EXECUTIVE SUMMARY

Florida offers a diverse birth-5 mixed-delivery early care and education (ECE) system, services for children with special needs, and important connections to health, mental health, and other early childhood services that support working parents and the needs of children.

The State Advisory Council (SAC) for the Preschool Development Grant Birth through Five (PDG B-5) developed a unified Early Childhood Strategic Plan for early childhood services with extensive input from stakeholders throughout the state. This plan reflects a convergence of the state’s existing plans and priorities and creates a shared vision for addressing the most pressing needs of children birth through age five and their families. The SAC is comprised of key leaders from every sector that implement services for young children: Florida Chapter of the Academy of Pediatrics, Agency for Health Care Administration, Agency for Persons with Disabilities, Association for Child Care Management, Association for the Education of Young Children, Association of Early Learning Coalitions, Association of Healthy Start Coalition, Association for Infant and Mental Health, Children’s Services Councils, Department of Children and Families, Department of Education, Department of Health, Executive Office of the Governor, Head Start State Collaboration Office, and the Office of Early Learning at the Department of Education (OEL/DOE). The SAC is led by Chairman Eric Hall, Chancellor of Innovation, Department of Education.

NEEDS ASSESSMENT PROCESS

The Florida Early Childhood Strategic Plan builds upon existing plans and stakeholder workgroups, and was augmented with extensive stakeholder input to ensure the development of one unified plan that reflects the needs of the state and the unique strengths and opportunities that exist within the state’s current context.

To ensure the strategic plan was driven by stakeholder input, extensive data was gathered and significant analysis was completed in partnership with the University of Florida, including:

- Analysis of 46 metrics within Florida’s Early Care and Education Needs Assessment (ECENA) data portal;
- A Family Access Survey completed by 1,936 families;
- Twelve Community Focus Group and Bright Spot Case Study Interviews spanning eight regions of the state with more than 100 stakeholder participants;
- A total of 36 stakeholder interviews of the State Advisory Council members and other key leaders in the state to inform the strategic plan priorities, goals, and action steps; and
- A review of current plans and process notes from existing workgroups and networks to ensure the plan reflects existing priorities in one unified plan for the state.

From this data gathering, the following overarching needs were identified to strengthen Florida’s early childhood system in the next three years:

**Need for Increased Family Supports**

- Families want more comprehensive and user-friendly information to inform ECE decisions.
- Families want more information on their young children’s development and services that align to their unique needs.
- For families with special needs, a more streamlined, coordinated and responsive system is desired so they can access services that meet their children’s unique learning needs.
- Families want greater access to quality ECE programs and other early childhood services that meet the unique needs of their children.

**Need for Improved Access to Quality Early Care and Education (ECE)**

- Payment rates need to be addressed and tied to quality expectations to strengthen ECE programs.
- ECE programs in the mixed delivery system would be strengthened by a unified child assessment system that aligns expectations across multiple funding streams and supports the individualized care and instruction families want.
- Early childhood professionals committed to meeting higher standards and strengthening adult-child interactions want expanded access to targeted professional development and other proven quality improvement supports to support the needs of early childhood professionals.
Need for Increased Coordination of Services

- Families are overwhelmed by the many different programs and eligibility requirements, and desire a unified way to access services for both themselves and their children and to be kept informed when services become available.
- Opportunities exist to meet complex needs simultaneously, such as understanding available health insurance options when families access other services.
- System leaders seek the ability to work more closely together, driven by data aggregated across multiple funding streams to inform how to best design and deliver services and programs.

Florida’s Early Childhood Strategic Plan builds upon substantial efforts that have taken place, which include a focus on providing tools to parents, improving the quality of ECE programs, and creating networks through which cross-sector professionals work together to strengthen services for young children.

Important efforts have included:

- The development of a coordinated system of providing parent education through home visiting, a DOH initiative that has recently expanded in the state;
- Expanded access to targeted information and referrals for families through the Help Me Grow Network of community-based supports;
- Implementation of significant accountability legislation to strengthen the quality of ECE programs, particularly related to adult-child interactions;
- A focus on professional development and building the skills and knowledge of ECE professionals, including teachers, directors, coaches and trainers/facilitators;
- Emerging efforts to support the behavioral/emotional health of young children;
- Cross-sector alignment to help eligible families access services, primarily SNAP (food stamps) and subsidized child care; and
- Building the capacity to assess children’s health and well-being at the local level to inform program and policy development.

The needs assessment reinforced that this work needs to be strengthened and expanded - and additional priorities are needed - to strengthen the overall early childhood system for young children and their families in Florida. The Early Childhood Strategic Plan aligns to these needs and focuses on three overarching priorities: equitable access to services for families, improving the quality of ECE, and improving cross-system collaboration. A number of needs noted in the assessment – such as expanding access to social services that support economic security for families – are part of the two-generational work (2gen). Based on the feedback from the needs assessment, Florida is prioritizing children living in poverty and children with disabilities as the most vulnerable populations for focus within the unified Early Childhood Strategic Plan.
Building upon the state’s strengths and needs, Florida’s Early Childhood Strategic Plan for the next three years has a clear **Vision** and **Mission**.

Our **Vision** is to increase quality, coordination, alignment and efficiency of Florida’s programs and services to support young children and their families’ needs toward readiness and early grade success, particularly for our most vulnerable and underserved children.

Our **Mission** is to improve child outcomes through coordinated, strategic investments and appropriate accountability.

Within this **Vision** and **Mission**, the Early Childhood Strategic Plan is constructed around three **Priorities** that are most pressing in Florida’s current context:

- PRIORITY 1: Equitable Access to Services for Families
- PRIORITY 2: Improve Quality of Early Childhood Care and Education
- PRIORITY 3: Improve Cross-System Collaboration

Each of these priorities is then further articulated with **Goals** and **Objectives** that will help address priorities in ways that will strengthen services within Florida’s existing systems and respond to Florida’s unique and diverse needs. For each strategy, an outline of the **Current Landscape and Existing Resources** is provided with context including relevant data, demographics of children and families, existing resources and efforts, description of existing policies that support services for families, and stakeholder perspectives. **Progress Indicators, Data Sources, and Process for Tracking Improvement** are included for each **Goal** to show how Florida will measure progress over the next three years. A plan is then provided with actionable steps to advance our early childhood system through **Strategies** and **Action Steps**. The responsible **lead entities** and **partners** are identified for each of the action steps, and a timeline for the next three years is noted.

**PRIORITY 1: EQUITABLE ACCESS TO SERVICES FOR FAMILIES**

**GOAL: Maximize Parental Choice and Knowledge**

**OBJECTIVES:**
- Enhance Consumer Education to Connect Families with Programs and Services that Meet Children’s Unique Needs
- Engage Families and Provide Tools for Supporting Children’s Development through Parent Education Initiatives

**GOAL: Ease Navigation of Services for Families**

**OBJECTIVES:**
- Identify Barriers and Opportunities for Improved Access to Services
- Support Children and Families with Children with Unique Learning Abilities
- Improve Coordination Between Early Care and Education and K-12 to Support More Seamless Transitions to Kindergarten

**GOAL: Promote Equitable Access and Outcomes**

**OBJECTIVES:**
- Promote Equity for Young Children
GOAL: Build and Sustain the Supply of Quality Early Care and Education Opportunities

OBJECTIVES:
▶ Driven by Data, Increase Provider Payment Rates in Alignment with Quality Standards
▶ Strengthen the Knowledge and Skills of the Early Childhood Workforce through a Comprehensive Professional Development System
▶ Implement a Coordinated Child Assessment System to Inform Individualized Care and Instruction

GOAL: Coordinate and Integrate Services to Strengthen Systems

OBJECTIVES:
▶ Coordinate Early Childhood Service Delivery System Supporting Positive Physical, Cognitive, and Mental Health Development of Young Children
▶ Implement Two-Generational Strategies to Support Children and Families in Poverty

GOAL: Utilize Needs Assessment Data and Results to Strengthen Informed Decision-making

OBJECTIVES:
▶ Improve Data System Coordination
▶ Streamline Policies and Practices for More Effective Service Delivery

Throughout the Early Childhood Strategic Plan the term “early childhood services” is an umbrella term for all services provided to young children, birth through age five, and their families. The term “early care and education” is used for the early learning and child development services families access through centers, family child care homes, VPK, and school-based programs to support the development and learning of children birth through age five.

A glossary of other terms and acronyms is provided in Appendix A of the full plan.

This strategic plan is the result of a collaborative effort between Florida’s early childhood agencies and stakeholders. It is aspirational in nature and meant to be a living document that will change over time and be updated regularly. The strategic plan does not commit the state of Florida or individual agencies to any specific action.
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### GOAL: MAXIMIZE PARENTAL CHOICE AND KNOWLEDGE

**OBJECTIVES:**

- Enhance Consumer Education to Connect Families with Programs and Services that Meet Children’s Unique Needs
- Engage Families and Provide Tools for Supporting Children’s Development through Parent Education Initiatives

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### GOAL: EASE NAVIGATION FOR FAMILIES

**OBJECTIVES:**

- Identify Barriers and Opportunities for Improved Access to Services
- Support Children and Families with Children with Unique Learning Abilities
- Improve Coordination Between Early Care and Education and K-12 to Support More Seamless Transitions to Kindergarten

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**OBJECTIVES:**

- Promote Equity for Young Children

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## PRIORITY 2: IMPROVE QUALITY OF EARLY CHILDHOOD CARE AND EDUCATION

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### GOAL: BUILD AND SUSTAIN THE SUPPLY OF QUALITY EARLY CARE AND EDUCATION OPPORTUNITIES

**OBJECTIVES:**

- Driven by Data, Increase Provider Payment Rates in Alignment with Quality Standards
- Strengthen the Knowledge and Skills of the Early Childhood Workforce through a Comprehensive Professional Development System
- Implement a Coordinated Child Assessment System to Inform Individualized Care and Instruction

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## PRIORITY 3: IMPROVE CROSS-SYSTEM COLLABORATION

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### GOAL: COORDINATE AND INTEGRATE SERVICES TO STRENGTHEN SYSTEMS

**OBJECTIVES:**

- Coordinate Early Childhood Service Delivery System Supporting Positive Physical, Cognitive, and Mental Health Development of Young Children
- Implement Two-Generational Strategies to Support Children and Families in Poverty

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**OBJECTIVES:**

- Improve Data System Coordination
- Streamline Policies and Practices for More Effective Service Delivery

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## APPENDICES

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Florida is home to more than 4 million children younger than 18 with 1.3 million children ages birth-5. Of this total population, 32.2% of families with children receive some form of public assistance (e.g., Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), child care/early care and education subsidy). Florida offers a diverse B-5 mixed-delivery early care and education (ECE) system, services for children with special needs, and important connections to health, mental health, and other early childhood services that support working parents and the needs of children.

Florida’s State Advisory Council (SAC) developed a unified Early Childhood Strategic Plan for early childhood services with extensive input from stakeholders throughout the state. This plan reflects a convergence of the state’s existing plans and priorities and creates a shared vision for addressing the most pressing needs of children birth through age five and their families.

Throughout the Early Childhood Strategic Plan the term “early childhood services” is an umbrella term for all services provided to young children, birth through age five, and their families. The term “early care and education” is used for the early learning and child development services families access through centers, family child care homes, VPK, and school-based programs to support the development and learning of children birth through age five.

A glossary of other terms and acronyms is provided in Appendix A of the full plan.

STAKEHOLDER ENGAGEMENT AND NEEDS ASSESSMENT

The Florida Early Childhood Strategic Plan builds upon existing plans and stakeholder workgroups, and was augmented with extensive stakeholder input to ensure the development of one unified plan that reflects the needs of the state, existing plans and priorities, and the unique opportunities that exist within the state’s current context. The State Advisory Council (SAC) served as the primary driver for guidance throughout the plan’s development and completion. The SAC, originally formed in 2010, was reconstituted upon the Preschool Development Grant Birth to Five grant award and strategically includes the major entities that implement early childhood services in Florida: Academy of Pediatrics, Agency for Healthcare Administration, Agency for Persons with Disabilities, Association for Child Care Management, Association for the Education of Young Children, Association of Early Learning Coalitions, Association of Healthy Start Coalitions, Association for Infant and Mental Health, Children’s Services Councils, Department of Children and Families, Department of Education, Department of Health, Florida Healthy Kids, Executive Office of the Governor, Head Start State Collaboration Office, and the Office of Early Learning at the Department of Education. The SAC is led by Chairman Eric Hall, Chancellor of Innovation, Department of Education. The full SAC membership roster is provided in Appendix B.
Florida’s Office of Early Learning in the Department of Education (OEL/DOE), in partnership with the University of Florida’s Lastinger Center for Learning (Lastinger Center), staffed the SAC and the development of the Early Childhood Strategic Plan. To ensure the Early Childhood Strategic Plan was driven by stakeholder input, the Lastinger Center gathered extensive data and completed significant analysis, including:

▶ Analysis of 46 metrics within Florida’s Early Care and Education Needs Assessment (ECENA) data portal
▶ A Family Access Survey completed by 1,936 families throughout the state
▶ Twelve Community Focus Group and Bright Spot Case Study Interviews spanning eight regions of the state with more than 100 participants
▶ A total of 36 Stakeholder Interviews of the State Advisory Council members and other key leaders in the state to inform the strategic plan priorities, goals, and action steps
▶ Review of current plans and process notes from existing Workgroups and Networks to ensure those priorities are reflected in one unified plan for the state

Highlights from this needs assessment are outlined below.

**EARLY CARE AND EDUCATION NEEDS ASSESSMENT (ECENA) DATA PORTAL ANALYSIS**

Review and analysis of gaps in services, particularly for vulnerable populations, served as guideposts for the development of the Early Childhood Strategic Plan goals and objectives. This was accomplished through extensive data analysis using the state’s Early Care and Education Needs Assessment (ECENA) data portal. Through federal SAC funding in 2013, OEL/DOE worked with the University of Florida (UF) to develop ECENA. Rather than create a traditional needs assessment that would be outdated quickly, Florida created a data portal with 46 metrics that is regularly updated through cross-sector data imports from each of the state agencies that collect data on young children and their families. ECENA also provides innovative data tools to assess needs and inform local, regional, and state level decision-making. This centralized repository of indicators associated with early development can be compared across multiple levels of geography including statewide, early learning coalition (ELC), county, and zip code. Users can generate color-themed maps, trend plots, and tabular data using various combinations of age groups and indicators. The reports, maps, and tabular data can be downloaded quickly and directly from UF-secured websites and displayed on mobile devices. Since it was created, ECENA has been accessed thousands of times and is widely used to inform planning, fund development, and program implementation.

For the purposes of this plan, ECENA’s centralized repository of indicators was used to compare data across multiple levels of geography including statewide, region, county, and zip code. ECENA analysis informed the priorities for the Early Childhood Strategic Plan, helped identify salient data points that frame the context of each section in the plan, and will help document the impact of future proposed work.

**FAMILY ACCESS SURVEY**

A total of 1,936 families from across the state completed surveys, and respondents mirrored the current demographics of Florida: 44% of the respondents were Caucasian; 34% were of a Black or African-American racial identity; and about 20% were Latinx. 83% of respondents reported being socioeconomically disadvantaged: 23.41% of respondents claimed a yearly household income less than $15,000; 36% indicated a yearly household income falling between $15,000 and $24,999; and approximately 24% of the families’ incomes fell between $25,000 to $39,999. Nearly 64% of the families reported having one child and 27% reported having two children ages birth-5. Of these children, 74% of the families sent their children to an early learning program at an ECE center or at an elementary school, while approximately 10% indicated their children stayed at home with a parent or guardian during the day.
MOST NEEDED SERVICES

Across all categories, of the 25 family services included in the survey, help paying for ECE and ongoing food assistance were identified as the top in-demand services. Among basic family needs, ongoing food assistance, help with rent/mortgage, and help finding housing were of most importance to families. These findings were consistent with previous analysis in Florida that demonstrated the need for a 2gen approach to social services for families with young children in poverty. The United Way of Florida, through work to analyze the economic realities of the Asset Limited, Income Constrained, Employed (ALICE) population documented that in nearly all of Florida's 67 counties, the cost of ECE exceeds the cost of housing.

For services related to health, the top most utilized services are: 1) medical care for children; 2) health insurance; and 3) counseling; 53%, 32%, and 15% of the families indicated receiving these services, respectively. For services related to parenting, education and family services, three services were most important to families: 1) help paying for ECE; 2) help finding ECE; and 3) behavioral/emotional health evaluation and services. Specifically, 66.58% indicated being helped with paying for ECE, and about 10% did not find this service. Over half of the families (50.81%) were able to receive help with finding ECE programs, and 15.83% received behavioral/emotional health evaluation or services for their children. The greatest challenges were the cost of ECE (50.16%) and finding ECE available during parents’ hours of work (36.91%). These findings indicate both the need for enhanced consumer education to better connect families with desired services, as well as increased coordination efforts to help families navigate the birth-5 system of early childhood services.

STAKEHOLDER FOCUS GROUPS AND COMMUNITY CASE STUDIES

In total, more than 100 stakeholders informed the focus groups and case studies. The focus groups reflected different geographic locations, rural/urban communities, and diverse ECE provider and community leader perspectives. Twelve focus groups were held, eight with ECE organizational leaders and service providers and four with ECE programs in the Big Bend region, Broward County, Duval County, Miami-Dade County, Palm Beach County, Polk County, Southwest Florida region, and St. Lucie County. In addition, six community case studies - or “bright spots” from Big Bend region, Broward County, Palm Beach County, Polk County, Southwest Florida region, and St. Lucie County - describe successes related to specific Early Childhood Strategic Plan action items. These case studies provide actionable examples of structures and systems of community innovations that are currently operating in Florida.

The following themes were common across all stakeholder groups:

- There is a critical need for financial support for families and ECE providers.
- ECE providers need more financial incentives to improve and sustain quality.
- To promote family partnerships in a child’s learning, parents and families need more understanding of quality ECE and help navigating ECE services and supports.
- For families to receive high quality ECE, it is critical to establish high-quality programs in close proximity to families.
- There needs to be: (1) a more efficient system for identification and referral of children with special needs; (2) more options and avenues for families to find special needs services, and (3) educational training programs to prepare ECE practitioners to support children with special needs.
- There is a need to create a streamlined, user-friendly way to access ECE services that connects quality initiatives, funding, and real-time implementation for all stakeholders to best serve children and families in need.
Increase access to quality ECE by:
▷ developing consistent standards and definitions of quality and accountability;
▷ increasing ECE provider reimbursement rates to sufficient levels that support increased quality;
▷ increasing infant/toddler capacity by increasing the number of quality ECE programs serving infants/toddlers;
▷ expanding opportunities for specialized training and professional development with meaningful pathways that support professional growth and opportunity across all early childhood services and that align with the Governor’s goals for postsecondary attainment;
▷ creating recruitment, development and retention strategies for the early childhood workforce in alignment with Governor and state priorities (appendix C);
▷ providing differentiated supports and individualized instruction for students in VPK with clear measures related to learning gains and student progress; and
▷ increasing the understanding between ECE and K-12 stakeholders to better understand expectations, consolidate data, and improve transitions.

Identified strategies that would improve birth-5 system services:
▷ Increase access and supports for families with young children by:
  ▷ developing facilitators that are knowledgeable about the eligibility and requirements for early childhood programs and services to support increased access for all families, especially those who have children with unique learning needs;
  ▷ providing for the equitable distribution of funds across services to support equitable and seamless access for families;
  ▷ developing a 2gen framework to support increased economic stability and improved child outcomes, with strategies to mitigate the fiscal cliffs and provide graduated phase-outs; and
  ▷ increasing coordination and data sharing capabilities for developmental screenings.

▷ Create efficiencies in service delivery by:
  ▷ using the needs assessment data on an ongoing basis to make data-driven decisions and inform priorities, policies, and practices
  ▷ assessing local innovations for replication and scalability;
  ▷ streamlining services through a single point of entry; and
  ▷ identifying opportunities for increased collaboration and coordination across agencies.

KEY STAKEHOLDER INTERVIEWS

Interviews with 36 key leaders and SAC members were conducted to inform priorities, goals, and outcomes for the Strategic Plan. The interviews were designed to identify current birth-5 system assets and attributes, as well as challenges and barriers.

Notable strengths of Florida’s current birth-5 system include:
▷ Infant and toddler support through universal newborn screening, Early Steps intervention services, and coordination of home visiting programs;
▷ Family access support with a local governance structure serving all 67 counties through the state’s 30 early learning coalitions and RCMA, Help Me Grow connecting families to community resources, and growing efforts for infant mental health;
▷ Recent policy measures to strengthen accountability for the state’s School Readiness (subsidized child care/ECE) and Voluntary Prekindergarten Education (VPK) programs; and
▷ Cross-system and cross-discipline partnerships with a shared commitment to increasing coordination and collaboration to enhance services for children and families.
In Florida, many local boards and advisory groups are designed with cross-system/ cross-discipline members that can work to coordinate services and maximize resources. For example, a number of the local ELCs that administer School Readiness funding, VPK and child care resource and referral services coordinate with local home visitation programs, two administer Early Head Start-Child Care Partnerships, and many lead efforts to coordinate local ECE systems and services that meet the needs of culturally and linguistically diverse families. Representatives from entities providing early childhood services throughout Florida were consulted in the development of the Early Childhood Strategic Plan and will be a key part of implementation at the regional and local levels to strengthen Florida’s B-5 mixed delivery system.

Critical to the strategic planning process was the ability to leverage existing networks that serve to increase collaboration and coordination of community-based organizations that directly engage with families and other key stakeholders. Networks that serve as coordination structures to implement a more integrated B-5 system and were consulted in the development of the Early Childhood Strategic Plan include:

▶ **INFANT/TODDLER, PRESCHOOL, INCLUSION NETWORKS:**
  OEL/DOE facilitates Infant/Toddler, Preschool, and Inclusion Networks to support the coordination of local provider initiatives; these networks act in an advisory role for statewide initiatives. The networks promote community connections between providers and services tailored to specific needs and provide a system of care for children in the School Readiness and VPK programs. Each network consists of one specialist per early learning coalition (ELC) plus members from other agencies that serve the identified population of children. Partners include Part C, Part B, higher education, Healthy Families, and Department of Children and Families (DCF), among others.

▶ **PROFESSIONAL DEVELOPMENT:**
  The Professional Development Initiative (PDI) has developed broad partnerships to create a robust professional development (PD) system in Florida, to include core competencies, career pathways, articulation, wage and compensation supports, and quality assurance standards for PD. Florida widely implements the Teacher Education and Compensation Helps Program (T.E.A.C.H.) through the Children’s Forum and a network of higher education institutions throughout the state. In addition to the OEL/DOE created and led professional development opportunities, OEL/DOE has developed an innovative public-private partnership with the University of Florida’s Lastinger Center, which has engaged foundations and other partners to build and implement a statewide PD delivery system called Early Learning Florida.

▶ **TRANSITION TO KINDERGARTEN WORKGROUP:**
  OEL/DOE, the Head Start State Collaboration Office (HSSCO), the Children’s Forum, ELCs, private providers, Head Start (HS) grantees, and local school districts came together to identify opportunities and barriers to smooth transitions between ECE providers and kindergarten. The workgroup is developing an ECE collaborative framework, tools, and resources to help support families in working with school leaders, Kindergarten teachers, and ECE providers on transition plans. An action plan has been developed and best practices have been shared via regional summits and a website.

▶ **TRAUMA INFORMED CARE WORKGROUP:**
  A workgroup designed to identify opportunities for improving access to mental health services and trauma-informed care in ECE. This workgroup is developing a specific trauma plan for supporting young children and their families who may have or are experiencing adverse childhood experiences. Currently, this workgroup is focused on expanding access to mental health consultation and includes representatives from ELCs and the Florida Association for Infant Mental Health (FAIMH). This workgroup is in the process of expanding to include other agency partners.

▶ **FLORIDA EARLY CHILDHOOD COMPREHENSIVE SYSTEM (ECCS) IMPACT PROJECT:**
  The Florida Association of Healthy Start Coalitions coordinates with partners through a network designed to enhance early childhood systems building and demonstrate improved outcomes in population-based children’s developmental health and family well-being indicators. Additional goals of the Florida ECCS Impact Project are the development of collective impact expertise, operationalization of racial equity, and implementation and sustainability of efforts at the state, county, and community levels.
STATE ADVISORY COUNCIL STRATEGIC PLAN DEVELOPMENT

The SAC met numerous times in 2019 to develop a shared understanding of the current ECE context, existing plans and Networks driving work forward within the state, and needs as represented through ECENA, focus groups, surveys and other means. Through meetings and discussions, this information was analyzed, processed and used to determine priorities and strategies for the plan. In addition to the community focus groups, interviews, and surveys, SAC members engaged community partner and stakeholder counterparts to ensure the plan was informed by the perspectives of a broad representation of early childhood stakeholders. The alignment of recognized strengths and needs for early childhood system development between community and state stakeholders was notable and provides an indication of strong, shared recognition of opportunity and commitment to changes that will better position services for children and families.

The format for SAC meetings included: 1) full group updates, presentations and overviews on data, current context and opportunities for specific priorities and strategies; 2) small group breakout discussions to refine strategies, determine action steps, discuss critical partners, and develop timeline; and 3) review of agreements, reflection on draft sections, and discussion on next steps. This iterative work provided an inclusive, engaging process to develop a comprehensive and unified birth-5 Early Childhood Strategic Plan.

▶ FLORIDA ASSOCIATION OF INFANT MENTAL HEALTH (FAIMH):
A membership association that brings together diverse professionals committed to young children's mental health, including ECE, early intervention, child welfare, mental health, social work, psychology and psychiatry. FAIMH is focused on collaborations that connect and enhance services to support improved outcomes for the physical, emotional, and developmental well-being of children. FAIMH achieves this by supporting and strengthening the infant and early childhood mental health workforce to better serve young children and families.

▶ FLORIDA KIDCARE:
Florida KidCare serves as the umbrella for the four government health insurance programs – Medicaid, MediKids, Florida Healthy Kids and the Children’s Medical Services Managed Care Plan – that is governed by local and state health care experts and relevant state agency leaders that provide leadership on a seamless continuum of coverage for 2.4 million Florida children from birth through the end of age 18.
ONGOING ROLE OF THE STATE ADVISORY COUNCIL AND GOVERNANCE

The SAC will play an essential role in the implementation of the Early Childhood Strategic Plan and will regularly update the plan to reflect the state's ongoing priorities, needs, and strategy. The SAC will meet quarterly, or as needed, as a full Council and smaller committees will meet as needed to work on critical topics. SAC members will engage partners, local counterparts, and stakeholders on discussion topics to ensure there is a critical feedback loop from communities on state system development efforts. Existing Network leads and workgroups formed through the strategic planning process will submit information to the SAC quarterly, or less frequently as topics necessitate, to keep the SAC informed of work progress and provide opportunity for discussion and refinement.

The SAC will serve as the critical convening body to provide a strong governance structure for implementing the Early Childhood Strategic Plan. OEL/DOE will take lead responsibility for tracking overall strategic planning process in coordination with state agency partners and the SAC. The Chair of the SAC will report on the progress of the SAC and the Early Childhood Strategic Plan to the Commissioner of the Department of Education and other Florida leaders on a regular basis.

The SAC has made a strong commitment to this work including providing sufficient human, financial and other resources for the SAC to be effective. The SAC members and partners will work together to create efficiencies and streamline services to serve more families with existing resources. When the need for additional resources are identified, the SAC will work together to identify opportunities for increased funding to maximize the impact of services for children and families.

STRUCTURE OF STRATEGIC PLAN

The SAC actively develop a shared Early Childhood Strategic Plan across early childhood services. The planning that was mounted to create this plan and opportunities for input were unparalleled in the last decade and were strongly supported by key leaders in the Department of Education and the new Governor's administration. Florida carefully constructed its plan to reflect an ambitious, relevant, and actionable plan for the next three years that will make a real difference in the lives of Florida's youngest children and their families.

This plan was purposefully designed to provide direction in key areas, constructed so that it can be easily updated, and created to provide clarity without being overly prescriptive so that subsequent implementation can be nimble and responsive to both the needs and the quickly changing context that surrounds policy development and systems change. Based on the feedback from the data collection, Florida is prioritizing children living in poverty, children living in underserved communities, and children with disabilities as the most vulnerable populations on which the unified Early Childhood Strategic Plan will focus. Based on all of this analysis, Florida’s Early Childhood Strategic Plan has a clear Vision and Mission.

Our Vision is to increase quality, coordination, alignment and efficiency of Florida’s programs and services to support young children and their families’ needs toward readiness and early grade success, particularly for our most vulnerable and underserved children.

Our Mission is to improve child outcomes through coordinated, strategic investments and appropriate accountability.
Within this Vision and Mission, the Early Childhood Strategic Plan is constructed around three Priorities that are most pressing in Florida’s current context:

- PRIORITY 1: Equitable Access to Services for Families
- PRIORITY 2: Quality Early Childhood Care and Education Experiences
- PRIORITY 3: Improved Cross-System Collaboration

Each of these priorities is then further articulated with Goals and Objectives that will help address priorities in ways that will strengthen services within Florida’s existing systems and respond to Florida’s unique and diverse needs. For each strategy, an outline of the Current Landscape and Existing Resources is provided with context including relevant data, demographics of children and families, existing resources and efforts, description of existing policies that are supporting services for families, and stakeholder perspectives. Progress indicators, Data Sources, and Process for Tracking Improvement are included for each Goal to show how Florida will measure progress over the next three years. A plan is then provided with actionable steps to advance our early childhood system through Strategies and Action Steps. The responsible lead entities for the action steps are identified for each of the action steps and a timeline for the next three years is noted.
PRIORITY 1: Equitable Access To Services For Families

GOAL: Maximize Parental Choice and Knowledge

OBJECTIVES:
▶ Enhance Consumer Education to Connect Families with Programs and Services that Meet Children's Unique Needs
▶ Engage Families and Provide Tools for Supporting Children's Development through Parent Education Initiatives

GOAL: Ease Navigation for Families

OBJECTIVES:
▶ Identify Barriers and Opportunities for Improved Access to Services
▶ Support Children and Families with Children with Unique Learning Abilities
▶ Improve Coordination Between Early Care and Education and K-12 to Support More Seamless Transitions to Kindergarten

GOAL: Promote Equitable Access and Outcomes

OBJECTIVES:
▶ Promote Equity for Young Children
OBJECTIVES:
▶ Coordinate Early Childhood Service Delivery System Supporting Positive Physical, Cognitive, and Mental Health Development of Young Children
▶ Implement Two-Generational Strategies to Support Children and Families in Poverty

GOAL: Build and Sustain the Supply of Quality Early Care and Education Opportunities

OBJECTIVES:
▶ Driven by Data, Increase Provider Payment Rates in Alignment with Quality Standards
▶ Strengthen the Knowledge and Skills of the Early Childhood Workforce through a Comprehensive Professional Development System
▶ Implement a Coordinated Child Assessment System to Inform Individualized Care and Instruction

GOAL: Coordinate and Integrate Services to Strengthen Systems

OBJECTIVES:
▶ Coordinate Early Childhood Service Delivery System Supporting Positive Physical, Cognitive, and Mental Health Development of Young Children
▶ Implement Two-Generational Strategies to Support Children and Families in Poverty

PRIORITY 3: Improve Cross-System Collaboration

GOAL: Utilize Needs Assessment Data and Results to Strengthen Informed Decision-Making

OBJECTIVES:
▶ Improve Data System Coordination
▶ Streamline Policies and Practices for More Effective Service Delivery
OVERVIEW

Quality consumer education provides families with information about how to select and find ECE programs and services, supporting them as decision makers and advocates for their children. Consumer education and referral specialists must be knowledgeable of local programs and resources to effectively advise families on available services and connect families to the services they most need. This work is most effective when it includes partnerships with local stakeholders and services, having a community presence, and providing a personalized warm handoff between families and needed services. It is important that consumer education specialists are responsive, culturally sensitive, able to discern family preferences and priorities, and provide comprehensive intake to understand and honor the unique needs of children and families. With these skills and a local presence, consumer education and referral specialists are also well-positioned to support family empowerment and engagement strategies so families can be more fully engaged in their children’s learning and meeting their developmental, health and well-being needs.

Referral efforts can be enhanced through:

- Implementing strategies that empower families during the referral and intake process.
- Offering and providing family engagement resources that increase parent access to knowledge on developmental milestones and activities that support learning and development at home.
- Specialized training and support to implement trauma-sensitive strategies, including recognition of symptoms when in discussion with families, how to understand the questions families may ask by way of resource requests that mean they need trauma-informed care services, and how best to direct those resources to meet families’ sensitive needs.

CURRENT CONTEXT AND EXISTING RESOURCES

Florida has a number of ECE consumer education and referral entities working to support families in matching their needs with services. There are two primary programs providing comprehensive consumer education and referral services: Child Care Resource and Referral (CCR&R) and Help Me Grow (HMG).

CCR&R is provided through the 30 early learning coalitions (ELCs), with services provided to all 67 counties. Local CCR&R specialists work with families to support them with understanding ECE availability and quality, provide resources that are aligned with their needs, and provide access to community resources. CCR&R supports families and ECE providers across the full range of the B-5 system, including Head Start and other programs, with approximately 450,000 referrals provided annually. The ELCs work closely to collaborate and coordinate CCR&R services with the other supports they offer, such as subsidies to offset low-income working parents’ ECE costs and VPK services.
In 2012, Florida became a HMG affiliate to strengthen connections between children and families and community-based developmental and behavioral services. HMG provides specialized referrals according to research-based protocols and helps to meet the needs of families with more complicated needs. In 2019 HMG was operating in 32 counties with approximately 15,000 families served through referral services.

The results from stakeholder focus groups (page 11) showed specific challenges families experience related to understanding and accessing local services and resources. Findings from these focus groups indicated unmet needs, particularly among families that require multiple resources but do not have the skills or knowledge to navigate the landscape.

Because the initial contact with referral services for many families is related to ECE, many CCR&R coordinators expressed that families are particularly struggling with finding quality ECE that is affordable. According to a CCR&R coordinator in the southwest part of the state, “CCR&R gives opportunities to reach out to families to provide information about quality child care and what they should look for, but we don’t get any closure to see if they follow through. In the end, it’s up to the family, and we can’t track them. Parents look at cost and close proximity. So, even if we educate the family, they have to pick what they can afford. Parents are in survival mode and don’t know where to go. It’s only because of consistently following up with them that many of them get services” (FG3).

**OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES**

Florida’s CCR&R Network has developed a Family Guide to support informed consumer decision-making that includes indicators of quality, factors such as the temperament of the child, and provides descriptions of types of programs. With appropriate training and supports, this tool can be used by local referral specialists to customize and tailor referrals to families based on family preference and child temperament to help families select ECE that is best suited to each family.

Additionally, the intake process for families seeking information on ECE can be enhanced to better understand the needs of families and connect them to ECE and other resources aligned to their needs. While this is happening in some communities across the state, there is a need for systemic alignment and partnership between CCR&R and HMG and an opportunity to increase the knowledge and skills of community referral specialists to match the evolving needs of families in Florida.
SUMMARY OF APPROACH

LONG TERM INDICATOR
▶ Families broadly access user-friendly information that informs their selection of ECE programs and early childhood services

PROGRESS INDICATORS
▶ Families access more comprehensive and user-friendly information to inform ECE program and early childhood service selection
▶ Consumer education quality is improved through targeted professional development for referral specialists

DATA SOURCES
▶ OEL database
▶ HMG database
▶ Consumer satisfaction random sample survey (baseline and continued evaluation)
▶ Mastery rates on CCR&R professional development course offerings

PROCESS FOR TRACKING IMPROVEMENT
▶ Quarterly review of data in partnership with local coalitions, HMG leadership, and other key stakeholders; action planning to improve utilization based on data
▶ Regular reports to SAC

STRATEGY
Increase Understanding of Available Community Resources that Meet the Needs of Families with Young Children.

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<tr>
<td>Develop a tool and process that can be used locally to identify and map core social services, as well as unique community resources that meet the needs of families with young children.</td>
<td>OEL/DOE</td>
<td>Local coalition CCR&amp;R leads, HMG state and local leadership</td>
<td>✓</td>
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<tr>
<td>Develop protocols and tools to easily and regularly update community resources in real time to ensure referrals are based on timely information about service providers, offerings, and availability of services.</td>
<td>OEL/DOE</td>
<td>Local coalition CCR&amp;R leads, HMG state and local leadership</td>
<td></td>
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<td>Facilitate community and regional planning meetings to increase coordination between local referral specialists and entities such as CCR&amp;R and HMG.</td>
<td>OEL/DOE</td>
<td>Local coalition CCR&amp;R leads, HMG state and local leadership</td>
<td>✓</td>
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**STRATEGY**

Strengthen Consumer Education Offerings through Specialized Professional Development and Community Coordination.

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<tr>
<td>Develop a series of professional development course offerings for CCR&amp;R, HMG, and other community resource assistance partners related to: 1) customer service, with emphasis on cultural sensitivity and providing responsive referrals reflective of family preference and need; 2) community collaboration and partnership engagement to increase navigation supports connecting families and services; 3) family engagement and empowerment strategies and resources; and 4) trauma-sensitive approaches.</td>
<td>UF Lastinger Center</td>
<td>OEL, Local CCR&amp;R leaders, local HMG leaders</td>
<td>✓</td>
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Develop local and regional Community of Practice networks with local referral specialists for shared information, learning and coordination. | UF Lastinger Center | OEL, Local CCR&R leaders, local HMG leaders | ✓ | ✓ | |

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**STRATEGY**

Provide Specialized Consumer Education for Families on How to Identify Child Care Programs Best Suited for the Family and Child(ren).

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<tr>
<td>Develop and provide enhanced intake processes that consider family priorities and preferences, as well as child temperament and learning needs with information provided on ECE provider profiles.</td>
<td>OEL/DOE</td>
<td>Local CCR&amp;Rs, local HMGs</td>
<td>✓</td>
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Develop and make widely available ECE provider profiles on all programs that include attributes of the providers (e.g., program type and setting, accreditation, specializations, use of child assessment to inform instruction, CLASS scores) to support increased education and more informed decision-making for the selection of programs that can best meet the needs of children. | OEL/DOE/DCF | Local CCR&Rs, local HMGs | ✓ | ✓ | ✓ |
Parents are a child’s first and most important teachers. With a growing amount of information about the importance of early experiences, many parents would like more knowledge, skills and resources to support their child’s development. Ensuring families who seek information have access to a continuum of education and support can strengthen and reinforce the critical role parents play in early learning.

Home visiting is a key strategy for supporting families beginning in pregnancy, or shortly after birth, and continuing through children’s early years. In most home visiting programs, specially-trained staff including nurses, social workers and early educators, work with parents one-on-one in their homes to set goals, change behaviors and provide tools that support the child’s development using proven models. Home visitors screen parents and children for specific risks, including parental depression, intimate partner violence and developmental delays. Programs also link families to needed services, including health care, counseling, housing and food assistance, education, workforce development, early care and education programs, and other social services. In addition, home visitors follow up to ensure families receive these services and participate in programs tailored to fit their needs. Families typically participate in programs for at least two years establishing a strong foundation for success and parent accountability. Research has demonstrated the positive impact of home visiting on both parents and young children during this critical period of brain development – an important step in breaking intergenerational cycles of trauma, risk and poverty.

Despite having shared goals and serving many of the same families, home visiting and other ECE services exist in siloes crossing multiple organizations and state agencies. There are opportunities to leverage resources, improve collaboration, and strengthen coordination that will result in a seamless system of education and support, and contribute to the success of families with young children.

**CURRENT CONTEXT AND EXISTING RESOURCES**

Florida provides information to families on child development through a variety of means. Resources are distributed through CCR&R at the ELCs and through HMG and include:

- **Vroom**: positive, easy ways for parents to engage with their children that are based on the latest brain development research;
- **Learn the Signs - Act Early** and other milestone trackers: developmental milestones that are easy to see to help families know if their child’s development is on track;
- **Talk With Me, Baby**: Information on language development and how to provide rich interactions that support language and literacy development;
Home visiting programs are available for families that need or are seeking more intensive and comprehensive supports. Home visiting in Florida is supported by federal, state and local funding streams. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) initiative is the largest federal investment. Home Visiting/MIECHV is operated by the Department of Health (DOH) Children’s Medical Services (CMS) and administered by the Florida Association of Healthy Start Coalitions. In 2018, 29,000 home visits were provided to more than 2,500 families; 1,085 pregnant women, 1,637 infants, and 2,165 children over the age of one were served. These services were made possible through the following partners: Florida State University’s Center for Prevention and Early Intervention Policy, the Chiles Center for Women, Department of Children and Families, and the Ounce of Prevention Fund of Florida. MIECHV funding is targeted to 29 high-need counties or sub-county areas for implementation of selected evidence-based programs. These areas were identified through a state needs assessment of key risk factors, including poverty, neighborhood and interpersonal violence, indicators of health and well-being, and educational attainment.

MIECHV funds currently support three nationally recognized home visiting models implemented by community agencies: Nurse-Family Partnership, Parents as Teachers and Healthy Families Florida. The MIECHV initiative includes specific outcome and performance measures around child development, school readiness and family self-sufficiency. In addition to MIECHV, federal funding also supports a limited number of Early Head Start sites that offer a home-based option.

The state also invests general revenue, block grant and Medicaid funding in home visiting programs aimed at preventing infant mortality (Healthy Start), child abuse and neglect (Healthy Families Florida and Department of Health, Division of Children’s Medical Services Child Protection Teams), and promoting school readiness (HIPPY – Home Instruction for Parents of Preschool Youngsters). Healthy Start, Healthy Families and Child Protection Teams are available statewide, while HIPPY is offered to families in 12 communities.

Local resources, largely provided by Children’s Services Councils in select communities, support additional home visiting programs, as well as innovative models, based on local needs. These include short-term, universal programs available to any family regardless of risk or income, such as the BRAIN program in St. Lucie County, which has an 86% utilization rate for county residents1 and NewbornRN in Alachua County.

Florida recently implemented a statewide, coordinated intake and referral system (CONNECT) through the 32 community-based Healthy Start Coalitions to facilitate access to home visiting programs and avoid duplication of services; this is funded by Florida’s Department of Health and the Agency for Health Care Administration. CONNECT links expecting and new families, identified through the state’s prenatal and infant screens and community referrals, to a local home visiting program based on their eligibility, needs and preferences. Child care providers can also serve as a community referral source for families who could benefit from the additional support offered by a home visiting program.

Stakeholder focus groups and family access surveys provided information on specific challenges, gaps, and successes of how home visiting and ECE programs can be aligned to provide an ECE system of supports for families. Family access surveys revealed that of the families surveyed, only 5% of respondents reported using a home visiting program. Results from focus groups show that, while home visiting programs provide tremendous positive outcomes for both children and parents, clearer communication is needed about home visiting benefits and increased cross-collaboration among other service partners is also needed to better support families. A CCR&R coordinator said:

“There is a huge gap between School Readiness programs and home-based programs and it’s a missed opportunity for those pieces of that puzzle to work in concert for that child and that family” (FG3).

OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES

Florida’s experience and the stakeholder feedback points to a need to increase parent and ECE provider awareness about the benefits of home visiting and the documented impact of supporting the long-term success of families. This awareness is critical to successfully engaging and serving families facing the greatest challenges. There are opportunities to leverage federal and state investments to sustain and augment home visiting efforts, particularly in high-risk communities. Finally, there is a need to further strengthen coordination of services statewide and locally and adopt strategies to more effectively link home visiting and other ECE programs and services.
BRIGHT SPOT:
St. Lucie County: Home Visiting Programs to Support Family Engagement and Healthy Infant/Toddler Development

Background:

The Children’s Services Council of St. Lucie County has established strong community partnerships to prioritize the healthy development of young children. Through a funding partnership with Healthy Start Coalition, Lawnwood Regional Medical Center, St. Lucie Medical Center and Cleveland Clinic Martin Health, every family of a St. Lucie County newborn is eligible for a voluntary visit by a registered nurse within one week of discharge from the hospital. This voluntary visit ensures that both mom and baby are healthy and thriving and provides an opportunity for new families to ask questions of a medical professional. In some instances, these visits have saved both infants’ and mother’s lives. In every case, the visit provides assurances to the parents and increases their skills and knowledge to care for their newborn child.

Last year, 86% of all births in St. Lucie County had a voluntary nurse home visit. More importantly, each of those new families increased their understanding of infant sleep position, car seat safety, immunizations, self-care and nutritional needs. Two months after their initial home visit, if they choose, the family can receive another visit as part of Helping People Succeed’s BRAIN (Building Readiness among Infants Now) program. There, a trained infant specialist provides information on brain development, nurturing, community resources and child development. The program helps parents identify developmental milestones in their child’s life and serves as a resource for parents as their child continues to develop. The program works with new parents to enhance parent-child interaction during the most critical years.

Program staff described the elements that make the most difference with families in need:

We have private nurses who go in right when the baby is born and that helps increase the acceptance. They are scheduled for a home visit within 3-5 days of discharge, and then the nurses make a home visit for a basic check and counsel for support services. If there are other needs, they are connected to those resources at that time. The point of these visits are to be sure that caretakers understand that they are the most important thing in the baby’s life. We show diagrams of brain development. We bring a letter from the superintendent of schools that says congratulations your baby will be a graduate in the year (20XX)...and send information then on literacy, play, sleep and development. It makes a huge impact on these families (CSC focus group interview).

These programs are voluntary home visiting programs that promote positive parent-child relationships and healthy growth and development from age birth to 5, as well as educational home visits to families with 2-month old infants and follow up developmental monitoring provided by mail from 4 to 48 months of age.

When asked how these programs have provided positive impact and outcomes, a CSC member replied:

I feel between the newborn visit and the BRAIN visit, we are introducing them to the community and the resource guide that lets them know the community is here for them from birth to 18. In addition, we have seen a reduction in child abuse since we have started this program, and the most important outcome...we have saved both parents and children’s lives directly because of these programs.
SUMMARY OF APPROACH

LONG TERM INDICATOR
▶ Families have broad access to information on early childhood development that enhances their child’s development

PROGRESS INDICATORS
▶ More families have access to information on young children’s development
▶ Families participate in home visitation programs that align to their unique needs

DATA SOURCES
▶ OEL database
▶ Home visitation programs’ impact numbers
▶ Family satisfaction data on home visitation services

PROCESS FOR TRACKING IMPROVEMENT
▶ Quarterly review of data with key stakeholders; development of action steps after each quarterly review to improve impact
▶ Regular reports to SAC

STRATEGY
Expand Access to Information for Families to Support their Children’s Development.

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<tr>
<td>Provide access to tools that support children’s development (e.g., Talk With Me Baby, Vroom, milestone trackers, Learn the Signs -- Act Early) and resources that include foundational knowledge through Child Care Resource and Referral, HMG, and other community resource assistance partners, as well as through state and community partner websites with high-volume parent access.</td>
<td>OEL/DOE</td>
<td>DOH, HMG, Florida MIECHV</td>
<td>✓</td>
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### STRATEGY

Increase Public, Parental, and Organizational Awareness about Home Visiting and its Benefits to Families.

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<tr>
<td>Collaborate with key stakeholders and state funders to develop and implement a social marketing campaign for to increase family knowledge and awareness of home visiting programs and services.</td>
<td>DOH, DCF</td>
<td>Florida MIECHV partners</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Support implementation of campaign through links on ECE related websites, as well as social media venues.</td>
<td>DOH, DCF</td>
<td>Florida MIECHV partners, OEL/DOE</td>
<td>✓</td>
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### STRATEGY

Strengthen Referral Linkages Between Home Visiting and ECE at the Local Level.

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<tr>
<td>Offer professional development opportunities and information for home visitors on local resources available to assist parents in accessing early care and education (CCR&amp;R).</td>
<td>OEL/DOE</td>
<td>Florida MIECHV, ELCs, OEL/DOE</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Provide information and training to local ELCs and ECE staff on CONNECT, and opportunities to refer families receiving ECE who could also benefit from the support offered by a home visiting program.</td>
<td>DOH</td>
<td>ELCs, OEL/DOE</td>
<td>✓</td>
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STRATEGY
Support Home Visiting Programs for Families in High-Need Communities.

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<tr>
<td>Sustain and/or augment resources for home visiting programs, with a specific focus on early literacy and school readiness, in communities designated as high-need in the state Home Visiting Needs Assessment.</td>
<td>DOH</td>
<td>Florida MIECHV, ELCs, OEL/DOE</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Collaborate with Florida MIECHV and the Title V leadership to align planning, policy development and updates of needs assessments that address home visiting, parent education and support.</td>
<td>DOH</td>
<td>Florida MIECHV</td>
<td>✓</td>
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STRATEGY
Disseminate Tools that Support Children's Development to Parents Enrolled in Home Visiting Programs.

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<tr>
<td>Provide access to tools that support children's development (e.g., Talk With Me Baby, Vroom, milestone trackers, and resources that include foundational knowledge) through home visiting programs, including Florida MIECHV, Healthy Start, Healthy Families, Early Head Start, HIPPY and others.</td>
<td>DOH</td>
<td>OEL/DOE, DCF, MIECHV partners</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Offer professional development opportunities for home visitors on available tools and strategies for using them with families through Florida MIECHV Learning Management System and other partner training sites.</td>
<td>DOH</td>
<td>Florida MIECHV partners</td>
<td>✓</td>
<td>✓</td>
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Many families have difficulty being informed consumers, navigating multiple social services, and fully engaging as partners with ECE programs in their children’s development. This is an understandable challenge given that many services supporting children’s development are housed within different state agencies and organizations with varying eligibility requirements. For low-income families and/or families that have children with disabilities, the navigation of services becomes even more complex.

One strategy for helping families navigate the multitude of services is to make more complete, digestible information accessible online through developing a single point of entry system. This allows families to more efficiently learn about programs, not miss services that may be needed, and enables better matching of family needs with available services.

Through determining feasibility for a single point of entry, there is considerable potential to create efficiencies and long-term cost savings by identifying opportunities to streamline and simplify eligibility requirements, applications processes, and redetermination for services. Additionally, a single point of entry system enables the development of a unified waiting list for services that allows leaders to better understand and track current services limitations and provide expedited access to available services for families.

OVERVIEW

PRIORITY 1: Equitable Access To Services For Families

GOAL: Ease Navigation of Services for Families

OBJECTIVES:

- Identify Barriers and Opportunities for Improved Access to Services
Florida offers a diverse birth to five mixed-delivery system with a range of programs and services that have differing funding streams, eligibility requirements, and lengths of service eligibility. Eligibility for most of these programs is determined by income, but some are determined by age (e.g., VPK) or diagnosis of a disability. Each program has its own eligibility determination requirements, process, and staff, which results in numerous similar eligibility systems and a frustrating maze of duplicative requirements for families. The core programs and services for the birth-5 ECE system are within multiple state agencies and organizations:

- **The Office of Early Learning/Department of Education (OEL/DOE),** administers the state’s School Readiness child care/ECE tuition subsidy program designed to support families and prepare children at greatest risk of school failure for kindergarten and early grade success; the Voluntary Prekindergarten Education Program (VPK), a universal program available to every four year-old to support increased kindergarten readiness and early grade success; the Head Start State Collaboration Office, a coordinating entity for Head Start and Early Head Start grantees (funding for Head Start grantees is direct federal to local) that works to support and improve collaboration between Head Start and other providers of educational, medical and social services in Florida; and the Bureaus of Exceptional Education and Student Services, Part B of IDEA, which provides services for children ages three to five with developmental delays and disabilities.

- **The Department of Health (DOH),** through Children’s Medical Services, administers Early Steps (IDEA Part C services), providing infants and toddlers with developmental delays and disabilities with early intervention services. Additionally, through the Bureau of Child Care Food Programs, DOH administers the Child and Adult Care Food Program (CACFP), a federally funded program through the U.S. Department of Agriculture that provides reimbursement for nutritious meals and snacks served to children in ECE settings.

- **The Department of Children and Families (DCF)** offers Temporary Assistance for Needy Families or Temporary Cash Assistance, which provides funding to families with children that meet the technical, income and asset requirements; Supplemental Nutrition Assistance Program (SNAP), which provides funding supplements for low-income families to purchase healthy foods; and child welfare, which works to ensure the safety and wellbeing of children at risk of abuse and neglect. DCF also administers child care licensing, setting and verifying that ECE programs meet minimum health and safety requirements to be legally operating.

- **The Agency for Health Care Administration (AHCA)** serves as the director of Medicaid and Children’s Health Insurance Program and coordinates services with Florida Kidcare, which serves as the umbrella organization for the four government-sponsored health insurance programs—Medicaid, MediKids, Florida Healthy Kids, and the Children’s Medical Services Managed Care Plan.

- **The Agency for Persons with Disabilities (APD)** assists people who have developmental disabilities and their families and provides assistance with identifying the needs of people with developmental disabilities for supports and services.

- **Maternal Infant Early Childhood Home Visiting (MIECHV)** funding is implemented by the Association of Healthy Start Coalitions and serves as a coordinating entity for the state’s home visiting services to connect families with the home-based parent education programs that will best meet their needs, including Healthy Start, Parents as Teachers, Nurse-Family Partnership, Healthy Families, and Home Instruction for Parents of Preschool Youngsters (HIPPY).

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2 Note: the adult component of the program is administered through the Florida Department of Elder Affairs.
Of families who responded to the Family Access Survey, about 25% of the families did not contact any organizations (such as Early Steps or ELC) for support, 45.13% contacted one organization, 20% contacted two organizations, and 10% contacted more than three organizations for support. In addition, several stakeholders agreed that the burden of finding and connecting to services falls to the parents. According to an ELC staff member, “Parents constantly feel re-victimized because no one is sharing information and they have to keep filling out the same forms and re-telling the same information. Family needs assessments collect information on their needs, but individuals have to call each agency to help problem solve and get access to and receive the benefits...Cross-system collaboration and data sharing has to happen to alleviate this stress to our families, because so many of them don’t even know these services exist” (FG5).

OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES

By examining services across agencies and entities, leaders can identify unintentional barriers and create efficiencies that ease administrative workflow and increase access to services. Florida has initiated a feasibility study for creating a single point of entry system that would allow families to make more informed choices about the array of social services and what will best meet their needs. This feasibility study and plan will be informed by the Florida needs assessment, including input from families, analysis of local efforts, progress toward creating common definitions and shared application protocols to improve data sharing and streamline processes for families, and SAC efforts that are focused on streamlining services and eliminating barriers and challenges for families.

Currently, each child in Florida is assigned a unique identifier (UI) at the time of kindergarten entry. DOE has recently created the ability for younger children to be assigned this UI, and children enrolled in VPK are now assigned a UI. This process will be in place for children participating in School Readiness beginning in 2019. With strict privacy protocols in place to safeguard data, this will allow OEL/DOE to better understand: an unduplicated count of children receiving public services; children with underserved needs; children’s movement among ECE programs and into elementary and secondary education settings; and factors that impact children’s ECE participation, such as expulsion, inclusion limitations and access to dual-language learning environments.
BRIGHT SPOT:
Collier County: Collective Impact to Improve Community Collaboration and Kindergarten Readiness

Background:

Coordinated, community-based early childhood systems connect many types of services and supports, and when these systems function well, they can enhance the effectiveness of programs and services in the community, provide better experiences for children and families, and improve outcomes such as school readiness and child development. Future Ready Collier (FRC) is a network of more than 60 organizations, businesses, schools and community members that have committed to work collaboratively to ensure every child in Collier County, Florida, is ready for Kindergarten and beyond. Since 2015, this community-based network has intentionally participated in collective impact strategies and examined how to best support families with young children to improve early childhood outcomes. The backbone organization leading this work, Champions for Learning, has engaged partner organizations and stakeholders to align towards common goals, use continuous communication and reflection, create shared measurement metrics and indicators, and support mutually reinforcing activities to ensure the following early learning priorities are met for Collier County’s children:

1. Engage families with tools and resources to support the early development of their children
2. Improve the quality of existing early childhood education providers
3. Increase the number of high-quality early childhood education spots available to low-income families
4. Identify and/or develop appropriate data indicators for early learning goals and priorities

A strategic decision was made to invest in a planning process and landscape analysis to deepen understanding and build capacity for a systems framework to better leverage resources and support children (birth-5 years old) to be kindergarten-ready and successful in school and beyond, or “future ready.”

What Makes Collier County’s Families Future Ready?

From August-December 2018, UF researchers and FRC leaders engaged and listened to stakeholders to ascertain needs for Collier’s most vulnerable populations and programs; examined Collier County kindergarten readiness data from 2017 to illuminate areas of academic performance combined with demographic and geographic data sets; and synthesized other existing supplementary data to create a comprehensive picture and answer the question, What do Collier families and their young children need to be future ready?

Based on data and findings from previous work and inputs, the FRC Strategic Partners and Early Learning Planning Group embarked on an intense examination of the current landscape of kindergarten readiness in Collier County based on student data from the 2017-2018 school year. In partnership with Collier County Public Schools (CCPS), de-identified data from several diagnostics of student performance, as well as demographic information were analyzed by CCPS and UF researchers and were then mapped geographically to present visual representations for group investigation during planning meetings in the fall of 2018. This examination happened in two iterations with these groups, and as groups probed these data, reflected, and refined their perspectives of kindergarten readiness, geographic hot spots which included “pockets of excellence” and areas showing gaps in support were identified.

Collective Impact for Collier: Next Steps

The findings and insights from the 2018 Collier County Early Learning Landscape Analysis were broadly categorized into three areas: 1) high quality care and learning for all children, pertaining to all aspects of children’s early learning experiences, grades K-3 education, and transitions; 2) supported families, which pertains to parent and family challenges, needs and programs; and 3) community and health care investment and assistance which pertains to community services, mental health and screening services, employer incentives and programs, and collective impact strategies. From this analysis, a planning and implementation process was created which included following an aligned, iterative process and broad strategies for further investigation, action and implementation.

The full Collier County Early Learning Landscape Analysis Report and maps are available on the Lastinger Center website: [https://lastinger.center.ufl.edu](https://lastinger.center.ufl.edu).

SUMMARY OF APPROACH

LONG TERM INDICATOR

▶ Families easily access the services that meet their needs

PROGRESS INDICATORS

▶ Streamlined eligibility requirements and waitlists for services
▶ Single point of entry model designed and feasibility determined
▶ Policies and practices identified and implemented to ease access for families

DATA SOURCES

▶ Eligibility requirements synthesized in single document and opportunities for streamlining identified and reviewed by SAC
▶ Opportunities to streamline waitlists identified and reviewed by SAC
▶ Single point of entry model that meets Florida needs designed and reviewed by SAC
▶ Improved policies and practices within agencies for birth-5 services

PROCESS FOR TRACKING IMPROVEMENT

▶ Regular reports to SAC
## STRATEGY

Identify Opportunities to Create Cross-System Efficiencies that Support Increased Access to Services for Families.

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<th>ACTION STEPS</th>
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<tr>
<td>Identify relevant social service programs for families with young children and create an inventory of key programs and eligibility requirements.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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<td>Conduct a statewide review that factors in local context to better understand challenges of delivering services</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR, and applicable local counterparts</td>
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<tr>
<td>Create a workgroup with representatives of state agencies and community partners to review current policies and identify opportunities and barriers for improved access to services; identify if changes are required in practice, rule, or law; work with relevant agency to implement needed changes to streamline access.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR, applicable local counterparts, and community stakeholders</td>
<td>✓</td>
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<tr>
<td>Determine opportunities to streamline eligibility requirements and application processes that simplify intake and eligibility determination procedures.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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<tr>
<td>Identify services that have waitlists, the requirements for the waitlists, and design process to develop a unified waitlist for services.</td>
<td>OEL/DOE staffing SAC</td>
<td>HS, Departments/entities with local wait list requirements</td>
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<td>Determine opportunities for cross-system family supports with staff that can serve as navigators to increase family access to services most needed.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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## STRATEGY

Continue Efforts on Feasibility Study to Develop the Scope for a Single Point of Entry System Across Mixed Delivery Systems.

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<tr>
<td>Review single point of entry models from within Florida and other states to identify best practices that are appropriate for consideration in Florida’s service delivery model.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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<td>Identify and review relevant past efforts within Florida to establish a single point of entry system or increased access to services (including, but not limited to home visiting, Department of Children and Families ACCESS system, Department of Financial Services, Department of Revenue and Department of Economic Opportunity).</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DFS, DCF, DFS, DEO, DOR</td>
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<td>Identify and consider applicable state and federal laws governing data security that must be factored into the development of a single point of entry system.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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<td>Identify data dictionaries from relevant agencies to determine potential alignment and inclusion in a single point of entry system.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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<td>Develop recommendations and design a model for a proposed single point of entry across mixed delivery systems that would more efficiently determine eligibility and enrollment with a timeline for implementation.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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<td>Secure resources to support migration to a unified system of intake and single point of entry system for Florida’s families.</td>
<td>OEL/DOE staffing SAC</td>
<td>AHCA, DOE, DOH, DCF, DFS, DEO, DOR</td>
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When young children have or are at risk for developmental delays, early intervention can positively impact outcomes across developmental domains, including health, language and communication, cognitive development and social/emotional development. This reduces the incidence of future challenges in their physical health, ability to learn, and behavior.

Intervention is often more effective and less costly when it is provided earlier in life rather than later. There is an urgent need to identify, as early as possible, young children in need of services, particularly infants and toddlers, to ensure intervention is provided when the developing brain is most capable of change. Benefits to Florida include reducing economic burden through a decreased need for special education. Families also benefit from early intervention by being able to better meet their children’s special needs from an early age and throughout their lives.

Florida’s system of support for children with unique learning abilities provides opportunities for developmental screening through specialists and providers, identifies community resources, refers children needing evaluation to community supports, and provides professional development and technical assistance for ECE providers. There are three major parts to Florida’s system:

- Early Learning Coalitions provide Child Care Resource and Referral and Inclusion Warm Line Services to connect families with concerns about their children’s development to community-based resources and a network of Inclusion Specialists that support ECE programs with providing high quality, inclusive early care and education.
- Infants and toddlers with unique abilities are served through Early Steps
- Preschoolers with unique abilities are served through the Florida Diagnostic and Learning Resources System (FDLRS)
INCLUSION WARM LINE; INCLUSION NETWORK

Florida’s Child Care Resource and Referral services are provided by the state’s 30 ELCs and RCMA and serve as front line information and support to families and providers. As part of their services, each ELC offers an Inclusion Warm Line to assist parents and providers with information and referrals for child evaluations and inclusive services.

The ELCs also each house Inclusion Specialists, which support ECE professionals so they can deliver higher quality, inclusive programs. The Inclusion Specialists around the state support ECE providers by offering technical assistance, training and coaching on inclusion topics. The inclusion specialists also serve children and their families by observing and screening children and when needed, providing referrals to families for other social services.

The Inclusion Network is managed by OEL/DOE and is comprised of the state’s early childhood Inclusion Specialists and a cross-agency collaboration with the Department of Health, Department of Education and vast nonprofit and community partners that implement services for children with unique learning abilities. This Network is working to develop a well-connected system that sustains the work and efficacy of inclusion specialists supporting ECE providers. The Network meets monthly to share information, learn from guest speakers and discuss current needs related to children with developmental delays and disabilities to support a well-connected system of early childhood inclusion specialists.

SERVICES FOR INFANTS AND TODDLERS WITH UNIQUE LEARNING ABILITIES

Part C of the Individuals with Disabilities Education Act (IDEA) provides for early intervention services for children under three years of age who have a developmental disability, developmental delay or are at risk for developmental delay. The Florida Department of Health is the designated lead agency for Part C. Part C, part of Chapter 393, Florida Statutes, is under the umbrella of the Children’s Medical Services Early Steps program. The Early Steps program:

▶ Identifies infants and toddlers potentially eligible under Part C of the IDEA
▶ Determines eligibility
▶ Completes an assessment of each eligible child’s skills and abilities
▶ Creates an Individualized Family Support Plan (IFSP) based on the developmental needs of the infant or toddler and the family’s concerns, priorities, resources and desired outcomes
▶ Coordinates the provision of early intervention services and supports with the family which involves the family and caregivers’ interaction with the child
▶ Provides a service coordinator to assist families in accessing a variety of services and supports, such as early intervention sessions, vision/hearing services, assistive technology, family supports or training and other developmental interventions
▶ Provides transition services that prevent gaps when children transition from Part C to Part B services

Examples of conditions served by the Early Steps Program include autism spectrum disorder, cerebral palsy, deafness and hard of hearing, Down syndrome and visual impairment. Early Steps uses a team-based approach with each family that provides cohesive and consistent support. The team uses coaching strategies to help family members and caregivers develop the skills needed to support child development and ensure full support to address the child’s functional needs.

SERVICES FOR PRESCHOOLERS WITH UNIQUE LEARNING ABILITIES

Part B early intervention services for preschool-aged children are delivered through the Florida Department of Education. Florida Diagnostic and Learning Resources System (FDLRS), which provides diagnostic, instructional, and technology support services to district exceptional education programs and families of students with disabilities. Service centers include 19 centers that directly serve school districts in the areas of Child Find, Parent Services, Human Resource Development (HRD), and Technology. In addition, the FDLRS Network also includes six multi-disciplinary Centers that focus on in-depth evaluations and several statewide projects offering specialized services.
Florida is the only state in the nation that requires all children who receive School Readiness funds to receive a developmental screening within 45 days of enrollment and annually in their birth month thereafter; the Ages and Stages Questionnaire is the screening tool used and the screenings completed by parents and/or ECE providers. Additional entities also use the ASQ tools, including many home visitors, Parts B and C, HMG specialists, and other ECE providers. The extensive screening efforts create a need and opportunity to coordinate and streamline screening efforts. There is also need to clarify the referral process when developmental concerns are flagged during the screening process and more comprehensive developmental assessment is needed. Too often there are lags in referral time or poor handoffs that result in developmental concerns going unattended; with intentional coordination and protocol development, intervention services can be provided more swiftly.

ECE programs often need additional information and support to meet the needs of children with unique learning needs. This can include general training on serving children with special needs, implementing inclusive learning practices, meeting the unique needs of a child or family, and/or coaching and mentoring to ensure the needs of young children and families are met.

**OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES**

**SUMMARY OF APPROACH**

**LONG TERM INDICATOR**

- Improved outcomes for children with developmental delays and unique learning abilities
### PROGRESS INDICATORS

- Coordinated screening process across early childhood programs and services
- Transition supports for families moving from Part C to Part B services

### DATA SOURCES

- Relevant state agency data sharing agreements and MOUs

### PROCESS FOR TRACKING IMPROVEMENT

- Regular reports to SAC on efficiencies in screening and transition

### STRATEGY

Support Children with Unique Learning Abilities and Their Families.

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<tr>
<td>Create a process and MOUs for data coordination and data sharing capabilities on screening results, with strict privacy controls, designed to reduce duplication of screening (or have intentional duplication to promote reliability) and provide more responsive, efficient, enhanced services to families.</td>
<td>DOH, DOE</td>
<td>Local Part B and Part C ELCs, MIECHV partners, HMG, school districts, agencies/partners</td>
<td>✓</td>
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<tr>
<td>Strengthen data collection systems from entities that utilize ASQ results to trigger timely developmental assessments – and treatment if needed - through local partners such as HMG.</td>
<td>OEL/DOE</td>
<td>ELCs, home visiting partners, HMG partners, other local partners</td>
<td>✓</td>
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<tr>
<td>Explore promising models for tracking early intervention services of individual children, designed to provide continuity in service delivery, improve outcomes and accountability, and promote ease of service navigation for families and service providers. <em>This may include utilizing the support from the Children and Youth Cabinet Information Technology Workgroup inform design of a portal for intervention services.</em></td>
<td>DOH, DOE</td>
<td>Local Part B and Part C school districts, agencies/partners</td>
<td>✓</td>
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<tr>
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<td>Explores ways to increase collaboration and coordination between Part C and Part B services at state and local levels and provide a seamless transition for families with appropriate case management throughout the family’s term of receiving services.</td>
<td>DOH, DOE</td>
<td>Local Part B and Part C school districts, agencies/partners</td>
<td>✓</td>
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<tr>
<td>Map the partners and entities that are part of the systems for screenings, identifying potential delays, referrals for additional assessment, and intervention providers. Develop detailed recommendations for a phased plan to strengthen each of these services, reduce duplication, and improve the efficiency and effectiveness of each phase of children being identified and accessing services.</td>
<td>DOH, DOE, OEL/DOE</td>
<td>Local Part B and Part C, ELCs, HMG, MIECHV partners, school districts and agencies/partners</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Develop a strategy for educating ECE partners on inclusive practices, connecting families to services that meet the unique needs of children, and effectively communicating highly sensitive observation data and recommendations with families.</td>
<td>OEL/DOE</td>
<td>DOH, DOE, ELCs, Local Part B and Part C school districts and agencies/partners</td>
<td>✓</td>
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<td>Develop customer service protocols to build trust and rapport with families, speak in culturally responsive plain language, and approach families with sensitivity on the individual needs of their child so families feel empowered and engaged.</td>
<td>DOH, DOE</td>
<td>Local Part B and Part C school districts and agencies/partners, ELCs</td>
<td>✓</td>
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## STRATEGY

Streamline Services for Children with Unique Learning Abilities.

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<tr>
<td>Convene workgroup of implementers of services and families to identify ways in which services could be implemented more responsively and effectively.</td>
<td>DOH, DOE</td>
<td>Local Part B and Part C school districts, ELCs, agencies/partners, families</td>
<td>✓</td>
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<tr>
<td>Provide families with a roadmap of how to access each step of screening, assessment, diagnosis and treatment services so families know where they are in the process and have clear expectations of steps ahead.</td>
<td>DOH, DOE</td>
<td>Local Part B and Part C school districts, agencies/partners, families</td>
<td>✓</td>
<td>✓</td>
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Children are exposed to different demands, expectations, and supports in kindergarten, which can make the transition from ECE programs jarring and confusing if not carefully planned. In cases where children have difficulties adjusting to kindergarten, they risk struggling or falling behind both academically and socially. In successful transitions to kindergarten, children are positioned for school success through coordinated expectations, developmentally appropriate practices in both ECE and kindergarten, and communication that occurs among the important adults in children's lives: their parents and their ECE and kindergarten teachers. Successful transitions allow children to maintain gains achieved in preschool and be positioned for further school achievement, with the greatest benefits for children living in poverty.

Research indicates that effective transitions provide the support children need to make adjustments that position them for kindergarten success. Children best transition into kindergarten when they receive support, their schools and families prepare together, and communities coordinate effectively. There are various ways children, families, schools and communities can prepare for kindergarten transitions and coordinate supports. According to the National Center on Quality Teaching and Learning, quality transitions should involve:

- Positive relationships between children, parents, and schools
- A transition team of preschool and kindergarten administrators, teachers, parents and community members
- Assessments, standards, and curriculum that align between preschool and kindergarten
- Joint professional development between preschool and kindergarten personnel
- Information and communication that is shared with parents and the community at large

These transitions should also be approached collaboratively, with key stakeholders engaged and coordinated throughout the transition.

Florida has done extensive planning on the most efficient and effective way to approach transitions to kindergarten, including the introduction of legislative language that would require “Representatives from the school districts and early learning coalitions must meet yearly to develop strategies to transition students from the Voluntary Prekindergarten Education Program to kindergarten.” As a part of this comprehensive approach to supporting children as they transition to kindergarten, the OEL/DOE, the DOE/Title I Bureau, the Head Start State Collaboration Office, and the Florida Children's Forum are partnering with ELCs and school districts to support successful transitions for 4-year-olds to kindergarten. Transition to Kindergarten Focus Groups were conducted with stakeholders representing diverse regions, the public and private sectors, program administration, program support, academe and philanthropy. Partners have explored transition to kindergarten resource needs in the state and how ELCs and districts can be supported in meeting those needs by developing a statewide plan.
Eight Transition to Kindergarten Pilot Regional Summits were offered in Summer 2018/Spring 2019 to share best practices regarding transitions and to promote community conversations to leverage resources. In addition, a transition to kindergarten website was developed and released in Fall 2018 with national and Florida-developed transition to kindergarten resources.

Stakeholder focus groups and family access surveys were conducted around the state to understand specific challenges and hurdles of this important transition, and describe successful methods currently being implemented throughout the state to help children transition effectively to kindergarten. For many Florida families, two issues arose:

1. Not understanding what it means for their children to be “kindergarten ready”, and
2. The challenge of being able to attend kindergarten registration or informational sessions due to inconvenient times, locations, and lack of transportation.

Results from the Family Access Survey distributed across the state show that 88% of families believe their children are ready for kindergarten. Yet, the current Florida state readiness rate, as measured by the Florida Kindergarten Readiness Screener (FLKRS), is less than 50%, showing a disconnect in parent understanding with the skills and knowledge being assessed.

Kindergarten teachers and school leaders spoke of the challenge in understanding kindergarten readiness, from the perspective of intake and understanding child assessments that are currently used in Florida. Many teachers discussed the inability to access assessments conducted prior to kindergarten enrollment to determine children’s strengths and needs. In addition, teachers spoke about their concerns on the potential lack of reliability and validity of the FLKRS because the test is computer-based and they perceive a majority of children struggle with this medium of assessment.

**OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES**

Transitions across the state are uneven and would benefit from more consistent tools, guidance and support. Several recommendations were provided in focus groups to improve coordination and support transition to kindergarten:

- Engage families by providing resources and meals (e.g.: Books and Bagels) as an incentive for parent and student attendance.
- Change the Kindergarten registration process to align with working families’ needs and timing by providing tours of classrooms to meet teachers and help families understand learning expectations during off-peak hours.
- Create learning communities with ECE teachers and administrators and K-2 teachers and school leaders to align expectations based upon developmentally appropriate practices.

Florida’s efforts to successfully transition children into Kindergarten are based on a four pillared approach: Ready Child, Ready Family, Ready School, Ready Community. With appropriate supports in place for each of these groups and coordination across groups, children will be positioned for kindergarten and later school success. The plan builds on this foundation to expand these promising practices.

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SUMMARY OF APPROACH

LONG TERM INDICATOR
- Improved transitions from ECE to Kindergarten so children, families, kindergarten teachers, and communities are better prepared for early grade success

PROGRESS INDICATORS
- More families, ECE, K-12 leaders, and community leaders access resources to support successful transitions into kindergarten
- More families easily able to provide consistent information to kindergarten teachers that support transitions
- Creation of more intensive transition resources (e.g., Early Learning Portfolio, summer transition programs) and growing utilization of resources

DATA SOURCES
- Materials downloaded from website by families, ECE professionals, K-2 professionals
- Participants’ report of application of leadership conference resources in their daily work

PROCESS FOR TRACKING IMPROVEMENT
- Regular reports to SAC on resource utilization, Early Learning Portfolio development and utilization
- Regular reports to SAC on pilot community results, lessons learned

STRATEGY
Create an Accessible Suite of Resources to Support the Development of Ready Children, Ready Families, Ready Schools, and Ready Communities.

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<td>Develop and deploy resources to support ready children that include:</td>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; key statewide and local stakeholders</td>
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<td>understanding children’s perspectives about kindergarten; activities for</td>
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<td>families to support children’s learning at home and preparing for</td>
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<td>kindergarten; teaching children to be independent in daily routines;</td>
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<td>strategies for supporting children’s social and emotional development; and</td>
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<td>resources for early childhood professionals to support the development of</td>
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<td>partnerships with families during the child’s transition.</td>
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<tr>
<td>development of partnerships with families during the child’s transition.</td>
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<tr>
<td>Develop and deploy resources to support ready schools that include:</td>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; key statewide and local stakeholders</td>
<td>✔</td>
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<tr>
<td>tools for incorporating culturally relevant teaching in the classroom to</td>
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<tr>
<td>support diverse classrooms; district-level guidance for developing policies</td>
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<tr>
<td>for school transition teams, activities and alignment; videos, activities</td>
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<tr>
<td>and other tools for supporting children and their families in transition;</td>
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<tr>
<td>and best practices for engaging diverse families in school settings.</td>
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<tr>
<td>Provide targeted supports to teachers to support ready schools that include:</td>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; key statewide and local stakeholders</td>
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<tr>
<td>tools to create an understanding among K-2 teachers and administrators of</td>
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<tr>
<td>the importance of developmentally appropriate practices and ways K-2</td>
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<td>classrooms and instructional approaches and routines can be adjusted to</td>
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<tr>
<td>support children’s transitions; new professional development resources and</td>
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<tr>
<td>supports to increase K-2 teacher and administrator knowledge of early</td>
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<tr>
<td>learning practices; convene a leadership conference for associate</td>
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<td>superintendents and district staff to understand developmentally</td>
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<td>appropriate practice.</td>
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### STRATEGY

Increase the Ability to More Effectively Coordinate Transitions, Transition Supports, and Stakeholder Engagement.

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<thead>
<tr>
<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and deploy resources to support ready communities that include: a toolkit of resources for engaging families and the community as partners in education; support of school transition team activities through community outreach and awareness opportunities; and the creation of videos, activities and other tools for supporting children and their families in transition based on each community's unique demographics and needs.</td>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; key statewide and local stakeholders</td>
<td>✓</td>
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### ACTION STEPS

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<th>LEAD</th>
<th>KEY PARTNERS</th>
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<tbody>
<tr>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; key statewide and local stakeholders</td>
<td>✓</td>
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</tr>
<tr>
<td>Develop a statewide communication plan for dissemination of tools and resources that encourages collaboration at the local level.</td>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; key statewide and local stakeholders</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Identify objective information that should be collected as a part of a new Early Learning Portfolio to best inform transition to kindergarten success.</td>
<td>OEL/DOE</td>
<td>Transition to Kindergarten Workgroup; CCR&amp;R; key statewide and local stakeholders</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Develop ways in which teacher-to-teacher communication is facilitated such as sharing success stories and offering communities of practice.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school district partners</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Equip ECE providers with kindergarten readiness resources that are consistent and align with those that are provided by elementary schools.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school district partners</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Involve children’s and families’ voices in transition to kindergarten and share with teaching teams to inform transition planning based on feedback.</td>
<td>OEL/DOE</td>
<td>ELCs, local school district partners</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ACTION STEPS</td>
<td>LEAD</td>
<td>KEY PARTNERS</td>
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<tr>
<td>Explore use of unique identifiers to analyze if there are feeder patterns from ECE settings to kindergarten enrollment to best inform stakeholder coordination.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school districts; other local partners</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Through local data sharing agreements and parent permissions, create the ability for ECE providers to transmit child portfolios to the appropriate school district or school setting to better inform kindergarten transition.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school district partners</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Increase early risk identification and intervention by developing systems that provide timely identification of kindergarten unreadiness and interventions to maximize kindergarten success.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school district partners</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Increase opportunities for early learning and kindergarten team development by establishing resources for teams to come together to support transitions and provide data continuity across all age/grade levels. Develop resources for multi-level groups to work together to develop vertical alignment and approaches to support vertically aligned teaching practices.</td>
<td>OEL/DOE</td>
<td>ELCs, local school district partners</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Explore potential for summer transition programs for children identified as at risk of not entering kindergarten ready to transition.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school district partners</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Identify common elements to support development of formal transition plans for all children.</td>
<td>OEL/DOE</td>
<td>DOE, ELCs, local school district partners</td>
<td></td>
<td>✓</td>
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</tbody>
</table>
Educational, health and other outcomes of well-being are often impacted by income, race, and other demographics. However, these factors should not determine outcomes. Equity efforts are important economic investments, maximizing our society’s potential to innovate and achieve.

Focusing on equity helps to support vulnerable and underserved young children at risk of school failure. Advancing equity for vulnerable and underserved young children requires an understanding of the broader societal context and the ways in which inequities have impacted the early childhood field. It means addressing policies, laws, systems, and practices that produce inequitable outcomes.

The Early Learning Equity Task Force was established in 2016 and currently has more than 50 members. The Equity Task Force is working with stakeholders such as ELCs, state agencies, Florida’s public universities, and other social service agencies. The current focus is on raising awareness and expanding education to address equity related to race, class, culture, gender, gender, ability, language, religion, and other identities. The goal is to develop common analyses and understanding that will enable the early childhood field to work from a place of strength and have greater impact for vulnerable and underserved children and their families.

A growing number of states and communities have strengthened both access to and the impact of services by bringing an equity lens to support for young children and families. Florida is well positioned to learn from these efforts and increase a focus on equity throughout the service delivery system.

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SUMMARY OF APPROACH

LONG TERM INDICATOR
- Gaps in health and achievement by socioeconomic status, race, or other demographic characteristics are reduced

PROGRESS INDICATORS
- Policies identified and actions taken to increase equitable outcomes

DATA SOURCES
- Equity Task Force and SAC members reports
- Numbers of professionals who complete equity training

PROCESS FOR TRACKING IMPROVEMENT
- Annual report to SAC on policies identified and actions taken to increase equitable outcomes

STRATEGY
Provide Ongoing Training to Early Childhood Leadership and Entities.

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<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<tbody>
<tr>
<td>Engage SAC, partner agencies, ELCs, and other regional partners to attend equity trainings and participate in communities of practice.</td>
<td>OEL/DOE</td>
<td>SAC members, ELC, and other community partners</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Engage lead trainers and coaches from agencies and key partners to develop training plans for staff, providers and other partner agencies.</td>
<td>OEL/DOE with SAC agency support</td>
<td>Partner agencies</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Document stakeholder education and impact of actions taken through communities of practice.</td>
<td>OEL/DOE</td>
<td>SAC members, ELC, and other community partners</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
### STRATEGY
Expand and Strengthen the Equity Task Force by Engaging Other State Agencies and Partners.

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<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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</thead>
<tbody>
<tr>
<td>Hold regular meetings to share lessons learned from equity efforts statewide and develop innovative new approaches</td>
<td>OEL/DOE</td>
<td>SAC members, partner agencies</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</table>

### STRATEGY
Analyze Current Policies and Develop Strategies to Promote Improved Child Outcomes Through an Equity Lens.

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<tr>
<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<tbody>
<tr>
<td>Identify a tool and process for state leadership (e.g. state agencies, legislature, State Advisory Council, Children and Youth Cabinet) that helps to incorporate an equity lens when analyzing potential policy changes for positive or negative impact on families with young children.</td>
<td>OEL/DOE with SAC agency support</td>
<td>SAC members, partner entities</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Develop a format for briefs and reports to educate external partners on the impact of policy considerations through an equity lens.</td>
<td>OEL/DOE with SAC agency support</td>
<td>SAC members, partner entities</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Engage state agencies and other stakeholders to identify policy changes for consideration.</td>
<td>OEL/DOE with SAC agency support</td>
<td>SAC members, partner entities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</table>
In 2013, research by Stanford University found that by 18 months of age, toddlers from low-income families were several months behind more affluent children in language proficiency.7 The widely noted achievement gap too often begins with readiness gaps like these. Research shows that out of every ten children, two enter kindergarten with abilities two-to-three years below grade level, two enter one year behind, and two enter at grade level with the remainder entering above grade level.8 When children start behind they too often stay behind.

Quality ECE programs that work in partnership with families can not only dramatically reduce the language gap but help build the cognitive, social, and other skills that support kindergarten readiness and later school success. Research shows that all children benefit from access to high-quality ECE programs - regardless of language status, race/ethnicity, or special needs9 - with low-income children and English-language learners benefiting the most.10 A substantial number of studies demonstrate the benefits of high-quality ECE programs. Economists also have touted the benefits of ECE investments, which show a return of $7 to $13 for every dollar invested,11 from dramatically changed long-term life outcomes, increased school achievement and high school graduation, and reduced grade retention, remediation, and involvement in the criminal justice system.12 However, the potential of ECE can only be realized if programs are of high quality. For children who attend low-quality programs, early gaps often grow and children can enter kindergarten more than a year behind their peers. Early gaps are often compounded over time, making it difficult and costly to catch children up.13

While the benefits of quality ECE are clear, creating and sustaining quality is very challenging given the financial realities of the ECE market. The ECE market is one in which natural market forces fail average families. The cost of high-quality ECE programs frequently is out of reach for the average family budget. As it is, the cost of licensed care that meets basic health and safety standards often exceeds the cost of housing and food in family budgets. In most states, the cost of ECE programs is equivalent to or exceeds tuition at public universities and colleges.14

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8 https://www.readingfoundation.org/school-readiness
12 http://heckmanequation.org/content/resource/invest-early-childhood-development-reduce-deficits-strengthen-economy
14 Child Care Aware of America: Parents and the High Cost of Child Care: 2014 Report
Some low-income working families have access to subsidies to offset the cost of ECE. This is a work-based solution that serves as a pathway to economic self-sufficiency for many families with young children in poverty. Without these investments, ECE costs can comprise over fifty percent of a low-income working family’s budget. The vast majority of ECE subsidy funding is provided through the federal Child Care and Development Block Grant (CCDBG). States set subsidy base payment rates based on guidance from the federal Administration for Children and Families (ACF) to ensure eligible children have equal access to ECE services comparable to those who do not receive subsidies. The benchmark for equal access set by the ACF is the 75th percentile of the prevailing private pay market rate.

When subsidized reimbursement rates are low relative to market prices, ECE providers may choose not to serve children using subsidies or may charge parents the difference between the subsidy payment rate and the price the provider charges parents who do not receive a subsidy.

The prices charged by an ECE provider may reflect underlying differences in the cost of providing care based on the age of the child, the quality of the care, and other factors. It is important to recognize that the prices or fees a provider charges families may not cover the provider’s full costs, account for other sources of funding (e.g., grants or donations or subsidized rent through a non-profit or faith-based facility), or how the provider structures the program (e.g. the provider uses revenue received from serving older children to offset the expenses of infant and toddler care). Moreover, providers may charge higher prices simply due to higher demand for ECE with no improvement to the quality of care provided to the children.

While the importance of improving the quality of ECE programs is clear, strategies to set payment rates and utilize them to incentivize quality improvements vary by state due to differences in licensing, quality improvement investments, and other elements of the ECE infrastructure. To ensure quality is improved in targeted and effective ways, baseline data and ongoing data analysis is needed. By ensuring quality improvement is driven by data-driven decision making, the impact of quality improvement efforts will be more effective and targeted more appropriately.

**CURRENT CONTEXT AND EXISTING RESOURCES**

**QUALITY**

Florida has supported improved structural quality and process quality through the following policies and investments:

- Structural quality is addressed through accreditation, which involves measurement on key aspects of program delivery, including teacher-child ratios, group size requirements, teacher qualifications, the learning environment and materials. Currently, Gold Seal-accredited programs receive up to a 20% cost differential for School Readiness to offset the cost of providing care in accordance with these increased standards.

- Process quality, or the quality and caliber of teaching practices that facilitate young children’s development, is measured through program assessment using CLASS observations. CLASS scores are used in School Readiness as a baseline for contracting, as well as identifying threshold scores aligned to increased cost differentials of up to 10% to provide revenue that may be used by providers to help with teacher pay and retention.

With efforts to increase both structural and process quality, there is a need to review and assess the availability and capacity of programs throughout the state. This review, along with a strategic focus to increase the number of high-quality ECE programs, will help provide equitable access for Florida’s vulnerable children.
With recognition of how important adult-child interactions are to children’s development and program quality, OEL/DOE started building capacity to implement the CLASS tool throughout the state in 2009. Building from this foundation, the Florida legislature authorized OEL/DOE to create the Early Learning Performance Funding Project (ELPFP) in 2014. ELPFP was designed to provide performance-based funding for School Readiness providers that demonstrate improved quality in teacher knowledge, improved instructional practice, and improved teacher-child interactions. Participating programs were required to complete specific coursework, receive coaching, and measure impact through a baseline and post-intervention CLASS assessment. The performance-based incentives increased in alignment with higher levels of demonstrated program quality. More than 1,600 programs participated in ELPFP benefiting an estimated 80,000 children.¹⁵

The ELPFP demonstrated significant positive effects on ECE quality in participating School Readiness programs. The evaluation findings validated that ELPFP quality improvement strategies provide a strong road map for increased investment and accountability, with more than 64% of providers who engaged in ELPFP improvement strategies for one year improving by at least one tier-quality level. In addition, results from the first three years of this program demonstrated that providers who participated continuously in ELPFP improved quality each year of participation.¹⁶ This groundbreaking model helped to determine 1) the combination of targeted professional development and coaching that improves program quality; and 2) how to provide performance funding to programs in ways that incentivize quality improvement and enable programs to sustain quality over time.

With recognition of the importance of a statewide system of quality and accountability, in 2018 the Florida legislature made significant changes to the state laws governing School Readiness. Using many of the proven concepts of the ELPFP, the law now requires program assessment/CLASS observations and establishes a minimum threshold of quality for School Readiness providers. These program assessments are also a mechanism for incentivizing quality with payment differentials aligned to higher CLASS scores. This provides Florida with a statewide baseline that can help inform professional development, continuous program improvement strategies, and targeted investments that expand quality ECE statewide. Collectively, this creates a system framework to make certain that children at greatest risk of school failure are in high quality ECE settings that prepare them for kindergarten readiness and early grade success.

**PAYMENT RATES**

In 1999, School Readiness providers were reimbursed at the 75th percentile of the prevailing market rate. Over time, policy priorities set in Florida Statute required ELCs to increase the number of children served if it had a waiting list instead of raising School Readiness payment rates. This statutory limitation allowed some ELCs to raise rates over time, while others have not had payment increases for many years. In 2013, the former policy provision that limited the increase in payment rates was repealed. However, the impact of this policy over those 14 years has resulted in a widespread discrepancy in rates across the state and depressed markets that do not accurately reflect the actual cost of care.

Today, Florida’s average School Readiness payment rate puts Florida among the lowest payment rates in the nation. OEL/DOE is required to biennially collect data on the rates providers charge the general public by care type and care level. This data results in the publishing of a market rate schedule by county. This schedule is intended to be used by an ELC to set School Readiness provider payment rates.


Payment rates still vary by county and coalition, and while some communities have increased rates and are closer to the 75th percentile of the 2017 market rate, others are well below the 75th percentile.

While increasing payment rates on the whole would be helpful, it would not necessarily result in the availability of higher quality care throughout the state. Therefore, to maximize limited funding, Florida codified in law the ability for School Readiness providers to earn differential payments based on attaining and maintaining quality standards. Each ELC, through its OEL/DOE-approved payment rate reimbursement schedule, has set a minimum base payment rate for each type and level of care. Beyond the base rate, a School Readiness provider has the ability to earn up to a 20% differential if they have been recognized as a Gold Seal-accredited program. Beginning in the 2019-2020 fiscal year, programs have the ability to earn up to an additional 10% differential if they have achieved high CLASS scores and an additional 5% if they conduct observational child assessments reliably and provide data to OEL/DOE. The purpose of these differentials is to provide multiple paths for programs to support quality improvement and build on local strengths.

As Florida continues to review and refine its School Readiness payment rate policies, it is necessary to help ensure parity among rates across counties to provide equitable access to quality ECE opportunities.

**OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES**

Building from this foundation, Florida is well positioned to strengthen quality by further understanding the quality of ECE programs throughout the state. Correcting the payment rate and providing quality-aligned incentives will help improve and sustain quality throughout the state, particularly for the most vulnerable children.
LONG TERM INDICATOR
▶ Increase access to quality ECE

PROGRESS INDICATORS
▶ Document program quality statewide on publicly funded ECE programs; analyze trends to see where program quality changing
▶ Payment rates that align to the cost of quality in counties implemented
▶ Increased number of quality slots available

DATA SOURCES
▶ CLASS data statewide; CLASS data analyzed with local data on needs to determine quality of care in relation to need
▶ Utilization of quality improvement strategies
▶ Data on program quality, number of quality slots at different payment rates
▶ Feedback from ECE program directors and owners

STRATEGY
Utilize Program Assessment/CLASS Data to Identify Statewide and Community Needs.

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<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<tbody>
<tr>
<td>Map statewide program assessment/CLASS data to understand the landscape of program assessment scores and level of quality providers statewide.</td>
<td>OEL/DOE</td>
<td>ELCs; UF Anita Zucker Center/ECENA data portal</td>
<td>✓</td>
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<tr>
<td>Review data to determine if certain program assessment scores are linked to provider characteristics to develop provider profiles (i.e. teacher credentials, Gold Seal Accreditation, care levels, local quality measures, prior professional development opportunities).</td>
<td>OEL/DOE</td>
<td>ELCs; UF Anita Zucker Center/ECENA data portal</td>
<td>✓</td>
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<tr>
<td>Explore/pilot program assessments in current VPK programs to understand the impact of teacher-child interactions for the entire birth-5 ECE continuum.</td>
<td>OEL/DOE</td>
<td>Private VPK Providers, ELCs</td>
<td>✓</td>
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### STRATEGY

**Map the Location and Capacity of Quality Programs.**

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<tbody>
<tr>
<td>Using GIS software, map ECE providers who have attained a Gold Seal Quality Care designation and/or high CLASS scores to determine the geographical availability of quality ECE programs by county.</td>
<td>OEL/DOE</td>
<td>UF Anita Zucker Center</td>
<td>✓</td>
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<tr>
<td>Collect and analyze data on the capacity of high-quality ECE programs by program type and private pay rate to determine if there are access constraints for children receiving subsidized ECE.</td>
<td>OEL/DOE</td>
<td>UF Anita Zucker Center</td>
<td>✓</td>
<td>✓</td>
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### STRATEGY

**Determine the Appropriate Minimum Cost Needed to Fund Minimum Program Standards Across Florida’s 67 Counties Based on the Cost of Care.**

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<tbody>
<tr>
<td>Conduct an analysis of currently approved county payment rates and the authorized stacked differentials to determine which counties are still not able to meet the 75th percentile of the current market rate.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
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</tr>
<tr>
<td>Determine base payment rates needed in each county to ensure every School Readiness provider in Florida that attains the highest levels of quality has the ability to draw down the 75th percentile rate.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apply approved School Readiness payment rates against a cost-of-care model to determine if the 75th percentile rate is an accurate reflection of the actual cost of quality care or if some counties are suffering from a depressed market rate.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
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</table>
STRATEGY
Implement Cost Differentials Aligned to Quality Standards that are Representative of the Costs Needed to
Maintain Quality.

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<th>KEY PARTNERS</th>
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</thead>
<tbody>
<tr>
<td>Monitor the current quality cost-differential percentages to ensure they adequately cover the cost to maintain quality requirements.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make policy recommendations if differential percentages do not align to the cost to maintain quality requirements.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
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</tr>
</tbody>
</table>

STRATEGY
Monitor the Impact of Payment Rates on Services Both Statewide and Locally.

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to conduct analysis of payment rates at least biennially in concert with release of the OEL/DOE market rate survey.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Monitor ECE policy changes to determine potential impact to the cost of care and the maintenance of quality (i.e. licensing requirements, local licensing, federal or state regulations).</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Recalibrate payment rates and differential percentages based on policy impacts to the cost of care.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</tbody>
</table>
Quality adult-child interactions are the strongest predictor of children’s outcomes, improving language and cognitive skills, as well as improving readiness by strengthening executive functioning skills that make children successful in school, including: the ability to pay attention, take turns, be persistent, and get along with others.\(^\text{17}\)

The high-quality practices that form the foundation for all learning in ECE programs include: 1) effective and engaging interactions that involve nurturing, responsive back-and-forth exchanges between teachers and children that occur throughout the day; 2) a well-organized and managed classroom; and 3) instructional interactions and materials that stimulate children’s thinking and skill development. The Classroom Assessment and Scoring System (CLASS) is a valid assessment tool of teacher-child interactions within ECE environments and, when used reliably, has found that higher teacher performance, as defined by the tool, is predictive of positive child outcomes. In addition, CLASS instructors and coaches have effectively supported improvements in teacher performance by using the CLASS as a framework to prioritize feedback on how to more effectively support learning.

Five overarching conclusions have emerged from over a decade of research on the CLASS tool.

1. Effective teacher–child interactions are an active and crucial ingredient for children’s social and academic development.
2. Children in ECE settings are not consistently exposed to effective teacher–child interactions.
3. Initial evidence suggests minimum thresholds for effective teacher–child interactions, as measured by CLASS, promote children’s learning and development.
4. Quality improvement efforts that focus explicitly on teacher–child interactions maximize impacts for children.
5. Carefully designed and implemented professional development and quality improvement supports can improve the quality of teacher–child interactions.

An investment in professional development is critical given that staff are both the highest operational cost and most influential quality factor. Therefore, a strong focus on workforce development is needed to improve the quality of ECE. A focus on workforce development is not as straightforward as organizing a strong system of professional development. Financing of ECE systems is also an important consideration. While 65% of children younger than age six in the United States have parents in the labor force and most attend ECE programs, unlike elementary education, ECE has yet to be adequately funded, despite the broad and growing recognition if it’s need. Thus, the cost burden of services is borne primarily by families who must choose programs based on limited information and what they have access to in geography, cost and availability of program space; the cost of ECE is often second only to housing in the average budget of a family with young children and is often the leading budget item for families in poverty.

With approximately 60% of an ECE provider’s budget spent on salaries, and revenue capped by what families can afford to pay, ECE programs often cannot generate sufficient income to provide wages that allow early educators to meet their basic needs. The industry average for teacher turnover is roughly 30%. Business owners manage tight margins, which appropriately requires low adult-child ratios to meet young children’s needs; owners simply do not have funds to pay staff more. Consequently, the high turnover rate and instability of the workforce dramatically affects the quality of ECE young children receive and negatively influences their development. Workforce development systems must therefore systematically build the skills of the workforce while also providing incentives for them to stay in the field.

CURRENT CONTEXT AND EXISTING RESOURCES

PROFESSIONAL DEVELOPMENT REQUIREMENTS AND INITIATIVES

Florida has minimal requirements for ECE professionals, particularly when compared to other states and to other industries within Florida (e.g., cosmeticians are required to have 1,200 hours of training and must have a high school diploma). ECE teachers need to have 45 hours of training completed within the first year of employment and a minimum of 10 hours of in-service training completed annually thereafter. VPK teachers are required to have a national Child Development Associate credential (120 hours of training and passed a competency assessment) or its equivalent, to teach the 540-hour school year VPK program. Directors must have either a Director’s Credential or Advanced Director’s Credential with a VPK endorsement.

A number of innovative investments have helped to build the early childhood workforce in Florida. T.E.A.C.H.® scholarships have helped thousands of ECE professionals complete credentials and degrees, and staff turnover rates among early childhood professionals who receive these scholarships is only 5%. This successful model is therefore not only stabilizing workforce but also improving the knowledge and skills of these professionals throughout the state.

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18 https://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/
Additionally, through an innovative partnership between OEL/DOE and the UF Lastinger Center, a blended learning model called Early Learning Florida has been developed and is now available in every county throughout the state. Since launching four years ago, Early Learning Florida has delivered more than 700,000 hours of professional development to infant, toddler, and preschool teachers and directors. An independent evaluation of Early Learning Florida by the Yale Child Study Center has shown significant improvements in teacher skills, program quality, and child outcomes. This partnership has also developed the nation’s largest ECE coaching certification with nearly 400 certified coaches and has more than 400 Community of Practice trained facilitators.

COMPENSATION AND WAGE ENHANCEMENT INITIATIVES

In Florida, there are more than 1.3 million children in ECE settings each day who are cared for by approximately 59,000 professionals. The median wage is $10.09/hour, with 63% of this workforce receiving public assistance such as the Earned Income Tax Credit (ETIC), Medicaid, Temporary Assistance for Needy Families (TANF) or food stamps. Given the challenges ECE professionals face, strengthening the workforce requires not only a central focus on practitioners who are working directly with young children, but also support from highly qualified directors, coaches, and facilitators.

Many in the early childhood workforce start at minimum wage ($8.46/hour) with no benefits. As ECE educators in Florida receive more training and education, wages move from minimum wage to the statewide median wage of just over $10 an hour. These wages are often lower for infant and toddler teachers, even among professionals with the same level of education. This low-wage trajectory makes incentivizing education and commitment to the industry difficult. Furthermore, early childhood educators with higher educational degrees may leave ECE for positions in school systems or other fields in an effort to increase their salaries. Therefore, as Florida works to develop a comprehensive ECE system, it is important that it designs strategies that support both continuity of care for children and workforce supports that increase retention.

In an effort to mitigate the issues, a number of counties have implemented wage incentives, such as W.A.G.E.$., which provides bonuses of up to $3,000 annually to ECE educators based on the level of training and education completed and retention with their employer. The wage incentive program has proven to be a promising practice in the recruitment and retention of teachers most likely to leave the profession—infant/toddler teachers, teachers of children with special needs, and teachers serving children in impoverished communities.

OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES

The Professional Development Initiative (PDI) has completed important work to help develop an early childhood professional development system. The frameworks developed related to defining core competencies, career pathways, specializations and articulation agreements are well positioned to be built upon to ensure the early childhood workforce has access to robust professional development experiences and career development opportunities. Strengthening the existing systems, codifying them, and expanding access to professional development opportunities will be essential to strengthening the early childhood workforce.

22 https://www.bls.gov/oes/current/oes_fl.htm#39-0000
BRIGHT SPOT:  
Polk County, Practitioner Supports to Improve Quality Early Learning Programs

Background:

Florida’s Early Learning Performance Funding Project (ELPFP) spanned five years and served as the foundation for a statewide system of quality and accountability. Based on documentation of successful quality interventions, many ELCs have leveraged local resources to integrate the ELPFP design and interventions into an enhanced local system of supports. The Early Learning Coalition in Polk County (ELC Polk) developed specific incentives to maintain provider motivation to continue quality improvement, and created efficiencies to better provide support, technical assistance, coaching and resources. The ELC of Polk County increased provider enrollment in the last two years of the ELPFP by over 1000%. In a recent focus group with ELC Polk staff, one program coordinator explained the vision:

We started thinking through incentives that came with the program...when we were talking with the providers, we let them know where we were headed down the road. Part of the sell was giving increased incentives, but now there is a quality component tied to that, and there are benchmarks you need to complete to be able to receive that funding. And providers responded overwhelmingly. We presented it in a positive matter, that this was an opportunity for [them] to achieve higher quality and professional development in practice with different supports. Providers finally have more stake in what’s happening, and it’s not just this thing that’s coming down from OEL or from the ELC, that this is what it is and it will help you become a stronger learning center. I think they’re finally seeing the vision of it, and what we can actually do for early childhood educators (ELC focus group interview).

Using a Community of Practice (Cop) to coach providers

The staff at the ELC Polk have created several innovative solutions for providing practitioner supports for quality. For example, in the 2017-2018 ELPFP year, ELC staff created a community of practice for providers who were in danger of being removed from the ELPFP. This community of practice focused on helping providers complete an online professional development course together, with in-person peer and instructor collaboration and support, and a true sense of community. The overwhelming impact of this targeted professional development resulted in all providers in this COP not only remaining eligible for the ELPFP but obtaining mastery for their specific benchmarks. For the 2018-2019 year of the ELPFP, Polk realized the challenges of implementing child assessments for their providers, and took this innovative PD design one step further by creating a Cop for providers around child assessment implementation, and the use of Teaching Strategies GOLD™:

Because we had so many capacity issues with providing one-on-one coaching, we chose to coach through a COP around GOLD to improve reliability and comfort with the tool. We set expectations and used an inquiry stance and started first with system instruction session to get them familiar with the platform, and then provided instruction and supports around completing observations.

25 Ibid
Then we did a session on how to write in Adobe Notes and how to attach it to the objectives and goals, and then we finally covered check points, and how you finalize check points. And for our last benchmark, we had 100% completion! The facilitator would help the teachers with observing children and how to put it towards the right objectives. And they created lots of resources to try to help teachers document more easily. The best part about it was these teachers in the Cop would then go back to their centers and help other teachers, so we were reaching a huge audience with this one Cop (ELC focus group interview).

In addition to providing quality PD for providers, the ELC also focused internally to improve support and efficiency with their staff. An ELC program director stated:

We said a key to the work that we’ve done in Polk is the staff working one-on-one and having a relationship with the provider, and that requires having knowledgeable staff out there and available. It’s about that quality versus quantity and being more efficient. We had staff crossing each other, sometimes even being at a site at the same time because each staff member fell under certain funding. And we paused and thought about this…and realized that everyone who’s supporting the field should be trained on everything and be able to provide support for all competencies and strategies. If we really want to be there for the provider, we had to stop crossing each other. And we can morph... we can spend that time and be more effective, and we’re able to handle a larger load more effectively with less people (ELC focus group interview).

For more information about the ELC of Polk County’s ELPFP experience and lessons learned, the full ELPFP Evaluation Reports can be accessed at http://www.floridaearlylearning.com/statewide-initiatives/early-learning-performance-funding-project
SUMMARY OF APPROACH

LONG TERM INDICATOR
▶ More skilled early childhood workforce

PROGRESS INDICATORS
▶ Cross-sector core competencies development and integrated into professional development systems
▶ Formal and informal career pathways codified and integrated into professional development systems
▶ Increased numbers of ECE professionals holding specializations, credentials and degrees
▶ Wage incentives help attract and retain a more skilled workforce

DATA SOURCES
▶ Florida Early Care and Education Professional Development Registry
▶ Data from higher education institutions, local ELCs, and other professional development partners

PROCESS FOR TRACKING IMPROVEMENT
▶ Regular reports to SAC on early childhood workforce, professional development

STRATEGY
Define Skill and Knowledge Standards for Professionals in the Early Childhood Service Delivery System.

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<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
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<tbody>
<tr>
<td>Building from the existing core competencies, expand, revise and align cross-sector core competencies that articulate what early childhood professionals should know and be able to do in the many varied roles in the early childhood service delivery system.</td>
<td>OEL/DOE</td>
<td>Professional Development Initiative (PDI) partners; higher education institutions; ELCs</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Secure broad adoption of the competencies among professional development providers - from pre-service training through higher education – so professionals know the wide array of options and there is alignment in professional preparation.</td>
<td>OEL/DOE</td>
<td>PDI partners; higher education institutions; ELCs</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
STRATEGY

Define the Progression of Professional Development for the ECE Workforce to Strengthen Knowledge and Skills.

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<tr>
<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<tbody>
<tr>
<td>Develop and adopt clearly articulated formal and informal career pathways, including through K-2, that align to Florida and national standards.</td>
<td>OEL/DOE</td>
<td>Professional Development Initiative (PDI) partners; higher education institutions; ELCs</td>
<td>✔</td>
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<tr>
<td>Expand access to effective professional development, with attention on key priorities (e.g., adult-child interactions, implementing formative child assessments, and supporting the needs of vulnerable populations such as infants and toddlers, children who have experienced trauma, dual language learners, and children with special needs).</td>
<td>OEL/DOE</td>
<td>PDI partners; higher education institutions; ELCs</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Building from the cross-sector core competencies, ensure there are specializations that intentionally develop targeted skills and knowledge, while also supporting career progression.</td>
<td>OEL/DOE</td>
<td>PDI partners; higher education institutions; ELCs</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Strengthen the current director credentials to reflect best practices in management, leadership, and implementing ECE programs.</td>
<td>DCF</td>
<td>OEL/DOE, PDI partners; higher education institutions; ELCs</td>
<td>✔</td>
<td></td>
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<tr>
<td>Expand the number and scope of articulation agreements so early childhood professionals can seamlessly transfer credits between higher education institutions and efficiently work toward degrees. Develop agreements so specializations articulate seamlessly for college credit throughout the state.</td>
<td>OEL/DOE</td>
<td>Higher education institutions</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>ACTION STEPS</td>
<td>LEAD</td>
<td>KEY PARTNERS</td>
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<tr>
<td>Identify and Expand promising practices – such as high school-based early childhood credential programs and flexible degree programs – to encourage and cultivate new professionals to enter the early childhood field as the first step on the clearly defined career pathway, and work toward achieving the Governor’s goal for 60% postsecondary attainment.</td>
<td>OEL/DOE</td>
<td>PDI partners</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Analyze use of T.E.A.C.H® scholarships to target early childhood teachers in concentrated areas of poverty to support completion of credentials and degrees.</td>
<td>OEL/DOE</td>
<td>Children’s Forum; ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase access to information and resources for professional development through the expansion of the Early Care and Education Directory to include, not only degrees and credentials, but all relevant training opportunities throughout the state.  <a href="https://regportal.flchild.com/degreedatabase">https://regportal.flchild.com/degreedatabase</a></td>
<td>OEL/DOE</td>
<td>Children’s Forum; ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Integrate requirements for proven professional development models and quality improvement strategies that focus on adult-child interactions and effective teaching practices into requirements for publicly funded programs to more effectively support continuous quality improvement.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
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</table>
## STRATEGY
Support Implementation of Effective Coaching Practices.

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<tr>
<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
<th>Y1</th>
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<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand access to high-quality coaching for the early childhood workforce through increasing the number of certified coaches.</td>
<td>OEL/DOE</td>
<td>UF Lastinger Center for Learning, ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Define competencies for best practices in early childhood coaching.</td>
<td>OEL/DOE</td>
<td>UF Lastinger Center for Learning, ELCs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop recommendations on best practices for implementing coaching in local communities to maximize coaches’ time directly coaching practitioners.</td>
<td>OEL/DOE</td>
<td>UF Lastinger Center for Learning, ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Expand access to professional development and communities of practice for coaches to continuously improve practice.</td>
<td>OEL/DOE</td>
<td>UF Lastinger Center for Learning, ELCs</td>
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</table>

## STRATEGY
Facilitate Shared Learning and Practice among Professionals in the Early Childhood Service Delivery System.

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<tr>
<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<th>Y2</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Expand implementation of Communities of Practice as a tool to support key goals, such as improved adult/child interactions and strengthened teaching practices.</td>
<td>OEL/DOE</td>
<td>UF Lastinger Center for Learning, ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Expand Communities of Practice so professionals across the early childhood service delivery system can work together to meet the needs of young children and their families.</td>
<td>OEL/DOE</td>
<td>UF Lastinger Center for Learning, ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>
**STRATEGY**

Develop State Level Infrastructure to Support Wage Incentive Strategies to Better Support the ECE Workforce.

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<tr>
<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct a workforce study to better understand education, training, wages and turnover by care level.</td>
<td>OEL/DOE</td>
<td>DCF, EDR, PDI</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilize the workforce study data to determine areas for policy improvement, strategic investment and wage supports.</td>
<td>OEL/DOE</td>
<td>PDI</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine the appropriate level of statewide wage investment needed to help promote continuity of care, improve program quality, and reduce workforce turnover.</td>
<td>OEL/DOE</td>
<td>PDI</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate professional development pathways and wage incentives as a co-constructed system of support to help ensure skill mastery and positive child outcomes.</td>
<td>OEL/DOE</td>
<td>PDI</td>
<td>✓</td>
<td>✓</td>
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</table>
Child assessment and screening are important tools to understand children's development and provide information to better meet children’s developmental and learning needs. Child assessment and screening each have distinct and important purposes. Four different purposes for early childhood assessment are described in the National Education Goals Panel report, *Principles and Recommendations for Early Childhood Assessments*. These were adapted to Florida’s context as part of the work of the Committee for Early Grade Success, commissioned by the Florida Legislature in 2017, and funded by the Helios Education Foundation.

1. **ASSESSMENT TO GUIDE CARE AND INSTRUCTION:**
   Assessment data are useful to providers in supporting the unique learning needs of individual and groups of children. Teachers gather data from direct assessments, structured observation, and work samples. These data are collected from all children throughout the course of the school year to inform decisions about their care and instruction.

2. **ASSESSMENT TO IDENTIFY SPECIAL NEEDS:**
   Developmental screening is used to identify children who are not developing at the rate of their typically developing peers. Professionals collect data about children's development in order to determine if a more in-depth assessment may be needed. Children identified at risk through the developmental screening process receive age-based services as described in Priority 1; Goal: Ease Navigation of Services for Families; Objective: Support Children with Unique Learning Abilities.

3. **ASSESSMENT TO MONITOR TRENDS/EVALUATE SERVICES (IN AGGREGATE):**
   Program monitoring is effective when assessment data are used in the aggregate and tracked across multiple years to identify trends, particularly growth or risk. These assessment data are particularly valuable in conjunction with the implementation of new initiatives to determine if the programs are having the intended effects. These data can also be used to inform policy making.

4. **ASSESSMENT FOR ACCOUNTABILITY OF PROGRAMS:**
   Program level data can be used as an indicator of quality, rewarding effective programs and eliminating ineffective programs. These data can help determine if state investments in early childhood programs are yielding desired outcomes. These data are used primarily by policymakers and may have specific consequences for programs/schools.
Regular assessment and screening are key features of high quality ECE. Once a child is identified at risk through developmental screening, they should continue to receive assessment and screening services, but also receive evaluative screening services. If a child is then determined to have a unique ability, their needs are supported as described in Priority 1; Goal: Ease Navigation of Services for Families; Support Children with Unique Learning Abilities.

As investment in early childhood grows, there is strong interest in ensuring these investments are having the desired impact on children’s development, preparing them for success in school and beyond. Aggregated results from child assessments and screenings can help determine if overall investments are having the desired impact and identify where policies, practices and/or funding can be further strengthened.

Young children are unique in their development and screening and assessment tool(s) need to be selected and administered carefully to capture their skills and understanding of the world. With K-3 assessments currently in place, Florida needs to develop an aligned child screening and assessment system for children birth through age five. A number of factors must be considered:

- Young children’s development can be sporadic (e.g., they might exhibit a skill one day but not the next) and they do not have the verbal or writing skills to communicate in the same way that older children do.
- Young children tend to have short attention spans and are more easily distracted.
- The screening process of young children is important, as it can be an early warning detection system for parents and ECE providers to assist in determining if other diagnostic assessments are needed. Assessment and screening tools must be appropriate for children from various cultural and linguistic backgrounds. Children use their experiences to make sense of assessment tasks, and language and culture are key aspects of those experiences.
- Most important, the assessment information gathered on young children should be used to benefit them and inform how to best meet their individual developmental and academic needs.

Thus, it is important that assessments used with young children be developed specifically for young children, have evidence that the assessments are valid (measure what they claim to measure) and are reliable (measure targeted skills or behaviors in a consistent way).

There are two primary types of assessment used in the early childhood years:

- Formative observation data collection methods
- Formative direct data collection methods

To be most effective, both types of assessments should be criterion-referenced, meaning they allow for comparison of children’s performance against what children their age should know.

CURRENT CONTEXT AND EXISTING RESOURCES

Developmental screening is required (with parent consent) for children ages birth to five who enroll in the School Readiness Program (child care/ECE subsidies), Parts C and B (for children with identified special needs), and many home visiting programs. Children participating in the School Readiness Program receive an initial screening in their first 45 days of participation and follow up screenings annually in their birth month.
Developmental screening is designed to capture a child’s development as they enter these programs so risk can be identified and developmental needs can be addressed if needed. Screening is conducted by the family, the ELC, and/or the ECE provider. Results are then shared with the family, with referrals as needed for further diagnostic assessment.

In Florida, all ELCs, home visiting programs and Part B use the Ages and Stages Questionnaire 3 (ASQ-3), ensuring children who access these services are screened using a consistent tool. The ASQ-3 is research-based, reliable, and typically takes less than fifteen minutes to administer; some Part C Local Early Steps programs use this instrument, but it is not used universally. Due to the variance in administration and disaggregated data systems, parents often receive multiple requests to have their child screened and program and health care providers are unable to look at prior results or see if referrals for services have already been generated. Some ECE entities also use the Florida State University Social Communication Checklist to screen for early indications of autism and the Adverse Childhood Experiences Survey (ACES).

Related to child assessment, there is support for observation-based assessments to help inform individualized care and instruction. There are multiple child assessment tools approved for use in Florida’s SR programs. The most widely used tool is Teaching Strategies GOLD. Training on the use of an assessment tool, supported with funding by the state legislature, is provided by ELCs, and teachers’ use of the tools are supported through reliability checks. Reliability checks determine if a provider is making determinations of child performance as intended. Results are used to inform individualized instruction and monitor learning gains through a suite of digital tools. The capacity to implement the selected child assessments across Florida is uneven, as each ELC has varying levels of capacity and reliable implementation amongst providers.26

OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES

The Committee for Early Grade Success, funded by the Helios Education Foundation, developed the following recommendations to guide the development of a unified early childhood assessment system for children birth through kindergarten participating in publicly funded programs:

▶ Screen children four months through age five to determine if there are developmental concerns that should be further assessed.
▶ Provide practical, useful, actionable information to teachers and parents on children’s growth birth through kindergarten, helping them to provide individual care and instruction to better meet each child’s developmental and academic needs.
▶ Evaluate children’s skills upon entry to kindergarten.
▶ Provide an integrated system so data can efficiently follow children birth through third grade, ensuring rigorous privacy protections, to optimize children’s growth and learning.
▶ Inform broader program accountability, helping to ensure Florida’s early childhood investments are working as intended to support children’s development.

The approach and action steps proposed below reflect actions taken during the 2018 legislative session and current needs identified through the needs assessment and SAC planning.

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BRIGHT SPOT:
Early Learning Coalition of the Big Bend Region, Child Assessment Implementation and Support

Background:
Through research around Florida’s Early Learning Performance Funding Project, the ELC of the Big Bend Region (ELC-BB) was identified as an exemplar partner organization regarding teacher performance and child outcomes. For the past three implementation years (2015-2018), this ELC has shown significant gains in both ELPFP provider’s CLASS scores, and children’s growth scores, as assessed by Teaching Strategies GOLD.27

The ELC-BB provided supports to help providers understand, utilize, and improve their use of child assessments. Strategies include both child assessment training for providers, as well as continuous practice and support from ELC staff, which allowed providers adequate time to become knowledgeable with the assessment tool, and practice observations and implementation without penalty or pressure of initiative accountability.

Creating a Laboratory of Child Assessment for Provider Understanding
Unique to the ELC-BB was the incorporation of an additional practice observation cycle, with internal monitoring and specific feedback to support the development of practitioners’ observation skills. The ELC-BB created a “lab” in provider’s classrooms to test, understand, and practice the complex TS GOLD assessment tools. By working one-on-one with practitioners to examine and reflect on observational data as a form of practice, ELC-BB provided an additional level of support for practitioners to implement child assessments.

Providing Additional Professional Learning around Quality Observations and Assessments
To support implementation, the ELC-BB provides continuous free training around Teaching Strategies™ tools. Additionally, the ELC-BB chose four specific Early Learning Florida courses for providers: Professionalism in Early Child Education (PACE), Effective Operations in Early Care and Education (EOCENE), Using Observations to Inform Individualized Instruction in Preschool (PKO), and Infant and Toddler Language Development (ITLD). These courses, with content directly aligned to the CLASS and TS-GOLD, provides the opportunity for early childhood teachers to engage in integrated content and implement those strategies with children in their classrooms.

The course content that is aligned to CLASS and TS-GOLD domains produces a definable connection to teachers who understand these tools, use these strategies in their classrooms, and then observe increased child outcomes related to these instructional skills and strategies based on content. For example, teachers who completed the PKO course in conjunction with the Child Assessment Training learned two important conceptual connections: (1) how to use the TS-GOLD assessment tool to identify children’s learning needs effectively, and (2) how to implement instructional strategies to perform quality assessments in their classroom. This content combination provided these teachers the ability to understand not only the importance of this process, but how to use these strategies to increase child outcomes.

SUMMARY OF APPROACH

LONG TERM INDICATOR
▶ Improved readiness for kindergarten
▶ More children on trajectory for healthy development in the early childhood years

PROGRESS INDICATORS
▶ Creating use of unique identifiers to enhance integration
▶ Coordinated developmental screening and referral as needed
▶ Increase utilization of age-appropriate observation-based and direct assessments to inform individualized care and instruction

DATA SOURCES
▶ Kindergarten readiness rates
▶ Early learning coalition data on provider utilization of child assessments and screenings
▶ Data from observation and direct assessment tools

PROCESS FOR TRACKING IMPROVEMENT
▶ OEL/DOE provide quarterly updates on trends to SAC
STRATEGY

Strengthen the System of Screening and Referral for Further Diagnostic Assessment to Determine if There is a Need for Specialized Intervention.

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<th>ACTION STEPS</th>
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<tbody>
<tr>
<td>Convene representatives of behavioral health and mental health services, disability support, and early intervention data to map screening and assessment and identify common data needs.</td>
<td>OEL/DOE</td>
<td>Florida Chapter of the American Academy of Pediatrics (FCAAP), CMS, ELCs, Children's Services Councils</td>
<td>✔</td>
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<tr>
<td>Develop recommendations for process sharing and data sharing to the greatest extent allowable across system support entities.</td>
<td>OEL/DOE</td>
<td>Florida Chapter of the American Academy of Pediatrics (FCAAP), CMS, OEL/Early Learning Coalitions, Children's Services Councils</td>
<td>✔</td>
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<tr>
<td>Enhance data sharing abilities across agencies to unify records across the unique identifier generated by Florida's DOH (via Florida SHOTS) and the unique identifier assigned by DOE for children who are publicly funded in ECE programs. Ensure families have the ability to choose if they would like their child's information shared with other entities and access to child screening and assessment results.</td>
<td>OEL/DOE</td>
<td>DOH, DOE, DCF, MIECHV, Florida Chapter of the American Academy of Pediatrics (FCAAP), CMS, Children's Services Councils</td>
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<tr>
<td>Explore possibility of including ASQ, other screening and assessment data across multiple programs (including Parts B and C and home visiting), and ECE portfolios to support transitions and increase efficiency and effectiveness of screening, referral, and supports delivered.</td>
<td>OEL/DOE</td>
<td>DOH, DOE, DCF, MIECHV, Florida Chapter of the American Academy of Pediatrics (FCAAP), CMS, Children's Services Councils</td>
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<tr>
<td>Identify how to increase information gathered during screenings (e.g., Social Communication Screenings for earlier identification of children who may be on the Autism spectrum or an ACE inventory). Identify how these screenings can strengthen referrals and support to help service providers employ trauma sensitive strategies when interacting with children and their families if warranted.</td>
<td>OEL/DOE</td>
<td>DOH, DOE, DCF, MIECHV, Florida Chapter of the American Academy of Pediatrics (FCAAP), CMS, Children's Services Councils</td>
<td>✔</td>
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### STRATEGY
Expand Access to Developmentally Appropriate Child Assessments Throughout ECE Programs.

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<th>ACTION STEPS</th>
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<tbody>
<tr>
<td>Continue to expand the number of School Readiness Program providers who are using an OEL-approved observation-based child assessment.</td>
<td>OEL/DOE</td>
<td>ELCs; Representative of Provider Associations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Explore usage of a digital Early Care and Education Portfolio in VPK that includes child assessment and screening results that parents can elect to share with their child’s kindergarten teacher to inform more seamless transitions.</td>
<td>OEL/DOE</td>
<td>ELCs; DOE and local school districts</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Explore use of the same direct assessment tool(s) and processes at the beginning and end of VPK and through grade 3 to measure child growth over time. Such tool(s) should be used to inform individualized care and instruction, as well as to help early childhood educators and kindergarten teachers understand the developmental progression of a child. This data may also be used in combination with other data sources to inform accountability, determine program effectiveness, and revise program requirements when necessary.</td>
<td>OEL/DOE</td>
<td>ELCs; DOE and local school districts</td>
<td>✓</td>
<td>✓</td>
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### STRATEGY
Build Capacity to Implement Observational Child Assessments Reliably at Scale.

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<tr>
<td>Invest in the OEL-approved child assessment tool(s), training, and coaching for coalitions to strengthen the reliability of observation-based child assessments performed and increase use of observation results to inform individualized care and instruction, including peer learning sharing best practices across coalitions.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</table>
STRATEGY
Build Capacity to Implement Observational Child Assessments Reliably at Scale.

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</thead>
<tbody>
<tr>
<td>Provide commensurate, appropriate payment differentials to ensure early childhood providers can pay for staff professional development, planning and implementation time.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Stage implementation with sufficient time for the new assessment system to be successful.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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STRATEGY
Strengthen the Ability to Use Data to Inform Ongoing Improvement to the Early Childhood System.

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<th>ACTION STEPS</th>
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<th>KEY PARTNERS</th>
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<tbody>
<tr>
<td>Improve early childhood service delivery through integrating aggregated child assessment results with service delivery data to identify gaps in services and areas of local success.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Rigorously and regularly analyze the results from the child assessment tools to inform ongoing improvement. When possible, use these for predictive purposes.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
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</table>
The science of child development shows that the foundation for sound physical and mental health is built early in life, as early experiences—which include children’s relationships with parents, caregivers, relatives, teachers, and peers—shape the architecture of the developing brain. When children have positive early experiences, they strengthen their biological systems and are more likely to thrive and become healthy adults. Sound childhood health also provides the foundation for building sturdy brain architecture as well as a broad range of skills, particularly related to essential executive functioning and social and emotional skills. Disruptions in early developmental processes can impair a child’s capacity for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children’s environments of relationships and experiences early in life.  

Early mental health challenges and the effects of stress or trauma often show up as behavior problems in young children. Too often young children are just expelled from their ECE program rather than receiving the support they need. Young children are expelled from ECE programs at three times the rate of K-12 expulsions combined, and preschool-aged boys are four times as likely to be expelled as girls are. African American children are expelled almost twice as often as Latino and white children and more than five times as often as Asian American children.  

Unhealthy children too often grow up to be unhealthy adults and poor health and low income go hand in hand, which can be costly to state systems. Thus, promoting children’s health is essential for improving the population’s health.  

Further, collaborative pediatric mental health and primary care is increasingly recognized as optimal for meeting the needs of children with mental health problems. Coordination between medical health, mental health, and ECE professionals is needed to effectively meet the needs of young children. Since these entities are often not co-located, it is challenging for families to receive timely and efficient inter-professional collaboration and communication. Specific strategies and practical tools are needed to support children’s health and mental health effectively.

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30 https://www.brookings.edu/research/the-future-of-children-policies-to-promote-child-health/
CURRENT CONTEXT AND EXISTING RESOURCES

HEALTH

Florida KidCare is the umbrella for the four government health insurance programs – Medicaid (birth-18), MediKids (ages one-four), Florida Healthy Kids (ages 5-18) and the Children’s Medical Services Managed Care Plan (birth to 18 for children with special health care needs) – that together provide a seamless continuum of coverage for Florida children from birth through the end of age 18.

Nearly 2.4 million children are covered by Florida KidCare, representing 62% of Florida’s children. There are currently 325,000 children who are uninsured in Florida. A total of 179,000 children – 57% of uninsured children – are eligible for free or low-cost coverage through Florida KidCare, but are not enrolled. The remaining 146,000 children are eligible for full pay coverages through Florida Healthy Kids or MediKids.

Four partners make up the Florida KidCare program.

▶ FLORIDA HEALTHY KIDS CORPORATION (FHKC):
Administers the Florida Healthy Kids program for children ages 5 through the end of age 18. The Corporation also determines eligibility for the non-Medicaid parts of the program, collects monthly premiums, and manages the customer service call center.

▶ FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA):
Administers Medicaid services and the MediKids program for children ages 1 through 4. The Agency also works with the federal government to make sure the Florida KidCare program follows all federal laws and rules.

▶ FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES (DCF):
Determines eligibility for the Medicaid program and administers the Behavioral Health Network for children ages 5 through the end of age 18 with serious emotional disturbances.

▶ FLORIDA DEPARTMENT OF HEALTH, CHILDREN’S MEDICAL SERVICES (DOH, CMS):
Administers the Children’s Medical Services Managed Care Plan for children with special health care needs from birth through the end of age 18 with a family income of up to 200% of the federal poverty level.

MENTAL HEALTH

Recognizing the importance of developing early executive functioning skills that promote long term social and emotional skills, local ELCs provide support to providers who care for children with behavior challenges. OEL/DOE has also instituted a policy as part of the statewide health and safety regulations to reduce early childhood expulsions. Providers are required to develop and share an expulsion plan. In order to share best practices around expulsion prevention, OEL/DOE developed a website for accessing resources and a training which was completed by over 4,000 educators and stakeholders.

In an effort to continue expanding best practices in expulsion prevention, OEL/DOE partnered with the state’s association of infant mental health to create more intensive training opportunities. Florida Association of Infant Mental Health (FAIMH) is the premier membership association of diverse professionals committed to young children’s mental health, including early education, early intervention, child welfare, mental health, social work, psychology and psychiatry. FAIMH strives to build a community where all children in Florida will be nurtured, emotionally healthy and ready to learn, to develop, and to reach their full potential. FAIMH achieves this by supporting and strengthening the infant and early childhood mental health workforce to better serve the young children and families of Florida together with our local FAIMH Chapters. https://www.faimh.org.
OEL/DOE and the ELCs, as well as many Head Start/Early Head Start grantees, implement the Pyramid model, which is a conceptual framework of evidence-based practices for promoting young children’s healthy social and emotional development to decrease suspensions and expulsions and support the social emotional health and wellbeing of children. Within the last year each of the ELCs have been trained in Pyramid and have at least one trainer to continue to build capacity throughout the state.

OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES

With so many eligible children uninsured, Florida can promote children’s health by creating innovative new outreach and enrollment opportunities through SAC partnerships and increase the number of insured children in the state. FAIMH is actively working to cultivate the skills of professionals who support the mental health of young children by creating a specialized endorsement to Florida: the Florida Infant Mental Health Endorsement (FIMH-E®). This endorsement has been implemented in other states and ensures competencies delivering high quality, culturally sensitive, relationship-focused services for children and families. The tiered endorsement responds to the diverse infant mental health field, with Level 1 applicable to ECE teaching staff through Level 4, which is applicable to licensed clinical mental health professionals, healthcare professionals, system leaders and research experts. Through the partnership with FAIMH, OEL/DOE is coordinating opportunities for ECE coaches to achieve endorsement for achieving capacity to support mental health practices in the ECE environment.
SUMMARY OF APPROACH

LONG TERM INDICATOR
▶ Children have improved physical and mental health

PROGRESS INDICATORS
▶ Increase in number of children enrolled in KidCare
▶ Reduction in children who are uninsured
▶ Increased partnerships between KidCare and other services to expand access
▶ Increased number of children with medical home
▶ Increased number of professionals with Florida Infant Mental Health Endorsement (FIMH-E®)

DATA SOURCES
▶ KidCare enrollment
▶ FAIMH

PROCESS FOR TRACKING IMPROVEMENT
▶ Regular reports to SAC from KidCare, FAIMH

STRATEGY
Increase Health Insurance Access for Eligible Children and Families.

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<th>ACTION STEPS</th>
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<tbody>
<tr>
<td>Develop and implement targeted outreach strategies to families of young children who access services from ELCs, Head Start/Early Head Start, or mental health services to access KidCare.</td>
<td>Florida Healthy Kids Corporation</td>
<td>AHCA, DOH, OEL/DOE, ELCs, FAIMH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Explore opportunities to streamline eligibility for KidCare when children qualify for other services, such as child care/ECE subsidies.</td>
<td>Florida Healthy Kids Corporation</td>
<td>AHCA, DOH, OEL/DOE, ELCs, FAIMH</td>
<td>✓</td>
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<tr>
<td>Pilot implementation of KidCare eligibility determination as part of accessing other services.</td>
<td>Florida Healthy Kids Corporation</td>
<td>AHCA, DOH, OEL/DOE, ELCs, FAIMH</td>
<td>✓</td>
<td>✓</td>
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### STRATEGY

Increase Health Literacy to Help Families Obtain and Understand Information and Services to Make Physical and Mental Health Decisions for their Child.

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<th>ACTION STEPS</th>
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<tbody>
<tr>
<td>Develop public awareness (general) and messaging campaign (targeted in relevant locations) to increase health literacy and support families in need of evaluation or referral for services (physical or mental/behavioral health).</td>
<td>DOH</td>
<td>Florida Chapter of the American Academy of Pediatrics (FCAAP), CMS, Healthy Start Coalitions, FAIMH, HMG</td>
<td>✓</td>
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<tr>
<td>Implement targeted messaging across staff who interact with families with children, especially in support of children who need further evaluation, referral support or services because of a special physical or mental health needs.</td>
<td>DOH</td>
<td>FCAAP, CMS, Healthy Start Coalitions, FAIMH, HMG</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Launch public campaign to support key partner agencies in their standard operating procedures.</td>
<td>DOH</td>
<td>FCAAP, CMS, Healthy Start Coalitions, FAIMH, HMG</td>
<td>✓</td>
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### STRATEGY

Increase Use of the Medical Home Delivery Model to Facilitate Coordinated Outreach Among Physical and Mental Health Care Providers and Families.

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<tbody>
<tr>
<td>Ensure more children have medical homes by connecting with families at birthing hospitals; targeted strategies needed in dense urban and remote rural communities.</td>
<td>DOH</td>
<td>FCAAP and other key health partner practices and agencies (e.g. pediatricians, federally qualified health clinics (FQHCs)</td>
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<tr>
<td>Key partners and agencies assess and work to eliminate common barriers including access to transportation.</td>
<td>DOH</td>
<td>FCAAP, CMS</td>
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### STRATEGY
Increase ECE and Healthcare Professionals’ Knowledge and Skills Supporting Infant and Early Childhood Mental Health.

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<tbody>
<tr>
<td>Increase the number of professionals with the Florida Infant Mental Health Endorsement (FIMH-E®) – a tiered endorsement that ensures competencies delivering high quality, culturally sensitive, relationship-focused services for children and families.</td>
<td>Florida Association of Infant Mental Health (FAIMH) with OEL/DOE support</td>
<td>OEL/DOE, DCF, CMS, ELCs, mental health partners</td>
<td>✓</td>
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<tr>
<td>Develop training capacity to ensure key early childhood service staff are prepared to earn the FIMH-E®</td>
<td>FAIMH with OEL/DOE support</td>
<td>OEL/DOE, DCF, CMS, ELCs, mental health partners</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Implement FIMH-E® statewide.</td>
<td>FAIMH with OEL/DOE support</td>
<td>OEL/DOE, DCF, CMS, ELCs, mental health partners</td>
<td>✓</td>
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</tr>
<tr>
<td>Integrate FIMH-E® into career pathways for professionals in the early childhood service delivery system, so that it is clear how this endorsement complements both informal and formal education and training.</td>
<td>OEL/DOE, DCF, CMS</td>
<td>FAIMH</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Provide incentives to obtaining the FIMH-E® such as increased reimbursement for ECE programs (that have a certain percentage of teaching staff endorsed), and increased reimbursement for licensed mental health providers (through private or public insurance) who are endorsed.</td>
<td>OEL/DOE, DCF, CMS</td>
<td>FAIMH</td>
<td></td>
<td>✓</td>
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### STRATEGY
Expand Use of the Pyramid Model in ECE Programs Statewide.

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</thead>
<tbody>
<tr>
<td>Pyramid Model trainers train local ELC staff statewide to support implementation of Pyramid Model in licensed and subsidized ECE programs.</td>
<td>OEL/DOE</td>
<td>Universities, Pyramid partners, ELCs</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Provide training on the Model, on how to implement in ECE programs with the full system of support including staff training, coaching and evaluation.</td>
<td>OEL/DOE</td>
<td>ELCs</td>
<td>✓</td>
<td>✓</td>
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</table>
Research is clear that poverty is the single greatest threat to children’s development and overall well-being. Poverty greatly impedes children’s ability to learn and contributes to social, emotional, and behavioral problems. Poverty can also contribute to poor physical and mental health. Children’s development is directly linked to economic stabilization and the path to self-sufficiency for families.

While accessing social services can provide needed financial supports for households, in many instances income eligibility requirements force parents to choose between wage increases and the critical needs of their children, such as children’s health insurance and ECE. This can result in structural barriers for families in poverty with young children to achieve economic self-sufficiency. As income increases, many families often lose eligibility for services that have direct impact on their children’s development and overall economic security.

Aligning social services with intentionality to better support positive outcomes for children and families in tandem is referred to as two-generational strategies, or “2gen.” The 2gen framework creates a structure and process for supporting children’s development within the context of their family. More effective policy and system solutions that would strengthen supports and resources for children and families in poverty involve the integration of work-based strategies with services that support children’s development. Considerations should include social services that impact the overall household budget, such as access to supports for food and housing. Extending eligibility policies to allow for graduated phase outs of critical social services—whereby increases in income require increased investment in services by families without a complete loss of funding supports—provide strategies for improved child outcomes and family economic security. These strategies can incentivize families to transition to economic self-sufficiency by eliminating the fiscal cliff that ties increases in wages to the loss of social services including crucial health and ECE services where termination can compromise children’s development. The 2gen approach provides a framework for reducing government dependency and spending, while improving the outcomes of children and families.  

CURRENT CONTEXT AND EXISTING RESOURCES

In Florida, approximately 50% of infants are born eligible for Medicaid and more than 250,000 children age 5 and younger live in poverty. Overall, approximately 45% of children in Florida are from low-income households with parents who work. Changes to the basic cost of living in Florida over the last decade provide context for the need to reassess current income eligibility requirements for social services as it relates to families with young children in poverty. The cost of basic household expenses has increased steadily in every county in Florida in the last decade. The average budget for basic necessities increased by 19 percent, more than the national rate of inflation of 14 percent in the last ten years. In 2016, the average annual Household Survival Budget for a Florida family of four (two adults with one infant and one preschooler) was $55,164 as compared to $20,712 for a single adult. The Household Survival Budget reflects the bare-minimum cost to live and work in the modern economy and includes: housing, ECE, food, transportation, health care, technology, and taxes.

Families working toward economic self-sufficiency are financially challenged by the system of policies designed to assist them. Known as “cliff effects,” low-income families face considerable challenges to increase their wages and build assets, particularly when an increase in income disqualifies the household from continued access to programs that support healthy development of children and creates a net financial loss.

This means there is both need and opportunity to simultaneously think about current social service policies through the lens of child development and economic self-sufficiency to increase child and family outcomes.

OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES

Fiscal and policy analysis is needed to determine where eligibility phase outs occur and how to lessen the cliffs that families can experience as they move to economic self-sufficiency. The PDG B-5 presents exciting new opportunities to develop cross-sector partnerships that focus on supporting not only the needs of young children, but their families as well. Combined with partnerships with the business community, 2gen policy improvement is better positioned to be designed and implemented.

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32 The Florida Legislature Office of Economic and Demographic Research (2016) http://edr.state.fl.us/Content/presentations/social-services/PovertyDemographicsPresentation.pdf
BRIGHT SPOT: Palm Beach County, Comprehensive Systems of Care to Connect Services to Families

Background:

The Children’s Services Council (CSC) of Palm Beach County has developed a system-based service delivery model that blends local, state and federal funding to operate the Early Childhood System of Care, made up of interconnected, continuous, efficient, and accountable prevention and early intervention programs and services for children and families.37 When asked what makes this coordination of services and programs effective, a member of the Palm Beach CSC stated, “It’s the balance of creating a single point of entry and no wrong door. So from the funding we have, we create priorities: helping infants and toddlers, helping families with younger children, age birth through five, and their older siblings.”

With an annual investment of $29 million dollars, the CSC is able to support approximately 37% of the county’s low-income working families.

Due to this funding limitation, the CSC prioritizes investments on every level of the ECE system to create more access to quality, and produce strong families: individual child and family services, quality ECE services, and community/neighborhood-based programs and sub-systems. To be effective, the Council’s programs, services, and interventions are part of a comprehensive “whole,” which form a continuum of services that successively build on one another. At its core, the Early Childhood System of Care consists of the BRIDGES, a neighborhood-based initiative and two linked “sub-systems:” 1) the Healthy Beginnings System, and 2) the Strong Minds Network.

BRIDGES (Children’s Home Society of Florida; Housing Partnership, Inc.)

Unique among neighborhood centers, Bridges are intentionally focused on building parent and community capacity in high-risk areas to ensure that young children are equipped to succeed. These centers are located in the ten most disadvantaged communities in the county, and serve families and their children all the way up to age 8. Each site fulfills five core functions: outreach, engagement, navigation, service coordination, and development of partnerships and strategic alliances. Each site has a full-time parenting coach trained in the evidence-based Triple P- Positive Parenting Program and dedicated child development staff. Families who participate are referred to as members, and staff seek to promote family self-efficacy, rather than dependency, at every turn. As the relationship develops and members build capacity, they are encouraged to support other members, reach out to neighbors, and volunteer in some way to build a community of support for families with young children.

Healthy Beginnings.

The Healthy Beginnings System is a coordinated array of voluntary services for prenatal and postnatal women and for families with children from birth through five. Multiple agencies deliver services and interventions which are strategically aligned within HB, so that they work together as a single program to deliver integrated and sometimes successive services. According to CSC members, “The Healthy Beginnings and Early Steps programs, through the coordination of assessments, make sure families have a medical home, and are working with families to understand areas of concern.”

Strong Minds.

Strong Minds is an ECE network designed to increase high quality early learning programs for children at greatest risk of school failure. The network provides resources and supports to improve children’s school readiness through stronger teacher-child relationships; provide more children with access to quality care through Council-funded scholarships; and connects families to the overarching early childhood system of care.

More information on the Palm Beach County Early Childhood System of Care can be accessed at: https://www.cscpbc.org/howwework
SUMMARY OF APPROACH

LONG TERM INDICATOR
▶ Increased upward mobility of families and healthy development of young children

PROGRESS INDICATORS
▶ Increased availability of services that promote child outcomes and economic self-sufficiency for families
▶ Improved policies to that have aligned, gradual phases outs to reduce fiscal cliffs for families

DATA SOURCES
▶ Data from social services utilization
▶ Feedback from families

PROCESS FOR TRACKING IMPROVEMENT
▶ Regular reports to SAC on family economic self-sufficiency for families with young children; improvement of policies that reduce fiscal cliffs
**STRATEGY**


<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and analyze current federal and state financial eligibility criteria, to include initial eligibility requirements, criteria for ineligibility and termination of services, length of eligibility, and state and federal cost share for services.</td>
<td>OEL/DOE with SAC agency support</td>
<td>AHCA, DCF, DOH, DOE, DEO, DOR staff members</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify strategies to increase utilization of services and work-based solutions that align with upward mobility for families in poverty with young children.</td>
<td>OEL/DOE with SAC agency support</td>
<td>AHCA, DCF, DOH, DOE, DEO, DOR staff members</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Develop comprehensive, graduated phase-outs across social services to mitigate fiscal cliffs, improve the likelihood of economic security for families in poverty with young children, and improve child outcomes.</td>
<td>OEL/DOE with SAC agency support</td>
<td>AHCA, DCF, DOH, DOE, DEO, DOR staff members</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

**STRATEGY**

Develop a Tool with an Objective Set of Criteria to Assess Prospective Policy Changes Through a 2gen Lens.

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify objective criteria, using characteristics of the work around Adverse Childhood Experiences (ACEs), to assess the impact of potential policy changes on children's development and develop protocols for assessing impact on economic self-sufficiency for parents.</td>
<td>OEL/DOE</td>
<td>SAC members</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a format for briefs and reports to educate external partners on the impact of policy considerations through a 2gen lens.</td>
<td>OEL/DOE</td>
<td>SAC members</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Create the tool and process for state leadership (e.g. state agencies, legislature, State Advisory Council, Children and Youth Cabinet) to incorporate a 2gen perspective when analyzing potential policy changes for positive or negative impact on families in poverty with young children.</td>
<td>OEL/DOE</td>
<td>SAC members</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
**STRATEGY**
Engage Business, State, and Community Leadership on Pathways to Prosperity.

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate and systematically share results of PDG efforts and related</td>
<td>DOE</td>
<td>FL Chamber</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>business-led efforts of the Florida Chamber’s research and identification</td>
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<tr>
<td>of the 10 interrelated root causes that differentially impact the potential</td>
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<tr>
<td>path to prosperity: jobs, education, transportation, housing, health &amp;</td>
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<td></td>
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<tr>
<td>wellness, food security, child &amp; family care, justice, safety, and community</td>
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<td>agency/ability to advocate for itself.</td>
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</tr>
<tr>
<td>Assess the United Way's Asset Limited, Income Constrained, Employed (ALICE)</td>
<td>OEL/DOE with</td>
<td>AHCA, DCF, DOH, DOE, DEO,</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>data and findings to understand the needs of families that are just above</td>
<td>SAC agency</td>
<td>DOR staff members</td>
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<tr>
<td>the income threshold for social services, but are at risk for not earning</td>
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<tr>
<td>enough to afford basic necessities to use as a guidepost for determining how</td>
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<tr>
<td>social service policy recommendations effect Florida's families.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop strategies to utilize consistent definitions and messaging across</td>
<td>OEL/DOE with</td>
<td>AHCA, DCF, DOH, DOE, DEO,</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2gen sector partners to educate stakeholders, policymakers (e.g., local</td>
<td>SAC agency</td>
<td>DOR staff members</td>
<td></td>
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<tr>
<td>leadership, executive branch, legislative members, and congress) and the</td>
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<tr>
<td>public on policy opportunities, barriers, and the importance of applying a</td>
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<tr>
<td>2gen framework to Florida's social service system.</td>
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</tbody>
</table>
A critical component of an integrated and comprehensive system that supports families and young children is an integrated data system that contains information from all relevant child and family serving organizations and agencies. Integrated data systems provide the data necessary for state policymakers and local implementers to determine the extent to which young children and their families have access to, participate in, and benefit from available supports that promote positive health, social, and developmental outcomes for children and their families. Integrated data systems also support the development of data driven approaches to improved program development.

Technological advances paired with a more data-driven public have prompted state and national organizations to embark on the process of developing integrated data and information systems. Administrative data systems contain population level information describing the characteristics and services of all individuals who have participated in programs. Describing population characteristics and impact of service provides distinct advantages over sample driven research. The primary advantage to using administrative data to assess the extent to which a program or larger system is functioning is that it identifies and describes the heterogeneity in service access, participation, and impact.

A comprehensive early childhood data system should include data from the following systems:

- Early Care and Education Systems (School Readiness, VPK, Early Head Start, Head Start, Migrant Head Start)
- Child Protection System (Child Protective Services, Foster Care/Adoptive Services)
- Economic Assistance (TANF, SNAP, WIC)
- Employment Support System (Employment and Re-employment Assistance)
- Health Care (Vital Statistics, Healthy Start, Newborn Screening, Medicaid, CHIP, Hospital visits)
- Support for Children with Disabilities/Developmental Delays (Early Steps (IDEA Part C, FL Department of Education Accessibility Programs (IDEA Part B 619)
The OEL/DOE, through partnership with the University of Florida Anita Zucker Center for Excellence (Anita Zucker Center) has established the foundation for integrating early childhood data through the Florida Early Care and Education Needs Assessment (ECENA) data dashboard. This integrated data system already includes data from the Florida Department of Health, the Agency for Health Care Administration, the Florida Department of Education, the American Community Survey from the US Census Bureau, and the Environmental Sciences Research Institute. These data are reported through ECENA via 46 metrics to provide a high-level look at Florida's early childhood socio-demographic characteristics, health and safety risk factors, and educational attainment. The metrics are aggregated to the zip code, county, ELC and state levels. While the ECENA data portal has served as a good resource for state and local stakeholders and policy makers to learn about certain demographics and services, the data are limited in that each indicator is aggregated, and children and families are not linked across data system.

Building on the success of ECENA, a research team from the Anita Zucker Center has collaborated with the OEL/DOE, as well as five ELCs to develop the Florida Index of Child Care Access (FLICCA), a measure of the extent to which families access quality ECE (selection) and a measure of the supply of quality ECE (infrastructure). When combined, these measures report the extent to which families enroll their children in quality services within the context of available supply of services. The initial pilot of the FLICCA analytics was positively received by the five pilot ELCs, the results were used to guide targeted interventions within each of the ELCs. Examples of the targeted interventions implemented among the pilot group to support increased access to quality services include selecting programs to participate in coaching to support improved interactions among teachers and children, targeting areas within the community to offer scholarships for college coursework, and direct recruitment by ELCs to incent high quality providers to participate in School Readiness.

Since receiving the Preschool Development Grant Birth-Five, the Anita Zucker Center and OEL/DOE began the development of a new Early Childhood Data Repository to include child level information from each of the state and federally sponsored programs that provide services that support family self-sufficiency and positive child developmental outcomes. Once data sharing agreements have been completed and the necessary data have been included, the research team from the Anita Zucker Center will provide distinct counts of children and families represented within each of the service programs, and then link client records across service system to provide distinct counts of children within different profiles of services. This count of children within service profiles will enable the key stakeholders to understand the extent to which children and families are enrolled in multiple services, the types of services profiles that are common and the extent to which different service profiles relate to differential child and family outcomes. Due to the nature of the data set that is being constructed, the research team will be positioned to not only look at statewide trends, but will also examine how access, participation, and impact of services vary by location, elementary school attendance zones, and over time. This more refined approach to data analysis will provide the information necessary to direct targeted interventions throughout the early childhood system to address barriers to access and participation, resulting in more robust positive outcomes for children and families. Each of the following agencies and organizations have committed to sharing relevant child and family demographic and service information to be included in the Early Childhood Data Repository.
<table>
<thead>
<tr>
<th>FLORIDA DATA PARTNER</th>
<th>Data Sharing Agreement Status (as of September 15, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Florida Office of Early Learning</td>
<td>Fully Executed</td>
</tr>
<tr>
<td>a. Florida School Readiness Program</td>
<td></td>
</tr>
<tr>
<td>b. Florida Voluntary Pre-K Program</td>
<td></td>
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<tr>
<td>2. Florida Department of Education (DOE)</td>
<td>Under Negotiation</td>
</tr>
<tr>
<td>a. Kindergarten Readiness</td>
<td></td>
</tr>
<tr>
<td>b. Special Education Services</td>
<td></td>
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<tr>
<td>c. Temporary Assistance for Needy Families</td>
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<tr>
<td>d. Supplemental Nutrition Assistance Program</td>
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<tr>
<td>e. Homelessness Assistance</td>
<td></td>
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<tr>
<td>3. Florida Head Start Association (FHSA)</td>
<td>Under Negotiation</td>
</tr>
<tr>
<td>a. Head Start Enrollment</td>
<td></td>
</tr>
<tr>
<td>b. Early Head Start Enrollment</td>
<td></td>
</tr>
<tr>
<td>c. Migrant Head Start Enrollment</td>
<td></td>
</tr>
<tr>
<td>d. Program Identified need for social support</td>
<td></td>
</tr>
<tr>
<td>e. Program facilitated connection to social support</td>
<td></td>
</tr>
<tr>
<td>4. Department of Children and Families (DCF) – provider</td>
<td>N/A – publicly available</td>
</tr>
<tr>
<td>a. Child Care program location, capacity, quality designation,</td>
<td></td>
</tr>
<tr>
<td>designation as School Readiness provider, VPK provider</td>
<td></td>
</tr>
<tr>
<td>5. Department of Children and Families (DCF) – child</td>
<td>Fully Executed</td>
</tr>
<tr>
<td>a. Child Protective Services</td>
<td></td>
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<tr>
<td>b. Foster Care</td>
<td></td>
</tr>
<tr>
<td>6. Department of Children and Families (DCF)</td>
<td>Routing for Signature</td>
</tr>
<tr>
<td>a. Substance Abuse and Mental Health</td>
<td></td>
</tr>
<tr>
<td>a. Record of Birth</td>
<td></td>
</tr>
<tr>
<td>b. Location</td>
<td></td>
</tr>
<tr>
<td>c. Birth Health Status</td>
<td></td>
</tr>
<tr>
<td>d. Parent demographics</td>
<td></td>
</tr>
<tr>
<td>8. Florida Department of Health (DOH) – Early Steps</td>
<td>Draft</td>
</tr>
<tr>
<td>a. Eligibility designation</td>
<td></td>
</tr>
<tr>
<td>b. Program enrollment</td>
<td></td>
</tr>
<tr>
<td>c. Service type</td>
<td></td>
</tr>
<tr>
<td>d. Transition</td>
<td></td>
</tr>
<tr>
<td>9. Florida Agency for Health Care Administration</td>
<td>Fully Executed</td>
</tr>
<tr>
<td>a. Health Status Indicators</td>
<td></td>
</tr>
<tr>
<td>10. The Florida Center</td>
<td>Fully Executed</td>
</tr>
<tr>
<td>a. Hospital visits</td>
<td></td>
</tr>
<tr>
<td>11. Individual Head Start grantees</td>
<td>Under Negotiation</td>
</tr>
<tr>
<td>a. TBD</td>
<td></td>
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</tbody>
</table>
In addition to ECENA, Florida is also expanding its ability to support the needs of young children through the use of unique identifiers (UI). Through the Florida DOE, each child is assigned a UI at the time of kindergarten entry. DOE has recently created the ability for younger children to be assigned this UI; children enrolled in VPK are assigned a UI; this process will be in place for SR beginning in 2019. With strict privacy protocols in place to safeguard data, this will allow OEL/DOE to better understand an unduplicated count among children receiving public services, children with underserved needs, children’s movement among ECE programs and into secondary education settings, and factors that impact children’s early learning participation, such as expulsion, inclusion limitations, and limited dual language learning environments.

**OPPORTUNITIES TO STRENGTHEN SERVICES FOR CHILDREN AND FAMILIES**

The existing data capacity provides significant power to identify the needs of children at a local level, and therefore better direct resources and supports to address these needs. By creating new MOUs and data sharing capacity, Florida can even more effectively identify and address needs through data-driven decision making.
BRIGHT SPOT:
Broward County Integrated Data System

Background:

With a strong track record of collaboration, community leaders in Broward County set an ambitious goal of creating an integrated data system. The starting line included data sharing memoranda of understanding (MOU), robust research partners, and a common vision for data-driven decision making. With these resources, the Children’s Services Council of Broward has worked to develop an Integrated Data System that captures data from a number of different agencies across the county and state. This data will be used more systematically to track long-term and cross-system outcomes, and will be linked for the following three purposes: 1) individual case planning and decision-making; 2) law, policy and program development; and 3) performance measurement, program evaluation and research (Center for Juvenile Justice, 2015). The overarching goal is to strengthen services by reducing manual data collection, increasing accuracy, and managing secure access to data for administrative and case management purposes.38

To design the system with national best practices, the CSC applied for and received an 18-month technical assistance grant from the University of Pennsylvania’s Actionable Institute for Social Policy — the leader in supporting states, counties, and municipalities — in creating integrated data systems for education and human services. Since 2016, the CSC of Broward has partnered with the Florida Children and Youth Cabinet’s Technology Workgroup to work through the technological and legal platforms necessary in order to locally integrate data across state databases.

The Complexity of Data Integration – A Road Map for State System Efforts

The process and progress of designing and working toward an integrated data system in Broward is instructive for the state system work of reducing barriers and easing navigation of services for families. While this system was built for best practice use, CSC members shared some of the hurdles encountered within the Broward ECE system:

We are currently working on implementing an inter-agency data sharing agreement, with Child Welfare, Broward School District, Department of Juvenile Justice, Department of Child and families, the Broward Early Learning Coalition, our CSC, and Career Source...so everyone can begin to use the data system. But we currently can’t interface with state level data systems. That piece is not functional. We are data sharing manually with BCPS and CSC, especially related investment in special needs. With the ELC, our biggest challenges are data sharing agreements...we have lots of data, we can’t share it.

Understanding the steps taken within this community, as well as the obstacles and successes, provides a roadmap for the state system efforts. When asked about the perfect ECE data system, an IT manager responded, “It’s the system we set up, where every request for use of data goes through automated process, is approved and there is a governing board to understand findings and results, it’s getting info in the right hands to the right people. And we built this data system using a racial equity lens with community participatory research. As co-researchers, partners provided the lived experience and lived story.”

More information about the Broward Data Collaborative is available at: https://www.cscbroward.org/community-builders/committee/data-and-research

38 The Children’s Services Council of Broward County (2016). Broward Data Collaboration Description.
SUMMARY OF APPROACH

LONG TERM INDICATOR

- Family needs better met through data-driven decision making

PROGRESS INDICATORS

- Increased data sharing within ECENA through MOUs
- Increased data integration and analysis ability
- Increased utilization of ECENA to inform decision making

DATA SOURCES

- ECENA
- Report from SAC members and partners

PROCESS FOR TRACKING IMPROVEMENT

- Regular reports to SAC on data sharing abilities, improved analysis capabilities, ECENA usage
## STRATEGY

### Improve Data System Coordination.

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build on the existing statewide needs assessment portal to enable better assessment of needs, access and quality of services to inform data-driven policy solutions.</td>
<td>OEL/DOE</td>
<td>UF Anita Zucker Center</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Facilitate the ongoing development of data sharing agreements to integrate and analyze data from entities that provide services and supports to children and families.</td>
<td>OEL/DOE</td>
<td>SAC, UF Anita Zucker Center</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Develop technology to construct distinct counts of children accessing publicly funded programs that support young children and their families.</td>
<td>OEL/DOE</td>
<td>UF Anita Zucker Center</td>
<td>✓</td>
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</tr>
</tbody>
</table>

## STRATEGY


<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>LEAD</th>
<th>KEY PARTNERS</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish ability to document capacity and quality of services within communities throughout the state and expand understanding of access and underserved communities and populations</td>
<td>OEL/DOE</td>
<td>UF Anita Zucker Center</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and conduct analysis of statewide access to quality early childhood programs and services across sectors.</td>
<td>OEL/DOE</td>
<td>UF Anita Zucker Center</td>
<td>✓</td>
<td></td>
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</tr>
<tr>
<td>Create a process and structure that facilitates analysis of needs assessment data to change the practice of decision making from prediction-based to directly data informed.</td>
<td>OEL/DOE</td>
<td>SAC, UF Anita Zucker Center</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
2GEN: TWO GENERATIONAL APPROACHES
2gen approaches support children's development within the context of their family, or across two generations and involve the integration of work-based strategies with services that support children's development.

ACES: ADVERSE CHILDHOOD EXPERIENCES
ACEs is the term used to describe all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes.

AHCA: AGENCY FOR HEALTH CARE ADMINISTRATION
As part of a much larger mission, for the purposes of this plan AHCA serves as the director of Medicaid and Children’s Health Insurance Program and coordinates services with Florida Kidcare, which serves as the umbrella organization for the four government-sponsored health insurance programs—Medicaid, MediKids, Florida Healthy Kids, and the Children’s Medical Services Managed Care Plan.

ALICE: ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED
ALICE is a national project administered by the United Way to quantify and describe the number of households that are struggling financially. It is an alternative measure to the outdated Federal Poverty Level, which grossly underestimates the number of struggling families.

APD: AGENCY FOR PERSONS WITH DISABILITIES
APD assists people who have developmental disabilities and their families and provides assistance with identifying the needs of people with developmental disabilities for supports and services.

CCR&R: CHILD CARE RESOURCE AND REFERRAL
CCR&R services provide consumer education to families to help them select high-quality early care and education programs, as well as find information on other available community services as needed.

CLASS: CLASSROOM ASSESSMENT SCORING SYSTEM®
CLASS is an observation tool developed as an objective way to measure and improve teacher-child interactions. Over 150 research studies show that children in classrooms with higher CLASS scores have better social, emotional, and academic outcomes. Teachstone LLC., which provides professional development and other supports for CLASS implementation, has training and coaching programs to prepare organizations to measure and improve child-teacher interactions.

CSC: CHILDREN’S SERVICES COUNCILS
CSCs are established through a county-based ballot initiative to help fund organizations that serve children and families in the county where it exists. Each CSC is a local dedicated funding source committed to research-based programs that impact child and family outcomes with priorities defined by the community’s needs. Florida is the only state in the nation with laws that allow local county leaders and the residents of those counties to create a special government entity with the sole purpose of investing in the well-being of children and families.
DOE: DEPARTMENT OF EDUCATION
As part of a much larger mission, DOE, through the Office of Early Learning (OEL), administers the state’s School Readiness child care/ECE tuition subsidy program designed to support families and prepare children at greatest risk of school failure for kindergarten and early grade success; the Voluntary Prekindergarten Education Program (VPK), a universal program available to every four year-old to support increased kindergarten readiness and early grade success; the Head Start State Collaboration Office, (see below), Part B of IDEA, which provides services for children ages three to five with developmental delays and disabilities.

DCF: DEPARTMENT OF CHILDREN AND FAMILIES
As part of a much larger mission, for the focus of this plan DCF offers Temporary Assistance for Needy Families (TANF) or Temporary Cash Assistance (TCA), which provides funding to families with children that meet the technical, income and asset requirements; Supplemental Nutrition Assistance Program (SNAP), which provides funding supplements for low-income families to purchase healthy foods; and child welfare, which works to ensure the safety and wellbeing of children at risk of abuse and neglect. DCF also administers child care licensing and regulation, setting and verifying that early care and education programs meet minimum health and safety requirements to be legally operating.

DOH: DEPARTMENT OF HEALTH
As part of a much larger mission, for the focus of this plan DOH, through Children’s Medical Services, administers Early Steps (IDEA Part C services), providing infants and toddlers with developmental delays and disabilities with early intervention. Additionally, through the Bureau of Child Care Food Programs, DOH administers the Child and Adult Care Food Program (CACFP), a federally funded program through the U.S. Department of Agriculture that provides reimbursement for nutritious meals and snacks served to children in early care and education settings.39

ECE: EARLY CARE AND EDUCATION
ECE is used for the early learning and child development services families’ access through centers, family child care homes, Voluntary Prekindergarten Education Program (VPK), and school-based programs to support the development and learning of children birth through age five.

ELCs: EARLY LEARNING COALITIONS
ELCs provide regional administration of ECE services and quality systems. These include early learning/child care School Readiness required quality supports and subsidies to help offset the costs of ECE services for families with children at risk of school failure, enrollment and administration of the state’s Voluntary Prekindergarten Program for all 4 year-olds throughout the state. There are 30 ELCs throughout Florida that administer services for a single or multi-county region, plus RCMA which provides these services to migrant families throughout the state.

ECCS: EARLY CHILDHOOD COMPREHENSIVE SYSTEMS
ECCS partnerships have been funded by the federal Maternal Child Health Bureau since 2003 to develop seamless systems of care for children from birth to kindergarten entry among interrelated and interdependent agencies/organizations representing physical and mental health, social services, families and caregivers, and early childhood education.

ECENA: EARLY CARE AND EDUCATION NEEDS ASSESSMENT DATA PORTAL
Florida created ECENA to ensure ongoing needs assessment capacity. ECENA includes 46 metrics of young children’s health and well-being and is regularly updated through cross-sector data imports from each of the state agencies that collect data on young children and their families. ECENA provides innovative data tools to assess needs and inform local, regional, and state level decision-making.

39 Note: the adult component of the program is administered through the Florida Department of Elder Affairs.
- **EHS: EARLY HEAD START**
  EHS is a program of the United States Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income and other vulnerable children age birth to 3 and their families and also serves low-income pregnant women. EHS is administered through local grantees with direct federal funding.

- **FAIMH: FLORIDA ASSOCIATION FOR INFANT MENTAL HEALTH**
  FAIMH is the premier membership association of diverse professionals committed to young children’s mental health, including early education, early intervention, child welfare, mental health, social work, psychology and psychiatry.

- **FIMH-E: FLORIDA INFANT MENTAL HEALTH ENDORSEMENT**
  A tiered endorsement that ensures competencies delivering high quality, culturally sensitive, relationship-focused services for children and families.

- **FLICCA: FLORIDA INDEX OF CHILD CARE ACCESS**
  FLICCA is a measure of the extent to which families access quality early care and education (selection) and a measure of the supply of quality ECE (infrastructure). When combined, these measures report the extent to which families enroll their children in quality services within the context of available supply of services.

- **HIPPY: HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS**
  HIPPY is an evidence-based home visiting program that supports parents in their critical role as their child’s first and most important teacher.

- **HMG: HELP ME GROW**
  HMG strengthens connections between children and families and community-based developmental and behavioral services. HMG provides specialized referrals according to research-based protocols and helps to meet the needs of families with more complicated needs.

- **HS: HEAD START**
  HS is a program of the United States Department of Health and Human Services that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income and other vulnerable children age 3-5 and their families. Head Start is administered through local grantees with direct federal funding.

- **HSSCO: HEAD START STATE COLLABORATION OFFICE**
  HSSCO is a federally funded office within OEL/DOE with the specific purpose of supporting and improving collaboration between Head Start and other providers of educational, medical, and social services in Florida.

- **MIECHV: THE MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING INITIATIVE**
  MIECHV is the largest federal investment in home visiting. MIECHV funding is implemented by the Association of Healthy Start Coalitions, which serves as a coordinating entity for the state’s home visiting services to connect families with the home-based parent education programs that will best meet their needs, including Healthy Start, Parents as Teachers, Nurse-Family Partnership, Healthy Families, and Home Instruction for Parents of Preschool Youngsters (HIPPY).

- **MMCI: MAKING THE MOST OF CLASSROOM INTERACTIONS**
  MMCI, now called CLASS® Group Coaching, is a multisession group coaching program that teaches infant, toddler and prekindergarten educators about the Classroom Assessment Scoring System® (CLASS®), how to notice effective teacher-child interactions, and how to use these interactions in their own classrooms.
PDI: PROFESSIONAL DEVELOPMENT INITIATIVE
The Professional Development Initiative (PDI) has developed broad partnerships to create a robust professional development (PD) system in Florida, including core competencies, career pathways, articulation, wage and compensation supports, and quality assurance standards for PD. Florida widely implements the Teacher Education and Compensation Helps Program (T.E.A.C.H.) through the Children's Forum and a network of higher education institutions throughout the state. OEL/DOE has developed an innovative public-private partnership with the University of Florida's Lastinger Center, which has engaged foundations and other partners to build and implement a statewide PD delivery system called Early Learning Florida.

RCMA: REDLANDS CHRISTIAN MIGRANT ASSOCIATION
RCMA provides ECE services for young children and migrant families throughout the state of Florida, to include Head Start, Early Head Start, Migrant and Seasonal Head Start, and Child Care Partnership programs, as well the School Readiness services for migrant families and their children.

SAC: STATE ADVISORY COUNCIL
The PDG B-5 SAC is comprised of key leaders from every sector that implement services for young children: Florida Chapter of the Academy of Pediatrics, Agency for Health Care Administration, Agency for Persons with Disabilities, Association for Child Care Management, Florida Association for the Education of Young Children, Association of Early Learning Coalitions, Association of Healthy Start Coalition, Association for Infant and Mental Health, Children's Services Councils, Department of Children and Families, Department of Education, Department of Health, Executive Office of the Governor, Head Start State Collaboration Office, and the Office of Early Learning at the Department of Education.

SR: SCHOOL READINESS PROGRAM
The School Readiness Program provides child care subsidies to help offset the cost of ECE services for families with children at risk of school failure as well as quality supports for providers.

SNAP: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
SNAP provides nutrition benefits to supplement the food budget of low-income families so they can purchase healthy food and move towards self-sufficiency. The Federal government funds SNAP; in Florida it is administered by the Department of Children and Families.

TANF: TEMPORARY ASSISTANCE FOR NEEDY FAMILIES
TANF assists families with children when the parents or other responsible relatives cannot provide for the family's basic needs for specific time limits. The Federal government funds TANF; in Florida it is administered by the Department of Children and Families.

TEACH: TEACHER EDUCATION AND COMPENSATION HELPS EARLY CHILDHOOD®
T.E.A.C.H. is a national strategy to address the need for a well-qualified, fairly compensated and stable workforce. T.E.A.C.H. provides a cost-sharing scholarship model between the scholarship program, individual, and the program direction.

UF: UNIVERSITY OF FLORIDA
Two entities within UF serve as close partners to OEL on multiple projects. The University of Florida Lastinger Center for Learning administers Early Learning Florida and numerous other early childhood system projects, including supporting the development of the SAC's Early Childhood Strategic Plan. The Anita Zucker Center for Excellence in Early Childhood Studies, in partnership with the Family Data Center, administers the Early Childhood Education Needs Assessment Portal and FLICCA and completed the statewide needs assessment.
UI: UNIQUE IDENTIFIER
A unique identifier is a number or code assigned to students enrolled in public schools that allow state education agencies, districts, schools, collegiate institutions, researchers, and others to monitor, track, organize, and transfer records more efficiently and reliably. One of the primary advantages of a UI is that it’s used in place of a student’s name or other personal information that may compromise the privacy or reveal the identity of the student. A growing number of states are assigning Uls to children who participate in publicly funded programs before kindergarten.

VPK: VOLUNTARY PREKINDERGARTEN PROGRAM
Florida offers one of three universal VPK programs in the nation for all eligible four year olds in the state; over 75% of 4-year-olds in Florida participate.

WIC: SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN
WIC is a federally funded program that provides healthcare and nutrition of low-income pregnant women, breastfeeding women, and children under the age of five.
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<tr>
<th>NAME</th>
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<tr>
<td>Dr. Eric Hall (Chair)</td>
<td>Chancellor</td>
<td>Florida Department of Education</td>
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<tr>
<td>Dr. Susan Cross</td>
<td>Pediatrician</td>
<td>Florida Chapter - American Academy of Pediatrics</td>
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<tr>
<td>Dr. Victoria Damjanovic</td>
<td>Director, USF Preschool for Creative Learning</td>
<td>Florida Association for the Education of Young Children</td>
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<tr>
<td>Mr. Edwin Debardeleben</td>
<td>Policy Chief</td>
<td>Agency for Persons with Disabilities</td>
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<tr>
<td>Ms. Talethia Edwards</td>
<td>Parent Advocate</td>
<td>Parent Advocate Representative</td>
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<td>Ms. Shivana Gentry</td>
<td>Director of Integration</td>
<td>Department of Children and Families</td>
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<tr>
<td>Mr. Zackary Gibson</td>
<td>Chief Child Advocate and Director, Office of Adoption and Child Protection</td>
<td>Executive Office of the Governor</td>
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<td>Ms. Shan Goff</td>
<td>Executive Director</td>
<td>Office of Early Learning/Department of Education</td>
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<td>Mr. Matt Guse</td>
<td>Chief Executive Director</td>
<td>Children's Services Councils</td>
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<tr>
<td>Ms. Nacole Guyton</td>
<td>Head Start Collaboration Director</td>
<td>Head Start State Collaboration Office</td>
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<td>Dr. Christine Hughes Pontier</td>
<td>Board Member</td>
<td>Florida Association for Infant and Mental Health</td>
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<tr>
<td>Mr. Roy Keister</td>
<td>President</td>
<td>Florida Association for Child Care Management</td>
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<tr>
<td>Ms. Ashley Carr</td>
<td>Communications Director</td>
<td>Healthy Kids</td>
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<tr>
<td>Ms. Mary C. Mayhew</td>
<td>Secretary</td>
<td>Agency for Health Care Administration</td>
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<tr>
<td>Mr. Rick Myhre</td>
<td>Executive Director, Just Read, Florida!</td>
<td>Department of Education</td>
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<td>Ms. Cassandra Pasley</td>
<td>Director Division of Medical Services</td>
<td>Department of Health</td>
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<tr>
<td>Ms. Erin Smeltzer</td>
<td>Executive Director</td>
<td>Association of Early Learning Coalitions</td>
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<tr>
<td>Ms. Cathy Timuta</td>
<td>Executive Director</td>
<td>Florida Association of Healthy Start Coalitions</td>
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EXECUTIVE ORDER 19-31

STATE OF FLORIDA
OFFICE OF THE GOVERNOR
EXECUTIVE ORDER NUMBER 19-31
(Charting a Course for Florida to Become Number 1 in the Nation in Workforce Education by 2030 and Ensuring Florida Students are Prepared for the Jobs of the Future)

WHEREAS, our State Constitution, pursuant to Article IX, section (1)(a), provides that the education of children is a fundamental value of the people of the State of Florida and that it is the paramount duty of the state to make adequate provision for the education of children residing within its borders;

WHEREAS, Florida is currently ranked 24th in the nation of people age 25-64 with an associate in arts degree or higher or with a high-quality workforce relevant certificate; and

WHEREAS, students must acquire advanced knowledge and skills to find meaningful work and enjoy productive careers; and

WHEREAS, a knowledgeable and skilled workforce is essential for future economic growth and expanded opportunity; to wit:

Florida’s economy will need a skilled labor force for opportunities in health services, education, transportation, trade, utilities, computing, as well as for jobs that require an industry certification or license; and

WHEREAS, enhancing Florida’s workforce education will provide more economic opportunities for our graduates and support further diversification of Florida’s economy.

NOW, THEREFORE, I RON DESANTIS, as Governor of Florida, by virtue of the authority vested in me by Article IV, Section (1)(a) of the Florida Constitution, and all other applicable laws, do hereby issue the following Executive Order, to take immediate effect:

Section 1: I hereby direct the Commissioner of Education to ensure the following objectives are completed: