



State Early Childhood Development Coordinating Council (SECDCC)

Nov. 19, 2025

Agenda

- Welcome and Introductions
- The Office of the State Superintendent of Education (OSSE) 2026-2030 Strategic Plan
- Early Childhood Educator Pay Equity Fund Fiscal Year 2025 (FY25) Overview and FY26 Updates
- Health Care for Child Care (HC4CC) Report
- FY24 Pre-Kindergarten (pre-K) Report
- Announcement and Public Comments
- Wrap Up



**OSSE 2026-2030
Strategic Plan**

Agenda

- Welcome and Framing (10 mins)
- Warm Up (10 mins)
- Small Group Discussions (20 mins)
- Synthesis and Close (5 mins)



Who is DeliverEd?

“delivery” (n.)

is a systematic process through which system leaders can drive progress and deliver results.

It involves asking the following questions consistently and rigorously:

- 1 What are we trying to do?
- 2 How are we planning to do it?
- 3 At any given moment, how will we know whether we are on track?
- 4 If we are not on track, what are we going to do about it?

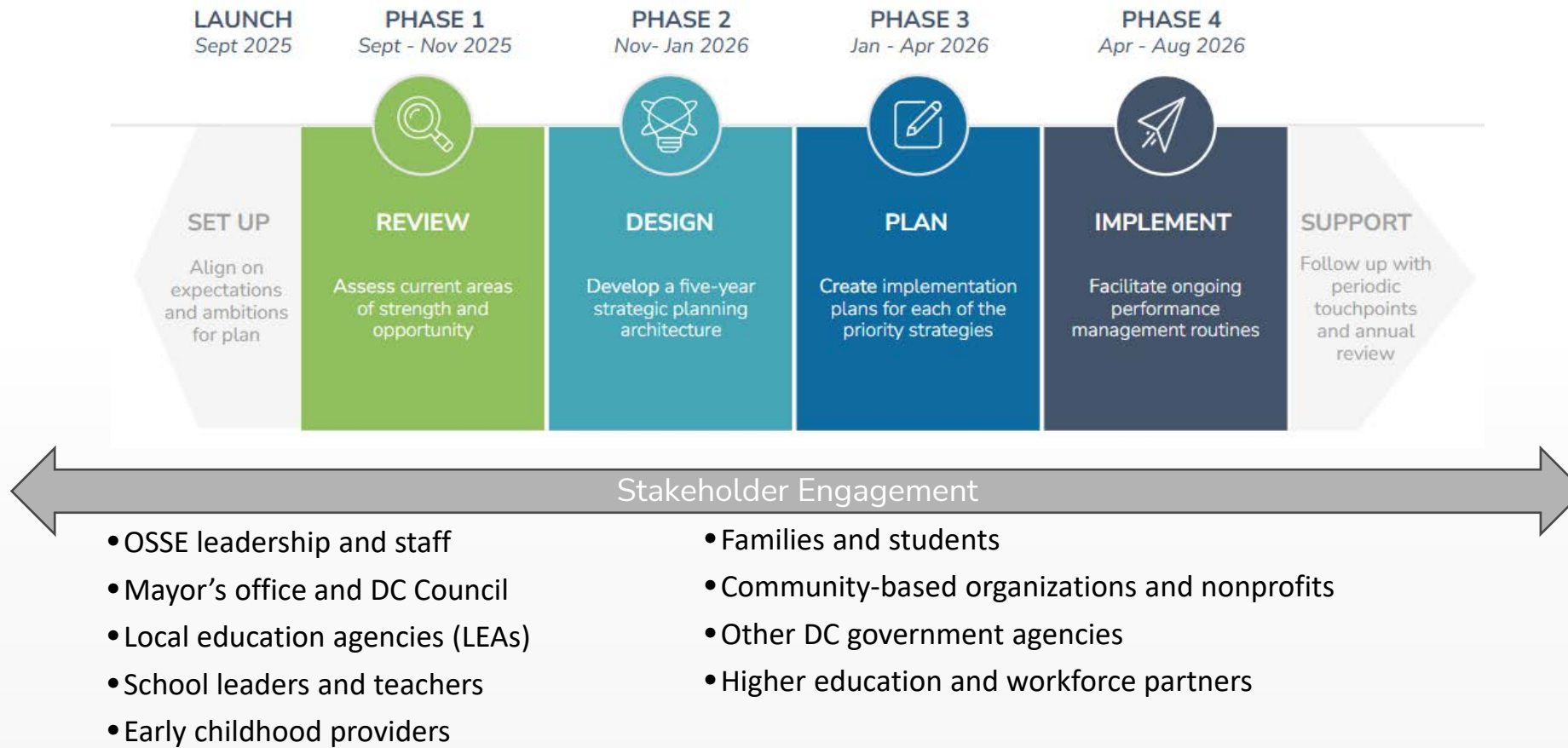
Over the next six months, we will support OSSE in developing its next strategic plan

In alignment with OSSE's vision, the next five-year strategic plan will be focused on:

- *A unifying vision* that brings staff together around a shared purpose and a clear path for academic acceleration.
- *Ambitious but actionable goals* that sharpen OSSE's focus on improving academic outcomes for all students and create accountability for the agency and its partners.
- *Clarity of OSSE's role and deepening trust with stakeholders*, reinforced through a compelling articulation of OSSE's purpose and evidence of impact.



The process will extend over four phases and include meaningful stakeholder engagement throughout



Objectives for today

- Gather perspectives to inform OSSE's 2026–2030 Strategic Plan
- Understand what's working, where challenges remain and how OSSE can strengthen support for schools
- Surface potential priorities that will have the greatest impact on student outcomes



Norms for Today

Honor Everyone's Voice: We all have something valuable to share—listen fully and speak kindly.

Be Fully Present: Give this space your attention; your insights matter.

Speak from Your Experience: Share your own perspective and stories—there are no wrong answers.

Keep It Safe and Respectful: What's said here stays here, so everyone can be open and honest.

Welcome Different Perspectives: Diverse ideas help us grow; curiosity is better than judgment.

Share the Time: Be mindful of giving space for everyone to contribute.

Nothing you share will be attributed directly to you or quoted by name. Our goal is to lift up key themes and perspectives across interviews to help shape OSSE's next strategic plan.



If you had to describe OSSE in one word based on your experience or perception, what would it be — and why?

Feel free to use the chat!



DeliverEd
THE IMPLEMENTATION EXPERTS

Warm Up



Discussions

We'll have 20 minutes for our group discussions

- What do you see as OSSE's most critical role in accelerating student learning from birth to adulthood across DC?
- Across OSSE's core functions (standard setting, capacity building, assessments accountability, etc.) where does OSSE have the most impact in your organization? Where does OSSE have the most room for improvement?
- What OSSE supports (training, certification, quality funding, resources) have been most or least helpful? Where do you think OSSE could do better or play a stronger role?

Next Steps

What?	Who?	By when?
Continue to gather input from stakeholders across the city through additional focus groups and survey	OSSE	December 2025
Draft outline of priorities and initiatives for the plan	OSSE	January 2026
Gather second round of feedback from community on the draft plan	OSSE	January 2026



**OSSE wants to hear from educators, families and partners across the District!
Your feedback will help shape OSSE's priorities for the coming years.
Please take complete this short survey by Dec. 5, 2025.**

Survey link is in the chat

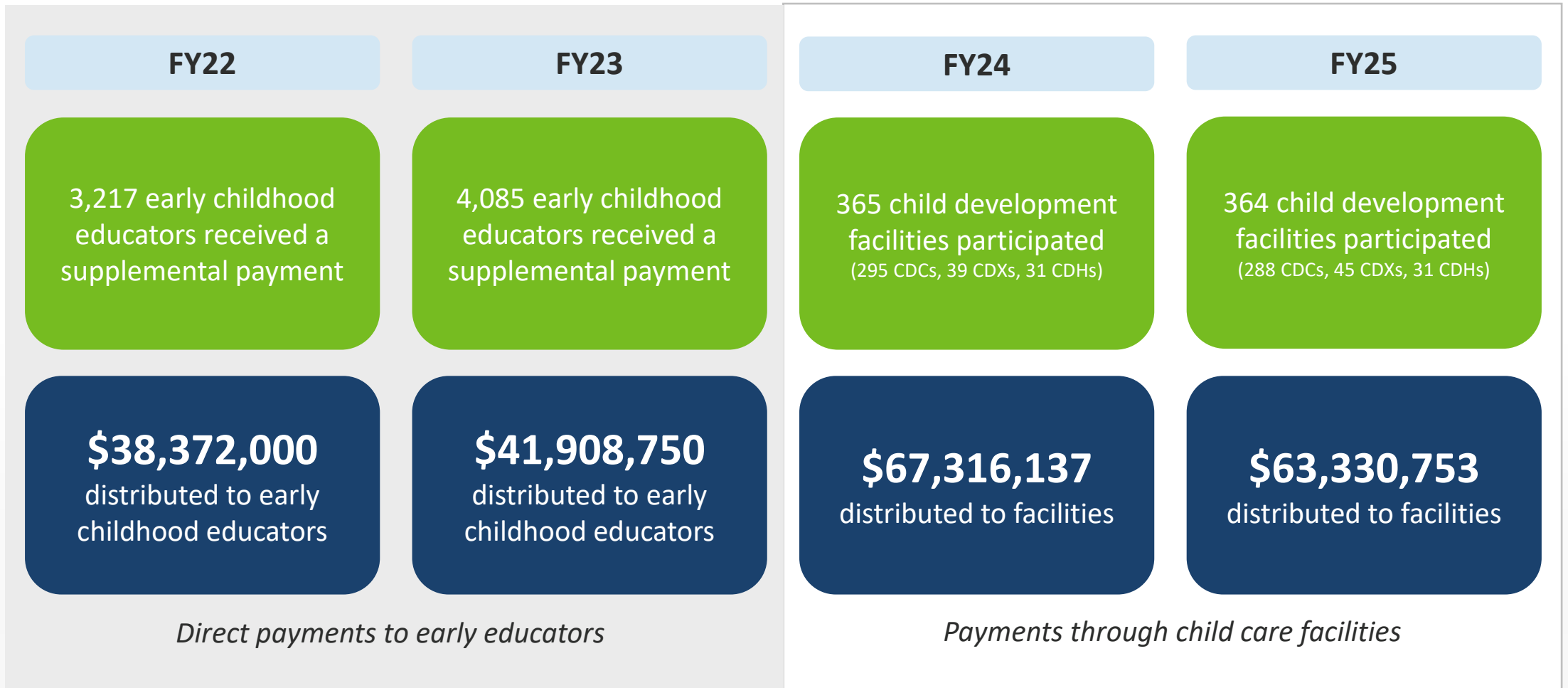


DeliverEd
THE IMPLEMENTATION EXPERTS

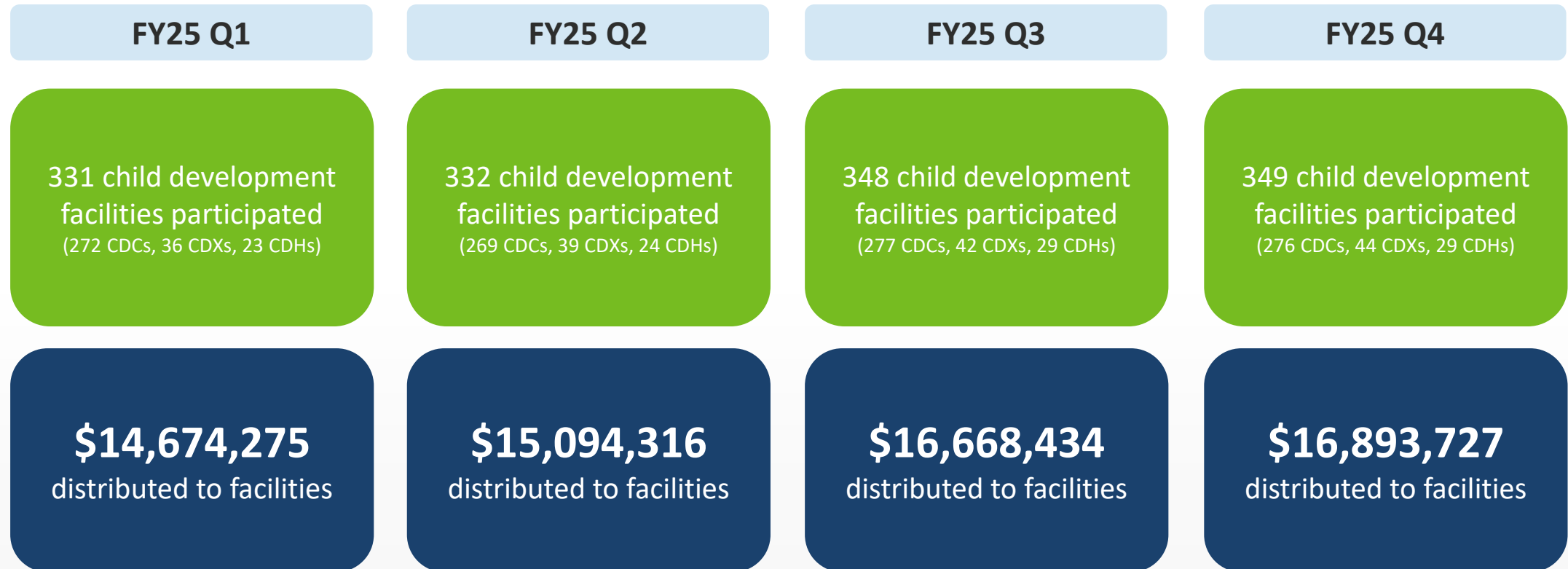


**Early Childhood Educator
Pay Equity Fund FY25
Overview and FY26 Changes**

To date, OSSE has distributed more than \$200 million to boost early educator pay

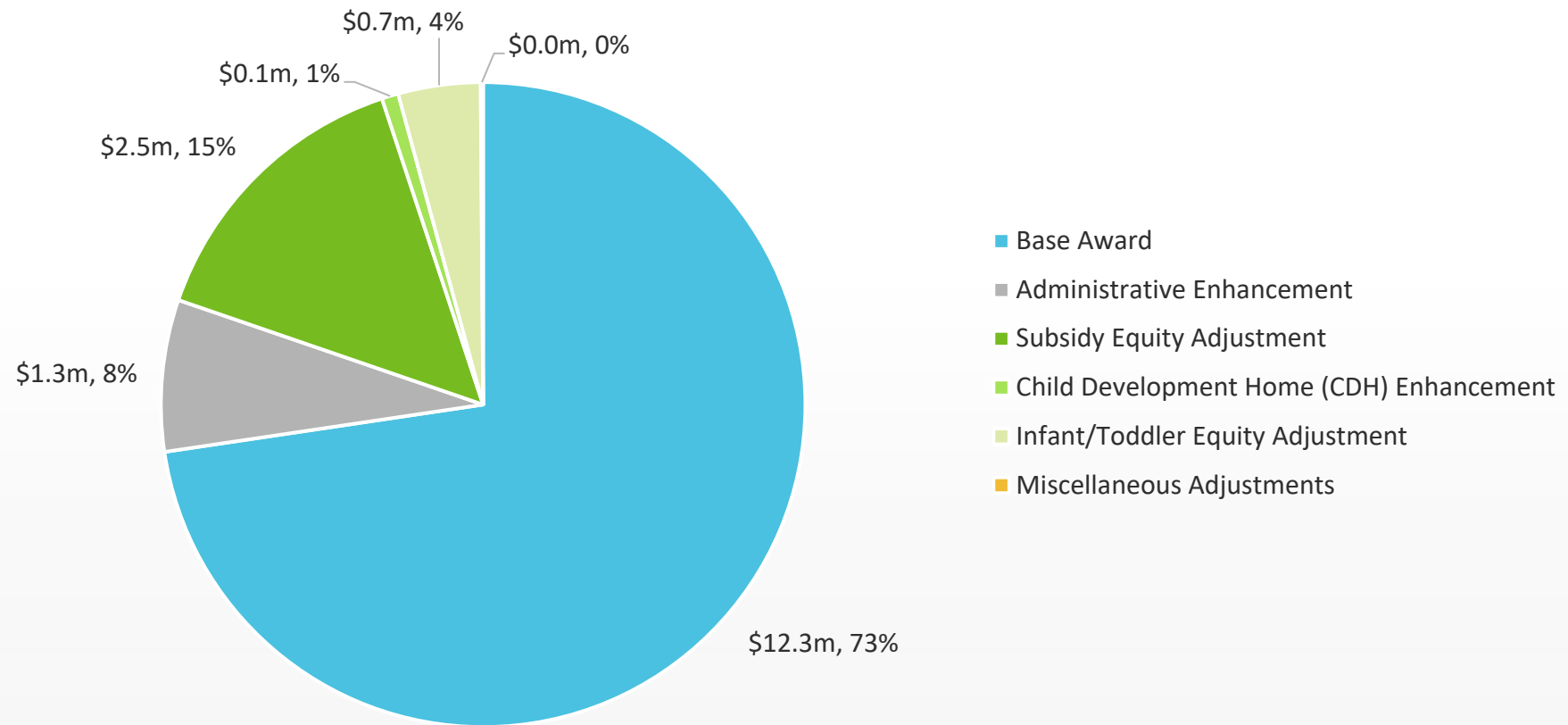


In FY25, OSSE distributed more than \$63 million to child development facilities



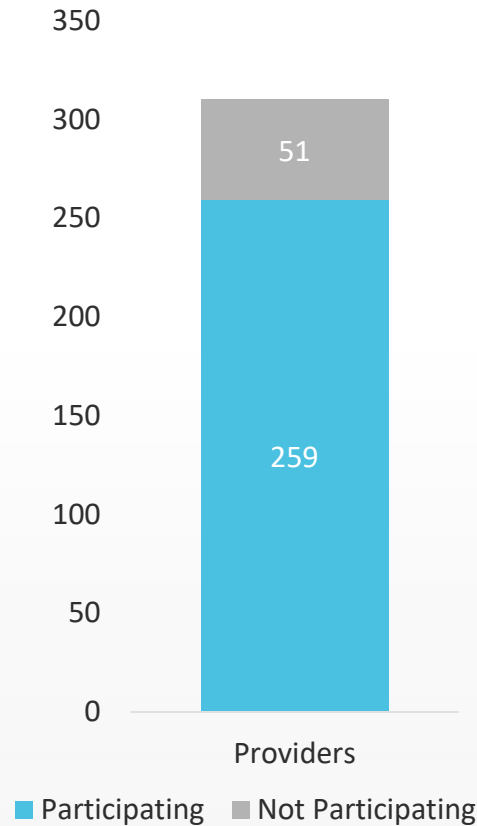
In September 2025, OSSE distributed \$16,893,727 to child development facilities

Distribution of FY25 Q4 awards by [CDF Payroll Funding Formula](#) components

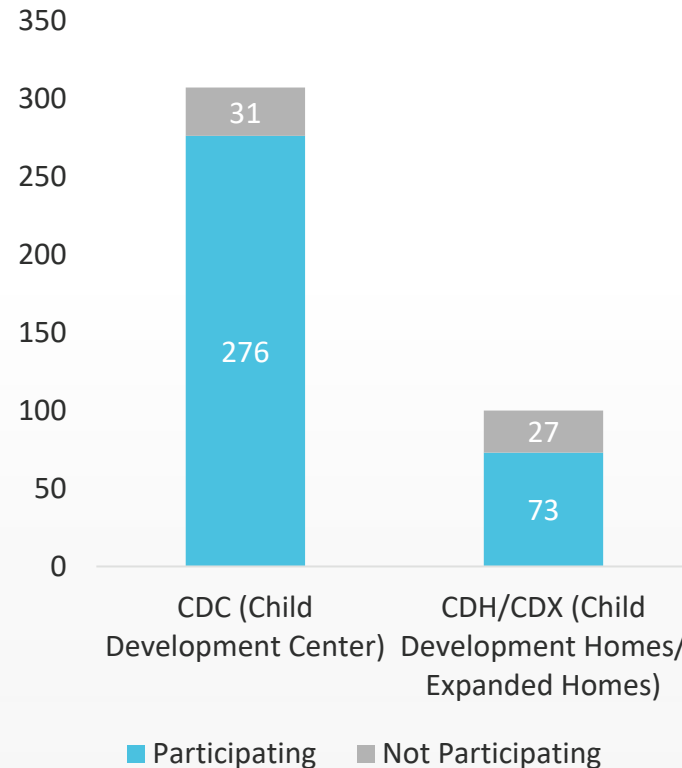


259 child care providers participated in FY25 Q4

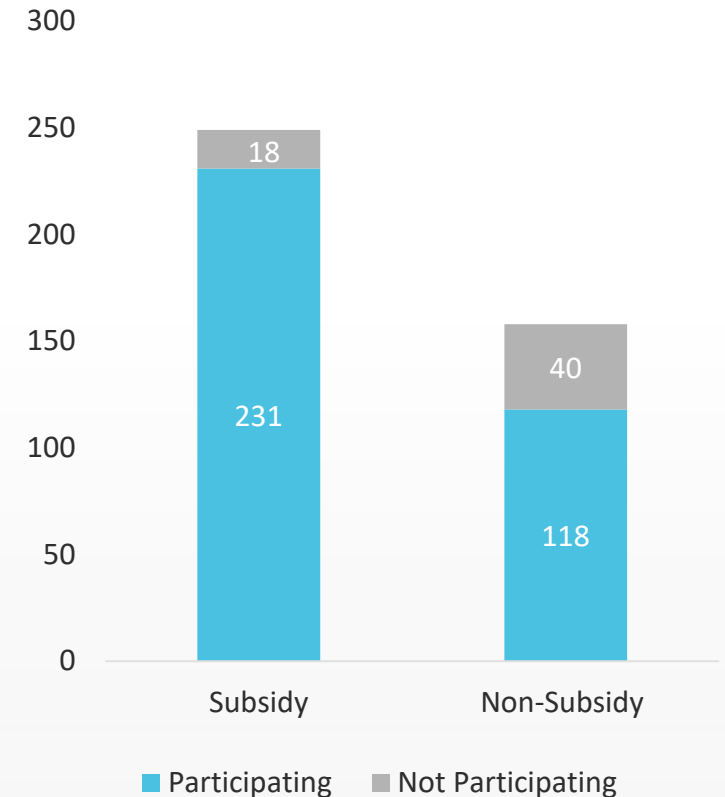
Number of participating vs. non-participating eligible providers in the Pay Equity Fund as of Sept. 29, 2025



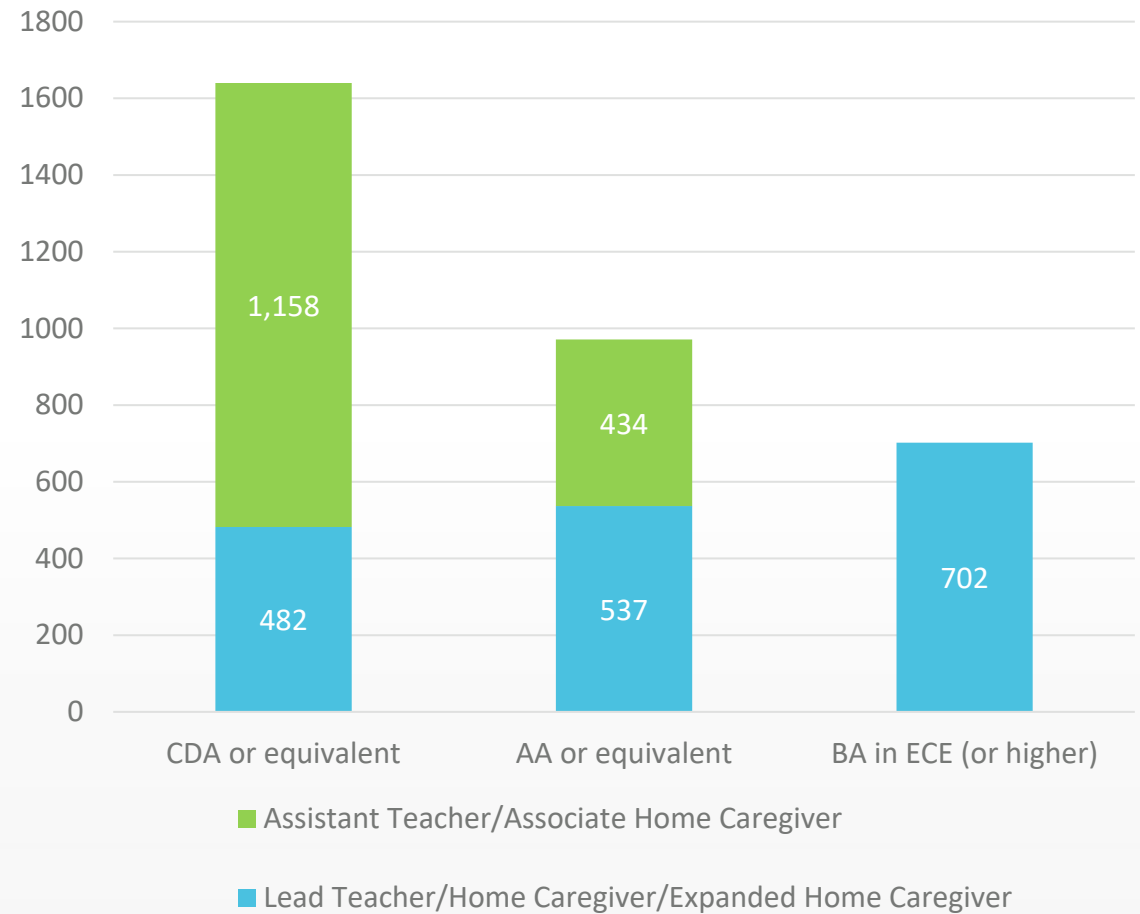
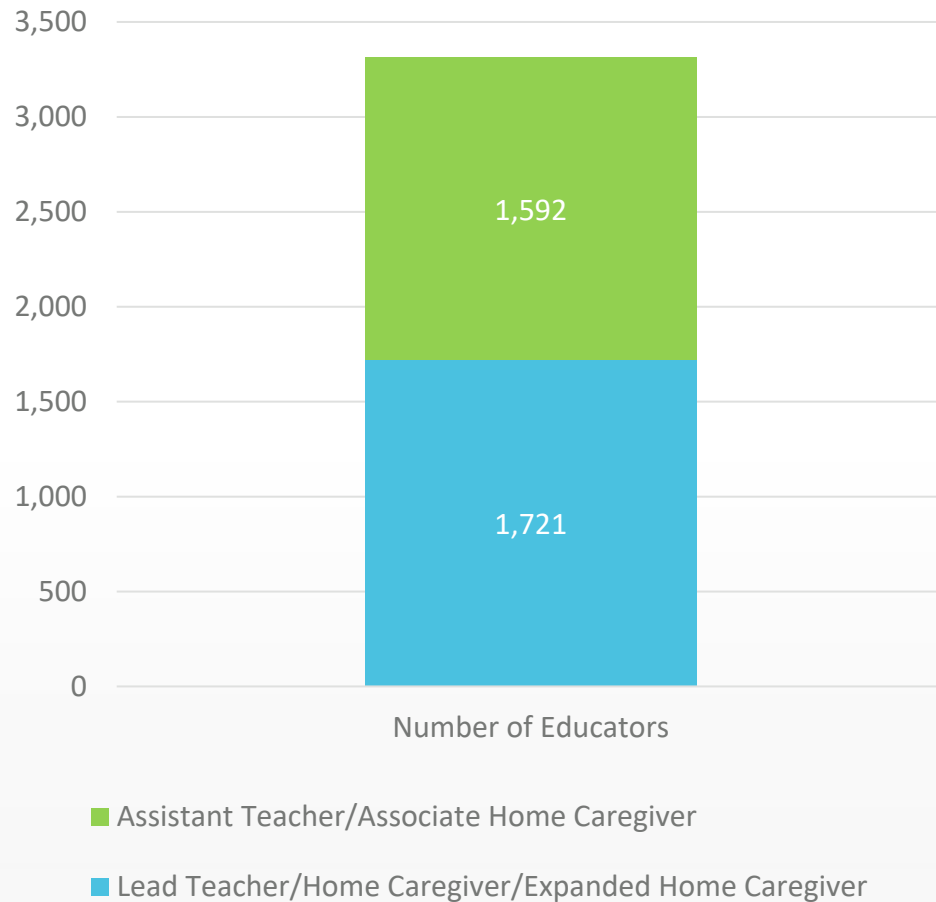
Number of participating vs. non-participating eligible facilities in the Pay Equity Fund by facility type as of Sept. 29, 2025



Number of participating vs. non-participating eligible facilities in the Pay Equity Fund by subsidy status as of Sept. 29, 2025

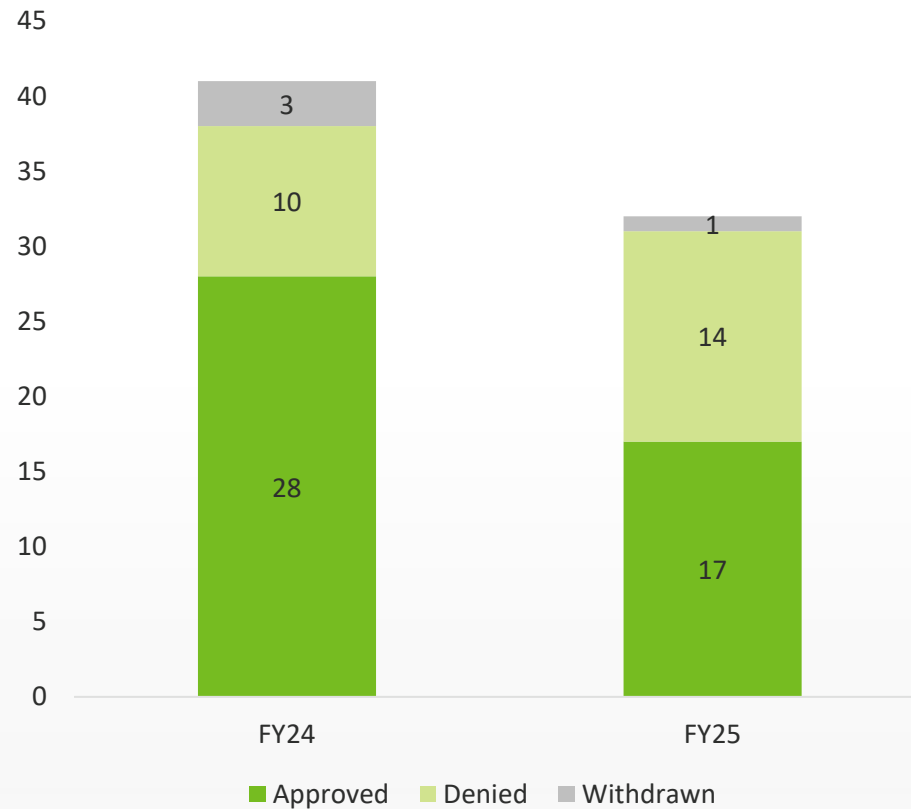


3,313 early educators were included in facility awards in FY25 Q4



OSSE received two new waiver applications for FY25 Q4

Waiver decisions in FY25 Q1 – Q4

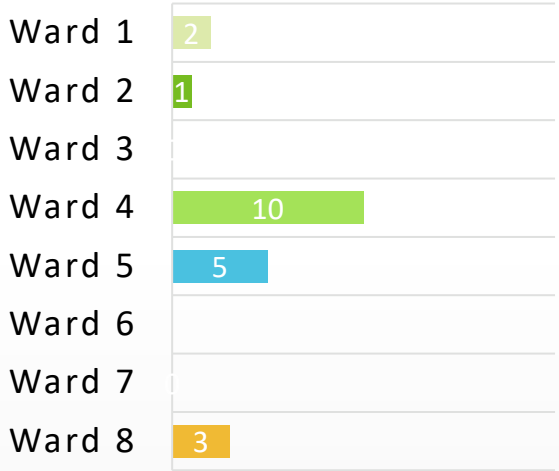


- Providers may apply to waive the minimum salary requirements.
- OSSE made changes to the [waiver criteria](#) for FY25 that narrow eligibility for providers.
- Providers without FY24 waivers, who participated in FY24 of the Early Childhood Educator Pay Equity Fund and applied for a waiver for FY25, were required to meet the minimum salary requirements for FY25 until notification of an approved waiver.

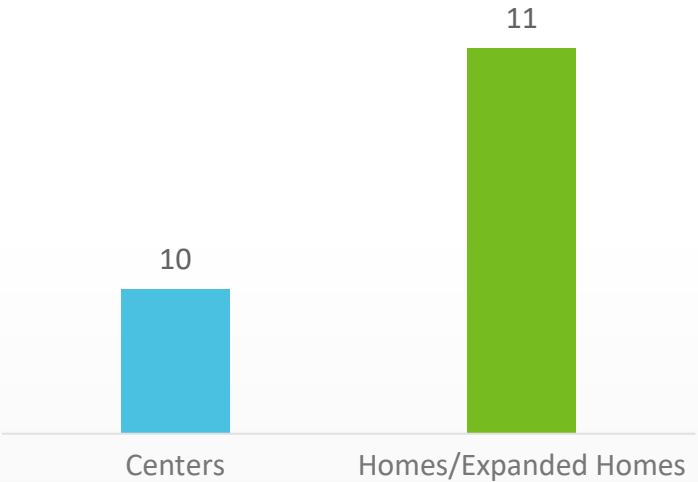


Distribution of approved FY25 waivers

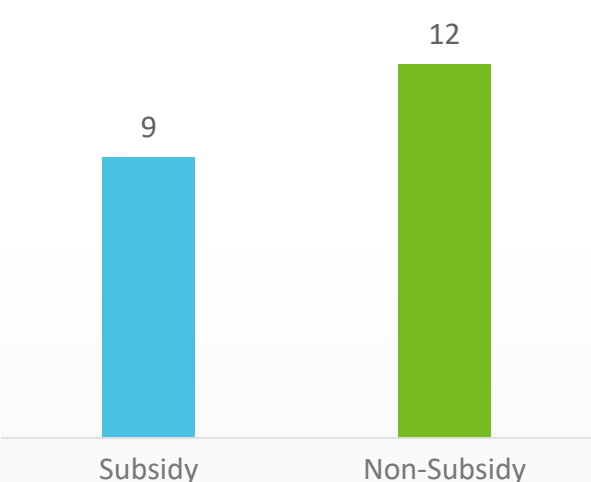
Approved Waivers By Facility Ward



Approved Waivers By Facility Type



Approved Waivers By Subsidy Participation



In FY25, 17 providers had approved waivers covering 21 facilities.





FY26 Updates



Why is OSSE making changes for FY26?

- The DC Council passed emergency legislation on Oct. 21, 2025 decreasing the minimum salaries for all staff types for the Early Childhood Educator Pay Equity Fund for FY26 in order to enable the program to operate within the funds available in the District's approved FY26 budget.
- OSSE is making these updates in accordance with the emergency legislation.



The structure of the program remains the same

- OSSE distributes Early Childhood Educator Pay Equity Funds directly to child development facilities to increase compensation for early educators through a CDF payroll funding formula.
- Facilities are required to pay eligible early educators minimum salaries established for the program, unless they have an approved waiver.



Roadmap for FY26

What's Changing

- Reduced minimum salaries for ALL roles and credentials
- Implementation of all CDF payroll funding formula components

Timeline

- Providers will receive award payments for quarter one in December 2025
- Minimum salary requirements for FY26 take effect in January 2026

Changes to the minimum salaries affect how much funding child care providers receive and how much they are required to pay employees



The minimum salary requirements for FY26 have been reduced

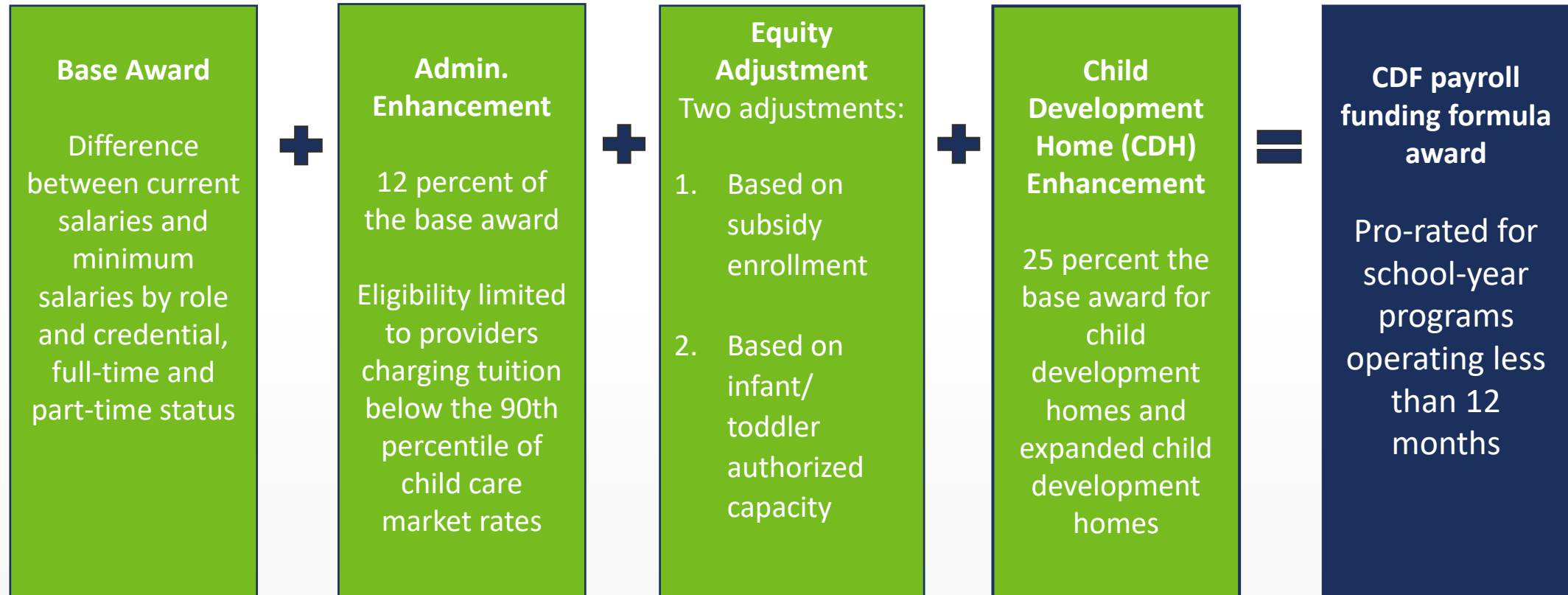
- The minimum salaries were reduced by 4-5 percent, depending on role and credential, with slightly larger reductions applied to roles/credentials with higher minimum salaries.
- The [minimum salaries](#) for FY26 take effect in January 2026.
- Providers must meet the [minimum salary requirements](#) for FY25 through December 2025, unless they have an approved waiver.
- Providers may choose to pay eligible educators more than the minimum salaries but cannot pay them less.



Minimum Salaries for FY26

Role	Credentials	Minimum Salaries for FY26 (annual salary)	Minimum Salaries for FY26 (hourly)
<ul style="list-style-type: none"> Assistant Teacher Associate Caregiver 	CDA or equivalent	\$48,736	\$23.43/hour
	Associate degree or higher; or 60 hours of college-level coursework in any field	\$51,576	\$24.80/hour
<ul style="list-style-type: none"> Lead Teacher Expanded Home Caregiver 	CDA or equivalent	\$48,736	\$23.43/hour
<ul style="list-style-type: none"> Home Caregiver 	CDA or equivalent	\$51,576	\$24.80/hour
<ul style="list-style-type: none"> Lead Teacher Home Caregiver Expanded Home Caregiver 	Associate degree in ECE; associate degree with greater than or equal to 12 credit hours in ECE; or 60 hours of college-level coursework with greater than or equal to 12 credit hours in ECE	\$60,678	\$29.17/hour
	Bachelor's degree or higher in ECE or bachelor's degree or higher with greater than or equal to 12 credit hours in ECE	\$71,010	\$34.14/hour

CDF Payroll Funding Formula



The CDF payroll funding formula has not changed for FY26.

In FY26, OSSE will operationalize all components of the CDF payroll funding formula

OSSE will implement two Task Force-recommended changes to formula components that it was previously unable to fully implement:

- Wage supplements will be pro-rated by 70 percent for educators working less than 30 hours/week.
 - This component was not implemented in FY25 due to the need to update IT systems to collect this data and to provide time for child care providers to input it into the updated system.
- Any provider that charges tuition at or above the 90th percentile of OSSE's most recent child care market rate survey analysis is ineligible for an Administrative Enhancement and Infant-Toddler Equity Adjustment.
 - In FY25, OSSE implemented this policy only for child care providers that did not participate in the DC Child Care Subsidy Program. For FY26 and all future years, any child care provider charging families paying tuition above the 90th percentile will not receive the Administrative Enhancement or the Infant-Toddler Equity Adjustment. This was previously communicated at the start of FY25.



FY26 Waivers

- OSSE is offering a [waiver process](#) in FY26 for child development facilities that cannot afford to meet the minimum salaries for all eligible educators.
- Facilities requesting a waiver will be required to share financial information with OSSE to document their inability to meet the minimum salary requirements without operating at an unsustainable budget deficit, among other requirements.
- Facilities that are granted a waiver will be required to use FY26 Early Childhood Educator Pay Equity Fund monies to raise salaries for eligible educators even if they cannot raise them enough to meet the minimum salaries for FY26.



Health Care for the Child Care Workforce

A Case Study of Washington, DC's Innovative Health Insurance Initiative for Early Childhood Education
Providers and Staff



Presentation to the State Early Childhood Development Coordinating Council

November 19, 2025

Erica Greenberg, Dulce Gonzalez, and Alicia González

Project Overview

- **Purpose:** to explore the history of HealthCare4ChildCare (HC4CC), its implementation successes and challenges, current participation patterns and experiences, perspectives on early outcomes, and future goals.
- **Study period:** November 1, 2024 – October 31, 2025
- **Key activities:**
 - Administrative Data Analysis
 - Center Director Interviews
 - Home Owner and Operator Interviews
 - Key Informant Interviews
- Made possible by the **Bainum Family Foundation**

Implementing HealthCare4ChildCare

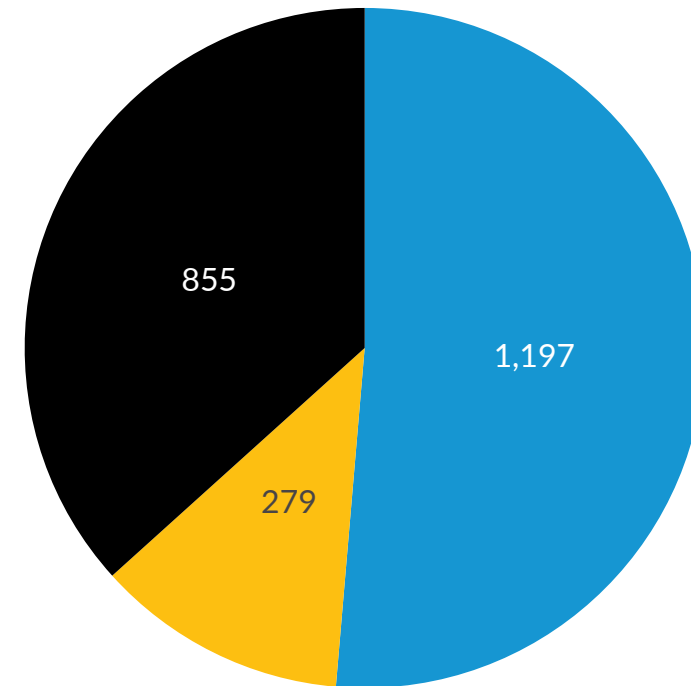
- The program went from statutory approval to participant enrollment in only four months – existing health care Marketplace infrastructure was key
- DC Health Benefit Exchange Authority (HBX) conducted robust outreach and engagement that was critical to overcoming initial mistrust of a new government program in the child care community, including a collaborative partnership with OSSE, DC Medicaid, community-based organizations, and other stakeholders
- A customer service approach to enrollment and improvements in the program’s health insurance options over time helped contribute to high program enrollee satisfaction

*“As a homeowner, I also have a child with special needs and try to keep healthy staff. It can be quite a bit, along with doing all the things that OSSE requires. So **the fact that [HC4CC] came along and it wasn’t difficult, it made my life easier.**”*

More than 2,000 individuals participated in HC4CC, and most who participated in 2023 continued in 2024.

Number of Individuals who Participated in HealthCare4ChildCare, 2023 and 2024

- Participated in 2023 and re-enrolled in 2024
- Participated in 2023 and dropped off in 2024
- New participant in 2024

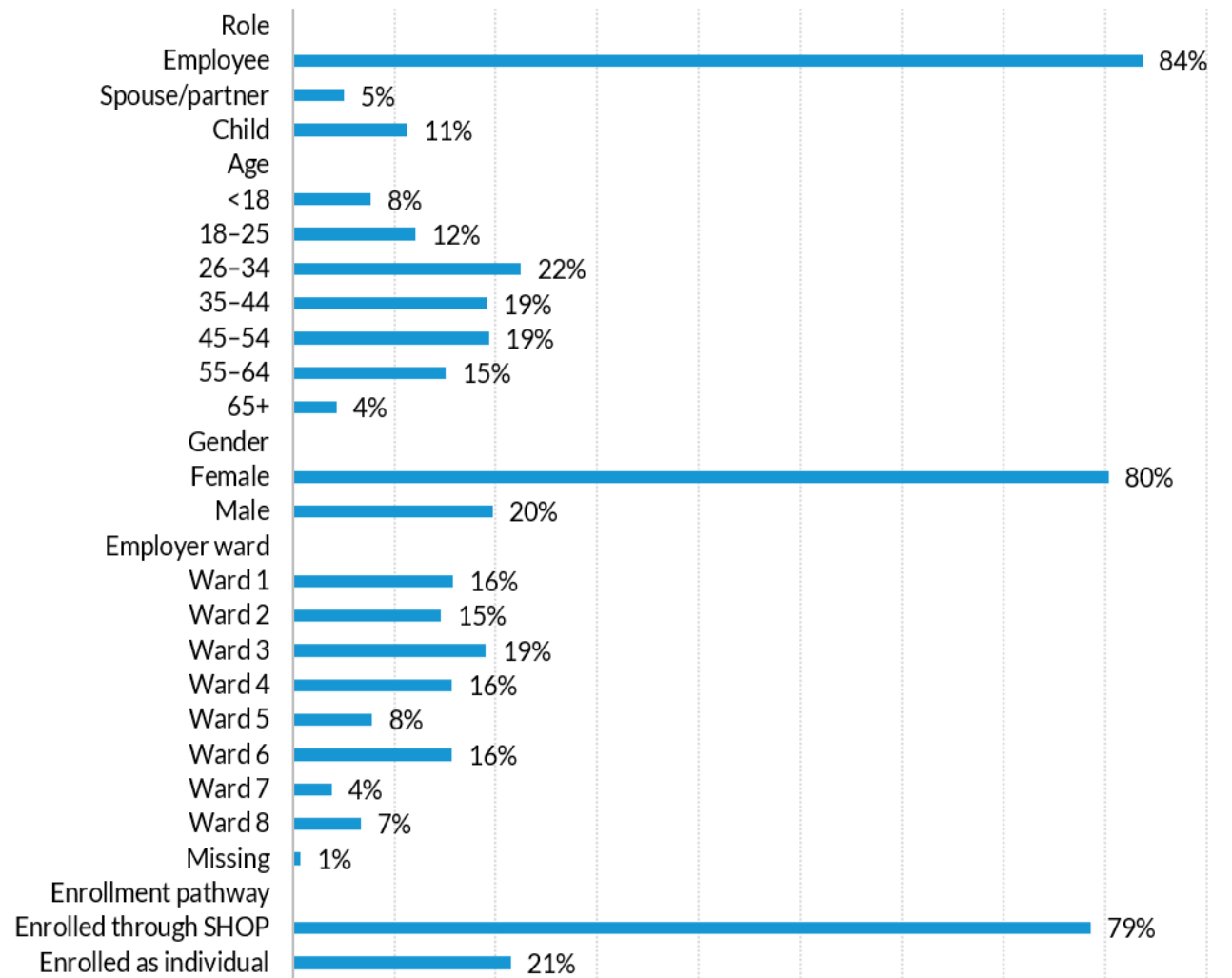


Source: DC Health Benefit Exchange Authority administrative data individual file, 2023 and 2024.

Notes: Data are de-duplicated such that participants only appear once in each year.

HC4CC had positive spillover effects on coverage for other family members. The program serves many young adults, women, and people across all eight Wards in DC.

Select Characteristics of Individuals Who Participated in HealthCare4ChildCare, 2023 and 2024



Source: DC Health Benefit Exchange Authority administrative data individual file, 2023 and 2024.

Notes: Data are de-duplicated such that participants only appear once in each year. SHOP is DC Health Link’s Small Business Market. Total number of individuals = 2,331.

The HC4CC program leveraged dollars from employers, employees, and the federal government to complement local dollars.

Average Share and Amount of Monthly Employee Health Insurance Premiums Paid by Employee, Employer, HC4CC, and APTCs (in 2025 dollars), among Employees Participating in HC4CC, 2023 and 2024

	2023			2024		
	Avg. share of premium from each source	Mean	Range	Avg. share of premium from each source	Mean	Range
Among employees who signed up as individuals						
Total premium		\$927	\$373-3,607		\$1,268	\$490-4,685
Contribution from HC4CC	80%	\$726	\$5-3,607	78%	\$973	\$128-4,685
Contribution from the employee	0%	\$-	-	0%	\$-	-
Contribution from employer	0%	\$-	-	0%	\$-	-
Contribution from APTCs	20%	\$201	\$0-1,415	22%	\$295	\$0-1,962
Among employees who signed up in their employer's group plan						
Total premium		\$776	\$247-4,406		\$821	\$292-4,533
Contribution from HC4CC	68%	\$465	\$224-836	81%	\$617	\$84-1,127
Contribution from employee	6%	\$74	\$0-2,708	5%	\$64	\$0-2,812
Contribution from employer	27%	\$237	\$0-1,755	14%	\$140	\$0-1,831
Contribution from APTCs	0%	\$-	-	0%	\$-	-
Sample size, employees who signed up as individuals	143			310		
Sample size, employees who signed up in their employer's group plan	1,122			1,387		

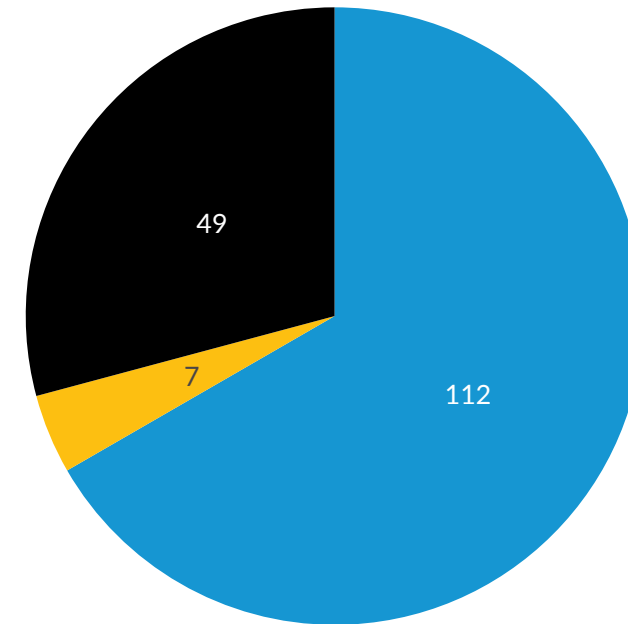
Source: DC Health Benefit Exchange Authority administrative data individual file, 2023 and 2024.

Notes: HC4CC = HealthCare4ChildCare; APTC = advance premium tax credits. Data are not de-duplicated, such that employees may appear in both years. Contributions are adjusted for inflation using the Consumer Price Index and presented in 2025 dollars.

Most employers who participated in 2023 continued in 2024.

Number of Employers who Participated in HC4CC through SHOP, 2023 and 2024

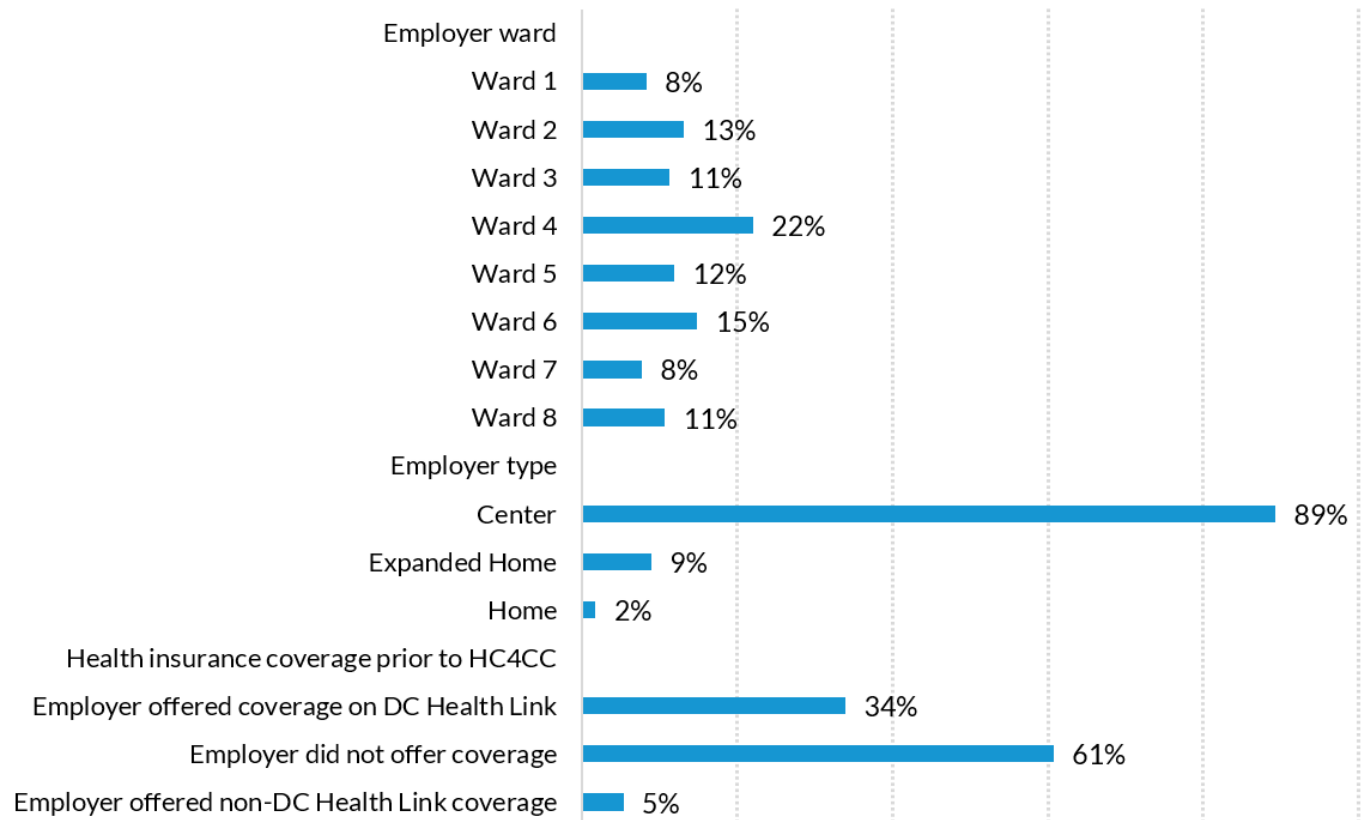
- Participated in 2023 and re-enrolled 2024
- Participated in 2023 and dropped off in 2024
- New participant in 2024



Source: DC Health Benefit Exchange Authority administrative data group file, 2023 and 2024.
Notes: HC4CC = HealthCare4ChildCare; SHOP = Small Business Market. A total of 168 employers participated in either 2023 or 2024. We use the term "employer" to refer to "group" for ease of interpretation. Data are de-duplicated such that participants only appear once in each year. Estimates only capture employer participation in the SHOP and do not include individual enrollment in HC4CC through DC Health Link's individual and family market.

HC4CC reached all eight wards and child care program types in DC, and most participating employers did not offer insurance prior to HC4CC.

Select Characteristics of Employers Participating in HC4CC through SHOP, 2023 and 2024



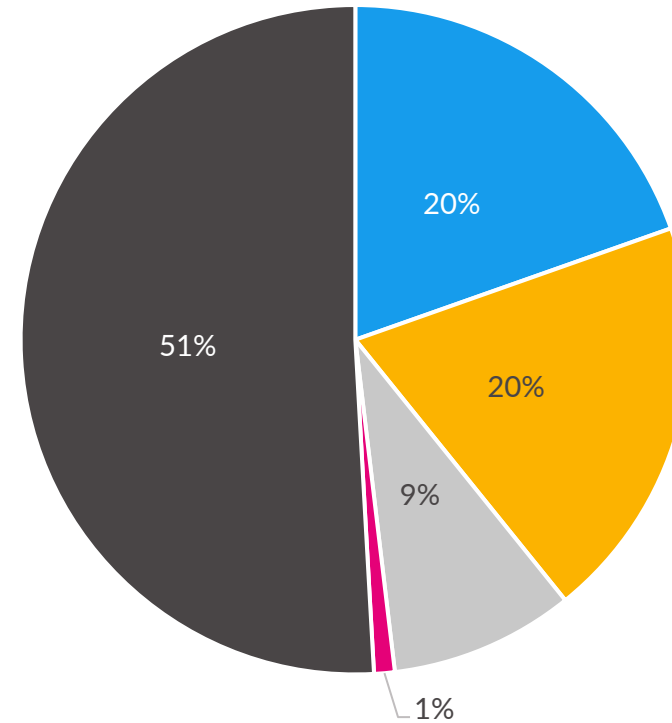
Source: DC Health Benefit Exchange Authority administrative data group file, 2023 and 2024.

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Many employers upgraded their reference plans in 2024.

Reference Plan Changes from 2023 to 2024, among Employers Who Participated in HC4CC through SHOP in Both Years

- Platinum in both years
- Gold in both years
- Silver in both years
- Gold to platinum
- Silver to gold



Source: DC Health Benefit Exchange Authority administrative data group file, 2023 and 2024.
 Notes: HC4CC = HealthCare4ChildCare; SHOP = Small Business Market. We use the term "employer" to refer to "group" for ease of interpretation. Total number of employers = 168. Estimates only capture employer participation in the SHOP and do not include individual enrollment in HC4CC through DC Health Link's individual and family market.

Number and Share of Facilities Participating in HC4CC through SHOP in January 2025

	Number of facilities enrolled	Number of eligible facilities	Eligible facility participation rate
All facilities	220	280	79%
Facility ward			
Ward 1	20	23	87%
Ward 2	20	26	77%
Ward 3	28	31	90%
Ward 4	50	56	89%
Ward 5	28	39	72%
Ward 6	31	38	82%
Ward 7	16	27	59%
Ward 8	27	40	68%

Four out of 5 eligible facilities enrolled in HC4CC.

Source: DC Health Benefit Exchange (HBX) Authority Oversight Report, 2024.

Notes: HC4CC = HealthCare4ChildCare; SHOP = Small Business Market. HBX defines eligibility based on the number of employees (between 1 and 100, following and broadening ACA requirements for SHOP enrollment) and through individualized outreach to identify facilities where all staff were satisfied with their existing coverage, including Medicare, Medicaid, or group coverage through a spouse. Estimates only capture employer participation in the SHOP and do not include individual enrollment in HC4CC through DC Health Link's individual and family market.

Why Don't Some Eligible Participants Enroll?

- **Existing coverage** through Medicare, Medicaid, group coverage through a spouse, and other sources
- **Eligibility requirements** such as having more than 100 employees or being a non-DC resident at a non-participating facility
- **Limited administrative capacity** to take on administrative tasks associated with enrollment
- **Perceived lack of interest from staff**, despite persistent calls from HBX staff
- **Future uncertainty of the program**, especially with budget conversations salient at the time of some of the interviews

HC4CC helped improve health insurance affordability

*“If you are ill and you can't go to the doctor, that's obviously problematic to get to work, but it's also this **overarching stressor** if you are really concerned about your finances. First and foremost, **health insurance is a financial intervention protecting families and households from bankruptcy and loss.**”*

- Key informant

Most key informants highlighted its positive effect on the health and well-being of employees and their families

*“We do actually believe that **this program has saved some people's lives** by making sure that they received health insurance coverage...because she had health insurance coverage, she got preventative care and screenings, which uncovered a condition that she was able to get treatment for, and she's with us today.”*

- Key informant

HC4CC helped reinforce a sense of professional identity among the early childhood education workforce

*“I saw a sense of pride. We got the pay equity, and now we have health care. **We’re being treated as professionals.** They want us to act professional, so now we’re being treated as a professional. **It gave them a different outlook on their profession.**”*

- Key informant

HC4CC allowed employers to offer more benefits and gain a competitive edge

*“We want to have...staff retention rates higher, of course, because child care is an industry where there’s a lot of turnover... **We’ve had our staff for several years... I think it’s because of these benefits that we are offering. [Applicants] are very attracted to it... and current staff, they are very happy that we are covering 100 percent.**”*

- Center director

Demonstrating Impact to DC Government

“[HBX does] a great job of communicating their reach. They are very specific in their performance oversight responses about the facilities they’ve been able to serve and the growth in the number of individuals they’ve been able to serve.”

- Key informant

“These things are not out of reach. These are intentional policy and funding decisions. [HC4CC is] not this pie in the sky, utopian resource. It's normalizing something that was previously seen as out of reach or impossible.”

—Key informant



FY24 Pre-K Report

Universal Pre-K Access in DC

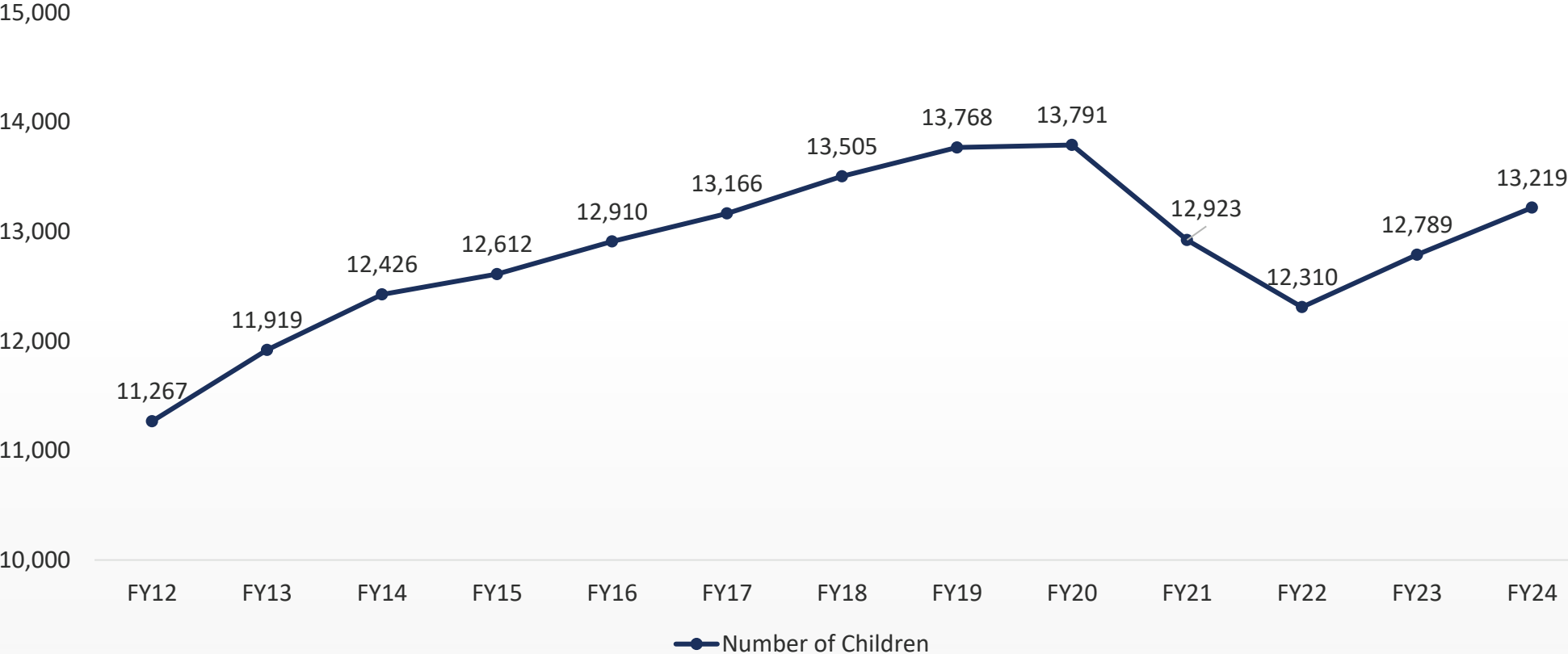
- DC leads the nation in pre-K access and per-child spending.
- The District delivers publicly funded pre-K through a mixed-delivery system that includes:
 - DC Public Schools (DCPS);
 - Public charter schools (PCS); and
 - Community-based organizations (CBOs) participating in the Pre-K Enhancement and Expansion Program (PKEEP).
- The mixed-delivery model maximizes access across diverse communities and provides a variety of choices to meet families' needs.

Universal Pre-kindergarten (pre-K) Access in DC (cont.)

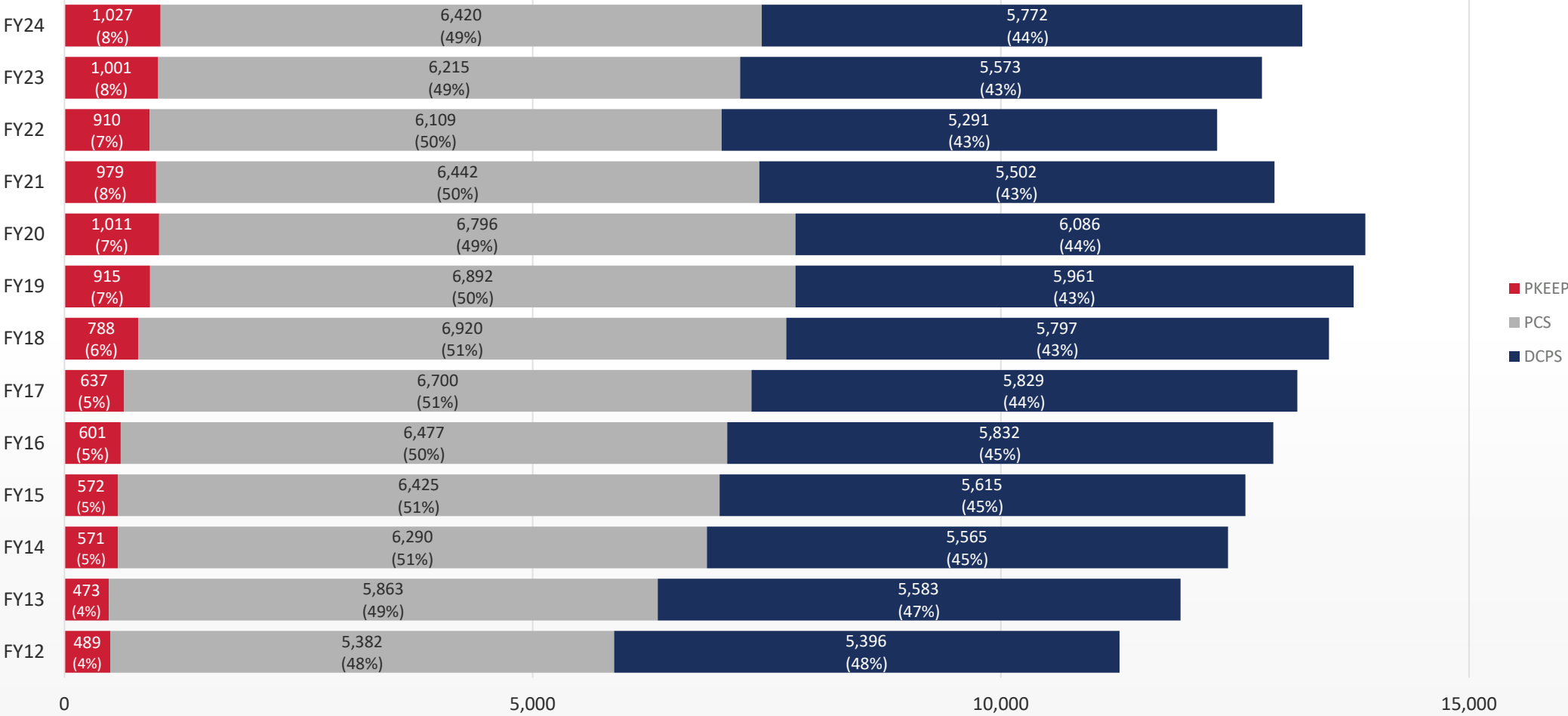
- In the 2023-24 school year, or FY24, a total of 13,219 children were enrolled in publicly funded universal pre-K.
 - DC served 82 percent of all 3-year-olds and 95 percent of all 4-year-olds in public pre-K.
- The District invests more funding per student in pre-K education than the national average.
 - In FY24, annual per pupil funding was \$23,785 in the District, compared to a national average of \$7,277 per child.

FY24			
Age	Census Data	Number Enrolled	Percent Served
3-year-olds	7,449	6,115	82%
4-year-olds	7,461	7,078	95%
Total	14,910	13,219	89%

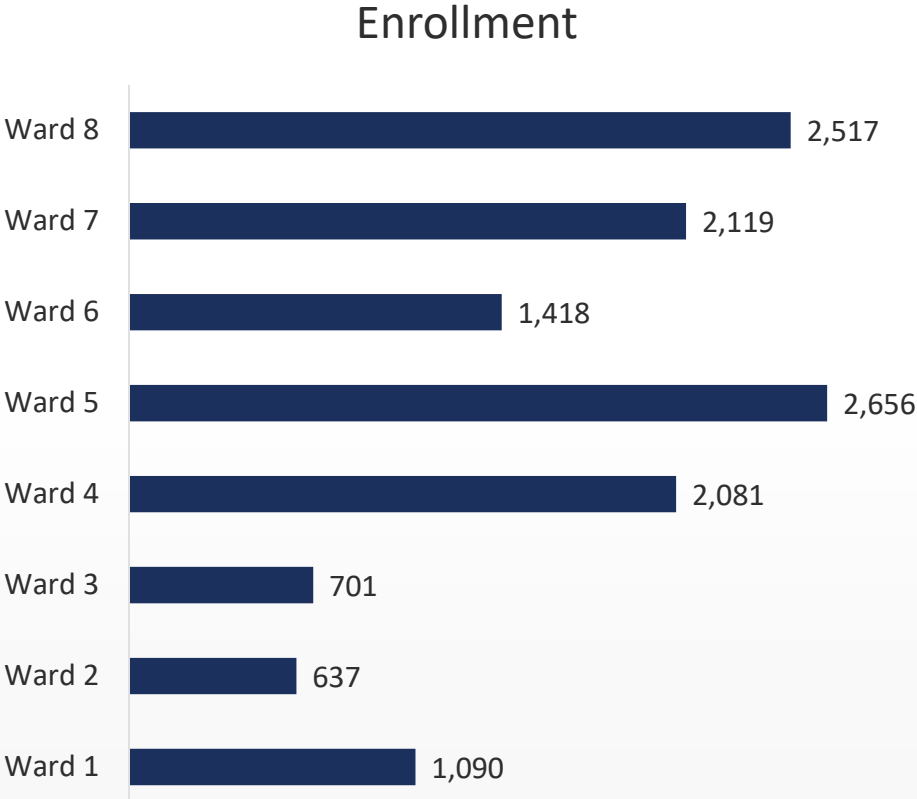
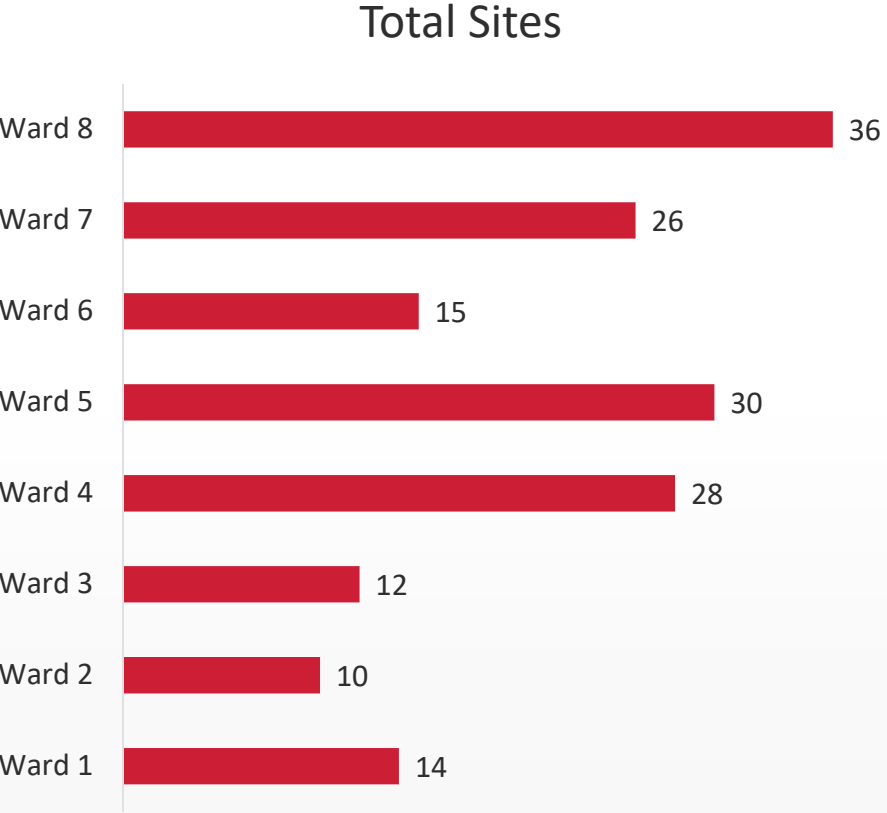
Universal Pre-K Enrollment from FY12 to FY24



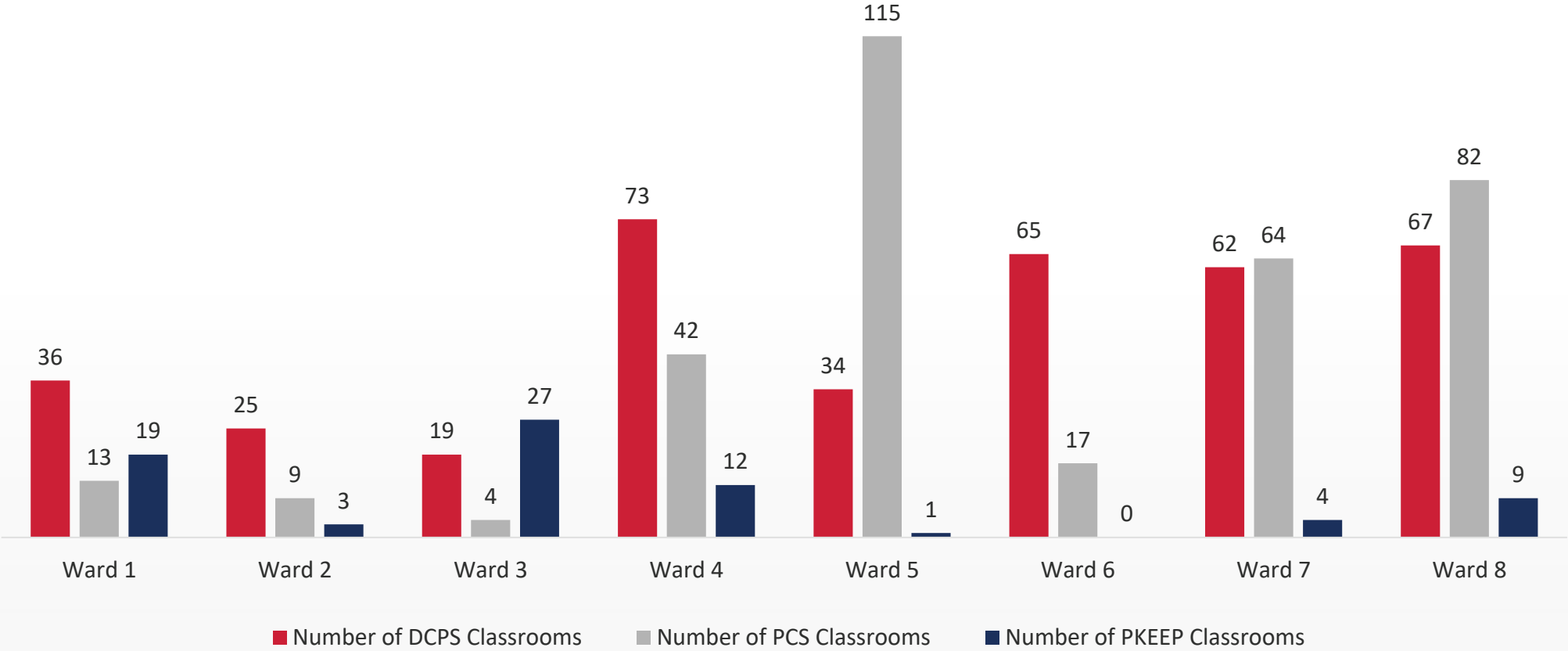
Universal Pre-K Enrollment by Sector from FY12 to FY24



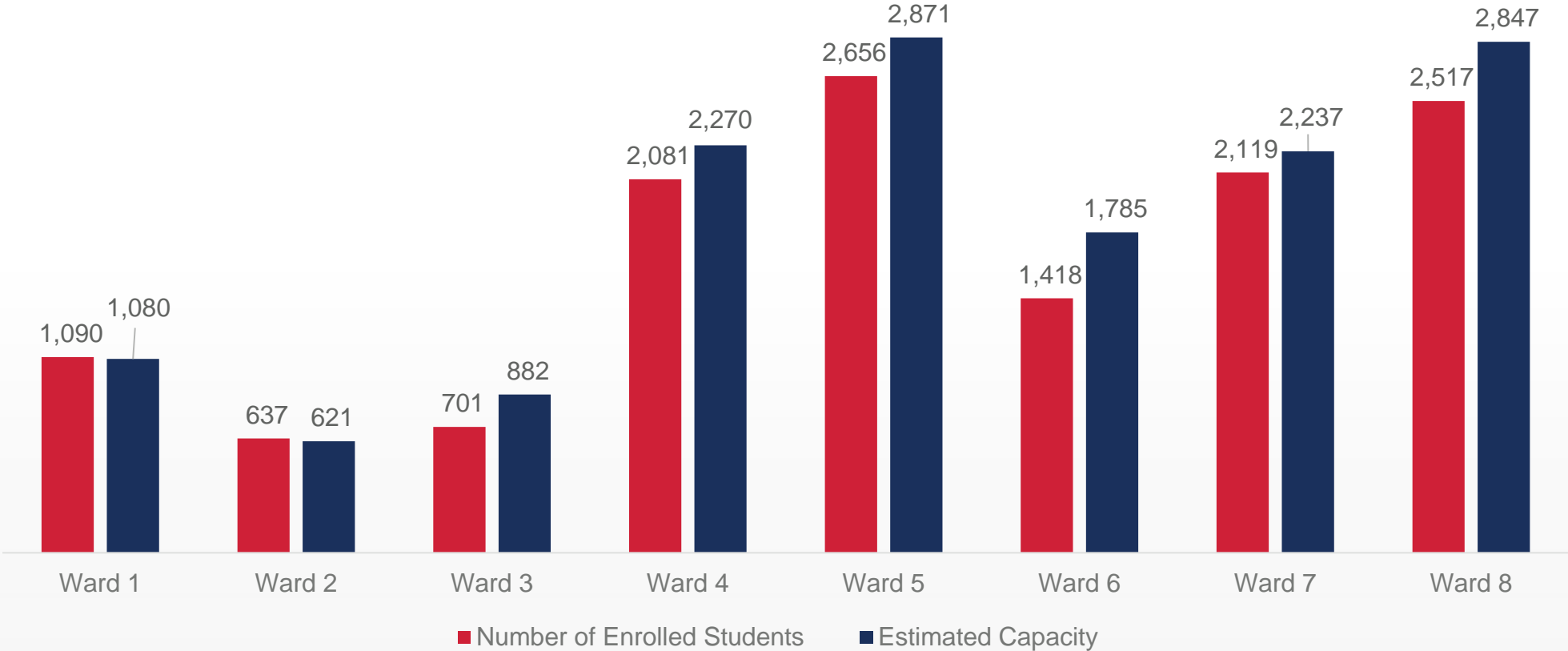
Universal Pre-K Program Sites and Enrollment by Ward in FY24



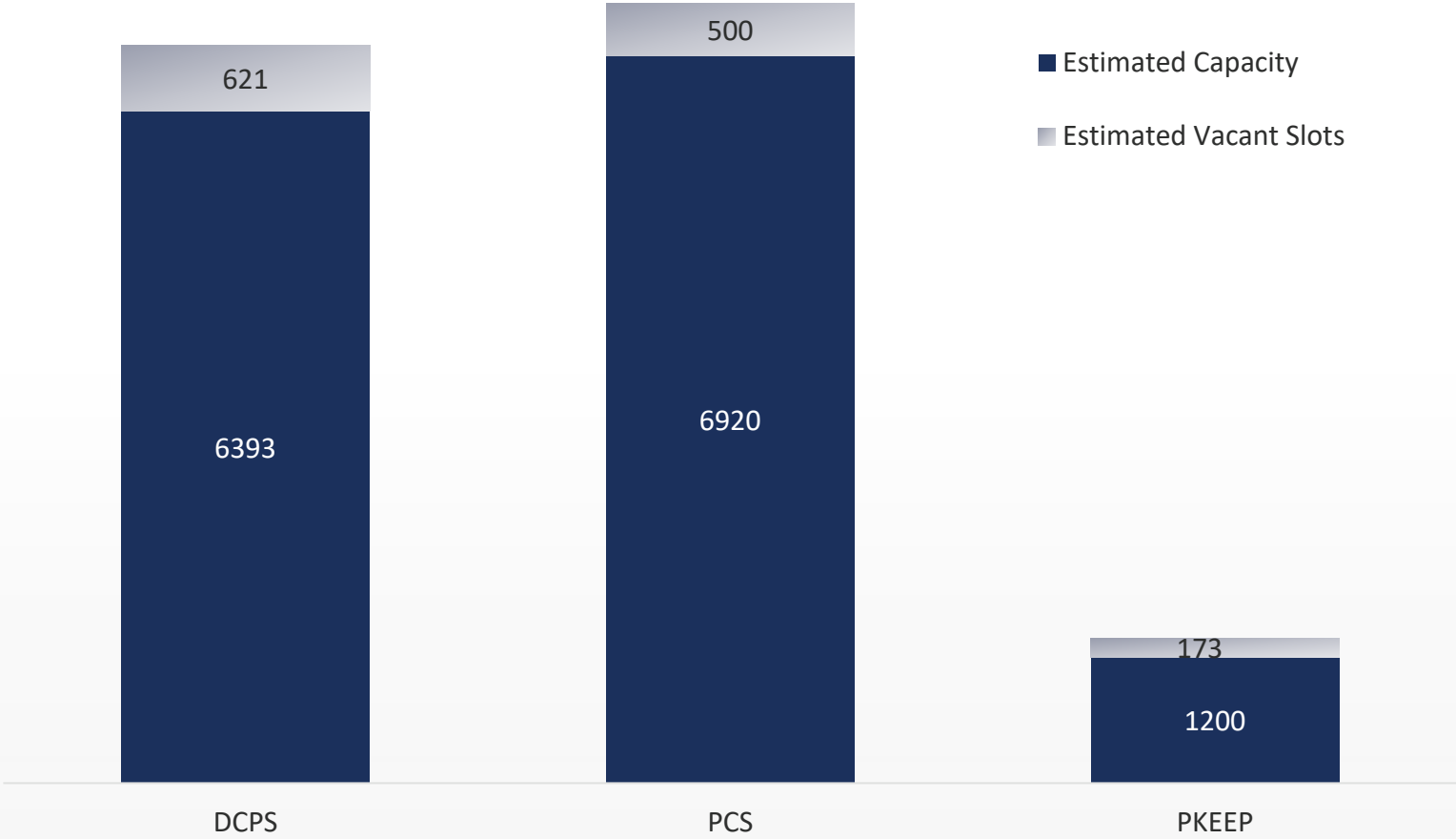
Universal Pre-K Classrooms by Ward in FY24



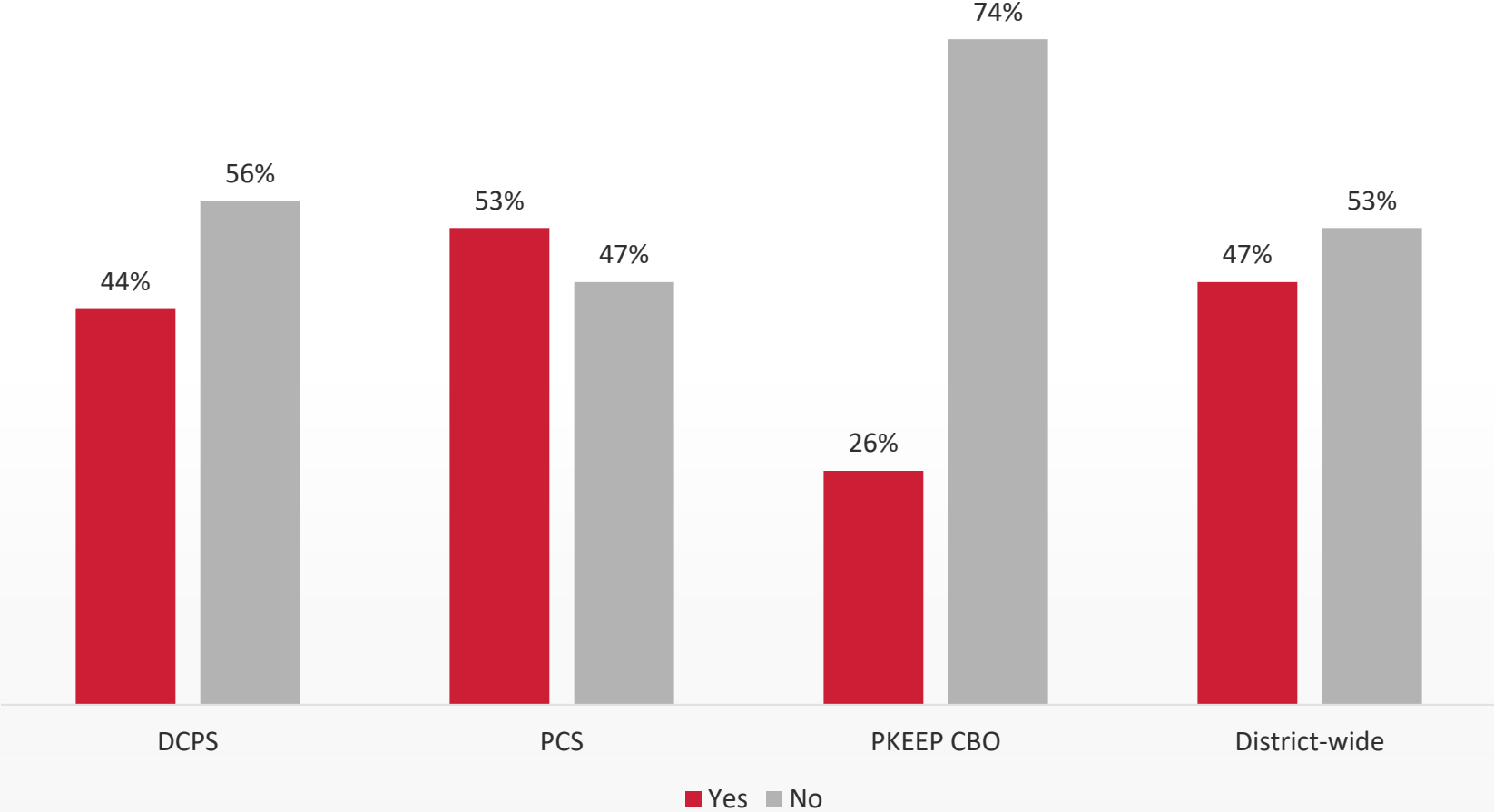
Universal Pre-K Enrollment by Ward in FY24



Universal Pre-K Program Utilization by Sector in FY24



Economically Disadvantaged Children Enrolled in Universal Pre-K by Sector in FY24



Classroom Assessment Scoring System[®] (CLASS)

- CLASS[®] pre-K is a research-based observational measure that captures the quality of teacher-child interactions in pre-k classrooms.
- The District uses CLASS[®] as a measure of pre-K quality in accountability systems across public schools and child development facilities to inform professional learning and quality improvement efforts.
- CLASS comprises three domains:
 - Emotional Support
 - Classroom Organization
 - Instructional Support

The domains are further divided into 10 dimensions that capture specific features of teacher-child interactions within the domains.

CLASS pre-K domains, dimensions and descriptions

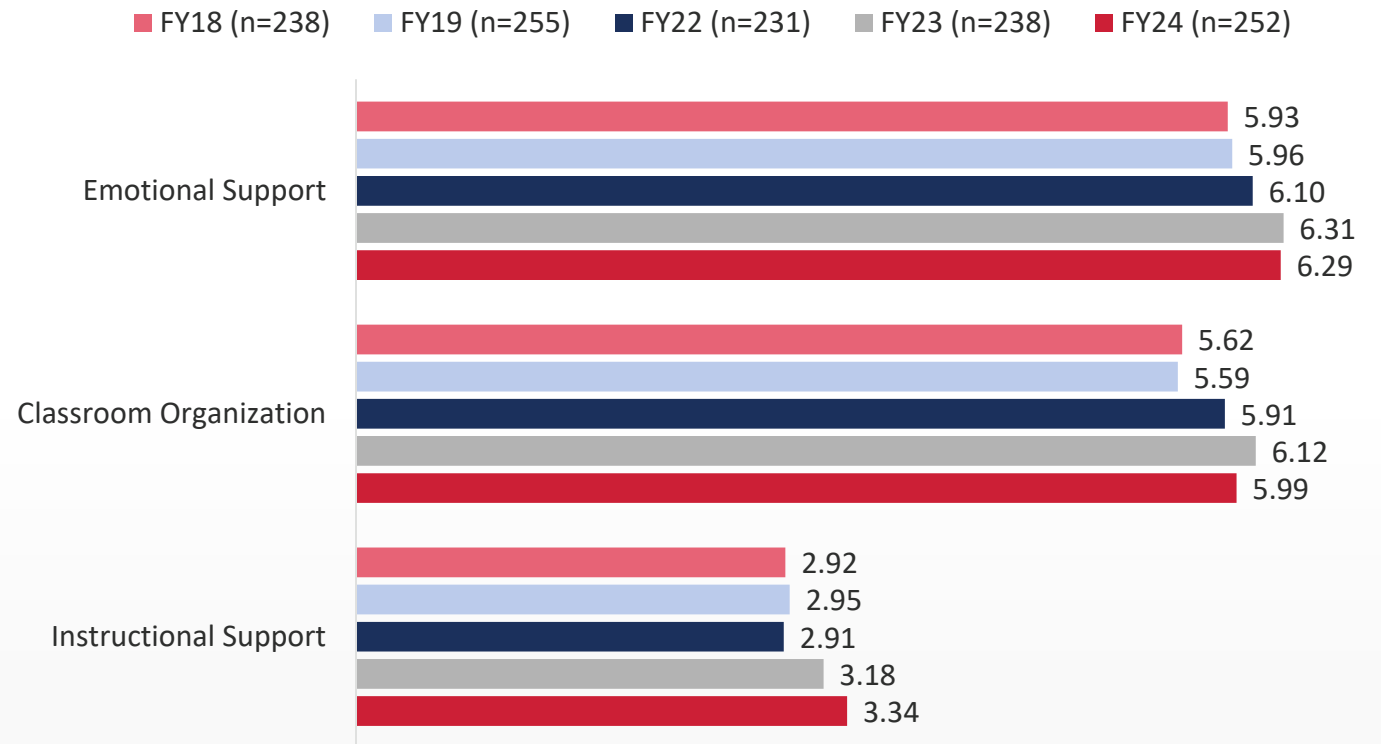
CLASS Domain	CLASS Dimensions	Description
Emotional Support	Positive climate (PC)	Relationships, respect and positive affect
	Negative climate (NC) ¹	Irritability, anger and disrespect
	Teacher sensitivity (TS)	Awareness of responsiveness to students' needs
	Regard for student perspectives (RSP)	Going along with students' ideas and encouraging student expression
Classroom Organization	Behavior management (BM)	Effectively monitoring, preventing and redirecting behavior
	Productivity (P)	Maximizing time spent in learning activities
	Instructional learning formats (ILF)	Facilitating activities and providing interesting materials
Instructional Support	Language modeling (LM)	Facilitating and encouraging growth of students' language
	Concept development (CD)	Promoting students' higher-order thinking skills
	Quality of feedback (QF)	Extending students' learning through teacher responses



¹ Negative Climate is inversely scored for reporting purposes.

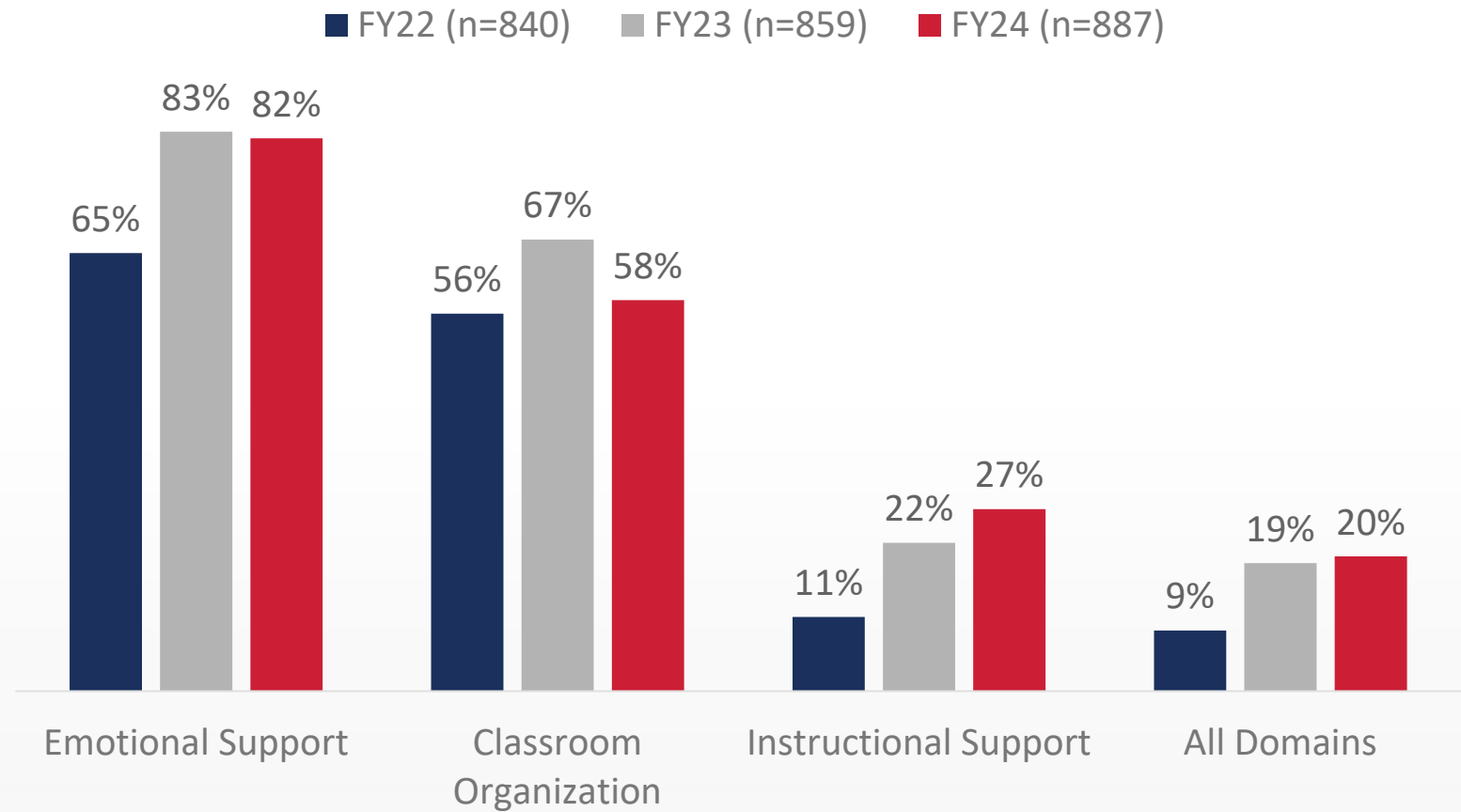
CLASS[®] scores for programs have improved over time

- District-wide CLASS[®] scores for programs decreased in Emotional Support and Classroom Organization and increased in Instructional Support in FY24 compared to FY23.
- Nearly all programs met or exceeded floors for CLASS[®] scores across all domains.
- FY24 CLASS[®] scores for all domains remain higher than FY18 – FY22, showing a general trend in improvement over time.



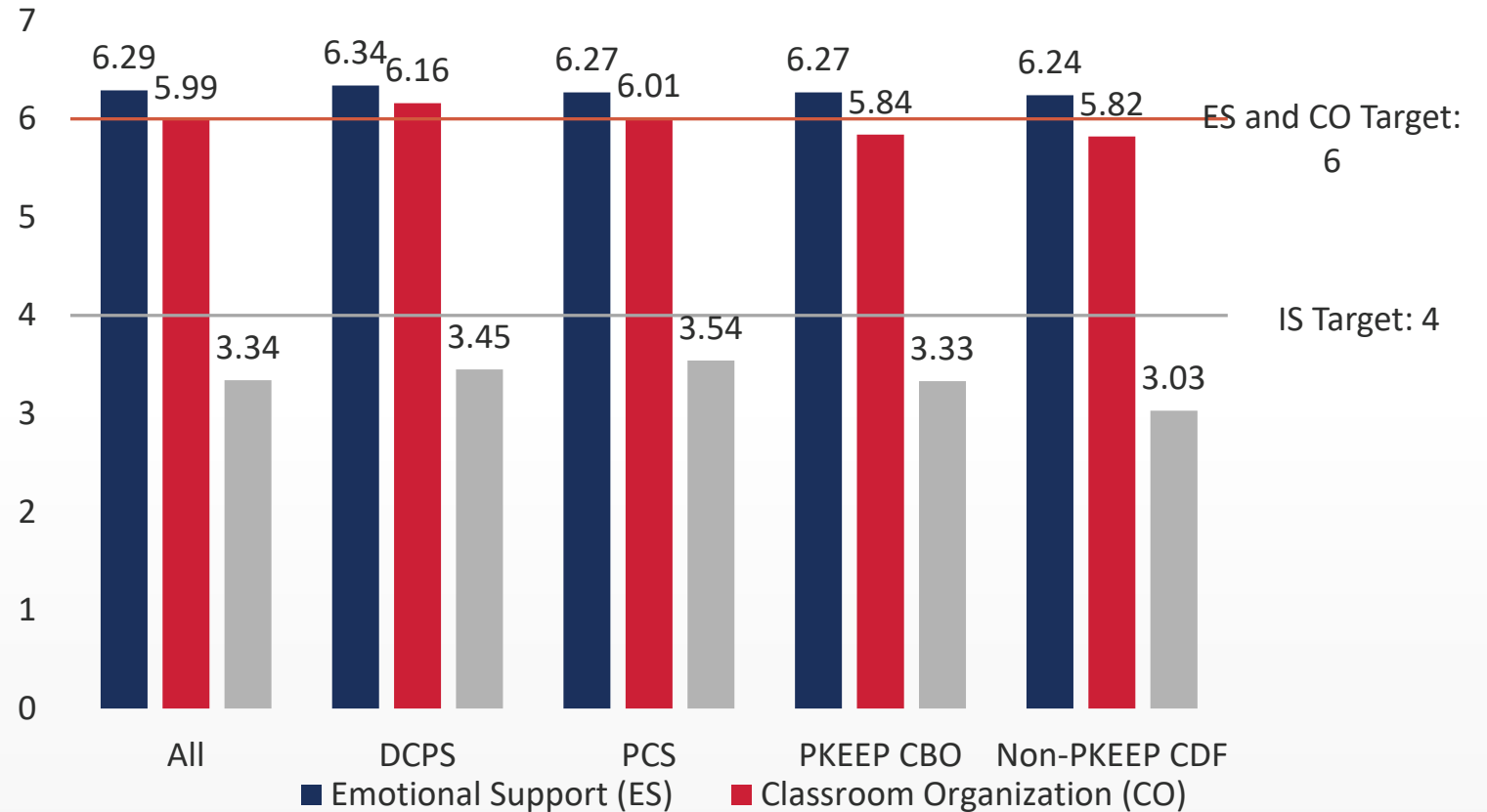
Most classrooms exceeded targets in emotional support and classroom organization, fewer met instructional support target

- The majority of classrooms met or exceeded targets for Emotional Support (82 percent) and Classroom Organization (58 percent).
- Fewer classrooms (27 percent) met or exceeded the target for Instructional Support.
- The share of classrooms meeting targets in the Instructional Support domain increased for the second consecutive year.



Program-level CLASS scores do not show large variation across sectors

- Performance on CLASS[®] varies across sectors, but most differences were not statistically significant.
- Variations in performance within each sector were greater than variations between sectors.
- DCPS, PCS, PKEEP CBOs and child development facilities all had programs that were providing high-quality early learning experiences for children.





Announcements and Public Comment



Wrap Up and Next Steps