



**Connecticut Early Learning and Development Standards  
Dissemination**

**Needs Assessment Report**

**DRAFT**

Developed for:

**The Connecticut Early Childhood Education Cabinet and the  
Connecticut State Department of Education**

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# Connecticut Early Learning and Development Standards Dissemination Needs Assessment Report

## Executive Summary

**Overview:** The Connecticut Early Childhood Education Cabinet is poised to release newly developed Connecticut Early Learning and Development Standards (CTELDS) for children from birth to age 5. These learning standards were developed as a result of a comprehensive process including a number of alignment studies and activities. In preparation for the release of the new CTELDS, Dr. Mhora Lorentson, Director of the Center for Collaborative Evaluation and Strategic Change (CCESC) at EDUCATION CONNECTION, completed a needs assessment for the CTELDS dissemination process.

**Description:** Needs assessment activities were completed from November, 2012 to April, 2013 and were designed to enhance understanding of the perceptions of CTELDS held by stakeholders and to identify the educational and communication needs of stakeholder groups related to implementation of the new CTELDS. Data collection activities were developed and data collected to initiate the needs assessment process. The needs assessment addressed the following questions:

**Question 1:** What are the current understandings held by families, home- based providers, early care and education providers and professionals of the value, purpose and need for the CTELDS?

**Question 2:** How can we best reach families, home- based providers, early care and education providers and professionals during the CTELDS dissemination process?

**Data Collection Methods and Activities:** Data collection methods included 35 qualitative focus group and individual interviews with families, home- based providers, early care and education providers and professionals involved with the 0-5 age population and the use of an on-line survey instrument.

**Conclusions and Recommendations:** Data collection provided conclusions and recommendations for the consideration of the CT Early Childhood Education Cabinet and the CSDE. Conclusions are presented below by needs assessment question.

**Question 1:** What are the current understandings held by families, home-based providers, early care and education providers and professionals of the value, purpose and need for the CTELDS?

Results from qualitative focus groups were supported by the results of the on-line survey and indicate overwhelmingly that families, home and center-based providers and representatives of other professional groups generally have some information and familiarity with the value, purpose, need for and impact of CTELDS. However, the degree to which stakeholders are knowledgeable about and able to use the CTELDS varies both within and across groups with a large number of individuals expressing no or limited knowledge about the CTELDS or how to use them. Overall, respondents stated that “*when individuals understand the use and purpose of learning standards, they are generally perceived as important*” with the understanding that the a large number of stakeholders do not currently have a sufficient understanding of the role, meaning, purpose and need for learning standards.

Additionally, a wide range of perceptions of and reactions to the use of standards were described by focus group respondents with many of these perceptions described as acting as potential barriers to the use of CTELDS. Barriers to the use of CTELDS were identified including fear, misperceptions of the role and purpose of CTELDS, varied and unclear definitions of the words “*learning standard*”, varied educational levels across stakeholders, financial restrictions, a lack of materials for implementation of educational activities related to the use of CTELDS, and lack of time for learning and implementation of the CTELDS.

Question 2: How can we best reach families, home-based providers, early care and education providers and professionals during the CTELDS dissemination process?

Survey and focus group respondents provided a number of suggestions and potential strategies to reach stakeholders throughout the dissemination process. These included development of a clear definition of the CTELDS, use of examples, clear and simple language, provision of trainings within a mixed or team-based setting, involvement of representatives of key stakeholder groups to facilitate “*buy-in*”, use of a variety of formats and processes for communication, clear illustration of the connections between new CTELDS and existing standards, consistent technical support, well-coordinated and monitored consultants and/or local/regional contact people, concrete strategies for implementing and assessing, and working with existing networks of providers to provide training, support, communication and evaluation at ongoing meetings.

Information was described as needing to be shared in a variety of formats. Ideas provided included the use of hard copy documents, charts and graphs, interactive web sites, e-mails with brief updates, bulletin boards, blogs, television clips, the use of Facebook or other social media, the use of “apps” to share or use information, and the use of on-line chats, networking or conferencing. Regardless of format used, the need for brevity and specificity, and the use various options, ongoing communication and clarity of information were consistently emphasized.

Ongoing interaction and communication with state agency representatives was considered critical by respondents. Options provided included state consultant or evaluator attendance at ongoing meetings to share information, obtain feedback and address questions; the use of surveys and/or focus groups on a regular basis, and ongoing assessment of the implementation process through reconnections with needs assessment participants and examination of progress made in key areas.

Participants also provided a number of recommendations for the consideration of the CT Early Childhood Education Cabinet and the CSDE as follows:

- Develop and communicate clear and consistent expectations regarding the implementation, purpose and use of the CTELDS. Stakeholders emphasized the importance of including expectations on timeline, use on a day-to-day basis, alignment and integration with existing standards, expected outcomes, required materials, expected resources and assessments.
- Develop clear and simple descriptions of the standards for sharing throughout the school community. It was recommended that these descriptions be written in simple language to allow all stakeholders to easily comprehend the standards.
- Develop and share cross-walks of the CTELDS to existing standards for each domain and age band.
- Provide professional development in conjunction with coaching, mentoring, technical assistance and provision of on-line or hard copy documents and training modules in a variety of formats to assist stakeholders to develop a bridge between standards and day-to-day practice. Provide standards awareness workshops and community forums to stakeholders throughout Connecticut to ensure a general understanding of the implementation process.
- Disseminate information in a wide range of formats and through a wide variety of venues in a consistent and ongoing manner.
- Implement ongoing communication and evaluation strategies to promote discussion of CTELDS and ensure consistent feedback between stakeholders and state agency representatives.
- Ensure that adequate materials are available for stakeholders to allow the integration of the CTELDS.
- Provide opportunities for teachers, parents, administrators and professionals from various stakeholder groups to interact and collaborate to facilitate communication and a consistent approach to implementation across all grade levels.
- Provide instructional materials necessary to support stakeholders in the implementation of the CTELDS.

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## **Connecticut Early Learning and Development Standards Dissemination Needs Assessment Report**

### **Introduction**

The Connecticut Early Childhood Education Cabinet is poised to release newly developed Connecticut Early Learning and Development Standards (CTELDS) for children from birth to age 5. These standards were developed as a result of a comprehensive process including a number of alignment studies and activities. Subsequent to the alignment and gap analysis studies, revised and upgraded standards were developed through a multi-step process utilizing local expertise. The revised standards are currently undergoing a content validation study coordinated by the National Association for the Education of Young Children (NAEYC). This study is expected to be completed by Fall of 2013, with the release of the new CTELDS to follow.

In preparation for the release of the new CTELDS, Dr. Mhora Lorentson, Director of the Center for Collaborative Evaluation and Strategic Change (CCESC) at EDUCATION CONNECTION, was contracted to conduct a CTELDS dissemination needs assessment process. Overall needs assessment activities were designed to provide insight into the needs of families, home and center-based providers, and professionals working with children ages 0-5, to increase stakeholder awareness of the new CTELDS, and to identify recommendations for the development of educational materials and dissemination processes that will effectively meet the needs of each stakeholder group.

### **Importance of Early Learning and Development Standards**

Early learning and development standards are statements about what children from birth to age five should know and be able to do at various ages across their earliest years of development. Early learning standards serve as guides for supporting children's growth and development over time, helping to determine learning trajectories, plan experiences and provide developmental and educational support through the early childhood years.

Specifying what young children are expected to know and be able to do is widely recognized as a critical component of an effective education system. Equally important is that these expectations are aligned from one year to the next, from birth to age 18.

As part of Connecticut's 2009 application for American Recovery and Reinvestment Act funds for Head Start State Advisory Councils, Early Learning Standards were identified as a priority area. The goal for this priority area was: By September, 2013, Connecticut will adopt comprehensive and multi-domain early learning standards that reflect a progression of skills from birth to age five, aligned with kindergarten through grade 12 standards.

Since 2010, the Governor's Early Childhood Education Cabinet, in partnership with the Connecticut State Department of Education, has devoted significant fiscal and human resources to the creation of rigorous and developmentally appropriate Early Learning and Development standards. It is expected that these standards will serve as a foundation for supporting all Connecticut children, in all settings, across the early childhood years.

### **Connecticut Early Learning Standards Development Process**

Connecticut's Early Childhood Education Cabinet's Early Learning Standards workgroup conducted a multi-step process to develop the new CTELDS while simultaneously informing and engaging early childhood stakeholders. Process components included:

- 1) A thorough review of background information and decision-making regarding structure, format and guiding principles.
- 2) Identification of the current alignment and gaps between existing state and federal standards.
- 3) Development of draft CTELDS through cross-sector work based upon the alignment and gap analysis studies and current research.

- 4) Completion of a needs assessment to identify strategies for dissemination and implementation of the new CTELDS and inform CSDE planning for rollout, transition support, new resources and system. That process is complete and is summarized within this report.

As of the writing of this report, steps 1-4 are complete. Subsequent to development of the CTELDS and completion of a needs assessment, it was expected that the following steps would be undertaken:

- 5) Completion of a content validation study of the draft CTELDS. This study is currently underway.
- 6) Development of guidance materials and dissemination processes based on the results of the needs assessment. This process is currently underway.
- 7) Implementation of professional development to begin to support the use of the revised standards when these standards are released. This process is expected to begin during Fall, 2013.

A detailed description of activities completed to date is provided below.

### **Step 1-Planning**

On June 22, 2011, the Early Learning Standards workgroup met to begin to plan the CTELDS development process and was designed to ensure wide cross-sector input. The workgroup included representatives from the Connecticut Early Childhood Education Cabinet, the CSDE, Head Start, higher education, early intervention services, Regional Education Service Centers, home care provider networks, public schools and the local chapter of the National Association for the Education of Young Children. Throughout the development process, the workgroup was guided by the following two documents:

- The Joint Position Statement of the National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE): Early Learning Standards: Creating the Conditions for Success.
- Early Learning Guidelines Resource: Recommendations and Issues for Consideration When Writing or Revising Early Learning Guidelines (Scott-Little, Kagan & Frelow, 2010)

In addition, the Early Learning Standards workgroup reviewed current Connecticut documents and other state, national and international sets of early learning standards. Subsequent to this review, the group defined the guiding principles, age ranges and groupings, domains and subject areas and the overall structure of the desired standards.

### **Step 2-Alignment and Gap Analysis Studies**

In order to ease the transition to new CTELDS and to capitalize on previous investments and resources, the Early Learning Standards workgroup conducted a thorough alignment process to fully draw upon existing standards documents. The determination of appropriate alignments between existing learning standards and identification of gaps required a thorough review of documents often having very different structure and language. This process occurred through a series of steps involving a range of stakeholders. Specific processes used are described below:

- Common Core State Standards and the Connecticut Preschool Curriculum Framework: Alignment between these two documents was thoroughly examined by CSDE consultants in partnership with outside experts in the area of mathematics and English language arts.
- CT Preschool Curriculum Framework and the Head Start Framework: Alignment between these two documents was examined through a collaborative process in which CSDE staff and the Connecticut Head Start Association rated the degree of matches found, completed a cross-check for agreement on the matches, and worked together to reconcile discrepancies. Results of this work are summarized in the report Head Start Crosswalks (2012).
- Alignment Between Preschool Curriculum Framework, the Kindergarten Science Curriculum Standards, the Kindergarten Social Studies Curriculum Framework and standards for younger children: SRI International completed a comprehensive study aligning these four documents. This study resulted in a full report entitled, “*Connecticut Standards Alignment: Preschool Curriculum Framework, Kindergarten*

### **Step 3--Development of Comprehensive and Initial Draft**

On June 25 and 26, 2012, groups of experts in each of the identified domains, were gathered to create a first draft based upon the structure outlined by the CTELDS workgroup. Each group utilized the information from the alignment and gap analysis studies, additional resources and research such as additional state standards or national standards and research, and crafted an initial draft of new birth to five standards across 7 age bands.

### **Step 4- Review and Revision Process**

- **Expert Review:** During July and August, 2012 experts in early childhood care and education reviewed the draft CTELDS according to one of the following perspectives:
  - Domain-specific feedback such as:
    - Breadth, depth and relative difficulty of skills addressed
    - Age appropriateness of the indicators
    - Placement of the indicators within the domain
    - Wording of the indicators
  - Cultural relevancy of the indicators for diverse populations
  - Appropriateness of the indicators for children who are dual language learners
  - Appropriateness of the indicators for children with special needs
- **Final Revision:** CSDE Early Childhood Consultants, in partnership with EASTCONN, a Regional Educational Service Center, synthesized input and made revisions based upon the expert input.

### **Step 5- Content Validation Study**

In line with practices set forth by Scott-Little, Kagan & Frelow (2010), Requests for Proposals were issued for a Content Validation Study and an Age Validation Study. The CT Early Childhood Education Cabinet contracted with NAEYC to complete a content validation study. The content validation process will determine if the skills, knowledge and dispositions in the new CTELDS reflect critical, comprehensive goals and a continuum of growth and development. This study is currently underway with expected completion in the fall of 2013.

The review of proposals for the age validation study resulted in a recognition that additional funding would be necessary to support a methodologically sound research project. A prospectus has been developed to solicit potential philanthropic and foundation support.

## **Needs Assessment Summary**

**Overview:** Needs assessment activities were completed from November, 2012 to April, 2013 and were designed to enhance understanding of the perceptions of CTELDS held by stakeholders and to identify the educational and communication needs of stakeholder groups related to implementation of the new CTELDS. Data collection activities were developed and data collected to initiate the needs assessment process.

**Needs Assessment Questions:** The needs assessment addressed the following questions:

**Question 1:** What are the current understandings held by families, home- based providers, early care and education providers and professionals of the value, purpose and need for the CTELDS?

**Question 2:** How can we best reach families, home- based providers, early care and education providers and professionals during the CTELDS dissemination process?

**Data Collection Methods and Activities:** Data collection methods included qualitative focus groups and individual interviews with families, home- based providers, early care and education providers and professionals involved with the 0-5 age population and the use of an on-line survey instrument.

**Methodology:** The collection of high quality needs assessment data from a diverse group of stakeholders throughout Connecticut requires the identification of key target audiences, the development of strategies to reach each audience, and the collection of data using instruments and data collection methods designed to meet the needs of each audience. This report summarizes strategies used to identify and reach appropriate audiences and design appropriate tools and the results of data collection activities. The needs assessment activities included:

- A. An initial focus group interview and audience identification exercise held with leaders of early childhood programs throughout Connecticut;
- B. Development of a comprehensive data collection plan
- C. Thirty two focus group interviews and three individual interviews with representatives of key stakeholder groups; and
- D. Development and administration of the “*Connecticut Early Learning and Development Standards Dissemination Stakeholder Input Survey*” in both English and Spanish.

**Instrumentation and Data Collection:** The instrument development and data collection process is discussed below for each component of the methodology including audience identification and survey and focus group development and administration.

- A. **Initial Focus Group Interview and Audience Identification:** Initial focus group interview questions for Connecticut program leaders in the field of early childhood were developed linked to needs assessment goals and objectives and were designed to identify perceptions of CTELDS held by families, center- and home-based providers and professionals throughout Connecticut and initial recommendations as to how to best reach these groups during the needs assessment process. Questions addressed areas including identification of the key educator, provider, family and professional groups involved in early childhood that needed to be reached, perceptions of the value, meaning, purpose, relevance and impact of learning standards, barriers faced to the use of learning standards, strategies to engage stakeholders around the CTELDS, information needed by stakeholders to use the CTELDS, appropriate formats to use for CTELDS standard dissemination, and types of guidance, support, tools and communication mechanisms that could be used to encourage ongoing interaction and conversation through the implementation process. Questions were reviewed by CSDE Early Childhood Consultants prior to completion of the initial focus group.

The initial focus group was conducted on December 10, 2012 and was facilitated by Dr. Mhora Lorentson. The focus group interview lasted approximately 45 minutes. Approximately 20 leaders in early childhood participated including CSDE consultants, program leads from Head Start and regional educational service centers (RESCs), physicians and representatives of family resource centers and United Way. Questions were incorporated into PowerPoint and projected. Responses were taped and transcribed.

Subsequent to the initial focus group, participants divided into subgroups to address questions related to how best to reach representatives from families, home- and center-based providers, and professionals throughout the needs assessment process. Each of four groups of participants selected one of the four key target audience groups and spent approximately 30 minutes to identify strategies that could be used to identify a representative group of stakeholders to address the needs assessment questions, to identify particular subgroups or subcategories of stakeholders that needed to be included, to identify key challenges that might be faced when trying to reach these groups and to develop three recommended data collection or sampling strategies that could be used to obtain information from a representative sample within this group. Results were shared in whole group discussion and provided to Dr. Lorentson for analysis.

- B. **Development of Data Collection Plan:** Based on feedback provided by the initial focus group and subsequent working sessions, an initial data collection plan was developed. Data collection was designed to ensure appropriate representation from the four key groups of early childhood stakeholders identified in



the initial focus group and working session (family members, home-based providers, center-based providers and other professionals working with the 0-5 age group) throughout Connecticut.

Data collection activities were expected to include one interview with one representative of each of the four key stakeholder groups in each of the six RESC regions (total of 24 expected interviews) and two focus groups with representatives of each group (total of 8 expected focus groups) throughout the state. In addition, two surveys were expected to be developed and distributed to stakeholders.

The RESCs and the counties in which they provide services are described below:

**Table 1: Regional Educational Service Center Coverage Areas**

<b>Regional Educational Service Center</b>	<b>Primary Coverage Area</b>
ACES	South Central Connecticut/New Haven and Middlesex Counties
CES	Southwest Connecticut/Fairfield County
CREC	North Central Connecticut/Capitol Region (Hartford County)
EASTCONN	Northeast Connecticut/Windham and Tolland Counties
EDUCATION CONNECTION	Northwest and Western Connecticut/Litchfield County
LEARN	Southeast Connecticut/New London County

The data collection process was designed to include initial contacts with the Early Childhood Program Manager in each RESC and with early childhood leads identified during the initial focus group. It was expected that these initial contacts would support the identification of appropriate audiences throughout Connecticut to complete the desired 8 focus groups and 24 interviews (4 in each RESC region). It was also expected that, as the data collection unfolded and contacts were made, the data collection activities might change to adapt to opportunities and challenges which arose. Overall, the key data collection goal was to obtain the maximum input of all key potential stakeholders throughout Connecticut in the most efficient, effective and appropriate means possible.

As the data collection activities were implemented, the enthusiasm of the individuals being contacted and their interest in being involved in the data collection process resulted in data collection methods being altered to obtain greater input and maximize feedback, primarily through the completion of focus groups instead of interviews. Thirty two focus groups and 3 individual interviews were held statewide.

C. Focus Groups and Interviews:

Focus group interview questions used during the initial focus group were modified as a result of feedback provided and used to obtain feedback for interviews and focus groups conducted throughout the state.

Individual and focus group interviews were conducted between the months of January and April, 2013 and were facilitated by Dr. Mhora Lorentson. Each focus group interview lasted approximately 45 minutes. Each interview lasted approximately 25 minutes. The number of focus group participants ranged from 5 to over 50 in a group. Questions were incorporated into PowerPoint and projected for participants to see when appropriate. Focus group responses were taped and transcribed. A list of attendees for each focus group was obtained when possible. Interviews were not taped. Notes were taken by the interviewer throughout the process.

D. Early Learning and Development Standard Dissemination Stakeholder Input Survey

The *Connecticut Early Learning and Development Standards Dissemination Stakeholder Input Survey* was developed during Spring, 2013. Survey items were drafted to assess the understanding of the meaning, purpose and value and impact of early learning standards, desired strategies to obtain information and key

demographic information including stakeholder group, Connecticut county in which the respondent lives or works, location on the urban, suburban and rural continuum, educational level and race/ethnicity.

Survey validity is maximized when the survey addresses all key concepts related to the issue being addressed and when the conceptual framework is reviewed by a panel of experts to ensure that no key concept was missed. Validity was maximized in this activity by the development of questions linked to the needs assessment goals and objectives and recommendations provided during the initial focus group and work group session and by the review of all survey categories and questions by CSDE staff. Survey validity is expected to be sufficient.

Reliability is maximized by the development of questions using nationally accepted standards and developed at a literacy level appropriate to the literacy level of the target population. Survey items were developed using these guidelines and were reviewed by CCEESC, CSDE and Connecticut Info-line (2-1-1) Early Childhood staff prior to administration. No statistical checks of reliability or validity were conducted.

The survey was translated into Spanish by the CSDE. Both the English and the Spanish versions were incorporated into Survey Monkey and administered online through a variety of venues including:

- Incorporation into the Connecticut Infoline 2-1-1 Early Childhood website
- Incorporation into Connecticut's Early Childhood Education Cabinet website
- On-line distribution to key stakeholder groups throughout Connecticut including:
  - Connecticut Head Start Association
  - Connecticut Cares: A network of home-based providers
  - Special education teachers and/or directors involved with Early Childhood
  - The Connecticut Branch of the National Association of Pediatric Nurse Practitioners
  - The Connecticut Association of Pediatricians
  - Elementary School Principals involved with Early Childhood
  - Kith and Kin
  - School Readiness Liaisons
  - Child Daycare Contracted Providers
  - The Connecticut Association of School Nurses
  - Connecticut Info-line contacts
  - The Early Childhood Program Manager in each RESC region

A representative of each group was asked to share the survey with their contacts as appropriate. Additionally, the survey was sent to each individual with whom an interview or focus group was conducted or organized. These individuals were also asked to share with their contacts as appropriate.

The survey was incorporated into the 2-1-1 and Early Childhood Cabinet websites in early March and distributed to stakeholder groups in an ongoing fashion. Survey data collection ended on May 10, 2013.

**Data Analysis:** Conceptual analysis of responses was used to analyze focus group interview results. Survey results were analyzed using SPSS, Statistical Package for the Social Sciences. Frequencies, means, and totals were obtained as appropriate.

**Participant Demographics:**

Demographic information for stakeholder groups participating in focus groups or interviews is provided in Table 2.

**Table 2: Focus Group and Interview Participant Demographics**

Target Region									
Stakeholder Group	Subgroup	ACES	CES	CREC	EAST CONN	EDUCATION CONNECTION	LEARN	Non-RESC Specific Audience	Total
Families		6	6	20	5	6	6		49
Home-Based Providers		30	20			4		12	66
Early Care and Education Center-Based Providers	Head Start				18			50	68
	Principals							6	6
	Others (Mixed Groups)		15	40	20	2			77
Other Professionals	Pediatricians							11	11
	Nurse Practitioners							1	1
	Nurses							30	30
	Department of Children and Families						25		25
	Birth to Three			20			8		28
	Behavioral Health Specialists					1		1	2
	Special Education Teachers							24	24
	Two- and Four-Year College Faculty							7	7
	Others (Mixed Groups)	20					8		28
	<b>Total</b>		<b>56</b>	<b>41</b>	<b>80</b>	<b>43</b>	<b>13</b>	<b>47</b>	<b>142</b>

Note: Efforts were made to obtain accurate attendance records at each focus group. However, the receipt of accurate attendance records allowing the appropriate identification of represented groups or subgroups was not always possible. Table 2 provides the most accurate demographic information possible given data obtained.

## Results

Results are described for each data collection method used.

### A. Focus Group/Individual Interviews:

*“People will need a lot of education and training to really use and understand the CTELDS. Want to make sure they are seen as a guide—not a rigid measure. As they are implemented, someone should be going out and meeting with whole practices and groups of people—teach people how to use them.”*

--A clinical psychologist--

*“Nurse practitioners are not familiar with the term “learning standards”. If they don’t understand the term, and it hasn’t been shared with them, it is not meaningful. The term needs to be well defined.”*

--A nurse practitioner—

*“If you tell parents this is an assessment, and parents come to pediatricians and say “I am worried about my kid—he failed the assessment”, and the pediatrician says “we don’t think there is anything wrong”, this will be an issue. The pediatrician will say this is some BS the school is generating and I don’t agree with it. Then we are inadvertently doing harm to an excellent process that wasn’t ever really meant to be a screening process—it was meant to enhance the educational experiences of young children! So, it may be the best thing to say to pediatricians, “Hey guys, this is happening. This isn’t about you and your screening and your diagnosis. This is about improving educational communication.”*

--A pediatrician—

*“I think a barrier to the use of the CTELDS is to make sure that educators are trained appropriately. To understand how to implement the standards while still staying true to what we know is how young children learn and develop.”*

--A center-based provider—

*“One of the things I struggle with is the establishment of learning standards that somehow imply students will achieve at higher levels. The issue is developmental readiness. We are academizing—whatever the word is—a process that takes developmental steps to get to. And having a learning standard means, “This is what they will reach”, as opposed to saying “Where’s the child now and what is developmentally appropriate and how will he/she get from point A to point B?”*

--A Head Start teacher—

*“From a Birth to Three perspective, we really make sure this is explained to parents and is very parent friendly. The parents need to be supported to be able to use it! So much of our role is to educate parents—this could help us do it. Also, the chunks and age bands these standards span, like 24 to 36 months in one band, those are huge in our world—really need smaller chunks. And to avoid confusing parents, we need to be very clear as to how these learning standards link to current Birth to Three standards—we don’t want to confuse a complex process for a family.”*

--A Birth to Three provider--

*“I have to admit that I am on both sides of the fence here. I am an educator and a parent of a child with special needs. The CTELDS will be affecting both my children—very intense. I find learning standards to be kind of overwhelming—an ungodly amount of time and effort into planning and understanding—even for me they are difficult. For a parent who is not an educator—they have to be simple and very clearly worded! User friendly.”*

--A parent—

*“I think learning standards are really important—I know for myself, I have my own children. I have a two and half year old and I compare kids to my own child and can see big differences. But then I have to remember, there are a lot of kids in the 0 to five age group, that we deal with. We are often finding deficiencies and needs. Anything that helps us do that is great. I think they are really important.”*

--A Department of Children and Families staff member--

*“Honestly, right now I don’t know if learning standards are used. And sometimes, even though they say you should not be using them to formulate your IEP goals, they are sometimes used that way. It is kind of an unfair benchmark for some of these kids. We have to be careful that that’s clearly not done. When they aren’t being used, it is not because people don’t value them, it is because they don’t understand them.”*

--A special education teacher from an elementary school—

*“Learning standards can provide the learning tools we need—even to inform the parents that we are at this level with your child—they serve as a learning tool for the provider and as a communication and learning tool for the parent. For home-based providers, using learning standards can also make us more professional—help us to separate the babysitters from the educators. That is important”*

--A home-based provider--

*“In the public schools, teachers’ knowledge of learning standards varies by teacher. Larger districts, that generally have school readiness funding and community preschools as part of the district, we live and breathe learning standards and are really embracing the changes. But often, in the smaller more suburban communities I have worked in, it is a kind of struggle to get everyone to the table—get people to understand. There is a lot of variability also in community preschools and care centers.”*

--An elementary principal—

*“I think that there are a lot of people that think of learning standards in terms of jumping through hoops and not meaningful. But that is because they don’t really understand or maybe the leadership they are working under doesn’t really get it. It needs to be integrated into the whole concept of using learning standards to guide teaching and learning. Overall, to use a humorous metaphor, I would say that higher education for the most part has “drunk the Kool-aid” and we all now believe in the authenticity and value of learning standards, but many of the centers have not drunk the Kool-aid yet. Going through the alignment process was challenging but very worthwhile! The cross-walking helped us understand that it is possible to integrate and effectively meet criteria set by different learning standards.*

--A faculty member in a two or four year college--

Between December, 2012 and May 1, 2013 32 focus group interviews and 3 individual interviews were held with center-based providers, home-based providers, family members and representatives from “other professional groups” involved with children aged zero to five. Key findings are summarized below. Comparisons to results by group are provided when appropriate.

### **1. Value, Meaning, Purpose and Impact of CTELDs:**

Participants generally stated that Connecticut Early Learning and Development Standards (CTELDS) were perceived to be very important to young children when individuals understood the meaning and purpose of the learning standards. Learning standards were generally described as helping parents, educators and professionals to be aware of what children are doing and of progress and expectations and to have the ability to help parents, professionals and educators to identify issues, guide educational and developmental activities, support a child’s progress, and improve communication.

However, the majority of participants also stated that the meaning, purpose and impact of CTELDS were generally not clear to stakeholders. As one individual stated, *“Most people are clueless unless directly involved in the curriculum work—if people understood them, they would think they were important. Most people think they are really regimented and used to create standardization across groups.”* Another individual mentioned that *“There are 1300 centers in Connecticut—there is a lot of variation within that.”*

Overall, center- and district-based educators were described as more likely to understand how to use and work with CTELDS than individuals within home-based centers, families or other professional groups. However, within each group a wide range of understanding and ability to use standards was consistently described.

This range of understanding and ability was generally attributed to a lack of exposure to the use of learning standards, a lack of education around the use of learning standards, unclear and varied definitions of the words *“learning standard”*, and the existence of a wide range of differing *“standards”* related to early childhood. Specifically, Birth to Three providers described themselves as using one set of standards, Head Start providers another, pediatricians another, and center-based standards still others. Additionally, the standards used within each group of individuals, for instance center-based providers, were described as varied and inconsistent. The range and variation among existing standards was described as leading to a confusion and tension within the field.

Fear was frequently mentioned as *“a first reaction to learning standards—something they can’t meet—Testing.”* This reaction was often described as particularly strong for parents. The strength of the parent’s reaction was often attributed to feelings of *“guilt”* or *“inadequacy”* in cases in which parents don’t understand the learning standards or their children don’t *“measure up”* to a particular learning standard. Other negative reactions mentioned by participants included a perception that a learning standard is a rigid measure or guide, used to judge or label children, or that these are just *“educator hoops to jump through”* and not relevant to families, other professionals, or home-based providers. However, these reactions were consistently attributed to a lack of understanding about the learning standards. Participants emphasized the need for education, communication and support to overcome these reactions.

## 2. **Barriers Faced to the Use of CTELDS:**

Respondents described a number of barriers that they perceived to hinder the ability of stakeholders to use and work with the CTELDS. The negative perceptions described above were described as existing barriers for all stakeholder groups. Additionally financial restrictions and a lack of time to learn to understand and use any new material were described as common barriers by all respondents. A major barrier facing families, home- and center-based providers specifically was described as a lack of appropriate educational materials and knowledge needed to implement any intervention designed to move a child forward along the developmental continuum. Additional barriers faced varied by stakeholder group and are summarized below.

- **Family Members:** Family members described barriers to use of learning standards including varied and frequently limited educational level of parents, time constraints faced by working families and the complex demands of an active home life, complexity of material provided, language barriers faced by non-English speaking families, a lack of access to information, a perception that *“this is the educator’s job, not mine”*, and a lack of transportation and materials necessary to attend educational sessions or implement activities.
- **Home-based Providers:** Home-based providers described time as a significant barrier to the use of learning standards. Specifically, each home-based provider was described as providing services to a range of children in a limited setting. Home-based providers described themselves as having no or limited ability to find substitutes needed to attend a workshop or professional development session due to licensing restrictions. The ability for one individual to address the needs of a number of children of varied ages without access to substitutes or support was described as a barrier.

Home-based providers described a fear that the implementation of CTELDS would lead to a need to “go back to school and spend time and money” or “receive negative consequences.” These individuals emphasized that it would be important and welcome for them to attend a workshop or other time-limited event to obtain necessary knowledge and credentials but were concerned that, if they were going to be expected to spend a lot of time and money to be able to continue to provide for themselves and provide care to children, that would not be realistic. This fear was described as a major barrier faced to the participation of home-based providers.

Additionally, a lack of access to information was described as a significant barrier. Specifically, licensed home-based providers consistently stated that, although the “State” has their e-mail address, there is little or no e-mail information that is provided to them. These individuals also stated that the current licensing process does not require any educational knowledge or assessment on the part of the provider and therefore does not provide any incentive for providers to learn the information. Home-based providers also described themselves as having limited funding or ability to attend trainings or professional development that is not provided within their specific neighborhood or region.

Unlicensed providers were described as facing similar barriers although those barriers were described as being enhanced and augmented by their unlicensed status.

- Center-based Providers: The major barriers described by Center-based providers that were not emphasized as frequently by other groups included a lack of substitutes for early childhood teachers to allow them to attend necessary trainings, a lack of connection between the 0-5 education within a school setting and the learning standards and educational activities occurring from kindergarten through grade 12, an emphasis on the use of the Common Core standards in the K-12 system and a resulting lack of interest in anything that is not perceived as related to the Common Core, language barriers faced by staff and family members in multi-lingual settings, rapid turnover of staff leading to a continuous need for basic training for new staff, and a need for supportive and understanding administrators to provide long-term and active support for teachers to learn the information.
- Other Professionals: Respondents within this group were diverse and included pediatricians and nurse practitioners, Birth to Three consultants, representatives from the Department of Children and Families, two and four year college faculty, special education specialists within school districts, school nurses and nurse consultants, and elementary school principals. As can be expected, barriers described by these groups varied and are described briefly here.

Medical personnel including nurses, nurse practitioners and pediatricians expressed conflict and confusion between the role of the new CTELDS and existing medical standards for children. Many of the nutrition standards were described as being currently integrated into pediatric primary care with some of the developmental and educational standards not being as thoroughly understood by the medical field.

These individuals expressed concerns related to the need to clearly understand the language used in the CTELDS and how that relates to language in the current standards used by the American Academy of Pediatrics and taught to physicians and nurse practitioners in medical school. Additionally, these individuals expressed concerns with the time pressure put on pediatricians by insurance companies to have extremely rapid visits leading to little time or ability to share or discuss anything but key points with patients. These individuals stated that “*When you talk about adding another piece to the extremely limited time, you need to understand the context—we have some real concerns in primary care—it isn’t delivered well now—we don’t have the time now—how can we add anything to that?*”

Additionally, a number of medical personnel expressed the need to have involvement and trust between the medical field and educators to ensure that medical practitioners use the CTELDS to their best ability. These individuals summarized their perception as “*if you want pediatricians involved, you need to have information we trust and are familiar with, input from people we trust in the development of the standards—pediatricians or the American Academy of Pediatrics*”. Without active medical involvement, a

number of respondents stated that medical practitioners may inadvertently hurt efforts on the part of early childhood educators to support and improve communication with the medical field by not understanding what CTELDS are intended to be and therefore not trying to incorporate CTELDS into their practice.

School nurses described a lack of involvement in the educational process and a perception of “*nurses and nursing*” as “*less important*” than education within a school setting as hindering their ability to learn about and use the CTELDS in productive and effective manner. These individuals stated that a consistent lack of nursing involvement in educational discussions and efforts within a school or district acts as a barrier to their ability to understand and use the CTELDS.

Birth to Three consultants and Department of Children and Families representatives also described barriers to the use of learning standards. Birth to Three representatives specifically described the large age bands used within the CTELDS as a barrier to their work. They described themselves as needing to examine development within very small “*chunks*” to accurately assess progress made by young children with disabilities. Additionally, these individuals described their primary responsibility as being the education of families. They emphasized that their ability to fulfill this task requires that the CTELDS be clear, concise and family-friendly to ensure their ability to work with families and involve them in CTELDS education and implementation. Home-visitors emphasized that, for families with children with disabilities, the barriers are complex and include the perceptions of the family about the family process, the child and how they perceive these CTELDS as fitting into that family, as well as whether they perceive themselves to be getting adequate support to be able to implement and work with the CTELDS. An additional barrier to the use of CTELDS raised by representatives from the Department of Children and Families was described as a lack of services available to families for whom an issue is identified.

### 3. **Strategies to Engage Audiences Around the CTELDS:**

Respondents provided a number of suggestions and potential strategies to engage audiences around the CTELDS. All audiences described the need to clearly define the CTELDS, provide examples of how to use the CTELDS in a variety of settings, to use clear and simple language in the development of CTELDS, to provide trainings and professional development activities within a mixed or team-based setting, to provide communication and information around the CTELDS using a variety of formats and strategies and in a consistent and ongoing fashion, and to clearly illustrate the connections and linkages between the new CTELDS and existing standards. Additionally, the importance of consistent technical support, the use of well-coordinated and monitored consultants and/or local/regional contact people, the presence of “*one individual who can answer questions and provide ongoing support during implementation*”, and the use of concrete strategies for implementing and assessing were emphasized by the majority of respondents. The importance of working with existing networks of providers to provide training, support, communication and evaluation at ongoing meetings was highlighted as an excellent strategy to support engagement by all stakeholder groups. A limited number of potential strategies differ by stakeholder group and are summarized below.

- **Family Members:** Engagement of family members was described as requiring an understanding on the part of family members of the importance of their role in the child’s development. Parents were described as generally very receptive when they understand why something is important to their child and to themselves. The need to highlight the importance and impact of each potential activity within the CTELDS was considered to be important to support family engagement. Additional strategies to engage family members were described as working with pediatricians and medical providers who were often the “*most trusted individual in a child’s life*”; to develop activities for parents and children to do together while learning and practicing the CTELDS; to provide childcare and food at activities which involve parents; to provide child care providers with ideas and models to support their ability to work with parents; and to provide materials to parents as a “positive incentive” for attending or coming to a training or educational event.



- **Home-based and Center-based Providers:** As with family members, engagement of providers was described as requiring a clear understanding of the importance of the CTELDS with clear examples as to how to implement and use the CTELDS in a day-to-day fashion. Engagement was described as being increased through the implementation of the notion of a “*medical home*” in which pediatricians and educators work together to implement the CTELDS and work with parents; through the use of specific guidance in the implementation of the CTELDS and specific activities within them; through the provision of incentives such as educational certifications, the receipt of materials or gift cards for attending and participating in the training; the incorporation of assessments related to the use of the CTELDS in licensing and hiring practices; provision of substitute teachers for both home and center-based providers to support attendance at meetings; the provision of materials necessary for particular developmental or educational activities; and the use of mentors or coaches to provide support within the childcare setting.
- **Other Professionals:** The majority of individuals within this category described the need to ensure that the linkages between the CTELDS and the standards or other assessment tools utilized within their areas were clearly described and communicated and that strategies to implement the CTELDS strategies within their existing field were clearly and succinctly described. Additionally, the importance of ongoing stakeholder input into development and implementation of standards was considered critical.

#### 4. **Information Needed by Audience to Facilitate Use of CTELDS:**

Respondents provided a number of suggestions as to what information was needed by stakeholders to assist them to use and work with the CTELDS. All audiences described the need to clearly define the goals, objectives and purpose of the CTELDS, to provide specific information on what to expect from children at a particular stage with information on how to support growth at that point. Additional information frequently requested by respondents included information as to when to look for additional help for a child who might have delays and where to go to look for that support, ideas for activities to support development and learn specific skills, general information about development at different ages, specific examples of how to observe and document a child’s progress and specific examples of activities for helping a child develop the next appropriate stage of growth.

#### 5. **Recommended Format of the CTELDS and Communication/Information Sharing Processes to Support the CTELDS.**

Respondents provided a number of suggestions as to the format and processes necessary to disseminate information to various audiences. Formats identified as important were consistently described as varied and not specific to any particular type of group. All respondents emphasized the need to consistently share information through a variety of formats and to, similarly, consistently provide opportunities for feedback. The importance of knowledgeable individuals or consultants attending existing meetings of stakeholders both to provide information and to obtain feedback was mentioned by the majority of respondents as critical. Additionally, the need for professional development activities followed by and supported by coaching, mentoring, technical assistance and “*one person to answer questions*” was considered extremely important. Individuals requested that either regional contacts be set up or one or two individuals be designated at a state level to provide support. The incorporation of CTELDS education into the educational process for early childhood and medical personnel was described by stakeholders as critical to sustainability and long-term success. A number of individuals expressed the need to ensure that training and professional development were provided to teams of individuals from various stakeholder groups, such as parents, educators and nurses together, to facilitate ongoing communication, interaction and effective use of the CTELDS in a variety of settings.

Information was described as needing to be shared in a variety of formats. Ideas provided included the use of hard copy documents, simple and vivid charts and graphs to use in child care or office settings, interactive web sites where one can choose the level of detail needed or choose whether to view standards according to age (i.e. one age band all standards) or by domain, e-mails with brief updates, bulletin boards, blogs, television clips, the use of Facebook or other social media, the use of “apps” to share or use information, and the use of on-line chats, networking or conferencing to communicate across groups of individuals. Regardless of the format used, the need

for brevity as well as specificity, the use of a variety of options, ongoing communication and clarity of information were consistently emphasized.

Ongoing interaction and communication with state representatives was considered critical by all respondents. Specific options provided included state consultant or evaluator attendance at ongoing meetings to share information, obtain feedback and address questions; the use of surveys and/or focus groups on a regular basis, and ongoing assessment of the implementation process through reconconnections with needs assessment participants and examination of progress made in key areas.

B. Connecticut Early Learning and Development Standards Dissemination Stakeholder Survey:

**Demographic Information:**

A total of 556 individuals completed the on-line survey with three of these respondents completing the Spanish language questionnaire. Of the 556 respondents, 53.3% or 237 respondents were early care and education providers in a center-based setting, 14.2% or 63 respondents were home-based providers of early childhood services, 26.1% or 116 individuals were other professionals and 6.5% or 29 respondents were parents or family members of a child age 0 to 5. There were 111 individuals who did not respond to this question.

Respondents provided the length of time they had been involved in early childhood education. The majority (63.6%) had been involved for more than 10 years, 16.7% for 6-10 years, 6.8% for 4-5 years, 8.5% for 2-3 years and 4.4% for one year or less.

Respondents lived or work in each of the eight Connecticut counties. Approximately one tenth (9.4%) of respondents were from Litchfield County, 18% from Hartford County, 22.8% from Fairfield County, 4.0% from Tolland County, 5.4% from Windham County, 32.2% from New Haven County, 3.2% from Middlesex County and 5.0% from New London County. Approximately one fifth (17.5%) were from rural areas, 41.8% represented urban areas and 40.7% represented suburban areas.

The majority of respondents (83.9%) were White, 6.1% were Hispanic, 9.0% were Black and 1.0% were Asian Americans.

Respondents had a wide range of educational experiences. Results are summarized in Table 3.

**Table 3: Respondent Educational Background  
Frequency and Percent**

	<b>Frequency</b>	<b>Percent</b>
Never completed high school	1	.2%
Completed high school but never went to college	13	2.6%
Attended a 2 or 4 year college but did <b>not</b> complete	42	8.4%
Completed a two year college degree <b>not</b> related to early childhood care and education	24	4.8%
Completed a two year college degree related to early childhood care and education	43	8.6%
Completed a four year college degree <b>not</b> related to early childhood care and education	38	7.6%
Completed a four year college degree related to early childhood care and education	110	22.0%
Completed a Master's degree related to early childhood care and education	143	28.7%
Completed a Master's degree <b>not</b> related to early childhood care and education	37	7.4%
Completed a post-graduate professional or doctoral degree related to early childhood care and education	35	7.0%
Completed a post-graduate professional or doctoral degree <b>not</b> related to early childhood care and education	13	2.6%

**Results:**

Participants rated their agreement with key statements expressing knowledge or awareness about the standards. Overall results are summarized in Table 4.

**Table 4: Participant Knowledge and Understanding  
Percent and Mean**

	<b>Strongly Disagree or Disagree (1 and 2)</b>	<b>Neither Disagree Nor Agree (3)</b>	<b>Agree or Strongly Agree (4 and 5)</b>	<b>Mean</b>
1) I could explain to someone how to use learning standards to support children’s development.	8.8%	9.9%	81.4%	<b>4.0</b>
2) I am familiar with at least some of the currently used early learning standards (i.e. CT’s Infant and Toddler Guidelines, the Preschool Curriculum Framework, the Common Core State Standards for kindergarten).	6.6%	4.6%	88.8%	<b>4.2</b>
3) The purpose of standards is to support positive interactions between adults and children.	7.2%	18.7%	74.1%	<b>3.9</b>
4) I would like to know more about the new CTELDS.	2.8%	9.7%	87.5%	<b>4.3</b>
5) Learning about the new CTELDS would help me to support children’s growth and development.	2.4%	9.9%	87.7%	<b>4.3</b>
6) The CTELDS are guidelines/benchmarks that can improve interactions with children.	2.4%	16.8%	80.8%	<b>4.1</b>
7) I want to be involved in discussing the new CTELDS.	9.1%	29.2%	61.7%	<b>3.8</b>
8) The CTELDS can help me keep track of children’s growth.	3.2%	12.8%	84.0%	<b>4.2</b>
9) The meaning of the new CTELDS is clear to me.	17.9%	37.3%	44.7%	<b>3.3</b>

Overall, results indicate that respondents generally perceive themselves to be somewhat familiar with and interested in the new CTELDS. Respondents were least likely to agree that “*The meaning of the new CTELDS is clear to me.*”

Results were also compared by stakeholder group. Mean responses for each group are below.

**Table 5: Participant Knowledge and Understanding: Comparison by Stakeholder Group Mean Response**

	Families (N=29)	Home- Based Providers (N=62)	Center- Based Providers (N=236)	Other Professionals (N=116)
1) I could explain to someone how to use learning standards to support children’s development.	3.4	3.8	4.2	3.9
2) I am familiar with at least some of the currently used early learning standards (i.e. CT’s Infant and Toddler Guidelines, the Preschool Curriculum Framework, the Common Core State Standards for kindergarten).	3.7	4.0	4.4	4.0
3) The purpose of standards is to support positive interactions between adults and children.	4.2	3.8	4.0	3.8
4) I would like to know more about the new CTELDs.	4.1	4.4	4.5	4.2
5) Learning about the new CTELDs would help me to support children’s growth and development.	4.3	4.4	4.4	4.2
6) The CTELDs are guidelines/benchmarks that can improve interactions with children.	4.0	4.1	4.2	4.0
7) I want to be involved in discussing the new CTELDs.	3.4	3.9	4.0	3.6
8) The CTELDs can help me keep track of children’s growth.	4.1	4.2	4.4	3.9
9) The meaning of the new CTELDs is clear to me.	3.1	3.1	3.4	3.3

A comparison by mean response suggests that, overall, family members and home-based providers were less likely to currently understand or be familiar with the standards than either center-based providers or “other professionals”. Home- and center-based providers were most likely to agree that “*I would like to know more about the new CTELDs*” and “*Learning about the new CTELDs would help me to support children’s growth and development.*”

Participants rated the importance of using specific methods to share the CTELDs with early childhood care providers, professionals and families. Overall results are summarized in Table 6.

**Table 6: Participant Choice in Format and Process for Sharing Frequency and Mean Response**

	Not at All Important (1)	Somewhat Important (2)	Quite Important (3)	Extremely Important (4)	Mean
1) Use videotapes to provide examples	6.5%	31.5%	39.4%	22.6%	<b>2.8</b>
2) On-line training through webinars	6.0%	42.7%	35.2%	16.1%	<b>2.6</b>
3) In-person training at a central location	1.0%	9.4%	39.0%	50.6%	<b>3.4</b>
4) Distribute hard copy (paper) materials	1.8%	14.9%	39.0%	44.2%	<b>3.3</b>
5) In-person teaching at the home or worksite	4.2%	17.3%	42.7%	35.9%	<b>3.1</b>
6) On-line networks or e-mail discussions	8.9%	45.3%	31.2%	14.5%	<b>2.5</b>
7) In-person conversations around the standards	2.4%	12.3%	47.0%	38.3%	<b>3.2</b>
8) Distribute materials at meetings	1.0%	12.2%	48.8%	38.0%	<b>3.2</b>
9) Clearly describe the connection between the CTELDs and other standards	1.0%	6.1%	39.6%	53.3%	<b>3.5</b>
10) Use social media, such as Facebook or Twitter, to share information	31.3%	37.4%	20.8%	10.5%	<b>2.1</b>

	Not at All Important (1)	Somewhat Important (2)	Quite Important (3)	Extremely Important (4)	Mean
11) Develop materials in languages other than English	3.4%	16.7%	29.1%	50.8%	3.3
12) Use on-line video services, such as YouTube, to share information and materials	21.7%	35.9%	28.5%	13.9%	2.3
13) Use on-line “apps” to share information with smart phone and iPad users.	19.1%	36.8%	29.8%	14.3%	2.4
14) Use 2-1-1 Infoline to share information	12.2%	30.6%	35.8%	21.4%	2.7
15) Use on-line blogs to share information	23.2%	41.3%	26.4%	9.1%	2.2
16) Use other sharing strategies	12.8%	33.9%	35.7%	17.6%	2.6

Overall, respondents were most like to perceive “*Clearly describe the connection between the CTELDS and other standards*” as important and least likely to perceive the use of social media and use of blogs to share information as important. Other items receiving a high mean score and therefore considered to be “quite important” or “extremely important” were the use of “*in-person training at a central location*”, the distribution of hard copy materials and the development of materials in languages other than English.

Results are summarized by stakeholder group below.

**Table 7: Participant Choice in Format and Process for Sharing: Comparison by Stakeholder Group Mean Response**

	Families (N=29)	Home-Based Provider (N=63)	Center-Based Providers (N=235)	Other Professionals (N=115)
1) Use videotapes to provide examples	2.6	2.8	2.8	2.8
2) On-line training through webinars	2.5	2.7	2.6	2.6
3) In-person training at a central location	3.2	3.3	3.5	3.3
4) Distribute hard copy (paper) materials	3.1	3.3	3.3	3.1
5) In-person teaching at the home or worksite	3.1	2.9	3.2	2.9
6) On-line networks or e-mail discussions	2.7	2.5	2.5	2.4
7) In-person conversations around the standards	3.0	3.2	3.3	3.2
8) Distribute materials at meetings	3.2	3.4	3.3	3.2
9) Clearly describe the connection between the CTELDS and other standards	3.3	3.4	3.6	3.3
10) Use social media, such as Facebook or Twitter, to share information	2.4	2.3	2.0	2.1
11) Work with the faith-based community to communicate with families	2.7	2.4	2.3	2.5
12) Develop materials in languages other than English	3.2	3.0	3.3	3.4
13) Use on-line video services, such as YouTube, to share information and materials	2.4	2.4	2.3	2.4
14) Use on-line “apps” to share information with smart phone and iPad users.	2.5	2.4	2.4	2.4
15) Use 2-1-1 Infoline to share information	2.8	2.9	2.6	2.7
16) Use on-line blogs to share information	2.3	2.4	2.2	2.2
17) Use other sharing strategies	2.6	2.8	2.6	2.5

A number of differences were identified between the mean responses of the four stakeholder groups. Center-based providers were more likely to rate the use of “*in-person training at a central location*” and the need to “*clearly describe the connection between the CTELDs and other standards*” as important than representatives of the other three groups. Family members were more likely to consider working with the faith-based community and the use of “*on-line apps*” as important than members of the other three groups. “*Other professionals*” were more likely than other stakeholders to rate the development of materials in languages other than English as important.

Participants rated the importance of including a variety of supplementary materials when sharing information on the standards to early childhood care providers, professionals and families. Overall results are summarized in Table 8.

**Table 8: Participant Choice in Supplemental Materials Frequency and Mean Response**

	Not at All Important (1)	Somewhat Important (2)	Quite Important (3)	Extremely Important (4)	Mean
1) Information on when to look for additional help for a child who might have developmental delays	.2%	2.2%	28.3%	69.3%	3.7
2) Ideas for activities to support development based upon the CTELDs	.4%	4.2%	31.8%	63.6%	3.6
3) Ideas for helping children to learn specific skills included in the CTELDs	.8%	5.2%	31.5%	62.5%	3.6
4) General information about development at different ages	.6%	6.9%	39.1%	53.5%	3.5
5) Specific examples of activities for helping a child develop the next appropriate stage of growth	.4%	4.2%	30.5%	65.0%	3.6
6) Specific examples of how to observe/document a child’s progress.	.4%	3.8%	32.8%	63.0%	3.6

All items received a mean response of 3.5 or above indicating that respondents consider them to be “*Quite Important*” to “*Extremely Important*”.

Results were also compared by stakeholder group. Results are summarized in Table 9 below.

**Table 9: Participant Choice in Supplemental Materials: Comparison by Stakeholder Group Mean Response**

	Families (N=28)	Home-Based Providers (N=63)	Center-Based Providers (N=116)	Other Professionals (N=116)
1) Information on when to look for additional help for a child who might have developmental delays	3.4	3.7	3.6	3.6
2) Ideas for activities to support development based upon the CTELDs	3.3	3.6	3.5	3.5
3) Ideas for helping children to learn specific skills included in the CTELDs	3.4	3.5	3.5	3.5
4) General information about development at different ages	3.4	3.6	3.4	3.4
5) Specific examples of activities for helping a child develop the next appropriate stage of growth	3.3	3.7	3.6	3.6
6) Specific examples of how to observe/document a child’s progress.	3.3	3.6	3.5	3.5

Home-based providers were most likely to rate each item as important than representatives of the other three stakeholder groups. Overall, family members were least likely to rate each item as important.

### Data Strengths and Limitations

This report summarizes data collection efforts developed and implemented to present the results of a needs assessment for the dissemination process of the Connecticut Early Learning and Development Standards.

The data collection effort has the following strengths:

- Diversified data collection strategies including focus groups, interviews and an on-line survey with broad representation throughout Connecticut.
- Excellent participation of representatives from each stakeholder group, from each RESC region, and from urban, suburban and rural areas throughout Connecticut.
- Good participation of a variety of ethnic and racial groups in survey data collection.
- The administration of surveys in both English and Spanish and the completion of three focus groups in Spanish to support input from Spanish-speaking families and individuals.
- The use of quality focus group and survey tools reviewed by a variety of early childhood professionals prior to administration.
- Participation of individuals with and without previous information regarding the CTELDS.

However, as with any research study, data collection and use of data has some limitations, including:

- Survey and focus groups were not completed in languages other than Spanish or English.
- Reliability and validity assessment of data collection instruments has not been completed.

### Conclusions and Recommendations

Question 1: What are the current understandings held by families, home-based providers, early care and education providers and professionals of the value, purpose and need for the CTELDS?

Results from qualitative focus groups were supported by the results of the on-line survey and indicate overwhelmingly that families, home and center-based providers and representatives of other professional groups generally have some information and familiarity with the value, purpose, need for and impact of the CTELDS. However, the degree to which stakeholders are knowledgeable about and able to use the CTELDS varies both within and across groups with a large number of individuals expressing no or limited knowledge about the CTELDS or how to use them. Overall, respondents stated that *“when individuals understand the use and purpose of learning standards, they are generally perceived as important”* with the understanding that the a large number of stakeholders do not currently have a sufficient understanding of the role, meaning, purpose and need for learning standards.

Additionally, a wide range of perceptions of and reactions to the use of standards were described by focus group respondents with many of these perceptions perceived to act as potential barriers to the use of CTELDS. Barriers to the use of CTELDS were identified including fear, misperceptions of the role and purpose of CTELDS, varied and unclear definitions of the words *“learning standard”*, varied educational levels across stakeholders, financial restrictions, a lack of materials for implementation of educational activities related to the use of CTELDS, and lack of time for learning and implementation of the CTELDS.

Question 2: How can we best reach families, home-based providers, early care and education providers and professionals during the CTELDS dissemination process?

Survey and focus group respondents provided a number of suggestions and potential strategies to reach stakeholders throughout the dissemination process. These included clear definition of the CTELDS, use of examples, clear and simple language, provision of trainings within a mixed or team-based setting, involvement of

representatives of key stakeholder groups to facilitate “buy-in”, use of a variety of formats and processes for communication, clear illustration of the connections between new CTELDS and existing standards, consistent technical support, well-coordinated and monitored consultants and/or local/regional contact people, concrete strategies for implementing and assessing and working with existing networks of providers to provide training, support, communication and evaluation at ongoing meetings.

Information was described as needing to be shared in a variety of formats. Ideas provided included the use of hard copy documents, charts and graphs, interactive web sites, e-mails with brief updates, bulletin boards, blogs, television clips, the use of Facebook or other social media, the use of “apps” to share or use information, and the use of on-line chats, networking or conferencing. Regardless of the format used, the need for brevity as well as specificity, the use of a variety of options, ongoing communication and clarity of information were consistently emphasized.

Ongoing interaction and communication with state agency representatives was considered critical by respondents. Options provided included state consultant or evaluator attendance at ongoing meetings to share information, obtain feedback and address questions; the use of surveys and/or focus groups on a regular basis, and ongoing assessment of the implementation process through reconnections with needs assessment participants and examination of progress made in key areas.

Participants provided a number of recommendations for the consideration of the CT Early Childhood Education Cabinet and CSDE. These recommendations include the following:

- Develop and communicate clear and consistent expectations regarding the implementation, purpose and use of the CTELDS. Stakeholders emphasized the importance of including expectations on timeline, use on a day-to-day basis, alignment and integration with existing standards, expected outcomes, required materials, expected resources and assessments.
- Develop clear and simple descriptions of the standards for sharing throughout the school community. It was recommended that these descriptions be written in simple language to allow all stakeholders to easily comprehend the standards.
- Develop and share cross-walks of the CTELDS to existing standards for each domain and age band.
- Provide professional development in conjunction with coaching, mentoring, technical assistance and provision of on-line or hard copy documents and training modules in a variety of formats to assist stakeholders to develop a bridge between standards and day-to-day practice. Provide standards awareness workshops and community forums to stakeholders throughout Connecticut to ensure a general understanding of the implementation process.
- Disseminate information in a wide range of formats and through a wide variety of venues in a consistent and ongoing manner.
- Implement ongoing communication and evaluation strategies to promote discussion of CTELDS and ensure consistent feedback between stakeholders and state agency representatives.
- Ensure that adequate materials are available for stakeholders to allow the integration of the CTELDS.
- Provide opportunities for teachers, parents, administrators and professionals from various stakeholder groups to interact and collaborate to facilitate communication and a consistent approach to implementation across all grade levels.
- Provide instructional materials necessary to support stakeholders in the implementation of the CTELDS.

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