State Early Childhood Development Coordinating Council



Agenda

- I. Welcome Superintendent Hanseul Kang
- II. Introductions
- III. Updates
 - a. Quality Improvement Network
 - b. Early Development Instrument Implementation
 - c. Legislation
 - d. Budget
- IV. Action Items
 - a. Child Care Development Block Grant
 - b. SECDCC Council Meetings and Committee Structure
- V. Public Comment



QUALITY IMPROVEMENT NETWORK

Quality Improvement Network: Structure & Roles

OHS Collaborating Federal Grant to OSSE for EHS-CC Partnerships Agencies: DHS, DHCF, DBH, ***** DCPS, DOH, CFSA Joint planning OSSE and funding for some family services and supports UPO CentroNia Mary's Center

Hub provides TA to meet EHS standards, coaching for providers, comprehensive services for children and families - mental health consultation, family engagement specialists, health and nutrition managers, early intervention staff





5 Year Goals:

- Implement a community-based quality improvement system aligned to the comprehensive, quality standards of EHS (reach 3,300 children in subsidy program currently).
- Invest in adding 1,000 new high-quality EHS slots for children and families where the need is unmet.
- Leverage all available funding sources (local, federal) across District government.
- Ensure that children with high needs have access to these high quality child care slots in their community.

Key Dates

March 23, 2015	Mayor Bowser launched the Network
April	OSSE establishes 440 contracted subsidy slots with child care partners
May 12-14	EHS-CC Partnership Orientation, Chicago, IL
July	Convene QIN Policy Council
August 2016	On-site federal site review



EARLY DEVELOPMENT INSTRUMENT (EDI)

What is the EDI?

- A community snapshot of children's health, development and school readiness
- Informs place-based efforts focused on the first five years of life as foundation to optimizing overall human development.
- Data can be used to
 - Look back and assess how the early childhood community can better support and prepare children for school
 - Look forward to inform how to address the needs of the incoming class of Kindergarten students

What does the EDI measure?



Why Communities Use the EDI

- Mobilize stronger cross-sector early childhood partnerships around a common agenda
- Understand their neighborhoods to make informed, strategic decisions
- Assess, over time, how the community's collective efforts are impacting children's development

Timeline for Implementation

April 13, 2015	UCLA partners in town for Train-the-the Trainer session and
	other meetings
May 1-29	Teacher trainings and data collection begins
June 1	Data indicators selected for EDI maps
September	Community Profile, school reports, and maps are made available
Oct-November	Community engagement meetings

Early Care and Education Legislation

Pre-K Student Discipline Amendment Act of 2015 (B21-1)

Books from Birth Establishment Amendment Act of 2015 (B21-34)



CHILD CARE DEVELOPMENT FUND (CCDF)

What is the CCDF?

The CCDF:

- A federal program authorized by the Child Care and Development Block Grant Act (CDBG), and administered by the Administration for Children and Families (ACF)
- Assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance, in obtaining child care so they can work or attend training/education.
- Provides funding to improve the quality of care and promote coordination among early childhood development and afterschool programs.

How Does It Work?

- The District of Columbia receives a multimillion dollar Child Care and Development Fund Block Grant to provide these services to eligible District residents
- OSSE serves as the Lead Agency responsible for administering the Child Care and Development Fund State Plan ("CCDF Plan")
- The CCDF Plan is developed by OSSE/ECE every three years and provides a description of the District's child care program and the services that are available to eligible families.

How is the CCDF Administered?

OSSE receives funds from the federal office ACF

OSSE receives local funds from the District

OSSE combines funds and administers the CCDF Plan

- Reimburse providers for early care and education services;
- Makes grants available to providers for quality enhancements to programs
- Makes grants available for professional development to enhance workforce skills
- Support activities related to quality improvement

CCDF

 In Fiscal Year 2014, OSSE/DEL provided child care subsidy to 6,727 children in 275 Licensed Child Development Facilities.

Ward	Count
1	896
2	249
3	11
4	1191
5	698
6	424
7	1217
8	1969
NA	72
TOTAL	6727

Centers	Homes
210	65

 In November 2014, President Obama signed the Child Care Development Block Grant Act of 2014 into law – the first reauthorization of the federal child care program since 1996.

The Reauthorization brings significant advancements to the CCDF program:

• It makes child care safer by defining health and safety requirements for child care providers, requiring background checks and inspections of facilities.

- The District already requires these in our current licensing regulations

- Provides more stability for parents and children through family-friendly eligibility policies.
 - Unlike most states, the District has 12 month eligibility and a gradual phase out for eligibility of child care assistance. The District needs to improve our eligibility policies to allow easier access for families.
- It helps parents better understand child care choices available to them by improving accessibility and transparency of information about providers.
 - The District needs to develop a more robust on-line system for parents to access critical information about child development providers. Currently OSSE supports DC Child Care Connections, our Resource and Referral agency.

The State must also:

- Encourage partnerships among State agencies, other public agencies, private entities (including faith-and community based) to leverage existing service delivery systems and increase supply/quality of child care services for children under 13 years
- Give priority to investments for children of families in areas that have significant concentration of poverty and unemployment and do not have high-quality care services
- Consult with the State Advisory Council on Early Childhood Education and Care in developing the State Plan

- Establish/support a local child care resource and referral organizations which shall:
 - Provide parents with consumer education information concerning the full range of child care options
 - To the extent practicable, work directly with families receiving CCDBG assistance to help them enroll their children in appropriate, high-quality settings
 - Collect data and provide information on coordination of services and supports (including Individuals with Disabilities Education Act (IDEA) services for children with disabilities) and on the supply of/ demand for child care
 - Establish partnerships with public agencies and private entities to increase the supply and quality of child care services
 - As appropriate, coordinate their activities with the activities of the Lead Agency that administers CCDBG funds

- Expand the use of CCDF funds to include giving priority to:
 - -Children with Disabilities
 - -Families with very low income
 - -Homeless children

- States must make public the results of monitoring and inspection reports. Public results must:
 - Be electronically available in consumer-friendly format and organized by provider
 - Include number of deaths, serious injuries, and instances of substantiated child abuse that occurred for eligible child care providers each year
 - Include date of inspection and, where applicable, information on corrective action taken

States must collect and disseminate—through resource and referral organizations or other means—information to parents, the public, and (where applicable) providers about:

- Availability of child care services and, if feasible, other programs for which the family may be eligible
- Information about the quality of providers (including quality rating and improvement system (QRIS) data
- State processes for licensing providers, background checks (and disqualifying offenses), monitoring and inspections of providers (made available through a State website)
- Financial assistance to obtain child care services
- Other assistance programs that CCDBG families may be eligible for, including TANF, Head Start, LIHEAP, SNAP, WIC, CACFP, Medicaid, and IDEA (Sec. 619, Part C) programs
- Research and best practices concerning child development
- State policies regarding social-behavioral health of young children and policies on expulsion of preschool-aged children in early childhood programs receiving CCDBG assistance
- How the State can help families/providers obtain developmental screenings for CCDBG children

- The State must certify:
 - It has licensing requirements and describe the requirements and how they are effectively enforced.
 - License-exempt providers, do not endanger the health, safety, or development of children receiving services.
 - Procedures are in effect to ensure that CCDBG providers comply with these health and safety requirements, and that child care providers will comply with reporting requirements under the Child Abuse Protection Act.
 - The plan includes a statewide child care disaster plan to ensure safe child care before, during, and after a major emergency. The plan shall outline coordination of activities among State agencies, the resource and referral system, and the *State Advisory Council* on Early Childhood Education and Care.

- The State must develop, maintain or implement early learning and developmental guidelines (for children from birth to kindergarten entry) for use by child care providers statewide. Guidelines must be:
 - Research-based
 - Developmentally appropriate for children
 - Aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council on Early Childhood Education and Care, and
 - Be updated as determined by the State

- No later than November 2016, the State must have policies and practices applicable to CCDBG providers and their facilities that:
 - Ensure that individuals hired as licensing inspectors are qualified and have received training in related health/safety requirements
 - Require at least one pre-licensure inspection of licensed/regulated CCDBG providers for compliance with health/safety/fire standards and at least one unannounced inspection annually thereafter for compliance with all child care licensing standards, including health/safety/fire standards
 - Require annual inspections of license-exempt providers receiving CCDBG funds (except providers related to all children in their care) for compliance with health/safety/fire standards at a time to be determined by the State
 - Require ratio of licensing inspectors to child care providers be sufficient to enable the State to conduct inspections on a timely basis

- The State must certify that there are requirements applicable to providers serving CCDBG children to protect their health and safety. These requirements must include minimum health and safety training to be completed pre-service or in an orientation period, in addition to ongoing training, and address the following topics:
 - Infectious disease prevention and control (with the establishment of a grace period to allow homeless children and children in foster care to receive services while their families take action to comply with immunization and other requirements)
 - Prevention of SIDS and safe sleep practices
 - Administration of medication and parental consent
 - Prevention and response to food and allergy emergencies
 - Building and physical premises safety (including identification and protection from hazards that can cause bodily injury)
 - Prevention of shaken baby syndrome and abusive head trauma
 - Emergency preparedness and disaster response
 - Handling/storage of hazardous materials and disposal of bio-contaminants
 - Transportation of children (if applicable)
 - First aid and CPR

The State must have training and professional development requirements applicable to CCDBG providers that promote child development and improve knowledge and skills of the workforce. Requirements must:

- Be conducted on an ongoing basis and provide for a progression of professional development (which may include encouraging postsecondary education)
- Reflect current research and best practices relating to skills necessary for the child care workforce to meet developmental needs of children and to improve quality of, and stability within, the workforce
- Be developed in consultation with the State Advisory Council on Early Childhood Education and Care
- Incorporate the State's early learning and developmental guidelines (where applicable), health/safety standards, and social-emotional behavior intervention models
- Be appropriate for different age groups, English learners, children with disabilities

The State may use a single assessment of children for:

- Supporting learning or improving a classroom environment
- Targeting professional development
- Determining need for health, mental health, disability, developmental delay, or family support services
- Obtaining information for the State-level quality improvement process, or
- Conducting a program evaluation to provide program improvement and parent information

The State *cannot* use CCDBG funds to develop or implement an assessment of children that will:

- Be the sole basis to determine a provider is ineligible to participate in CCDBG
- Be used as the primary or sole basis to reward or sanction an individual provider
- Be used as the primary or sole method for assessing program effectiveness, or
- Be used to deny children eligibility to participate in CCDBG

 States must reserve a portion of CCDBG funds for activities to improve child care quality and increase parental options/access to high-quality care. States must reserve at least:

7 percent in FY 2016 and FY 2017
8 percent in FY 2018 and FY 2019
9 percent in FY 2020 and each year thereafter

The State must:

- Reserve 3 % of CCDBG funds in FY 2017 and each year thereafter funds for quality improvement activities related to care for infants and toddlers
- Develop and implement strategies to strengthen the business practices of child care providers to expand the supply, and improve the quality of, child care services.

The State must develop and implement strategies to increase the supply and improve the quality of child care for:

- Children in underserved areas
- Infants and toddlers
- Children with disabilities
- Children who receive care during nontraditional hours

State must certify:

- That rates are sufficient to ensure equal access for CCDBGeligible families to child care services comparable to those provided to non-eligible families
- That payment practices of providers receiving CCDBG assistance reflect generally accepted payment practices of child care providers that serve children who do not receive CCDBG assistance,
- To the extent practicable, implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider reimbursement rates from an eligible child's occasional absences due to holidays or unforeseen circumstances.

In addition to providing a summary of the facts relied on to determine that rates are sufficient to ensure equal access, the *State—in consultation with the State Advisory Council on Early Childhood Education and Care*, local program administrators, resource and referral agencies, and other appropriate entities—must develop and conduct:

- A statistically valid and reliable survey of the market rates for child care services in the State that reflects variations in the cost of child care services by geographic area, type of provider, and age of child, or
- An alternative methodology, such as a cost estimation model, developed by the LA
ECE Cost Model

- An interactive tool that calculates the cost of quality based on provider type and size
- Helps policymakers and other interested parties understand the costs associated with delivering high quality care and education
- Identifies the gap between the cost of producing quality at a given level and the revenue sources

ECE Cost Model Continued

- The model is designed to project Net Revenue of operating one site of a particular provider type within the operating parameters of the state.
- It is a series of data models that allows the user to analyze multiple scenarios and provider profiles.
- Each scenario calculates Costs, Revenues, and the resultant Net Revenue for a particular provider profile.

Major Cost Drivers:

- Ratios
- Group size
- Staff compensation (salary and benefits)

Major Revenue Drivers:

- Parent tuition/fees
- Third party funding (subsidy, Head Start, Pre-K)
- Full collection of revenues
 - Enrollment efficiency

CCDF Timeline

February 2015	Federal ACF Office releases Draft State Plan Pre-Print for Public comments
March	OSSE seeks and receives approval from Region III to use the Cost Model Alternative to the Market Rate
March-August	SECDCC provides input on the plan
Aug-Sept	OSSE finalizes the Draft Three-Year State Plan
Oct-November	OSSE announces & hosts Community Forums to get input on the draft State Plan
January 2016	OSSE completes Draft Plan & hosts Public Hearing
	Federal Office releases final template for the Plan
March	OSSE incorporates public feedback & submits the proposed plan for approval



SECDCC COUNCIL & COMMITTEE STRUCTURE

Early Success Framework

Early Childhood & Development

Social-Emotional, Physical, Developmental & Mental Health

Thriving Children, Families & Communities

Family Support & Engagement

Early Identification, Intervention & Supports

SECDCC GOALS

- 1. All District **children**, birth through age 8 will develop in comprehensive and enriching environments.
- 2. All **families** of children, birth through age 8, are linked to opportunities and resources that strengthen their role as parents.
- **3. Professionals** working with young children have the knowledge, skills, and supports to work effectively with and on behalf of children and families.
- 4. All **communities** (neighborhoods in all Wards of the District of Columbia) are safe places where resources are available to help children and families thrive.

Desired Outcomes

- Significant decrease in school readiness gap and the academic achievement between populations of **children**.
- Improved knowledge and practice of nurturing behaviors, nutrition and wellness among families and early childhood professionals.
- Increased number of children who live in safe, stable, and supportive families.
- Increased number of environments, including but not limited to early childhood and development settings, providing early identification, intervention, supports, and mental health consultation.
- Increased number of children receiving developmental screens in a timely manner
- Improved access for **families** to information about high-quality early childhood and development settings for their children.
- Increased number of early childhood professionals that have a clearly articulated path for career advancement
- Increased number of neighborhood clusters that have access to highquality early childhood development programs.

SECDCC Committees

CURRENT

PROPOSED NEW

- Quality Rating and Improvement System
- Professional Development
- Health and Well-Being
- Early Childhood
 Assessment Data
- Communications and Public/Private Partnerships

- Program Quality
- Early Intervention and Family Support
- Health and Well-Being
- Early Childhood Needs Assessment, Data, and Insights
- Public/Private Partnerships
- Finance and Policy

SECDCC Committee Structure

- Staffed by OSSE's Division of Early Learning
- Co-chaired by a public and private sector representative
- Membership in committees is not limited to SECDCC members
- Co-chairs report progress at Coordinating Council meetings

SECDCC Committees and Staff

Program Quality - Julie Wennekes and Eva Laguerre

- Support the development of an enhanced Quality Rating and Improvement System
- Provide guidance and support in implementing the revised licensing regulations
- Inform the development of the early learning professional development system
- Early Intervention and Family Support- Jerri Johnston- Stewart
 - Develop a broadly focused public awareness campaign for early intervention
 - In partnership with the Home Visiting Council, make recommendations for a coordinated recruitment and enrollment system for targeted home visitation
 - Identify opportunities for families to be more effectively engaged and involved

Health and Well-Being- Kerda DeHaan

- Identify the challenges and barriers to children receiving appropriate and timely EPSDT services
- Provide recommendations on how the early childhood system can better connect physicians, children and their families to pre-natal, home visitation and early childhood services and care coordination.

SECDCC Committees and Leads

Early Childhood Needs Assessment, Data, and Insights- Hannah Page

- Oversight of a comprehensive community needs assessment for children birth to age five
- Implementation and use of the EDI data
- Recommendations regarding the types and uses of child assessments data

Public/Private Partnerships- DME's staff

 Develop strong partnerships with private sector partners that will have a direct impact on the success of early learning throughout the District.

Finance and Policy- Carolyn Terry- Taylor

- Identify opportunities to align District policies and financing to improve both access, equity, and quality
- Improve the subsidy eligibility and payment process to be more parent and provider friendly.
- Support the development of the CCDF three-year plan



PUBLIC COMMENT PERIOD