State Early Childhood Development Coordinating Council



February 2016
Council Meeting

Meeting Objectives

- Update SECDCC on the status of the Child Care and Development Fund Plan.
- Share results of the cost estimation model and discuss potential policy and practice options.
- Inform members of a new federal early childhood system building grant opportunity.

Agenda

- I. Welcome
- II. Introductions
- III. Child Care and Development Fund (CCDF)
- IV. Cost Estimation Model
- V. Early Childhood Innovation Network
- VI. Early Childhood Comprehensive Systems Grant
- VII. Committee Reports
- VIII. Public Comment



District of Columbia's Draft Child Care and Development Fund Plan Update and Next Steps

CCDF Plan Public Hearings

- Purpose: Solicit verbal or written comments from the public on the District's draft plan for the use of federal CCDF dollars for the period of October 1, 2016 through September 30, 2018.
- Public comment period extended 20 days from January 20, 2016 to February 8, 2016.

CCDF Plan Public Hearings Cont'd

Date	Location	Participants*
January 11, 2016	National Children's Center	3 Early Learning Administrators
	3400 Martin Luther King Jr. Ave. SE	1 Parent
	(Ward 8)	2 Community Advocates
January 12, 2016	Petworth Neighborhood Library	7 Early Learning Administrators
	4200 Kansas Ave. NW	
	(Ward 4)	
January 14, 2016	Southwest Neighborhood Library	2 Early Learning Administrators
	900 Wesley Place SW	2 Early Learning Home Providers
	(Ward 6)	
January 15, 2016	OSSE	6 Early Learning Administrators
	810 First Street SE	
	(Ward 6)	
January 19, 2016	Educare DC	7 Early Learning Administrators
	640 Anacostia Ave. NE	2 Early Learning Teachers
	(Ward 7)	

^{*}Does not include OSSE staff

CCDF Plan Comments

Organizations that provided written comments on the draft CCDF Plan:

- DC Prep
- Sunshine Early Learning Center
- DC Department of Human Services
- DC Action for Children
- DC Fiscal Policy Institute
- Briya Public Charter School and
- Center for Law and Social Policy (CLASP)

Organizations that provided formal <u>oral comments</u> on the draft CCDF Plan:

- Sunshine Early Learning Center
- DC Prep
- Kiddie City Day Care

CCDF Plan Public Comments Summary*

- 1. Create public-private partnerships that generate funds that support program quality
- What is the QRIS and determination of the cost of implementing quality standards and regulations?
- 3. Create partnerships to increase the availability of qualified staff, and determine how to compensate staff commensurate with public school teachers including benefits.
- 4. Consider funding opportunities for facility improvements, teacher credentials (e.g., CDA's, associate degrees, etc.), program accreditation, professional development, and/or quality improvements related to the QRIS.
- 5. Publish an annual report on the workforce composition, analysis trends, and best practices.
- 6. Include better ways to serve vulnerable populations, including infants/toddlers, children with disabilities, and families who are homeless.
- 7. Need more details about the emergency disaster plans. What is expected from District agencies and business partners.
- 8. Improve the OSSE website and IT systems for providers, professionals, and families.
- 9. Create "family-friendly" eligibility rules and processes.
- 10. Decrease wait time for criminal background and child protective registry checks.

^{*}Summary not inclusive of all public comments provided



CCDF Plan Sections

- **Section 1 -** Define CCDF Leadership & Coordination with Relevant Systems
- **Section 2 Promote Family Engagement through Outreach & Consumer Education**
- Section 3 Provide Stable Child Care Financial Assistance to Families
- **Section 4 -** Ensure Equal Access to High Quality Child Care for Low-Income Children
- **Section 5 -** Establish Standards & Monitoring Processes to Ensure the Health & Safety of Child Care Settings
- Section 6 Recruit & Retain a Qualified & Effective Child Care Workforce
- **Section 7 -** Support Continuous Quality Improvement
- **Section 8 Ensure Grantee Accountability**

Section 1 - Develop and implement statewide child care disaster and response plan.

Section 2 - Provide aggregate information on the number of deaths, serious injuries and child abuse required of all licensed child care providers; publish child care provider profiles and consumer education on a user-friendly website to encourage transparency about child care programs, including quality rating, monitoring and inspection reports and complaints.

Section 3 - Increase access for vulnerable children and families by implementing policies and procedures to **expedite enrollment and outreach for homeless children and families**, including a grace period to comply with immunization and health and safety requirements to improve access to child care services.

Implement eligibility re-determination polices that support electronic verification of **income and employment**.

Section 4 - Develop payment practices for CCDF provider recipients that reflect **generally accepted payment practices** of non-CCDF child care providers in the District.

Section 5 - Promulgate licensing regulations that will include **new health and safety training requirements***:

- Administration of medication, consistent with standards for parental consent;
- Prevention of and response to emergencies due to food and allergic reactions;
- Prevention of shaken baby syndrome and abusive head trauma;
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a human-caused event (such as violence at a child care facility);
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
- Required pre-service training in health and safety areas; and
- Enhanced criminal background processes and procedures

^{*}Summary not inclusive of all proposed health and safety training requirements

Section 6 - Design and implement **business practices training** for child care providers. This may include, but is not limited to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications; and

Expand professional development opportunities to include the required health and safety topics outlined in the CCDBG Act

Section 7 - The CCDBG Act mandates a statewide quality rating and improvement system (QRIS). The District has a QRIS and is developing and **implementing an enhanced QRIS** that uses common measures of quality across all three sectors (child development facilities, DC Public Schools, and public charter schools).

 Enhanced QRIS pilot will launch in April 2016, meeting the requirement in the CCDBG Act for spending on quality improvements for the child care system.

Section 8 - Existing fiscal, program, attendance and eligibility monitoring activities are consistent with CCDBG Act requirements. Continued focus on improving and enhancing current accountability measures to **identify fraud and other program violations.**

Interagency Collaboration

Implementation of the requirements of the CCDBG Act of 2014 will require high level leadership and **coordination** between OSSE as the lead agency for the child care assistance program and **other child- and family-serving agencies**, services, and supports at the state and local levels as well as other public and private partners.

CCDF Plan Timeline

- March 11, 2016 OSSE required to submit CCDF Plan for 2016-2018 triennium via the OCC online submission site
 - Extension provided to all States/Territories due to new Plan format
- March 11 May 2016 Federal/Regional OCC staff will review CCDF Plan and provide feedback to OSSE
 - OSSE will respond and provide written updates to the CCDF Plan, as required by OCC staff
 - CCDF Plan effective June 1, 2016 through September 30, 2018
- OSSE will continue to update and implement policies and procedures to comply with the CCDBG Act and regulations
 - OSSE staff are reviewing the December 24, 2015 federal Notice of Proposed Rulemaking for the CCDBG Act and will respond appropriately to proposed and/or final regulations

SECDCC Feedback

- How can we improve inter and intra-agency communication to support and improve access and quality of child care to all families and especially for the populations below?
 - ☐ Children in underserved areas;
 - ☐ Infants and toddlers;
 - ☐ Children with disabilities; and
 - ☐ Children who receive care during nontraditional hours.
- What are your two priorities to successfully accomplish the aforementioned task?
 - Have your priorities been addressed in the draft CCDF Plan?

Financing Child Care in the District of Columbia: Challenges and Opportunities



Slides prepared by Louise Stoney
Co-Founder, Alliance for Early Childhood
Finance and Opportunities Exchange

Key Facts

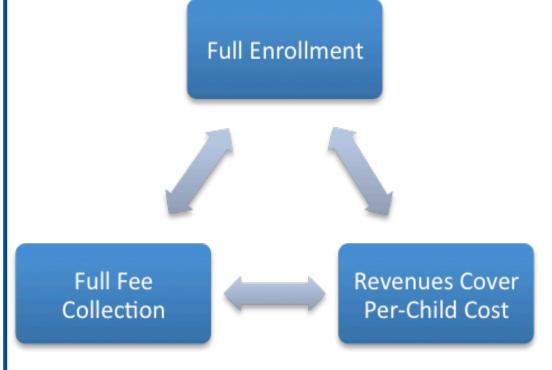
- Early Care and Education (ECE) is expensive and public dollars are very limited.
- The cost of delivering ECE can vary widely, based on ages/special needs of children served, quality standards, program size and enrollment levels.
- The District's commitment to universal pre-K has helped families with 3-4 yr. olds, but has had unintended consequences on the cost and availability of infant-toddler care.
- High-quality programs struggle when funding is linked to market prices, especially in low-income neighborhoods.

Rate-setting Challenges

- Market Rate Surveys measure the price of care.
- Child care prices are typically based on what families can afford or are willing to pay, and are unlikely to vary by quality level.
- Child care price is only one data point; accurate revenue projections require more detail.
- Cost modeling makes it possible to understand program costs and market forces.
- Both rate surveys and cost modeling can inform rates.



The Iron Triangle of ECE Finance



- Ensure full enrollment
 every day, in every
 classroom
- Collect tuition and fees – in full and ontime
- Revenue covers perchild cost (tuition, fees + 3rd party funding)



What is Cost Modeling?

- Methodology to estimate the likely cost of delivering ECE, from the provider perspective.
- Creates a hypothetical budget, based on required standards (QRIS and licensing).
- Can explore impact of program size, ages of children served, enrollment, bad debt, etc.
- Can demonstrate the impact of funding from multiple sources.

Nationally Endorsed Methodology

- The Cost Modeling methodology was developed by national experts Anne Mitchell and Andrew Brodsky.
- Endorsed by the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, which supported the an online development of the tool - Provider Cost of Quality Calculator (PCQC) https://www.ecequalitycalculator.com/.
- Increasingly used by states to inform rates, including CO, FL, PA, LA, NM, RI, WA, and others.

\sum

How Does Cost Modeling Work?

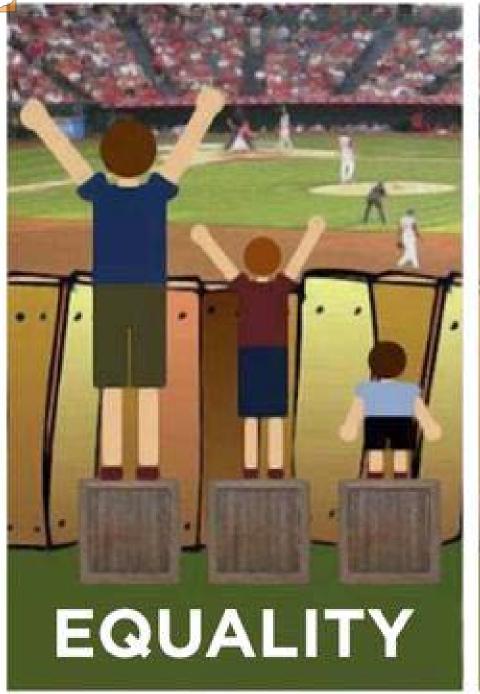
Creates a hypothetical budget for a provider at each quality level, with initial assumptions about:

- Number of classrooms and age mix
- Group sizes and ratios (based on licensing)
- QRIS levels (increased staff + higher wages and benefits at Gold, Silver, Bronze)
- Enrollment levels
- Fee collectability
- Staffing and salaries
- Non-personnel expenses
- Revenue sources (public and private)

How the Model Can be Used

Enables exploration of how various factors – in addition to the CCDF reimbursement rate – can affect profit or loss, e.g.:

- Increased scale
- Income mix of families served
- Enrollment levels
- Fee collectability
- Subsidy policy changes
- Additional revenue sources, e.g. Pre-K Enhancement, CACFP

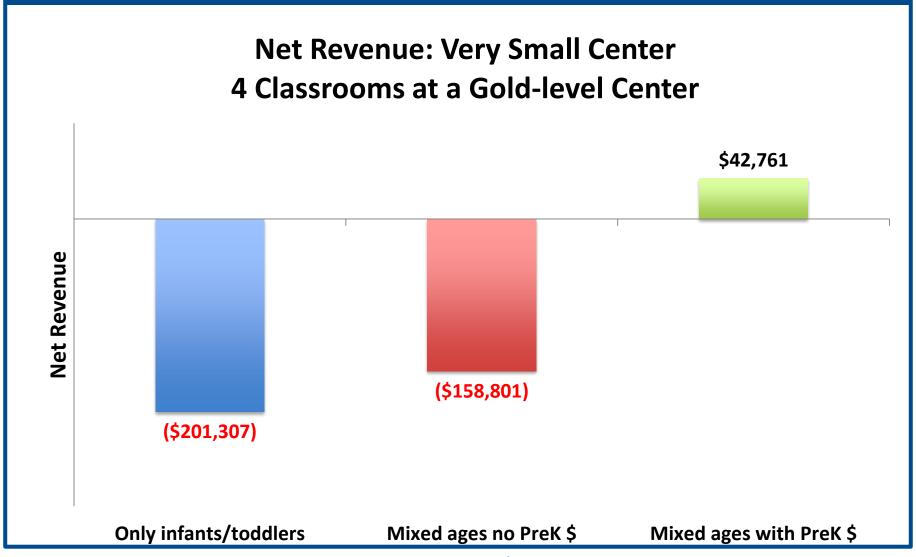




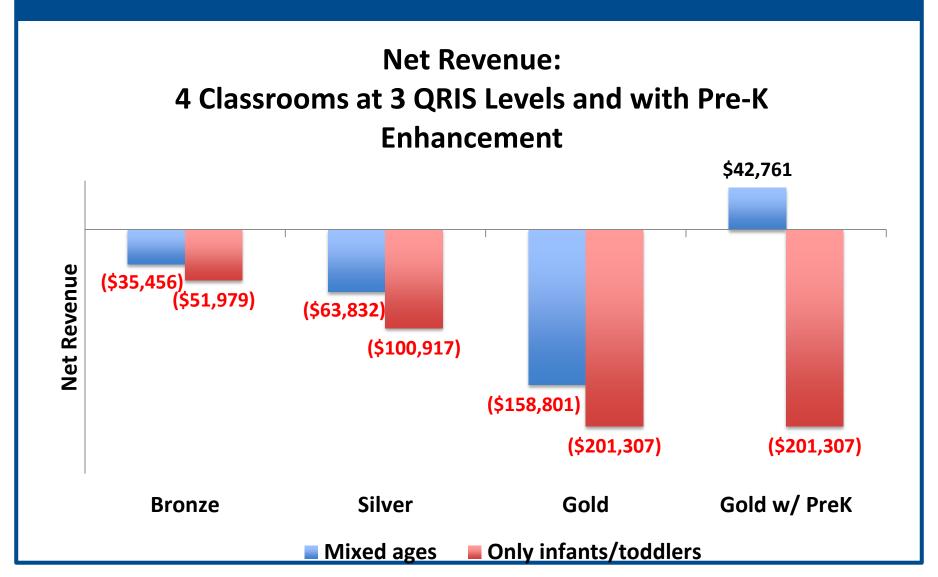
Lessons from Cost Modeling

- Infants and toddlers are the most expensive.
- Quality costs.
- Enrollment matters for financial sustainability.
- Size matters small centers that serve primarily infants and toddlers struggle financially.
- Age matters programs that serve mixed ages of children are financially stronger.
- District public universal pre-K is a game-changer— and requires strategic thinking about infants and toddlers.

Infant/Toddler Care is Most Expensive

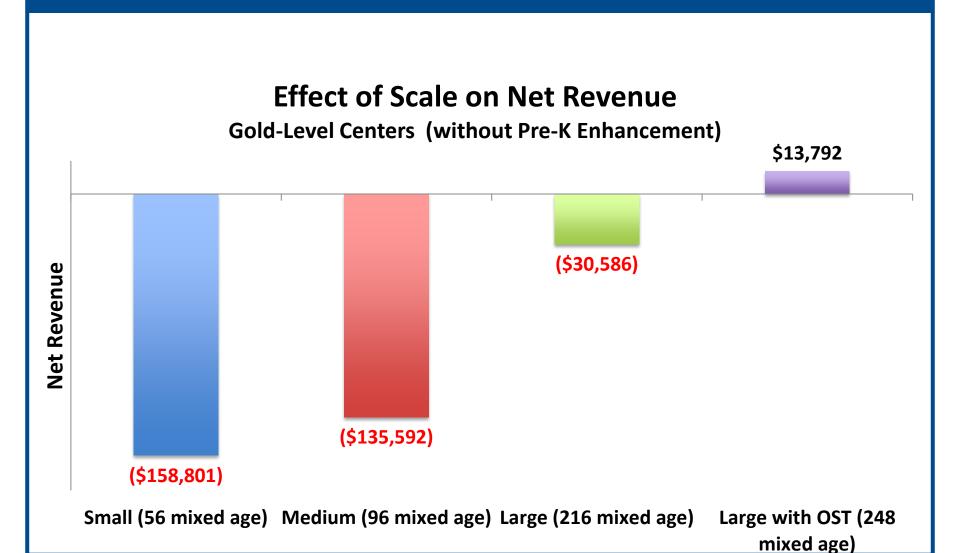


Quality Costs

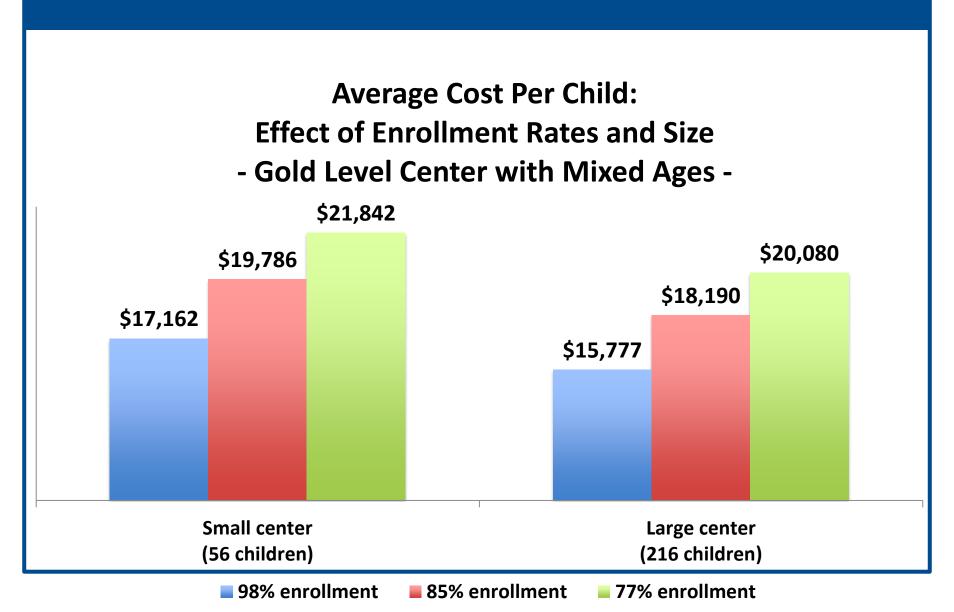


5

Size Matters



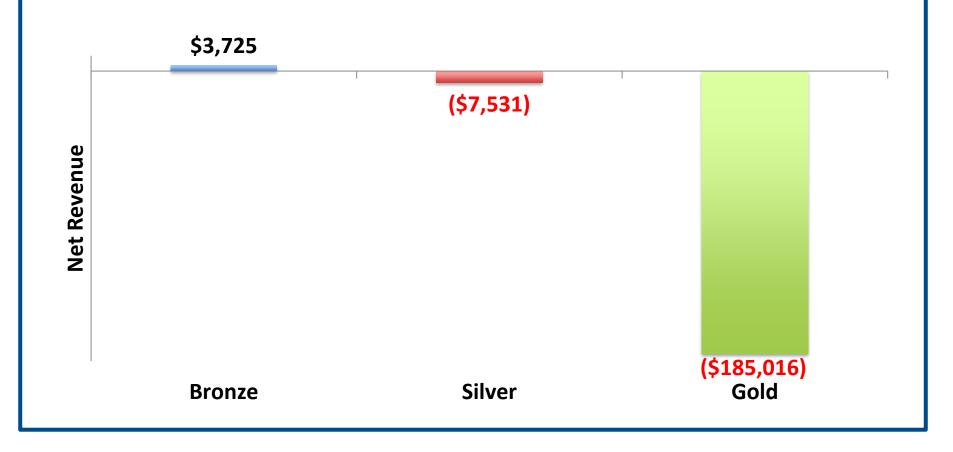
Full Enrollment Matters





High-Quality Care for Babies is Always a Challenge

16 Infant and Toddler Classrooms: 164 Children



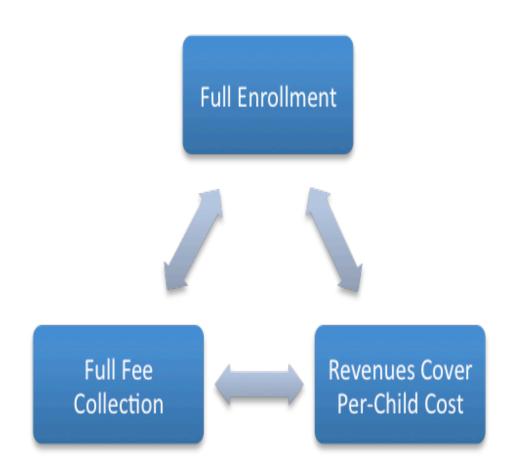


Multiple Revenue Sources are Essential

- The Child and Adult Care Food Program (CACFP) is a federal funding stream that is available to all child care providers who serve low-income children.
- A small child care center (that serves only 56 children) could receive as much as \$65,000 in additional revenue from the CACFP.



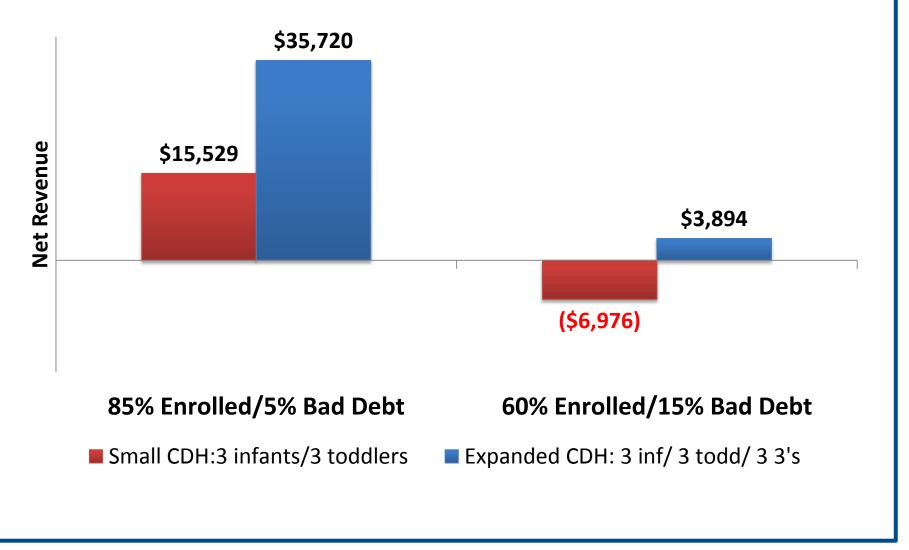
What About Family Child Care?



The same cost factors apply in FCC however, enrollment and fee collection challenges are more significant cost drivers.



Gold Level Homes Impact of Market Forces



Lessons from Cost Modeling

- Infants and toddlers are the most expensive.
- Quality costs.
- Enrollment matters for financial sustainability.
- Size matters small centers that serve primarily infants and toddlers struggle financially.
- Age matters programs that serve mixed ages of children are financially stronger.
- District public universal pre-K is a game-changer— and requires strategic thinking about infants and toddlers.



Early Childhood Innovation Network

Early Childhood Innovation Network

- Established through a 5 year gift from the J.
 Willard and Alice S. Marriott Foundation
- Children's National Health System & Medstar Georgetown University Hospital/Georgetown University Medical Center will launch and lead the Early Childhood Innovation Network (ECIN).
- The Network's core team will engage public, private, and philanthropic partners throughout Washington, DC

EDUCATION-ACTION-RESEARCH-ADVOCACY

Mission:

 To ensure that all children in Washington, DC, are able to thrive and reach their fullest potential by taking a science-based and cross-sector approach to strengthening families and the systems which support them, thus decreasing the impact of trauma and toxic stress

Vision:

- Children in our city will receive the best possible start in life, setting the stage for long-term health and success
- Providers, such as pediatricians, early childhood educators, and social support workers who interact with young children will work collaboratively, synergistically, and with a minimum of duplication towards the common goal of strengthening families
- Systemic policies and procedures will ensure children, families, and providers are able to access the high-quality interventions and timely supports they need
- Evidence and research will rigorously inform program development and guide expansion and replication, serving as a best practice model for the nation



Early Comprehensive Childhood Systems Impact (ECCS Impact) Funding Opportunity

ECCS Impact Grant

- U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau
- New, competing continuation grant (five-year)
- Application due date: March 15, 2016
- Partners: OSSE, DOH, CFSA, ECIN, DC Promise Neighborhood, Smart from the Start, and Urban Institute.

ECCS Impact Grant Cont'd

Place Based: Woodlawn Terrace, Kenilworth-Parkside, Benning Terrace and Barry Farm

Primary Aim: Within 60 months, participating communities will show a 25 percent increase from baseline in age appropriate developmental skills among their communities' three (3) year olds.

DC outcomes: Improved language acquisition in young children and a reduction in maternal depression



Public Comment



State Early Childhood Development Coordinating Council (SECDCC) Meeting February 22, 2016

<u>Members Present:</u> Rachel Joseph, Hanseul Kang, Erin Kupferberg, Denise Dunbar, Elizabeth Groginsky, Myrna Peralta, Jack McCarthy, Michela English, Stacey Collins, Dr. Lee Beers, Cecelia Alvarado, Colleen Sonosky, and Patricia Reeber

<u>Others Present:</u> Tiffany Williams, Selena Gonzales Jones, Lauren Stillwell Patterson, Soumya Bhat, Thelma Wong, Vince Lampone, Susan McPherson, and Isabella Sanchez

Call to order: 2:42 pm

I. WELCOME & INTRODUCTIONS

• Hanseul provided an overview of the objectives of this meeting. This was followed by a quick round of introductions.

II. CHILD CARE AND DEVELOPMENT FUND (CCDF) PLAN – PowerPoint Presentation

- Elizabeth offered an update on January public hearings that were held to solicit verbal and written public comments on the draft CCDF plan (for October 1, 2016 through September 30, 2018).
 - The draft CCDF plan had a public comment period from December 20, 2015 to February 8, 2016.
- According to Elizabeth, there was participation at all of the meetings, including among early learning administrators, parents and advocates. Approximately 5 or 6 individuals attended each of the public meetings, which were held in all four quadrants of the city (at public libraries, child care centers, etc.). Additional feedback was provided in written format.
 - Some organizations providing comments included DC Prep, Sunshine Early Learning Center, DC Action for Children, DC Fiscal Policy Institute, Briya, the Center for Law and Social Policy, Kiddie City Day Care, and Department of Human Services.
- Some public comments encouraged DC to foster more public-private partnerships to support
 additional funding for facilities, and for teacher credentials and compensation. Others urged DC
 to think strategically about its service to vulnerable populations, including infants and toddlers,
 children with special needs, and children experiencing homelessness. Comments also pushed
 OSSE to evaluate IT solutions that would facilitate more provider-friendly systems and policies.



- For the benefit of those who were less familiar with the CCDF plan, Hanseul added that it is the
 big, comprehensive federal plan that DC has to submit to the US Department of Health and
 Human Services. It's one of the city's largest sources of child care funding, especially for
 subsidies. Revised federal legislation requires the city to make some changes and provide
 additional information.
- The CCDF plan is broken into 8 sections. Elizabeth summarized each of these sections. She prefaced her remarks by observing that DC is already ahead of many states in terms of meeting the new federal requirements.
 - Section #1 Leadership and Coordination. There is a new provision in the law that mandates the creation of a State Child Care Disaster Preparedness and Response Plan.
 OSSE has developed an implementation strategy.
 - Section #2 Promoting Family Engagement through Outreach and Public Education.
 OSSE seeks to make consumer information about CBOs more transparent to families (e.g., quality ratings, the results of licensing visits and complaints). A consumer friendly website that provides more granular information is required by Oct. 2016.
 - Section #3 Increasing Access for Vulnerable Children. DC is doing well in this area, but greater outreach for children experiencing homelessness is required. Options under review may include a grace period for immunization and other required documentation for families experiencing homelessness. Additionally, eligibility re-determination policies that support electronic verification to reduce the need for families to take time away from work or school to make a visit to a DC government office.
 - Section #4 Provider Policies. OSSE seeks to use technology to facilitate more timely payments to providers.
 - Section #5 Licensing and Compliance. OSSE will offer enhanced training opportunities
 to its licensing specialists. New requirements around critical health and safety issues for
 child development staff that have been included in the Proposed Rules for Child
 Development Facilities. Also, new requirements around background checks for
 providers that must be met by Oct. 2017.
 - Section #6 Professional Development. OSSE is looking to other states for best practices as it increases provider training on business practices. Also, new federal requirements will be embedded into OSSE's PD offerings for providers.
 - Section #7 Quality. DC is currently in full compliance with the law in this area. That said, OSSE has been working for many years to move to an enhanced QRIS across all three sectors.
 - Section #8 Grantee Accountability. Again, DC is in compliance, but OSSE wants to make its oversight systems even more robust and efficient.



- The new CCDF law is a "new frontier" for early childhood. Interagency collaboration is essential, and is reflected in every section of the plan (in terms of leadership coordination between agencies, public agencies and private partners). This work cannot be done through OSSE alone.
- OSSE needs to submit the plan by March 11. HHS will provide feedback to OSSE between March and May. Full implementation begins June 1, 2016.
- The Notice of Proposed Rulemaking for the CCDF law was published on December 24, 2015.
 OSSE will continue to update the SECDCC as needed regarding regulatory changes.
- After summarizing the plan, the following guiding questions were posed to the SECDCC:
 - How can we improve inter and intra-agency communication to support and improve access and quality of child care to all families and especially for the populations below?
 - Children in underserved areas;
 - Infants and toddlers:
 - Children with disabilities; and
 - Children who receive care during nontraditional hours.
 - O What are your two priorities to successfully accomplish the aforementioned task?
- Jack asked if it was too late to address the problem of chronic absenteeism among children
 experiencing homelessness, related to Section #3 of the CCDF plan. Is there a way to use the
 plan to get expedited access to shelter and housing for homeless families with young children?
 His organization has found that it is hard for parents to navigate among the various systems and
 supports that are available to them in DC.
 - Elizabeth agreed that this is an important issue. OSSE will connect with DHS on this issue.
- LaToya mentioned that, in her role as a community parent outreach coordinator, she is concerned about children who enroll in the common lottery, but whose families are then forced to move. She is also concerned about the lack of transportation for children who currently live in shelters. Finally, she wants to learn where homeless families who are eligible for Head Start live, and how DCPS can do more effective outreach to these families.
 - o In reply, Hanseul said that DC has ramped up support for homeless children in school settings, but the same focus has not been applied to child care settings. OSSE is considering a partnership with DHS to address this area, and looking at its own policies to see how it can address this need.



- Denise asked if there is a role for research and referral personnel (R&R) in identifying families
 and providing access to resources, since many calls come from child care settings. It may be
 possible to work with zip codes to identify resources.
 - LaToya added that it would be ideal to give families access to early childhood information, in addition to information on DCPS. Partners in schools should be aware of all of the opportunities available to families.
 - Elizabeth responded that the Division of Early Learning has built a strong relationship with the McKinney-Vento liaison at OSSE, and that it is very helpful to hear about this community need from SECDCC members.
- In terms of overall feedback on the CCDF plan itself:
 - o Jack said that the plan is solid, but that the big challenge will be execution.
 - Another attendee mentioned that the cost of serving a child with disabilities is prohibitively expensive for some child care centers.

III. FINANCING CHILD CARE IN THE DISTRICT OF COLUMBIA: INSIGHTS FROM A COST ESTIMATION MODEL

- Elizabeth presented a slide deck put together by Louise Stoney, a nationally recognized expert in
 early childhood financing. She has been working in early childhood for more than 30-years. Ms.
 Stoney, along with her colleague Libbie Poppick conducted the recent cost estimation study for
 DC. The cost estimation study is a requirement of CCDF and the results are used to inform
 subsidy rates in the District of Columbia.
- Early care and education (ECE) is expensive, and public dollars are very limited. Moreover, the cost of delivering ECE can vary widely based on children's needs and age, the size of the facility, enrollment levels and program quality.
- Market rate surveys measure the price of care. But price is only one data point. A cost estimation model offers more nuance for informing policy decisions.
 - Cost modeling methodology is endorsed by HHS, and is increasingly used by states to understand its child care markets.
 - Hanseul mentioned that OSSE has yet to develop definitive answers to the questions raised by this analysis. Nevertheless, the study offers useful information to help the District of Columbia get closer to the answers.
- Key lessons from the study include the following:
 - 1. Infants and toddlers are the most expensive to serve.
 - 2. Quality costs money.



- 3. Full enrollment is important for financial sustainability.
- 4. Size matters small centers that serve primarily infants and toddlers struggle financially.
- 5. Age matters programs that serve mixed ages of children are financially stronger.
- 6. District public universal pre-K is a game-changer— and requires strategic thinking about infants and toddlers.
- 7. The Child and Adult Care Food Program (CACFP) is a federal funding stream that is available to all child care providers who serve low-income children.
 - A small child care center (that serves only 56 children) could receive as much as \$65,000 in additional revenue from the CACFP.
- In addition to the obvious issue of funding, Hanseul encouraged SECDCC members to think about other ways to address financial challenges. For example:
 - o Can public schools connect families to licensed, high quality child care providers?
 - Can early care centers with lots of infants and toddlers expand their focus to serve Out of School Time students from a broader age group?
 - Can the city help more child care centers to become Level 2 providers (thereby reducing some barriers to enrollment)?
- Below are a few comments made by SECDCC members and meeting attendees with regard to the cost estimation study:
 - When families come to a social services agency, are they asked if they need, or have, child care? When they say no, are they pointed towards available resources?
 - Hanseul said that she is interested in the idea of helping other DC agencies to extend eligibility for child care subsidies on-site.
 - o It can be very time consuming, complex and expensive to create new facilities where the need is greatest. The city could provide incentives to developers and banks to make new child care centers a priority. In addition, the city could fund "navigators" to help people cut through the red tape to start new child care facilities in high-need areas.
 - Lee suggested that this may be a fruitful area to explore with business partners.
 - Myrna suggested that Montgomery County has a policy where any new property for lease has to have a child care facility, or the developer needs to explicitly explain why it does not.
 - Elizabeth mentioned that OSSE is launching a shared services platform for child care centers. Its goal is to enhance back office support for centers, so that professionals can focus as much as possible on delivering quality care.

IV. EARLY CHILDHOOD INNOVATION NETWORK (ECIN)

Lee presented an overview of the ECIN, which is a collaborative of DC communities working together to



reduce the impact of toxic stress on children. The network is a partnership between Children's National and Georgetown Medical Center. It will be engaging public, private and philanthropic partners in the region.

- The mission of the ECIN is "to ensure that all children in Washington, DC, are able to thrive and reach their fullest potential by taking a science-based and cross-sector approach to strengthening families and the systems which support them, thus decreasing the impact of trauma and toxic stress."
- The network will focus on education, action, research and advocacy all on behalf of children 0 The initiative started in January. Its partners are currently in a phase of "listening and learning" from leaders across sectors.
- Myrna gave feedback that the network's name should reflect a focus on health, especially since two medical centers are leading the initiative.
 - In response, Lee mentioned that the network is not solely health related, and will be inclusive of education and other agencies that serve families. The ECIN seeks to bridge professionals across multiple sectors.

V. EARLY COMPREHENSIVE CHILDHOOD SYSTEMS IMPACT (ECCS IMPACT) FUNDING OPPORTUNITY

- A new, competitive grant opportunity has emerged, funded by HHS (U.S. Department of Health and Human Services, Maternal and Child Health Bureau).
 - o It is a five year grant, and DC will be applying for it.
 - OSSE will be the lead agency, in partnership with numerous agencies and organizations (including DOH, CFSA, ECIN, DBH, DC Promise Neighborhood Initiative, the Urban Alliance, and Smart from the Start).
 - o The application is due on March 15.
 - According to Elizabeth, the grant could be \$426,000 per year for five years.
- The city is looking at a two-generation, place based approach, focused on the following communities:
 - Woodland Terrace and Kenilworth-Parkside (years 1-5)
 - Potentially adding Benning Terrace and/or Barry Farm (years 3-5)
- Primary Aim of the Initiative: Within 60 months, participating communities will show a 25 percent increase from baseline in age appropriate developmental skills among their communities' three (3) year olds. In addition, DC aims for improved language acquisition in young children, and a reduction in maternal depression.
- The grant requires letters of support from key members of DC's state advisory councils. OSSE will follow up with some members of the SECDCC to request these letters.

Meeting adjourned: 04:03pm