Bright Start TN
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https://tqee.org/bright-start-clearinghouse/

Bright Start Tennessee Network (TN) Clearinghouse 2.0

Strategies to support successful learning outcomes for Tennessee children birth through third grade

Introduction

The first eight years of a child's life are so defining that third grade reading and math outcomes predict future academic, career and life success. Decades of research show what children need to build strong brains and a solid early learning foundation: 1) high-quality birth-through-age-eight learning environments, 2) health and development on track from birth, and 3) supportive and supported families and communities. The wheel at the right depicts the Bright Start TN major goal of reading and math proficiency by 3rd grade and the three supporting goals.

Creating a Cycle of Success
What children need to achieve 3rd grade level reading and math proficiency

- Health and development on track beginning at birth
- Supported, and supportive, families and communities
- High-quality birth-through-age-eight learning environments

The Bright Start TN Clearinghouse is a curated collection of evidence-backed and promising strategies which align to the Bright Start TN goals and related 15 measures of success. It aims to be a resource to Tennessee communities for solutions to support children's learning and development outcomes in the first eight years of life, ultimately resulting in them being proficient in reading and math by third grade.

Many clearinghouses provide information on evidence-based or promising programs, but the Bright Start TN Clearinghouse is unique to Tennessee in that the strategies are directly or indirectly connected by evidence to the Bright Start TN measures of success and therefore a good bet for advancing progress toward the goals. Furthermore, the Clearinghouse gives attention to and prefers strategies that:

- Are directly or indirectly connected by evidence to the Bright Start TN measures of success, and therefore are a good bet for achieving the desired results.
- Impact at least two – ideally more -- measures of success at once, and therefore optimize the level of effort and investment required to achieve the desired results.
- Have strong returns on investment, improve business models, and/or are otherwise cost-effective compared to strategies that can accomplish the same results at higher cost, and therefore helps assure investments are used to greatest effect.
- Are funded or otherwise resourced and/or promoted by the State of Tennessee, therefore affording greater viability and sustainability.

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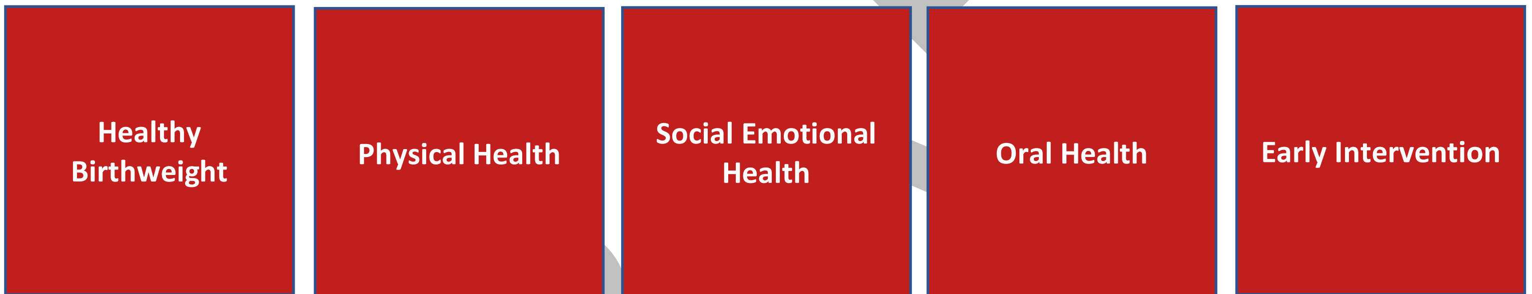
Measures of Success Main Menu

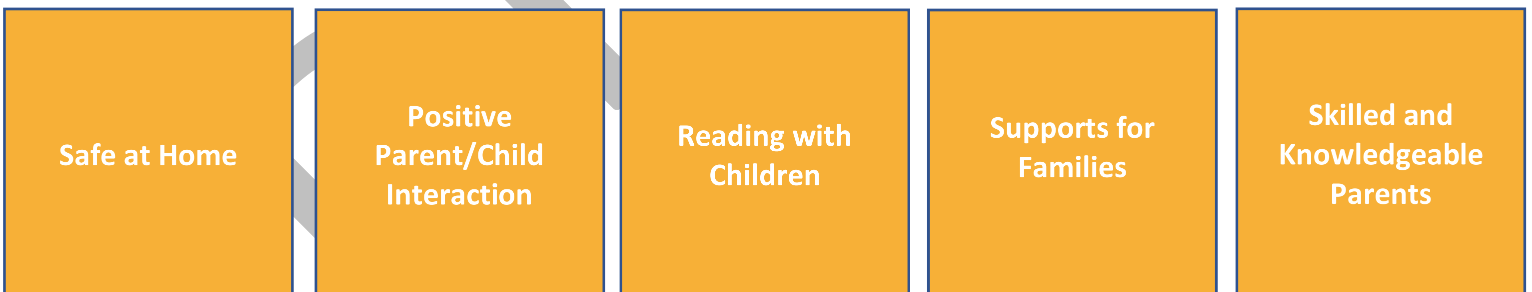
The Bright Start TN Measures of Success are adapted from the NC Early Childhood Shared Measures of Success Framework which can be found at HERE.

High-Quality Birth-through-age-eight learning environments

Health, mental health and development on track beginning at birth



Supported and supportive families and communities



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High Quality Early Care and Education Birth through Age 5

Major indicator for this measure of success: Percent of children birth-through-age-five receiving high quality early care and education when not with their parents (Head Start, Child Care, Special Needs Care and TN-VPK).

Research basis for this measure of success: Children who attend high quality early education programs and elementary schools are better prepared for success in school— academically, socially and emotionally. Economically disadvantaged three- and four-year-old children who participate in high-quality preschool programs have better school achievement, social skills and behavior than children who do not participate in a preschool experience or who are enrolled in a low-quality program. Children in higher quality programs have more advanced language and math skills, more advanced social skills, and warmer relationships with their teachers.

Strategies that support this measure of success:

- Employer-led Initiatives
- 0-5 Early Learning Assessments
- PBIS/ Pyramid Model
- ParentCorps
- Incredible Years
- New York City Community Schools Initiative
- ECE Workforce Development System
    - My Teaching Partner
    - LENA Grow
    - Teachstone/CLASS Assessment + PD
    - NAESP 3rd Leadership Academy
    - Trauma Informed Care
    - Endorsement
    - Positive Discipline
    - WAGE$
    - TEACH
- Head Start
- TN-VPK
- Early Head Start-Child Care Partnerships
- Coordinated Enrollment
- Child Care Finder
- Child Care Management Software (CCMS)
- Supported Transitions and Alignment from Preschool to Kindergarten
- Child Care Provider and Micro-Center Networks
- Behavior, Emotional, and Social Training (BEST)
- Chattanooga Basics
- Circle of Security (COS)
- Fast Track
- Head Start REDI-P
- INSIGHTS into Children's Temperament
- Prevention Program for Externalizing Problem Behavior (PEP)
- Primary Project
- Promoting Alternative Thinking Strategies (PATHS)
- The Pre-K RECAP

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Grade-Level Proficiency Pre-K-through-Grade 2

Major indicator for this measure of success: Percent of children PreK-2nd grade on-track in reading, math and social-emotional competencies/ self-regulation, good interpersonal skills, and no behavior problems

Research basis for this measure of success: Research demonstrates that grade-level proficiency matters. Children who are supported to approach or reach reading and math proficiency across the early grades are set to gain/demonstrate such proficiency by the end of third grade. Meeting this important milestone makes them more likely to succeed academically, graduate from high school ready for college and careers, and become successful, productive adults.

Strategies that support this measure of success:

0-5 Early Learning Assessments
Ages and Stages Questionnaire—3rd Edition
Ages and Stages Questionnaire—Social-Emotional
Families and Schools Together (FAST)
ParentCorps
Community Schools
    Beacon Schools—Youth Development Institute
    Communities in Schools, Inc.
    University Assisted Community Schools
ECE Workforce Development System
    My Teaching Partner
    Teachstone/CLASS Assessment + PD
    Trauma Informed Care
    Positive Discipline
Head Start
TN-VPK
Early Head Start-Child Care Partnerships
Coordinated Enrollment
High Dosage / Low Ratio Tutoring
Supported Transitions and Alignment from Preschool to Kindergarten

Aligned Afterschool Programs
School Based Health Clinics
Abriendo Puertas/Opening Doors Program
Active Parenting
Attachment and Behavioral Catch up (ABC)
Behavior, Emotional, and Social Training (BEST)
Chattanooga Basics
Circle of Security (COS)
Families and Schools Together (FAST)
Fast Track
Filial Family Therapy
Home Instruction Program for Preschool Youngsters (HIPPY)
INSIGHTS into Children's Temperament
Legacy for Children (Legacy)
Generation PMTO
Parenting Fundamentals (Parenting Education Program)
Prevention Program for Externalizing Problem Behavior (PEP)
Promoting Alternative Thinking Strategies (PATHS)
The Pre-K RECAP
Triple P Positive Parenting Program

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Regular School Attendance

Major indicator for this measure of success: Percent of children with regular attendance/not chronically absent (PreK-3)

Research basis for this measure of success: Children, particularly those with multiple risk factors, benefit from regular attendance in child care, where they establish good attendance and learning habits. Consistent school attendance in the early grades helps boost children's academic learning, achievement, and motivation. Early chronic absenteeism is associated with lower academic achievement, truancy in middle school, school dropout, delinquency, and substance abuse. The educational experience of all children is impacted when teachers must divert their attention to meet the needs of chronically absent children when they are in school.

Strategies that support this measure of success:

Home Visiting
- Parents as Teachers (PAT)®
- Healthy Families America (HFA)®
- Early Head Start-Home Visiting (EHS-HV)

Families and Schools Together (FAST)

Community Schools
- Beacon Schools—Youth Development Institute
- Communities in Schools, Inc.
- University Assisted Community Schools

ECE Workforce Development System
- Positive Discipline

Supported Transitions and Alignment from Preschool to Kindergarten

Aligned Afterschool Programs

School Based Health Clinics

Reducing Chronic Absenteeism

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Positive Early Care and Education Climate

Major indicator for this measure of success: Percent of early care and education programs and schools integrating social-emotional strategies.

Research basis for this measure of success: Children who attend high quality early education programs and elementary schools are better prepared for success in school— academically, socially and emotionally. Economically disadvantaged three- and four-year-old children who participate in high-quality preschool programs have better school achievement, social skills and behavior than children who do not participate in a preschool experience or who are enrolled in a low-quality program. Children in higher quality programs have more advanced language and math skills, more advanced social skills, and warmer relationships with their teachers.

Strategies that support this measure of success:

- 0-5 Early Learning Assessments
- PBIS/ Pyramid Model
- Ages and Stages Questionnaire—3rd Edition
- Ages and Stages Questionnaire—Social-Emotional
- Family/Teacher Engagement
  - Families and Schools Together (FAST)
  - ParentCorps
  - Incredible Years
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - University Assisted Community Schools
- ECE Workforce Development System
  - PBIS/ Pyramid Model
  - My Teaching Partner
  - LENA Grow
  - Teachstone/CLASS Assessment + PD
  - Trauma Informed Care
  - Early Relational Health Training and Endorsement
  - Positive Discipline
- Head Start
- Early Head Start-Child Care Partnerships
- Supported Transitions and Alignment from Preschool to Kindergarten
- School Based Health Clinics
- Behavior, Emotional, and Social Training (BEST)
- Circle of Security (COS)
- Families and Schools Together (FAST)
- Fast Track
- Head Start REDI-P
- INSIGHTS into Children's Temperament
- Prevention Program for Externalizing Problem Behavior (PEP)
- Primary Project
- Promoting Alternative Thinking Strategies (PATHS)
- The Family Check Up (FCU) model
- The Pre-K RECAP

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Summer Learning

Major indicator for this measure of success: Percent of children who maintain reading and math gains over the summer.

Research basis for this measure of success: While middle-income students tend to hold steady or gain in learning over the summer, low-income students lose ground, likely because students from disadvantaged families are less able to access educational resources than their more advantaged peers during the summer months. The cumulative effects of year-after-year summer learning loss contributes to the achievement gaps between higher- and lower-income students. Learning opportunities and book access during the summer months can contribute to children's short- and long-term outcomes.

Strategies that support this measure of success:

- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
- Families and Schools Together (FAST)
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - University Assisted Community Schools
- ECE Workforce Development System
- Summer Learning
- Abriendo Puertas/Opening Doors Program
- Home Instruction Program for Preschool Youngsters (HIPPY)

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Healthy Birthweight

Major indicator for this measure of success: Percent of babies born weighing less than 2500 grams (5.5 pounds)

Research basis for this measure of success: Infants born weighing less than 2,500 grams (5.5 pounds) are at greater risk for physical and developmental problems than infants of normal weight. Children who are born at a low birth weight are at higher risk for long-term illness or disability and are more likely to be enrolled in special education classes or to repeat a grade.

Strategies that support this measure of success:

Home Visiting
- Parents as Teachers (PAT)®
- Healthy Families America (HFA)®
- Early Head Start-Home Visiting (EHS-HV)
- Nurse Family Partnership (NFP)®
- Family Connects

Early Head Start-Child Care Partnerships
Mobile Health Clinics
Group Prenatal Care

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Physical Health

Major indicator for this measure of success: Percent of parents reporting their child's health is excellent or good

Research basis for this measure of success: Parents' self-reported health status of their children strongly correlates to their children's actual health, particularly at young ages. Healthy children are better able to engage in experiences crucial to the learning process.

Strategies that support this measure of success:

- Special Needs
  - PBIS/ Pyramid Model
- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - New York City Community Schools Initiative
  - University Assisted Community Schools
- Trauma Informed Care
- Head Start
- Aligned Afterschool Programs
- School Based Health Clinics
- Mobile Health Clinics
- Group Prenatal Care
- Healthy Steps
- Start For Life
- The Family Check Up (FCU) model
- Preventing Obesity by Design
- Child Parent Relationship Therapy (CPRT)

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Social Emotional Health

Major indicator for this measure of success: Percent of children exhibiting self-regulation, good interpersonal skills, and no behavior problems.

Research basis for this measure of success: Emotional health and social competence enable children to participate in learning and form good relationships with teachers and peers. Research is increasingly finding that self-regulation and social-emotional health are among the most critical building blocks for children's learning.

Strategies that support this measure of success:

- 0-5 Early Learning Assessments
- Special Needs
  - Developmental and Behavioral Screening
  - PBIS/ Pyramid Model
- Developmental and Behavioral Screening
  - Ages and Stages Questionnaire—3rd Edition
  - Ages and Stages Questionnaire—Social-Emotional
  - Brigance Screens Developmental Assessment of Young Children-2nd Edition
  - Early Screening Profiles
  - Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM)
  - Survey for the Well-being of Young Children
  - Infant Developmental Inventory
- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- ParentCorps
- Incredible Years

- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - New York City Community Schools Initiative
  - University Assisted Community Schools
- ECE Workforce Development System
  - PBIS/ Pyramid Model
  - My Teaching Partner
  - LENA Grow
  - Teachstone/CLASS Assessment + PD
  - Trauma Informed Care
  - Early Relational Health Training and Endorsement
  - Positive Discipline
- Head Start
- Early Head Start-Child Care Partnerships
- Supported Transitions and Alignment from Preschool to Kindergarten
- School Based Health Clinics
- Mobile Health Clinics
- Healthy Steps
- Active Parenting
- Attachment and Behavioral Catch up (ABC)
- Behavior, Emotional, and Social Training (BEST)
- Chattanooga Basics
- Child Parent Relationship Therapy (CPRT)
- Chicago Parent Program (CPP)
- Child First
- Child Parent Psychotherapy (CPP)
- Circle of Security (COS)
- Fast Track
- Filial Family Therapy
- Head Start REDI-P

See next page for more…

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INSIGHTS into Children's Temperament
Legacy for Children (Legacy)
Parent Child Interaction Therapy (PCIT)
Generation PMTO
Parenting Fundamentals (Parenting Education Program)
Prevention Program for Externalizing Problem Behavior (PEP)
Primary Project
Promoting Alternative Thinking Strategies (PATHS)
The Family Check Up (FCU) model
The Pre-K RECAP
Triple P Positive Parenting Program

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Oral Health

Major indicator for this measure of success: Percent of children without untreated tooth decay.

Research basis for this measure of success: Tooth decay is the most common chronic childhood disease. Untreated dental problems can lead to secondary physical illness, delay overall development, compromise school attendance and performance, and interfere with psycho-social functioning.

Strategies that support this measure of success:

- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - New York City Community Schools Initiative
  - University Assisted Community Schools
- Early Head Start-Child Care Partnerships
- School Based Health Clinics
- Mobile Health Clinics

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Early Intervention

Major indicator for this measure of success: Percent of children improving with early intervention services.

Research basis for this measure of success: Without appropriate supports and services in the early years, children with special educational needs are less likely to be ready for school and are at higher risk for poor educational outcomes.

Strategies that support this measure of success:

Special Needs
- Developmental and Behavioral Screening
- PBIS/ Pyramid Model

Developmental and Behavioral Screening
- Ages and Stages Questionnaire—3rd Edition
- Ages and Stages Questionnaire—Social-Emotional
- Brigance Screens Developmental Assessment of Young Children-2nd Edition
- Early Screening Profiles
- Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM)
- Survey for the Well-being of Young Children
- Infant Developmental Inventory

Home Visiting
- Parents as Teachers (PAT)®
- Healthy Families America (HFA)®
- Early Head Start-Home Visiting (EHS-HV)

ECE Workforce Development System
- PBIS/ Pyramid Model
- My Teaching Partner

Supported Transitions and Alignment from Preschool to Kindergarten

School Based Health Clinics

Mobile Health Clinics

Healthy Steps

Triple P Positive Parenting Program

Child Parent Relationship Therapy (CPRT)

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Safe at Home

Major indicator for this measure of success: Rate of investigated/assessed child abuse or neglect.

Research basis for this measure of success: Child abuse and neglect are linked to language deficits, reduced cognitive functioning, social and behavioral difficulties, and attention deficit disorders. The incidence of child abuse and neglect is reduced when protective factors (such as social support, high quality reliable out-of-home child care, access to treatment of depression, and decent housing) are strengthened, and risk factors (such as poverty, social isolation, absence of supportive adults, and violence in the home or neighborhood) are lessened.

Strategies that support this measure of success:

- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- Incredible Years
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - New York City Community Schools Initiative
  - University Assisted Community Schools
- Early Head Start-Child Care Partnerships
- Healthy Steps
- Chicago Parent Program (CPP)
- Child First
- Child Parent Psychotherapy (CPP)
- DARE to be You
- Infant-Parent Psychotherapy (IPP)
- Nurturing Parenting Program
- SafeCare (Project 12 Ways)
- Systematic Training for Effective Parenting (STEP)
- The Family Check Up (FCU) model
- Triple P Positive Parenting Program
- Child Parent Relationship Therapy (CPRT)

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Positive Parent/Child Interaction

Major indicator for this measure of success: Average number of minutes per day that parents talk or play with their children.

Research basis for this measure of success: The opportunity to form secure attachments with sensitive, nurturing caregivers is critical to children's cognitive and social-emotional growth. The lack of a warm, positive relationship with parents/caregivers increases the risk that children develop major behavioral and emotional problems, including substance abuse, antisocial behavior, and juvenile delinquency. Talking with children plays a direct role in building their vocabularies and strengthening their early literacy skills.

Strategies that support this measure of success:

- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- Family/Teacher Engagement
  - ParentCorps
  - LENA Start
  - Incredible Years
  - Companion Curriculum
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - New York City Community Schools Initiative
  - University Assisted Community Schools
- Positive Discipline
- Early Head Start-Child Care Partnerships
- Healthy Steps
- 123 Magic
- Abriendo Puertas/Opening Doors Program
- Active Parenting
- Adults and Child Together Raising Safe Kids (ACT)
- Attachment and Behavioral Catch up (ABC)
- Chattanooga Basics
- Chicago Parent Program (CPP)
- Child First
- Child Parent Psychotherapy (CPP)
- DARE to be You
- Effective Black Parenting Program
- Fast Track
- Filial Family Therapy
- Home Instruction Program for Preschool Youngsters (HIPPY)
- Legacy for Children (Legacy)
- Los Ninos Bien Educados (LNBE)
- Nurturing Parenting Program
- Parent Child Interaction Therapy (PCIT)
- Generation PMTO
- Parenting Fundamentals (Parenting Education Program)
- Child Parent Relationship Therapy (CPRT)
- Play and Learning Strategies (PALS)
- Prevention Program for Externalizing Problem Behavior (PEP)
- SafeCare (Project 12 Ways)
- Strengthening Families Program (SEP)
- Systematic Training for Effective Parenting (STEP)
- The Family Check Up (FCU) model
- The Pre-K RECAP
- Triple P Positive Parenting Program
- Reach Out and Read

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Reading with Children

Major indicator for this measure of success: Average number of minutes per day that parents talk or play with their children.

Research basis for this measure of success: Reading to children promotes a child's cognitive and emotional growth and strengthens parent-child bonding. A positive correlation exists between regular parental book reading and young children's language development, early reading achievement, and school readiness.

Strategies that support this measure of success:

- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- Family/Teacher Engagement
  - ParentCorps
  - LENA Start
  - Incredible Years
  - Companion Curriculum
- Community Schools
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  - New York City Community Schools Initiative
  - University Assisted Community Schools
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- Legacy for Children (Legacy)
- Los Ninos Bien Educados (LNBE)
- Nurturing Parenting Program
- Generation PMTO
- Parenting Fundamentals (Parenting Education Program)
- Play and Learning Strategies (PALS)
- Prevention Program for Externalizing Problem Behavior (PEP)
- SafeCare (Project 12 Ways)
- Strengthening Families Program (SEP)
- The Family Check Up (FCU) model
- Triple P Positive Parenting Program
- Dolly Parton's Imagination Library
- Reach Out and Read

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Supports for Families

Major indicator for this measure of success: Percent of new mothers reporting access to sufficient social supports.

Research basis for this measure of success: Both formal and informal services and supports that help families obtain basic necessities and that enhance protective factors all contribute to children's overall well-being and increase families' abilities to deal with a range of issues.

Strategies that support this measure of success:

Employer-led Initiatives
0-5 Early Learning Assessments
Special Needs
Home Visiting
- Parents as Teachers (PAT)®
- Healthy Families America (HFA)®
- Early Head Start-Home Visiting (EHS-HV)
- Nurse Family Partnership (NFP)®
- Family Connects

Family/Teacher Engagement
- ParentCorps
- LENA Start
- Incredible Years
- Companion Curriculum

Community Schools
- Beacon Schools—Youth Development Institute
- Communities in Schools, Inc.
- New York City Community Schools Initiative
- University Assisted Community Schools

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Mobile Health Clinics
Group Prenatal Care
Healthy Steps
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Abriendo Puertas/Opening Doors Program
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Los Ninos Bien Educados (LNBE)
Nurturing Parenting Program
Parent Child Interaction Therapy (PCIT)
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Parenting Fundamentals (Parenting Education Program)
Play and Learning Strategies (PALS)
Prevention Program for Externalizing Problem Behavior (PEP)
Child Parent Relationship Therapy (CPRT)
SafeCare (Project 12 Ways)
Strengthening Families Program (SEP)
The Family Check Up (FCU) model
The Pre-K RECAP
Triple P Positive Parenting Program

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Skilled and Knowledgeable Parents

Major indicator for this measure of success: Percent of parents reporting sufficient knowledge of child development and parenting skills.

Research basis for this measure of success: Parents with greater knowledge of child development and parenting skills better support their children's early learning and development. Skilled and knowledgeable parents are better able to expose their children to activities and educational opportunities that can help them succeed.

Strategies that support this measure of success:

- Special Needs
- Ages and Stages Questionnaire—3rd Edition
- Ages and Stages Questionnaire—Social-Emotional
- Home Visiting
  - Parents as Teachers (PAT)®
  - Healthy Families America (HFA)®
  - Early Head Start-Home Visiting (EHS-HV)
  - Nurse Family Partnership (NFP)®
  - Family Connects
- Family/Teacher Engagement
  - Families and Schools Together (FAST)
  - ParentCorps
  - Incredible Years
  - Companion Curriculum
- Community Schools
  - Beacon Schools—Youth Development Institute
  - Communities in Schools, Inc.
  - New York City Community Schools Initiative
  - University Assisted Community Schools
- Positive Discipline
- Early Head Start-Child Care Partnerships
- Supported Transitions and Alignment from Preschool to Kindergarten
- Group Prenatal Care
- Healthy Steps
- 123 Magic
- Abriendo Puertas/Opening Doors Program
- Active Parenting
- Adults and Child Together Raising Safe Kids (ACT)
- Attachment and Behavioral Catch up (ABC)
- Chattanooga Basics
- Chicago Parent Program (CPP)
- Child First
- Child Parent Psychotherapy (CPP)
- Child Parent Relationship Therapy (CPRT)
- DARE to be You
- Effective Black Parenting Program
- Families and Schools Together (FAST)
- Family Foundations
- Fast Track
- Filial Family Therapy
- Head Start REDI-P
- Home Instruction Program for Preschool Youngsters (HIPPY)
- Infant-Parent Psychotherapy (IPP)
- INSIGHTS into Children's Temperament
- Legacy for Children (Legacy)
- Los Ninos Bien Educados (LNBE)
- Nurturing Parenting Program
- Parent Child Interaction Therapy (PCIT)
- Generation PMTO
- Parenting Fundamentals (Parenting Education Program)
- Play and Learning Strategies (PALS)
- Promoting Alternative Thinking Strategies (PATHS)
- SafeCare (Project 12 Ways)
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- Systematic Training for Effective Parenting (STEP)
- The Family Check Up (FCU) model
- Triple P Positive Parenting Program
- Reach Out and Read

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Group pages

Special Needs

Generally special needs is aligned with the following measures of success:

- Physical Health
- Social Emotional Health
- Early Intervention
- Supports for Families
- Skilled and Knowledgeable Parents

Addressing Special Needs

Addressing Special Needs includes the following strategies found in the Bright Start TN Clearinghouse:

- Developmental and Behavioral Screenings
- Pyramid Model

What is Addressing Special Needs?

Understanding the unique needs of our youngest learners as early as possible helps set them up for success in the birth-to-third continuum and beyond. Employing both universal and targeted strategies, as well as understanding the differences between difficult behaviors and manifestations of special needs can help our youngest children thrive in child care, K-12, higher education, and, ultimately, in the workforce.

According to 2021 data, students with disabilities represent the largest subgroup of students not proficient in both ELA and Math across all grade levels on their TCAP assessments. Students with special needs also graduate high school at significantly lower rates than their peers in Tennessee-- 73.1% as compared with an all-student graduation rate of 89.6% in 2020. Students with special needs who receive the proper supports are better set up to meet third grade benchmarks, and according to the National Center on Educational Outcomes, a predicted 80%-85% of students receiving special education nationally can meet the same grade-level standards as their peers. Addressing these needs early on is vital and urgent to ensure long term success of all children.
Below is background information about the types of services that by law are available to children. It would be useful for community partnerships to review how effectively these resources and supports are functioning to support special needs children and their families.

- Individuals with Disabilities in Education Act (IDEA): The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education

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and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million (as of school year 2018-19) eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers birth through age 2 with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages three through 21 receive special education and related services under IDEA Part B.

- IDEA Part C State Grants for Infants and Toddlers: These federal grants help ensure that appropriate early intervention services are made available to infants and toddlers with disabilities and their families.
- IDEA Part B Preschool State Grants: These grants help to provide special education and related services for children with disabilities ages 3 through 5.
- IDEA Part B State Grants: These grants help to provide special education and related services for children with disabilities ages 3 through 21.
- Childfind: "Child Find" is the process of locating, identifying, and evaluating children with disabilities to ensure that they receive services to which they are entitled. Children who are suspected of having a disability can be referred for a possible evaluation at no cost to determine if they are eligible for special education services. Referrals of children with a suspected delay or disability can be made to your local education agency (school district).
- Individualized Family Service Plan (IFSP): Used when infants and toddlers are referred for early services, an IFSP is a legal document that can be provided to outline the supports and services a child exhibiting developmental delays needs to catch up. IFSPs are included in federal special education law (IDEA) and designed for children from birth to age three who require extra help with physical, communication, self-help, cognitive or social-emotional skills. IFSPs outline what the child's family needs to provide early intervention. A family can obtain an IFSP by requesting an early intervention evaluation from a healthcare provider or from their state's early intervention center. IFSP coordinators can set up services for needs like speech therapy, transportation, and social work services, which are usually provided in the child's "natural setting", which could include a child care setting, Early Head Start, preschool, or other community setting in which young children without disabilities would typically be found.
- Individualized Education Program (IEP): Similar to an IFSP, an IEP is a legal document that outlines supports and services to be provided to children with special needs. An IEP focuses primarily on the educational needs of the child, can be obtained in public schools and charter schools, and can be used for children ages 3-21. Families can request an evaluation of their child, and in order to receive an IEP a child must have a diagnosis of at least one of 13 conditions that are covered under IDEA law.
- Tennessee Early Intervention System (TEIS): TEIS is a voluntary education program that supports young children with disabilities or developmental delays find services and support. The TEIS program helps children and their families navigate all the resources available for a child to reach their optimal development. The program is governed by

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Part C of the Individuals with Disabilities Education Act (IDEA). The referral website can be found here.

- ECE Transition: early childhood transition is a collaborative process under IDEA between part C (TEIS), part B 619, and the family to ensure that each child served under part C has eligibility determined and, for those eligible, an individualized education program (IEP), in place by the child's third birthday. There is an interagency agreement between TEIS and the Tennessee Department of Education (TDOE) to ensure a smooth transition from early childhood services under TEIS into a local education agency's provision of services. TEIS is required to notify TDOE of children receiving early intervention services, and when developing the initial IFSP, a transition goal is written and then reviewed and updated at subsequent IFSP meetings as a child nears exit at age three. Tennessee does not have an opt-out policy and considers all children served by TEIS as potentially eligible for Part B IDEA services and offers transition planning for all children and families. Need a strategy here
- Least Restrictive Environment/Preschool LRE models: IDEA requires that, beginning at age three, a free appropriate public education (FAPE) be provided to children with disabilities. As a part of meeting FAPE, each child must be served in their least restrictive environment (LRE). This means that children with disabilities should be educated, to the maximum extent appropriate, with non-disabled peers. For more information, see the OSEP Dear Colleague Letter addressing LRE expectations. LRE should be observed in the following setting: state-funded preschool, Head Start, community-based agencies, district-established three-year-old and four-year-old classrooms, Title-I funded classrooms, collaboration approaches and kindergarten.

What is the evidence base?
The below is provided by the Prenatal-to-3 Policy Impact Center related to Early Intervention Services.

For programs like Early Intervention services to reduce disparities in children's outcomes, the first step is ensuring equitable access for children of various racial, ethnic, and socioeconomic groups. Evidence suggests that children from lower-income families and communities of color do not have equitable access to EI services and often experience disruptions in the pathway from referral to evaluation and enrollment.[32,34] National data from 2019 to 2020 show that 6.6 percent of Black children in the US under age 3 received EI services over the most recent 12-month cumulative reporting period, compared to 7.4 percent of White children and 7.6 percent of
Hispanic children, but these rates and the gaps between groups vary significantly by state and community.[89]

For example, a December 2019 report on EI in New York City found that communities with higher percentages of Black or Hispanic children had consistently lower rates of completed EI

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evaluations among children referred.[34] A 2011 study using nationally representative data from the Early Childhood Longitudinal Study found that no racial disparities in service receipt existed at 9 months, but by 24 months,

Black children who were likely eligible for EI services were five to eight times less likely to receive services than White children, depending on the reason for eligibility.[34] A 2016 study also found that Black and Hispanic children were 78 percent more likely than White children to have unmet needs for EI therapy services; these children were identified as likely to need services based on parent responses to the National Survey of Children with Special Health Care Needs, but they were not receiving services.[84] Finally, a 2008 study of low birthweight infants in Massachusetts found that **referral r**ates to EI were significantly lower for infants of Black non-Hispanic mothers than all other racial groups, holding other factors constant.[36]

Funding shortages in recent years have affected children's access to EI services,[19,21] and one of the most notable impacts is the widening of racial and socioeconomic disparities in access to the program. For example, when funding for Texas' EI program was cut in 2011 and eligibility was narrowed, enrollment dropped 17 percent across the state, with disproportionate impacts on children of color—enrollment among Black children, Hispanic children, and children of other races "plummeted 44 percent, 24 percent, and 32 percent respectively, from 2011 to 2016" (p. 9), whereas enrollment for White children dropped just 5 percent over that period.[37] Research has shown that implementing family fees for EI services may reduce low-income children's participation in the program, even when sliding scales would preclude them from out-of-pocket costs, because parents may not be aware of the financial assistance available to them and may be deterred from pursuing services.[21] In an April 2021 survey, 17 states reported using family fees as a funding source, but Connecticut recently eliminated family fees through S.B. 2, effective July 1, 2021, bringing the total states to 16.[88]

What resources are available through State of Tennessee?
Coming soon.

Sources

- https://sites.ed.gov/idea/about-idea/
- https://www2.ed.gov/programs/osepgts/index.html
- https://www.understood.org/articles/en/ifsp-what-it-is-and-how-it-works
- https://www.understood.org/articles/en/what-is-an-iep
- https://www.tn.gov/didd/for-consumers/tennessee-early-intervention-system-teis.html
- https://www.tn.gov/content/dam/tn/education/special-education/LRE_Guidance_and_Models.pdf
- https://pn3policy.org/policy-clearinghouse/2021-early-intervention-services/

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Group pages

0-5 Early Leaning Assessments

Generally evidence based home visiting is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health

Coming Soon.

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Group pages

Developmental and Behavioral Screening

Developmental and Behavioral Screenings are generally aligned with the following measures of success:

- Social Emotional Health
- Early Intervention

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Developmental and Behavioral Screening for Children Ages 0-5 includes the following strategies found in the Bright Start TN Clearinghouse:

- *The Ages & Stages Questionnaires®, Third Edition (ASQ®-3)*
- *The Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)*
- Brigance Screens Developmental Assessment of Young Children-2nd Edition
- Early Screening Profiles
- Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM)
- Survey for the Well-being of Young Children
- Infant Developmental Inventory

What is Developmental and Behavioral Screening?

As many as one in four children through the age of five are at risk for a developmental delay or disability. Early identification through developmental screening allows parents and communities to intervene earlier, leading to more effective and cheaper treatment during the preschool years, rather than expensive special education services in later childhood.

Just like hearing and vision screenings assure that children can hear and see clearly, developmental and behavioral screenings track a child's progress in areas such as language, social, or motor development.

Screening alone is not enough to identify a developmental concern. Rather, it helps practitioners and parents decide whether to refer a child for more evaluation by a qualified professional. The earlier a possible delay is identified, the earlier a child can be referred for further evaluation and additional supports and services.

As part of its *Birth to 5: Watch Me Thrive!* initiative HHS has published a compendium of research-based developmental screening tools appropriate for use across a wide range of settings. The initiative also helpfully has the tools organized by audience / provider group.

The developmental screening tools included in the compendium and, in turn, in the Clearinghouse, meet the following criteria:

- The tool must be designed for the purpose of screening (not child assessment).
- The screening tool must be appropriate for use with children between birth and age five.
- The screening tool must cover multiple developmental domains (i.e. physical/motor, cognitive, linguistic, social and emotional development).
- The screening tool must be available for use by early childhood practitioners (early care and education providers, primary care practitioners, behavioral health service providers, home visitors, early intervention specialists, etc.).

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- Information about the screening tool's administration, training, reliability and validity (i.e., sensitivity and specificity) must be readily available.
- The tool must cover the domain of social and emotional development.
- The tool must include family input.
- The tool must have a sensitivity and specificity of 0.7 or greater.

What is the evidence base?
The Compendium addresses reliability and validity of each of the screening instruments it has included. Authors further note that it is generally understood that not all children with or at risk for delays will be identified by a screener, and that therefore opportunities to repeat screenings are essential.
What resources are available through State of Tennessee?
Coming soon.
Sources
https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf
https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive#Compendium

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Bright Start TN
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Group pages

Evidence Based Home Visiting

Generally evidence based home visiting is aligned with the following measures of success:

- Regular School Attendance
- Summer Learning
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Evidence based home visiting includes the following strategies found in the Bright Start TN Clearinghouse:

- Parents as Teachers (PAT)®
- Healthy Families America (HFA)®
- Early Head Start-Home Visiting (EHS-HV)
- Nurse Family Partnership (NFP)®
- Family Connects

There are 22 home visiting program models that stand up to the Evidence of Effectiveness review commissioned by HHS. However, the state of Tennessee's home visiting initiative currently supports 4 of those models (the first four listed above) and so we've limited our inclusion in the Clearinghouse to those four plus Family Connects which is not presently supported by the State. However, we have elected to add Family Connects which is a less intensive form of home visiting which would fill a gap in Tennessee for a "light touch" intervention for new parents upon hospital discharge after their baby is born. It's possible that once the state's CHANT program is fully operational it could serve this purpose.

What is evidence based home visiting (EBHV)?

EBHV programs are voluntary programs that match parents with trained professionals to provide information and support during pregnancy and throughout their child's first years. Although home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families.

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What is the evidence base?

Zero to Three, a national organization that focuses on the needs of infants and toddlers and their parents, has studied the impact of home visiting programs, and finds that, looking across the various models, "several strong themes about impacts emerge. Home visiting models vary in their program structures, specific intended outcomes, content of services and targeted populations, so it is important to understand that impacts on specific indicators also will vary. High quality home visiting programs can:

- Increase children's school readiness.
- Enhance parents' abilities to support their children's overall development.
- Improve child health and development.
- Improve family economic self-sufficiency.
- Produce a substantial return on investment."

The Department of Health and Human Services launched the Home Visiting Evidence of Effectiveness (HomVEE) review to conduct a thorough and transparent review of early childhood home visiting models. HomVEE provides an assessment of the evidence of effectiveness for early childhood home visiting models that serve families with pregnant women and children from birth to kindergarten entry (that is, up through age 5).

What resources are available through State of Tennessee?

More coming soon.
https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/evidence-based-home-visiting-programs.html

Sources

https://homvee.acf.hhs.gov/
https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting

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Group pages

Family and Teacher Engagement

Generally Family and Teacher Engagement strategies are aligned with the following measures of success:

- Positive Early Care and Education Climate
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

More information on this grouping coming soon. For now, check out these strategies associated with Family and Teacher Engagement.

Family and Teacher Engagement includes the following strategies found in the Bright Start TN Clearinghouse:

- Families and Schools Together (FAST)
- Parent Corps
- LENA Start
- The Incredible Years
- Companion Curriculum

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Group pages

Community Schools

Generally **Community Schools** are aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Physical Health
- Social Emotional Health
- Oral Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Community Schools include the following strategies found in the Bright Start TN Clearinghouse:

- Beacon Schools—Youth Development Institute
- Communities in Schools, Inc.
- New York City Community Schools Initiative
- University Assisted Community Schools

What are community schools?

Learning Policy Institute notes that community schools "represent a place-based strategy in which schools partner with community agencies and allocate resources to provide an 'integrated focus on academics, health and social services, youth and community development, and community engagement.' Many operate on all-day and year-round schedules and serve both children and adults." LPI notes that most community schools include four common design principles:

- Integrated student supports
- Expanded learning time and opportunities
- Family and community engagement
- Collaborative leadership and practice

Institute for Educational Leadership: Coalition of Community Schools promotes community schools through research and technical assistance. Their philosophy is that a community school is both a place and a set of partnerships between the school and other community resources with an integrated focus on academics, health and social services, youth and community development and community engagement leads to improved student learning, stronger families and healthier communities.

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Well-implemented community schools can lead to significant improvement in student and school outcomes and contribute to meeting the educational needs of low-achieving students in high-poverty schools

What is the evidence base?
According to a 2020 RAND Corporation Study of New York City community schools (the study uses the term "community school" rather than "full-service community school"), the approach had a positive impact on student attendance in elementary, middle, and high schools and across all three years that outcomes were measured (2015–2016, 2016–2017, and 2017– 2018). The study also found positive and significant impacts on elementary and middle school students' on-time grade progression and suggested a reduction in disciplinary incidents for elementary and middle school students. The study found that the community schools had a positive impact on students' mathematics achievement in the final year of the study.

Further, based on a comprehensive analysis of 143 studies by the Learning Policy Institute concluded that well-implemented community schools lead to improvement in student and school outcomes and contribute to meeting the educational needs of struggling students in schools with high poverty rates. That same LPI study highlights case studies and examples of Community School implementation in action.

Community schools are efficient and cost-effective. They coordinate the delivery of services to avoid duplication and maximize student supports. Studies find that every $1 invested in a community schools strategy results in up to a $15 return to the community.

Community schools qualify as an evidence-based approach to improving chronically low-performing schools under the Every Student Succeeds Act (ESSA).
https://communityschools.futureforlearning.org/

What resources are available through State of Tennessee?
Coming soon.
Tennessee Community Schools State Network (TCSSN)

Sources
https://learningpolicyinstitute.org/product/community-schools-effective-school-improvement-brief
https://www.rand.org/content/dam/rand/pubs/research_reports/RR3200/RR3245/RAND_RR3245.pdf

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Group pages

Early Care and Education (ECE) Workforce Development System

ECE Workforce Development System aligns to the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Social Emotional Health
- Early Intervention

What is the ECE Workforce Development System?

High-quality early childhood education (ECE) begins with well-prepared, highly qualified educators who reflect the racial, ethnic, cultural, and linguistic diversity of young children and their families.

Central to the workforce development system is a ***professional development system*** for preparing and developing the workforce.

The National Association for the Education of Young Children (NAEYC) provides guidance for states and communities to develop a pipeline of early educations for young children. To frame the effort, NAEYC offers the following definitions (more detail can be found in this NAEYC PowerPoint slide presentation):

- *Whom does the ECE workforce serve*: Children birth through approximately age 8 in early learning programs in centers, homes and schools
- *Who is the ECE workforce*? Early educators, home-family support roles and professional support roles
- *What is a professional development system*? A continuum of learning and support activities that prepares individuals for new roles in the profession or enhances work in current roles and leads to improvement in knowledge skills and practices and dispositions. It includes:
    - *Training.* Can be a one-time event or organized into a training program with a planned sequence of sessions. Delivered by professionals who may need to meet the qualifications required by an employer, training agency, conference organizer or a state trainer approval system
    - *Technical Assistance.* Provides targeted, customized supports, often job embedded. Focuses on processes, knowledge application or implementation of services. Delivered by professionals who may need to meet the qualifications required by an employer or a state technical assistance system.
        - Mentoring
        - Coaching
        - Consulting

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    - PD advising
    - Peer-to-peer professional networks and learning communities
  - *Education.* Occurs between faculty, students and student peers. Requires satisfactory performance on standards or outcomes-based assessments. Offered through a state-approved, professionally accredited school, college or university. Delivered by professionals who meet qualifications required by the state, accreditor and institution.

Who develops and supports the ECE professional development system?
Communities working to strengthen their ECE professional development systems should have at the table at a minimum: School districts' Career and Technical Education departments; local Tennessee College of Applied Technology (TCAT); local community colleges and local 4-year colleges; TECTA; the CCR&R agency; Local Workforce Investment Boards; ECE professionals and employers; and community based organizations playing a lead role in helping develop the system. Ideally the Tennessee Board of Regents, Tennessee Student Assistance Corporation (TSAC), and Departments of Human Services, Education, Labor, and Economic Development are engaged at some point in the process recognizing that local systems need to be aligned to state systems and take advantage of state-funded resources.
We recommend that communities retain a consultant to support the work of a SWOT analysis and asset mapping, facilitation of the planning effort, and writing up of a local ECE professional development system plan.
Highlighted coaching and training models:
Within the Clearinghouse are included a number of evidence-based and informed models for technical assistance and training.

- My Teaching Partner
- PBIS/ Pyramid Model
- LENA Grow
- Teachstone / CLASS Assessment + PD
- NAESP 3rd Leadership Academy
- Positive Discipline
- Early Relational Health Credential
- Trauma Informed Training

Highlighted effective leadership strategies:
Coming Soon.

Highlighted compensation strategies:
Compensation is a major factor for the recruitment and retention of a professional early education workforce. Without competitive compensation, the system breaks down. The industry's notoriously low compensation rates are in large part a function of the profession being undervalued. They are also largely a function of a market-driven system with limited government investment. Providers try to keep the costs of child care affordable for parents

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which in turn often means the primary cost and quality driver, educator compensation, is held very low. The child care compensation issue could be addressed in a number of ways – directly and indirectly – by changes to the child care system which could be driven by government, the child care industry, school districts and employers. In the meantime, some strategies for how local communities might directly address compensation include:

- WAGE$
- T.E.A.C.H.

Resource documents:
https://www.newamerica.org/in-depth/transforming-early-education-workforce/
https://www.naeyc.org/our-work/initiatives/profession/overview
https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/4-Career-Pathways-in-Early-Care-and-Education-Report.pdf
https://learningpolicyinstitute.org/product/preparing-diverse-high-quality-early-childhood-workforce-brief
https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/compensation_matters_most.pdf

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Strategy pages

Child Parent Relationship Therapy (CPRT)

CPRT is aligned with the following measures of success:

- Physical Health
- Social Emotional Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Child Parent Relationship Therapy (CPRT) is a play-based treatment program for young children between 3 and 8 years who have behavioral, emotional, social, and attachment disorders, and for their parents. CPRT aims to fully involve parents in the therapeutic process through group sessions in which parents learn skills to respond more effectively to their children's emotional and behavioral needs. In turn, children are expected to learn that they can count on their parents to meet their needs reliably and consistently for love, acceptance, safety and security. The program is based upon the premise that a secure parent-child relationship is the essential factor for children's well-being. Source

What is the evidence base?

Coming soon.

What resources are available through State of Tennessee?

N/A

Sources

https://www.frontiersin.org/articles/10.3389/fpsyt.2019.00677/full
https://psycnet.apa.org/fulltext/2017-08217-001.html

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Strategy pages

1-2-3 Magic

1-2-3 Magic is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

1-2-3 Magic - A group-based behavioral intervention combining psycho-education about age-appropriate expectations, child behavior problems, and parent-child interactions with behavior modification strategies**. Source**

What is the evidence base?

Bradley, S. J., Jadaa, D. A., Brody, J., Landy, S., Tallett, S. E., Watson, W.,...Stephens, D. (2003). Brief psychoeducational parenting program: An evaluation and 1-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(10), 1171-1178. doi:10.1097/00004583-200310000-00007

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/

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Strategy pages

Abriendo Puertas/Opening Doors Program

Abriendo Puertas/Opening Doors Program is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Summer Learning
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Abriendo Puertas/Opening Doors Program is one of the largest programs in the U.S. working with low-income Latino parents of preschool-aged children. Child Trends conducted the first-ever random-assignment evaluation of a Latino parenting program. The evaluation found positive outcomes in parenting practices that foster academic success, such as reading with children at home, and knowledge of what to look for in quality child care. Source

What is the evidence base?

Coming soon.

What resources are available through State of Tennessee?

N/A

Sources

https://www.childtrends.org/wp-content/uploads/2014/06/Abriendo-Puertas-Report-8-18-141.pdf

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Strategy pages

Active Parenting

Active Parenting is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Active Parenting (4th Edition) is a video-based education program targeted to parents of 2- to 12-year-olds who want to improve their parenting skills. It is based on the application of Adlerian parenting theory, which is defined by mutual respect among family members within an authoritatively run family. The program teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, effective communication and problem solving. It also teaches parents to use natural and logical consequences and other positive discipline skills to reduce irresponsible and unacceptable behaviors. Source

What is the evidence base?

35 years of evidence: Active Parenting Works! Read and download the summary of 19 studies that span more than 35 years of Active Parenting history and provide strong scientific evidence of the efficacy of the Active Parenting model. https://activeparenting.com/for-leaders/research-studies-tools-and-tests/research-studies/

What resources are available through State of Tennessee?

N/A

Sources

https://45ancg2f5ff93dko614bw2lk-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/NREPP-report-for-AP4-1.pdf

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Strategy pages

Adults and Child Together Raising Safe Kids (ACT-RSK)

Adults and Child Together Raising Safe Kids (ACT-RSK) is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Adults and Children Together–Raising Safe Kids (ACT–RSK) is a group-based intervention for parents with children from birth to 8-years-old, which aims to help parents and caregivers provide safe environments in which to raise children without violence. Source

What is the evidence base?

An evaluation of the Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids program

What resources are available through State of Tennessee?

N/A

Sources

https://youth.gov/content/adults-and-children-together-act-raising-safe-kids-program

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Strategy pages

Attachment and Biobehavioral Catch-up (ABC)

Attachment and Biobehavioral Catch-up (ABC) is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Attachment and Biobehavioral Catch-up (ABC) is a parent-training intervention aimed primarily at children between 6 and 24 months of age and their caregivers. ABC targets young children who have experienced early adversity, such as maltreatment or disruptions in care. It addresses several issues that have been identified as problematic among children who have experienced early adversity, including behaving in ways that push caregivers away and behavioral and biological dysregulation. The program works with parents or other caregivers to help them learn how to 1) behave in nurturing ways when children are distressed; 2) follow their child's lead to behave in delighted ways when children are not distressed; and 3) avoid behaving in frightening or intrusive ways. Source

What is the evidence base?

Research Support: http://www.abcintervention.org/researchsupport/

Publications: http://www.abcintervention.org/publications/

What resources are available through State of Tennessee?

N/A

Sources

https://pubmed.ncbi.nlm.nih.gov/30365173/

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Strategy pages

Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success (BEST in CLASS)

BEST in CLASS is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Social Emotional Health

What is it?

Behavioral, Emotional, and Social Training: Competent Learners Achieving School Success (BEST in CLASS) is a classroom-based intervention, delivered by teachers, that is designed to prevent emotional and behavioral disorders (EBDs). The goal of the program is to reduce chronic problem behaviors and improve interactions and relationships between teachers and focal children (i.e., selected participants between ages 3 to 5) who attend early childhood programs and who are at risk for EBDs due to their display of elevated rates of problem behaviors in the classroom. **Source**

What is the evidence base?

Coming soon.

What resources are available through State of Tennessee?

N/A

Sources

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Strategy pages

Chattanooga Basics

Chattanooga Basics are aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

The Chattanooga Basics are five evidence-based principles to support families in providing accessible high-quality learning experiences from everyday interactions. Providing families with tangible examples of developmentally appropriate practice and play empowers families to support early childhood brain development in the context of their everyday routines and interactions. Developed as an adaptation from Achievement Gap Initiative (AGI) at Harvard University, the Early Matters Coalition adopted the Chattanooga Basics as an opportunity to provide foundational, high-quality learning opportunities for children and their families within their homes across Chattanooga–Hamilton County. Source

What is the evidence base?

The Science Behind the Basics PRINCIPLES

What resources are available through State of Tennessee?

N/A

Sources

https://www.hks.harvard.edu/centers/wiener/programs/agi

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Strategy pages

Chicago Parent Program (CPP)

CPP is aligned with the following measures of success:

- Social Emotional Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

The Chicago Parent Program (CPP) is a parenting skills training program that aims to reduce behavior problems in children ages 2 to 5 by improving parenting self-efficacy and promoting positive parenting behavior and child discipline strategies. CPP is grounded in the belief that parents play a critical role in shaping their child's behavior and personality through their position as role models, as social learning theory suggests, and through the quality and consistency of their behavioral interaction with their child. CPP is implemented in 11 weekly group sessions followed by a booster session four to eight weeks later. These two-hour sessions are facilitated by two trained group leaders and use video vignettes, more than 250 in all, to depict parent-child interactions at home and in various community settings (e.g., grocery store, Laundromat). The scenes, which present challenging situations parents typically face with their children, stimulate discussion and problem-solving related to child behavior and parenting skills. Sessions focus on building positive relationships with children (e.g., having child-centered time, maintaining family routines and traditions, using praise and encouragement), child behavior management skills (e.g., following through with consequences, using effective forms of discipline), stress management, and problem-solving skills. **Source**

What is the evidence base?

Developed in collaboration with parents of young children, the Chicago Parent Program is guided by a strong theory and supported by rigorous research. The Chicago Parent Program is unique in its strong research base centered on families in community, school, and mental health settings experiencing economic disadvantage and social adversity. Program testing and implementation has been generously funded through the National Institutes of Health, The Agency for Health Care Research and Quality, the Leonard and Helen Stulman Foundation, Rush University Medical Center, the Robert Wood Johnson Foundation, the Abel Foundation, the Rita and Alex Hillman Foundation, and the Zanvyl and Isabelle Krieger Fund.

What resources are available through State of Tennessee?

N/A

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Sources
https://www.chicagoparentprogram.org/our-research
https://www.illinoismentalhealthcollaborative.com/provider/2010_EBP/CPP_Evidence-Based_Parent_Training_Program.pdf

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Child First

Child First is aligned with the following measures of success:

- Social Emotional Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Child First is a two-generation, home-based mental health intervention for the most vulnerable young children (prenatal through age five years) and their families, who likely have current or past Child Welfare Services involvement. It is designed for young children who have usually experienced trauma and/or have social-emotional, behavioral, developmental and/or learning problems. Most live in environments where there is violence, neglect, mental illness, substance abuse or homelessness. The goals of Child First are to help them heal from the effects of trauma and adversity; improve child and parent mental health; improve child development; and reduce abuse and neglect. **Source**

What is the evidence base?

https://www.childfirst.org/our-impact/research

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/child-first/detailed

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Strategy pages

Child Parent Psychotherapy (CPP)

Child Parent Psychotherapy (CPP) is aligned with the following measures of success:

- Social Emotional Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Child Parent Psychotherapy (CPP) is an intervention for children from birth through age 5 who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including post-traumatic stress disorder (PTSD). **Source**

What is the evidence base?

The CPP research overview is available in both brief and extended formats.
https://childparentpsychotherapy.com/about/research/

What resources are available through State of Tennessee?

N/A

Sources

https://childparentpsychotherapy.com/wp-content/uploads/2018/01/CPP-research-fact-sheet-one-page-Jan-2018.pdf

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Strategy pages

Circle of Security (COS)

COS is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health

What is it?

Circle of Security (COS) is a group-based intervention to develop secure attachments between a child and his/her caregiver.

Source

What is the evidence base?

The Circle of Security Intensive model is described in detail in:

Hoffman, K., Marvin, R., Cooper, G. & Powell, B. (2006).

Changing toddlers' and preschoolers' attachment classifications: The Circle of Security Intervention.

Journal of Consulting and Clinical Psychology, 74, 1017-1026.

Powell, B., Cooper, G., Hoffman, K., & Marvin. R. (2014) The Circle of Security Intervention.

Enhancing Attachment in Early Parent-Child Relationships.

New York: The Guilford Press

What resources are available through State of Tennessee?

N/A

Sources

https://www.circleofsecurityinternational.com/wp-content/uploads/2019/02/JCCP-COS-Published-Article.pdf
https://www.guilford.com/books/The-Circle-of-Security-Intervention/Powell-Cooper-Hoffman-Marvin/9781462527830

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Strategy pages

DARE to be You

DARE to be You is aligned with the following measures of success:

- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?
DARE to be You focuses on improving the parenting skills of parents of young children (age 2 to 5) in order to promote children's resiliency to problems later in life, which can in turn reduce children's alcohol and drug use as they grow up. The traditional DTBY focuses on reducing alcohol and drug abuse among 5 to 18-year-olds, but the program described here treats only preschoolers and their parents. There were several components of the program: a children's component, a parents' component, training for child-care providers, and training for social service agency workers who work with families. The program was found to be most effective when provided in two-hour-long blocks for each session, with the sessions given over a 10- to 12-week period. Many positive results were found, including positive impacts on children's behaviors. **Source**

What is the evidence base?
DARE to be You (DTBY) is a multilevel prevention program aimed at high-risk families with children ages 2–5. The program is designed to lower children's risk of future substance abuse and other high-risk activities by improving aspects of parenting that contribute to children's resiliency. DTBY combines three supporting aspects—educational activities for children, strategies for the parents or teachers, and environmental structures—to enable program participants to learn and practice the desired skills.

What resources are available through State of Tennessee?
N/A

Sources
https://www.rand.org/well-being/social-and-behavioral-policy/projects/promising-practices.html
https://youth.gov/content/dare-be-you
https://crimesolutions.ojp.gov/ratedprograms/225

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Strategy pages

Early Risers

Early Risers is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Skilled and Knowledgeable Parents

What is it?

Early Risers is a multi-year prevention program for elementary school children demonstrating early aggressive and disruptive behavior. The intervention model includes two child-focused components and two parent/family components. The Child Skills component is designed to teach skills that enhance children's emotional and behavioral self-regulation, positive peer relationships and academic success. The Child School Support component aims to identify areas of difficulty in the classroom and creates individualized plans to address those difficulties during normal school activities. The Parent Skills component is delivered in "family night" group sessions and is intended to promote parents' abilities to support their children's healthy development by teaching skills that address positive parent-child relations, effective discipline practices and parent involvement in school. The Family Support component is delivered via home visits to identify basic needs and health concerns and then implement plans designed to assist families in achieving and maintaining healthy lifestyles.
Source

What is the evidence base?

Early Risers was found to have positive effects on social outcomes and academic performance for children classified as having an emotional disturbance.

What resources are available through State of Tennessee?

N/A

Sources

https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/611
https://innovation.umn.edu/early-risers/
https://innovation.umn.edu/early-risers/wp-content/uploads/sites/75/2021/10/ER-Program-Information.pdf

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Strategy pages

Effective Black Parenting Program

Effective Black Parenting Program is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Effective Black Parenting Program (EBPP) is the country's first culturally adapted parenting skill-building program for parents of African American children. EBPP consists of 14 three-hour training sessions and a graduation ceremony. The program contains culturally specific parenting strategies, general parenting strategies, basic parenting skills taught in a culturally sensitive manner (using African American language expressions and African proverbs), and special program topics such as single parenting and preventing drug abuse. Targets families with children 0-18. **Source**

What is the evidence base?

Myers, H. F., Alvy, K. T., Arlington, A., Richardson, M. A., Marigna, M., Huff, R., ... & Newcomb, M. D. (1992). The impact of a parent training program on inner-city African American families. Journal of Community Psychology, 20(2), 132-147.

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/effective-black-parenting-program/detailed

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Strategy pages

Families and Schools Together (FAST)

Families and Schools Together (FAST) is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Skilled and Knowledgeable Parents

Return to:
Family/Teacher Engagement

What is it?

Families And Schools Together (FAST) is a multifamily group intervention program designed to build protective factors for children and youth, to empower parents to be the primary prevention agents for their own children, and to build supportive parent-to-parent groups. The overall goal of the FAST program is to intervene early to help at-risk youth succeed in the community, at home, and in school, and thus avoid problems such as adolescent delinquency, violence, addiction and dropping out of school. The FAST program achieves its goals by respecting and supporting parents and by using the existing strengths of families, schools and communities in creative partnerships. The program is geared toward at-risk children and youth ages 4 to 12 and their families. **Source**

What is the evidence base?

This is a multifamily group program designed to empower parents to act as their children's primary agents and to build helpful parent-to-parent groups with the help of schools. The program is rated Effective. Relative to the comparison group, the treatment group had statistically significant reductions in problem behaviors (such as aggression), increases in academic performance, and improvements in family adaptability. However, there were mixed findings on other measures such as social skills.

Research

Evidence

What resources are available through State of Tennessee?

N/A

Sources

https://crimesolutions.ojp.gov/ratedprograms/185

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Strategy pages

Family Foundations

Family Foundations is aligned with the following measures of success:

- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Family Foundations, a program for adult couples expecting their first child, is designed to help them establish positive parenting skills and adjust to the physical, social and emotional challenges of parenthood. **Source**

What is the evidence base?

Family Foundations helps pregnant couples and new parents prepare for the physical and emotional challenges of parenthood by building a strong team approach to positive parenting. Several NIH-funded studies have demonstrated the long-term benefits for both parents and children.

Feinberg, M. E., & Kan, M. L. (2008). Establishing Family Foundations: Intervention effects on coparenting, parent/infant well-being, and parent-child relations. *Journal of Family Psychology, 22*(2), 253-263. doi:10.1037/0893-3200.22.2.253

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/family-foundations/detailed

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Strategy pages

Fast Track

Fast Track is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Fast Track is a comprehensive intervention program designed to reduce conduct problems and promote academic, behavioral and social improvement. Prior to grade 1, students are identified as being at risk for long-term antisocial behavior through teacher and parent reports of conduct problems. Delivery of the program begins in grade 1 and continues through grade 10. After the first year, the frequency of the supports is reduced based on the assessed functioning of the students and their families. Fast Track consists of seven integrated intervention components: the Promoting Alternative Thinking Strategies (PATHS) curriculum, parent groups, parent-child sharing time, child social skills training groups, home visiting, child peer-pairing and academic tutoring.

Source

What is the evidence base?

Fast Track was found to have potentially positive effects on emotional/internal behavior, reading achievement/literacy, external behavior, and social outcomes for children classified as having an emotional disturbance (or children at risk for classification).

http://ies.ed.gov/ncee/wwc/EvidenceSnapshot/628

What resources are available through State of Tennessee?

N/A

Sources

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Strategy pages

Filial Family Therapy

Filial Family Therapy is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Filial Family Therapy is a parent-child play therapy for children ages 2 – 12 and their parents, in which trained mental health professionals teach parents skills for fostering relationships with their children and supervise parent-child play therapy sessions. The central goals of the therapy are to reduce emotional distress and problem behaviors in children, improve competence and self-esteem in children, strengthen the parent-child relationship, and improve parenting skills.

What is the evidence base?

https://pubmed.ncbi.nlm.nih.gov/18973091/
https://www.researchgate.net/publication/276087220_A_Golden_Intervention_50_Years_of_Research_on_Filial_Therapy
https://psycnet.apa.org/doiLanding?doi=10.1037%2Fh0089433

What resources are available through State of Tennessee?

N/A

Sources

https://trace.tennessee.edu/cgi/viewcontent.cgi?article=7722&context=utk_graddiss

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Strategy pages

Head Start REDI-P

Head Start REDI-P is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Social Emotional Health
- Skilled and Knowledgeable Parents

What is it?

HEAD Start REDI-P – Designed to promote sustained gains, the Research-based Developmentally Informed (REDI) Parent program (REDI-P) provided home visits before and after the kindergarten transition, giving parents evidence-based learning games, interactive stories, and guided pretend play to use with their children. **Source**

What is the evidence base?

Head Start enhances school readiness during preschool, but effects diminish after children transition into kindergarten. Designed to promote sustained gains, the Research-based Developmentally Informed (REDI) Parent program (REDI-P) provided home visits before and after the kindergarten transition, giving parents evidence-based learning games, interactive stories, and guided pretend play to use with their children. To evaluate impact, 200 4-year-old children in Head Start REDI classrooms were randomly assigned to REDI-P or a comparison condition (mail-home math games). Beyond the effects of the classroom program, REDI-P promoted significant improvements in child literacy skills, academic performance, self-directed learning, and social competence, demonstrating the utility of the approach in promoting gains in cognitive and social-emotional skills evident after the transition into kindergarten.

What resources are available through State of Tennessee?

N/A

Sources

https://pubmed.ncbi.nlm.nih.gov/26494108/
https://www.jstor.org/stable/27563594

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Strategy pages

Home Instruction Program for Preschool Youngsters (HIPPY)

HIPPY is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Summer Learning
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Home Instruction Program for Preschool Youngsters (HIPPY) is a home-visitation program designed to teach parents how to enhance preschool-age children's school readiness. Home visits are conducted by paraprofessionals and are complemented by program-organized group meetings for parents. An experimental evaluation of HIPPY shows that parental participation can result in better cognitive and educational outcomes in children. Evidence suggests that HIPPY. **Source**

What is the evidence base?

Baker, A. J. L., Piotrkowski, C. S., & Brooks-Gunn, J. (1998). The effects of the Home Instruction Program for Preschool Youngsters (HIPPY) on children's school performance at the end of the program and one year later. *Early Childhood Research Quarterly, 13*(4), 571-588.Â doi:10.1016/S0885-2006(99)80061-1Â

The study evaluated the effectiveness of ***Home Instruction for Parents of Preschool Youngsters (HIPPY)***. Families were randomly assigned to ***Home Instruction for Parents of Preschool Youngsters (HIPPY)*** or to a control group. Measures utilized include the *Cooperative Preschool Inventory (CPI)*, the *National Evaluation Information System*, the *Metropolitan Readiness Test (MRT)* and the *Child Classroom Adaptation Index (CCAI)*. Results indicate that in Cohort 1 children in the ***HIPPY*** group scored higher on the CPI and classroom adaptation at the end of the program. They also scored higher on a standardized reading test and on classroom adaptation at the end of one-year follow-up.

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/home-instruction-for-parents-of-preschool-youngsters/detailed

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Strategy pages

Infant-Parent Psychotherapy (IPP)

Infant-Parent Psychotherapy (IPP) is aligned with the following measures of success:

- Safe at Home
- Skilled and Knowledgeable Parents

What is it?

Infant-Parent Psychotherapy (IPP) is a dyadic, relationship-based treatment for parents and infants that is designed to improve the parent-child relationship in the wake of incidences of domestic violence and trauma, including maltreatment and neglect of the child. To prevent compromised development that can lead to later maladaptation and psychopathology, IPP seeks to intervene in the early life course of maltreated infants. It does this by examining the insecurities that have developed in maltreating parents from negative experiences during their own childhoods. **Source**

What is the evidence base?

Secure Attachment

Cicchetti, Rogosch, and Toth (2006) found that families in the Infant-Parent Psychotherapy (IPP) intervention group had higher rates of secure attachment at the follow up, compared with families in the community standard (CS) control group. This difference was statistically significant.

Changing from Insecure to Secure Attachment

Families in the intervention group had higher rates of changing an insecure attachment at the baseline to a secure attachment at the follow up, compared with families in the control group. This difference was statistically significant.

Stable Disorganized Attachment

Families in the intervention group had lower rates of stable, disorganized attachment (which is defined as a persistent, unresolved or dysfunctional relationship) at baseline and again at follow up, compared with families in the control group. This difference was statistically significant.

What resources are available through State of Tennessee?

N/A

Sources

https://crimesolutions.ojp.gov/ratedprograms/106#eb

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Strategy pages

INSIGHTS into Children's Temperament

INSIGHTS is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Skilled and Knowledgeable Parents

What is it?

INSIGHTS into Children's Temperament is an elementary-school-based comprehensive intervention in which parents, teachers, and clinicians are taught to recognize children's behavioral expressions of temperaments, and to use temperament-based strategies to improve their relationships with children. They are also provided with alternative attentional and behavioral disciplinary strategies to use with children. Throughout the program sessions, teachers and parents are given a framework to appreciate individual differences in children, and develop child-management strategies directed at reducing behavior problems. INSIGHTS also includes a curriculum for grades K-1, in which puppets are used to teach children strategies for regulating their emotions, attention, and behavior in temperamentally challenging situations. **Source**

What is the evidence base?

Study 1

McClowry and colleagues (2005) found that participation in the intervention program INSIGHTS resulted in a statistically significant reduction of child behavior problems, compared with those in the comparison group.

McClowry, Sandee, David Snow, and Catherine Tamis-LeMonda. 2005. "An Evaluation of the Effects of "INSIGHTS" on the Behavior of Inner City Primary School Children." *Journal of Primary Prevention* 26(6):567–83.

Study 2

O'Connor and colleagues (2014) found that participation in INSIGHTS resulted in a statistically significant reduction of child behavior problems, compared with those in the comparison group.

O'Connor, Erin E., Elise Cappella, Meghan McCormick, and Sandee McClowry. 2014. "An Examination of the Efficacy of INSIGHTS in Enhancing the Academic and Behavioral Development of Children in Early Grades." *Journal of Educational Psychology* 106(4):1156–69.

What resources are available through State of Tennessee?

N/A

Sources

https://crimesolutions.ojp.gov/ratedprograms/408#ii

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Strategy pages

Legacy for Children (Legacy)

Legacy for Children (Legacy) is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Legacy for Children (Legacy) is a curriculum-driven parenting intervention designed to positively impact the early development of children of limited-resource mothers.
Source

What is the evidence base?

Researchers found that fewer children displayed behavioral and socioemotional problems when their low-income mothers participated in a public health program promoting positive parenting. Results published in the *American Journal of Public Health* were based on evaluation data from *Legacy for Children*™, a public health intervention program designed to improve child outcomes by promoting positive parenting among low-income mothers of infants and young children.

Legacy shows evidence of effectiveness as an intervention to prevent cognitive delays among children living in poverty. The mixed findings across sites may not only reflect the impact of heterogeneous risk profiles noted by other intervention research programs but also warrant additional study.

What resources are available through State of Tennessee?

N/A

Sources

http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2012.300996
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6546116/

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Strategy pages

Los Niños Bien Educados (LNBE)

Los Niños Bien Educados (LNBE) is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Los Niños Bien Educados (LNBE) is a parenting skill-building program created specifically for parents of Latino American children. It is designed as a 12-session program to be used with small groups of parents, and as a one-day seminar for large numbers of parents. **Source**

What is the evidence base?

A focus group evaluation was conducted on the **Los Niños Bien Educados** parenting course to investigate how a cultural frame of reference used in parenting classes for Latinos affects the experiences of the parents who attend them. Results suggested that a cultural frame of reference in parenting courses for Latinos results in increased motivation to continue attending the classes, stronger connection to the course and information, improved parent-child relationships, improvement in cultural adjustment to the U.S., and improved learning of parenting skills.

Ortiz, H. J., & Plunkett, S. W. (2003). Assessing the cultural dimensions of the Los Niños Bien Educados. *Journal of Extension,41*(6).

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/los-ninos-bien-educados/detailed

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Nurturing Parenting Program

Nurturing Parenting Program is aligned with the following measures of success:

- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Nurturing Parenting Program - A group and individual evidence-based, family-centered intervention to build nurturing parenting skills and reduce abusive and neglectful parenting practices **Source**

What is the evidence base?

Cherry, K, Cooper, C, Cross-Hemmer, A, Duong, T, Furrer, C, Green, B, Rockhill, A, Rodgers, A, "Oregon's IV-E Waiver Demonstration Project: Final Evaluation Report." Relationship-Based Visitation & Parent Mentor Evaluations. Center for the Improvement of Child and Family Services Portland State University. December 2015

Cherry, K, Cooper, C, Cross-Hemmer, A, Duong, T, Furrer, C, Green, B, Rockhill, A, Rodgers, A, , "Executive Summary: Oregon's IV-E Waiver Demonstration Project." Relationship-Based Visitation & Parent Mentor Evaluations. Center for the Improvement of Child and Family Services Portland State University. December 2015

Illinois Birth Through Three Waiver, "Developmentally Informed Child and Family Interventions IB3." Semiannual Progress Report. Prepared for the Children's Bureau, Submitted by the Illinois Department of Children and Family Services. July 31, 2015

What resources are available through State of Tennessee?

N/A

Sources

https://www.nurturingparenting.com/research/research.i?cmd=research&rcatid=1

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Strategy pages

Parent Child Interaction Therapy (PCIT)

PCIT is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Parent-Child Interaction Therapy (PCIT) is a dyadic behavioral intervention for children (ages 2.0–7.0 years) and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skills correctly and master them rapidly. ***PCIT*** is time-unlimited; families remain in treatment until parents have demonstrated mastery of the treatment skills and rate their child's behavior as within normal limits on a standardized measure of child behavior. Therefore treatment length varies but averages about 14 weeks, with hour-long weekly sessions. **Source**

What is the evidence base?

Shuhman, E. M., Foote, R. C., Eyberg, S. M., Boggs, S., & Algina, J. (1998). Efficacy of Parent Child Interaction Therapy: Interim report of a randomized trial with short term maintenance. *Journal of Clinical Child Psychology, 27*(1), 34-45. https://doi.org/10.1207/s15374424jccp2701_4

Families with children referred for conduct disorder were randomly assigned either to receive ***Parent-Child Interaction Therapy (PCIT)*** or to a wait-list control. Observations were made of parents and children interacting at baseline using the *Dyadic Parent Child Interaction Coding System (DPICS-II)*. Parents also completed the *Eyberg Child Behavior Inventory* (ECBI) for the child and the *Parental Locus of Control Scale (PLOC)*, the *Beck Depression Inventory (BDI)*, *Parenting Stress Inventory (PSI)*, and the *Dyadic Adjustment Scale (DAS)*, which measures quality of adjustment between marital pairs. At follow-up, the intervention group showed higher levels of praise and lower levels of criticism in interactions with children than the control group. Children's compliance also increased in the observed interaction and their *ECBI* scores improved significantly. Parental stress scores and *Locus of Control* scores shifted to normal levels in the ***PCIT*** group, while those for the control group remained at clinical levels. Although comparisons could not be made with the control group at 4-month follow-up, all gains made by ***PCIT*** treatment families were maintained.
Numerous relevant peer-reviewed published research papers on PCIT can be found here.

What resources are available through State of Tennessee?

N/A

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Strategy pages

Generation PMTO

Generation PMTO is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Generation PMTO is a group of theory-based parent training interventions that can be implemented in a variety of family contexts. The program aims to teach effective family management skills in order to reduce antisocial and problematic behavior in children who range in age from 3 through 16 years. Generation PMTO is delivered in group and individual family formats, in diverse settings (e.g., clinics, homes, schools, community centers, homeless shelters), over varied lengths of time depending on families' needs. Typically, sessions are one week apart to optimize the opportunity for learning and rehearsing new practices. The number of sessions provided in parent groups ranges from 6 to 14; in clinical samples the mean number of individual treatment sessions is 25. **Source**

What is the evidence base?

In a nine year study with divorced parents, parent training participants compared to controls experienced:

- Posttest (12 months) reductions in coercive parenting and negative reinforcement (Forgatch & DeGarmo, 1999).
- Posttest increases in positive parenting, effective parenting practices, and adaptive functioning.
- Posttest decreases in boys' noncompliance.
- Reduced maternal depression and child internalizing and externalizing at 30-month followup (DeGarmo et al., 2004; Martinez & Forgatch, 2001).
- Reduction in poverty and greater rise out of poverty at 30 months follow-up (Forgatch & DeGarmo, 2007).
- Lower levels and lower growth in teacher-rated delinquency at nine year follow-up (Forgatch et al., 2009).
- Reduction in average levels (but not growth) of deviant peer association.
- Lower rates of arrest and delayed age at first arrest at nine year follow-up (Forgatch et al., 2009).
- Fewer police arrests among mothers at nine year follow-up (Patterson et al., 2010).
- Increased socioeconomic status levels among mothers at nine year follow-up (Patterson et al., 2010, Forgatch & DeGarmo, 2007).

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What resources are available through State of Tennessee?
N/A

Sources
https://www.blueprintsprograms.org/programs/198999999/generationpmto/

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Strategy pages

Parenting Fundamentals

Parenting Fundamentals is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Parenting Fundamentals (formerly Parenting Education Program) is a group-based parent education and skills training program for parents who speak English or Spanish and, often, have low incomes, are part of an immigrant family, and/or are involved with the court or social service system. The program is designed to improve participants' parenting strategies and, by extension, to improve their children's behavior, social capacities, emotional competencies, and cognitive abilities. **Source**

What is the evidence base?

- PEP parents had more knowledge of child development and better parenting skills (communication, problem solving, non-violent discipline) than comparison group parents
- PEP parents provided higher quality stimulation and support in their child's environment than comparison group parents.
- PEP participant's children had higher levels of adjustment than comparison group children.

Sánchez-Cesáreo, M., Acosta-Perez, E., Adams, M. & Bensinger, K. (2011). Evaluation of the Parenting Education Program: Promoting Positive Parenting Among Urban Parents. Cuaderno de Investigación en la Educación Vol 26.

What resources are available through State of Tennessee?

N/A

Sources

https://www.parenteach.com/research
https://www.parenteach.com/_files/ugd/cd2037_fc066ef5a14f4095976cfd4dc43779bf.pdf

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Strategy pages

Play and Learning Strategies (PALS)

PALS is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Play and Learning Strategies (PALS) A group-based intervention geared for families with limited resources or "at-risk" infants, to help parents develop skills for interacting with their infants and toddlers. PALS is a preventive intervention program to strengthen the bond between parent and child and to stimulate early language, cognitive, and social development. The program is facilitated by a trained parent coach who supports the parent in applying specific responsive strategies. Each strategy is demonstrated via videotaped examples of real parents and their children playing together and interacting during daily routines. Through the infant and toddler/preschooler programs, parents learn specific strategies that help them tune in to their young children, respond in a sensitive and contingent manner, and provide effective cognitive and language stimulation. **Source**

What is the evidence base?

Studies of PALS have shown significant gains in parent behavior and child outcomes, as compared with families in control groups without PALS.

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Parent Outcomes	Child Outcomes
71% used richer vocabulary with their children.	64% achieved higher cognitive test scores.
64% provided richer verbal explanations to their children.	72% achieved higher motor skills scores.
68% spent more time maintaining their child's focus of attention and interest.	64% showed greater expressive language skills.
55% provided more praise to their children.	59% showed larger receptive vocabularies.
69% showed greater warmth and sensitivity to their children.	59% initiated conversation with their parents more often.

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69% were more contingently responsive to their children (i.e.: parent's response was well matched to the child's signals).	

What resources are available through State of Tennessee?
N/A
Sources
https://childrenslearninginstitute.org/2022/02/10/a-randomized-control-trial-of-a-responsive-parenting-intervention-to-support-healthy-brain-development-and-self-regulation-in-toddlers-born-preterm/
https://playandlearning.org/research/

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Strategy pages

Prevention Program for Externalizing Problem Behavior (PEP)

Prevention Program for Externalizing Problem Behavior (PEP) is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

The Prevention Program for Externalizing Problem Behavior (PEP) is a preventative behavioral-training program for parents and kindergarten teachers of children, between the ages of 3 and 6, who exhibit externalizing problem behavior. PEP is a 10-week intervention consisting of weekly sessions of about 90-120 minutes in duration. Sessions are facilitated by an experienced child psychologist and are held in kindergarten classrooms for groups of about 5-6 participants. Each group receives training separately, with teachers and parents in different training groups. Ultimately, the program aims to decrease child problem behavior by improving parenting skills and parent-child interactions. The program targets families of children with early onset of externalizing problem behaviors, as these children are more at risk for delinquency later in life. **Source**

What is the evidence base?

Externalizing Problem Behavior (Mother-Rated)

Hanisch and colleagues (2010) found that mothers of children in the Prevention Program for Externalizing Problem Behavior (PEP) treatment group indicated fewer externalizing problem behaviors, compared with mothers of children in the control group, at the 8-week follow up. This difference was statistically significant.

Externalizing Problem Behavior (Teacher-Rated)

Teachers of children in the PEP treatment group indicated fewer externalizing problem behaviors, compared with teachers of children in the control group, at the 8-week follow up. This difference was statistically significant.

Externalizing Problem Behavior (Observer-Rated)

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There was no statistically significant difference between children in the treatment group and children in the control group in observer-rated externalizing problem behaviors at the 8-week follow up.

Hanisch, Charlotte, Inez Freund-Braier, Christopher Hautmann, Nicola Jänen, Julia Plück, Garbiele Brix, Ilka Eichelberger, and Manfred Döpfner. 2010. “Detecting Effects of the Indicated Prevention Programme for Externalizing Problem Behaviour (PEP) on Child Symptoms, Parenting, Parental Quality of Life in a Randomized Controlled Trial.” *Behavioural and Cognitive Psychotherapy* 38(1): 95–112.

What resources are available through State of Tennessee?
N/A
Sources
https://crimesolutions.ojp.gov/ratedprograms/407#eo

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Strategy pages

Primary Project

Primary Project is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Social Emotional Health

What is it?

Primary Project (formerly the Primary Mental Health Project) is a school-based prevention and intervention program designed to enhance learning, build social skills, and address school adjustment through the early detection of social, emotional, or behavioral difficulties exhibited by children in pre-K through third grade. **Source**

What is the evidence base?

In the Hennepin study, the comparison of pretest and posttest T-CRS results showed statistically significant changes as a result of the program in all four competence areas across the county. Program students made significant improvements in task orientation, specifically in working more independently and completing tasks faster. In behavior control, program students showed increased coping skills and lower levels of aggressiveness and produced fewer disruptions. In assertiveness, students had improved participation in activities, were better at expressing ideas, and showed increased leadership and decreased shyness. Improvements in peer sociability included increases in the quality of peer relationships and improved social skills. Jefferson County study researchers found similar improvements from pretest to posttest in all competence areas at both the State and district level.

Several other evaluations of the Primary Project present evidence of improved school adjustment and decreases in problem behaviors for treatment children. One control group study, with 600 children from 18 school sites randomly assigned into immediate intervention and delayed treatment groups, showed statistically significant decreases in adjustment problems for children receiving program services compared with children waiting for services. Another wait control group design, which employed a 3-month follow-up measure, demonstrated for the treatment group a decline in teacher ratings of learning problems and shy/anxious behaviors and an increase in task orientation and peer social skills. One of the matched comparison group evaluations showed a decrease in adjustment problems and an increase in adaptive competencies after 1 school year in favor of the treatment group. Long-term effects were found in a follow-up study of fourth through sixth graders 2 to 5 years after the intervention. Posttest-only results showed treatment children to be better adjusted than a demographically comparable group of current problem children, based on teacher identifications and ratings, in a statistically significant finding.

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What resources are available through State of Tennessee?
N/A
Sources
https://cdc.thehcn.net/promisepractice/index/view?pid=954

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Strategy pages

Promoting Alternative Thinking Strategies (PATHS)

PATHS is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Skilled and Knowledgeable Parents

What is it?

The Promoting Alternative Thinking Strategies (PATHS) program is a school-based, social-emotional learning program designed for use with preschool children (PATHS Preschool) and elementary schoolchildren (PATHS). The intervention is designed to enhance areas of social-emotional development, including self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills, while reducing aggression and other behavior problems. The PATHS curriculum is available as a series of grade-specific and developmentally appropriate classroom modules: Preschool/Kindergarten, Grade 1, Grade 2, Grade 3, Grade 4, and Grade 5/6. Each classroom module includes a curriculum containing between 36-52 sequential, grade-specific lessons; each is designed for delivery in two or more weekly sessions of approximately 30 minutes each. Each grade level covers five conceptual domains: 1) self-control, 2) emotional understanding, 3) positive self-esteem, 4) relationships, and 5) interpersonal problem-solving skills. Typically, the curriculum materials for each lesson include lesson preparation information, instructions for implementing the lesson, supplementary activities, and follow-up guidance. Lessons and activities highlight writing, reading, social studies, storytelling, singing, drawing, science and math concepts, and are designed to help students build the cognitive skills necessary for school readiness and academic success. Skills concepts are presented through direct instruction, discussion, modeling, storytelling, and role-playing activities. Parent/caregiver involvement is incorporated through home assignments, handouts, and letters. The PATHS program is designed to be integrated into existing learning environments and adapted to suit individual classroom needs. **Source**

What is the evidence base?

Coming soon.

What resources are available through State of Tennessee?

N/A

Sources

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Strategy pages

SafeCare (Project 12 Ways)

SafeCare (Project 12 Ways) is aligned with the following measures of success:

- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

SafeCare (Project 12-Ways) is a structured parenting intervention that is designed to address behaviors that can lead to child neglect and abuse. The model emphasizes learning in a social context and uses behavioral principles for parent training. SafeCare is an adaptation of Project 12-Ways that includes a subset of the Project 12-Ways modules. SafeCare was developed to offer a more easily disseminated and streamlined intervention to parents at risk for child abuse and neglect. **Source**

What is the evidence base?

https://homvee.acf.hhs.gov/Studies?citation=&model%5B515%5D=515&model%5B255%5D=255&model%5B256%5D=256&model%5B257%5D=257&model%5B258%5D=258&model%5B254%5D=254

What resources are available through State of Tennessee?

N/A

Sources

https://homvee.acf.hhs.gov/effectiveness/SafeCare®/Model%20overview
https://safecare.publichealth.gsu.edu

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Strategy pages

Start for Life

Start for Life is aligned with the following measures of success:

- Physical Health

What is it?

Start For Life is a physical activity intervention designed to reduce BMI among 3-, 4-, and 5-year-old children in their final 2 years of preschool. Originally implemented in YMCA-affiliated preschool settings, the 9-month intervention consists of 30 minutes of structured physical activity on each school day within an outdoor, fenced playground or in the classroom during inclement weather. Each 30-minute session begins with a 3- to 5-minute warmup, then rotates through 12 segments of vigorous (2-minute segment), light (30-second segment), and moderate to vigorous (1-minute segment) physical activity, ending with a 3- to 4-minute cool-down period. **Source**

What is the evidence base?

- From baseline to 9-month follow-up, intervention group preschoolers had a decrease in BMI (from 16.27 to 16.08) while control group preschoolers had no change in BMI (15.93 at both assessments, p=.035).
- Among preschoolers who were overweight or obese at baseline, with a BMI at or above the 85th percentile (37 intervention group and 28 control group preschoolers), intervention group preschoolers had a larger decrease in BMI (from 18.10 to 17.65) than control group preschoolers (from 18.02 to 17.89) from baseline to 9-month follow-up (p<.001).

Annesi JJ, Smith AE, Tennant GA. (2013). Reducing high BMI in African American preschoolers: effects of a behavior-based physical activity intervention on caloric expenditure. The Southern Medical Journal, 106 (8), 456-459.

What resources are available through State of Tennessee?

N/A

Sources

https://ebccp.cancercontrol.cancer.gov/programDetails.do?programId=22053833

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Strategy pages

Strengthening Families Program (SEP)

Strengthening Families Program (SEP) is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Strengthening Families Program (SFP) is an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour. **Source**

What is the evidence base?

Data Analysis Methods and Results: Using an Analysis of Variance (ANOVA) statistical analysis, the following significant change results were found by the post-test:

- PT reduced children's negative behaviors and increased parenting skills
- CT improved social competencies
- SFP reduced children's self-reported alcohol and drug use, parent and child pro-drug attitudes, children's problem behaviors, and improved emotional status, social skills, and peer relations.
- Improved parent's parenting knowledge, skills, agreement on discipline, and reduced depression, and social isolation.
- Improved family cohesion, adaptability, communication, reduced sibling conflict, clarity of rules

What resources are available through State of Tennessee?

N/A

Sources

https://strengtheningfamiliesprogram.org/research/study-design-and-outcomes/

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Strategy pages

Systematic Training for Effective Parenting (STEP)

STEP is aligned with the following measures of success:

- Safe at Home
- Positive Parent/Child Interaction
- Skilled and Knowledgeable Parents

What is it?

STEP (Systematic Training for Effective Parenting) is a multicomponent parenting education curriculum. The three ***STEP*** programs help parents learn effective ways to relate to their children from birth through adolescence by using parent education study groups. By identifying the purposes of children's behavior, ***STEP*** also helps parents learn how to encourage cooperative behavior in their children and how not to reinforce unacceptable behaviors. ***STEP*** also helps parents change dysfunctional and destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control. ***STEP*** is offered in three separate programs covering early childhood, children ages seven through twelve, and teenagers. Each program contains a leader's resource guide, promotional tools, videos and parent handbooks. **Source**

What is the evidence base?

The goals of ***STEP (Systematic Training for Effective Parenting)*** are:

- Increased ability to identify goals of misbehavior
- Increased alternatives to misbehaviors
- Increased encouragement skills
- Increased skill in communication
- Increased skill in cooperation (parental and child)
- Increased skill in discipline
- Increased skill in choosing parenting approach
- Increase child self-esteem and confidence

What resources are available through State of Tennessee?

N/A

Sources

https://www.cebc4cw.org/program/systematic-training-for-effective-parenting/detailed

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Strategy pages

The Family Check Up (FCU) Model

The Family Check Up (FCU) Model is aligned with the following measures of success:

- Positive Early Care and Education Climate
- Physical Health
- Social Emotional Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

The Family Check Up (FCU) model is a family-centered intervention that promotes positive family management and addresses child and adolescent adjustment problems. The intervention does this through reductions in coercive and negative parenting and increases in positive parenting. The FCU has two phases: 1) An initial assessment and feedback; 2) Parent management training (Everyday Parenting) which focuses on positive behavior support, healthy limit setting, and relationship building. The intervention is tailored to address the specific needs of each child and family and can be integrated into many service settings including public schools; the Women, Infants, and Children (WIC) program; home visiting; primary health care; and community mental health. The FCU is appropriate for families with children from age 2 through 17 and for prevention and treatment needs. As a health promotion and prevention strategy, the FCU can be brief (2 to 3 sessions). As a treatment approach, follow-up sessions and services can range from 3 to 15 direct contact hours. Phase 2 follow-up may also include family counseling, individualized services for parent and children, or other support services. **Source**

What is the evidence base?

The Family Check-Up toddler program resulted in significant improvements relative to controls in:

- observer-rated Positive Behavior Support provided by parents
- parent-reported child problem behaviors
- parent reported child externalizing
- parent and teacher-reported oppositional defiant behavior at the 5.5-year follow-up, particularly among those that engaged most in the program (Dishion et al., 2014)
- BMI (indirect effect related to improvements in caregivers' Positive Behavior Supports in toddlerhood, which was related to the nutritional quality of the meals served at the in-home assessments)
- Reports of child depressed/withdrawn symptoms at ages 7.5-8.5 via decreased maternal depression

Significant effects on risk and protective factors included:

- decreases in maternal depression

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- increases in maternal involvement and positive parenting

What resources are available through State of Tennessee?
N/A
Sources
https://www.blueprintsprograms.org/programs/607999999/family-check-up-toddler/

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Strategy pages

Pre-K RECAP

Pre-K RECAP is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health

What is it?

The Pre-K RECAP program focuses on improving children's emotional and behavioral problems while promoting their social skills development. RECAP focuses on improving child behavior and cognitions, focusing specifically on social skills, affect regulation, and problem-solving. The program targeted pre-kindergarten students between ages 4 to 5. **Source**

What is the evidence base?

Externalizing Problems Described by Teachers

Teacher-rated externalizing problem behavior improved statistically significantly for the treatment group, compared with the comparison group.

Total Social Skills Described by Teachers

Teacher-rated overall social skills improved statistically significantly for the treatment group, compared with the comparison group.

Cooperation Described by Teachers

Teacher ratings on the cooperation subscale improved statistically significantly for the treatment group, compared with the comparison group.

Emotionally Reactive Described by Teachers

Teacher ratings on the emotionally reactive subscale statistically significantly improved for the treatment group, compared with the comparison group.

Withdrawn Described by Teachers

Teacher ratings on the withdrawn subscale statistically significantly improved for the treatment group, compared with the comparison group.

Han, Susan S., Thomas Catron, Bahr Weiss, and Kristen K. Marciel. "." 2005. *Journal of Abnormal Child Psychology 33*(6): 681-93.

What resources are available through State of Tennessee?

N/A

Sources

https://crimesolutions.ojp.gov/ratedprograms/425

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Strategy pages

Triple P Positive Parenting Program

Triple P Positive Parenting Program is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Social Emotional Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

The Triple P--Positive Parenting Program is a multilevel system or suite of parenting and family support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program, which also can be used for early intervention and treatment, is founded on social learning theory and draws on cognitive, developmental, and public health theories. Triple P has five intervention levels of increasing intensity to meet each family's specific needs. The goals of the Triple P – Positive Parenting Program are the following: 1) to prevent behavioral, emotional, and developmental problems in children, 2) to enhance the knowledge, skills, and confidence of parents, and 3) to reduce the use of corporal punishment.

Parents have different parenting styles, and children have different behavioral styles. Parents need different types of parenting education and support, depending on their styles and their children's behavioral needs. Providing education and support that matches the needs of both parent and child enhances positive parenting behavior and positive parent-child interaction. This improvement in parents' knowledge, skills, and confidence improves children's behavior and emotional development. **Source**

What is the evidence base?

Research has found that Triple P results in positive changes in parenting skills, child problem behaviors, and parental well-being in the small to moderate range, depending on the intensity of the intervention, though larger effects were found when researchers used parent report as compared to observational measures. Further, more improvement was found when the programs used more intensive formats and were used with more distressed families.

What resources are available through State of Tennessee?

N/A

Sources

https://www.triplep.net/glo-en/the-triple-p-system-at-work/evidence-based/key-research-findings/

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https://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/

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Strategy pages

Child Care Provider and Micro-Center Networks

Child Care Provider and Micro-Center Networks are aligned with the following measures of success:

- High Quality Care and Education Ages 0-5

What is it?

Child Care Provider Networks are a partnership of child care providers working together to share costs and deliver services in a streamlined and efficient way. The concept allows participating providers (including, in various models, both center and family child care providers), to share some portion of the financial burden of operating a high-quality program. Providers do this by pooling resources to support hiring centralized staff for operations and business support, accounting, and maintenance across multiple sites among other functions. By participating in a provider network, early care and education businesses become stronger, more accountable, more financially sound and efficient, and better equipped to offer affordable, high-quality services for children and their families. Often, these models are funded through philanthropic and corporate grants and partnerships.

Micro-center networks are a variation on the shared services model. A micro-center network includes multiple, one-classroom child care 'centers' located in an existing public or charter school, hospital, office building, community center, or the like. Ideally the space and related facility costs (e.g. maintenance, janitorial, utilities), as well as furnishings/equipment, are donated by the school or private sector sponsor—keeping start-up and overhead costs to a minimum. Each micro-center is equipped and staffed to provide top-quality center-based care under the leadership of a Network Hub. A single qualified individual, employed by the Hub, serves as "director" for the network of micro-centers and is responsible for supervision, coaching, and instructional leadership of classroom teachers as well as overseeing curriculum, child assessment, parent engagement and other pedagogical leadership tasks. All administrative services (enrollment, billing and fee collection, grants management, licensing and quality rating liaison, etc.) are provided by the Hub central staff. Teachers in the micro-centers are employees of the Hub, with access to employee benefits, an internal career ladder, reflective supervision and other professional supports.

Examples of Child Care Provider Networks in Tennessee include:

Chambliss Center - Chattanooga, TN
NextMemphis – Memphis, TN

What is the evidence base?

Research that supports using a Shared Services Alliance as best practice includes:

- **Opportunities Exchange (oppex.org)**
- **https://www.oppex.org/ssa-startup-guide**
- https://www.oppex.org/sfccn-start-up-guide
- The U.S. Chamber of Commerce Foundation has created short case studies on various shared services alliances – including The Richmond Area Service Alliance (Virginia), San

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Francisco Early Learning Alliance (California) and The Chambliss Center for Children (Chattanooga, Tennessee).

What resources are available through State of Tennessee?

Coming soon.

Sources

- Opportunities Exchange (oppex.org)

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Strategy pages

Supported Transitions and Alignment from Preschool to Kindergarten

Supported Transitions and Alignment from Preschool to Kindergarten is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Social Emotional Health
- Early Intervention
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Supported transitions and alignment between preschool and kindergarten refers to intentional programs and practices that support children and their families as they adjust to new settings and situation, and an alignment of standards, curricula, instruction and assessments that supports a coherent continuum of learning from preschool through the early grades.
In this brief, Education Commission of the States has identified key practices and strategies for creating a coordinated preschool-to-third grade system including:
- Child visits to the kindergarten classroom. - Kindergarten teacher visits to the preschool classroom. - Teacher home visits. - Workshops and networking for parents of young children. - Attendance at schoolwide events for families and children. - Kindergarten orientation sessions before school starts. - Parent-child learning programs held in schools.
- Use of common transition forms across multiple programs and schools. - Creation of transition teams and transition liaisons in districts and schools. - Joint professional development for early education and early-grades teachers. - Shared data and common data points across systems. - Teacher-to-teacher
- Instructional Coherence: Coming Soon.
- Alignment within a program may highlight the coherence or interconnectedness between standards (what children are expected to know and do), curricula (what children are taught), instruction (how children are taught) and assessments (what and how children's progress is measured). Aligned experiences include all areas of learning (social, emotional, physical and cognitive) that are developmentally appropriate and matched to the individual abilities of the child. Intentional alignment of these interconnected pieces increases the consistency of children's experiences across and within grades to create a continuum of learning that builds on the previous year.

A number of states and communities have toolkits and guides to support effective transitions:

- Kentucky's Transition to Kindergarten Plan

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- Planning for Terrific Transitions: A Guide for Georgia Schools on Kindergarten Transition
- The Oklahoma Early Childhood Transition Toolkit
- Florida Transition to Kindergarten Resources for Parents and Educators
- North Carolina Guidance Tool

Special Needs Children and Transitions: Tennessee offers ECE transition planning supports to special needs children and their families. Details of the policies and approaches may be found here; and it's worth communities giving special attention to implementation at the local level and whether there may be opportunities to strengthen those transitions.

What is the evidence base?

The brief also reminds us of the research that shows "a lot is at stake in ensuring a smooth transition between preschool and kindergarten. Researchers continue to find strong relationships between children's cognitive and social competence before kindergarten and later academic success.4 In a study of several, large longitudinal data sets that tracked children's development through ages 8, 10 and 14, students' reading and math skills and their ability to focus at kindergarten entry were significant predictors of later academic achievement.5 This shows that if a preschool program does not meet sufficiently high standards, its benefits may be short-lived.6 And if the public school system — especially in the early elementary grades — is not equipped to sustain and build on the benefits of high-quality, preschool programs, the gains children make in the early years may not translate into long-term success.7"
"When a young child transitions successfully, he or she is more likely to enjoy school, show steady growth in academic and social skills, and have families who are more actively engaged.10 Intentional transition programs and practices provide supports to the child, as well as the child's family, and engage preschool and kindergarten teachers to ensure regular communication about children's progress, including their assessment data. Effective activities generally occur over time and are tailored to meet the needs of children and families."
https://www.ecs.org/wp-content/uploads/Transitions-and-Alignment-From-Preschool-to-Kindergarten-1.pdf
https://nationalp-3center.org/wp-content/uploads/2021/06/Transition-to-K_Recent-Research_2021.pdf

What resources are available through State of Tennessee?

Coming soon.

Sources

https://www.ecs.org/wp-content/uploads/Transitions-and-Alignment-From-Preschool-to-Kindergarten-1.pdf
https://nationalp-3center.org/wp-content/uploads/2021/06/Transition-to-K_Recent-Research_2021.pdf

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Strategy pages

Instructional Coherence

Instructional Coherence is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Social Emotional Health
- Early Intervention
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Supported Transitions and Alignment

This strategy is coming soon.

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Strategy pages

Child Care Management Software (CCMS)

Child Care Management Software is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5

What is it?

Child Care Management Software is specifically designed to help child care providers automate their day-to-day operations so that staff have more time to spend with children and are able to monitor and manage their program proactively. CCMS tools will help streamline enrollment and manage your waitlist, track and report daily attendance, generate invoices and collect payment electronically, monitor and manage classroom ratios, manage staff records including professional development certifications and payroll, and communicate with families easily and consistently.

CCMS can be linked to accounting software like QuickBooks to give you accurate and timely financial reports that you can use to make sound business decisions, critically needed during a time of unstable enrollment. In response to COVID pandemic procedures, most CCMS systems now have no-contact sign-in, health check-ins, and communication tools designed to help you manage unique circumstances that require more intensive health and safety protocols.

Benefits include:

- *Save Time*. CCMS can not only help automate myriad paper transactions that take up so much of your time every day, but also automatically create lists and reminders for important tasks like managing wait lists, managing employee professional development records, and scheduling tours.
- *Improve Cash Flow and Revenue*. CCMS helps you manage the Iron Triangle of ECE Finance (full enrollment, full fee collection, accurate pricing) easily, and links these data to electronic billing as well as reports you can use, in real-time, to stay on track. Nearly every child care center or home that implements CCMS finds that their revenues increase as they are more easily able to tap and track every dollar owed, parents have an immediate, convenient way to pay, and systems are in place to proactively manage this task.
- *Help Manage Staf.f* CCMS makes it easier to stay on top of scheduling classrooms, maintaining ratios and payroll documentation. Electronic alerts let you know when training or health requirements need updating; and staff sign in/out systems eliminate paper-based employee time sheets and make payroll almost effortless.
- *Improve Family Communication*. CCMS makes sure families receive important alerts every day, when they electronically check their child in and out. Current COVID pandemic procedures that ask parents to certify their child's health and relevant contacts are now built into most systems at check-in.

The source of this information is Opportunities Exchange.

What is the evidence base?

Limited.

What resources are available through State of Tennessee?

Coming soon.

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Sources
OppEx_2020_CCMS FAQs

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Strategy pages

Coordinated Enrollment for ECE Programs

Coordinated Enrollment is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Supports for Families

What is it?

Coordinated enrollment for early care and education (ECE) programs allows more families from a particular area to enroll in the program that best meets their needs. Multiple ECE service providers, including Head Start, state preschool, and child care programs, may develop a joint application and work with families on selection and enrollment.

It can reduce burden on parents; they only need to submit one application to get their child enrolled in an ECE program. It also can help families learn what services they are eligible for and choose from options within their communities. Additionally, the coordinated enrollment process can ensure a more efficient use of limited federal, state, and local resources. In most communities, no single early childhood provider (e.g., public school, Head Start program, or child care) has enough seats to provide all children with a high-quality ECE experience that will prepare them for entry into kindergarten. Coordinated enrollment can help build a unified system of early childhood education in order to maximize the use of available ECE seats in a geographic area. Source

Sample Model for Coordinated Enrollment: Louisianabelieves

What resources are available through State of Tennessee?

Coming soon.

Sources

https://eclkc.ohs.acf.hhs.gov/local-early-childhood-partnerships/article/coordinated-enrollment-across-early-care-education-settings

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Strategy pages

Positive Discipline Parenting and Classroom Management Model

Positive Discipline is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Social Emotional Health
- Positive Parent/Child Interaction
- Skilled and Knowledgeable Parents

Return to:
ECE Workforce Development System

What is it? (Note language below pulled directly from https://www.earlydevelopment.org/what-is-positive-discipline/)

Positive Discipline is based on the idea that there are no bad children, only bad conduct. As the name suggests, Positive Discipline focuses on the good in a child's behavior. Children are weaned off of negative habits without damaging them verbally or physically. Positive Discipline reinforces and teaches good behaviors while eliminating unwanted ones. Children are taught self-control, responsibility, and how their activities influence them and others.

Positive discipline is a method of instructing and directing children by clearly stating what behavior is acceptable in a firm yet gentle manner. Punishment refers to ways of gaining control by enforcing rules or regulations and punishing undesirable behavior. Discipline is derived from the Latin term discipline, which means "to instruct or teach." People learn best when they feel comfortable and connected to others in the framework of safe relationships, according to recent brain studies. As a result, the purpose of positive discipline is to teach children by first establishing a secure relationship with them.

For discipline to be successful, the connection must come before the correction. The five criteria for effective discipline are:

1. Helps children feel a sense of connection (belonging and significance).
2. It is mutually respectful and encouraging (kind and firm at the same time).
3. It is effective long-term (considers what the child is thinking and feeling, learning, and deciding about himself and his world, and what to do in the future to survive or to thrive).
4. Teaches essential social skills and life skills (respect, concern for others, problem-solving, cooperation, and the skills to contribute to the home, school, or larger community).
5. Invites children to discover how capable they are (encourages constructive use of personal power and autonomy).

One school in Tennessee – Nature's Way Montessori in Knoxville -- is participating in the Positive Discipline Lab School program in which schools implement the Positive Discipline Model school wide.

What is the evidence base?

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Formal evaluation comparing Positive Discipline Schools with schools using other discipline programs is just beginning. However, studies of implementation of Positive Discipline techniques have shown that Positive Discipline tools do produce significant results.

A study of school-wide implementation of classroom meetings in a lower-income Sacramento elementary school over a four-year period showed that suspensions decreased (from 64 annually to 4 annually), vandalism decreased (from 24 episodes to 2) and teachers reported improvement in classroom atmosphere, behavior, attitudes, and academic performance. (Platt, 1979)

A study of parent and teacher education programs directed at parents and teachers of students with "maladaptive" behavior that implemented Positive Discipline tools showed a statistically significant improvement in the behavior of students in the program schools when compared to control schools. (Nelsen, 1979)

Smaller studies examining the impacts of specific Positive Discipline tools have also shown positive results. (Browning, 2000; Potter, 1999; Esquivel)

Studies have repeatedly demonstrated that a student's perception of being part of the school community (being "connected" to school) decreases the incidence of socially risky behavior (such as emotional distress and suicidal thoughts / attempts, cigarette, alcohol and marijuana use; violent behavior) and increases academic performance. (Resnick et al, 1997; Battistich, 1999; Goodenow, 1993)

There is also significant evidence that teaching younger students social skills has a protective effect that lasts into adolescence. Students that have been taught social skills are more likely to succeed in school and less likely to engage in problem behaviors. (Kellam et al, 1998; Battistich, 1999) Although specific studies of the Positive Discipline parenting program are in the early stages, programs similar to Positive Discipline have been studied and shown to be effective in changing parent behavior. In a study of Adlerian parent education classes for parents of teens, Stanley (1978) found that parents did more problem solving with their teens and were less autocratic in decision making.

Positive Discipline teaches parents the skills to be both kind and firm at the same time. Numerous studies show that teens who perceive their parents as both kind (responsive) and firm (demanding) are at lower risk for smoking, use of marijuana, use of alcohol, or being violent, and have a later onset of sexual activity. (Aquilino, 2001; Baumrind, 1991; Jackson et al, 1998; Simons, Morton et al, 2001)

Other studies have correlated the teen's perception of parenting style (kind and firm versus autocratic or permissive) with improve**d academic performance. (Cohen, 1997; Deslandes, 1997; Dornbusch et al, 1987; Lam, 1997).**

What resources are available through State of Tennessee?

Coming soon.

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Sources

Nelsen, J. (2021). Positive Discipline | Dr. Jane Nelsen. www.positivediscipline.com
https://www.earlydevelopment.org/what-is-positive-discipline/

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Strategy pages

Trauma-Informed Care and Training

Trauma-Informed Care and Training is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Physical Health
- Social Emotional Health

Return to:
ECE Workforce Development System

What is it?

Trauma-informed care and education is when organizations or systems or whole communities recognize and respond to the signs, symptoms, and risks of trauma to better support the needs of children and adults who have experienced Adverse Childhood Experiences (ACEs) and toxic stress resulting from poverty, violence, abuse, or neglect; witnessing violence in the home, or having a family member attempt or die by suicide. Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with substance misuse, mental health problems, or instability due to parental separation or incarceration of a parent, sibling or other member of the household.

Building Strong Brains Tennessee ACEs Initiative is a major statewide effort to establish Tennessee as a national model for how a state can promote culture change in early childhood based on a philosophy that preventing and mitigating adverse childhood experiences, and their impact, is the most promising approach to helping Tennessee children lead productive, healthy lives and ensure the future prosperity of the state.

There are a number of approaches to lessen the immediate and longer-term harms of ACE exposure. Health care providers are employing new trauma-informed approaches at the organizational and clinical level to treat patients with trauma histories. According to acesaware.org and the CDC, evidence-based practice incorporates screening for ACEs and responding with evidence-based interventions, treatments, and trauma informed care.

In Tennessee, the model trauma-informed school designation recognizes schools for their emphasis on implementing trauma-informed strategies to provide critical supports for students. Schools implementing trauma-informed approaches have seen improvements in school climate, attendance, and teacher satisfaction, while seeing a reduction in suspensions and expulsions, stress for staff and students, and more.

See also the Johnson City Model for Community-wide systems of care: Building a Trauma Informed System of Care.

What is the evidence base?

There are evidence based clinical therapies for addressing trauma from ACEs once identified.

https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf

https://www.nctsn.org/sites/default/files/resources/position-statement/position-statement-evidence-based-practice.pdf

Despite growing support and increased rate of which trauma-informed approaches are being promoted and implemented in schools, evidence to support this approach is lacking.

https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1018

What resources are available through State of Tennessee?

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Coming soon

Sources

https://www.acesaware.org/ace-fundamentals/clinical-assessment-and-treatment/
https://www.nctsn.org/sites/default/files/resources/position-statement/position-statement-evidence-based-practice.pdf
https://onlinelibrary.wiley.com/doi/full/10.1002/cl2.1018
https://traumaawareschools.org/traumaInSchools

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Strategy pages

Early Relational Health Training and Credential

Early Relational Health Training and Certification is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Social Emotional Health

Return to:
ECE Workforce Development System

What is it?

Infant Mental Health (IMH) Endorsement® for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®) is an internationally recognized credential that supports and recognizes the development and proficiency of professionals who work with or on behalf of young children, prenatal to three, and their families. It is based on a set of Competencies designed to support and enhance culturally-sensitive relationship focused practice within the framework of infant and early childhood mental health. An applicant demonstrates acquisition of these competencies through education, work, specialized training, and reflective supervision experiences.

What is the evidence base?

Limited evidence at this time.

What resources are available through State of Tennessee?

Coming soon.

Sources

https://aimhitn.org/endorsement

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Strategy pages

School Based Health Clinics

School Based Health Clinics are aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Supports for Families

What is it?

SBHCs provide medical and behavioral health professionals at the school site (and where appropriate, via telehealth), creating unique access for PreK-12 students as well as school personnel and other community members. They also provide other valuable services including developmental screening, dental health exams, vision exams, immunizations, sports physicals, and classroom health education.

SBHCs come in different sizes, with the range of services provided determined by school and community needs and available resources. In consultation with state officials and health care experts, superintendents and/or principals lead the process of determining the scope of clinics in their districts including the schools targeted, number and type of staff at each school, equipment, square footage, and so on.

Tennessee already has a growing presence of SBHCs—71 across 10 counties – primarily run by Federally Qualified Health Centers (FQHCs). Because of their unique cost-based reimbursement model through Tenncare, FQHCs have been able to develop a self-sustaining financial model for operating SBHCs after the initial startup costs. Some SBHCs run by FQHCs are entirely onsite while others blend onsite services with telemedicine programs.

The most cost-effective way to deploy a school based health clinic is through a Federally Qualified Health Center.

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Why it matters?

According to Health Rankings posted by the United Health Foundation, Tennessee ranks near the bottom of all 50 states in health outcomes, with alarming rates of diabetes, cholesterol, obesity, and blood pressure.

Beyond physical health, COVID has exacerbated what was already a mental health crisis across Tennessee. Our state has for years been suffering from an opioid abuse epidemic, but through the pandemic the CDC reports Tennessee's drug overdose deaths have increased by 42.7%, far exceeding the national average increase of 28%. Further, East Tennessee Children's Hospital this month characterized the increase in mental health issues in young people as having reached "disastrous proportions." A Vanderbilt University Medical Center July 2020 survey found that 30% of Tennessee parents reported their child aged 6-17 had been diagnosed with a mental health condition such as anxiety, depression or ADHD, and another one-third of those

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parents are worried their child has an undiagnosed mental health condition. These reports come on the heels of pre-pandemic comments from 25,000 Tennessee teachers who identified student access to adequate mental health care as the number 1 concern.

What is the evidence base?

The Global Pediatric Health study—a meta-analysis of peer-reviewed studies— breaks down the four key advantages of SBHCs:

- **Financial benefits.** SBHCs save states money. Notably, the authors found Medicaid savings ranged from $30 to $969 per visit and between $46 and $1,166 per Medicaid-enrolled student in schools with clinics. The authors also identified that SBHCs prevented losses of time and productivity for parents who would otherwise have to leave work to bring their children to appointments.
- **Physical health outcomes.** SBHCs ability to successfully improve outcomes for students with asthma, among other chronic conditions, has been well documented. Clinics offering vision and dental care services also have proven long-term health benefits.
- **Mental health outcomes.** Many SBHCs offer substance abuse counseling, violence prevention (Tennessee has the third highest rate of violent crime in the nation), suicide prevention, mental health counseling, grief and loss therapy, and crisis intervention. The study found SBHCs that offer these services reduce depressive episodes and suicide risk among adolescents.
- **Education outcomes.** SBHCs are associated with improved academic outcomes, such as improved grades, attendance (see, for instance, this study of how school nurses reduced absenteeism in Michigan), grade promotion, college preparation, and reduced rates of suspensions.

What resources are available through State of Tennessee?

Coming soon

Sources

- Global Pediatric Health Study
- Chronic Student Absenteeism: The Critical Role of School Nurses
- America's Health Rankings: Violent Crime

School-Based Health Centers in an Era of Health Care Reform: Building on History

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Strategy pages

Mobile Health Clinics

Mobile Health Clinics are aligned with the following measures of success:

- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Supports for Families

What is it?

Mobile health clinics are an innovative model of healthcare delivery that provide a wide range of services to people who may not otherwise receive health care due to barriers such as living in an isolated rural area with limited healthcare providers or being unable to afford health insurance.

Given the nature of mobile health clinics, healthcare providers can tailor their services to specific communities. Mobile health clinics offer flexible, responsive care for isolated and vulnerable groups and newly displaced populations. The flexibility mobile clinics provide allows professionals to respond dynamically to a population's current and evolving health needs, including: Urgent care. Primary care, Preventive health screenings, Chronic disease management, Behavioral health services, Dental care, Prenatal care, and Pediatric care.

What is the evidence base?

A meta-analysis of 51 studies on the effectiveness of mobile health clinics found:

- Current literature supports that MHCs are successful in reaching vulnerable populations, by delivering services directly at the curbside in communities of need and flexibly adapting their services based on the changing needs of the target community.
- As a link between clinical and community settings, MHCs address both medical and social determinants of health, tackling health issues on a community-wide level.
- Furthermore, evidence suggest that MHCs produce significant cost savings and represent a cost-effective care delivery model that improves health outcomes in underserved groups.

What resources are available through State of Tennessee?

Coming soon.

Sources

- The scope and impact of mobile health clinics in the United States: a literature review

Strategy pages

High Dosage / Low Ratio Tutoring

High Dosage / Low Ration Tutoring is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade

What is it?

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High-dosage / low ratio tutoring is defined as more than three days per week or at a rate of at least 50 hours over 36 weeks, with tutors instructing up to 3 or 4 students at a time. It is one of the few school-based interventions with demonstrated large positive effects on both math and reading achievement. The evidence is strongest, with the most research available, for reading-focused tutoring for students in early grades (particularly grades K-2) and for math focused tutoring for older students.
While effective tutoring programs can be expensive, their large average effects make them highly cost effective relative to many other educational interventions.
Supports for Implementing Effective Tutoring Programs

- Toolkit for Tutoring Programs – National Student Support Accelerator
- High Dosage Tutoring: Planning and Implementation Guide– TN SCORE

Promising Practices in Tennessee

- Tennessee Tutoring Corps
- BrightPath Tutors

What is the evidence base?

- A recent meta-analysis reviewed studies of tutoring interventions that have been evaluated by randomized controlled trials in the past few decades and found that, on average, tutoring increased achievement by roughly an additional three to 15 months of learning across grade levels.
- Another review of almost 200 rigorous studies found that high-dosage tutoring—defined as more than three days per week or at a rate of at least 50 hours over 36 weeks—is one of the few school-based interventions with demonstrated large positive effects on both math and reading achievement.
- While effective tutoring programs can be expensive, their large average effects make them highly cost effective relative to many other educational interventions.
- A 2017 study examined interventions that aimed to improve educational achievement for elementary and middle school students from low socioeconomic backgrounds. Of all the interventions examined, including feedback and progress monitoring, cooperative learning, computer-assisted instruction, and mentoring of students, tutoring was most effective.
- Many educational programs that show effects in smaller trials appear less effective when implemented for large groups of students. Large-scale tutoring will not likely replicate the gains found in small-scale studies evaluating tutoring programs under ideal circumstances. However, studies of 15 larger-scale tutoring programs serving between 500 and 7,000 students still found that these programs generated meaningful gains (an average effect size of 0.25 standard deviations).

Source: Annenberg

What resources are available through State of Tennessee?
Coming soon.
Sources
https://annenberg.brown.edu/sites/default/files/EdResearch_for_Recovery_Design_Principles_1.pdf

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https://tnscore.org/wp-content/uploads/2021/04/COVID-19ImpactMemo-High-DosageTutoring.pdf

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Strategy pages

ParentCorps

Parent Corps is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Family/Teacher Engagement

What is it?

ParentCorps is a culturally informed program that enhances pre-K programs in schools and early education centers serving primarily children of color from low-income communities. It helps the important adults in children's lives - parents and teachers - to create safe, nurturing and predictable environments at home and in the classroom and improves relationships and communication between parents and teachers. ParentCorps includes three main components: professional learning for pre-K and kindergarten teachers and support staff, a parenting program for families of pre-k students, and social-emotional learning classroom curriculum for pre-K students. **Source**

What is the evidence base?

Results from 3 separate studies are as follows:

Study 1 (Brotman et al., 2011) at posttest, compared to the control group, participants in the intervention group scored significantly better on:

- Self-rated effective parenting practices
- Teacher-rated child behavior problems composite (internalizing, externalizing, and overall adaptive behavior)

Study 2 (Brotman et al., 2013; Dawson-McClure et al., 2015; Brotman et al., 2016), compared to the control group, participants in the intervention group showed significant improvements in:

- Standardized test scores at the end of kindergarten
- Teacher-rated academic performance
- Parent and teacher-rated effective parenting practices
- Teacher-rated child internalizing and externalizing problems

Study 3 (Brotman et al., 2012), compared to the control group, participants in the intervention group showed significant reductions in:

- BMI, body size, and obesity

Need links

What resources are available through State of Tennessee?

N/A

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Sources
https://www.blueprintsprograms.org/programs/1291999999/parentcorps/

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Strategy pages

LENA Start

LENA Start is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families

Return to:
Family/Teacher Engagement

What is it?

LENA Start helps to build school readiness and strengthen families with parent-group classes Interventions with large populations often hit two roadblocks: excessive complexity and inconsistent implementation. LENA Start avoids these traps by focusing on a single goal—improving talk between parents and children. LENA Start takes a cost-effective and scalable approach by delivering LENA feedback and strategies to increase talk to groups of parents, particularly targeting high-need families. Staffing needs are reduced, while impact is increased. Effective implementation is ensured by delivering the program through videos and scripted instruction—and by continuous data feedback. And if used in the proper setting, LENA Start could actually serve to increase family engagement as well. **Source**

What is the evidence base?

Analysis of thousands of LENA Start participants indicates that families who talk the least at the beginning of the program tend to increase their interactions the most by the end of the program. 98% of parents who had never read books with their children began reading with them daily, and 95% of families who complete the program believe ALL parents should participate in LENA Start.

Beecher, C. C., & Van Pay, C. K. (2020). Investigation of the effectiveness of a community-based parent education program to engage families in increasing language interactions with their children. *Early Childhood Research Quarterly*, 53, 453-463. doi: https://doi.org/10.1016/j.ecresq.2020.04.001

Children whose caregivers participate in the program reap the benefits of an enriched environment, showing measurable improvements in key aspects of language development. LENA data show that children whose families participated in LENA Start are showing elevated language skills two years after the program, according to an analysis of longitudinal data. As home language environments are transformed, communities are transformed, and an early-language focus builds to city-wide impacts.

What resources are available through State of Tennessee?

N/A

Sources

https://www.lena.org/effectiveness/?utm_campaign=Inside%20Early%20Talk&utm_source=Inside-Early-Talk-Report&utm_medium=PDF

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Strategy pages

The Incredible Years

The Incredible Years is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Social Emotional Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Family/Teacher Engagement

What is it?

The Incredible Years is composed of training programs for children, parents, and teachers. The child program is designed for children (ages 0–12) with challenging behaviors and focuses on building social and emotional skills. Lessons can be delivered to children referred for difficult behavior or to an entire classroom as a preventative measure. The program consists of 20- to 30-minute lessons 2–3 times a week; these lessons are reinforced by small-group activities, practicing skills throughout the day, and communicating with parents. Lessons cover recognizing and understanding feelings, getting along with friends, anger management, problem solving, and behavior at school. Parent training programs focus on positive discipline, promoting learning and development, and involvement in children's life at school.
Source

What is the evidence base?

The Incredible Years® program was selected as a model "Strengthening Families" program by the Center for Substance Abuse Prevention (CSAP), as an "exemplary" program by the Office of Juvenile Justice Delinquency Prevention (OJJDP), and as a "Blueprints" program by OJJDP. The Incredible Years® program series have also been recommended by the Home Office in the United Kingdom as one of the evidenced-based interventions for antisocial behavior and by Sure Start as a recommended program for families with children under five years. As such, the series has been subject to quality reviews by independent groups of scientists, evidenced excellent effectiveness in multiple randomized control group studies, and attained high overall consumer satisfaction ratings

The Incredible Years was found to have potentially positive effects on external behavior and potentially positive effects on social outcomes for children classified as having an emotional disturbance.

What resources are available through State of Tennessee?

N/A

Sources

https://incredibleyears.com/for-researchers/

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https://ies.ed.gov/ncee/wwc/EvidenceSnapshot/590
Y TCM & NEPS - Promoting Teacher Well Being, Self-Efficacy and Reducing Stress in Ireland

The Changing Lives Initiative - Results Of Outcomes Evaluation

The PIRM Study In Norway - Supported Parenting Intervention For Families With Refugee Background

Transportation Of The Teacher Classroom Management Program to the Real World in Portugal

Transition To Primary School Of Children In Economic Disadvantage: Does Teacher Training Make A Difference

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Strategy pages

Companion Curriculum

Companion Curriculum is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Family/Teacher Engagement

What is it?
The Companion Curriculum involves teachers and small groups of 8-10 parents conducting educational activities together that are designed to enhance home-based learning for Head Start children.
Source

What is the evidence base?
Coming soon

What resources are available through State of Tennessee?
N/A
Sources
https://www.researchconnections.org/childcare/resources/34529
https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0016258
https://link.springer.com/article/10.1007/s10464-009-9252-x

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Strategy pages

The Ages & Stages Questionnaires®, Third Edition (ASQ®-3)

The ASQ®-3 is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Early Intervention
- Skilled and Knowledgeable Parents

Return to:
Developmental and Behavioral Screenings

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What is it?

The Ages & Stages Questionnaires®, Third Edition (ASQ®-3) is a developmental screening tool that pinpoints developmental progress in children between the ages of one month to 5 ½ years. Its success lies in its parent-centric approach and inherent ease-of-use—a combination that has made it the most widely used developmental screener across the globe. .**Source**

What is the evidence base?

The validity of ASQ-3 has been studied more than any other screener. Psychometric studies based on a normative sample of more than 18,000 questionnaires show high reliability, internal consistency, sensitivity, and specificity.

ASQ-3 (and its prior editions) is cited by countless articles as an accurate, cost-effective, and parent-friendly instrument for screening and monitoring of young children. A few key articles are listed below—feel free to browse a more comprehensive list of ASQ-3 studies.

- Lipkin P.H., Macias, M.M., AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. (2020). Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. Pediatrics. 2020;145(1):e2019344
- American Academy of Pediatrics Policy Statement: Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening, *Pediatrics*, (2006), 118, 405-420.
- Beam, M., Paré, E., Schellenbach, C., Kaiser, A., Murphy, M. (2015). Early Developmental Screening in High-Risk Communities: Implications for Research and Child Welfare Policy. The Advanced Generalist: Social Work Research Journal, 1 (3/4), p 18-36.
- Drotar et al. (2008). Selecting Developmental Surveillance and Screening Tools. *Pediatrics in Review*. 29: 52–58.
- Macy, M. (2012). The evidence behind developmental screening instruments. *Infants and Young Children*, 25(1), 16-61.
- Valleley, R.J., & Roane, B.M. (2010). Review of Ages & Stages Questionnaires: A Parent-Completed Child Monitoring System, Third Edition. In R.A. Spies, J.F. Carlson, & K.F.

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Geisinger (Eds.), *The eighteenth mental measurements yearbook* (pp. 13–15). Lincoln, NE: Buros Institute of Mental Measurements.

What resources are available through State of Tennessee?

N/A

Sources

https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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Strategy pages

The Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)

The ASQ®:SE-2 is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health
- Early Intervention
- Skilled and Knowledgeable Parents

Return to:
Developmental and Behavioral Screenings

What is it?

The Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2) is a caregiver-report screening tool to assess the social-emotional behaviors of their children, ages 3-65 months of age. It is broken down into age ranges, and the cutoff scores vary by age range. A total score above each respective age range's cutoff score indicates that a mental health assessment is warranted for that child, based on the caregiver's reports. Due to the nature of the measure, the sample size used for analysis varies depending on the child's age at administration (pre- and post-treatment child age is inherently different).*Descriptive Statistics*: Pre- and post-treatment assessment measure means and standard deviations for the 6 month, 12 month, 18 month, 24 month, 30 month, 36 month, 48 month, and 60 month scores of the ASQ:SE are listed in the table below, as well as the range of possible scores and clinical cutoff score for each measure **Source**

What is the evidence base?

ASQ:SE-2 has been studied extensively. Psychometric studies based on normative samples of more than 16,000 questionnaires show high reliability, internal consistency, sensitivity, and specificity.

Studies consistently support ASQ:SE-2's accuracy and ease of use, and ASQ:SE-2 has been used successfully in many early intervention and mental health programs. Below is a sampling of articles supporting ASQ:SE-2 as an accurate, cost-effective, and parent-friendly instrument for screening and monitoring of social-emotional competence in young children. Feel free to view a more comprehensive list of ASQ:SE-2 studies.

- Bernt, F. (2017). Test review of Ages & Stages Questionnaires®: Social-Emotional, Second Edition. *and* DiStefano, C. (2017). Test review of Ages & Stages Questionnaires®: Social-Emotional, Second Edition. In J.F. Carlson, K.F. Geisinger, & J.L. Jonson (Eds.), *The twentieth mental measurements yearbook.* Retrieved from http://marketplace.unl.edu/buros/
- Dolata, J.K., Sanford-Keller, H., & Squires, J. (2019). Modifying a general social-emotional measure for early autism screening. *International Journal of Developmental Disabilities, DOI: 10.1080/20473869.2019.1577024*

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- McCrae, J. & Brown, S., (2017). Systematic review of social-emotional screening instruments for young children in child welfare. *Research on Social Work Practice, 1-22.*
- Baggett, K., Warlen, L., Hamilton, J. Roberts, J., & Staker, M. (2007), Screening Infant Mental Health Indicators: An Early Head Start Initiative, Infants & Young Children, 20, 4, 300-310.
- Bricker, D., Shoen Davis, M., & Squires, J. (2004). Mental health screening in young children. Infants and Young Children. 17(2), 129-144.
- Briggs, R.D., Stettler, E.M., Johnson Silver, E., Schrag, R.D.A., Nayak, M., Chinitz, S., & Racine, A.D. (2012). Social-emotional screening for infants and toddlers in primary care. Pediatrics, 129, 2, 1–8.
- Cooper, J., Masi, R., Vick, J. (2009). Social-emotional development in early childhood: What every policymaker should know. National Center for Children in Poverty.

What resources are available through State of Tennessee?
N/A
Sources
https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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Strategy pages

The BRIGANCE® Screens

The BRIGANCE® Screens is aligned with the following measures of success:

- Social Emotional Health
- Early Intervention

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Developmental and Behavioral Screenings

What is it?

The BRIGANCE® Screens are developmental screeners used to quickly and accurately identify those children who may have developmental problems such as language impairments, learning disabilities, or cognitive delays, or who may be academically talented or gifted. The BRIGANCE® Screens include the Early Childhood Screen II (0-35 months), the Early Childhood Screen II (3-5 years), the K & 1 Screen II (kindergarten and first grade), the Early Head Start Screen (0-35 months), and the Head Start Screen (3-5 years). The Head Start editions contain the same assessments as the early childhood editions, but the introduction is specific to Head Start and relates the content of the assessments to the Head Start domains. The technical information profiled here pertains to all of the screens that are appropriate for use with 3- to 5-year-olds. **Source**

What is the evidence base?

https://www.curriculumassociates.com/programs/brigance/early-childhood

What resources are available through State of Tennessee?

N/A

Sources

https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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The Early Screening Profiles (ESP)

The Early Screening Profiles (ESP) is aligned with the following measures of success:

- Social Emotional Health
- Early Intervention

Return to:
Developmental and Behavioral Screenings

What is it?

The Early Screening Profiles (ESP) *is designed to test children to identify possible handicaps, developmental problems or giftedness, and to determine whether further evaluation is needed to prescribe specialized intervention services.*

- **Cognitive/Language Profile:** assess reasoning skills, visual organization and discrimination, receptive and expressive vocabulary, and basic school skills.
- **Motor Profile**: assess both gross and fine motor skills such as walking a straight line, imitating arm and leg movements, tracing mazes, and drawing shapes.
- **Self-Help/Social Profile**: a questionnaire completed by the child's parent, teacher, daycare provider, or a combination of them.
- **Articulation Survey:** measures the child's ability to pronounce 20 words selected to test common articulation problems in the initial, medial, and final positions of words.
- **Home Survey and Health History Survey:** completed by the parent and cover non-intrusive questions about the child's home environment, plus a brief checklist of any health problems the child has had.
- **Behavior Survey**: used by the examiner to rate the child's behavior during administration of the Cognitive/Language and Motor Profiles. The child is rated in categories such as attention span, frustration tolerance, and response style.

Source

What is the evidence base?

https://www.pearsonassessments.com/content/dam/school/global/clinical/us/assets/esp/esp-bibliography.pdf

What resources are available through State of Tennessee?

N/A

Sources

https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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Strategy pages

Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM)

Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM) is aligned with the following measures of success:

- Social Emotional Health
- Early Intervention

Return to:
Developmental and Behavioral Screenings

What is it?

Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS-DM) is a 6- to 8- item screener that tracks a child's development in several domains. The PEDS-DM screener can be administered by parent report, parent- child interview, or direct administration with the child. It tracks progress over time on a recording form with multiple time periods, through which strengths and weakness in various domains become apparent. The PEDS-DM can be used with the PEDS developmental screener (to capture parents' concerns) or separately, but the developers recommend using them together to get a full picture of a child's development. More information on both can be found here: **Source**

What is the evidence base?

https://www.pedstest.com/static/research/supporting-research.html

What resources are available through State of Tennessee?

N/A

Sources

https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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Strategy pages

Survey for the Well-being of Young Children

Survey for the Well-being of Young Children is aligned with the following measures of success:

- Social Emotional Health
- Early Intervention

Return to: Developmental and Behavioral Screenings

What is it?

The Survey of Well-being of Young Children (SWYC*)™* is a freely-available, comprehensive screening instrument for children under 5 years of age. The SWYC was written to be simple to answer, short, and easy to read. The entire instrument requires 15 minutes or less to complete and is straightforward to score and interpret. The SWYC is approved by MassHealth for compliance with the Children's Behavioral Health Initiative screening guidelines. The SWYC is copyright © 2010 Tufts Medical Center. **Source**

What is the evidence base?

According to the AAP policy statement on developmental surveillance and screening, "it is appropriate to perform additional developmental screens using validated tests. These screenings should be recognized separately, with appropriate coding, billing, and payment and with the additional cost acknowledged in capitated expectation." The policy statement provides "a list of developmental screening tests and their psychometric testing properties," noting that "these screening tests, which are focused on parent-completed tools, have acceptable psychometric properties." The table includes the SWYC Milestones under "general developmental screening tests", the BPSC and PPSC under "behavioral screening tests", and the POSI under "Autism Screening: Promising Tests".

Lipkin PH, Macias MM, AAP Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. Pediatrics. 2020;145(1):e20193449

What resources are available through State of Tennessee?

N/A

Sources

https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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Strategy pages

Infant Developmental Inventory

Infant Developmental Inventory (IDI) is aligned with the following measures of success:

- Social Emotional Health
- Early Intervention

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Developmental and Behavioral Screenings

What is it?

The Infant Development Inventory (IDI) is a brief screening questionnaire for use with children from birth to 18 months. The IDI asks parents to describe their baby, report the infant's activities, their questions and concerns about the baby's health, development, and behavior, and how they are doing as parents. Parents report their child's developmental skills in five areas: social, self-help, gross motor, fine motor, and language by completing the Infant Development Chart on the backside of the parent questionnaire. The IDI is designed to take approximately 10 minutes to administer and five minutes to score. **Source**

What is the evidence base?

https://childdevelopmentreview.com/idi-and-cdr-pq-research

What resources are available through State of Tennessee?

N/A

Sources

https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf

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Strategy pages

Parents as Teachers (PAT)®

Parents as Teachers (PAT)® is aligned with the following measures of success:

- Regular School Attendance
- Summer Learning
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Evidence Based Home Visiting

What is it?

Parents as Teachers (PAT)® is a home-visiting model providing a broad context of parenting education and family support, and building protective factors, especially for families in vulnerable situations.[1] PAT parent educators use a relationship-based and parenting-focused approach. Parent educators conduct the home visits focusing on parent-child interaction, development-centered parenting, and family well-being. The PAT model has four components that all affiliate programs are required to provide: 1) one-on-one personal (or home) visits, 2) group connections (or group parent meetings), 3) health and developmental screenings for children, and 4) a resource network for families. Affiliate programs offer families 10 to 12 home visits annually (at minimum). Programs must offer higher-need families 24 visits annually. In some cases, visit frequency may be gradually decreased as the family transitions out of PAT and into other services. Home visits by a trained parent educator last 60 minutes. Affiliate programs offer group connections (or meetings) monthly and determine the length of services. Some programs may choose to focus services primarily on pregnant women and families with children from birth to age 3 years; others may offer services from pregnancy through kindergarten entry***.*** **Source**

What is the evidence base?

Studies that compared the outcomes of families that were randomly assigned to PAT intervention groups and those that did not receive PAT found favorable impacts in the following areas: 1) child development, 2) school readiness, and 3) positive parenting practices.

Evidence of effectiveness found here.

What resources are available through State of Tennessee?

https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/evidence-based-home-visiting-programs.html

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Sources
https://parentsasteachers.org

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Strategy pages

Healthy Families America (HFA)®

Healthy Families America (HFA)® is aligned with the following measures of success:

- Regular School Attendance
- Summer Learning
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

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Evidence Based Home Visiting

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What is it?

Healthy Families America (HFA)® - For children to grow, develop, and reach their individual potential, they need a stable, secure, responsive, and supportive home environment. When families are faced with multiple challenges, such as previous experiences of abuse or neglect, current substance abuse and mental health issues, or violent surroundings, they often are not able to provide an environment that is supportive of positive outcomes for children.

Healthy Families America (HFA) goals include reducing child maltreatment, improving parent-child interactions and children's social-emotional well-being, and promoting children's school readiness. Local HFA sites select the target population they plan to serve and offer hour-long home visits at least weekly until children are six months old, with the possibility for less frequent visits thereafter. **Visits begin prenatally or within the first three months after a child's birth and continue until children are between three and five years old.** Source

What is the evidence base?

A review of home visiting conducted by the Department of Health and Human Services (HomVEE) included three studies that compared families who were randomly assigned to receive HFA services with families who did not get HFA services. These studies found substantial evidence for the effectiveness of Healthy Families America. This review reports the following results. Healthy Families America (HFA) had favorable impacts in eight domains (child development and school readiness; child health; family economic self-sufficiency; linkages and referrals; maternal health; positive parenting practices; reductions in child maltreatment; and reductions in juvenile delinquency, family violence, and crime). The findings in child development and school readiness, child health, family economic self-sufficiency; positive parenting practices, and reductions in child maltreatment were replicated in more than one group of participants. At least one positive finding in all eight domains was sustained for at least one year after program inception. At least one favorable impact in child development, school

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readiness, and reductions in child maltreatment lasted for at least one year after participants completed the program.

What resources are available through State of Tennessee?
https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/evidence-based-home-visiting-programs.html

Sources
https://www.researchgate.net/publication/254429744_Home_Visiting_Evidence_of_Effectiveness_Review_Executive_Summary_Washington_DC_US_Department_of_Health_and_Human_Services_Administration_for_Children_and_Families_Office_of_Planning_Research_and_Evalu

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Strategy pages

Early Head Start-Home Visiting (EHS-HV)

Early Head Start-Home Visiting (EHS-HV) is aligned with the following measures of success:

- Regular School Attendance
- Summer Learning
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

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Evidence Based Home Visiting

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What is it?
Early Head Start-Home Visiting (EHS-HV)

is a multicomponent parenting education curriculum. The three ***STEP*** programs help parents learn effective ways to relate to their children from birth through adolescence by using parent education study groups. By identifying the purposes of children's behavior, ***STEP*** also helps parents learn how to encourage cooperative behavior in their children and. **Source**

What is the evidence base?
Early Head Start (EHS) is a Federal initiative providing child development and parent support services to low-income pregnant women and families with children birth to 3 years old. EHS home-based services offer home visits and group socialization activities for parents and their children. The following resources offer information on the Early Head Start-Home Visiting program and its effectiveness.

Family Participation and Involvement in Early Head Start Home Visiting Services: Relations With Longitudinal Outcomes(opens in new window) (PDF - 690 KB)
Peterson, Zhang, Roggman, Green, Cohen, Atwater, McKelvey, et al. (2013)
Pew Center on the States
Explores the influence of early home-visiting experiences, while children were infants and toddlers, on child and family status during children's preschool and elementary school years.

Home Visiting in Texas: Current and Future Directions(opens in new window) (PDF - 2,386 KB)
Wilson, McClure, & Phillips (2013)
Discusses the importance of early intervention in child development and abuse prevention,

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negative outcomes of children in high-risk families, and the benefits of seven evidence-based home-visiting programs in Texas.

Innovating in Early Head Start: Can Reducing Toxic Stress Improve Outcomes for Young Children?(opens in new window)

Gerwin (2013)

Harvard University, Center on the Developing Child

Examines Federal research efforts on the science of early childhood development and the use of home-visiting Early Head Start programs to build responsive caregiving and help alleviate the effects of toxic stress. The article highlights the activities of six research projects funded by the Administration for Children and Families that are testing different interventions.

https://eclkc.ohs.acf.hhs.gov/program-planning/home-visitors-online-handbook/research-home-visiting

What resources are available through State of Tennessee?

https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/evidence-based-home-visiting-programs.html

Sources

https://www.cebc4cw.org/program/systematic-training-for-effective-parenting/detailed

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Nurse Family Partnership (NFP)®

Nurse Family Partnership (NFP)®is aligned with the following measures of success:

- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Evidence Based Home Visiting

What is it?

Nurse Family Partnership (NFP)® Providing mothers with education about and support during their pregnancy and childbirth experiences are strategies that reduce the likelihood of pregnancy and birth complications. Children from low-income families who experience fewer complications during pregnancy and birth begin life with fewer challenges to overcome. Helping first-time mothers learn good techniques for providing children responsible and competent care helps to shape positive parent-child interactions. Positive parent-child interactions set children on a path toward optimal social-emotional development and positive cognitive outcomes. **Source**

What is the evidence base?

The program has been found to produce sizeable, sustained effects on important mother and child outcomes. Not all positive outcomes are replicated in every trial, but there is clear evidence that this program improves the well-being of families with young children, particularly those with mothers who have low psychological resources (i.e., intelligence, mental health, self-confidence).

Relevant studies found here and here.

What resources are available through State of Tennessee?

https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/evidence-based-home-visiting-programs.html

Sources

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Strategy pages

Family Connects

Family Connects is aligned with the following measures of success:

- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Evidence Based Home Visiting

What is it?

Family Connects Registered nurses visit the homes of the newborns in their communities, providing health checks for both the infant and the birth mother. The nurse is trained to make a systematic assessment of the family's strengths, risks and needs, to offer supportive guidance on a wide variety of child and infant health, and to connect families with the additional community resources and services that meet their individual needs. The nurse documents the visit — including the physical assessments and community referrals — and relays the appropriate information to the family's health-care providers.

In some cases, the nurse recommends longer-term programs, such as Healthy Families America, Early Head Start, and others. This makes Family Connects an excellent gateway to more family support services.

Family Connects International partners with the Center for Child & Family Health to disseminate the Family Connects model. We work with local and state governments, health-care systems, and nonprofits to plan and implement the model. We provide full support for successful implementation, including building community alignment, training nurses, providing screening and assessment tools and a robust data system. **Source**

What is the evidence base?

Results from research on the Family Connect model can be found here.

In sum, ongoing randomized controlled trials of Family Connects began in 2009. Results have shown:

- Emergency room visits and hospital overnight stays were reduced by 50% in the first year of life; these results were sustained but did not increase through the second year of life.
- Mothers were 28% less likely to report possible postpartum clinical anxiety.

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- Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants; no significant differences were found in negative parenting behaviors.
- Mothers expressed increased responsivity to, and acceptance of, their infants.
- Home environments were improved — homes were safer and had more learning materials to support infant development.
- Community connections increased by 15%.
- When using out of home childcare, families used higher quality care.
- Families had 44% lower rates of Child Protective Services investigations for suspected child abuse or neglect through child age 2; 39% lower investigation rates through child age 5.
- Community connections increased by 13%.
- Mothers were 30% less likely to experience possible postpartum depression or anxiety.
- Families were more likely to use out-of-home childcare.
- As the number of birth risks increased, infants experienced fewer emergency department visits but more hospital overnights.
- Mothers were more likely to complete their 6-week postpartum health check, but also had more emergency department visits.

What resources are available through State of Tennessee?
https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/evidence-based-home-visiting-programs.html
Sources
https://www.cebc4cw.org/program/systematic-training-for-effective-parenting/detailed

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Strategy pages

Beacon Schools—Youth Development Institute

Beacon Schools—Youth Development Institute is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Community Schools

What is it?

Beacon Schools are committed to school transformation that aims to promote healthy development and learning among ALL youth, families and community members. Services, opportunities and supports are offered during the day, evenings and on weekends in the school building, effectively opening up the space for use by a broad swath of community residents while simultaneously offering comprehensive supports to the students in the school. Today, Beacons across the country serve over 180,000 children, youth and adults with vibrant initiatives in New York City, San Francisco, Minneapolis and Denver. Although BCS are designed to adjust to the needs of the communities in which they exist, there are several common characteristics. **Source**

What is the evidence base?

Coming soon

What resources are available through State of Tennessee?

N/A

Sources

https://www.ydinstitute.org

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Strategy pages

Communities in Schools, Inc.

Communities in Schools, Inc. is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Community Schools

What is it?

Communities in Schools, Inc is a nationwide network of passionate professionals working in public schools to surround students with a community of support, empowering them to stay in school and achieve in life. Communities In Schools is comprised of 200 local and state affiliates operating in 28 states and the District of Columbia who serve 1.25 million students and their families in 2,400 schools. Their holistic approach addresses both the academic and nonacademic needs of the student through an integrated student services model. This model positions caring, full-time site coordinators inside public schools to work with school staff to better identify students in need, and then provides those resources through community partnerships. **Source**

What is the evidence base?

Communities In Schools is a learning organization committed to ongoing use of data and research to improve practice and drive positive outcomes for the schools and students it serves. To this end, CIS has invested in third-party evaluations to validate the CIS model and help build an evidence base for Integrated Student Supports. This third-party evaluation conducted by MDRC as part of the Social Innovation Fund found evidence of positive effects of Integrated Student Supports and case management for at-risk students and low performing schools. Additionally, MDRC provided recommendations that have been embraced by CIS to improve practice and upgrade its standards under the Total Quality System.
https://www.communitiesinschools.org/our-data/publications/publication/mdrc-evaluation-communities-schools-final-reports

What resources are available through State of Tennessee?

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N/A

Sources

https://www.communitiesinschools.org/our-data/

https://www.communitiesinschools.org/our-data/publications/publication/mdrc-evaluation-communities-schools-final-reports

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Strategy pages

New York City Community Schools Initiative

New York City Community Schools Initiative is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

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Community Schools

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What is it?

NYC Community Schools is a partnership between school staff, families, youth, and the community to raise student achievement by ensuring that children are physically, emotionally, and socially prepared to learn. A Community School serves as a center of the neighborhood by providing access to critical programs and services like health care, mentoring, expanded learning programs, adult education, and other services that support the whole child, engage families, and strengthen the entire community. In the NYC Community School approach, each school is paired with a lead Community Based Organization (CBO) partner that works collaboratively with the principal and the School Leadership Team (SLT) to carry out the work at the school.

Source

What is the evidence base?

https://www.rand.org/pubs/research_reports/RR3245.html

What resources are available through State of Tennessee?

N/A

Sources

https://www.schools.nyc.gov/learning/programs/community-schools
https://www1.nyc.gov/site/communityschools/about/about.page

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Strategy pages

University Assisted Community Schools

University Assisted Community Schools is aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Community Schools

What is it?

University-Assisted Community Schools (UACS) engage, educate, and empower students, families, and community members. UACS focus on schools as core institutions for community engagement and democratic development, as well as link school day and after school curricula to solve locally identified, real-world, community problems. For neighborhood schools to function as genuine community centers, however, they need additional human resources and support. We emphasize "university-assisted" because universities, indeed higher educational institutions in general, can constitute the strategic sources of broadly based, comprehensive, sustained support for community schools. UACS engage universities as lead partners in providing academic, human, and material resources. This mutually beneficial partnership improves the quality of life and learning in local schools and communities while simultaneously advancing university research, teaching, learning, and service. **Source**

What is the evidence base?

Coming Soon.

What resources are available through State of Tennessee?

University-Assisted Community Schools (UACS) began in Knoxville, Tennessee as a grant-based initiative serving Pond Gap Elementary School students and community members in 2010. Today, this service-learning program also extends its programs and services to Inskip Elementary and Sunbright schools.

Through UACS, UT students, faculty, and staff provide school children academic support services, physical education, music, and art programs after regular school hours. With these programs, UACS is able to enhance the interpersonal skills, critical-thinking skills, and academic

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success of participating children. UACS also provides opportunities and services to community members through programs such as community gardens, Monthly Meals with a Mission, and adult education.
https://our.tennessee.edu/2020/second-shift/

Sources

https://our.tennessee.edu/2020/second-shift/
https://uacsnetwork.org
https://uacs.utk.edu/home/

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Strategy pages

Pyramid Model / Early Childhood Program-Wide Positive Behavioral Intervention and Supports

The Pyramid Model is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Physical Health
- Social Emotional Health
- Early Intervention

Return to:
ECE Workforce Development System

Return to:
Special Needs

What is it?

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a positive behavioral intervention and support framework early childhood educators and caregivers can use to promote young children's social and emotional development and prevent and address challenging behavior. It is a well-established example of Early Childhood Program-Wide Positive Behavioral Intervention & Supports or "PW-PBIS".

It was developed by Vanderbilt professor of Special Education, Mary Louise Hemmeter, to address evidence that 10-30% of all preschool students ages 3 to 5 are not behaviorally and emotionally ready to succeed in school; to address reports by preschool teachers that children's disruptive behavior is the single greatest challenge they face; to address research indicating that 65% of students identified with social emotional-behavioral issues in early childhood drop out of school, often leading to lifelong consequences including poor job outcomes, limited income and involvement with the criminal justice system; and to address preschool expulsions.

The Pyramid Model organizes evidence-based practices for all children including those who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior.

Resources/Tools to Support the Pyramid Model:

- **https://www.pbis.org/tools/all-tools#early-childhood-pbis**
- **https://peabody.vanderbilt.edu/bio/marylouise-hemmeter**
- **Implementing-PBIS_evidence-base.pdf**

What is the evidence base?

Research data provide promising evidence that the combination of high-quality training, and implementation guides and materials, along with practice-based coaching focused on the

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Pyramid Model practices, contribute significantly to the teachers' successes in reducing problem behaviors in their classrooms.

A randomized study of the implementation of the Pyramid Model within preschool classrooms for both children with and without disabilities was completed in 2011 in Nashville and the Tampa Bay area by faculty at the University of SouthFlorida (Lise Fox), Vanderbilt University (Mary Louise Hemmeter), and University of Florida (Patricia Snyder).

In classrooms where the Pyramid Model was implemented, there were significant improvements in children's social skills. Target children, children with persistent behavioral challenges, showed statistically significant decreases in challenging behavior (Hemmeter, Fox, & Snyder, 2013; Hemmeter, Snyder, Fox, & Algina, 2011). This study provides evidence that when the PyramidModel practices (all of which have research support) are delivered within a classroom, there are notable outcomes for children.

What resources are available through State of Tennessee?

Coming soon

Sources

Research Base of Pyramid Model Practices,   Fox, L., and Hemmeter, M.L., (2014). Implementing Positive Behavioral Intervention and Support: The Evidence-Base of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, *Pyramid Model Consortium*.

Hemmeter, M. L., Snyder, P. A., Fox, L., & Algina, J. (2016). Evaluating the implementation of the Pyramid Model for promoting social emotional competence in early childhood classrooms. *Topics in Early Childhood Special Education, 36*, 133-146.

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Strategy pages

Head Start

Head Start is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Physical Health
- Social Emotional Health
- Supports for Families

Return to:
Early Learning Models

What is it?

Head Start preschool programs prepare the most vulnerable 3- and 4-year-old children to succeed in school and in life beyond school. To achieve this, Head Start programs deliver services to children and families in core areas of early learning, health, and family well-being while engaging parents as partners every step of the way.

What is the evidence base?

There is a large body of research on Head Start. The recent paper by Brookings explains and concludes there's ample evidence of positive effects.

Does Head Start work? The debate over the Head Start Impact Study, explained

This paper by Brookings explains the imperfections of the well-known Head Start Impact Study, and cites findings from further analyses as follows:

"For Head Start, quasi-experimental studies that plausibly randomly assign children to treatment and control groups and maintain that assignment, and the new papers that leverage the Head Start Impact Study to reanalyze the collected data are more rigorous—and **all find that center-based early childhood education improves school readiness and has impacts not only into adulthood, but on the next generation.**

Natural experiments of the effects of Head Start show that Head Start causes better health, educational, and economic outcomes over the long term as a consequence of participation, though the effect sizes are smaller than those from the model programs. Research that Diane Schanzenbach and I have published shows that the effect of Head Start extends to noncognitive skills and persists into how participants parent their children: overall and particularly among African American participants, **we find that Head Start also causes social, emotional, and behavioral development that becomes evident in adulthood measures of self-control, self-esteem, and positive parenting practices.**

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New research by Chloe Gibbs and Andrew Barr find intergenerational effects of Head Start along the same lines of the Heckman work – **the children of those who were exposed to Head Start saw reduced teen pregnancy and criminal engagement and increased educational attainment.**

While some have taken the initial Head Start Impact Study reports at face value, the new and carefully designed reanalyses of the Head Start Impact Study teach us not only about the positive impacts of Head Start, but about research design considerations as experiments in education become more prevalent. The Head Start Impact Study reanalyses and **the decades of research on Head Start show that on a variety of outcomes from kindergarten readiness to intergenerational impacts, Head Start does work, particularly for students who otherwise would not be in center-based care."**

What resources are available through State of Tennessee?

Coming Soon.

Sources

Does Head Start work? The debate over the Head Start Impact Study, explained

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Strategy pages

Early Head Start / Child Care Partnerships

Early Head Start / Child Care Partnerships is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
Early Learning Models

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What is it?

Early Head Start-Child Care (EHS-CC) Partnerships support communities to expand high-quality early learning opportunities for infants and toddler under the age of 3 in the years before preschool, and pregnant women. The partnerships work to increase the number of Early Head Start (EHS) programs and child care providers that can meet the highest standards of quality for infants and toddlers.

EHS-CC Partnerships bring together the best of two worlds by combining the strengths of child care and EHS programs. The program integrates EHS comprehensive child development and family support services into the array of traditional child care and family care settings. The partners layer funding to provide comprehensive services and high-quality early learning environments for low-income working families with infants and toddlers, and to pregnant women and their families. Long-term outcomes for the program include:

· Sustained, mutually respectful and collaborative EHS-CC Partnerships
· A more highly-educated and fully-qualified workforce providing high-quality infant/toddler care and education
· An increased supply of high-quality early learning environments and infant/toddler care and education providers
· Well-aligned early childhood policies, regulations, and resources, with quality improvement support at national, state, and local levels
· Improved family and child well-being and progress toward school readiness

Source: US Dept. of Health and Human Services Early Childhood Learning and Knowledge Center

Some resources to support the development of these partnerships include:

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The National Center on Early Head Start – Child Care Partnerships (Partnership Center) supports effective implementation of Early Head Start – Child Care Partnerships.

And the following are some examples of local partnerships to create EHS-CC opportunities.

- As detailed in an evaluation, in February 2015, Early Learning Ventures (ELV), a Denver-based not-for-profit organization, was awarded a federal Early Head Start–Child Care (EHS–CC) Partnership grant. Through the grant, ELV partnered with 32 child care providers in four Colorado counties to provide Early Head Start (EHS) services to 240 children younger than 3. ELV used an enhanced version of a shared services model it developed, which combined business consulting, innovative uses of technology, coaching, professional development, and other supports to help child care providers meet Head Start Program Performance Standards.
- The Bipartisan Policy Council identified a number of case studies that highlight the benefits of EHS-CC partnerships for particular populations:
  - The UMOM New Day Center, a family homeless shelter offering housing and support services to families experiencing homelessness in Phoenix, AZ. UMOM is currently serving 24 infants and toddlers, many from families of veterans. Through the EHS-CCP, low income families and families of veterans now have access to family support services, including housing and job assistance, and their children have access to high-quality early care and learning services.
  - United Way of Greater New Haven prioritizes FCC in their EHS-CCP grant by partnering with All Our Kin. All Our Kin is a non-profit dedicated to building high-quality, sustainable FCC programs. Their model is a cost effective way to build a network of FCC providers with the supports necessary to offer high-quality services to children and families. All Our Kin contracts with FCC providers to offer direct services to children in the area. They also have a centralized team that goes out to each FCC partner site monthly to deliver professional development coaching and trainings, as well as host of comprehensive services for children and families. The complete set of network services is estimated to cost about $833 per child, per year.

What is the evidence base?

Child Trends has summarized various research and evaluations of EHS-CC partnerships and finds positive outcomes for children, families, and providers, as well as some challenges in program design and implementation. A national study of EHS-CC programs had similar findings among a set of case studies.

What resources are available through State of Tennessee?

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Coming soon.

Sources

- Early Head Start Child Care partnerships: Annotated Bibliography
- Findings from the National Descriptive Study of Early Head Start-Child Care Partnerships

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Strategy pages

Child Care Coaching / Consultation

Child Care Coaching is aligned with the following measures of success:

- High quality care and education birth through age 5 (icon)
- Positive Early Care and Education Climate (icon)

What is it?

Child care coaching is a type of professional development or technical assistance provided to the early care and education (ECE) workforce to build professional capacity. Coaching is also sometimes referred to as mentoring or consultation. Coaching is typically an ongoing, relationship-based, collaborative process between an expert coach and an ECE caregiver. Coaches are typically recommended or required to have a bachelor's degree in early childhood education or a related field. The purpose of child care coaching varies, "including supporting core competencies; introducing skills, concepts, and instructional strategies that were not mastered or introduced in educator preparation programs; and training educators in new science related to child development and early learning and new instructional tools and strategies." Regardless of the subject of the coaching, this type of professional development aims to improve overall program and classroom quality (including teacher-child interactions) and, subsequently, child outcomes. Source

There are a variety of different models for ECE coaching. See links to some effective child care and preschool coaching models below:

- Practice-Based Coaching (PBC)
- MyTeachingPartner
- Coaching – Cultivate Learning

What is the evidence base?

A meta-analysis of different types of strategies for increasing the knowledge and skills of adult learners examined 79 studies of which 46 studies used an expert as the provider of coaching [1]. Within these studies there were positive effects on the knowledge and skills of the adult learner as a result of working with an expert. Source

Studies that used components of practice-based coaching (source) lead to a range of positive outcomes for teachers, including implementation of desired teaching practices, behavior support practices, or curricula; implementation of practices with fidelity; changes in teacher-child interactions; and self-reported changes in knowledge, skills, and attitudes about teaching practices. In addition to changes in practice, studies that used components of practice-based coaching were associated with positive child outcomes. Child outcomes included increased participation and engagement, increased social skills and fewer challenging behaviors, increased literacy and language; and increased skills associated with the Head Start Outcomes Framework for logic and reasoning and approaches to learning.

Research demonstrates that teachers participating in MTP (source) engage in more effective interactions with students, especially in classrooms that serve higher proportions of students in poverty. Students in these classrooms also show enhanced academic and social skill development.

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What resources are available through State of Tennessee?
This section would include state resources like TECTA and a listing of current funding sources and state funding opportunities.

Sources
Research citations here

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Strategy pages

My Teaching Partner

My Teaching Partner is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health

Return to:
ECE Workforce Development System

Source of all copy below: https://education.virginia.edu/myteachingpartner

What is it?

My Teaching Partner (MTP) is a suite of professional development supports that may be used individually or in tandem. All three MTP resources rely on a standardized observational assessment of teacher-student interactions—the Classroom Assessment Scoring System, or CLASS—as the primary way to observe and define effective practice.

- *A video library with examples of best practice:* The MTP video library—more than 400 one- to two-minute video clips of teachers' effective interactions with students from pre-K to high school—gives teachers an opportunity to observe other teachers' effective interactions as they implement a wide range of instructional activities in various contexts.
- *A college course***:** This three-credit college course focuses on improving teachers' knowledge of effective interactions, their skills in identifying effective interactions, and applying those skills to their own classrooms.
- *Web-mediated individualized coaching:* The coaching program is a partnership between the teacher and a trained consultant that provides relevant, interactive, and ongoing feedback and support from a consultant and online curricula throughout the school year. Every two weeks, using a simple video camera set up on a tripod in their classroom, teachers videotape their own instruction and send this footage to their coach. The MTP coaching program involves the following 5 steps in a 2 week cycle: Teachers record a video. Coaches review the videos and write prompts. Teachers review videos and respond to prompts. Teachers and coaches discuss prompts and practice. Teachers and coaches create a summary and action plan to inform the next cycle.

What is the evidence base?

Research demonstrates that teachers participating in MTP engage in more effective interactions with students, especially in classrooms that serve higher proportions of students in poverty. Students in these classrooms also show enhanced academic and social skill development. Here are some additional research findings:

Preschool

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- Teachers participating in MTP coaching made significant gains in reading and responding to students' cues, using a variety of formats to actively engage children in instruction, and intentionally stimulating language development.
- Teachers who had access only to the video library and made regular use of it were observed to be more sensitive and responsive to children's needs, more proactive and effective at managing behavior, and more skilled at maximizing children's learning time.
- Children in MTP-coached classrooms made greater gains in receptive vocabulary, task orientation, and prosocial assertiveness.
- Teachers who completed the college course demonstrated increased knowledge of effective interactions, improved skills in identifying these interactions, and greater use of effective interactions in the classroom.

Secondary

- On average, student gains were equivalent to increasing the achievement status of every student in a class taught by a teacher who had been in MTP Secondary from the 50th to the 59th percentile, and to preventing one student from otherwise failing the end of year state assessment.
- These impacts on student learning were due to changes in student-teacher interaction within the classrooms.
- MTPS was able to close the racial disciplinary gap in classrooms by improving the rigor and effectiveness of classroom instruction.

What resources are available through State of Tennessee?

Coming Soon.

Sources

- *Policy Brief*: Measuring and Improving Teacher-Student Interactions in PK-12 Settings to Enhance Students' Learning
- Research Brief: MyTeachingPartner™ (Pre-K): A Series of NICHD-Funded Studies
- Allen, J. P., Pianta, R. C., Gregory, A., Mikami, A.Y., & Lun J. (2011). An interaction-based approach to enhancing secondary school instruction and student achievement. *Science, 333*, 1034-1037.
- Downer, J. T., Kraft-Sayre, M., & Pianta, R. C. (2009). On-going, web-mediated professional development focused on teacher-child interactions: Feasibility of use with early childhood educators. *Early Education & Development, 20*(2), 321–345.
- Hamre, B. K., Justice, L. M., Pianta, R.C., Kilday, C., Sweeney, B., Downer, J. T., & Leach, A. (2010). Implementation fidelity of MyTeachingPartner literacy and language activities: Association with preschoolers' language and literacy growth. *Early Childhood Research Quarterly, 25*, 329–347.
- Hamre, B., Pianta, R., Burchinal, M., Field, S., LoCasale-Crouch, J., Downer, J., Howes, C., LaParo, K., & Scott-Little, C. (in press). A course on effective teacher-child interactions: Effects on teacher beliefs, knowledge, and observed practice. *American Education Research Journal*.

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- Kinzie, M. B., Whitaker, S. D., Neesen, K., Kelley, M., Matera, M. & Pianta, R. C. (2006). Innovative web-based professional development for teachers of at-risk preschool children. *Educational Technology & Society, 9*(4), 194-204.
- Mashburn, A. J., Downer, J. T., Hamre, B. K., Justice, L.M., &Pianta, R. C. (2010). Consultation for Teachers and Children's Language and Literacy Development during Pre-Kindergarten. *Applied Developmental Science*, 14, 179-196.
- Pianta, R. C., Mashburn, A. J., Downer, J. T., Hamre, B. K., & Justice, L. M. (2008). Effects of web-mediated professional development resources on teacher-child interactions in pre-kindergarten classrooms. *Early Childhood Research Quarterly, 23*, 431–451.
- Whitaker, S. D., Kinzie, M. B., Kraft-Sayre, M. E., Mashburn, A., & Pianta, R. C. (2007). Use and Evaluation of Web-based Professional Development Services Across Participant Levels of Support. *Early Childhood Education Journal, 34*(6), 1573-1707.

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Bright Start TN
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Strategy pages

LENA Grow

LENA Grow is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Positive Early Care and Education Climate
- Social Emotional Health

Return to:
ECE Workforce Development System

What is it?

LENA Grow is an innovative, research-based, job-embedded professional development program designed to help infant, toddler, and preschool teachers measurably improve language environments, overall and for each individual child. The program teaches caregivers the power of the conversational turn. It employs LENA's "talk pedometer" technology, concise strengths-based coaching, and data-rich reference materials to help teachers build more talk into their daily activities.

The problem: Too many children — 1 in 5, according to LENA's Inside Early Talk report — spend their days in language isolation, even in child care settings that are "high talk" overall.
The solution: Increasing the quantity of early interactions has a profound impact on improving outcomes for all children.

Every increase of two turns per hour has a statistically significant impact up to 40 turns, and is associated with a one-point increase in Full Scale IQ 10 years down the line. LENA Grow is a proven program whose benefits come quickly — for individual children and entire communities alike.

What is the evidence base?

There's growing evidence that LENA Grow improves CLASS scores — especially within the domain of instructional support where high scores are particularly difficult to achieve.

- The Early Learning Coalition of Escambia County, Fla., raised its infant classroom Responsive Caregiving composite scores by 80%, from 2.94 to 5.28, and its toddler classroom Engaged Support for Learning composite scores by 62%, from 1.73 to 2.80.https://www.lena.org/elcec-year-1/
- The Fort Worth Independent School District, Texas, raised its Instructional Support composite scores in pre-K classrooms by 30%, from 3.08 to 4.00. https://www.lena.org/fort-worth-class-score-increase/
- The Primary School in Palo Alto, Calif., raised its Instructional Support pre-K classrooms by 34%, from 2.89 to 3.87.https://www.lena.org/the-primary-school-assessment/

In Florida, the Early Learning Coalition of Sarasota County saw dramatic improvements in TS Gold® scores. Of the children who started the program below "widely held expectations" (WHE), 50% moved to meeting or exceeding WHE at the end of the program. Those children experienced the greatest average increases in conversational turns of nearly 25 turns per hour. https://www.lena.org/lena-grow-coaching-child-care-sarasota/

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Researchers at the University of Kansas used the Early Communication Indicator (ECI) to measure the program's effectiveness in infant and toddler classrooms. At baseline, 29% of children whose teachers participated in LENA Grow were "on track" in language abilities. At a six-month evaluation, 82% of those children were on track. There was no change in a comparison group whose teachers did not participate in LENA Grow. https://www.lena.org/kansas-pilot-results/

What resources are available through State of Tennessee?
Coming soon.

Sources

- https://www.lena.org/lena-grow/
- https://f.hubspotusercontent30.net/hubfs/3975639/08.%20LENA%20Grow/2.%20LENA_Grow_Overview_and_Impact.pdf
- https://info.lena.org/inside-early-talk
- https://www.lena.org/kansas-pilot-results/
- https://www.lena.org/lena-grow-coaching-child-care-sarasota/
- https://www.lena.org/elcec-year-1/

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Strategy pages

Teachstone / CLASS Assessment + PD

Teachstone / CLASS Assessment + PDis aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health

Return to:
ECE Workforce Development System

Teachstone / CLASS Assessment + PD
Designations here once we have them

Teachstone / CLASS Assessment + PD is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Positive Early Care and Education Climate
- Social Emotional Health

Source for below: https://teachstone.com/

What is it?
Teachstone is the organization that publishes CLASS (Classroom Assessment Scoring System) and a suite of professional development resources for educators, leaders and coaches to support continuous improvement.

The Classroom Assessment Scoring System is an observational tool that measures the quality of teacher-student interactions. It is based on developmental theory and research that demonstrates that interactions between teachers and students are the primary mechanism through which children learn. The CLASS is predicated on the premise that effective teachers are better at drawing children into learning and keeping them engaged, which in turn leads to better academic outcomes. Effective interactions also support the development of children's learning-to-learn skills, including attention, persistence, and frustration tolerance—skills that are linked to better early learning outcomes.

The CLASS not only defines teaching quality through the lens of interactions, it provides the ability to measure and improve the interactions that matter most for student outcomes. And, it's a journey of continuous improvement that is data-driven and focused on what matters most for student outcomes, interactions.

What is the evidence base?
In over 200 research studies, evidence has shown that children in classrooms with higher CLASS scores demonstrate better social-emotional, cognitive, and academic outcomes, and specifically that:

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- Students in classrooms with higher CLASS scores make greater gains in outcomes than students in classrooms with lower CLASS scores.
- CLASS-based interventions help teachers improve their interactions with students.
- Coaching, coursework, and facilitated access to a video library of effective teaching exemplars are effective tools for increasing CLASS scores.

What resources are available through State of Tennessee?
Coming Soon.

Sources

- https://teachstone.com/
- https://cdn2.hubspot.net/hubfs/336169/Teachstone-Outcomes.pdf

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Strategy pages

WAGE$

WAGE$ is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
ECE Workforce Development System

What is it?
Child care coaching is a type of professional development or technical assistance provided to the early care and education

What is the evidence base?
A meta-analysis of different types of strategies for increasing the knowledge and skills of adult learners examined

What resources are available through State of Tennessee?
This section would include state resources like TECTA and a listing of current funding sources and state funding opportunities.

Sources
Research citations here

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Strategy pages

T.E.A.C.H.

T.E.A.C.H. is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Positive Early Care and Education Climate
- Summer Learning
- Healthy Birthweight
- Physical Health
- Social Emotional Health
- Oral Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

Return to:
ECE Workforce Development System

What is it?

Child care coaching is a type of professional development or technical assistance provided to the early care and education

What is the evidence base?

A meta-analysis of different types of strategies for increasing the knowledge and skills of adult learners examined

What resources are available through State of Tennessee?

This section would include state resources like TECTA and a listing of current funding sources and state funding opportunities.

Sources

Research citations here

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Strategy pages

Healthy Steps

Healthy Steps is aligned with the following measures of success:

- Physical Health
- Social Emotional Health
- Early Intervention
- Safe at Home
- Positive Parent/Child Interaction
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

HealthySteps is an evidence-based, interdisciplinary pediatric primary care program designed to promote nurturing parenting and healthy development for babies and toddlers. It embeds a child development professional (specialist) in pediatric practices to promote positive parenting and healthy development for babies and toddlers, typically operating in low-income communities. Healthy Steps specialists provide tiered services for all families with children birth to age three including child developmental screenings for social-emotional, language, cognitive, physical, and behavioral concerns.

The Healthy Steps Specialist offers support for common and complex concerns that pediatricians often lack time to address, including feeding, behavior, sleep, attachment, parental depression, social determinants of health, and adapting to life with a baby or young child. Healthy Steps Specialists are trained to provide families with parenting guidance, support between visits, referrals, and care coordination, specific to their needs.

A recent single-state analysis conducted by the HealthySteps National Office, in partnership with Manatt Health, demonstrated annualized savings to Medicaid of up to $1,150 per family, for an *annual* return on investment of 83%. Source

What is the evidence base?

HealthySteps' effectiveness was studied through a 15-site national evaluation conducted by the Johns Hopkins Bloomberg School of Public Health Women's and Children's Health Policy Center. HealthySteps was evaluated at six randomized and nine quasi-experimental sites. A diverse sample of 5,565 infants from 15 sites across the country was enrolled at birth and followed for three years. The study also included follow-up with children at 5½ years old. The model was shown to have significant benefits for children, families, and pediatric care in the United States. See the National Evaluation report and publications in the *Journal of the American Medical Association* and *Pediatrics* for more information.

What resources are available through State of Tennessee?

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Coming soon.

Sources

- HealthySteps Return On Investment
- https://www.healthysteps.org/our-impact/the-evidence-base/
- Journal of the American Medical Association
- National Evaluation report
- Pediatrics
- Healthy Steps: Transforming the Promise of Pediatric Care

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Strategy pages

Group Prenatal Care

Group Prenatal Care is aligned with the following measures of success:

- Healthy Birthweight
- Physical Health
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Prenatal care generally refers to individual patient care received from one obstetric care provider during an individual's pregnancy. Group prenatal care (GPNC) is an alternative model of care facilitated by a trained health care provider and delivered in a group setting, integrating health assessments, education, skill building, and peer support. GPNC provides pregnant people (typically with low-risk pregnancies not requiring individual monitoring) with 15 to 20 hours of prenatal care over the course of their pregnancies, compared to approximately 2 to 4 hours in traditional individual care. Each GPNC visit is scheduled for 90 to 120 minutes, compared to 10 to 15 minutes for each individual prenatal care visit.

Early and regular prenatal care visits improve the likelihood of a healthy pregnancy and positive perinatal outcomes through education, risk screening, and physical assessment. Group prenatal care augments the individual prenatal care model in key ways that can positively impact pregnant people and their families by integrating family members and peer support into prenatal care and education GPNC provides participants with significantly more prenatal care (15 to 20 hours) than individual care (2 to 4 hours) over the course of their pregnancies.

If the amount of time and quality of care increases, group prenatal care may lead to subsequent improvements in mothers' mental and physical health during the perinatal period. Most of the time spent in group prenatal care is allocated to pregnant people engaging with each other and their health care providers, covering topics such as childbirth preparation and parenting roles Group prenatal care leverages social cognitive theory and the importance of group social processes to support pregnant people's emotional and mental health, in addition to promoting healthy pregnancies and perinatal outcomes

Source: https://pn3policy.org/policy-clearinghouse/2021-group-prenatal-care/

What is the evidence base?

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Group prenatal care is an effective strategy for improving the receipt of adequate prenatal care and has beneficial impacts on parental health and wellbeing (e.g., excessive weight gain) and optimal child health and development, although the breastfeeding initiation findings are mixed. Because group prenatal care has not been studied at a statewide level, current evidence does not point to the precise mechanism through which states can support group prenatal care.

Source: https://pn3policy.org/policy-clearinghouse/2021-group-prenatal-care/

What resources are available through State of Tennessee?

Coming Soon.

Sources

- https://pn3policy.org/policy-clearinghouse/2021-group-prenatal-care/

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Strategy pages

Tennessee Voluntary Pre-K (VPK) Program

Tennessee Voluntary Pre-K (VPK) Program is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Grade-level Proficiency Pre-K – 2nd Grade

What is it?

The Voluntary Pre-K initiative provides Tennessee's four-year-old children—with an emphasis on those who are at-risk—an opportunity to develop school readiness skills (pre-academic and social skills). VPK classes promote a high-quality academic environment, which fosters the love and joy of learning and promotes success in kindergarten and throughout the child's life.

Tennessee is one of only 12 states that meet 9 out of 10 quality standard benchmarks for effectiveness of preschool education programs according to the National Institute for Early Education Research (NIEER).

What is the evidence base?

TN Pre-K works. Studies show the benefits of the VPK program.

- A 2015 study found that children who attended VPK were significantly better prepared for kindergarten than their non-VPK peers.
- A 2019 study found that the children who went on to high-quality kindergarten through third grade classrooms with highly effective teachers maintained the academic edge over their peers.

Documented ROI beyond VPK. There is a tremendous body of research documenting the benefits of high-quality preschool. Increased academic and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures led to Nobel Prize-winning economist James Heckman documenting returns as high as $7 – $10 for every $1 invested in high-quality Pre-K for economically-disadvantaged children.

What resources are available through State of Tennessee?

Coming soon.

Sources

- **https://nieer.org/wp-content/uploads/2021/04/Tennessee_YB2020.pdf**
- **https://www.edworkingpapers.com/sites/default/files/ai19-85.pdf**

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- https://cdn.vanderbilt.edu/vu-my/wp-content/uploads/sites/1147/2013/10/14112801/VPKthrough3rd_final_withcover.pdf
- https://heckmanequation.org/www/assets/2017/01/Schools_Skills_Synapsis.pdf

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Strategy pages

Dolly Parton's Imagination Library (DPIL)

Dolly Parton's Imagination Library (DPIL) is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

Dolly Parton Imagination Library - Dolly Parton's Imagination Library is dedicated to inspiring a love of reading by gifting books free of charge to children from birth to age five, through funding shared by Dolly Parton and local community partners in the United States, Canada, United Kingdom, Australia and Republic of Ireland.

Inspired by her father's inability to read and write Dolly started her Imagination Library in 1995 for the children within her home county. Today, her program spans five countries and gifts over 1 million free books each month to children around the world.

The goals of Dolly Parton's Imagination Library (DPIL) are the following: 1) to increase young children's access to books, 2) to increase kindergarten readiness, 3) to increase parent-child reading frequency, and 4) to increase community collaboration.

Increasing young children's access to books will grow the opportunities children have to be exposed to early literacy experiences. The availability of age-appropriate books in the home will make it easier for parents to use appealing reading material with their children. If the book is of interest to the child, there is an increased likelihood that parents and children will read together frequently. Increased reading experiences improve the number of words children understand and will improve their readiness for school.

In Tennessee, the Governor's Early Literacy Foundation is key to ensuring families across the state access the Imagination Library .

What is the evidence base?

The evidence of the impact of Dolly Parton's Imagination Library (DPIL) is substantial. Across several studies, parents reported that the amount of time they read with their children increased as a result of participating in DPIL. Parents also reported that their children were very interested in and enjoyed the time they spent reading together. One study found that longer participation of families in DPIL increased parents' reports of daily shared reading as well as more frequent parent and child discussions of stories read. In other studies, parents reported an increased use of public libraries and an increase in their children's literacy skills as a result of participation in DPIL.

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TN specific evidence: Knox County , Shelby County

What resources are available through State of Tennessee?

Coming Soon.

Sources

- https://imaginationlibrary.com/
- Imagination Library Research Database
- THE IMAGINATION LIBRARY PROGRAM AND THE KINDERGARTEN COHORT OF 2008-2009 By John Beckett, Supervisor of Research and Evaluation, Knox County Schools
- Comparisons of Academic Data for Imagination Library Participants versus Non-Participants by Marie Sell

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Strategy pages

Preventing Obesity by Design

Preventing Obesity by Design is aligned with the following measures of success:

- Physical Health

What is it?

Preventing Obesity by Design- Providing children and early care professionals with more diverse and engaging outdoor environments should lead to increases in outdoor activity. This increase in outdoor activity should have some impact on children's weight. Increasing the amount of time children are outside and creating more to do in the outdoor environment should lead to increases in activity for both children and early care professionals, and thereby decrease obesity.

There are four key activities included in POD.[1] The first activity is to train teachers how to use the outdoors to promote physical activity and healthy nutrition. Second, POD provides re-design assistance of outdoor play and learning environments that includes preschool staff/volunteers and helps modify these environments to support children's daily nutritional and physical activity needs. Third, POD provides start-up incentives for centers to buy plant materials and tools and provides honoraria to support lead teachers in implementing projects. Finally, POD disseminates information to ensure transfer of knowledge.

Source: https://naturalearning.org/

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What is the evidence base?

The evidence for POD comes from a collaborative report by the Natural Learning Initiative, NC State University College of Design, including program evaluations from 27 participating child care centers serving infants to 5-year-olds. Results are based on pre- and post- intervention POD participant surveys, POD participant feedback, and POD staff observations. Results showed that there was a moderate increase in physical activity in children after outdoor playground renovations and that the children were also more likely to engage in play or behavior independent of teacher guidance. The survey results indicated that outdoor activity space usage increased both in number of times used and in duration of time period spent outside, in all seasons and for all ages of children.

What resources are available through State of Tennessee?

Coming Soon.

Sources

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- Childcare Outdoor Renovation as a Built Environment Health Promotion Strategy: Evaluating the Preventing Obesity by Design Intervention

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Strategy pages

Reach Out and Read (ROR)

Reach Out and Read (ROR) is aligned with the following measures of success:

- Positive Parent/Child Interaction
- Reading with Children
- Supports for Families
- Skilled and Knowledgeable Parents

What is it?

The goals of **Reach Out and Read (ROR)** are the following: 1) to promote early literacy to young children and their parents and 2) to improve school readiness.

Reach Out and Read works through medical provider offices to promote early literacy and school readiness with the distribution of new books to children starting at the six-month checkup, and by talking with parents about the importance of reading aloud to their children. Reach Out and Read utilizes the relationship between parents and medical providers to encourage the development of critical early reading skills in young children

Source: https://reachoutandread.org/

What is the evidence base?

Multiple studies show that Reach Out and Read (ROR) has a positive impact on child language outcomes, including receptive and expressive vocabulary, as measured by standardized assessment tools. It is also documented that the longer a family participates in ROR, the greater the increase in literacy outcomes for children.

Positive effects were most significant for high-risk children and low-income families, but there were also significant effects for families in general, including multilingual families.

What resources are available through State of Tennessee?

Coming Soon.

Sources

- https://reachoutandread.org/why-we-matter/the-evidence/
- Promoting early literacy in pediatric practice: twenty years of reach out and read
- Pediatric Interventions to Support Reading Aloud. How Good is the Evidence?

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Strategy pages

Child Care Finder

Child Care Finder is aligned with the following measures of success:

- High Quality Care and Education Ages 0-5

This strategy is coming soon.

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Strategy pages

Aligned Afterschool Programs

Aligned Afterschool Programs are aligned with the following measures of success:

- Grade-level Proficiency Pre-K – 2nd Grade
- Regular School Attendance
- Physical Health

This strategy is coming soon.

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Strategy pages

Summer Learning

Summer Learning is aligned with the following measures of success:

- Summer Learning

This strategy is coming soon.

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Strategy pages

Reducing Chronic Absenteeism

Reducing Chronic Absenteeism is aligned with the following measures of success:

- Regular School Attendance

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ECE Workforce Development System

What is it?

Reducing Chronic Absenteeism - Students who are chronically absent are at serious risk of falling further and further behind academically and facing increasingly significant challenges year over year. Chronic absenteeism greatly increases their likelihood of dropping out of school.

Children living in poverty are two to three times more likely to be chronically absent—and face the most harm because their community lacks the resources to make up for the lost learning in school. Students from communities of color as well as those with disabilities are disproportionately affected.

This isn't simply a matter of truancy or skipping school. In fact, many of these absences, especially among our youngest students, are excused. Often absences are tied to health problems, such as asthma, diabetes, and oral and mental health issues. Other barriers including toxic stress leading to mental health challenges; lack of a nearby school bus, a safe route to school or food insecurity make it difficult to go to school every day. In many cases, chronic absence goes unnoticed because schools are counting how many students show up every day rather than examining how many and which students miss so much school that they are falling behind

What works?

Schools, communities, and advocates across the nation have successfully taken steps to ensure children are attending school more regularly. What works is to take a data-driven, comprehensive approach that begins with engaging students and families as well as preventing absences from adding up before students fall behind academically. The key is using chronic absence data as a diagnostic tool to identify where prevention and early intervention are needed. With this data in hand, schools, families and community partners can together determine the causes of chronic absence, and implement approaches that address barriers to getting to class.

Attendance Works has developed a set of key strategies for reducing chronic absence in school sites and key ingredients for systemic change that need to exist across a school district and broader communities. Both levels are essential to having a sustained impact. Reducing chronic absence fits nicely into the three-tiered support systems used in many school districts and states.

Source: https://www.attendanceworks.org/chronic-absence/addressing-chronic-absence/

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What is the evidence base?

- One in 10 kindergarten and first-grade students nationally are chronically absent, missing nearly a month of school. Emerging research shows even higher rates among preschoolers.
- These early absences correlate with reading difficulties and poor attendance patterns in later years. One California study found that only 17 percent of students who were chronically absent in both kindergarten and first grade were reading proficiently in third grade, compared to 64 percent of those with good attendance.
- The effects of poor attendance are particularly pronounced among low-income children, who need more time in the classroom to master reading and are less likely to have access to resources outside of school to help them catch up. Unfortunately, low-income children are four times more likely to be chronically absent.
- Students can begin to reverse their academic difficulties if they improve their attendance.
- Parents are often unaware of the corrosive effects of absenteeism and how quickly absences add up to academic trouble in the early grades. Some face challenges with health, transportation or housing that contribute to absences.
- Attendance rates are better in schools where parents feel welcomed and engaged and where they trust their children are safe.

What resources are available through State of Tennessee?

Coming soon.

Sources

- https://www.attendanceworks.org/chronic-absence/addressing-chronic-absence/
- https://www.attendanceworks.org/wp-content/uploads/2017/06/Attendance-in-the-Early-Grades.pdf

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Strategy pages

Employer-led Initiatives

Employer-led Initiatives are aligned with the following measures of success:

- High Quality Care and Education Ages 0-5
- Supports for Families

Coming soon to a clearinghouse near you!

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