



<b>Meeting:</b>	State Early Childhood Development Coordinating Council	
<b>Date/ Time:</b>	Monday, Oct. 21, 2019 2-3:30 p.m.	
<b>Location:</b>	Office of the State Superintendent of Education (OSSE) 1050 First St. NE, First Floor, Eleanor Holmes Norton Rooms 109/110	
<b>Agenda Items</b>		
I.	Welcome and Introductions	Hanseul Kang State Superintendent of Education OSSE
II.	Measurable Indicators of Progress: The Early Development Index (EDI) and the Neighborhood Risk Index (NRI) a. Recap: Wave 1 EDI Results b. Wave 2: EDI Data Collection c. NRI: A New Tool for Community Action d. Q&A	Lisa Stanley, DrPH Project Director  Joshua Bader GIS Unit Chief  University of California, Los Angeles Center for Healthier Children, Families and Communities
III.	Preschool Development Grant, Birth to Five (PDG B-5) Renewal Grant Application	Elizabeth Groginsky Assistant Superintendent of Early Learning OSSE
IV.	PDG B-5 Strategic Plan	Lynnell Johnson, Ph.D. Program Manager Barrow Coaching and Consulting Services
V.	Announcements	All
VI.	Public Comment	Open
VII.	Adjourn	Hanseul Kang



# State Early Childhood Development Coordinating Council (SECDCC)

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Oct. 21, 2019

# Agenda

- I. Welcome and Introductions
- II. Measurable Indicators of Progress: The Early Development Instrument (EDI) and the Neighborhood Risk Index (NRI)
  - a. Recap: Wave 1 EDI Results
  - b. Wave 2: EDI Data Collection
  - c. NRI: A New Tool for Community Action
  - d. Q&A
- III. Preschool Development Grant, Birth to Five (PDG B-5) Renewal Grant Application
- IV. PDG B-5 Strategic Plan
- V. Announcements
- VI. Public Comment
- VII. Adjourn

# Today's Objectives

- Present updates on the measurable indicators of progress: EDI and NRI
- Discuss updates on the PDG B-5 renewal grant application
- Draft objectives for the PDG B-5 strategic plan aligned with the vision, mission, pillars and goals



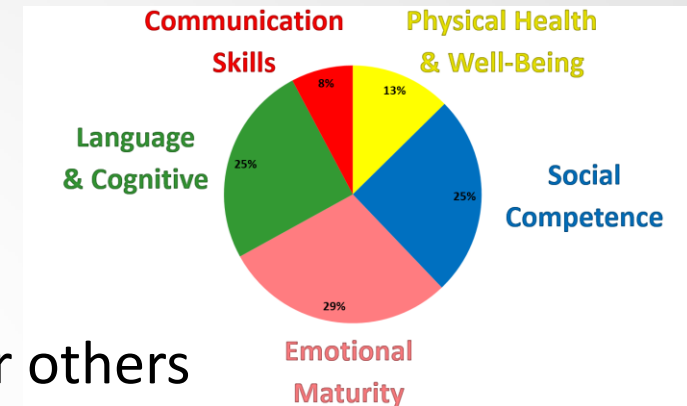
# Measurable Indicators of Progress: EDI and NRI

# EDI Purpose

- **Community snapshot:** Children's healthy development and school readiness
- **Population focused**
  - Reported by neighborhood cluster, ward, District
  - School reports used by education sector
- **Used** to strengthen partnerships, inform placed-based planning and monitor trends over time
- **Feasible to implement at scale**
  - Collected once every three years by teachers; observational assessment based on recall, completed online
- **Internationally validated**
  - Developed at McMaster University, Canada
  - Successfully used in over 15 countries
  - EDI predicts later standardized test scores

# EDI Domains and Distribution of Items

- **Physical health**
  - Motor skills, physical readiness
- **Social competence**
  - Getting along with peers, respect for others
- **Emotional maturity**
  - Emotional well-being, feeling sad, fearful, etc.
- **Language and cognitive**
  - Abilities with reading, writing, numbers, shapes
- **Communication skills**
  - Ability to use language, communicate needs and understand



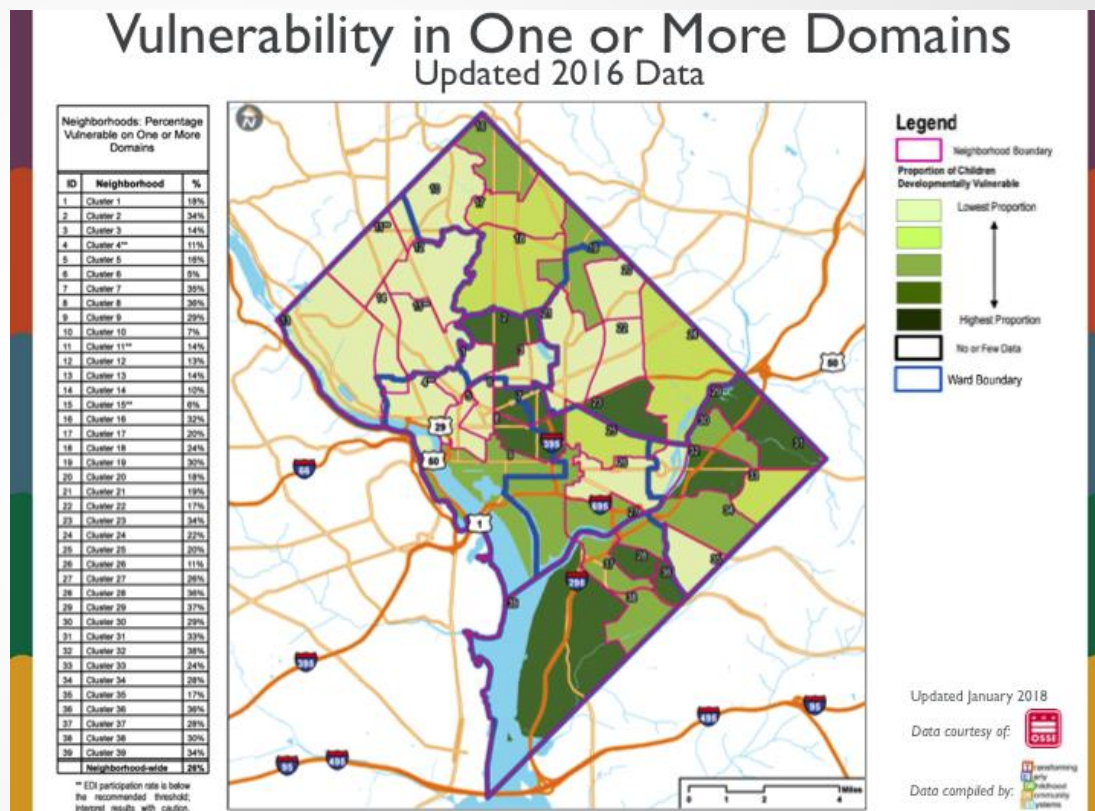


# Recap: Wave 1 EDI Results



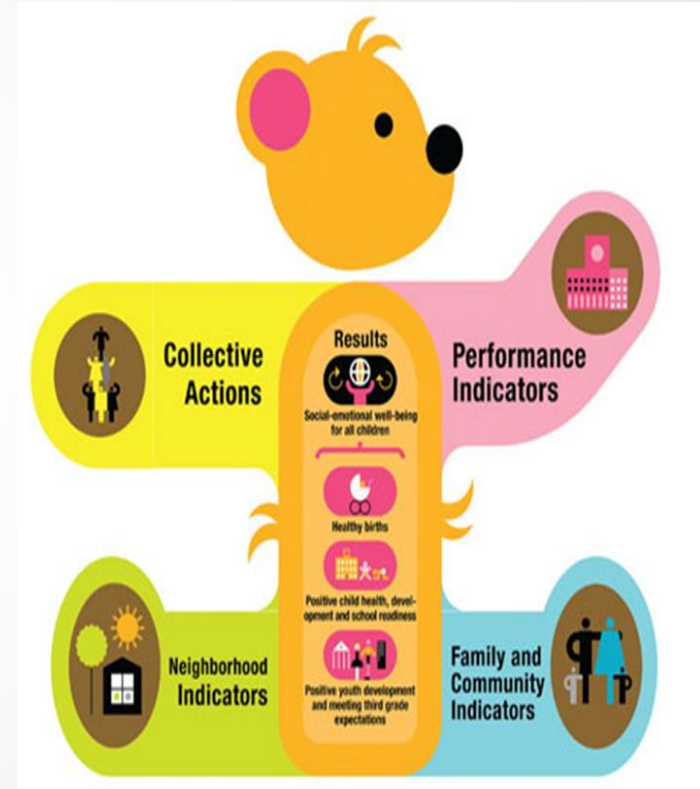
# Wave 1 EDI Results

- Wave 1 collected from 2015- 2017.
- First District-wide snapshot of children's health, development and school readiness.
- Housed within the Our Children, Our Community, Our Change initiative (<https://www.raisedc.org/ourchildren>)



# EDI in the District

- OSSE and Raise DC shared EDI widely and embedded it in **Our Children, Our Community, Our Change** initiative
- Collective uses:
  - Fueled stronger focus on equitable vision for District.
  - Serves as a shared cross-sector measure for school readiness in the early childhood system approach model (a.k.a. teddy bear).
  - Reflected in the Child Care and Development Fund (CCDF) plan and PDG B-5.
  - Informed place-based projects across the District.





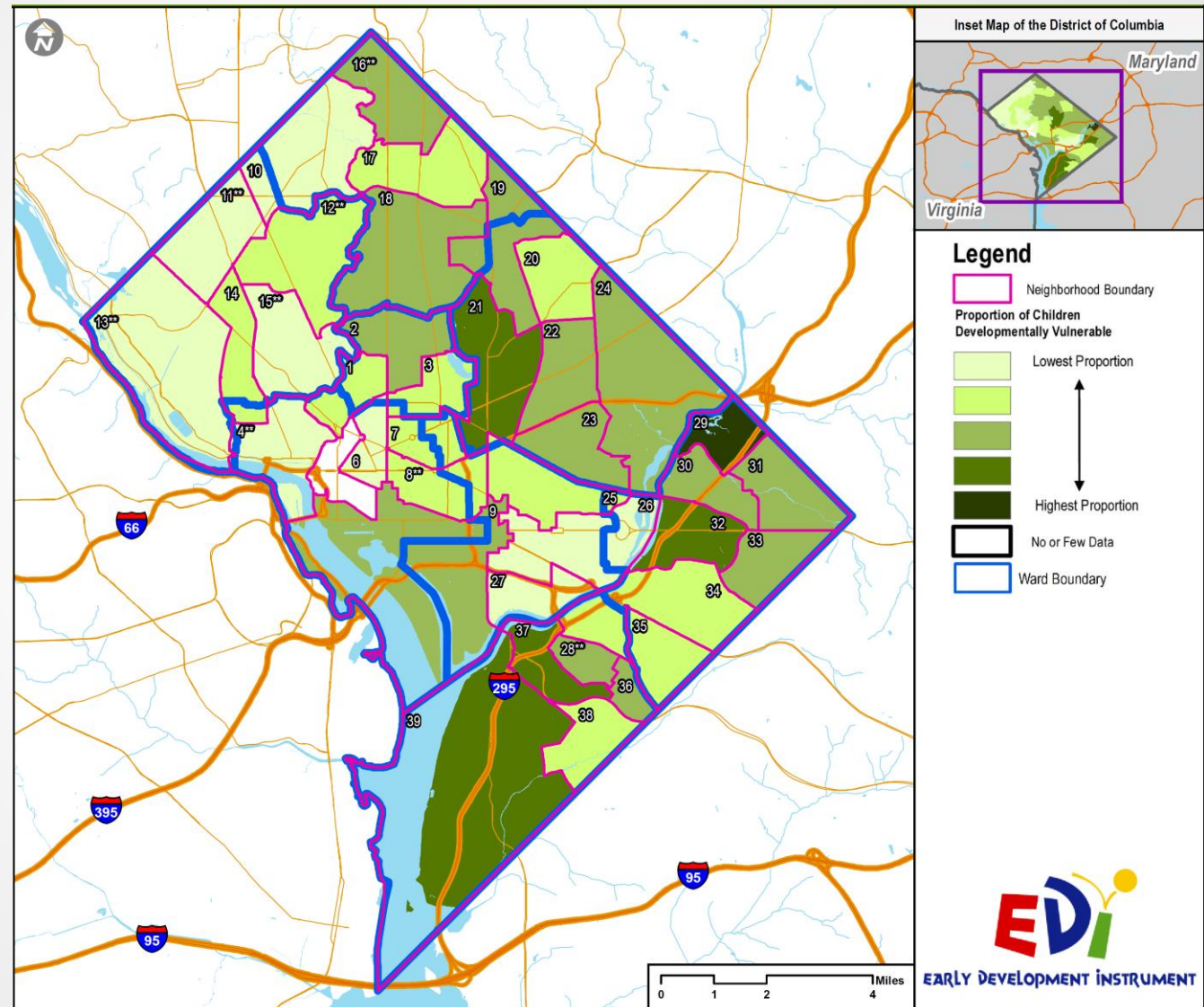
# Wave 2: EDI Data Collection

# EDI Data Collection Wave 2

EDI Participation	2018-2019	2019-2020 (Goal)
<b>Participating local education agencies (LEAs) and community-based organizations (CBOs)</b>	25	40
<ul style="list-style-type: none"> <li>District of Columbia public schools (DCPS)</li> </ul>	1 (62 schools)	1 (16 schools)
<ul style="list-style-type: none"> <li>Public charter schools (PCS)</li> </ul>	13	24
<ul style="list-style-type: none"> <li>CBOs</li> </ul>	11	15
<b>Schools/Centers</b>	100	TBD
<b>Classrooms</b>	294	TBD
<b>Children</b>	3,803	3,500

# Preliminary Results for Wave 2 (Year 1 of 2)

- 2018-2019 school year
- Percentage of children vulnerable on one or more developmental domains.
- Minimum participation threshold met in 30 of 39 (77 percent) neighborhood clusters.



# EDI (Year 1 of 2)

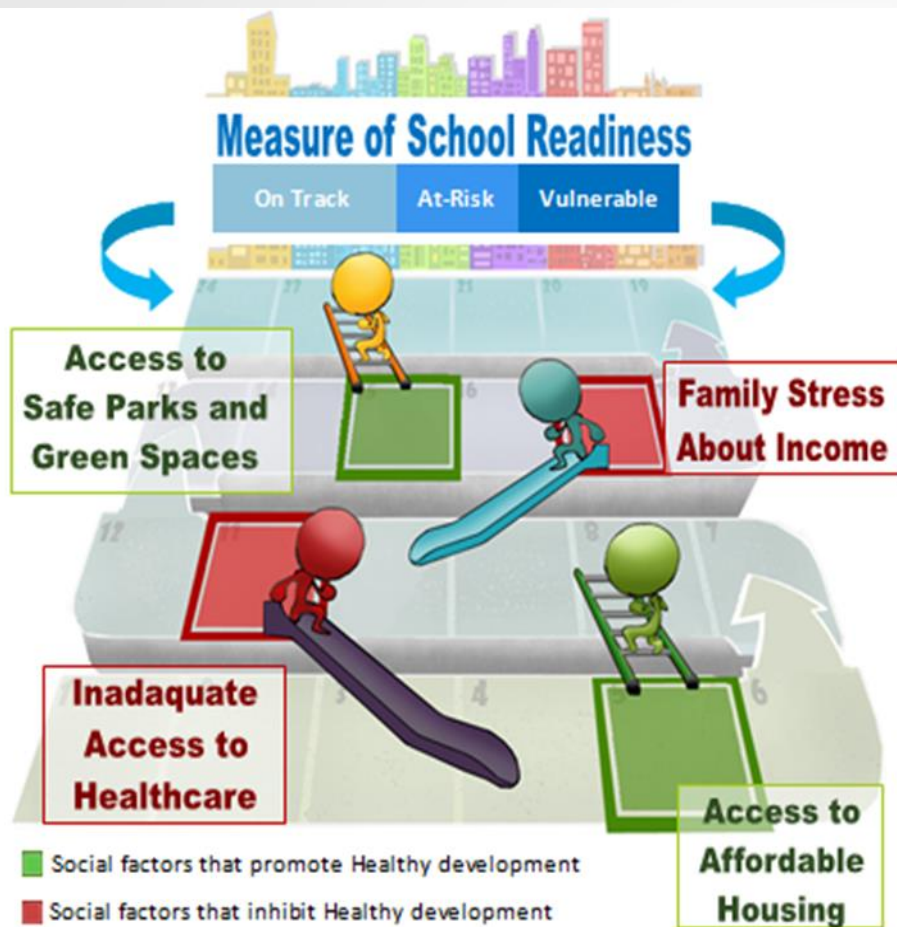
- **Nine neighborhood clusters** have not yet met the minimum threshold
  - Cluster 4 (Wards 2 and 3)
  - Cluster 5 (Ward 2)
  - Cluster 8 (Wards 2 and 6)
  - Cluster 11 (Ward 3)
  - Cluster 12 (Ward 3)
  - Cluster 13 (Ward 3)
  - Cluster 15 (Ward 3)
  - Cluster 16 (Ward 4)
  - Cluster 28 (Ward 8)



# NRI: A New Tool for Community Action



# What factors contribute to EDI results?



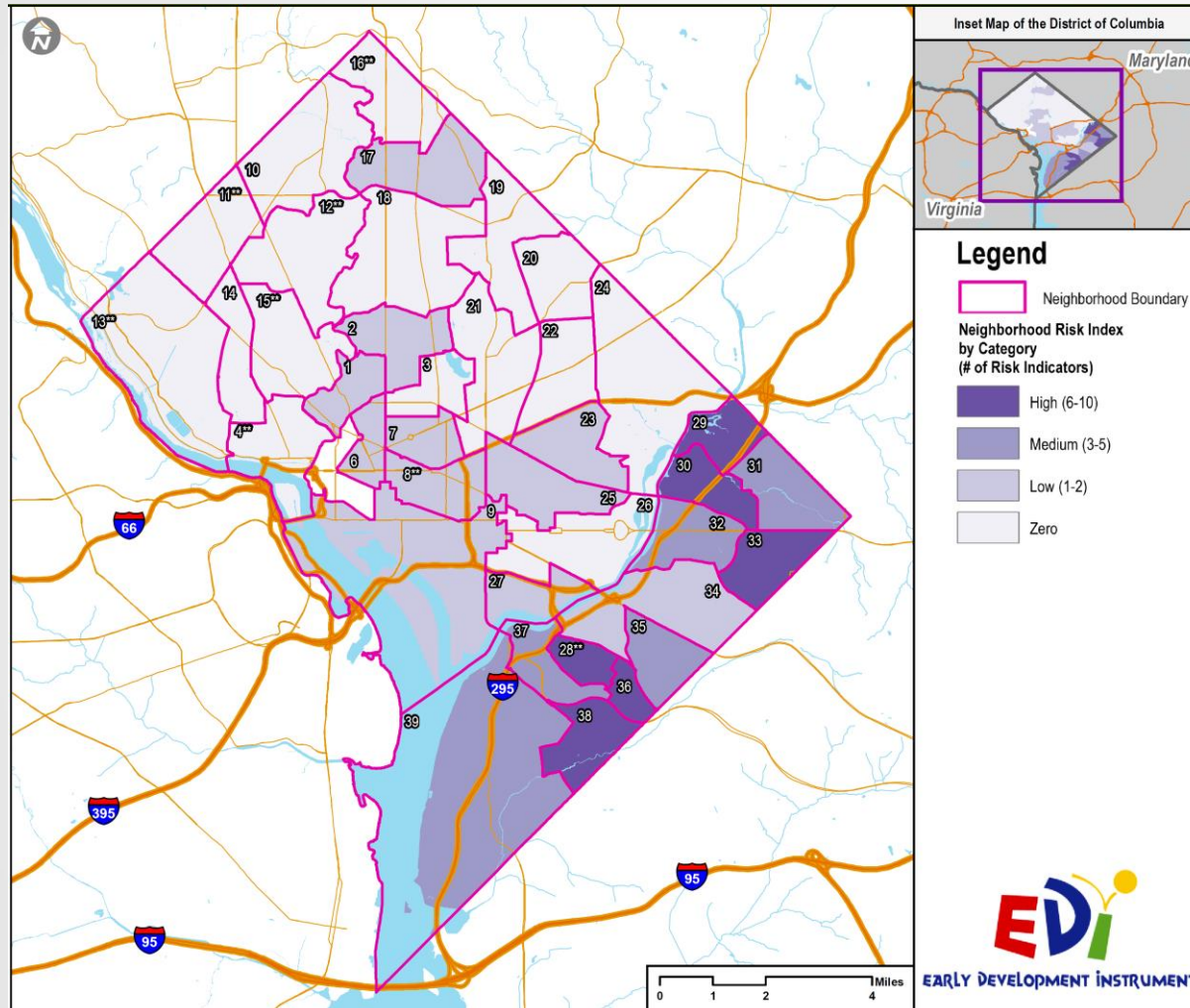


# Neighborhood Risk Index

- Adopted from work by **Dr. Charles Bruner**, Child and Family Policy Center
- **Census information included in the NRI:**
  - Social and educational indicators:
    - % Single parent households
    - % Limited English-speaking households
    - % Disconnected youth
    - % Population without a high school diploma
    - % Population with a college degree
  - Economic Indicators:
    - % Population with a wage income
    - % Families with children in poverty
    - % Households with public assistance income
    - % Owner-occupied housing
    - % Households with interest, rent or dividend income

**The Neighborhood Risk Index (NRI) is a composite measurement of ten indicators of neighborhood level risk which can be associated with higher levels of developmental vulnerability in children.**

# Neighborhood Risk Index



**High: 6-10 Risk indicators**

**Medium: 3-5 Risk indicators**

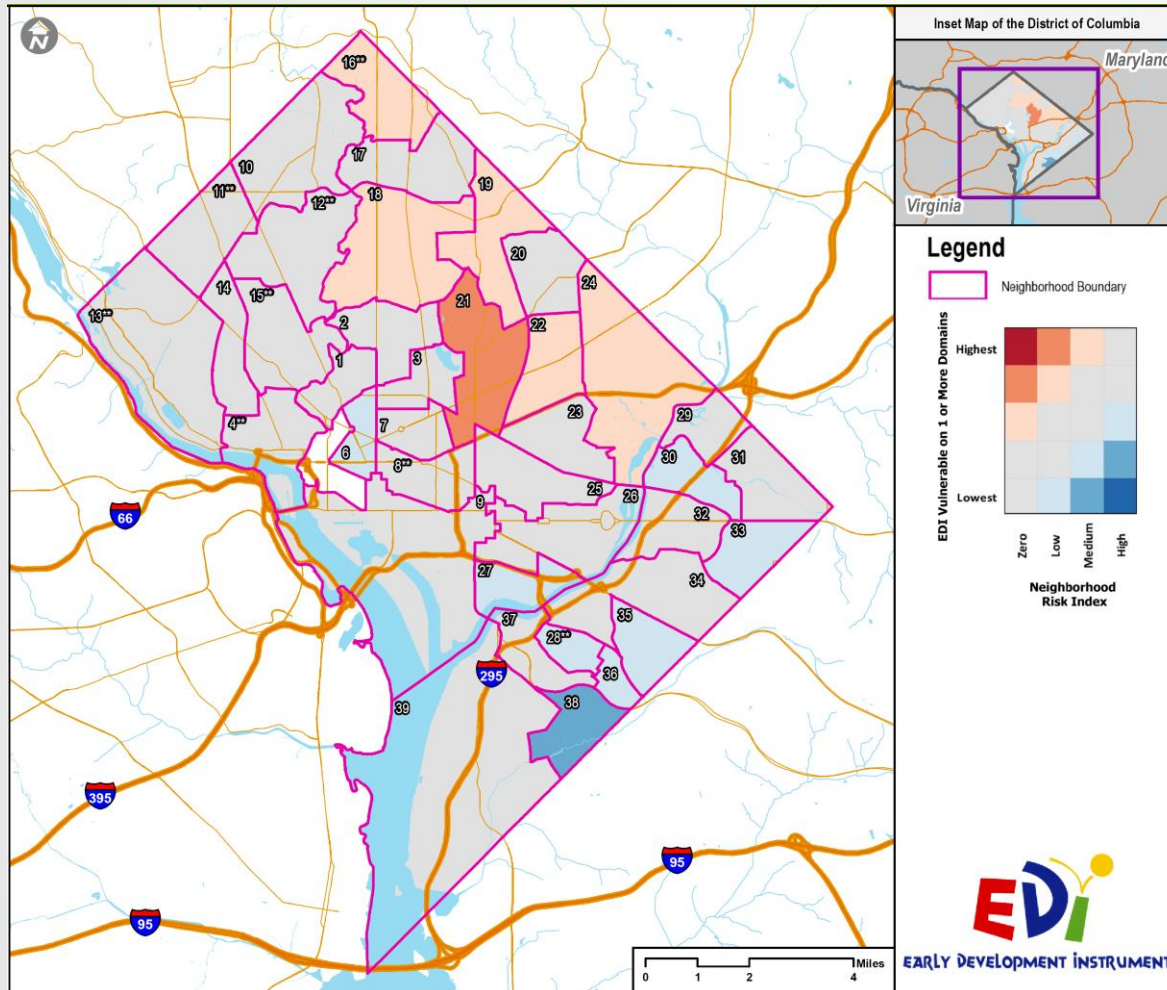
**Low: 1-2 Risk indicators**

**Zero: 0 Risk indicator**

# Using NRI to Understand Unique Contexts Across Wards and Neighborhood Clusters

Neighborhood Name	Ward	Number of Vulnerable Indicators	Category	% Single Parent Families	% Limited English-Speaking Households	% Disconnected Youth	% Population without a High School Diploma	% Population with a College Degree	% Households with Wage Income	% Families with Children in Poverty	% Households with Public Assistance Income	% Owner-Occupied Housing	% Households with Interest, Rent, or Dividend Income
Cluster 28	8	7	High	X		X			X	X	X	X	X
Cluster 29	7	6	High	X		X				X	X	X	X
Cluster 30	7	6	High	X		X				X	X	X	X
Cluster 31	7	4	Medium	X						X	X		X
Cluster 32	7	5	Medium	X				X			X	X	X
Cluster 33	7	6	High	X		X				X	X	X	X
Cluster 34	8	2	Low	X		X							
Cluster 35	7	4	Medium	X		X				X		X	
Cluster 36	8	7	High	X				X	X	X	X	X	X
Cluster 37	8	5	Medium	X						X	X	X	X
Cluster 38	8	7	High	X		X		X		X	X	X	X
Cluster 39	8	5	Medium	X		X				X	X	X	

# NRI versus EDI Vulnerability



## Gray

- Results generally match
- Neighborhoods are doing as we might expect given the EDI and NRI data

## Red

- High EDI vulnerability, low neighborhood risk
- Neighborhoods are *not doing as well* as we might expect given the EDI and NRI data

## Blue

- Low EDI vulnerability, high neighborhood risk
- Neighborhoods are *doing better* than we might expect given the EDI and NRI data

# Next Steps

- **Over the next 12 months:**
  - Raise DC will be working with OSSE and University of California, Los Angeles (UCLA) to make the NRI accessible.
- **October 2020**
  - EDI: Updated snapshot of the areas of need.
  - EDI overlaid with NRI to understand how child development is presenting compared to the level of neighborhood risk.
  - Examination of changes in EDI results from the 2016 data collection (wave 1) to the current data collection (wave 2) to understand if and where conditions are improving or worsening and to explore underlying drivers.

# How You Can Support

- We're grateful for the leadership of our schools and CBOs across the city and their pre-K 4 teachers who contributed to this data.
- We need additional schools, CBOs and teachers to participate in our wave 2 EDI collection, please help us recruit!
- Please share [www.raisedc.org/ourchildren/participate](http://www.raisedc.org/ourchildren/participate) with any potential partner LEAs and CBOs!



Q&A



# PDG B-5 Renewal Grant Application



# Important Information

- Submission deadline: **Nov. 5, 2019.**
- Renewal grant is for three years. DC can apply for up to **\$10 million** for each of the grant year.
- The renewal grant application will be **based on the results of the PDG B-5 needs assessment and goals in the strategic plan.** We will also focus on continuing our progress made in the initial PDG B-5 grant.
- PDG core team and SECDCC co-chairs will receive draft for review on **Tuesday, Oct. 29, 2019. Feedback needed by Thursday, Oct. 31, 2019.**

# Grant Funding Opportunity Announcement (FOA)

## Overview

Activity	Title	FOA Guidance	Allocated Points
One	District-wide needs assessment	Refine and enhance statewide, birth through five needs assessments by ensuring they are updated periodically, not less than once during the renewal grant period, and exploring additional elements not previously assessed by or identified as initial gaps related to the availability and quality of existing programs in the state, including programs serving the most vulnerable or underserved populations and <b>implementing a collaborative state data system to strengthen and enhance information</b> on children and family needs.	6 points
Two	District-wide strategic plan	The strategic plan shall include information that further describes how accomplishing the specific activities within the plan will better serve children and families in existing programs and recommend partnership opportunities that go beyond those previously identified that would <b>improve coordination, program quality and delivery of services.</b>	10 points

# FOA Overview

Activity	Title	FOA Guidance	Allocated Points
Three	Maximizing parent and family knowledge, choice and engagement in their child's early learning and development	<p>Maximizing parent and family choice and knowledge about the state's mixed delivery system of existing programs and providers by expanding state's efforts to:</p> <ul style="list-style-type: none"> <li>• Ensure <b>families are provided information about the quality</b> (e.g., through inspection reports, Quality Rating and Improvement System (QRIS) ratings, etc.) <b>and variety of early childhood education programs</b> including health, mental health and family support for children from birth into kindergarten entry; and</li> <li>• <b>Promote nurturing parent-child interactions, family and community protective factors and increase involvement by parents and family members</b> of low-income and disadvantaged children in transitions between the various early childhood care and education programs and services.</li> </ul>	12 points

# FOA Overview

Activity	Title	FOA Guidance	Allocated Points
Four	Sharing best practices and professional development for the early childhood workforce	<p>Sharing best practices among early childhood education providers in the state by expanding efforts to increase collaboration and efficiency of services, including:</p> <ul style="list-style-type: none"> <li>• <b>Improving transitions</b> that happen across all age spans in early childhood; and</li> <li>• Providing <b>interdisciplinary professional development to build shared understanding and connections</b> across early care and education (ECE), health and human services providers that serve families with young children.</li> </ul>	12 points

# FOA Overview

Activity	Title	FOA Guidance	Allocated Points
Five	Improving overall quality and service integration, expanding access and developing new programs	<p>Improving the overall quality of early childhood programs and services in the state, by expanding efforts, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• Developing and <b>implementing evidence-based practices that ensure inclusion of all children</b>, especially children at risk of or with a disability, a special health care need, or developmental need;</li> <li>• Improving <b>collaborative professional development</b> for early childhood providers;</li> <li>• Improving developmental, social-emotional and other learning opportunities for children birth through five;</li> <li>• <b>Aligning standards, curriculum, assessment</b> and child outcomes; and</li> <li>• Strengthening systems needed for <b>data sharing and use</b>, monitoring and quality improvement, accountability, effective governance, communication and decision-making.</li> </ul>	20 points

# FOA Overview

Activity	Title	FOA Guidance	Allocated Points
Six	Monitoring, evaluation, data use for continuous improvement, meaningful governance and stakeholder engagement	Refine, enhance and/or implement the program performance evaluation plan to align with the most current needs assessment findings and strategic plan. The program performance evaluation plan shall include information that details how states will <b>leverage data to examine the implementation, outputs and costs of strategic plan activities and support continuous quality improvement.</b>	30 points

# FOA Overview

Section	Allocated Points
Project budget and justification	6 points
Project sustainability plan	4 points
Bonus points <ul style="list-style-type: none"><li>Coordinated application, eligibility and enrollment for families</li><li>Infant/toddler emphasis</li><li>Collaborative transition and alignment from birth to early grades</li></ul>	3 points each



# PDG B-5 Strategic Plan





# Overall Strategic Planning Process

Step	Group	Timeframe
Kick-off meeting: Vision	SECDCC	July 18, 2019
Vision and mission workshop	PDG core team	End of July
Vision and mission workshop	Public forums (2) SECDCC committee	Mid-August until September
Goals and actions workshop	PDG core team	September Week 1
Goals feedback workshop	<ul style="list-style-type: none"><li>- National Maternal and Infant Health summit</li><li>- Public forum (1)</li><li>- SECDCC committees (2)</li><li>- Maternal and Child Health (MCH) advisory council meeting</li></ul>	September Weeks 2-3
Finalize goals	PDG core team and SECDCC co-chairs	October Week 1
Objectives and actions workshops	PDG core team Key stakeholder organizations	October Weeks 2-4
Strategic plan review and input	SECDCC	Oct. 21, 2019
Write and finalize strategic plan	Consultants with review and approval from PDG core team and SECDCC	November Weeks 1-4

# Vision and Mission

## Vision

All families and young children in the District of Columbia flourish and thrive in school and in life.



## Mission

To build and sustain an integrated, comprehensive and equitable early childhood system of high-quality, family-driven programs and services that promote positive outcomes for all families and young children.

# Strategic Pillars

## Collective Action

**We convene partners, invest resources and provide targeted support** to build a comprehensive and integrated system that improves quality, increases access and advances racial and economic equity in early childhood programming and education.

## Performance Driven

**We engage in continuous improvement** based on employing best practices, data-driven decisions, shared measures and monitoring to determine our impact and identify areas of needed change.

## Neighborhood Focus

**We listen and take community-driven actions** for every ward in the District through a system of community partnerships and programs targeted to local strengths and needs, and that are easy to access, navigate and maintain a focus on equity.

## Family and Community Well-being

**District families and community stakeholders are informed** with clear and consistent communication and supported by effective cross-agency programming that is family-driven and place-based.

# Strategic Plan Goals

1. Design an **early childhood system governance structure** that leverages and aligns federal, state and local early childhood financing and policies and increases public-private coordination to strengthen the impact of the system.
2. Partner with DC families of young children in the development and implementation of a **family-centric system of comprehensive, high-quality health and education programs** that support children's health, development and well-being.
3. **Improve the quality of and access to health, nutrition and behavioral health services** by identifying gaps, enhancing coordination, minimizing duplication and highlighting opportunities to scale best practices.
4. Build an **early childhood integrated data system** that tracks and measures progress and informs planning, policy development and funding of early childhood supports, services and infrastructure.
5. Partner with child development facilities and local education agencies to provide **equitable access to comprehensive, high-quality and affordable early care and education** that improves school readiness.
6. Recruit, develop and retain diverse, well-compensated **cross sector early childhood talent**.

# SMART Objectives

## Specific

Well defined and clear

What specifically do you want?

## Measurable

Quantifiable metric

How will you know when you've reached it?

## Attainable

Realistic about what is possible given the availability of resources, knowledge and time

How likely is it that you can accomplish it?

## Relevant

Important and will make a material impact on achieving the larger goal

Does it make sense in reference to the overarching goals?

## Time-Based

Specific timeframe and date it will be completed by

When do you need the goal to be completed by?

# Sample Measurable Objectives

## Goal 5

Partner with child development facilities and local education agencies to provide equitable access to comprehensive, high-quality and affordable early care and education that improves school readiness.

### Measurable Objective #1

1,500 more vulnerable infants and toddlers access quality care by 2023 as defined by Capital Quality (OSSE's Strategic Plan goal)

#### SMART

#### Y/N

Specific

Measurable

Attainable

Relevant

Time-Based

### Measurable Objective #2

4,100 more students are in high-quality pre-K classrooms by 2023 as measured by Classroom Assessment Scoring System (CLASS) (OSSE's Strategic Plan goal)

#### SMART

#### Y/N

Specific

Measurable

Attainable

Relevant

Time-Based

# Objectives

<b>Activities/Format</b>	<ul style="list-style-type: none"><li>- Form goal teams</li><li>- Reflect on the needs identified for your team's goal</li><li>- Collaborate to develop measurable objectives for the goal</li><li>- Be prepared to share the objectives</li></ul>
<b>Time Limit</b>	30 minutes
<b>Outcome</b>	Develop measurable objectives to meet the goals

# Small Group Activity

## For each goal:

1. **Review** the “needs identified in the needs assessment” for each goal.
2. **Discuss** what is currently being done within the District that aligns to the goal.
3. **Discuss** how to quantify each goal with measurable objectives.
4. **Write** 1-2 measurable objective(s) to meet that goal in order of priority
5. **Present** your objectives to the large group, describing the rationale for your choices.



# Goal 1

**Goal 1:** Design an early childhood system governance structure that leverages and aligns federal, state and local early childhood financing and policies and increases public-private coordination to strengthen the impact of the system.

## **Needs identified in the needs assessment:**

- The District needs **system-wide leadership support** to improve coordination and data governance for families of young children.
- Enhance **coordination** of programs and services.
- The District needs both a short- and long-term solution to **identifying family needs** and better connecting those needs with beneficial programs and services.

## Goal 2

**Goal 2:** Partner with DC families of young children in the development and implementation of a **family-centric system of comprehensive, high-quality health and education programs** that support children's health, development and well-being.

### **Needs identified in the needs assessment:**

- **Family-centric approach** to address the most pressing gaps.
- Families and early childhood professionals describe a **lack of high-quality** child care centers near where they live and work, particularly in neighborhoods with high concentrations of families with vulnerable or underserved children.
- **Lack of knowledge** of programs and program attributes.

# Goal 3

**Goal 3: Improve the quality of and access to health, nutrition and behavioral health services** by identifying gaps, enhancing coordination, minimizing duplication and highlighting opportunities to scale best practices.

## **Needs identified in the needs assessment:**

- **Improved** prenatal and perinatal care
  - The infant mortality rate for non-Hispanic black children, which is currently 11.49 percent compared to 2.55 percent for whites and 5.33 percent for Hispanic children (DC Health).
  - While programs exist for prenatal care, there is no centralized method for those in need to learn about the services.
- **Low health literacy** impacted by overall literacy and English language proficiency.
- **Expand behavioral health supports** and **increase coordination** with early care and education.

# Goal 4

**Goal 4:** Build an **early childhood integrated data system** that tracks and measures progress and informs planning, policy development and funding of early childhood supports, services and infrastructure.

## **Needs identified in the needs assessment:**

- **Integrate agency data** to provide powerful analysis of program effectiveness and predictive analytics.
- **Lack of standardization** of definitions and systems, data silos and duplication.
- **Limited understanding** of sub-populations (Temporary Assistance for Needy Families (TANF), foster care, homelessness).
- **No consistent definitions** for how neighborhoods and wards are identified.

# Goal 5

**Goal 5:** Partner with child development facilities and local education agencies to provide **equitable access to comprehensive, high-quality and affordable early care and education** that improves school readiness.

## **Needs identified in the needs assessment:**

- **Access to quality care.**
  - Many District families experience limited access to ECE services, especially vulnerable and underserved families.
  - While subsidies are provided to early child development facilities, there are still gaps in accessibility for families that do not currently qualify for subsidies or do not have access to high-quality centers near their home or work.
- **Disparity** in outcomes, opportunities and experiences.
- Need to better **target programs** to geographic areas.
- **More high-quality** early child care and education.

**Goal 6:** Recruit, develop and retain diverse, well-compensated cross sector early childhood talent.

**Needs identified in the needs assessment:**

- **Increase** facility resources, equipment and trained staff.
- **Inadequate compensation and increased requirements** for early child care professionals may negatively impact the profession.
- **Lack of trained and qualified** behavioral health consultants and experts who have experience working with young children.

# Template: Measurable Objectives

Goal

**Measurable  
Objective #1**

**SMART**

**Y/N**

Specific

Measurable

Attainable

Relevant

Time-Based

**Measurable  
Objective #2**

**SMART**

**Y/N**

Specific

Measurable

Attainable

Relevant

Time-Based



# Announcements





# Public Comment



Adjourn