



District of Columbia
Office of the State Superintendent of Education

PRESCHOOL DEVELOPMENT GRANT, BIRTH THROUGH FIVE

NEEDS ASSESSMENT
2019

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INTRODUCTION

Background

In December 2018, the Office of the State Superintendent of Education (OSSE), on behalf of the District of Columbia (the District), was awarded a \$10.6 million federal Preschool Development Grant, Birth through Five (PDG B-5). Through PDG B-5 funding, the District is developing an initiative to enhance communication and collaboration across the early childhood mixed-delivery system, including early care and education (ECE), health, mental health, social services and early intervention programs and services which support families with young children from birth through age 5 (B-5). OSSE is collaborating with key stakeholders including families, other District agencies and private and philanthropic organizations to improve the District's early childhood system based on needs identified through an extensive needs assessment process and careful strategic planning process.

High-quality ECE experiences lead to increased educational attainment, better health and higher earnings later in life.^{1,2,3} Improving access to quality health, development and education experiences is critical, particularly for children identified as vulnerable and underserved.^{4,5} The District has built and sustains a B-5 mixed-delivery system.⁶ Notably, the District is top in the nation for overall preschool access with 72 percent of 3-year-olds and 86 percent of 4-year-olds enrolled in publicly funded programs in the 2017-18 school year.⁷ In addition, the District is among the first in the nation to raise minimum education requirements for directors, teachers, assistant teachers, home caregivers, expanded home caregivers and associate home caregivers in the early childhood workforce.

Furthermore, strides have been made to increase data-sharing and collaboration between agencies as evidenced through data-sharing agreements, memorandums of agreement (MOA) and coordinating bodies such as the State Early Childhood Development Coordinating Council (SECDCC) and its committees, Thrive by Five DC and the Thrive by Five Coordinating Council which was launched in February 2019. While success is evident, the District recognizes there is more work needed to improve access and awareness for all B-5 families. The District is leveraging the existing collaborative bodies and data gathered through the needs assessment process to further expand parent choice and enhance parents' knowledge of and engagement in their child's development in order to improve outcomes for families and young children.

The needs assessment research was conducted as part of PDG B-5 and completed in 2019. Therefore, the research does not incorporate nor address questions, feedback and specific needs related to the coronavirus (COVID-19) nor recovery efforts.

¹ Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps*, 2018.

² Andres S. Bustamante, Kathy Hirsh-Pasek, Deborah Lowe Vandell, and Roberta Michnick Golinkoff. *Realizing the promise of high-quality early childhood education* Brookings Institution, 2017.

³ ZERO TO THREE, *America's Future Depends on Quality Childcare*, 2019.

⁴ Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia. Using Data to Identify Critical Gaps*, 2018.

⁵ ZERO TO THREE, *Infant-Toddler Child Care Fact Sheet*, 2017.

⁶ According to the Every Student Succeeds Act passed by the 114th Congress, "the term 'mixed-delivery system,' as defined by the Every Student Succeeds Act (ESSA), Pub. L. 114-95, Section 9212(b)(5), means a system of early childhood care and education services that are delivered through a combination of programs, providers, and settings, such as Head Start, licensed family and center-based child care programs, public schools, and other community-based organizations, that is supported by a combination of public and private funds." See 114th Congress Public Law 95, U.S. Government Publishing Office, <https://www.congress.gov/114/plaws/publ95/PLAW-114publ95.htm>.

⁷ Office of the State Superintendent of Education, *Fiscal Year 2018 Pre-K Report*, 2018.

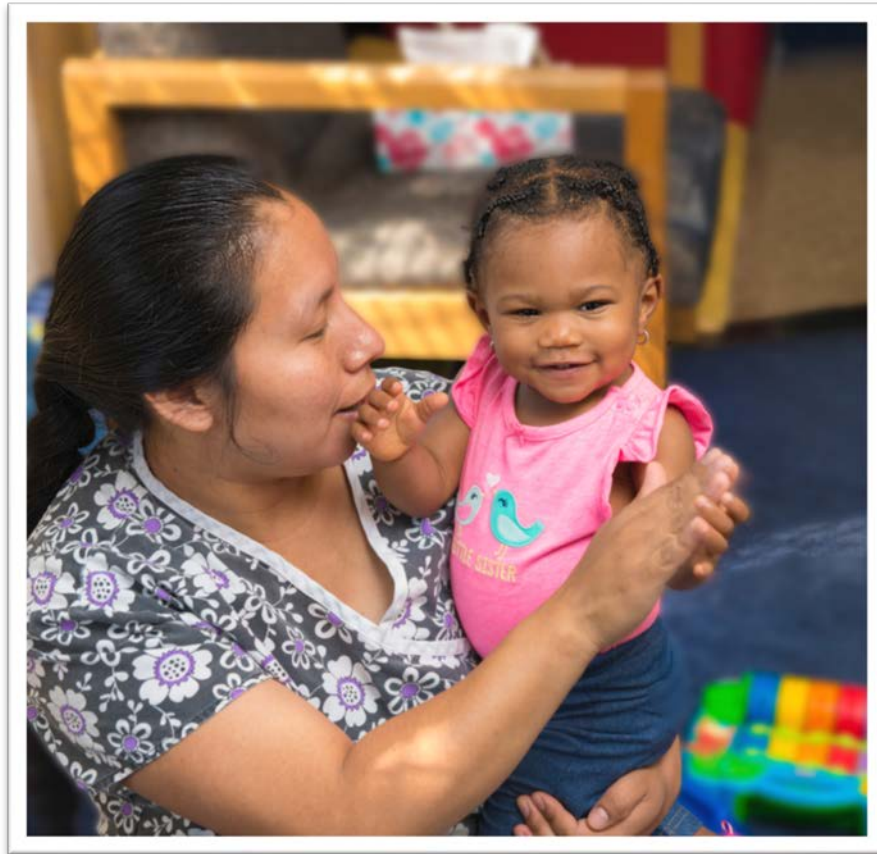
METHODOLOGY

The needs assessment report draws on data from qualitative and quantitative sources that provide insights into the needs of District children ages B-5, their families and communities and initiatives across the early childhood system.

This needs assessment report is based on eight District of Columbia resources:

1. Review of 20 existing needs assessment reports;
2. Analysis of administrative data and demographic data from national and District databases;
3. Input from 32 family listening sessions;
4. Feedback from 23 professional focus groups;
5. Comments from 21 key informant interviews;
6. Responses from 2,099 family survey participants;
7. A pilot demonstration project report; and
8. Recent state and national reports on ECE.

A detailed description of each resource is found in Appendix A. Combined, these sources provide a refined examination of the District's strengths and areas of growth for the B-5 mixed-delivery system.



DOMAINS

The following content is organized by each of the 11 domains identified by the Office of Child Care, Administration for Children and Families, US Department of Health and Human Services in the PDG B-5 needs assessment guidance.⁸ Information for the needs assessment was directed by the guiding questions selected from each domain.

The first three domains establish background information, including definitions of terms and target populations. Each remaining domain focuses on how the District can continue to build on programs and services to effectively coordinate across the early childhood mixed-delivery system to provide high-quality care for all children B-5 and families.

⁸ Early Childhood Training and Technical Assistance Program, *PDG B-5 Needs Assessment Guidance*, 2018.

DOMAIN 1 FINDINGS

Definition of Terms

GUIDING QUESTION: What is the District’s definition of quality ECE for this grant?

Finding 1A. The District defines quality ECE as programs serving children B-5 which meet the basic health and safety standards as defined by established child care licensing requirements and achieve quality or high-quality designations. Quality and high-quality programs must demonstrate evidence of providing a nurturing environment with supportive interactions (e.g., scheduling that meets children’s needs, warm and positive interactions) that promote children’s cognitive, physical and social and emotional development as evidenced by program performance on their respective rating systems. The District measures and communicates the quality of ECE programs through a number of systems and designations, including: Capital Quality, the District’s Quality Rating and Improvement System (QRIS) (<https://osse.dc.gov/page/capital-quality-qris>); the Pre-K Enhancement and Expansion Funding Program (PKEEP) high-quality designation for community-based organizations (CBOs) (<https://osse.dc.gov/publication/fy-2020-21-pre-k-enhancement-and-expansion-funding-high-quality-designation-application>); the Classroom Assessment Scoring System (CLASS) for pre-kindergarten (pre-K) programs in District of Columbia Public Schools (DCPS), public charter schools and CBOs (PKEEP and non-PKEEP) (<https://osse.dc.gov/page/program-quality-evaluation-and-assessment-class-pre-k>); and the DC School Report Card (<https://osse.dc.gov/dcschoolreportcard>) used as part of the School Transparency and Reporting (STAR) Framework (<https://osse.dc.gov/page/dc-school-report-card-resource-library>) for DCPS and public charter schools. Quality in home visiting is articulated as fidelity to evidence-based models as defined by the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program (<https://dchealth.dc.gov/perinatal>).

GUIDING QUESTION: What is the definition of vulnerable or underserved for this grant?

Finding 1B. The District defines vulnerable children as those who are in one or more of the following four categories:

- Children who have identified special needs and/or developmental delays;
- Children who have ever been in foster care or are in families with young children who are involved with the Child and Family Services Agency (CFSA);
- Children who have experienced homelessness; or
- Children who are in families with very low incomes (i.e., 250 percent of the federal poverty level), including children in families who receive support through the Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance for Needy Families (TANF).

The District defines underserved as children living in high-poverty communities with disparate access to quality early childhood care and education programs.

GUIDING QUESTION: What is the definition of early childhood care and education availability for this grant?

Finding 1C. The District defines availability of ECE programs as the number of available program slots based on licensed facility capacity for children birth to age 3. For children ages 3 through 5, availability is the combined capacity of licensed child development facilities and available slots in DCPS and public charter schools. For early childhood home visiting, where home visitors are providing services and support for families and children in their homes, the District defines availability in two ways: number of slots to serve families, and number of full-time employees to carry the caseloads.

DOMAIN 2 FINDINGS

Focal Populations for the Grant

GUIDING QUESTION: Who are the vulnerable or underserved children in the District?

Finding 2A. Children who are vulnerable or underserved are highly concentrated in wards 7 and 8.^{9,10}

On average, 45 percent of families in wards 7 and 8 with children age 18 or younger live at or below the federal poverty level at 40.90 and 48.50 percent, respectively.¹¹ Wards 2 and 3 have the lowest proportion of families with children ages 18 and younger living below the federal poverty level at 4.60 and 2.90 percent, respectively.¹²

CHARACTERISTICS OF FAMILIES WITH YOUNG CHILDREN IN THE DISTRICT OF COLUMBIA

Young children are the fastest-growing population in the District, with more than 45,000 children under the age of 5. Of these, there are 28,203 children ages birth to 3 and approximately 16,832 3- and 4-year-old children.¹³

- 5,012 (11 percent) of children 5 and younger are in families receiving TANF support;¹⁴
- 1,168 (2.60 percent) of children 5 and younger have recently experienced homelessness;¹⁵
- 1,323 (3 percent) of children 5 and younger have a documented disability or developmental delay;¹⁶ and
- 177 (0.30 percent) of children 5 and younger are involved with CFSA.¹⁷

The distribution of young children across the District is not uniform. Approximately half of the District's young children are concentrated in wards 4, 5, 7 and 8. Ward 2 has the lowest concentration of young children.¹⁸

FAMILIES WITH YOUNG CHILDREN AND VERY LOW INCOMES

Since 2011, the District's proportion of children age 18 and younger living in families with income below the federal poverty level decreased 4 percent, from 30 percent in 2011 to 26 percent in 2017.¹⁹ The District's proportion of children age 18 and younger living in families with income less than 250 percent of the federal poverty level decreased 5 percent, from 53 percent in 2011 to 48 percent in 2017.²⁰

In 2017, of more than 45,000 children in the District, there were 5,012 families with children ages B-5 with very low incomes and receiving TANF support.²¹ Sixty-eight percent of these B-5 families had children ages B-2, indicating families with children ages B-2 are much more likely to receive TANF support than families with children ages 3 to 5. From 2016 to 2017, nearly 500 more families enrolled in

⁹ Kids Count Data Center and Annie E. Casey Foundation, *Children in Poverty by Age Group in District of Columbia*, 2017, p. 21.

¹⁰ *Ibid.*, p. 21.

¹¹ *Ibid.*, p. 56.

¹² Kids Count Data Center, *Annie E. Casey Foundation, Children below 250 percent poverty in District of Columbia*, 2016.

¹³ U.S. Census Bureau, *ACS 5-Year Survey*, 2017.

¹⁴ DC Department of Human Services, Economic Security Administration.

¹⁵ Metropolitan Washington Council of Governments.

¹⁶ District of Columbia Office of the State Superintendent of Education, 2017.

¹⁷ DC Child and Family Services Agency.

¹⁸ Kids Count Data Center, *Annie E. Casey Foundation, Children below 250 percent poverty in District of Columbia*, 2016.

¹⁹ Kids Count Data Center, *Annie E. Casey Foundation, Children in Poverty by Age Group in the District of Columbia*, 2016.

²⁰ Kids Count Data Center, *Annie E. Casey Foundation, Children below 250 percent poverty in District of Columbia*, 2016.

²¹ District of Columbia Office of the State Superintendent of Education, 2017.

TANF, and of those, more than 80 percent of the new enrollees with young children were located in wards 7 and 8, suggesting concentration of families with low income to a limited geography.²²

FAMILIES WHO HAVE EXPERIENCED HOMELESSNESS

According to the Kids Count Data Center, in 2017, 2,281 children in families were experiencing homelessness or were without a stable address. In 2017, 1,358 families received rapid re-housing support and in 2018, 1,434 families received rapid re-housing support. Families who experience homelessness tend to have younger children. Nearly two-thirds of families who experienced homelessness had children B-3. Nearly 60 percent of the families who experienced homelessness are concentrated within wards 7 and 8.²³

FAMILIES WITH YOUNG CHILDREN WHO HAVE DISABILITIES

The Individuals with Disabilities Education Act of 2004 (IDEA) sets standards and requirements for the provision of services to infants, toddlers and children who have disabilities from birth through age 21. There are several sections to the law: Part B focuses on ages 3 through 21, including Section 619 for ages 3 through 5, while Part C focuses on birth through age 2. Children B-3 requiring specialized education services or related services may be eligible for an individualized family service plan (IFSP) or, for children older than 3, an individualized education program (IEP). Children requiring services may be classified as having a disability/disabilities or having a developmental delay. A child with a developmental delay is classified as presenting with a 25 percent or more delay in at least one of the developmental domains.

As of the last federal report for December 2017 to December 2018, 1,906 children in the District received services under IDEA Part C (B-2) and 1,759 received services under Part B (age 3-5).²⁴

FAMILIES WITH CHILDREN IN THE FOSTER CARE SYSTEM/CFSA

In 2017, there were 177 families with children ages B-5 who were working with CFSA. This is a net decrease in cases of about 16 percent from the prior year. More than 70 percent of the cases reported were for children ages B-2.

More than half of CFSA cases are localized to wards 7 and 8. Forty percent of the total CFSA caseloads are for families who were identified as receiving TANF support and 20 percent have children with a documented delay or disability. CFSA is creating a local task force in wards 7 and 8 to support the needs of this region.²⁵

INCOME DISPARITIES

The annual incomes of families with children in the District reveal major disparities by ward. The average income of families with children in the District varies from \$24,000 in some wards to more than \$200,000 in others.²⁶ Ward 8 has the highest concentration of children B-5, with 8,061 children, followed by wards 4, 5 and 7.²⁷ Ward 8, however, has the lowest median annual income at \$24,749 for families with children ages B-17.^{28,29} Wards 4, 5 and 7 report average median incomes of \$101,869,

²² DC Department of Human Services Economic Security Administration, 2017.

²³ District of Columbia Government Child and Family Services Agency, *FY2020 Needs Assessment and Resource Development Plan*, 2018.

²⁴ U.S. Department of Education, *40th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*, 2018.

²⁵ District of Columbia Government Child and Family Services Agency, *FY2020 Needs Assessment and Resource Development Plan*, 2018.

²⁶ Kids Count Data Center, *Annie E. Casey Foundation, Median Income of Families with Children by Ward*, 2016.

²⁷ Kids Count Data Center, *Annie E. Casey Foundation, Population by Age Group by Ward: Under 5*, 2016.

²⁸ *Ibid*, <https://datacenter.kidscount.org/data/tables/6747-population-by-age-group-by-ward#detailed/21/1852-1859/false/870,573,869,36,868,867,133,38,11/3933,214,838,123/13833>.

²⁹ *Ibid*, <https://datacenter.kidscount.org/data/tables/6747-population-by-age-group-by-ward#detailed/21/1852-1859/false/870,573,869,36,868,867,133,38,11/3933,214,838,123/13833>.

\$70,336 and \$31,130, respectively.³⁰ In contrast, Ward 2, which has the lowest concentration of children B-5 at 2,309 children, reports a median family income of \$182,019.³¹ The median income of families with children ages B-17 in Ward 2 increased from \$47,000 in 2000 to more than \$182,000 as of 2016, while the median family income in wards 7 and 8 remained relatively unchanged.³²

RACIAL AND ETHNIC DIVERSITY IN THE DISTRICT

One quarter of the District's residents speak a language other than English. The District supports and provides interpretation and translation services for multiple languages including but not limited to Amharic, Chinese, French, Korean, Spanish and Vietnamese.

In addition to linguistic diversity, there is also significant ethnic and racial diversity. The largest racial and ethnic groups within the District include white, African-American and Hispanic populations and the most populous races and ethnicities are not evenly distributed across the city.³³ There are significantly higher proportions of African-Americans in wards 7 and 8. White residents are most concentrated in the Northwest regions of the District, with wards 2 and 3 reporting 65 percent white residents in contrast with only 5 percent in wards 7 and 8.³⁴ Broadly, the trend over time is an increase of white residents in wards 2 and 4. The African-American population in Ward 4 remained mostly consistent from 2011 through 2016, while the population of African-Americans decreased in Ward 2 and increased in wards 7 and 8 from 2011 to 2016.³⁵ In contrast, the Hispanic populations are concentrated in the north of the District. Wards 1 and 4 are approximately 35 percent Hispanic, while neighboring areas are approximately 20 percent Hispanic.³⁶

To provide equity of opportunity to the District's youngest citizens, highly targeted efforts in wards 7 and 8 will be required.

GUIDING QUESTION: What are the strengths and weaknesses of the data available on this population?

Finding 2B. The District does not currently have a unique identifier for children. Agencies collect and store various data, but children and adults are not uniquely identified across all existing datasets. Unique child identifiers allow agencies to connect information across programs. Having unique identifiers allows for improved service of children, efficiency of delivering outcomes, the deduplication of participants and more accurate monitoring and reporting.

Programs, services and benefits should be localized and differentiated based on community needs. While wards provide good broad-based identification of trends, it is recommended that District agencies and other organizations use both ward and neighborhood cluster data to inform their decisions. Several localized studies have identified pockets of relative need within wards at the neighborhood cluster level.^{37,38,39}

³⁰ Kids Count Data Center, *Annie E. Casey Foundation, Median Income of Families with Children by Ward*, 2016.

³¹ *Ibid*, <https://datacenter.kidscount.org/data/map/6749-medianincome-of-families-with-children-by-ward#21/any/true/true/870/any/>

³² Kids Count Data Center, *Annie E. Casey Foundation, Median Income of Families with Children by Ward*, 2016.

³³ Kids Count Data Center, *Annie E. Casey Foundation, Race/Ethnicity of Total Population by Ward in District of Columbia*, 2016.

³⁴ Kids Count Data Center, *Annie E. Casey Foundation, Race/Ethnicity of Total Population by Ward in District of Columbia*, 2016.

³⁵ *Ibid*, <https://datacenter.kidscount.org/data/tables/8875-race-ethnicity-of-total-population-by-ward#detailed/21/1852-1859/false/870,573,869,36,868,867,133,11/3498,2161,2159,2157,2663,3499,3307,2160|381/17763,17764>.

³⁶ Kids Count Data Center, *Annie E. Casey Foundation, Race/Ethnicity of Total Population by Ward in District of Columbia*, 2016.

³⁷ District of Columbia Government Child and Family Services Agency, *FY2020 Needs Assessment and Resource Development Plan*, 2018.

³⁸ DC Policy Center, *Needs Assessment of Out-of-School Time Programs in the District of Columbia*, October 2017.

³⁹ Georgetown University Center for Child and Human Development, *Maternal, Infant and Early Childhood Home Visiting Phase I Needs Assessment*, September 2016.

GUIDING QUESTION: Are there any initiatives underway to improve these data?

Finding 2C. The District has three major initiatives underway to improve the utility and the connectivity of datasets. These initiatives to improve data systems and interagency communication and coordination will serve to enhance access and improve the quality of services for the District's most vulnerable B-5 families.

One such initiative is the design of an Early Childhood Integrated Data System (ECIDS). The first step in designing this system is to create unduplicated count reports which will utilize data from education entities across the District. Having these reports will be a key step for improving services for young children and their families. At a minimum, the initial effort for unduplicated reports will include data for Strong Start, DC's Early Intervention Program (DC EIP), Head Start (HS) programs and the Statewide Longitudinal Education Data (SLED), which stores data for children enrolled in universal pre-K at local education agencies (LEAs). Having the unduplicated count of children across these programs will support transition efforts, providing LEAs information about children transitioning from HS programs and information for Part B programs for children transitioning from Part C services. In addition, these data will allow the District to better identify children who may need access to other programs and services and improve the planning and coordination.⁴⁰ Ultimately, the goal of the ECIDS, once fully implemented, will be to generate a more complete picture of the early childhood landscape, allowing for more strategic investment in programs that focus on narrowing achievement gaps and ensuring children receive appropriate health, behavioral and developmental screening and services, ultimately improving child outcomes. In this initial effort, the production of unduplicated reports will allow for the District to establish key processes for data collection that will serve as the foundation for new efforts.

The second major initiative is the District of Columbia Access System (DCAS), which provides the District with a modern integrated eligibility system for Medicaid, Women, Infants and Children (WIC), SNAP, TANF and other programs. DCAS will offer new case management capabilities and functionality mandated by the Affordable Care Act (ACA), such as Advanced Premium Tax Credit and Modified Adjusted Gross Income Medicaid eligibility services, as well as promote economic independence for families with low income. The implementation of DCAS will complete the District's long-term project to fully integrate all health and human services eligibility and enrollment. Once complete, DCAS will enable District residents to apply for medical, cash, food or energy assistance; subsidy; homelessness services; and other local health and human services benefit programs via a modernized, seamless web-based platform.

The third major initiative underway is the use of the Early Development Instrument (EDI), a population-based measure of school readiness.⁴¹ EDI is a community-level questionnaire implemented by pre-K 4 teachers to measure the extent to which a child has met age appropriate developmental expectations. The EDI provides a holistic snapshot of school readiness in five areas: social competence, language and cognitive development, emotional maturity, physical health and well-being, communication skills and general knowledge. The EDI has captured school readiness on nearly 4,000 pre-K students enrolled in 294 different DCPS, public charter schools and CBO classrooms with the PKEEP designation.

⁴⁰ District of Columbia Office of the State Superintendent of Education, *District of Columbia Preschool Development Grant Birth to Five Application*, 2018.

⁴¹ Janus, M., & Offord, D. (2007). *Development and Psychometric Properties of the Early Development Instrument (EDI): A Measure of Children's School Readiness*. Canadian Journal of Behavioural Science, 39(1), 1-22. doi: 10.1037/cjbs2007001.

DOMAIN 3 FINDINGS

Number of Children Being Served and Awaiting Service

GUIDING QUESTION: What data do the District have describing the unduplicated number of children being served in existing programs?

Finding 3A. The District recognizes the importance of unduplicated data for children B-5. Prior District needs assessments have called for increased standardization of terms and deduplication of program participation metrics to uniquely identify children and adults across datasets. The design and process for unduplicating data for children has been achieved and the District continues to work on an integrated data system to capture program and service enrollment data on the B-5 population. The standardization of terms and deduplication of participants would allow policymakers and program administrators to better understand program participation rates and the results of specific programs for their target populations to better identify which programs and services are most impactful.

GUIDING QUESTION: What are the biggest data gaps or challenges in this area?

Finding 3B. As of fall 2019, the District has made incredible progress in increasing access to early care and education facilities for B-5 families. The District supports more than 470 licensed child development facilities with a combined capacity of more than 25,000 children, ranging from 6 weeks to 13 years old, in fiscal year 2019 (FY19), and has worked to expand access to and improve the quality of ECE for all families through programs and a diverse array of public and private early learning settings.

Accessing child care, particularly paying for child care, is challenging for many families in the District. According to the US Department of Health and Human Services, affordable child care should cost a family no more than 7 percent of their household income. Universal pre-K for 3- and 4-year-olds is free in the District. However, according to Child Care Aware of America, in 2017 the average annual cost of a child development center in the District was \$22,658, and in many cases, before- and after-school care and summer care is an additional cost for families. Programs such as HS and Early Head Start (EHS) work to make quality ECE affordable for B-5 families with the greatest economic need by providing free early care and education and family support services.

While the cost of child care is high, the District also has some of the highest subsidy rates in the country due to the District's child care subsidy program and reimbursement rates steadily increase each year.⁴² The child care subsidy program assists eligible families with covering the cost of ECE. Families with unique work situations, particularly those who are unemployed and are receiving TANF, or those in a training or educational program that limits their income, can utilize the program to access child development facilities or providers at little to no cost. Families enrolled in subsidy would never pay more than 7 percent of their annual household income for child care.

The need for subsidized infant and toddler slots is not distributed equally across all District wards. Of the 10,052 available slots for infants and toddlers in the District in FY18, 4,999 slots (50 percent) across all

⁴² Urban Institute, *Subsidy Policies and the Quality of Child Care Centers Serving Subsidized Children*, 2019.

wards were in either programs providing subsidized child care or in tuition-free programs (e.g., EHS).⁴³ The highest population of B-5 families with low incomes are in wards 7 and 8, where the demand in 2018 for infant and toddler slots was 3,644 slots and 5,387 slots, respectively, and the percentage of infants and toddlers receiving subsidized care was considerably larger than in other wards.⁴⁴ In FY18, 96 percent of all enrolled infants and toddlers from ward 7 and 76 percent from ward 8 received subsidy supports; comparatively, 62 percent (the next highest percentage) of all enrolled infants and toddlers from ward 4 received subsidy supports.⁴⁵

GUIDING QUESTION: What are the strengths and weaknesses of the data available on children being served?

Finding 3C. The District collects and manages a wealth of data on B-5 children enrolled in early care and education facilities. While the District has access to a wealth of demographic data and data on licensed capacity, there is limited data that clearly outline the enrollment of vulnerable and underserved populations as a subset of total enrollment. In particular, the District does not yet have adequate data to understand how families with children who do not qualify for subsidy programs access affordable child care and education.

To better address these data gaps, it is critical that we boost the impact and reach of Capital Quality (described in Finding 1A). Continued alignment of definitions pertaining to quality ECE will inform how data are collected and shared with stakeholders.

WAITLISTS

Waitlists are held at the facility- and school-level but not the District-level, and families may contact DC Child Care Connections (DC CCC), the District's Child Care Resource and Referral (CCR&R) system, to help identify vacancies in the family's desired location. Based on stakeholders' feedback, many families in need of subsidy support do not have access to the information needed to make decisions about paying the typical fee to join a facility's waitlist and would benefit from more centralized information on child development facility waitlists. The District does not have a centralized waitlist of available slots for families who are seeking to use a child care subsidy voucher.

⁴³ District of Columbia Office of the State Superintendent of Education, *FY19 Performance Oversight Questions: Capacity, Enrollment, Utilization FY17-FY19*, 2019.

⁴⁴ Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps*, 2018.

⁴⁵ District of Columbia Office of the State Superintendent of Education, *FY19 Performance Oversight Questions: Capacity, Enrollment, Utilization FY17-FY19*, 2019.

DOMAIN 4 FINDINGS

Quality and Availability

GUIDING QUESTION: What are the District’s current ECE strengths in terms of quality of care across settings?

Finding 4A. The District ensures families have access to high-quality infant and toddler early learning programs and services across settings through: enhanced child development facility licensing regulations, subsidized ECE, Capital Quality, the Quality Improvement Network (QIN)/Early Head Start-Child Care Partnership (EHS-CCP), the MIECHV program, the Early Learning Quality Fund (ELQF) and locally funded home visiting programs. In addition to the aforementioned supports and programs, families with children B-5 with developmental delays or disabilities are eligible for services, programming and resources under IDEA Part C and Part B. Further, there are more than 470 licensed child development facilities which may provide six to 11 hours of full-time care, part-time care for fewer than six hours per day, or year-round in-center care to better meet families’ needs.⁴⁶

Finding 4B. Families have access to information regarding the quality of ECE in the District through Capital Quality designations on the My Child Care DC website. As described in Finding 1A, Capital Quality measures the quality of ECE programs in licensed child development facilities participating in subsidized child care and those that volunteer to participate. The My Child Care DC website provides families with important information on all licensed ECE options in the District. Child development facility profiles highlight services provided, whether subsidized child care vouchers are accepted, accreditation status, licensing reports and substantiated complaints. Capital Quality designations are also viewable on facility profile pages. The substantial amount of information on My Child Care DC provides families with a holistic picture of the child development facility, allowing them to make an informed decision about where to enroll their child.

GUIDING QUESTIONS: What initiatives do you currently have underway to ensure that high-quality care is available to vulnerable or underserved children in the District? What works well?

Finding 4C. The District has made great efforts to ensure that continuous, high-quality care is accessible and available for B-5 families across the District. The District leads the nation in the percentage per capita of children enrolled in universal pre-K and also leads in the per-child investment amount spent for universal pre-K services. Support and resources for vulnerable and underserved children extend through multiple different services and programs and span from infancy into universal pre-K.

UNIVERSAL PRE-K

In the 2016-17 school year, the District provided universal pre-K education services through a mixed-delivery model (i.e., across DCPS, public charter schools and CBOs with a PKEEP designation) to 5,968 3-year-olds (69 percent of all 3-year-olds) and 7,186 4-year-olds (89 percent of all 4-year-olds) in the District.⁴⁷ As of the 2017-18 school year, 13,492 children accessed universal pre-K in all three education

⁴⁶ District of Columbia Office of the State Superintendent of Education, Division of Early Learning, *The Child Care Licensing Unit Report*, September 2019.

⁴⁷ District of Columbia Office of the State Superintendent of Education, *Fiscal Year 2017 Pre-K Report*, 2017.

sectors, enrolling 85 percent of all 4-year-olds and 73 percent of all 3-year-olds in the District.⁴⁸

In addition to the District-funding for the universal pre-K program, DCPS established a Head Start School-wide Model (HSSWM) which blends federal and local funding sources in order to equitably distribute HS funds across all Title 1 schools that offer pre-K 3 and pre-K 4. The HSSWM provides all children enrolled in pre-K 3 and pre-K 4 programs in Title I schools, regardless of an individual family's eligibility for the HS program, with comprehensive health, nutrition, mental health and family supports.

SUBSIDIZED ECE PROGRAM

As described in Finding 3B, a key strength of the District's B-5 system is a subsidized, tiered reimbursement ECE program focused on creating equity for the most vulnerable families. In FY17, 9,400 children B-5 were served through subsidy and it is estimated that, based solely on income eligibility requirements (e.g., children B-5 who meet the District's definition of vulnerable, as defined in Finding 1A), there were 16,618 children B-5 living in the District who were eligible for subsidy.⁴⁹

As a result of revised cost modeling, the District has one of the highest subsidy reimbursement rates in the nation.⁵⁰ The Department of Human Services (DHS) also issues nontraditional subsidy child care payments to families whose work schedules do not fall within the traditional work day (defined as 7 a.m.-6 p.m. Monday-Friday) to make it affordable for their children B-5 to participate in programs offering nontraditional-hour care. Nontraditional-hour care, as defined in the Child Care Study Act of 2017, is care offered outside of 7 a.m. to 6 p.m., Monday-Friday and also includes 24-hour care.

Finding 4D. The QIN builds capacity and enhances the quality of care in participating facilities. The Early Learning Quality Improvement Network Amendment Act of 2015 (QIN Act) aligned a child's subsidy eligibility determination with EHS eligibility and established neighborhood-based hubs to provide comprehensive, continuous and intensive technical assistance (TA), professional development (PD) and other comprehensive services.

The District is utilizing local, federal and private funding to provide quality, continuous, comprehensive services and training and TA supports through the QIN hubs. From 2014-2019, the District provided funding to two hubs which support 16 child development facilities and 19 child development homes serving more than 600 children. Using the Head Start Program Performance Standards (HSPPS) and research-based best practices, these hubs employ professionals who provide support to directors, teachers, children and families enrolled in these child development facilities and homes. This support includes coaching and comprehensive services for children and families — family engagement and support, health and nutrition, mental health and early intervention. The facilities, which must accept subsidies, will continue to increase access to high-quality slots for children participating in TANF, in foster care or experiencing homelessness and/or children who have developmental delays and disabilities, all of whom receive the highest priority for QIN enrollment.

Multiple District agencies, including DC Health, Department of Behavioral Health (DBH), Department of Health Care Finance (DHCF), DHS and CFSA, collaborate to ensure effective service coordination and support for children and families enrolled in the QIN. Families can begin receiving supports even while

⁴⁸ A.H. Friedman-Krauss, W.S. Barnett, K.A. Garver, K.S. Hodges, G.G. Weisenfeld, & N. DiCrecchio. *The State of Preschool 2018: State Preschool Yearbook*. New Brunswick NJ: National Institute for Early Education Research, 2018.

⁴⁹ District of Columbia Office of the State Superintendent of Education, *District of Columbia Preschool Development Grant Birth to Five Application*, 2018.

⁵⁰ District of Columbia Office of the State Superintendent of Education, *Modeling the Cost of Child Care in the District of Columbia*, 2018.

pregnant. As of FY19, increased federal and local funding has allowed the District to expand QIN to five additional early care and education facilities.

Finding 4E. As stated in Finding 1A and Finding 4B, Capital Quality is a key initiative supporting high-quality care for children B-5 across the District. The goal of the program is to ensure all children in the District receive an equitable and high-quality ECE experience. Through improving social-emotional well-being, economic opportunities and financial stability for providers and families, as well as improving educational achievement, the Capital Quality program helps to create an early childhood system that supports the most vulnerable and underserved children in the District.

Finding 4F. CBOs with a PKEEP designation and EHS/HS programs serve vulnerable or underserved children in the District. As described in Finding 1A, CBOs that have earned a PKEEP designation offer free pre-K slots through the universal Pre-K Act. One of the PKEEP eligibility requirements mandates that CBOs agree to accept subsidy payments for eligible children B-5. In FY18, 52 percent of children served in CBOs with a PKEEP designation were identified as at-risk⁵¹ or vulnerable, compared to 49 percent of children in pre-K programs at public charter schools and 44 percent in DCPS pre-K programs.⁵²

EHS/HS is a federal program providing early learning services to families with low incomes. Five EHS grantees in the District provide comprehensive services and supports for pregnant women and EHS-eligible infants and toddlers.

Finding 4G. District agencies have various initiatives to support the vulnerable or underserved B-5 population. These initiatives encompass comprehensive support services focusing on behavioral, social emotional and mental health; developmental delays and/or disabilities; facility improvement; health and wellness; prevention support; referral resources; and increasing the involvement of parents and families in the early childhood system. Additional information on individual initiatives across the District is available in Appendix B.

GUIDING QUESTION: What could be better?

Finding 4H. There are considerably worse perinatal outcomes for black, non-Hispanic mothers and babies than for white mothers and babies. In the District from 2012-2016, the infant mortality rate for infants born to black, non-Hispanic mothers was five-times that of infants born to white mothers.⁵³ Similarly, the infant mortality rate for black, non-Hispanic children was 11.49 percent compared to 2.55 percent for white children and 5.33 percent for Hispanic children.⁵⁴ According to the Perinatal Health and Infant Mortality Report, the District needs a system of care to improve women's health before pregnancy, address barriers to prenatal care and prevent preterm births for specific vulnerable populations. While programs exist, there is no centralized method to inform those in need about the available services.

The Mayor's office has taken steps to improve the quality and availability of programs for pregnant and new mothers and their children in order to reduce health disparities. These initiatives include an annual

⁵¹ A student is identified as at-risk for academic failure if the student is identified as any one of the following: (1) whether a student is identified as having received (or is currently receiving) support from a number of assistance programs, including the Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP); (2) whether a student is (or ever was) a ward of the state under the Child and Family Services Agency (CFSA); or (3) whether a student was ever identified as experiencing homelessness.

⁵² Office of the State Superintendent of Education, *Fiscal Year 2018 Pre-K Report*, 2018.

⁵³ District of Columbia Department of Health, *Perinatal Health and Infant Mortality Report*, 2018.

⁵⁴ *Ibid*, p. 52.

Maternal and Infant Health Summit supported by Thrive by Five DC, which also provides information about existing programs and initiatives that work to improve perinatal health.

Finding 4I. While the District is rich with programs and services, families have limited knowledge about existing opportunities. Program referrals come from a range of sources but there is no singular, centralized location for shared program and service information that encompasses the full mixed-delivery system. Results from the PDG family survey revealed that referral sources for different early childhood programs, services and benefits are broad. The two largest identified referral sources for programs or services were a friend, neighbor or coworker (24 percent) or the child’s doctor’s office (24 percent). The two most commonly stated referral sources for benefits were Help Me Grow DC (35 percent) or a family member (24 percent).⁵⁵ None of the listening session participants had complete knowledge of the breadth of programs and services available to families with young children. Families also expressed a desire for a singular application across all providers including LEAs, ECE facilities, health and financial assistance.

PARENT FEEDBACK

Family listening sessions held over the course of the spring and summer 2019 revealed important information on parent decision making, satisfaction with programs and services and awareness of B-5 programs and services. Families voiced their dissatisfaction with not having enough options for ECE. Families with low incomes living in wards 6, 7 and 8 were more likely to express dissatisfaction with their available options for ECE. Families noted that there were long waitlists for a spot in child development facilities, especially among what families considered to be higher-quality facilities. The definition of quality made by families participating in the PDG B-5 listening sessions varied, but centered on cleanliness, space, engagement with children, activities and the feeling that their child "fit." Most families agreed that the quality of a child development facility was extremely important to them but some families felt they had to enroll their children in the only child development facility that was close to either their home or work, regardless of quality.

GUIDING QUESTIONS: What initiatives does the District have in place to promote and increase the involvement and engagement of parents and family members in the development and education of their children? What works well about these initiatives?

Finding 4J. In partnership with QIN and Be Strong Families, the Bainum Family Foundation, a philanthropic organization, is spearheading the parent cafés initiative. Parent cafés are a nationally recognized model for parent engagement and empowerment. This initiative promotes family voice and involvement. Parent cafés are culturally and linguistically responsive, enabling families to:

- 1) Gain knowledge and build capacity for supporting their children’s development;
- 2) Learn effective uses data from parent cafés to help inform action; and
- 3) Build social connections.

The District will expand the parent cafés to serve more child development facilities, with a particular focus on those serving children in vulnerable situations.

Finding 4K. In addition to parent cafés, the District currently supports family involvement through the QIN Policy Council, the SECDCC Family and Early Intervention committee, the Thrive by Five DC Coordinating Council and the My School DC Parent Advisory Council. The QIN Policy Council consists of up to two parent representatives from each of the QIN child care partners (CCPs) and up to five

⁵⁵ Georgetown University Research Team, DC Family Survey, 2019.

representatives from the community who guide the work of the QIN and ensure parent voice is central to the work of the child care partners and QIN hubs. The SECDCC Family and Early Intervention committee, a subcommittee of the SECDCC, as well as the Thrive by Five Coordinating Council (described in Finding 11A), also provide opportunities for family leadership and parent voice. The My School DC Parent Advisory Council has representation from every ward in the District and gives participating families a voice in major policy decisions related to the common lottery system. The council also empowers and supports My School DC's work as ambassadors of information to their respective communities. As a component of the District's Every Student Succeeds Act (ESSA) state plan, OSSE launched a Parent, Family and Community Engagement (PFCE) Framework for effective community and parent engagement across the District, including families in underserved communities. The framework engages citywide parent advisory councils, shares information with families, connects with community partners and provides training and technical assistance to families to navigate the educational system to support their children.

GUIDING QUESTION: What do you see as your biggest need and opportunity in improving the quality and availability of care, particularly for vulnerable or underserved children?

Finding 4L. There is a need to further study and consider steps to address gaps in the accessibility and availability of quality care and education along lines of race and geography. Access to quality ECE programming is not equally distributed across all wards. Reports show high-quality seat shortages are highly concentrated in block groups within wards 7 and 8, meaning that residents of those wards have contrasting experiences accessing and engaging with the mixed-delivery system as compared to residents in other wards.^{56,57,58} Most profoundly, wards 7 and 8 lack high-quality ECE for infants and toddlers, before- and after-care for school-aged children, and nontraditional-hours' care for children under age 12.^{59,60} According to a 2018 study by the Urban Institute, there is a gap of 8,250 nontraditional-hour slots in the District.⁶¹ The Urban Institute study also highlighted that the need for nontraditional ECE is greatest among families that are income-eligible for subsidy vouchers in wards 7 and 8. Approximately 22 percent of all children 12 and under in the District are estimated to need nontraditional-hour care, while approximately 40 percent of children ages 5 and younger in the District who need nontraditional-hour care reside in wards 7 and 8.⁶²

Methods to increase access to high-quality ECE in areas of the city where families with low income work and live may include expanding investment in the Access to Quality Child Care Fund, which includes scholarships for early educators through Teacher Education and Compensation Helps (T.E.A.C.H.), as well as Child Development Associate (CDA) programs and grant funding for the Access to Quality Child Care Expansion Grant for providers looking to make improvements to their facilities.

⁵⁶ District of Columbia Government Child and Family Services Agency, *FY2020 Needs Assessment and Resource Development Plan*, 2018.

⁵⁷ District of Columbia Department of Health Community Health Administration, *5 Year Maternal and Child Health Needs Assessment 2016-2020*, 2014.

⁵⁸ Sayin Taylor and K. Zickuhr. *Needs Assessment of Out-of-School Time Programs in the District of Columbia*. D.C. Policy Center, October 2017.

⁵⁹ Urban Institute, *Nontraditional-Hour Child Care in the District of Columbia*, 2018.

⁶⁰ Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps*, 2018.

⁶¹ Urban Institute, *Nontraditional-Hour Child Care in the District of Columbia*, 2018, p.27.

⁶² *Ibid*, p. 22.

DOMAIN 5 FINDINGS

Gaps in Data or Research to Support Collaboration Between Programs/Services and Maximize Parental Choice

GUIDING QUESTION: What are the most important gaps in data or research regarding collaboration across programs and services?

Finding 5A. Each District agency has unique criteria for identifying vulnerable or underserved populations. Currently, there is no consistent descriptor or definition of vulnerable or underserved target populations that has been adopted across all District agencies. A consistent description would assist with identifying gaps in data across programs and systems.⁶³ Consequentially, there is a limited understanding of target populations in the District's B-5 mixed-delivery system, most notably TANF recipients, children in foster care or involved with CFSA and children in families experiencing homelessness.⁶⁴ Continued engagement of the SECDCC and other stakeholders throughout the PDG funding period will be critical in gathering this data and ensuring it is used to inform future decisions.

Finding 5B. District agencies maintain data independent of one another, and as a result, there is limited ability to connect B-5 data across programs and services. Each District agency has unique ways of capturing and storing data about program participation and populations served, which results in disaggregated data regarding the number of families receiving services or enrolled in programming across multiple agencies. Linking these systems together could provide insights on the areas of the city with greater concentrated needs and help agencies both more effectively target current supports and identify new support needs.

GUIDING QUESTION: What initiatives are currently underway in the District to address these gaps?

Finding 5C. The Statewide Longitudinal Education Data (SLED) system enables student information to be shared across a student's public education experience, beginning in some early childhood programs and continuing through employment. OSSE plans to leverage learnings from the SLED system to design and develop a comprehensive ECIDS.

EARLY CHILDHOOD INTEGRATED DATA SYSTEM (ECIDS)

The interlinking of ECE and educational data systems through ECIDS, allowing for the creation of unduplicated count reports, will improve the transition of Part C to B and other early childhood programs across entities. Ultimately, these improved transitions will provide useful long-term outcome data, helping us to gauge program efficacy, particularly for vulnerable and underserved populations. OSSE will be able to identify the unduplicated number of children being served in existing ECE programs via assignment of the unique child identifier, which becomes the unique student identifier in the SLED

⁶³ Bainum Family Foundation, *The District of Columbia's Preschool Development Grant Birth Through Five: Synthesis of Needs Assessment*, 2019.

⁶⁴ *Ibid.*

system upon enrollment in DCPS or public charter schools. These efforts will lead to the ability to make data-driven decisions for children B-5 that are vulnerable and underserved.

GUIDING QUESTION: What are the most important gaps in data or research related to maximizing parental choice?

Finding 5D. While parent choice is a key focus in the District, there is no historical data regarding why families choose certain programs and services.

More information is still needed about why families select specific programs (e.g., geographic location, teacher ratings, school visits, experiences at educational festivals, door-to-door outreach). Families' explanation of why they chose their early care and education setting might indicate a family's level of understanding of educational opportunities, which messaging has been most effective and which communication avenues might be improved.

Finding 5E. The District is continually striving to provide information to families to inform their choices regarding care, health and education. While the My Child Care DC website, as mentioned in Finding 4B, provides families with information about licensed ECE facilities, the District does not have a centralized system to track the availability of ECE slots making it difficult for families to determine the true number of slots available.

GUIDING QUESTION: What initiatives are currently underway in the District to address these gaps?

Finding 5F. As part of the District's ongoing commitment to help families with children B-5 access information that will help them select education, health and early care services, the District, in partnership with Georgetown University, launched the DC family survey in 2019. Through the survey, families with at least one child age birth through 5 report on their awareness of and access (i.e., participation) to programs, benefits, resources, early care and education facilities and early intervention services throughout the early childhood mixed-delivery system.⁶⁵ Families also report where they initially learned about these different programs, benefits, services and resources, as well as the barriers, if any, that may prevent the family from utilizing the program, benefit, service and/or resource. The fall 2019 survey collected data from 2,099 families and will serve as a baseline for future surveys. The survey will be administered annually to collect feedback directly from families with children B-5.

Additionally, the Urban Institute is using My School DC data to explore how vulnerable or underserved families make choices about their child's ECE setting. This study includes collecting citywide data on kindergarten readiness, documenting families' decision-making processes when choosing pre-K and later schooling and identifying the elements that improve pre-K quality and effectiveness.

Finding 5G. DC Child Care Connections (DC CCC) is the District's Child Care Resource and Referral (CCR&R) program. The program is currently underway to address the needs of District families and ECE providers. The CCR&R program creates an integrated and effective system of supports and services for families, ECE providers and District communities through responsive services and evidence-based supports, including PD. Visit DC CCC for more information (<https://osse.dc.gov/page/dc-child-care-connections>).

⁶⁵ Georgetown University Research Team, DC Family Survey, 2019.

DOMAIN 6 FINDINGS

Quality and Availability of Programs and Supports

GUIDING QUESTION: What programs or supports do you have available that help connect children to appropriate, high-quality care and education?

Finding 6A. The District has strong supports and programs to connect families to appropriate, high-quality care and education. These programs and supports include the DC School Report Card (described in Finding 1A), My Child Care DC (described in Finding 4B and Finding 5E), My School DC (described in Finding 5F), DC CCC (described in Finding 5G), Help Me Grow DC (<https://helpmegrow.dc.gov/>) and Thrive by Five DC (<https://thrivebyfive.dc.gov/>). Additionally, the DC Language Access Program (<https://ohr.dc.gov/service/language-access-program-information-portal>) helps culturally and linguistically diverse families better access available programs and supports in their native language.

GUIDING QUESTION: What works well about these programs or supports?

Finding 6B. The District has invested in multiple initiatives that focus on meeting the needs of vulnerable or underserved populations, particularly children who have a developmental delay or disability. Examples of these programs include Strong Start DC Early Intervention Program (<https://osse.dc.gov/service/strong-start-dc-early-intervention-program-dc-eip>), Early Stages (<https://www.earlystagesdc.org/>) and the DC Interagency Coordinating Council (DC ICC) (<https://osse.dc.gov/service/dc-interagency-coordinating-council>).

GUIDING QUESTION: What could work better?

Finding 6C. During the PDG listening sessions, families reported that the distance to program locations or the lack of convenient public transportation were common barriers to accessing special education services. While families expressed they believed programming and supports were valuable, some families stated there were several programs and supports they could not use due to either the lack of transportation options or the length of time required to travel to a given location, especially if the family needed to switch between several modes of public transportation. Families indicated they would be more likely to engage in programming if it was closer to where they lived and/or worked.

Finding 6D. As noted in finding 4I, the District offers a diverse array of programs and services; however, families are not fully aware of their availability. Information is provided on multiple websites and through DCPS outreach programs, District libraries and nonprofit centers that provide child care and early education services (e.g., Martha's Table). However, PDG family listening session participants shared that their primary method for obtaining information was "word-of-mouth" recommendations from members of their respective communities (i.e., family member, friend, neighbor or coworker, doctor's office or place of worship).⁶⁶ The challenge is that there is not a systematic way to monitor the accuracy of information passed through these informal methods.

⁶⁶ Georgetown University Research Team, DC Family Survey, 2019.

DOMAIN 7 FINDINGS

Measurable Indicators of Progress that Align with State's Vision and Desired Outcomes for the Project

GUIDING QUESTION: What measurable indicators currently exist that can be used to track progress in achieving the goals of this grant and your strategic plan?

Finding 7A. The District has several measurable indicators including the EDI (<https://www.raisedc.org/ourchildren/datacollection>), the **Neighborhood Risk Index (NRI)**, **CLASS**, **Environment Rating Scales (ERS)** and the **Pregnancy Risk Assessment Monitoring System (PRAMS)** (<https://dchealth.dc.gov/DCPRAMS>). The District will utilize NRI and EDI data (described in Finding 2C) to inform actions and accelerate progress in targeted, high-need neighborhoods or wards. The use of CLASS data in the District is explained further in Finding 1A. As part of Capital Quality (described in Finding 1A), two of the ERS measures are used to measure program quality and improvement for infant and toddler groups in child development centers and in child development homes, respectively. Another important measurable indicator in the early childhood system is infant mortality and preterm birth weights. Although birth outcomes are tracked annually, children born preterm are not longitudinally tracked, making it difficult to determine the full impact of available services and resources throughout their first five years.

NEIGHBORHOOD RISK INDEX (NRI)

The NRI is a composite measure of 10 indicators of neighborhood-level risks that have been associated with higher levels of developmental vulnerability in children.⁶⁷ Census-level data are included in the index. These data include social and educational indicators such as percentage of single-parent households, percentage of limited English proficient households and economic indicators such as percentage of families with children in poverty and percentage of households receiving public assistance income. Risk levels are assigned by the number of risk indicators within the neighborhood.

The District is working with Raise DC, a collective impact initiative in the District, and the University of California, Los Angeles (UCLA) to make the NRI accessible. By October 2020, the District aims to overlay EDI data with NRI data to understand how child development is presenting compared to the level of neighborhood risk.

PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

In 2016, preterm birth rates were highest in ward 7 at 13.40 percent and ward 8 at 13.80 percent and among black, non-Hispanic mothers; 12.80 percent of all births to a black, non-Hispanic mother were preterm as compared to 7.80 percent of births among white mothers.⁶⁸ Additionally, in 2015-16, infant

⁶⁷ Bruner, C et.al (2007). *Village building and school readiness: Closing opportunity gaps in a diverse society. State Early Childhood Policy Technical Assistance Network: Des Moines, IA. See: Chapter One: Census tracts and child-raising: Place-based implications for child and family policy investments and reforms.* Pp. 5-14.

⁶⁸ District of Columbia Department of Health, *Perinatal Health and Infant Mortality Report*, 2018.

mortality in Ward 8 was 14.57 percent compared to the District average of 7.59 percent.⁶⁹ In 2017, DC Health began implementing PRAMS to help inform programs and policy that improve prenatal health.

GUIDING QUESTION: What are the strengths and weaknesses of these indicators?

Finding 7B. The District's investments in ECE are strong; however, many of the available early childhood measurement tools are at a population-, program- or classroom-level and therefore do not always allow for child-level data analysis. Currently, data allow for the examination of correlations at the child development facility level, but do not allow for deeper analysis of specific target populations such as vulnerable and underserved children. Each of the systems and programs above can be used in conjunction with location data to better understand specific wards and neighborhood clusters within the District that are known to have a disproportionate number of families in vulnerable situations. For example, the EDI Quality of the Community findings can be overlaid with other community properties. As mentioned in Finding 7A, the District is also working on the accessibility of the NRI to overlay with EDI data to determine the relationship between neighborhood risk and childhood development.

Finding 7C. There exists a need to better measure the combination of (1) teacher/provider education (and recent progress); (2) teacher salaries; and (3) longitudinal outcomes (e.g., teacher stayed with facility, teacher moved to a higher-paying job at DCPS or public charter schools), especially as the increased minimum education requirements for the ECE workforce continue to take effect. OSSE increased the minimum education requirements for the ECE workforce in December 2016 (<https://osse.dc.gov/node/1258306>) and the impact of increased education requirements and staff movement continues to be explored. Better measurement of teacher/provider education, tenure and retention could provide clear data on how to motivate continuous learning and what it will take to retain early learning professionals.

Finding 7D. An identified strength is the District of Columbia's Early Childhood System Approach to Child Health, Development, Education and Well-Being performance indicators. In 2018, a highly collaborative effort between District agencies and private and philanthropic organizations was undertaken to develop the District of Columbia's Early Childhood System Approach to Child Health, Development, Education and Well-Being (<https://bit.ly/earlychildhoodsystemsapproach>). Partners in this effort included the SECDCC; QIN Interagency Steering Committee; partners at the Early Childhood Innovation Network (ECIN), Raise DC and other early childhood stakeholders (e.g., providers, families, LEAs, advocacy groups, etc.); UCLA Center for Healthier Children, Families and Communities; and the national BUILD Initiative. Development of this system was used to develop foundational pillars for the District's PDG strategic plan.

⁶⁹ *Ibid*, p. 53.

DOMAIN 8 FINDINGS

Issues Involving ECE Facilities

GUIDING QUESTION: What issues have been identified involving ECE facilities?

Finding 8A. As demonstrated in the Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps report by the Bainum Family Foundation, wards 7 and 8 do not have enough high-quality facilities to meet the demand.⁷⁰ These wards also have the highest population of vulnerable and underserved children and residents are more likely to be African-American and have a low annual income. Disparities, research found, in high-quality ECE access and other support services (e.g., prenatal care, job training) are a function of race and income.⁷¹

GUIDING QUESTION: What current plans are in place to address ECE facility issues?

Finding 8B. Current initiatives are in place to increase the supply of ECE slots. The Access to the Quality Child Care Fund, provided through an OSSE grant given to the Low Income Investment Fund (LIIF), is intended to respond to the high demand for quality ECE by adding 1,000 infant and toddler slots by 2020. The QIN (described in Finding 4D) is another initiative which provides funding resources so providers can make facility enhancements, upgrades and enhance quality of care through the provision of resources and support for families and child development facilities. A specific focus of the District is to expand QIN to add an additional 166 slots. Additionally, the ELQF aims to add 625 additional high-quality early learning slots in wards 7 and 8 by the end of 2020.⁷²

ACCESS TO QUALITY CHILD CARE EXPANSION (A2Q)

As of November 2019, A2Q funding facilitated the creation of 1,000 new infant and toddler slots through 44 sub-grants awarded to 39 providers across all eight wards 10 months ahead of schedule. The District anticipates awarding eight to 10 more sub-grants and creating approximately 150 more infant and toddler slots.

THE EARLY LEARNING QUALITY FUND (ELQF)⁷³

The ELQF is designed to help child development facilities provide safe, high-quality early environments for children ages B-3, and is available for providers located in wards 7 and 8 that support vulnerable and underserved children. The ELQF provides both technical assistance and financing through a forgivable loan fund to help providers make the necessary facility improvements. Upgrades are intended to help providers meet the highest level of quality in Capital Quality and achieve EHS standards.

GUIDING QUESTION: What innovative efforts have taken place to improve ECE facilities?

Finding 8C. Through the public-private partnership with the Bainum Family Foundation, the District has created two guidance documents regarding designs for both child development homes and child

⁷⁰ Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps*, 2018.

⁷¹ Bainum Family Foundation, *Infants and Toddlers in the District of Columbia: A Statistical Look at Needs and Disparities*, 2015.

⁷² Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps*, 2018.

⁷³ Bainum Family Foundation, *Supporting Facility Improvements for D.C. Providers Through the Early Learning Quality Fund*, www.bainumfdn.org.

development centers. These free guides, the Design Recommendations: Child Development Home and Expanded Child Development Home (http://bainumfdn.org/wp-content/uploads/2018/03/ELQF_Design-Recommendations_Home_Feb-2018.pdf) and the Design Recommendations: Child Development Center, (http://bainumfdn.org/wp-content/uploads/2018/03/ELQF_Design-Recommendations_Center_Feb-2018.pdf) help current providers and potential providers understand relevant regulations and best practices in design principles for creating optimal environments for young children in child development centers and child development homes.

Finding 8D. Innovative efforts are being made to improve ECE facilities. Child development centers and homes participating in Capital Quality and/or the QIN receive supports designed to improve their facilities. Capital Quality provides support through training and technical assistance and the QIN is an innovative effort to build capacity as well as enhance the quality of care. The District has also improved licensing regulations, issued by the Division of Early Learning, for all child development facilities in order to ensure all children receive ECE in a safe environment (<https://bit.ly/2016licensingframework>).

GUIDING QUESTION: What opportunities exist for different ECE and/or other early childhood programs and systems to collaborate on ECE facility improvement (e.g., through co-location of key early childhood services)?

Finding 8E. A District collaborative, ECIN, brings mental health resources and coordinated care directly to young children and their families. ECIN is composed of educational and health professionals, community organizers, researchers and advocates who provide support to families and children using a multi-generational approach (<https://www.ecin.org/>). Additionally, DBH administers Healthy Futures, which provides evidence-based mental health consultation to children up to age 5 at their child development centers (<https://dbh.dc.gov/service/children-youth-and-family-services>).

GUIDING QUESTION: What are the strengths and weaknesses of the data you have available on ECE facilities?

Finding 8F. While the quality of educational opportunities and care are fully evaluated, there are relatively few current measures (except licensing regulations) on the quality of physical space in ECE facilities or the extent to which different facilities exceed minimum licensing requirements. Further, the District does not have a way to document the quality of private homes or private facilities that neither participate in Capital Quality nor have a PKEEP designation.

GUIDING QUESTION: Are there any initiatives underway to improve the data?

Finding 8G. A new licensing data system will allow OSSE to improve the data related to ECE facilities by seamlessly evaluating the physical conditions of child development facilities across the District. A new child development facility licensing data system built to connect to the Department of Consumer and Regulatory Affairs, which collects data on the age and conditions of buildings in real time, would allow OSSE licensing staff to monitor and record the quality of physical space in ECE facilities prior to and during licensing and monitoring visits. Additionally, The Early Education Essentials measurement system, created by University of Chicago and the Ounce of Prevention Fund, allows early childhood education leaders to measure organizational conditions, including a supportive environment, in their programs.⁷⁴

⁷⁴ University of Chicago and the Ounce of Prevention Fund (2018). *Early Education Essentials Illustrations of Strong Organizational Practices in Programs Poised for Improvement*, <https://consortium.uchicago.edu/publications/early-education-essentials-illustrations-strong-organizational-practices-programs>.

Preschool Development Grant, Birth Through Five Needs Assessment

This tool, accompanied by targeted TA, helps leaders and staff strengthen organizational conditions to best support children’s learning and ability to achieve.

DOMAIN 9 FINDINGS

Barriers to the Funding and Provision of High-Quality ECE Services and Supports and Opportunities for More Efficient Use of Resources

GUIDING QUESTIONS: What barriers currently exist to the funding and provision of high-quality ECE supports? Are there characteristics of the current governance or financing of the system that present barriers to funding and provision of high-quality ECE services and supports?

Finding 9A. There is a tension between supporting ECE professionals in attaining rigorous credentials while also focusing on educator retention. While data on the early education workforce across all three sectors in the early care and education mixed-delivery system is not available, teacher turnover in DCPS and public charter schools in the District is higher than in comparable American cities and higher than the national average.^{75,76} Specifically, DCPS and public charter schools with the highest percentages of at-risk or vulnerable children tend to suffer from the highest rates of teacher turnover.⁷⁷

SUPPORTS FOR THE ECE WORKFORCE

The District of Columbia has made substantial investments in the ECE workforce by providing quality professional development and training and expanding funding and resources for scholarships to ensure our current and prospective early childhood workforce have the tools they need to meet these new educational requirements. Those investments include free online access to OSSE's DC Professional Development Information System (PDIS) (<https://osse.dc.gov/page/professional-development-information-system-pdis>); free access to Quorum, an online training platform with CDA coursework (<https://osse.dc.gov/publication/quorum-online-professional-development-resource>); and access to scholarships, such as the T.E.A.C.H scholarship for ECE staff seeking associate and bachelor's degrees (<https://osse.dc.gov/teachscholarship>) and the First Step CDA Program, which allows high school students to earn the nationally recognized CDA while simultaneously completing their high school diploma (<https://osse.dc.gov/firststep>).

BARRIERS FOR THE ECE WORKFORCE

Once ECE professionals earn the advanced education qualifications needed to meet the minimum education requirements, it is common for these individuals to leave early childhood for higher grades which provide a greater salary.⁷⁸ In addition, elementary (K-5), middle and high school teachers work, on average, 6.5 hours a day directly with students, whereas ECE professionals serving children B-3 and in CBOs serving children B-5 spend nearly their entire shift with the children. This, combined with pay parity, decreases motivation for professionals to remain in the ECE environment.

Another obstacle to retaining ECE professionals is the lack of loan forgiveness programs specific to their field. Teachers in K-12 can participate in the Teacher Loan Forgiveness Program (TLFP). This program offers forgiveness of up to \$17,500 on direct subsidized and unsubsidized Federal Stafford Loans if the

⁷⁵ District of Columbia State Board of Education, *Teacher and Principal Turnover in Public Schools in the District of Columbia*. DC State Board of Education, 2018.

⁷⁶ Bainum Family Foundation, *The District of Columbia's Preschool Development Grant Birth Through Five: Synthesis of Needs Assessment*, 2019.

⁷⁷ District of Columbia State Board of Education, *Teacher and Principal Turnover in Public Schools in the District of Columbia*. DC State Board of Education, 2018.

⁷⁸ Key informant interviews, 2019.

individual teacher works full-time for five complete and consecutive school years in a low-income school or educational service agency and meets other qualifications.⁷⁹

Finding 9B. Programs and interventions currently funded by the District, such as the Healthy Futures program and the DC Social, Emotional and Early Development (DC SEED) Initiative, expand mental health consultation. Yet there is still an unmet need for children and families. As described in Finding 8E, Healthy Futures is an early childhood mental health consultation model that supports social and emotional development. Also administered by DBH, DC SEED is an initiative that seeks to expand evidence-based early childhood-specific interventions. These programs are critical to address young children’s mental health needs.

While the District is actively expanding the capacity of its early childhood mental health system, providers are not evenly distributed across all wards. The 2016 Community Health Needs Assessment identified that health and mental healthcare resources are inequitably distributed across all eight wards, disproportionately and negatively affecting residents in wards 5, 6, 7 and 8.⁸⁰ In key informant interviews, several financial barriers were also identified:

- Behavioral health experts and school leaders expressed concern that mental health professionals tend to be reimbursed at lower rates when at schools than when at other locations. This tends to disproportionately affect those who rely on public transportation to receive mental health care, as care provided at schools is far more convenient for families with transportation limitations. Families shared their use of programs was limited as the time spent taking multiple buses was often prohibitive.
- Key informants also communicated that the existing structure does not sufficiently motivate care teams from different divisions within the District government or partner agencies to work together. This includes:
 - Ensuring enough ECE professionals have been trained in trauma-informed practices;
 - Integrating the criminal justice, educational, public health and mental health systems to provide a single family-focused, comprehensive and preventative approach to service; and
 - Coordinating programs from Strong Start, Healthy Start and EHS.
- Key informants also noted that insufficient support for families during parental transitions (e.g., from TANF to starting a job) is a challenge. Working families suffer a dramatic drop in assets while on TANF and cannot rebuild those assets because they will no longer qualify.

⁷⁹ Teacher Loan Forgiveness Program Application, *William D. Ford Federal Direct Loan Direct Loan Program and Federal Family Education Loan FFEL Program*, 2019.

⁸⁰ Community Health Needs Assessment, District of Columbia, 2019. *DC Health Matters Collaborative*. June 28, 2019. www.dchealthmatters.org.

DOMAIN 10 FINDINGS

Transition Supports and Gaps

GUIDING QUESTION: Are there transition policies/practices that support children in all types of care and education settings?

Finding 10A. The District has developed a citywide MOA focused on fully implementing the ESSA Title I coordination requirement. To help young children transition to pre-K and kindergarten, ESSA requires LEAs receiving Title I funding to sign an MOA coordinating with HS and other early learning programs.

To support LEAs in meeting ESSA requirements, OSSE hosted a working group in collaboration with the DC Head Start Association (DCHSA), DC Public Charter School Board, FOCUS DC, DC Association for the Education of Young Children (DCAEYC), US Department of Education's Regional Education Laboratory and interested LEAs. Participants met monthly to share best practices and ideas on how to improve coordination with HS and other early learning programs to support smooth and effective transitions for young students. A goal of the working group was to draft a collaborative model citywide MOA that outlines how LEAs will work with HS and other early childhood programs, focusing on joint professional development and technical assistance, coordinating services and communication, family engagement, curriculum and instruction, data and records sharing, and supporting English learners. LEAs are welcome to sign the citywide MOA or sign individual MOAs with all District Head Start Agencies (HSAs) that serve as feeder schools. HSAs and LEAs are currently implementing the coordination requirements to enhance instructional practices and support better family engagement, data sharing and transition practices.

Finding 10B. The District is working to develop a secure systematic procedure that will allow HSAs to transfer their enrolled children's early childhood records, with parental consent, to the receiving LEAs. HSAs would share aggregate data on children who previously attended various early childhood programs and are transitioning to an LEA committed to the MOA. This would allow LEAs to analyze incoming students' past progress, assist with staffing, plan parental outreach and behavior strategies and connect with HS programs about individual student needs, if applicable.

The District shared this aggregate data for the first time with LEAs, HSAs and other early childhood programs during the 2018-19 school year. The data provided details about how many children from each child development or HS program in the 2017-18 school year attended each school and LEA in the 2018-19 school year. These matriculation numbers enable an LEA to identify the programs that send them the largest number of children in order to more effectively select which programs to contact for questions and coordination and to improve instruction, special education placement, health services, family support and/or other supports.^{81,82}

Key informant interviews revealed that, under the right conditions, LEAs receiving children who previously attended child development facilities would like to have more information about the child's academic and family history in order to better tailor the learning environment to each child. However,

⁸¹ District of Columbia Office of the State Superintendent of Education, My School DC, *How Does a Family Pick a Public School and Use the DC School Lottery? Train-the-Trainer Session for Early Childhood Providers FY2019-20*, Lottery, 2019.

⁸² District of Columbia Office of the State Superintendent of Education, My School DC, *My School DC Application Instructions*, 2019.

there were reservations about sharing these data with teachers because it risks creating preconceived notions. Stakeholders stressed the need to train teachers on how to receive and work with data and other information about children and their families.

Finding 10C. The District is leading a citywide partnership to build a more unified system of transition services. District agencies and organizations have partnered (e.g., OSSE, QIN hubs, DCPS Early Stages) to design a system that supports families as their children transition from early care and education facilities to pre-K or kindergarten in an LEA. Families of students attending HS or other early childhood development programs can use the My School DC common lottery process to apply for a seat for an in-boundary public pre-K school, or for a public K-12 school that is outside their DCPS boundary. To help LEAs and HSAs meet the MOA's requirements for transition, OSSE provides information on the My School DC Lottery to HS families through online resources, in-person outreach events and the newly developed lottery toolkit and train-the-trainer support series for HS families and staff.^{83,84} Transition supports involve: promoting continuity between early childhood settings, including transition to public pre-K; facilitating transitions for children who have developmental delays and disabilities; and planning transitions to prepare children and families for these changes.

PARENT FEEDBACK

In PDG family listening sessions, participants discussing school transitions shared their identified areas of success as well as areas for improvement. The majority of families with children who did not have identified developmental delays or disabilities reported that the transition process for moving their children from child development facilities to public schools was relatively smooth. A common thread in the listening sessions was family satisfaction with the QIN child development facilities. Families conveyed their satisfaction with the learning and education level of these facilities and how the facilities prepared their children for the school system by providing a good foundation of school readiness skills. Also, families in the listening sessions reported that QIN family engagement specialists were critical and valuable partners and support families, teachers, administrators and staff during transitions.

The District's school lottery system was an important influence on families' decision to keep children in child care or to transition them to pre-K 3 and pre-K 4 in a DCPS or public charter school. Families generally felt they had the best chance at receiving their first choice in the lottery for pre-K 3, the first opportunity at which students can enroll in the school. Generally, families felt the lottery system was fair and unbiased, but found it difficult to navigate for several reasons. First, parents of multiple children expressed feeling frustration when younger children were not given spots at the elder child's school. Additionally, families during the listening sessions mentioned finding it very difficult to arrange drop off and pick up for multiple children at different schools and keep a job while using public transportation. Third, families are given the option to list several schools during the lottery application process and are often put on a waitlist when/if they don't receive their top choice. Waitlist offers are given on a rolling basis depending on the capacity of the school and sometimes spots only open near the start of the school year. Families found it hard to change work schedules or personal routines to accommodate enrollment changes with little advance notice. They would prefer that the waitlists were resolved sooner.

Participants in the professional focus groups and family listening session gave mixed feedback about the success of the transition process for children who have a developmental delay and/or disability. Strong

⁸³ District of Columbia Office of the State Superintendent of Education, My School DC, *How Does a Family Pick a Public School and Use the DC School Lottery? Train-the-Trainer Session for Early Childhood Providers FY2019-20, Lottery*, 2019.

⁸⁴ District of Columbia Office of the State Superintendent of Education, My School DC, *My School DC Application Instructions*, 2019.

Start and Early Stages seem to work well together when transitioning children's case information. Care coordinators and providers from both programs cooperate to transition the child's records and background information. However, children who have developmental delays experience a major reduction in services when transitioning from early child care (B-3) to the school system (age 3+). According to participants, some children need more services than are available in an LEA; according to one early childhood professional, just because a child is in the school system doesn't mean they have overcome their learning or physical challenges.

Finding 10D. A consistent and coordinated transition does not exist across all types of ECE settings. A consistent, effective and coordinated transition from one ECE setting to the next is mandated by IDEA for all children who receive services in Part C (infant and toddler early intervention) and who are eligible for Part B services (preschool special education). While transition supports are in place between HSAs and LEAs through the ESSA MOA, data sharing across types of care and education settings to aid in student transitions are not consistently implemented across the District.

There is an opportunity to create smoother and more effective transitions of children from Part C to Part B services through a streamlined system where data about programs available for all children with different types of needs are shared and available to the relevant support professionals involved in the child's transition.

DOMAIN 11 FINDINGS

System Integration and Interagency Collaboration

GUIDING QUESTION: What practices are in place that reflect effective and supportive interagency collaboration supporting young children and families?

Finding 11A. The District demonstrates strength in interagency collaboration through the SECDCC, the District’s Advisory Council and mayoral support through the Thrive by Five DC Coordinating Council launched in February 2019. SECDCC members are appointed by the District Mayor and lead District agencies that provide B-5 programs and services or major non-governmental service providers (<https://osse.dc.gov/service/state-early-childhood-development-coordinating-council-secdcc>). The SECDCC and its committees meet every other month to provide guidance on early learning programming, including ECIDS development and other data sharing needs. The meetings are open to the public and provide a platform for families and other stakeholders to work together toward early childhood success.

The 17-member Thrive by Five Coordinating Council, which includes representatives from several DC government agencies, measures progress of District and community-level initiatives focused on improving maternal and infant health outcomes. Additionally, the council measures progress of initiatives that promote healthy child development from B-5. The Thrive by Five DC Coordinating Council makes recommendations regarding coordination, streamlining and alignment of plans, policies, programs and services related to increasing the outcomes of infants or children B-5.

GUIDING QUESTIONS: How were they developed? What would need to happen for them to spread to other areas?

Finding 11B. The District has made progress toward developing interagency collaboration through MOAs and Memorandums of Understanding (MOUs). Similar efforts are taking place to help build interagency collaboration throughout the B-5 early childhood system. District leaders who were interviewed as key informants for this needs assessment were passionate about the opportunities to increase interagency and community collaborations. At times, they felt agencies and nonprofits around the District operated as “extremely talented soloists,” accomplishing their agencies' goals, but not realizing the more significant impact they could experience through collaboration. Below are some proposed interagency initiatives they felt had promise to improve the outcomes of young children in the District:

- Consolidating Medicaid, TANF and WIC could dramatically reduce the paperwork families are required to provide for enrollment and renewal services. In addition, these can be connected to ECE databases to simplify the process of enrolling in subsidized child care.
- Enrollment in WIC prenatally or postnatally could be used as a planning tool for estimating the number of children who are likely to benefit from subsidized child care in the future with a predictable timeframe.
- Creating a single, universal data governance model could ensure databases have inter-compatibility and the links across disciplines (e.g., healthcare challenges and educational challenges) can be identified.
- Ensure predictive indicators of risk can be effectively countered by community assets.

- A network that helps stakeholders understand links between disparate programs might reveal promising long-term relationships between and among the criminal justice, educational, public health and mental health systems. Addiction is a good example of where new interventions may be warranted.

Additionally, District leaders shared a vision for bringing together behavioral health services and educational resources to support children B-5 and their families. This might include child development facilities or school-based “wellness centers” that support multiple components of successful family life. They also expressed concern about the complexity and challenges families experience in finding programs and services that benefit them. For this reason, informants suggested community touchpoints should be enhanced and linked together:

- **Case ambassadors for the most vulnerable families.** They would serve to “connect the dots” between what a family needs and the myriad programs and services available, helping to identify services, enroll children and/or families and provide helpful data to providers as appropriate and with permission.
- **Parent/family peer partners.** While partners exist today, key informants felt partners should be ones with whom the parents could identify (e.g., fellow teen parents, parents with children who are experiencing delays and have disabilities, parents from the same immigrant communities, etc.); should make themselves available; and should be well trained regarding the variety of programs and services available in the District.
- **Family visitors.** Currently, there are five agencies as well as DCPS and public charter school teachers that might visit families. However, the family visits might be very different and there is limited coordination among the visiting teams (e.g., asking a uniform set of questions to all families in addition to those related to their specialty). Coordinating visits may provide valuable insights, help link vulnerable or underserved families with programs and supports they might not have otherwise received and reduce duplication of questions families ask of staff.

Finding 11C. The DC ICC for Part C advises the Mayor’s Office and OSSE on a system to provide early intervention services for infants and toddlers with developmental delays and disabilities. The DC ICC (described in Finding 6B) includes 25 members appointed by the Mayor and includes families with children who have disabilities (age 12 or younger), service providers and others as specified by IDEA or selected by the Mayor.

Finding 11D. The QIN is supported by an interagency steering committee comprised of District agencies that serve young children and families. This includes OSSE DEL and the OSSE Division of Health and Wellness, DHS, DBH, DC Health, DHCF, CFSA, the QIN hub agency leadership and DC Action for Children, an advocacy organization. The interagency steering committee leverages District agencies’ resources to provide comprehensive services that promote children’s and family health, development and well-being. Through the committee’s work, OSSE will continue to ensure participating CCPs fully benefit from programs and services, such as mental health consultation, nutrition education and oral health education for families and teachers. OSSE has also worked with DHS to streamline eligibility policies so families are properly enrolled in the subsidy program and can benefit from the services offered by the programs participating in QIN.

CONCLUSION

High-quality ECE experiences lead to improvements in children’s health and educational attainment.^{85,86,87} Sustaining and developing high-quality ECE for vulnerable and underserved children B-5 is a priority for the District as demonstrated through the extensive system of supports, services, programs and resources available to families and providers. While the District has built a robust system through family engagement, provider input, mayoral support, collaboration between District agencies, and private and public partnerships, there are still service delivery inequities and disparity in outcomes for young children. The District understands the need to improve upon and increase current B-5 offerings, creating more ECE slots and greater access to high-quality ECE, specifically in wards 7 and 8.

The needs assessment will inform the strategic plan for the early childhood system by using the findings, current programs, resources and services to build a vision, mission, pillars, objectives and actions for the District. Additional support for the strategic plan will be provided in collaboration with key stakeholders, including families, District agencies and early childhood professionals. By working together, the existing system will be refined and enhanced to meet the needs of all families with children B-5. The following recommendations are not meant to serve as an exhaustive list, but rather are a set of options to build upon in the strategic plan.

ACCESS TO PROGRAMS AND SERVICES

- Increase the number of quality and/or high-quality designated ECE slots, particularly focusing on geographic locations where vulnerable and underserved populations are concentrated;
- Address logistical barriers families encounter when attempting to access services and programs;
- Refine stakeholder and family communication and outreach to increase awareness of programs and services, particularly for vulnerable and underserved populations;
- Promote inclusion to ensure vulnerable and underserved families have needed supports as children transition into schools; and
- Increase access to home visiting programs aligned with family needs.

SYSTEM COLLABORATION AND COORDINATION

- Increase communication between ECE providers across all three education settings (i.e., DCPS, CBOs and public charter schools);
- Identify teacher turnover data in community settings with ECE, pre-K and/or HS services.

USE OF DATA

- Align the definition of “vulnerable and underserved populations” across the mixed-delivery system; and
- Develop the ability to link data from a diverse set of data sources across all B-5 programs to identify an unduplicated count of children participating in B-5 programs across the District. This will allow the District to gain a deeper understanding of which children are or are not receiving services and the various combinations of services and programs children receive.

⁸⁵ Bainum Family Foundation, *Early Learning Supply and Demand in the District of Columbia: Using Data to Identify Critical Gaps*, 2018.

⁸⁶ Andres S. Bustamante, Kathy Hirsh-Pasek, Deborah Lowe Vandell, and Roberta Michnick Golinkoff. *Realizing the promise of high-quality early childhood education*. *Brookings Institution blog*, 2017, www.brookings.edu.

⁸⁷ ZERO TO THREE, *America’s Future Depends on Quality Childcare*, 2019.

APPENDIX

Appendix A: Sources that Informed the Needs Assessment

- 1. Existing needs assessment reports:** A cadre of 20 existing federal and state needs assessments issued between 2016 and 2019 were reviewed to explain how the District is performing on key participant outcomes and to identify trends related to access, barriers, availability and quality of the District's programs and services. In addition to the needs assessment reports, five other state-level reports were reviewed to provide a fuller understanding of current activities and effectiveness of key strategies in the District.
- 2. Administrative data:** An array of administrative data including existing pre-K, child care, HS, EHS, TANF, Medicaid and WIC data to better understand the current participation, demographics, utilization rates, etc.
- 3. Family listening sessions:** Family listening sessions were conducted in an effort to better understand the needs of families with young children and their experiences accessing programs and services, as well as transitions from an early care and education setting to an LEA and identify opportunities for improvements. One-hundred fifteen families with children under the age of 5 participated in one of 32 groups to share their experiences with early childhood programs and services (e.g., child care, home visiting, Head Start, WIC, pre-K, etc.). Participants included families who have low incomes, experienced homelessness, receive income-eligible assistance, have children with developmental delays and/or disabilities, have children in foster care, have participated in home visiting.
- 4. Professional focus group sessions:** Early childhood professionals across the mixed-delivery system participated in focus group sessions to share their perspective on the needs and challenges of families with young children. Twenty-three focus groups were held with 90 professionals from across the mixed-delivery system. Participants included representation from center-based, family child care and informal care providers, public and charter preschools, CBOs, LEAs and a range of ECE programs and services (e.g., health care, behavioral health, philanthropy, etc.). Participants included eight directors/administrators of CBOs, and family child care providers; seven teachers; three principals and early childhood directors in LEAs; eight home care providers; 19 Strong Start vendors or service coordinators; eight QIN coaches; and 11 family engagement specialists; two Help Me Grow staff; one WIC staff; six home visitors; two Capital Quality facilitators; seven mental health consultants; one librarian; one Early Stages staff; and six DEL staff.
- 5. Key informant interviews:** Twenty-one key District stakeholders were interviewed to gain insights on the system-level perspective of priorities, goals and long-term vision of how the District's agencies can work together to best support vulnerable or underserved children birth through five and their families. Interviewees shared their systems perspective to identify opportunities and barriers to streamline programs and services and coordination between agencies as a whole.

- 6. DC Family Survey:** Families (n=2,099) representing different wards within the District with varying socio-economic status and education background, shared the extent to which they had knowledge and awareness of B–5 programs, resources and benefits via an online and paper survey. In addition, survey respondents shared their top priorities when selecting a child development facility.
- 7. Inventory of pilot/demonstration projects:** An inventory of pilot and demonstration projects that have been conducted in the B–5 mixed-delivery system were requested from key stakeholders in the mixed-delivery system and analyzed for impact and scalability programs.
- 8. Recent state and national reports on ECE:** A body of recent state and national reports on early care and education were referenced to provide additional context and data throughout the needs assessment domains.

Appendix B: District Initiatives to Ensure that High-Quality Care is Available to Vulnerable or Underserved Children

BEHAVIORAL, SOCIAL, EMOTIONAL AND MENTAL HEALTH FOCUSED PROGRAMS

DC SEED Project is a Substance Abuse and Mental Health Services Administration (SAMHSA) system of care initiative that seeks to expand evidence-based early childhood-specific interventions with two community-based programs and to infuse ECE into community-based interventions and high-fidelity wraparound and family-peer specialist's models.

The Families First project is an evidence-based practice initiative created by DBH and CFSA to expand the range of mental health services for families and children. The programs made available through Families First must be evidence-based and proven to strengthen family life, improve family functioning and help families avoid more complex, long-term challenges. The Families First project includes a range of evidence-based mental health treatment and practices appropriate for different age groups proven to make a difference in family life, including Child-Parent Psychotherapy for Family Violence (CPP-FV) for children ages 0-6 and Parent-Child Interaction Therapy (PCIT) for children ages 2-6.

Healthy Futures is an early childhood mental health consultation model that supports social and emotional development and addresses challenging behaviors in early learning settings. Healthy Futures focuses on building the capacity of teachers, caregivers, administrators and systems and utilizes evidence-based prevention and early intervention programs to increase pro-social and self-regulation skills that contribute to the overall development of positive early mental health.

Help Me Grow, a call center, has been leveraged to support a single point of entry for referral and linkage of all children who have social and emotional concerns. Help Me Grow DC provides linkages to developmental and behavioral services for children and their families with four key components: (1) a centralized telephone access point for services and care coordination; (2) a community and family outreach specialist to promote program use and provide networking opportunities among families and service providers; (3) a child health provider to support early detection and early intervention; and (4) data collection and analysis, including the identification of gaps and barriers.

Kognito is a program provided by DBH. Pre-K teachers are required to complete the training. The South Capitol Street Memorial Amendment Act of 2012 was established in response to one of the District's deadliest shootings, which resulted in the deaths of four teenagers. The act seeks to improve mental and behavioral health outcomes for children in the District. As a result of this act, District educators across all grade levels have been provided with this online PD tool meant to support educators in identifying risk factors and connecting children and families to

behavioral health assistance. Kognito is designed to encourage conversations around difficult topics by offering online, interactive role-play simulations that build awareness, knowledge and skills around addressing mental and behavioral health concerns. Kognito's modules allow educators to practice navigating difficult scenarios and prepare them to lead real-life conversations with students and families. Kognito previously offered modules targeted to elementary school teachers and older, but has recently released a module specifically for early childhood educators. The simulation allows ECE professionals to practice working with a student who is exhibiting behavioral difficulties due to trauma experienced at home and helps them navigate difficult conversations with a parent. Any educator in the District, including those employed at child development facilities, can create an account to access the modules.

Parent Infant Early Childhood Enhancement Program (PIECE Program) and the Child Psychiatric Practice Group provide interventions to children under 7 years of age whose social, emotional or disruptive behaviors cause impaired functioning at home, school or in the community. The program is an outreach of DBH.

Primary Project is an evidence-based practice that provides screening and early intervention services from a trained child associate to children identified as experiencing mild school adjustment issues in pre-K through grade 3 in certain public schools and child development facilities.

DEVELOPMENTAL DELAY AND/OR DISABILITY FOCUSED PROGRAMS

Behavioral Health Initiatives. The District has a statewide comprehensive coordinated system for the early detection and referral of children who are at risk for developmental delays and/or behavioral problems. A core strength of the behavioral health system is its comprehensive design, with multiple access points, funding sources and initiatives. There are key initiatives that screen, coordinate and provide behavioral health services for young children.

Early Stages is an evaluation program with two diagnostic center locations in the District for children between the ages of 2 years and 8 months and 5 years and 10 months. It helps identify any developmental delays that a child may have and arranges services to address them. Early Stages is a program of DCPS and can serve any child who goes to DCPS, is home-schooled or has not yet entered the school system. The program also assists children who attend a District private school or child development facility — even if they live outside of the District. All of Early Stages' services are free.

Strong Start, the District's early intervention program run by OSSE, is a District-wide, comprehensive, coordinated, multidisciplinary system that provides early intervention therapeutic and other services for infants and toddlers with disabilities and developmental delays and their families. The federal IDEA, Part C, along with the District of Columbia Public Law 1-2-119, mandate that infants and toddlers with disabilities and their families receive coordinated services early enough to make a difference. These services seek to be flexible, culturally responsive, and most importantly, meet the needs of the child with delays and disabilities and their families.

FACILITY IMPROVEMENT PROGRAMS

Access to Quality Child Care Expansion Grant (A2Q). The A2Q grant aims to increase the supply of ECE services for infants and toddlers, which may include establishing new or expanding existing child development facilities that serve infants and toddlers. The LIIF, with support from OSSE, provides sub-grants for renovation, repair and capital improvements to child development facilities and homes to increase the number of infant and toddler slots in the District.

Early Learning Quality Fund (ELQF). ELQF is a program funded by the Bainum Family Foundation and Reinvestment Fund designed to help licensed early learning providers improve their facilities in an effort to increase the number of safe high-quality facilities. This program is for licensed facilities in wards 7 and 8 that serve infants and toddlers. Through this support, the program aims to add 625 high-quality early learning slots by the end of 2020.

HEALTH AND WELLNESS PROGRAMS

Healthy Tots is a program managed by OSSE's Division of Health and Wellness and provides funding and resources to support child development facilities' ability to offer high-quality wellness programming through resource grants, supplemental meal funding and wellness standards. Healthy Tots supports nutrition education, physical education, gardening, teacher PD and wellness and family engagement.

PREVENTION SUPPORT PROGRAMS

Strong Families Program. The DHS, Family Services Administration, coordinates the Strong Families Program (SFP) Division. This prevention/early intervention support program supports families in the District who are in crisis and experiencing multiple, complex challenges that may lead to individual or family disintegration or separation. Confidential, individual-focused planning and decision-making is completed by staff trained in supporting positive outcomes and using effective approaches.

REFERRAL RESOURCES

DC Child Care Connections. DC CCC is the District's CCR&R and creates an integrated and effective system of supports and services for families, ECE providers and District communities through responsive services and evidence-based supports. These services and supports include, but are not limited to:

- Connecting families with ECE opportunities including educational and financial resources;
- Connecting early childhood education professionals to an array of PD opportunities, including professional memberships and continuing education;
- Providing technical assistance, consultation and coaching to administrators within early childhood development facilities;
- Providing access to a resource-rich CCR&R lending library that allows families and early childhood educators to borrow quality literature and books, digital resources and curriculum resources in person and online; and
- Creating and maintaining collaborative relationships with agencies within the District government.



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