for culturally responsive services
	Improve access to high-quality services	2.2 ECE staff participate in training & TA opportunities	Strengthening Families measure TBD
		2.3 Improved ECE collaborations with families and providers	GNJK Community and Family Engagement measure TBD
		2.4 Improved high-quality access for vulnerable populations	By 2022: 25% increase in #s of vulnerable children/ families through CI Hubs  By 2021, plan developed for template for cross-agency policy reviews  Review 1 policy per year identified by IPG

<b>DOMAIN (bold) and GOAL</b>		<b>OUTCOME OBJECTIVES</b>	<b>MEASURES &amp; TIMELINE</b>
	Enhance supports for inclusion	2.5 Improved services for children with special needs to ensure children are in least restrictive environment	By 2022: 5% increase per year in training and TA participation on inclusion of children with special needs
		2.6 Enhanced workforce capacity for special education populations	By 2022: Completed inventory of trainings focused on inclusion across agencies
	Expand PreK	2.7. Development of a plan to support Increased number of eligible school districts that apply for and receive preschool expansion funds	By 2021 and each year after, 25 additional school districts receive preschool expansion funds.
	Expand universal developmental health promotion across CI system to all 21 counties	2.8 Continued outreach to families along with community partners and hubs to promote developmental health awareness, screening, and access to resources	10% increase in outreach per year  By 2021, offer Books, Balls and Bocks events in all 21 counties
<b>3: Collaboration/Partnership</b>			
	Continue IPG learning & agency coordination	3.1 Strengthen/expand partners, e.g. housing, agriculture (NJDA)	By July 2020: IPG will add DCA & NJDA to IPG; Start policy reviews
<b>4: Communication &amp; Awareness – vision, mission &amp; key definitions</b>			
	Promote shared understanding of NJ's vision, mission & key definitions	4.1 NJ parents/providers have a shared vision of EC success and easy access to resource information and referral	By July 2021, IPG and CYC have facilitated conversations about shared vision and seek input from respective stakeholders.  By Jan 2021: Marketing plan in place
		4.2 Data (New Jersey Enterprise Analysis System for Early Learning - NJ-EASEL) are used to communicate need & success	By July 2020: NJ EASEL to integrate Phase 2
	Establish unified communication strategy for shared vision	4.3 Bidirectional communication plan is developed between IPG, NJCYC and CCYCs	By July 2020: NJ will have unified communication planning process (IPG, NJCYC,

DOMAIN (bold) and GOAL		OUTCOME OBJECTIVES	MEASURES & TIMELINE
			CCYC, others) to promote NJ’s understanding of EC shared vision, key definitions, etc.
5: Parent Involvement & Leadership			
	Promote Strengthening Families and the Protective Factors Framework	5.1 Enhance parent/child interactions	By 2021: Each Child Care Resource & Referral agency holds three Strengthening Families events per year with accompanying coaching and training
	Support and increase parent voice	5.2 Increase CCYC parent participation and training	By July 2020: 25% increase in CCYC parent participation  By 2022: Offer additional training opportunities for CCYC parent members
		5.3 Provide stronger link between CCYCs and NJCYC	By 2021: Formal plan for linkage network between CCYCs and NJCYC
		5.4 Disseminate project learning from NJ HOPE (Harnessing Opportunity for Positive Equitable Early Childhood Development) regarding parent engagement	By 2021: Formal communication plan implemented providing opportunities for parent input
6: Workforce Development			
	Identify PD needs	6.1 Explore opportunities to enhance existing WR to track CE and training for CHWs, doulas, and other paraprofessionals	By Dec 2020: OOL review with IPG  By 2020: Plan to establish a WR for CHWs, doulas, and other paraprofessionals
	Increase I-T certifications and credentials	6.2 Increased # of certified infant/toddler teachers	By 2022: I/T Certificate is available.  By 2023: NJ will have teachers with I/T cert

DOMAIN (bold) and GOAL		OUTCOME OBJECTIVES	MEASURES & TIMELINE
		6.3 Increased number of mental health clinicians who can serve children under the age of 5 years (with IECMH credentials)	By 2023: 50% increase in # of clinicians with IECMH credentials
	Adapt training, when able (i.e. shortened time commitment, online, archived offerings)	6.4 NJ cross-sector ECE training is well-coordinated	By July 2020: IPG to initiate TTA analysis
	Convey respect and provide support for ECE workforce and parents	6.5 OOL regulatory standards support high quality training	By 2023: IPG provides input into anticipated updated OOL regulations for 2024
	Reflective practice	6.6 Increased reflective practice in EC field	By 2022: Analyze the extent to which reflective practice is used in the EC field
7: Sustainable Financing			
	Assure Central Intake Investment	7.1 Identify & realign EC funding streams for long-term support	By 2022: IPG to develop strategic plans for CI and NJ-EASEL sustainable funding
	Assure NJ-EASEL Investment		By 2021: Increase partnerships between EHS and child care by 15%.
	Assure funding for CC/Pre-K/Head Start	7.2 Expand # of CC/Pre-K slots	By 2022: 20% increase in CC slots
		7.3 Enhance coordination across EC public, private and HS programs	By 2021: Increase partnerships between Head Start and districts by 20%.
8: Continuous Quality Improvement–CI System			
Maintain strong culture of CQI		8.1 Examine and strengthen the CQI function within CI Hubs to determine cause for decline in # of screens/referrals to CI	By 2022: 25% increase in CI screens/referrals By 2022: Refine key driver diagram and measures for CI CQI
		8.2 Implement a QI pilot to expand and refine the state’s existing CI structure	By 2021: QI pilot underway (PEW TA Grant)

## VI. Specific activities

Table 3 identifies specific action steps to advance progress for each of the 31 objectives within 8 broad domains. In addition, the table specifies the agency responsible for ensuring the work is monitored and implemented.

**Table 3: Strategic Plan Action Steps and Responsible Person/Agency by Objective**

Objective	Specific Action Step	Agency Responsible
<b>Domain 1: Quality of Services</b>		
1.1 Mental health (MH) clinicians available to provide IECMH	<ul style="list-style-type: none"> <li>• Expand professional development activities (Pyramid Model, Social and Emotional Health, Infant and Early Childhood Mental Health-IECMH)</li> <li>• Provide scholarships for IECMH training to incentivize providers to work in underserved communities</li> <li>• Provide on-site technical assistance and coaching in child care settings</li> <li>• Increase and expand training access and availability</li> <li>• Embed infant and toddler mental health specialists at child care programs, like integrated medical/behavioral health homes</li> <li>• Develop a system level pyramid concept showing that the IECMH consultation should be universally available to pediatricians in the pediatric setting and to child care in the child care setting, as a primary prevention strategy as well as an early intervention strategy</li> <li>• Establish staffed FCC networks to provide QI supports for home-based FCC providers serving infants and toddlers</li> </ul>	DHS
1.2 Increased GNJK enrollment	<ul style="list-style-type: none"> <li>• Survey Quality Improvement Specialists (QIS) and other CCRR staff on recruitment efforts</li> <li>• Facilitate focus groups with providers who currently are not participating in GNJK to learn why they are not enrolled</li> <li>• Develop marketing materials to enhance outreach efforts</li> <li>• Review GNJK website materials and update as needed</li> </ul>	DFD, Office of Special Projects

Objective	Specific Action Step	Agency Responsible
1.3 Conduct facility assessment via public/private partnership	<ul style="list-style-type: none"> <li>Identify specific shortage areas (study results pending)</li> <li>Conduct facilities assessment and assess available spaces for early learning (prioritize high-needs cities)</li> </ul>	DCF, DHS
1.4 Continue pilot of Kindergarten Entry Assessment (KEA)	<ul style="list-style-type: none"> <li>Create guidance materials for KEA</li> <li>Disseminate guidance for use of KEA</li> </ul>	DOE
<b>Domain 2: Equitable Access to Affordable Services</b>		
2.1 ECE info – multiple languages	<ul style="list-style-type: none"> <li>Provide professional development/educational workshops on topics such as supporting Dual Language Learners, cultural competence, cultural responsiveness</li> <li>Collect information to inform languages spoken by families</li> </ul>	IPG
2.2 ECE staff participate in training & TA opportunities	<ul style="list-style-type: none"> <li>Training available online and face-to-face through DHS</li> <li>Offer trainings for educators regarding transitions between programs</li> </ul>	DHS, IPG
2.3 Improved ECE collaborations with families and providers	<ul style="list-style-type: none"> <li>Review enrollment practices</li> <li>Obtain feedback from participating families and providers regarding enrollment practices and make adjustments as necessary</li> </ul>	IPG
2.4 Improved high-quality access for vulnerable populations	<ul style="list-style-type: none"> <li>Conduct cross-agency policy reviews focused on agreed upon priorities</li> <li>Review state policies for consistency (training, workforce, service)</li> <li>Develop template plan for cross-agency policy reviews</li> <li>Evaluate existing data and assessments to identify where vulnerable populations exist, services needed, and barriers</li> </ul>	IPG
2.5 Improved services for children with special needs to ensure children are in least restrictive environment	<ul style="list-style-type: none"> <li>Embed coursework regarding young children with disabilities into general education programs and professional development</li> <li>Reduce the number of self-contained classrooms</li> </ul>	DOE, DOH
2.6 Enhanced workforce capacity for special education populations	<ul style="list-style-type: none"> <li>Evaluate current teacher credentials for general education and special education preservice teachers</li> <li>Determine existing avenues for collaboration between state agencies and higher education in New Jersey</li> <li>Conduct a focus group on preservice teacher preparation</li> </ul>	DOE

Objective	Specific Action Step	Agency Responsible
	leveraging existing NJCYC and higher education representatives <ul style="list-style-type: none"> <li>• Create inventory for trainings focused on inclusion and track training completion across agencies</li> </ul>	
2.7 Development of a plan to support increased number of eligible school districts that apply for and receive preschool expansion funds	<ul style="list-style-type: none"> <li>• Increase staff capacity to support preschool expansion and increased number of school districts, quality studies and inclusion of students with individualized education plans (IEPs)</li> </ul>	DOE
2.8 Continued outreach to families along with community partners and hubs to promote developmental health awareness, screening, and access to resources	<ul style="list-style-type: none"> <li>• Expand universal developmental health promotion, screening, referral and linking across childcare system partners through the CCR&amp;R agencies using the Books Balls and Blocks model</li> <li>• CCR&amp;Rs will offer quarterly Books, Balls and Blocks events in all 21 counties</li> <li>• Early Childhood Specialists, as part of Central Intake, support expansion of universal developmental health promotion screening and monitoring via use of ASQ Family Access Portal</li> </ul>	DCF, DHS, DOH
<b>Domain 3: Collaboration/Partnership</b>		
3.1 Strengthen/expand partners, e.g. housing, agriculture	<ul style="list-style-type: none"> <li>• Enhance the Early Childhood Initiative (Child Protection and Permanency, Family and Community Partnerships and the Early Childhood Community)<sup>1</sup></li> <li>• Invite partners to IPG<sup>1</sup> (e.g., add DCA, NJDA, Child Protection and Permanency, Family and Community Partnerships)</li> </ul>	DCF, IPG
<b>Domain 4: Communication &amp; Awareness – Vision, Mission, &amp; Key Definitions</b>		
4.1 NJ parents/providers have a shared vision of EC success and easy access to resource information and referral	<ul style="list-style-type: none"> <li>• Identify and hire communication experts to develop messages, formats, products</li> <li>• Assess strategies to effectively communicate with parents and providers</li> <li>• Add resource links on state and local websites to increase consumer knowledge of ECE services</li> <li>• Conduct town hall meetings to engage consumers and stakeholders with the research on social and emotional development</li> <li>• Use storytelling and testimonials to illustrate how we all need infant mental health and how it has helped consumers</li> </ul>	IPG



Objective	Specific Action Step	Agency Responsible
	<ul style="list-style-type: none"> <li>Engage the business community to understand the value of investing (tie to executive function and brain science)</li> <li>Find champions to promote these messages</li> <li>IPG and CYC have facilitated conversations about shared vision and seek input from respective stakeholders</li> </ul>	
4.2 Data (NJ-EASEL) are used to communicate need & success	<ul style="list-style-type: none"> <li>NJ EASEL to integrate Phase 2 efforts which are focused on integration of three additional source systems: DOH Birth Record and DCF Home Visiting for Healthy Families and Parents as Teachers</li> </ul>	DOE, IPG
4.3 Bidirectional communication plan is developed between IPG, NJCYC and CCYCs	<ul style="list-style-type: none"> <li>Incorporate updates of ongoing work of IPG and ELC in standing meetings (IHC quarterly meetings, NJCYC bimonthly meetings, NJCCAC)</li> </ul>	IPG, NJCYC
<b>Domain 5: Parent Involvement &amp; Leadership</b>		
5.1 Enhance parent/child interactions	<ul style="list-style-type: none"> <li>Each CCR&amp;R agency holds three Strengthening Families events per year with accompanying coaching and training</li> <li>Child care staff and families participate in Strengthening Families activities</li> <li>Promote Strengthening Families and the Protective Framework</li> <li>Child care staff participate in Pyramid training and Books, Balls &amp; Blocks</li> </ul>	IPG DCF/DOH
5.2 Increase CCYC parent participation and training	<ul style="list-style-type: none"> <li>Offer additional training opportunities for CCYC parent members</li> <li>Train staff to work with parent leaders</li> <li>Incorporate parent voices on key committees and workgroups and provide support and training</li> <li>Support parents through stipend, childcare, transportation, meals</li> <li>Offer Parent Cafes/listening sessions</li> <li>Work on branding and promotion of prenatal-5 for NJ services</li> </ul>	NJCYC, DCF
5.3 Provide stronger link between CCYCs and NJCYC	<ul style="list-style-type: none"> <li>Develop websites/search engine to assist parents to link to resources</li> <li>Formal plan for linkage network between CCYCs and NJCYC</li> </ul>	NJCYC, DCF
5.4 Disseminate project learning from NJ HOPE (Harnessing Opportunity for Positive Equitable Early Childhood	<ul style="list-style-type: none"> <li>Formal communication plan implemented providing opportunities for parent input</li> </ul>	DCF, DOH

Objective	Specific Action Step	Agency Responsible
Development) regarding parent engagement		
<b>Domain 6: Workforce Development</b>		
6.1 Explore opportunities to enhance existing Workforce Registry (WR) to track CE and training for CHWs, doulas, and other paraprofessionals	<ul style="list-style-type: none"> <li>• Establish a WR for CHWs, doulas, and other paraprofessionals</li> <li>• Use Workforce Registry to identify PD needs</li> <li>• Expand supports for administrators of ECE programs (e.g., business practices, social-emotional, and reflective supervision)</li> </ul>	IPG
6.2 Increased # of certified infant/toddler teachers	<ul style="list-style-type: none"> <li>• Establish Infant/toddler Certificate</li> <li>• Identify institutions of higher education to offer coursework and credentials for various professionals (focus on ensuring geographic parity)</li> <li>• Develop cross system training to bring together child-serving professionals for learning and networking</li> <li>• Investigate and deploy cost-effective methods for training to large number of people. Online and web-based modalities with follow-up in-person experiences are recommended</li> <li>• Support staff providing services to attend PD/credential programs (e.g., provide stipends for tuition assistance, funding for relief staff/substitutes)</li> </ul>	DOE
6.3 Increased the number of mental health clinicians who can serve children under the age of five years (IECMH credentials)	<ul style="list-style-type: none"> <li>• Create and fund incentives (e.g., bonuses, tuition assistance, etc.)</li> <li>• Support staff providing services to attend PD/credential programs</li> </ul>	NJ Association for Infant Mental Health, DCF, DHS
6.4 NJ cross-sector ECE training is well-coordinated	<ul style="list-style-type: none"> <li>• Continue to fund cross-sector training for districts and Head Start; expand to home visitors and other ECE providers– Access curriculum that already exists to provide different modalities</li> <li>• Use DOL for continuing education and initial endorsement/training (apprenticeship is a possible model)</li> </ul>	IPG
6.5 OOL regulatory standards support high-quality training	<ul style="list-style-type: none"> <li>• IPG provides input into anticipated updated OOL regulations</li> </ul>	DCF, IPG

Objective	Specific Action Step	Agency Responsible
6.6 Increased reflective practice in EC field	<ul style="list-style-type: none"> <li>• Social-emotional supports for workforce to support healthy workplace</li> <li>• Embed parent supports and training on social emotional development via the Family Engagement Collaborative Improvement and Innovation Network</li> </ul>	IPG DCF
<b>Domain 7: Sustainable Financing</b>		
7.1 Identify & realign EC funding streams for long-term support	<ul style="list-style-type: none"> <li>• Enhance partnerships between Head Start and child care</li> <li>• Allocate PDG 3-year funding</li> <li>• Explore model that includes multiple funding streams from the various programs to which Central Intake refers families</li> <li>• IPG to develop strategic plans for CI and NJ-EASEL sustainable funding (explore public/private partnerships; review current funding streams for potential leveraging)</li> </ul>	IPG
7.2 Expand # of CC/Pre-K slots (HS?)	<ul style="list-style-type: none"> <li>• Create new ECE slots for infants and toddlers in areas with a limited supply of infant-toddler care</li> </ul>	DHS, DOE
7.3 Enhance coordination across EC public, private and HS programs	<ul style="list-style-type: none"> <li>• Strengthen communication to improve enrollment and referral process</li> <li>• Create universal screening template across EC programs to better inform child care needs of families</li> </ul>	DOE, DHS
<b>Domain 8: Continuous Quality Improvement – CI System</b>		
8.1 Examine and strengthen the CQI function within CI Hubs to determine cause for decline in # of screens/referrals to CI	<ul style="list-style-type: none"> <li>• Allocate PDG funds for Central Intake to enhance CQI activities</li> <li>• Collect, analyze and act on both quantitative and qualitative data to enhance linking families to services</li> <li>• Implement statewide CQI training</li> <li>• Refine key driver diagram and measures for CQI</li> </ul>	DCF, DOH
8.2 Implement a QI pilot to expand and refine the state's existing CI structure	<ul style="list-style-type: none"> <li>• Pilot QI initiative underway (Pew TA Grant)</li> </ul>	IPG

Improving transitions of children from ECE programs into elementary schools is a focus for ACF. The NJ Needs assessment noted strong administrative codes and regulations surrounding transition supports for children in preschool through third grade albeit with uneven implementation of best practices with regard to child care and teacher training, engaging parents, preschool to third

grade transition plans in school districts, and connections across early care and education settings. This strategic plan will advance work related to transitions as part of Objectives 2.2 (ECE staff participate in training and TA opportunities), 2.4 (Improved high-quality access for vulnerable populations), 7.3 (Enhance coordination across EC public, private and HS programs), and 5.4 (Disseminate project learning from NJ HOPE regarding parent engagement).

## VII. Alignment of objectives with PDG B-5 Needs Assessment

Table 4 links key findings from the previously completed needs assessment with the strategic plan objectives. The key findings are shown in relationships to the eight domains of the strategic plan.

**Table 4: Alignment of Needs Assessment with Strategic Plan Domains and Objectives**

Strategic Plan Domain/Needs Assessment Finding	Strategic Plan Objectives
<b>Strategic Plan Domain 1: Quality of Services</b>	
<ul style="list-style-type: none"> <li>Shortage of IECMH services for B-age 5</li> <li>Shortage of affordable high-quality childcare</li> </ul>	1.1 MH clinicians available to provide IECMH 1.2 Increased GNJK enrollment 2.4 Improved high-quality access for vulnerable populations 2.5 Improved services for children with special needs to ensure children are in least restrictive environments 2.6 Enhanced workforce capacity for special education populations 2.7 Development of a plan to support increased number of eligible school districts that apply for and receive preschool expansion funds 6.2 Increased # of certified infant/toddler teachers 6.3 Increased # of mental health clinicians who can serve children under the age of 5 years (with IECMH credentials) 6.6 Increased reflective practice in EC field 7.1 Identify and realign EC funding streams for long-term support 7.2 Expand # of CC/Pre-K slots 7.3 Enhance coordination across EC public, private and HS programs
<b>Strategic Plan Domain 2: Equitable Access to Affordable Services</b>	

Strategic Plan Domain/Needs Assessment Finding	Strategic Plan Objectives
<ul style="list-style-type: none"> <li>• Large % of foreign-born children</li> <li>• Persistent disparities</li> <li>• Low levels of inclusion</li> <li>• Low numbers of children in state funded PreK</li> <li>• Gaps in data for children with special circumstance</li> <li>• Little info on quality of existing ECE facilities</li> <li>• Emergence of KEA as indicator of progress</li> <li>• Lacks facility need data</li> </ul>	<ul style="list-style-type: none"> <li>1.3 Conduct facility assessment via public/private partnership</li> <li>1.4 Continue pilot of KEA</li> <li>2.1 ECE info--multiple languages</li> <li>2.2 ECE staff participate in training &amp; TA opportunities</li> <li>2.3 Improved ECE collaborations with families and providers</li> <li>2.4 Improved high-quality access for vulnerable populations</li> <li>2.5 Improved services for children with special needs to ensure children are in least restrictive environments</li> <li>2.6 Enhanced workforce capacity for special education populations</li> <li>2.7 Development of a plan to support increased number of eligible school districts that apply for and receive preschool expansion funds</li> <li>4.2 Data (New Jersey Enterprise Analysis System for Early Learning - NJ-EASEL) are used to communicate need &amp; success</li> <li>6.3 Increased # of mental health clinicians who can serve children under the age of five years (IECMH credentials)</li> <li>6.6 Increased reflective practice in EC field</li> <li>7.1 Identify and realign EC funding streams for long-term support</li> <li>7.2 Expand # of CC/Pre-K slots</li> <li>7.3 Enhance coordination across EC public, private and HS programs</li> </ul>
<b>Strategic Plan Domain 3: Collaboration/Partnership</b>	
<ul style="list-style-type: none"> <li>• Uneven implementation of best practices</li> <li>• Conflicting policies</li> </ul>	<ul style="list-style-type: none"> <li>4.1 NJ parents/providers have a shared vision of EC success and easy access to resource information and referral</li> <li>4.2 Data (NJ-EASEL) are used to communicate need and success</li> <li>4.3 Bidirectional communication plan is developed between IPG, NJCYC and CCYCs</li> <li>5.1 Enhance parent/child interactions</li> <li>5.3 Provide stronger link between CCYCs &amp; NJCYC</li> </ul>
<b>Strategic Plan Domain 4: Communication &amp; Awareness – vision, mission &amp; key definitions</b>	

Strategic Plan Domain/Needs Assessment Finding	Strategic Plan Objectives
<ul style="list-style-type: none"> <li>• Uneven understanding of vision/key terms e.g. vulnerable, high quality</li> <li>• Lack of information about 2-Gen approach to ECE, children, pregnant women, parents and families</li> <li>• Consumer demand for ECE varies across NJ</li> </ul>	<ul style="list-style-type: none"> <li>2.3 Improved ECE collaborations with families and providers</li> <li>2.8 Continued outreach to families along with community partners and hubs to promote developmental health awareness, screening, and access to resources</li> <li>4.1 NJ parents/providers have a shared vision of EC success and easy access to resource information and referral</li> <li>4.2 Data (NJ-EASEL) are used to communicate need and success</li> <li>4.3 Bidirectional communication plan is developed between IPG, NJCYC and CCYCs</li> <li>5.1 Enhance parent/child interactions</li> <li>5.2 Increase CCYC parent participation and training</li> <li>5.3 Provide stronger link between CCYCs and NJCYC</li> <li>5.4 Disseminate project learning from NJ HOPE regarding parent engagement</li> </ul>
<b>Strategic Plan Domain 5: Parent Involvement &amp; Leadership</b>	
<ul style="list-style-type: none"> <li>• Lack of opportunities for parent feedback</li> <li>• Lack of knowledge of state ECE services</li> </ul>	<ul style="list-style-type: none"> <li>2.3 Improved ECE collaborations with families and providers</li> <li>2.8 Continued outreach to families along with community partners and hubs to promote developmental health, screening, and access to resources</li> <li>4.1 NJ parents/providers have a shared vision of EC success and easy access to resource information and referral</li> <li>4.2 Data (NJ-EASEL) are used to communicate need &amp; success</li> <li>4.3 Bidirectional communication plan is developed between IPG, NJCYC and CCYCs</li> <li>4.1 NJ parents/providers have easy access to resource information &amp; referral</li> <li>5.1 Enhance parent/child interactions</li> <li>5.2 Increase CCYC parent participation and training</li> <li>5.3 Provide stronger link between CCYCs and NJCYC</li> <li>5.4 Disseminate project learning from NJ HOPE regarding parent engagement</li> </ul>
<b>Strategic Plan Domain 6: Workforce Development</b>	
<ul style="list-style-type: none"> <li>• Workforce registry to track staff issues</li> <li>• Emergence of statewide Infant-Toddler Instruction Certificates</li> <li>• Multiple workforce development efforts (GNJK-Rutgers, MSU)</li> </ul>	<ul style="list-style-type: none"> <li>1.1 Mental Health (MH) clinicians available to provide IECMH</li> <li>2.2 ECE staff participate in training and TA opportunities</li> <li>2.6 Enhanced workforce capacity for special education populations</li> <li>4.1 NJ parents/providers have a shared vision of EC success and easy access to resource information &amp; referral</li> <li>5.1 Enhance parent/child interactions</li> </ul>

Strategic Plan Domain/Needs Assessment Finding	Strategic Plan Objectives
<ul style="list-style-type: none"> <li>Few professionals for parent/child IECMH clinical services</li> </ul>	6.1 Explore opportunities to enhance existing Workforce Registry (WR) to track CE and training for CHWs, doulas, and other paraprofessionals 6.3 Increased # of mental health clinicians who can serve children under the age of five years (IECHM credentials) 6.4 NJ cross-sector ECE training is well-coordinated 6.5 OOL regulatory standards support high-quality training 6.6 Increased reflective practice in IECMH
<b>Strategic Plan Domain 7: Sustainable Financing</b>	
<ul style="list-style-type: none"> <li>Insufficient funds for long-term supports</li> <li>Affordable CC &amp; Pre-K</li> </ul>	7.1 Identify and realign EC funding streams for long-term support 7.2 Expand # of CC/Pre-K slots 7.3 Enhance coordination across EC public, private and HS programs
<b>Strategic Plan Domain 8: Continuous Quality Improvement – CI System</b>	
<ul style="list-style-type: none"> <li>Decrease in CI screens and referrals</li> </ul>	8.1 Examine and strengthen the CQI function within CI Hubs to determine cause for decline in # of screens/referrals to CI 8.2 Implement a QI pilot to expand and refine the state’s existing CI structure

## VIII. Conclusions

Development of the NJ Strategic Plan has supported and been informed by rich dialogue among key stakeholders. Stakeholders are committed to achieve the state's vision and to recognize that the strategic plan provides a starting point and will evolve over time. The plan builds on the needs assessment to prioritize eight domains, 31 objectives, and specific actions steps to achieve those objectives. The plan also identifies a broad set of indicators to allow the responsible agencies to monitor progress. Implementation of the Strategic Plan will continue under the auspices of the **Interdepartmental Planning Group** (IPG). With representation of senior staff across five state departments, the IPG is uniquely qualified to assess federal, state, and local statutory requirements and identify any potential barriers or roadblocks that these requirements put on future coordination. The **NJ Council for Young Children** (NJCYC), the state's early childhood advisory committee, will continue to provide input and track progress. NJCYC also brings a strong parent voice and input from each of the County Councils for Young Children to understand how implementation is progressing across the state. Responding to COVID-19 underscores the critical importance of addressing the physical, social-emotional, behavioral, and cognitive aspects of child wellbeing and school readiness for expectant families and families with young children. New Jersey is eager to continue the work.



## Appendix: Abbreviations

ACF	Administration for Children and Families, US Department of Health and Human Services
ACNJ	Advocates for Children of New Jersey
ASQ	Ages and Stages Questionnaire
CC	Child care
CCDF	Child Care Development Fund
CCR&R	Child Care Resource & Referral agency
CE	Continuing Education
CHW	Community Health Worker
CI	Central Intake
CQI	Continuous Quality Improvement
DCA	Department of Consumer Affairs, New Jersey
DCF	Department of Children and Families, New Jersey
DHS	Department of Human Services, New Jersey
DHS-DFD	Department of Human Services, Division of Family Development, New Jersey
DOE	Department of Education, New Jersey
DOH	Department of Health, New Jersey
DOL	Department of Labor and Workforce Development, New Jersey
EC	Early childhood
ECE	Early Childhood Education
EI	Early intervention
EHS/HS	Early Head Start/Head Start
FCC	Family Child Care
GNJK	Grow NJ Kids
HOPE	Project HOPE: Harnessing Opportunity for Positive, Equitable EC Development
ICHC	Infant/Child Health Committee, New Jersey Council for Young Children
IECMH	Infant and Early Childhood Mental Health
IEP	Individualized Education Program
IPG	Interdepartmental Planning Group, New Jersey (DOE, DHS, DCF, DOH, DHL, NJCYC)
I/T	Infant/Toddler
KEA	Kindergarten Entry Assessment
LAUNCH	Linking Actions for Unmet Needs in Children's Health, New Jersey
MSU	Montclair State University
NJCYC	New Jersey Council for Young Children
NJDA	New Jersey Department of Agriculture
NJ-EASEL	New Jersey Enterprise Analysis System for Early Learning (state-level ECIDS)

OOL	Office of Licensing, Department of Children and Families
PD	Preschool Development
PDG	Preschool Development Grant
PDG B-5	Preschool Development Grant Birth through Five
QI	Quality Improvement
QIS	Quality Improvement Specialists
WR	Workforce Registry