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## Project Summary

- **Project Title:** FL Early Childhood Mixed Delivery System: Preschool Development Grant Birth – Five Renewal (PDG-R)
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Through the initial PDG, Florida (FL) completed and submitted a comprehensive needs assessment, a unified, cross-sector strategic plan with extensive stakeholder engagement, and developed and expanded access to new tools to support families, the workforce, and quality improvement. The newly reenergized State Advisory Council (SAC) has been actively engaged and agencies are working across sectors in new ways to meet complex B-5 needs. FL has a strong commitment from the Governor and every leader of B-5 services and a bold vision for strengthening services and systems to better meet the needs of young children and their families.

PDG-R will maximize this unified commitment and build on this momentum. While FL has made progress, needs are clear: a fraction of vulnerable children are ready for kindergarten; families struggle to make sense of different programs, eligibility requirements, and funding streams; child care deserts mean families struggle to find early learning options, particularly in rural areas, and quality deserts are a challenge throughout the state; the ECE workforce does not have consistent options to improve skills and support career development; different program requirements make it challenging for families to select quality programs and frustrating for programs receiving multiple funding streams; cross-sector data sharing is strong but needs to be improved, particularly to inform cross-sector decision making. FL will systematically respond to these issues and with PDG-R will: continue to expand its comprehensive Early Childhood Information System (ECIS) to link data across even more indicators and provide nuanced and detailed data to inform local and state program and funding priorities; update the needs assessment and strategic plan regularly; systematically build the skills of directors, teachers, and coaches through stackable credentials and competency-based certifications; systematically improve the quality of ECE programs; create a single point of entry and cross-sector partnerships across health, mental health, and other services to more effectively respond to families' diverse needs; improve opportunities for infants and toddlers, children with special needs, English language learners, and children and families in rural communities; and improve transitions for children with disabilities (between IDEA Parts C/B) and for all children into kindergarten.

These PDG-R investments reflect the priorities of the unified strategic plan, respond to direct needs identified in the needs assessment, and were strategically selected to build stronger systems for young children and their families that will be sustained after the grant. FL leadership across all agencies serving young children B-5 and their families are committed to leveraging PDG-R to work together more closely, solidify partnerships, coordinate services, streamline enrollment and eligibility determination, review current investments and realign them to have greater impact, and more responsively serve families and children, particularly the most vulnerable. The Governor and SAC fully endorse this proposal and will actively support its successful implementation of the SP and PDG-R. With PDG-R funding, Florida's B-5 system will be more efficient, effective, and responsive to the needs of young children and their families and better able to promote children's readiness and family self-sufficiency.

## **Expected Outcomes**

Through PDG-R, FL will achieve the following outcomes: more holistically understand the needs of children, families and communities through linked data across diverse sources and programs; use these data to strengthen coordination, implementation, and responsiveness across diverse B-5 programs to better meet the needs of children and families, particularly those who are vulnerable; streamline eligibility, enrollment and access by developing a single point of entry for multiple services; improve program quality to uniformly focus on adult-child interactions, streamlined monitoring, and more effective investments in professional development and quality improvement; expand access and increase participation of children in high quality programs that meet their needs, particularly in underserved areas; and provide new tools for families to understand early childhood development and maximize family choice to select programs that meet their needs. Overall, these investments will strengthen the B-5 infrastructure and enable FL to have a more coordinated, responsive and efficient B-5 system to meet to the early learning, health, and mental health needs of young children and their families.

### **Approach - Activity 1: PDG B-5 Statewide Needs Assessment (NA)**

**1. Status of state's B-5 NA** - FL has completed and submitted its Birth to 5 (B-5) Statewide NA; minor edits were made based on the feedback received and the NA has been approved. A wide array of partners were involved in the development, review, and completion of the NA. The NA and strategic plan (SP) were directed by the State Advisory Council (SAC), which is comprised of key leaders from every sector that implements services for young children: Dept. of Children and Families (DCF), Dept. of Education (DOE), Dept. of Health (DOH), Executive Office of the Governor, Head Start State Collaboration Office, Office of Early Learning at DOE (OEL), Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities

(APD), FL Assoc. for Child Care Management (FACCM), FL Assoc. for the Education of Young Children (FLAEYC), Assoc. of Early Learning Coalitions (AELC), FL Assoc. of Healthy Start Coalitions (FAHSC), FL Assoc. for Infant and Mental Health (FAIMH), Children's Services Councils (CSCs), and the FL Chapter of the American Academy of Pediatrics. The SAC is led by Dr. Eric Hall, Chancellor of Innovation, DOE. Other stakeholders also helped shape the NA (see 1.3). Updated NA results will be presented at least annually to the SAC, or more often as needed; regular and frequent updates are made feasible through FL's dynamic Early Childhood Information System (ECIS).

Through an innovative data system and extensive data sharing agreements, the ECIS is updated automatically. The University of FL's Anita Zucker Center for Excellence in Early Childhood Studies (UF Zucker Center) will analyze the data and provide an update on data trends, analysis results, and any limitations or challenges in either accessing or analyzing the data as part of regular SAC meetings. The SAC members will make additional data available as needed and use the results to improve coordination and implementation of services across the early childhood system to better serve young children and their families. Using PDG-R, the UF Zucker Center will: add additional data sets from HS/EHS, DOH Child Protection, Early Steps Part C, and workforce data from Departments of Revenue and Economic Opportunity; develop complete, cross-sector service histories for individual children (available only to specified users with strict privacy controls); enable authorized agency leaders to view detailed statewide and local trends; examine how access, participation, and service impact vary by location, school attendance zones; and address barriers to access and participation. The SAC will review data carefully, share results with stakeholders at least annually, provide feedback for further improvement, and collaborate to improve services that support families and young children.

**2. Process to complete the NA and key findings** - The NA reflects analysis of 46 metrics within the ECIS; a Family Access Survey of 1,936 families; 12 Community Focus Groups and Bright Spot Case Study Interviews from eight regions with more than 100 participants; 36 interviews of the SAC and other key leaders to inform the SP priorities, goals, and action steps; and extensive stakeholder engagement to review results. With PDG funding, UF Zucker Center and OEL upgraded an existing NA portal to create the ECIS, a dynamic and customized technology solution to identify needs using child-level data from publicly-funded programs serving children and their families and a variety of demographic, eligibility and risk factors.

Key terms for the NA include: **Quality**, encompassing *structural* characteristics: teacher-child ratios; group size; teacher qualifications; and the learning environment, and *program* characteristics: teacher-child interactions. **Vulnerable** children have factors that place them at risk of school failure, including: foster care/protective services; special needs; family income below 150% of the Federal Poverty Level (FPL); observed domestic violence; homelessness or housing insecure; **Underserved** children are those eligible for services but cannot access them due to an absence of providers, lack of funding, or other constraints; **Rural areas** have <75,000 people; or counties with <125,000 people that border a county with <75,000 people. Based on the feedback from the NA, FL is prioritizing children living in poverty, children experiencing homelessness, and children with disabilities as the most vulnerable populations for SP focus.

To develop the ECIS, the UF Zucker Center identified desired data to fully assess the needs of young children and their families and worked with OEL and SAC entities to develop robust new data sharing agreements to regularly provide more comprehensive data to the ECIS. FL entities now provide the following B-5 data to ECIS: AHCA (Medicaid, CHIP), DCF (child protective services, TANF, SNAP/food stamps, foster care/adoptive services, substance abuse

and mental health, child care provider information), DOE (IDEA Part B, kindergarten readiness, TANF, SNAP), DOH (vital statistics/birth outcomes); and OEL (child care subsidies/School Readiness (SR), Voluntary Prekindergarten Education (VPK). Data feeds are under development for the Head Start (HS) Association (Early HS, HS, Migrant HS) and DOH (home visiting, IDEA Part C, Child Protection Team). The ECIS can link data across all of these entities, analyze data across sources according to demographics (e.g., mother race/ ethnicity, gender, age), risk/protective factors (e.g., household size, screening results, maltreatment, economics), and services (e.g., eligibility date, eligibility income, service start/end date) to provide ongoing analysis of how well services are meeting the needs of young children and their families.

FL is home to 1.4 million children ages birth-5.<sup>1</sup> **Key NA results** include:

<b>Table 1. Key Findings from PDG NA</b>
<b>Quality:</b> FL does not have a uniform definition of quality, but is increasingly focusing on measuring the quality of adult-child interactions; most programs assessed are not at the level needed to produce improved child outcomes. While revenue is not an exact proxy for quality, it is essential to provide quality programs. The average child care subsidy payment rate puts FL at the 9 <sup>th</sup> lowest rate in the U.S. for infants and toddlers, and 10 <sup>th</sup> lowest for preschoolers. <sup>2</sup>
<b>Access:</b> Access to quality ECE services and transition support varies by zip code and is influenced by local economic conditions, population density/rural designation of counties, county poverty rate, and unemployment rates, and participation among eligible families for early childhood services varies considerably by county. A total of 356,508 (unduplicated) children attended OEL-funded services during the 2018-2019 fiscal year; 208,906 received child care subsidies and 169,531 four-year-olds attended VPK; <sup>3</sup> 21,483 children attended both SR and VPK. Only a fraction of eligible families for HS, Early HS and Migrant HS are able to access these services; 57% of these programs <i>do not</i> provide full-day services and only 26% provide services year-round. In urban areas, accessibility has been positively influenced by local child care subsidy administrators refining policies to increase enrollment in quality ECE; these policies provide promising practices for review and expansion of access to quality ECE.
<b>Vulnerable children:</b> Over half of all children in FL are considered vulnerable, as defined by FL's SP; approximately 30,000 are underserved by the SR program alone, and an estimated 64,000 live in rural communities. <sup>4</sup> Families in economically depressed and/or rural areas have fewer quality ECE options and are less aware of eligibility for FL's Medicaid and Medikids.
<b>Access to multiple services:</b> One-third of families with young children receive some form of public assistance. Most Early Childhood Education (ECE) services are funded by tuition and fees paid by families directly to providers. Across 25 services, families indicated their greatest needs were: help paying for ECE, as ECE exceeds the cost of housing in nearly all counties, and ongoing food assistance. While many families were eligible for multiple services, they

often were not aware of these services and information about services is inconsistent across the state. Different eligibility periods, requirements, and when services are lost, sometimes abruptly due to small pay increases, were all noted as areas where there are policy and funding barriers, as well as opportunities to make outreach, recruitment and enrollment more efficient.

**School Readiness:** While 88% of parents surveyed believed their children to be ready for kindergarten, the 2018 DOE kindergarten screening results revealed that 62% of 122,860 children who completed the VPK program and 52% of the 13,347 children who participated in both VPK and SR scored at a level deemed “ready.” Only 36% of the 3,538 children who only participated in SR were “ready.” These results, not typically published, are the lowest across all programs.<sup>5</sup> The areas of emergent literacy, including phonemic awareness, phonics and vocabulary, continue to be challenging for FL’s SR and VPK participants.

**Facilities:** Through licensing data and ELC feedback, improvements for ECE facilities are not an urgent statewide needs. In areas where this is a concern, ELCs have worked with Children Services Councils (CSCs) and local funders to provide grants to improve/expand facilities.

**3. Collaborative process to complete NA** - The NA was a highly collaborative process and the voices of families were essential. The SAC, representative of 17 early childhood agencies and partners, met regularly and worked to review data and draw conclusions, identify needs and prioritize work in the SP, and inform the design of the data analysis capacity to ensure the results were accessible, actionable, and used to better design services to meet child and family needs. Additional partners were engaged throughout the NA design, review of results, and strategic planning, including the state’s 30 early learning coalitions (ELCs), which administer child care subsidies (SR), the universal prekindergarten program (VPK), child care resource and referral (CCR&R), and other ECE initiatives; the state’s 11 CSCs, local property tax-enabled districts that invest in children’s programs; the Early Learning Advisory Council, a statewide body of public/private sector community and business leaders that lead local innovative ECE systems; as well as groups focused on infant mental health, health care, and family support.

## **Approach - Activity 2: PDG B-5 Statewide Strategic Plan (SP)**

**1. SP Development** - The PDG Early Childhood SP was completed through extensive stakeholder feedback and was submitted; feedback is pending. The SP builds on existing plans and stakeholder workgroups, the NA results, and extensive input to develop one unified plan that

reflects the unique needs, strengths and opportunities in FL’s current context. From this data gathering, overarching priorities were identified to strengthen FL’s early childhood system over the next three years: *Increased Family Supports, Improved Access to Quality Early Care and Education (ECE), and Increased Coordination of Services*. Each priority includes ***Current Landscape and Existing Resources*** with relevant data, demographics of children and families, existing resources and efforts, description of existing policies that support services for families, and stakeholder perspectives, as well as ***Goals and Objectives*** to strengthen services and respond to diverse needs. ***Progress Indicators, Data Sources, and Process for Tracking Improvement*** are included for each ***Goal*** to show how FL will measure progress. The SP then includes actionable ***Strategies and Action Steps*** with clear timelines, with ***lead entities and partners*** identified. Two priorities of the SP are to systematically increase the participation of children in high-quality ECE programs, services, and settings across the mixed delivery system and to maximize federal, state, and local funding to improve coordination and collaboration.

The SAC reviewed the SP in detail, with specific attention to their agency/organization commitments to ensure proposed activities aligned with their priorities, and provided extensive feedback. The SAC will review the SP annually, in coordination with updated NA data and analysis, and revise goals, objectives, action steps and timeline as needed. This will include a performance review of the degree to which system improvements have been made through PDG-R, which will inform future requests for PDG-R years 2 and 3. Feedback will be sought from the SAC, local partners and others to ensure updates reflect diverse stakeholder perspectives.

**2. Key PDG activities** - Extensive work has strengthened the B-5 system:

<b>Table 2. Initial PDG B-5 Accomplishments</b>
<b>NA:</b> Executed 7 new data sharing agreements to dramatically expand data capacity providing sustainable, cost-effective NA capability, linking over 1,400 data fields across nearly every entity that serves young children and their families



<b>SP:</b> developed comprehensive, unified, B-5 SP that is reflected in detail in this application
<b>B-5 System Development:</b> through the re-engagement of the SAC there is exciting new momentum across B-5 cross-sector services for young children and their families; B-5 agencies are working together in new ways and collaborating across disciplines in new ways; held four 2-day regional equity summits and one 4-day leadership summit for ELCs to expand equity lens and implement more effective policies to meet the needs of diverse populations
<b>Family Engagement:</b> a completed Single Point of Entry (SPE) Feasibility Study provides a clear road map and recommendations on how to create a SPE for families to more efficiently access information and resources; enhanced provider profiles provide new information to inform family choice and the design for a mobile app, informed by families, to better meet family needs; initial steps taken to strengthen the overall referral network across multiple agencies; created 50 video vignettes in multiple languages for parents/families on child development, programs, and services to build parent skills to meet their children's needs
<b>PD:</b> revised core competencies now reflect best practices and provide an essential framework for improving ECE professional preparation; coaching standards with quality assurance for certification will help strengthen coaching practice throughout FL; a robust resource library to provide expanded resources to thousands of ECE professionals; an interactive, searchable Early Childhood Professional Development (PD) catalog representative of OEL, DCF, Part C (DOH) and Part B (DOE) course offerings provides the state's first cross-disciplinary PD catalog to meet the needs of the B-5 workforce; an enhanced PD registry and training systems will calculate and display teacher specializations and provider badges; providing new pathways and professional opportunities to the ECE workforce; new PD to develop the skills of cross-sector referral specialists throughout the state to better meet families' diverse needs
<b>Quality:</b> a comprehensive Cost of Quality study analyzed child care subsidy rates against the true cost of quality ECE, providing critical data to improve more equitable subsidy payment rates, a key SP priority; using inputs and models from the Cost of Quality study, an interactive budget calculator was developed to help providers create sustainable and stable budgets; increased implementation of observation-based child assessments, with best practices supports have helped ELCs improve observations and use of results to inform individualized instruction
<b>Transitions:</b> six regional Transition to Kindergarten (T2K) summits provided forums for leaders across ECE and K-3 to share resources and best practices between early education and K-12 to improve effective transitions for children

For PDG-R, FL slightly updated its Logic Model (see p. 56), but the overarching goals and framing accurately capture the goals and work and reflect the work of PDG-R. There have been some challenges: initial delays from receipt of award, lengthy procurement processes, delays in developing and executing data sharing agreements for the ECIS, insufficient staff time and resources due to unexpected competing priorities, and creating cross-sector buy-in and new relationships amidst tight timelines and transitions in Governor and agency leadership. FL leaders have overcome the challenges by spending time building relationships, more frequent

SAC meetings than initially planned, careful and regular communication, adjusting timelines, and working together to problem-solve and overcome challenges. FL requested a no-cost extension on some activities and adjusted staffing to bring appropriate resources to the work. As a result of the work together over the last year, FL leaders are also much clearer about the data limitations, gaps in services, and the need for support to implement complex reforms. These insights helped to inform PDG-R application strategies and timelines.

**3. Comprehensive services** - FL intentionally included comprehensive services across health, mental health, nutrition, social services, early intervention, special education and family support in the NA and planning. Creating more effective cross-sector supports across the B-5 continuum is the third priority of the SP: *Need for Increased Coordination of Services*. It is clear from the NA that families are overwhelmed by the many different programs and eligibility requirements and desire a unified way to access services and to be kept informed when services are available. The SP outlines specific, targeted strategies to simultaneously meet complex needs, which are reflected in this PDG-R proposal. The SAC ensures agency leaders overseeing these services are actively involved in planning and implementation efforts, bringing the highest level of leaders together to create more seamless, responsive and comprehensive B-5 services.

The SP builds on substantial cross-disciplinary efforts, including: the development of a coordinated system of providing parent support and education through home visitation, a DOH-funded initiative that has recently expanded in the state; expanded access to targeted information and referrals for families through the Help Me Grow (HMG) Network of community-based supports; efforts to support young children's behavioral/emotional health; cross-sector alignment to help eligible families access multiple services; and building the capacity to assess children's health and well-being at the local level to inform program and policy development.

With PDG-R FL will: design and implement a SPE to help families access multiple services (see Bonus Points p.66); help families understand available health insurance options, particularly when families access other services like child care subsidies (see p. 17); improve referrals across diverse referral partner agencies and service providers (see p. 13); Through the SAC, leaders will work together more closely across the systems, driven by data aggregated across multiple funding streams to inform how to best design and deliver services and programs.

**4. Current and planned system efficiencies** - FL has a long history of using data to drive system improvements in K-12 and through PDG, FL is taking many of those lessons learned and using them to inform B-5 system improvements. Through ECIS, the UF Zucker Center has developed graphic heat maps (included in the NA) that display how family needs, available slots, and program quality align, and graphically display areas of “child care deserts”, unmet needs, or limited quality options. Sharing these data with local leaders has already resulted in plans to expand the number of high quality providers and programs to meet these needs. On the other hand, heat maps that display parent utilization or choice of SR providers meeting certain quality thresholds reveal, in some areas, dramatic underutilization of programs. The data is helping ELCs drive families toward higher quality options, as well as redirect quality funds to areas that need investment the most. Further enhancement of the ECIS, to include mapping of high quality VPK providers against participation and needs, will also help identify where QI supports for new programs are needed. Additionally, FL plans to enhance mapping capacity with PDG-R to include health care, nutrition and mental health services to help foster cross-disciplinary partnerships and create synergy locally across agencies to serve families more holistically.

The NA also made clear that there is not a systematic or strategic method for the allocation of PD funds, resulting in many unmet needs, PD of uneven content, and duplicative offerings. With

PDG-R a comprehensive assessment of millions of dollars of PD investments will inform a redesign of the way funds are spent throughout the state so they can be better directed. This assessment will also identify PD content areas that are best met by state agencies (OEL, DCF) or local entities (ELCs) thereby creating a statewide SP for efficient investment of funds to improve the content and skills of FL's ECE workforce.

FL will build on this momentum and work with new partners to inform how to maximize investments. The FL Chamber of Commerce posts a real-time scorecard that denotes data in multiple areas including talent, supply and education. ECIS data related to availability and access to quality ECE will be shared in effort to expand components on the ScoreCard and show the interconnectivity of ECE infrastructure and the ability to recruit and retain a quality workforce.

### **Approach - Activity 3: Maximize Family Knowledge, Choice, Engagement**

All of the proposed PDG-R investments are directly from the PDG SP. The activities will directly respond to family needs and provide a strong B-5 system that increases family knowledge, supports parent choice, and promotes family engagement in children's learning. It is clear from the NA that families want more comprehensive and user-friendly information to inform ECE decisions; information on their children's development; services that address their unique needs; a more streamlined, coordinated and responsive system of B-5 services; and greater access to quality ECE programs and other services that meet their unique needs. These needs are particularly poignant and often unmet when children have special needs. FL will invest PDG-R funds in activities that will build capacity and strengthen overall systems for families.

**1. Activities to inform families, connect them to B-5 services** - Through PDG-R, FL will: continue to strengthen the cross-sector referral system, provide information to families, help families access the services they need, and strengthen home visitation efforts.

With PDG, OEL worked with the University of FL Lastinger Center for Learning (UF Lastinger Center) to develop eight hours of PD modules for cross-sector referral staff on ECE, child care subsidy eligibility, customer service, family and community engagement, and working with vulnerable populations through a trauma-informed care (TIC) approach. Building on these efforts, with PDG-R FL will **strengthen the cross-sector referral system** across all entities that connect the most vulnerable families throughout the state to services - to include CCR&R, Part C/B, HMG, HS/EHS and other referral agencies. With PDG-R FL will: pilot the modules to 50 staff from diverse referral agencies; improve the modules based on feedback; launch the modules broadly to serve a total of 500 referral specialists across sectors; facilitate bi-annual community and regional planning meetings to share best practices and explore ways to increase coordination.

Currently, families cannot find the information they want on available services in one place and must search multiple sites or go to multiple offices. Further, information on ECE providers is within numerous systems/websites between DCF and OEL: CARES, Child Care Training Information System, and PD Registry (DCF) and the EFS Mod provider portal, Bright Beginnings, Quality Performance System, and WELS (OEL). With PDG-R FL will implement **three related projects to help families find the two-gen services they need:** a) enhance Provider Profiles to include more information on ECE programs to support family choice, including displaying information related to HS/EHS/MHS programs, VPK Readiness, and other information families want; b) create a user-friendly app that consolidates information across multiple sites and gives families what they want (e.g., information on program type and setting, quality, teacher qualifications, curriculum, other B-5 services); and c) move forward with single point of entry (SPE) system (see Bonus Points, p. 66), informed by successful practices from HS/EHS/MHS, ELC of Pinellas County and others to inform the family NA and SPE design.

Further, to help streamline the services families access, through PDG-R OEL will 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. The SAC will identify strategies to develop comprehensive, graduated phase-outs across social services to mitigate fiscal cliffs, increase utilization of services and work-based solutions that align with upward mobility for families in poverty with young children, and improve the likelihood of economic security for families and improve child and family outcomes. This will **support families, streamline access to B-5 services and ECE,** help FL **improve coordination and flow of information** between systems, **eliminate duplication** of information, and reduce the administrative burden on providers and agencies.

FL will **provide families with information** on how to support their children's development and how to recognize quality in ECE. Expanding on the video vignettes for families created with PDG, through PDG-R OEL will create an inventory of existing vignettes and video resources currently available for parents and families across sectors and identify gaps where new resources are needed. From these gaps, OEL will work with a contractor over the next three years to create up to 120 new vignettes in English and Spanish (40 each year, as needed) for families to support their children as they develop. Additionally, DCF will work to create a series of up to 30 engaging PSA/video clips for parents about health, safety and quality in ECE environments to provide visuals of what they should look for when they selecting ECE programs for their children. Informed by family feedback, these will be in multiple languages, short and engaging, and provide connections to other resources. OEL will expand this library of video vignettes by identifying and leveraging existing videos developed by ECE partners. Finally, through PDG-R OEL will work with the authors of the Mind in the Making and Protective Factors frameworks to

create an implementation plan for embedding these frameworks throughout the state through direct trainings for parents and families to help increase their knowledge and awareness regarding their child(ren)’s healthy development, executive functioning and resiliency.

To support families with more intensive needs, FL’s home visitation partners will **strengthen home visitation efforts** and augment the visits with the above video vignettes and PSAs and provide families with existing and new resources focused on early literacy and school readiness. FAHSC and Ounce of Prevention (Ounce) will offer professional development (PD) opportunities for home visitors through the Ounce’s Home Visiting Learning Management System, and ensure home visitors are aware of CCR&R, HMG and other referral agencies. PD will also be provided to the ELCs on local availability of home visiting and helping families connect to the best home visiting option for their needs. Further, DOH’s Title V will collaborate with FL MIECHV to align planning, policy development and updates of NAs that address home visiting, parent education and support to coordinate how families are recruited, eligibility is determined, programs are selected and families are enrolled.

Months	Activity 3.1 Timelines and Project Milestones
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-7	UF Lastinger Center pilot referral modules; gather data to inform improvements
4-12	OEL complete family mobile app
4-12	OEL research and analyze program eligibility criteria
4-12	OEL and partners design statewide family NA
4-36	DOH, MIECHV, Title V jointly plan and develop policy to: coordinate recruitment, eligibility determination, and enrollment to better meet family needs
4-36	DCF, OEL vendor(s) develop vignettes for families on ECE and child development; pilot these vignettes with priority families and refine design and content accordingly
4-9	DOH and OEL to identify developmentally appropriate resources on early literacy and school readiness and train home visitors on how to incorporate into visits
8-12	UF Lastinger Center refine referral module content as needed based on feedback
10-36	Provide PD to home visitors throughout FL, building targeted skills
13-24	SAC identify strategies to develop comprehensive, graduated phase-outs, increase utilization of services
13-36	Expand module access; 450 cross-sector specialists trained; measure impact
13-36	Develop/test app with families; y. 2- 3 timeline TBD based on development process

**2. Partnerships to help families connect with other services** - Through the SAC, FL will actively work to develop a cross-sector SPE for programs and services (see Bonus Points, p. 66). FL will also: identify and address barriers to accessing multiple services and determine how to integrate wait lists, strengthen services for children with special needs, and increase information to parents regarding availability of children's health insurance.

Using data from ECIS and feedback from local leaders and families, with PDG-R the SAC will complete a statewide review that factors in local context to understand challenges of delivering services. The SAC will create a workgroup representative of state agency and community partners to review policies and **identify opportunities/barriers for access to services**; identify if changes are required in practice, rule, or law; work with relevant agencies to implement changes to streamline access; determine opportunities to streamline requirements and application processes to simplify intake and eligibility determination; identify services with waitlists, waitlist requirements, and **design a process to develop a unified waitlist for services**.

FL will also **strengthen services for children with special needs** to make them more responsive to family needs. Through PDG-R DOH will convene a workgroup of Parts C/B and families to identify ways Parts C/B services could be implemented more effectively as well as streamline access other services across the B-5 continuum to meet needs comprehensively. Based on the findings, DOH and partners will spearhead changes, as well as develop a roadmap for families to access each step of screening, assessment, diagnosis and treatment services so families better understand process and have clear expectations of steps; this work will be informed by FSU's Autism Navigator Tool for parents with young children. OEL will expand access to this roadmap and publicize it through partnerships with the ELCs, HS, Part C and others to support families. Feedback will refine the roadmap and services by the end of year 3.



To **increase parent knowledge regarding availability of children’s health insurance** and improve the current uneven access, the FL Healthy Kids Corporation and AHCA, DOH and OEL will develop and implement targeted outreach strategies to families who access services from ELCs, HS/EHS, or mental health services. The FL Healthy Kids Corporation will also work with the SAC to explore opportunities to streamline eligibility for KidCare when children qualify for other services, such as child care/ECE subsidies. By year 3, FL Healthy Kids Corporation will pilot implementation of KidCare eligibility determination as part of accessing other services.

Based on the NA and SP, the SAC will identify opportunities to create cross-system efficiencies to increase access to services for families, particularly across programs that serve our most vulnerable populations: those who are English language learners (ELL), homeless, have special needs or are rural or underserved. Through PDG-R, the SAC will focus on enhancing coordination and collaboration for vulnerable populations through the Title I, Homelessness and ESOL program units within DOE and similar programs located within OEL, DCF and DOH. Additionally, OEL will procure for high-impact online and digital supports for families, with a specific focus on increasing parental knowledge and skills of child development. These supports will be available in multiple languages, respond to family needs identified in the NA, and will serve approximately 5000 families over the course of PDG-R.

<b>Months</b>	<b>Activity 3.2 Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-9	SAC workgroup convened with community partners to review current policies and identify opportunities/barriers for access to services; identify if changes required in practice, rule, or law to streamline access, eligibility, applications
4-6	Healthy Kids Corporation and partners provide targeted resources to ELCs and partners for families eligible for but not accessing health insurance, particularly underserved areas
7-12	DOH convene workgroup of Part C/B service implementers, families and providers of B-5 services to identify ways in which B-5 services can be delivered more effectively to children with special needs and their families

7-12	Healthy Kids, OEL, Parts C/B and other partners develop outreach campaign to build on current service access to help increase parent knowledge regarding child health insurance availability
7-12	SAC workgroup/consultant identify services that have waitlists, waitlist requirements
10-24	SAC implements changes to streamline access eligibility requirements and application processes, eligibility determination
13-24	Determine feasibility of unified waitlist for services; design implementation process
13-24	DOH and partners develop roadmap for families to access each stage of screening, assessment, diagnosis and Parts C/B services
13-36	DOH and workgroup implement actions identified to improve services, gathering feedback from families, providers to determine impact of changes
13-36	Healthy Kids and partners implement targeted outreach materials, monitoring impact, adjusting messaging and strategies as needed to increase parent knowledge regarding child health insurance availability
25-36	DOH and OEL implement the roadmap tool across Parts C/B, ECE, and other B-5 services with families, gathering feedback and adjusting roadmap as needed

**3. Support for children with disabilities or suspected delays and their families** - The NA reiterated that services for children with disabilities and delays need to be better coordinated and more responsive. The PDG-R will enable FL to improve the efficiency and impact of screenings, improve referrals for assessment for further diagnostic assessment, identify best practices in data/delivery systems to ensure children getting the supports they need across multiple service providers, and strengthen transitions from Part C to Part B services.

DOH, DOE, OEL and local partners specializing in screening, assessments, and behavioral health and mental health services, disability support, and early intervention to **improve the efficiency and impact of screenings and referrals**. Through PDG-R, the partners will develop and implement: processes and agreements necessary to enable data coordination and data sharing capabilities across B-5 partners on screening and assessment results, with appropriate parental consent and strict privacy controls; systems to share Ages and Stages Questionnaire (ASQ) and assessment results more efficiently across multiple programs, including Parts C and B, home visiting, HS/EHS, local ELCs and HMG; mapping of referrals and assessment processes; strategies to increase information gathered during screenings (e.g., Social Communication

Screenings for earlier identification of children on the Autism spectrum or an ACE inventory); strategies to implement screening results to strengthen referrals and help providers employ trauma sensitive strategies when interacting with children and families as warranted; and recommendations to unify records across the unique identifiers (UIs) generated by FL’s DOH (via FL SHOTS) and by DOE for children who are publicly funded in ECE programs (see 6.3).

DOH and DOE will also review and identify **promising data/delivery models for early intervention services** that document the services children receive across multiple service providers. These findings will be used to strategically strengthen the delivery of services in years 2-3 of PDG-R. The goal is to provide continuity in service delivery, improve outcomes and accountability, and promote ease of navigation for families and service providers; this may include utilizing the support from the Governor’s Children and Youth Cabinet, Information Technology Workgroup to inform design of a portal for intervention services.

DOH, DOE, and local partners will **strengthen transitions between Parts C/B** with appropriate case management throughout the family’s term of receiving services. DOH, DOE, local partners and families will develop recommendations for a phased plan to reduce duplication, fill gaps, and strengthen the efficiency and effectiveness of Parts C/B transitions.

<b>Months</b>	<b>Activity 3.3 Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-12	DOE, DOE, OEL, partners develop MOUs, and processes for sharing screening and assessment results, including Parts C/B, home visiting, HS/EHS, ELCs and HMG
4-12	DOH, DOE, OEL, FICCIT partners map referrals, and assessment processes; identify common data needs, and develop recommendations for sharing assessments across agencies, how to unify records across unique identifiers (UI)
4-12	DOH, DOE, local partners explore systems that document services to improve coordination among service providers; develop strategy informed by these practices
4-12	DOH, DOE, local partners and families identify strategies to inform transitions
13-24	OEL work with partners that use the ASQ to share data and results to reduce ASQ duplication, or compare results as needed; identify and pilot ways to increase information gathered during screenings (e.g., Social Communication Screenings for earlier identification of children on the Autism spectrum or an ACE inventory)

13-24	Implement strategies to unify records across the UIs generated by SHOTS and DOE
13-36	DOH, DOE, and local partners implement strategies from review of best practices to improve coordination among multiple service providers
13-36	State and local partners implement processes to share screenings appropriately; review results quarterly and improve processes as needed to more efficiently share results across B-5 partners and trigger assessments as needed when delays suspected
13-36	Provide training on trauma-informed practices across screening and assessment entities to be more responsive to family needs
13-36	Implement strategies to improve transitions between Parts C and B; gather data from families on how changes impact experience; modify based on feedback
25-36	Implement ASQ results sharing; review impact quarterly, adjust systems as needed; expand what is included in screenings beyond ASQ as appropriate

**4. Family leadership** - Having families inform the design and implementation of services

they access is critical to B-5 services in FL. Families are actively involved in FL’s B-5 system in many ways, including serving on local ELC boards, local advisory boards guiding implementation of home visiting and other local family support initiatives; participating in local Parent Cafes and sharing experience with accessing services; leading Parent Advisory Committees and Policy Councils within HS, Early HS, and EHS-Child Care Partnership grantees; and participating in regular focus groups and listening sessions sponsored by OEL to inform public investments. Through PDG-R family leadership will be elevated in the following ways: 1) members of existing advisory groups will be regularly engaged to review new systems and projects; 2) ELCs and local family support initiatives will engage families to understand experiences learning about, qualifying for, enrolling in, and receiving services and lead strategies to improve processes; 3) serve as lead designers for SPE to ensure the model and tools meet complex family needs; and 4) expand SAC to include additional parent representatives.

**Approach - Activity 4: Sharing Best Practices and Professional Development**

**1. Current and proposed PD and best practice activities** - The SP reflects detailed strategies and timelines for sharing best practices and providing PD for the B-5 workforce, which are outlined in Activity 4 and will strategically build capacity and strengthen FL’s PD system.

Through years of working closely with partners, FL has a PD Registry, career pathways, some limited wage and scholarship initiatives, and numerous articulation agreements. OEL has developed 14 online courses on a wide range of topics, such as emergent literacy, language development, social and emotional development, early learning and development standards, and social and emotional development; over 26,479 professionals completed OEL online courses last year. OEL has also developed 12 instructor-led courses on a range of subjects such as language and literacy development, early math skills, and the VPK assessment; over 9,717 professionals completed these courses last year. Through a partnership with Teachstone, professionals can become reliable CLASS observers or affiliate trainers; FL has 282 PreK, 274 Toddler, and 264 Infant certified observers on the CLASS tools. OEL and UF Lastinger Center have also built a robust, competency-based, job embedded PD system, Early Learning FL, which offers over 700 hours of innovative, blended content and has served over 65,000 B-5 teachers in the last five years. Every instructor-led course includes facilitated conversations, sharing experiences, and providing opportunities for reflection and feedback to peers; some courses articulate for college credit. These courses, along with a 24-hour training on adult-child interactions from Teachstone, have proven to improve program quality, adult-child interactions, and child outcomes.

With PDG-R, FL will: complete a comprehensive review of publicly-funded PD and refine investments as needed to focus on high-impact activities at both state and local levels; expand the Early Childhood PD Directory created during PDG to more easily find PD across B-5 topics; support career advancement by making an interactive career planning tool available across the workforce; expand access to new PD for directors; expand PD for social emotional/mental health, literacy and phonological awareness (PA) for VPK providers, trauma-informed care (TIC) and PD on implementing curriculum; and expand access to Communities of Practice

(COPs) to extend impact and increase the sustainability of PD. There will also be targeted PD on I/T and Transitions (see Bonus Points, pp. 67-71).

In the SP, FL prioritized increasing access to information and resources for PD. FL currently invests in a wide variety of PD options at the state and local levels; in the NA, the workforce noted frustrations with the quality of many options, lack of applicability to their daily work, duplication of content and lack of availability of key topics, and few options to improve career prospects. Through PDG-R, FL will implement three projects to address these concerns. First, FL will **complete a comprehensive, independent assessment of PD investments** developed and delivered using public funding, which will include: assessment of alignment to key quality drivers (e.g., CLASS); evaluation of content quality, including subject matter expert evaluation on priority topics such as literacy, TIC, I/T, inclusion, ELL; reflection of best practices in adult learning principles; and feedback from participants. This analysis will include recommendations on how to design and implement a better system for accessing PD (e.g., through a one-stop PD hub); investments that should be sustained, expanded, revised, or discontinued; and strategies to realign investments to have the greatest impact on the workforce.

Second, based on these results, FL will also **expand access to cross-sector PD through the Early Childhood PD Directory**. The Directory will include B-5 options from pre-service to clock hour to certificate and credentials to college credits and degrees. The expanded Directory will incorporate additional cross-sector partners and include content on a wide range of topics, prioritizing topics identified in the SP: children with disabilities, inclusion, infants and toddlers (I/T), preschoolers, school readiness, ELL, family engagement, transitions, and instruction. This Directory will help the workforce find relevant PD and identify where there are gaps in state and local investments based on workforce needs.

Third, the workforce wants more guidance to inform PD choices and to have tools to support career advancement. The UF Lastinger Center has developed a career planning tool to help ECE professionals identify career goals, document already completed PD, and identify PD to help them achieve their goals. Building on the work of the PD Task Force, the UF Lastinger Center will update the tool to reflect the revised core competencies and career pathway, share it via focus groups and beta test, refine based on focus group and testing feedback, and **make the career planning tool available statewide** to promote career planning and advancement. DCF will also enhance the PD Registry to update the career pathway and PD plans for practitioners.

FL will also **expand access to PD on targeted topics**: 1) develop new **coursework for ECE directors related to Core Competencies**, building on the PDG investment to update the Competencies; 2) to address the **social and emotional development and mental health needs** of young children, OEL will procure training, coaching, and evaluation of a research-proven model, and work to automate the model and associated tools within the EFS Modernization system to assist with implementation and integration of the model into the broader ECE system; 3) based on kindergarten screening<sup>6</sup> results (see p. 7) **provide targeted training to SR practitioners on Phonological Awareness and Emergent Literacy**, expanding the initial training capacity built through PDG and train ~1,500 practitioners by the end of PDG-R while also maximizing access to existing courses available through OEL, Early Learning FL and other entities; a preschool administrator toolkit will be developed with resources to support quality.

In order to receive a contract for SR and accept children with child care subsidies, providers must choose and implement a curriculum from the state's approved list of curricula, which have been vetted to ensure they align to Florida's Early Learning and Developmental Standards Birth to Kindergarten. As found in the NA, only 36% children participating in SR programs were

found to be “ready” for kindergarten; and 4) provide PD on curriculum implementation with fidelity, with support for approximately 275 ECE providers each year.

To implement expanded access to PD, FL will expand one of the successful practices noted in the NA and articulated in the SP to cultivate reflective practice and **increase access to communities of practice (COPs)** to facilitate shared learning and practice. The UF Lastinger Center will develop a plan in partnership with OEL to expand COPs as a tool to support key goals, such as improved adult/child interactions and strengthened teaching practices. The implementation plan will utilize the over 400 COP facilitators already trained statewide through the OEL/Lastinger partnership and include virtual and other supports to build capacity further.

<b>Months</b>	<b>Activity 4.1 Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
1-6	OEL procure PD and supports to children’s social/emotional development
1-12	Trainers trained on Phonological Awareness (PA) hold five trainings for providers on emergent literacy and PA
4-6	UF Lastinger Center and OEL develop plan to expand access to COPs, and plan for capacity building and gradual release of leadership to local partners
4-12	OEL offer training on implementing curricula with fidelity to 250 ECE providers
4-12	OEL coordinate series of 5 new train-the-trainer events for Emergent Literacy, PA
4-12	UF Lastinger update career planning tool, pilot, and revise as needed
4-12	OEL commission independent study of publicly-funded PD investments, including review of targeted content by subject matter experts
6-12	UF Lastinger Center plans and provides COPs in partnership with COP facilitators throughout state, utilizing local capacity
7-36	OEL, ELCs implement social/emotional dev. PD/resources; evaluate impact; refine content, delivery, and resources as needed; automate model and associated tools
13-18	OEL review evaluation of PD investments; develop plan to act on recommendations
13-24	UF Lastinger Center co-leads COP implementation with local leaders
13-36	OEL and partners expand the Directory to reflect comprehensive, cross-sector PD; seek user input and regularly update the Directory to best meet user needs
19-36	OEL reform PD investments, creating more efficiency and effectiveness
25-36	DOE and OEL identify ways to create more data continuity B-5 through 3 <sup>rd</sup>
25-36	UF Lastinger Center supports (as needed) COPs led by local partners

**2. PD on coaching, trauma-informed approaches, and inclusion - With PDG, FL**

reviewed and refined competencies, defining the essential skills coaches need to know and be



able to do. The competencies built on the work OEL completed with UF Lastinger Center designing and implementing the nation's largest coaching certification; to date 380 coaches have been trained and certified through a competency-based system. With PDG-R, FL will expand access to high-quality coaching through increasing the number of certified coaches by an additional 200 coaches, which will be completed through piloting a hybrid institute with in-person and new online content as well as the traditional face-to-face training; an evaluation will determine which model is most effective as FL scales coaching certification and supports.

To expand access to **quality coaching practices**, OEL will contract with UF Lastinger Center to work with stakeholders to develop best practice recommendations for implementing coaching (e.g., caseload, frequency, dosage) to maximize the impact of coaches' time; these will reflect best practices from research, local experience, and stakeholder feedback. To expand ongoing PD to coaches, the UF Lastinger Center will expand access to COPs for coaches; these will initially be provided by the UF Lastinger Center, with leadership transferring to local facilitators increasingly over time. The UF Lastinger Center will also develop, pilot, and implement statewide a system to recertify coaches, recertifying 200 by the end of PDG-R.

FL has recently developed resources in **trauma-informed care** (TIC). DCF has created a 45-hour Director Endorsement on TIC to assist ECE programs in implementing TIC practices for families they serve. Specifically, the endorsement trains ECE directors to recognize the signs of trauma impacting children; examines the importance of self-care; applies tools to help children regulate emotions and behaviors; evaluates the physical learning environment for trauma-sensitive supports; and develops a plan for creating a trauma-sensitive program. Through PDG-R, FL will make this endorsement available in year 1 for 250 directors throughout the state at no cost, and in years 2 and 3 this endorsement will be offered to an additional 500 directors each

year to build capacity of ECE directors who are equipped to care for our most vulnerable populations. Further, FL has a number of TIC certificates offered through state universities and colleges that cover signs of abuse, impact of adverse childhood experiences, and how to apply trauma-informed techniques. Scholarships for these certificate programs, which by the end of PDG-R will be able to articulate into college credit, will be offered at no cost for up to 500 professionals working directly with young children, and evaluated, with the model(s) expanded by year 3. By the end of PDG-R, FL will dramatically expand TIC expertise throughout the state and develop the capacity to sustain implementation of proven models after the grant ends.

To support the efforts outlined in 3.3 to strengthen services for children with disabilities, OEL will develop resources to **strengthen knowledge of serving children with disabilities**. This will focus on educating ECE directors and partners on the screening, referral, and service delivery process through Parts C/B; strategies to implement inclusive practices; connecting families to services that meet their child's unique needs; and providing training and support to effectively communicate highly sensitive observation data and recommendations. DOH and DOE will develop customer service protocols for Parts C/B partners 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.

Over the last two years, OEL has worked to develop a self-assessment tool, the Best Practices in Inclusive Early Childhood Education (BPIECE) for early learning practitioners and directors who work directly with young children birth to 5. This tool provides a framework that builds a bridge between research on inclusion and practices in early childhood education settings and assists practitioners with identifying areas of strength and in developing a plan to improve the quality of services, instruction, and supports to all young children and their families. In order

to support ELCs and schools districts in the implementation of the BPIECE, OEL will work to automate the tool through PDG-R, which would allow providers to create reports, identify need for technical assistance and follow the progress made in inclusive practices.

<b>Months</b>	<b>Activity 4.2 Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
1-12	OEL, DOH and DOE develop resources and strategy for educating ECE on processes and services for serving children with disabilities
1-12	UF Lastinger Center and partners develop recommendations on best practices to implement coaching in communities; review with stakeholders and revise as needed
1-24	OEL provide scholarship to 500 professionals to complete TIP micro-credentials through FSU and UF Lastinger Center; evaluate impact
1-36	DCF pilot new TIP Director Credential to 500 ECE directors; gather feedback and assess impact; modify content or delivery as needed
13-36	OEL, ELCs, and other partners provide PD and resources to ECE professionals to increase knowledge and support of families with children with disabilities
25-36	OEL and partners review results of TIP micro-credentials, develop plan to integrate into overall credentialing system with adjustments as needed

**3. Aligned credentials, certifications, and coursework** - During the 2019 legislative session Governor DeSantis signed an executive order to increase the number of professionals with a degree, expand access to career and technical education, provide new funding to workforce development and apprenticeship programs, and improve articulation from two to four year programs. Another bill that passed calls on OEL to: identify formal and informal career pathways with stackable credentials and certifications that strengthen knowledge and teaching practices; aligns to established professional standards and core competencies; provides a progression of attainable, competency-based stackable credentials and certifications; and improves outcomes for children to increase kindergarten readiness and early grade success.

To more deeply understand how to best meet workforce needs, with PDG-R FL will build on the previous workforce study completed by the Children’s Forum in 2013, and complete a comprehensive new workforce study to better understand education, training, wages and turnover by care level – aligned to the Governor’s executive order priorities; utilize the

workforce study data to determine areas for policy improvement, strategic investment and wage supports; and convene a workgroup dedicated to take targeted deep dive look into workforce issues and propose specific recommendations for implementation.

The SP identified that the first step to having a more aligned PD system is to define skill and knowledge standards for professionals in the B-5 service delivery system. With PDG FL leaders carefully reviewed and revised the core competencies for ECE professionals. Building from these competencies, with PDG-R OEL and the PD Task Force will **expand, revise and align cross-sector core competencies** that articulate what B-5 professionals should know and be able to do in the varied roles in the B-5 service delivery system, aligned to K-12 teacher competencies so there is parity across systems; the PD Task Force will secure adoption of the competencies among PD providers - from pre-service through higher education – so professionals know their options and there is alignment in professional preparation; OEL and the PD Task Force will adopt clearly articulated career pathways that align to FL and national standards.

Collectively, this will provide new momentum for FL to **develop a system of aligned, stacked credentials across PD and higher education** through college credit/degree options. Through PDG-R, OEL and the PD Task Force will develop the requirements for specialization models; higher education and other state and local partners that meet the requirements of intentionally developing targeted skills and knowledge and supporting career progression will be approved by OEL; approved partners will make available stackable, credit-bearing micro-credentials on: I/T, ELL, serving children with special needs, TIC, and emergent literacy; scholarships for up to 500 professionals will be provided through approved entities; evaluate the impact to inform expansion. DCF will also strengthen existing director credential requirements to reflect best practices in management, leadership, and implementing ECE programs.

Building from PDG and the SP, in year 1 OEL will **competitively procure key activities** to inform how to best strengthen the workforce: 1) identify and develop a plan to expand promising practices – such as high school-based ECE credential programs and flexible degree programs – to encourage and cultivate new professionals to enter the B-5 field as the first step on the clearly defined career pathway, and work toward achieving the Governor’s goal for 60% postsecondary attainment; 2) analyze use of T.E.A.C.H.® scholarships to target ECE teachers in concentrated areas of poverty to support completion of credentials and degrees; and 3) develop cost estimates for the appropriate level of statewide wage investment needed to promote continuity of care, improve program quality, and reduce workforce turnover. Each of the projects will move into implementation in years 2-3 based on the findings of the initial work.

<b>Months</b>	<b>Activity 4.3 Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
1-4	OEL and partners develop requirements for stackable credential/certificate programs; approval process
4-12	OEL, PD Task Force, and appropriate stakeholders expand, revise and align cross-sector core competencies
4-12	OEL competitively procure key activities with recommendations/proposed timelines
4-12	DCF strengthen the current director and advanced director credential requirements
4-6	OEL refine and publicize requirements to be approved to offer stackable credential/certificate programs in target areas; potential providers apply to offer credentials/certificates and are approved
6-30	OEL offer scholarships for approved stackable credentials
13-36	Implement improved director credentials statewide
13-36	OEL, PD Task Force secure broad adoption of the competencies among professional development providers
13-36	OEL and partners determine how to implement recommendations from procure activities; invest PDG-R funds or other resource strategically to accomplish goals
15-30	Implement stackable credentials with scholarships for 500 ECE professionals, evaluate
31-36	Review results of stackable credential/certificate program evaluation; develop plan for future expansion

**4. Increase availability of qualified providers, especially in “child care deserts” -**

Analysis of data on the ECE system in FL shows there is an abundance of slots overall, but there are key pockets where there are gaps in availability, or child care deserts. To address these gaps,

OEL will develop and implement a pilot of contracted slots in underserved communities/child care deserts identified by the NA, particularly rural areas. With PDG-R, OEL will develop the requirements for the contracted slots and fund approximately 150 contracted slots in year 1 using payment rates sufficient to attract new providers (informed by cost modeling in 5.2, p. 33); PD will be provided to ensure the slots are quality. The results of this investment will be evaluated to determine its impact and used to inform expansion throughout the state by year 3.

Additionally, the NA shows that while there is an abundance of slots, most slots are poor quality. FL will improve the quality of existing programs (Activity 5) and strengthen workforce preparation (see 4.3, p. 27) and increase availability of qualified providers.

Months	Activity 4.4 Timelines and Project Milestones
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
1-3	OEL develop contracted slot model for child care deserts/underserved communities
3-6	Develop recruitment and application process; recruit and select contracted providers
7-30	Pilot of contracted slot model, carefully monitor impact and adjust model as needed
30-36	Review results of contracted slot pilot; determine how to sustain successful elements of model to address child care deserts/underserved areas of communities

## Approach - Activity 5: Improve Quality, Expand Access, Develop Programs

**1. Specific Needs Identified** - FL identified four key quality and access priorities through the NA, and articulated detailed strategies to address the following needs in the SP: 1) there is not a unified definition of quality, which makes it difficult for families to distinguish programs and challenging for programs that need to meet different requirements that vary by funding stream; 2) subsidy reimbursement policies are set locally, vary widely throughout the state, and do not align with the actual cost of providing quality ECE, making it more challenging for families to access quality programs; 3) while additional quality improvement (QI) investments are needed, it is difficult to know the most efficient and effective way to invest in effective QI based on program type, quality level, and children served; and 4) there are unmet needs among

underserved populations, with inequitable access to quality ECE. The SAC carefully reviewed the data from the NA and developed SP to address these challenges.

**2. Plan for Improving the State’s System Components** - FL will focus on each of these four challenges through PDG-R. First, FL will actively move toward a **unified vision for quality** across all publicly funded programs that focuses on adult-child interactions. This formed the foundation for the Performance Funding Project in 2014, through which ECE programs could receive higher subsidy payments for better CLASS scores, using an observation-based child assessment, and completing mandatory PD and coaching. In 2018, the Legislature authorized \$6M to complete baseline CLASS assessments on all ECE programs serving subsidized children as part of new accountability legislation. A total of 4,118 baseline CLASS assessments informed individualized quality improvement plans; beginning in 2019, all programs serving subsidized children have to meet minimum composite scores to continue to receive contracts to serve children who receive child care subsidies, which will increase in 2020 and 2021. To create a unified system, FL will move toward using the same program assessment across other DOE-funded programs, and make licensing and monitoring more efficient for ECE providers.

ECE programs that only provide VPK and do not serve subsidized children - over 5,000 classrooms and over 9,000 teachers - have not participated in the program assessment and that related PD. Through PDG-R, OEL will complete a pilot of CLASS assessments in 1,500 VPK-only classrooms, implement QI supports with 3,000 teachers and measure the impact of these investments. Participating teachers will complete 24 hours of Teachstone PD based on their initial CLASS score, have individualized coaching, and complete a post-CLASS assessment in late spring; substitutes will be provided to enable teachers to complete the PD. This pilot will provide important data on the relationship between CLASS scores, kindergarten readiness, and

where quality supports are most needed in VPK classrooms. The results will inform expansion of using CLASS across VPK to strengthen instructional supports and interactions. Through focusing on the same definition of quality, OEL will be positioned to invest VPK, CCDBG, and other public funding more efficiently and effectively. This data will also inform the Provider Profile and user friendly information for families on quality ECE options (see Activity 3.1 p. 13).

Streamlining monitoring is another key step toward having a unified definition of quality. FL visits all licensed programs three times a year to ensure basic health and safety measures are met. Additionally, there are a number of different program monitors that come into ECE settings, often to gather similar information. The “one size fits all” model of licensing is inefficient and means higher quality programs receive more visits than needed, and lower quality programs that need more assistance through longer visits or technical assistance cannot access this support. Monitoring by different people is inefficient and not cost-effective for the ECE system and frustrating for providers. With PDG-R, DCF will convene a Streamlining Monitoring Workgroup that will develop recommendations to: 1) move to a differential monitoring system; and 2) streamline monitoring through sharing data, program assessments, and other information to lessen the burden on ECE programs and more efficiently and effectively use public resources. Through a more efficient monitoring system, FL can redirect funds to QI and other supports.

Second, FL will **determine the appropriate cost to fund minimum quality standards and incentivize ongoing improvement** across FL’s 67 counties based on the cost of care. This analysis will inform how FL can reallocate and spend existing subsidy funds more efficiently, equitably, and with greater impact for children and families; in other words, with a relatively small PDG-R investment, FL will be able to spend \$760 million<sup>7</sup> more effectively and have a greater impact on hundreds of thousands of young children.



Building on the Cost of Quality report developed through PDG, with PDG-R OEL will conduct an analysis of currently approved county subsidy payment rates and the authorized stacked differentials to determine which counties are still not able to meet the 75<sup>th</sup> percentile of the current market rate (independent analysis will take place for FCCH and enhancements will be made to the Cost of Quality calculator to ensure it is sensitive to the unique county nuances that can influence quality and access); determine base payment rates needed in each county to ensure School Readiness providers that attains the highest levels of quality has the ability to draw down the 75<sup>th</sup> percentile rate; based on the cost projections, develop a phase-in plan to equalize payment rates and provide a more efficient system for families and providers and improve quality across the state. With PDG-R OEL will analyze payment rates at least biennially in concert with the OEL/DOE market rate survey; monitor 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); and assess the impact of recalibrated payment rates on access and quality. To ensure the market rates are an accurate reflection of the cost of care, FL will contract with an independent third party to obtain information on providers not participating in SR and explore alternatives to gathering accurate market rate data to set payment rates.

To **incentivize ongoing QI**, FL has implemented quality differentials. Above the base subsidy rate, providers can earn up to a 20% differential if they have a Gold Seal-accreditation, a 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. Combined with equalized payment rates, OEL will evaluate the impact of the quality cost-differentials to ensure they cover the cost to maintain quality requirements; OEL will use results to inform adjustments needed to payments or policy if differentials do not align to the cost to maintain quality.

Third, to **determine how to best invest QI and PD supports**, FL will use PDG-R to: complete a comprehensive data analysis that will include baseline CLASS data (2019), the PDG-R funded VPK pilot (see Activity 5.2, p. 31), the analysis of PD investments (see Activity 4.1, p. 21) and QI investments information to **identify the highest impact investments**. The UF Zucker Center will: map ECE providers, using GIS software, who have attained Gold Seal Accreditation and/or high CLASS scores to determine the geographical availability of quality ECE programs by county; collect and analyze data on the capacity of high-quality ECE programs by program type, private pay rate, and local subsidy policies to identify access constraints for children receiving subsidized ECE; integrate child assessment results with service delivery data to identify gaps in services and areas of local success; complete analysis with particular attention paid to data from rural communities, Tribal communities, children with disabilities, children who are homeless, and migrant communities to determine what specialized supports or targeted funding/QI strategies are needed to meet unique needs of these populations. OEL will use the results of the analysis to inform more effective and efficient ways to invest in QI and PD beyond PDG-R, creating a more efficient, responsive, effective ECE system for children and families.

Fourth, as a crosscutting concept through the initial PDG, OEL worked to **build capacity in equity practices** through a pilot of statewide stakeholder training to guide understanding of how to best meet the unmet needs of underserved populations and to ensure equitable access to quality ECE. Building on this initial effort, with PDG-R OEL will expand the pilot to bring the training, as well as certification, to 75 cross-sector B-5 professionals throughout FL. OEL will procure for equity “coaches” to work with ELC and OEL leadership in five regions using Racial Equity Impact Assessment (REIA) tools designed to recognize and address disparities through data-driven and targeted strategies explicitly intended to close equity gaps (e.g., Race Equity

Crosswalk Tool (Annie E. Casey Foundation), Tool for Organizational Self-Assessment Related to Racial Equity (Coalition of Communities of Color and All Hands Raised) and Racial Equity Impact Assessment (Race Forward)). The coaches will work with ELCs and other regional/local B-5 system leaders to review internal project plans, policies and procedures to strengthen the degree to which they reflect an equity lens. The coaches will provide training, TA and other supports to boards and staff to increase skills to review practices and policies and develop systems that better close access and opportunity gaps. OEL, regional and local systems leaders and equity coaches will track advances in removing challenges and barriers within the system.

<b>Months</b>	<b>Activity 5 Timelines and Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-9	OEL invest in core child assessment infrastructure; develop, distribute, and award funding to ELCs to build child assessment capacity
4-12	DCF convene Streamlining Monitoring Task Force of licensing, OEL, ELCs, other stakeholders to develop differential, coordinated monitoring recommendations
4-12	OEL conduct analysis of current subsidy rates (including FCCH) to determine counties not able to meet the 75 <sup>th</sup> percentile; enhance Cost of Quality calculator
4-36	Equity training for 75 cross-sector leaders throughout FL
4-24	OEL analyze payment rates at least biennially in concert with the OEL/DOE market rate survey, monitor ECE policy changes on access and quality.
4-36	OEL and partners develop user-friendly resources for families (see 3.1)
7-36	OEL/ELCs build child assessment capacity, expand reliable implementation of child assessments and use of assessments to inform individualized care and instruction
10-12	OEL determine base payment rates needed in each county
12-18	UF Zucker Center map providers to determine availability of quality ECE programs by county and analyze data to identify access constraints for subsidized children.
13-36	DCF, OEL, and others implement recommendations of Monitoring Workgroup
13-36	Coaches support local ELCs, other stakeholders to review/update policies, procedures, and other aspects of programming to close access and equity gaps
13-36	OEL realign current SR payment structures/rates to provide a more efficient system for families and providers and improve quality across the state.
18-30	OEL complete comprehensive data analysis (CLASS assessments, PDG-R funded VPK pilot, analysis of PD investments, data on QI investments) to assess impacts across program settings to identify the highest impact investments
19-36	OEL realign QI investments to have greater impact; measure success and readjust as needed to improve quality, particularly in child care deserts

**2. Proposed Project Length and Subawards** The timeline and length of each project is noted in timelines above. Through PDG-R, competitive subgrants will be made available to ELCs, LEAs and others to support promising practices in improving transitions, I/T programs, cross-sector partnerships, TIC, children with special needs, and supports for ELLs; these will total \$1.5M. Recipients of subgrants will be required to document and report on implementation of promising practices to ensure FL can identify baseline data and measure progress and specific outcomes related to child or program improvement so practices can be brought to scale reliably.

**Objectives and Deliverables** - The key objectives and deliverables are:

**Objective 1: Develop a uniform definition of quality** across funding streams and programs, which will help families select higher quality programs, help programs by simplifying the challenges of meeting requirements for different funding streams, and streamline and increase impact of QI supports. *Deliverables:* program assessment of 1,500 VPK classrooms; QI supports to 3,000 VPK teachers; impact measured of VPK pilot and develop recommendations for scaling throughout VPK; report from Streamline Monitoring Task Force with clear recommendations; streamlined and differential monitoring implemented across all ECE programs; more efficient and impactful licensing and monitoring provided to support QI.

**Objective 2: Ensure programs have sufficient resources to fund minimum quality standards.** *Deliverables:* cost of quality in each county/region determined; county/regional rates required to meet 75<sup>th</sup> percentile defined; plan to recalibrate payment rates throughout state developed; subsidy payment rates changed to increase access to quality ECE.

**Objective 3: Improve impact of QI supports.** *Deliverables:* complete rigorous analysis of impact of current QI and PD supports; determine the geographical availability of quality ECE programs by county; and realign funding as appropriate to fill unmet needs.

**Objective 4: Increase access to high quality ECE through policies that have an equity lens.** *Deliverables:* certify 75 local and regional leaders at Equity Summits; procure five coaches to provide onsite TA to review outcome data, policies, procedures, and supports; and policies and procedures changed to expand equitable access to quality in most vulnerable communities.

**Major Activities and How They Achieve Objectives** - Major activities are listed on the Activity 5 Timelines and Project Milestones table (see p. 35) and tie back to the objectives.

## **Approach - Activity 6: Monitoring, Evaluation, Data Use for Improvement**

### **DATA INTEGRATION, MANAGEMENT, AND USE**

**1. Data Collection, Management and Use** - As described extensively in 1.1-1.2 with the support of the initial PDG, FL has developed significant B-5 integrated data system capacity that is widely in use and fully operational. The ECIS includes extensive data from across the B-5 system of services (see Activity 1.2, p. 6). Through the ECIS, OEL and the UF Zucker Center have extensive data sharing agreements with diverse agencies (see p. 5). Through agreements, the UF Zucker Center securely receives identifying information (DOB, Child Name, Parent Name, SSN, system) from each agency and can link individuals across data sources. Further demographic information (e.g. race/ethnicity, gender, age at time of service, parent education), risk/protective factors (e.g. household size, screening results, maltreatment, socioeconomic factors), service eligibility information (e.g. eligibility date, eligibility determination, service start and end dates, service disposition), and outcome data (kindergarten readiness assessment, health outcomes) enable robust analysis. The ECIS analytical capacity helps inform local and state decision makers about needs, utilization of support services, and relationships between these patterns and outcomes for children and families.

The ECIS is designed to be very user-friendly and previous iterations have been widely available to state, regional and local leaders. Because there is such extensive data available at the zip code (when available), county, regional and state level, users have found the ECIS and its analysis capacity incredibly valuable to informing documentation of needs; planning, particularly related to access, quality improvement, and PD; informing partnerships with school districts related to early childhood through K alignment, transitions, and support; fund development; and community, regional and state presentations on the state of early childhood services.

FL has a strong, nationally recognized Statewide Longitudinal Data System (SLDS) called the PK20 Education Data Warehouse (EDW). EDW tracks students from prekindergarten through postsecondary and into the workforce. EDW is a significant source for statewide data collection and reporting and incorporates multiple data sources - from local education agencies to Federal *EDFacts* - into one SLDS. FL continuously receives requests from in- and out-of-state organizations and researchers because of EDW's ability to track students longitudinally. The long term goal is to enhance SLDS efficiency, integrate B-5 data, improve data quality and reporting, improve usability, and enhance system capacity and capabilities.

The ECIS and SLDS leadership have not collaborated extensively to date but that will change with PDG-R as FL will begin steps toward integrating the two systems. OEL, DOE and the UF Zucker Center will coordinate to bring the appropriate partners to the table, conduct self-assessments of both the ECIS and SLDS to identify opportunities for linkage and integration of the two systems and work to execute necessary data sharing agreements to support linkage and integration. Building from the success of the two systems, FL proposes to: 1) enhance the current functionality of the data collection process and usability of the current longitudinal system to integrate B-5 data; and 2) expand the interactive B-5 data platform using real time data and

advanced technology by integrating SLDS and ECIS and (3) create visualization tools. To accomplish these goals, OEL and DOE will identify data sets to be incorporated into EDW, such as the results of the statewide kindergarten screening. These data can be linked to later student outcome measures such as the third grade state assessment. Other activities would include incorporation of data sets such as kindergarten screening results, participation in VPK and school grades into ECIS to provide users a more robust look at child/student outcomes in PreK-grade 3.

FL has intentionally developed the ECIS to gather and analyze data from across the entire B-5 service continuum and has **meaningful data governance** for agencies to work together to fully understand the needs of young children and their families. The ECIS is updated regularly through extensive data sharing agreements so analysis is based on the most up to date data. FL has established an extensive data partnership among the key agencies serving young children B-5 that includes: DOE, OEL, AHCA, DCF and DOH. These agencies work together through the SAC and have all executed extensive and detailed data agreements through OEL and the UF Zucker Center that provides permission and assures that data are only used for appropriate purposes. The data sharing agreements all stipulate the limits of disclosure, requirements for protection of human subjects, data security protocol and infrastructure that must be in place and maintained. These data sharing agreements are reviewed and updated as needed.

Improving the **data literacy skills** of partners at the state and local level is a priority to ensure the data is actively used to inform planning, decision making, and policy and program development. Through the initial PDG the UF Zucker Center provided PD to the ELCs on how to use the ECIS reports on quality and access to better understand their local early learning systems, including how to use the data to inform planning and efforts to improve the quality of local ECE programs. The UF Zucker Center also worked closely with the SAC to help the

members understand the ECIS data and analysis capacity and utilized it to inform the SAC's decision making and deliberations, including completing targeted analysis on key questions.

Through the PDG-R, the UF Zucker Center will expand this PD to support additional work with the ELCs and other partners providing B-5 services. The UF Zucker Center will continue to support the SAC and brief the SAC at least twice annually on recent data analysis, trends, and needs to enhance either data feeds or data system functionality to ensure the SAC work is data driven (see Activity 1.1). The SAC will provide essential feedback to the ECIS design, user interface, and reporting capacity, informing ongoing improvements over the course of this grant.

**2. Capacity to link B-5 programs across services and funding streams** - The ability to link data across B-5 programs, services, and funding streams is the primary purpose of the ECIS. FL leaders have worked tirelessly to develop capacity to link data across all B-5 sectors and services (see p. 5), enable data matching to better understand needs of individual children, and aggregate data to understand population level needs across B-5 services at local, county, regional and state levels. The ECIS can analyze data by demographics (e.g., mother race/ ethnicity, gender, age), risk/ protective factors (e.g., household size, screening results, maltreatment, socioeconomics), and services (e.g., eligibility date, eligibility income, service start/end date). ECIS can provide ongoing analysis of how well services are meeting the needs of young children and their families, provide standard reports (e.g. frequency and distribution of service use, demographic characteristics by community, duration among recipients, prevalence of risk and protective factors), and has the capacity to complete extensive analysis at zip code, county, region and state levels to answer targeted questions about the health and well-being of children.

FL prioritized *Improving Data System Coordination* in the strategic plan and will build on the existing ECIS to enable better assessment of needs, access and quality to inform data-driven



policy solutions. Through PDG-R, FL will update the data system to improve accuracy, timeliness and completeness of the information through ongoing data acquisition to establish longitudinal data view and analysis. FL will analyze patterns of service usage related to family characteristics, community characteristics, and time (seasonality, given the large migrant population) and state and local policies to inform effective policies for making services more efficient and responsive. Using the best available data, the ECIS team will continue to construct indicators of risk and protective factors, access, utilization and impact of services to guide SAC and other decision making. In addition to analytic advancements, the ECIS team will create innovative data visualization strategies to enhance capacity of local and state decision makers to identify actionable steps. Adding data from sources like IDEA Parts C/B, HS service agencies and kindergarten entry data will enable the SAC to understand the unique contribution that these services provide to support children's preparation for kindergarten.

Through the PDG-R, FL will work toward the SP goal of using data to streamline policies and practices for more effective service delivery. FL will: 1) document capacity and quality of services throughout the state and expand understanding of access and underserved communities and populations; 2) develop and conduct analysis of statewide access to quality ECE programs and B-5 services; and 3) create a structure that facilitates analysis of NA data to change the practice of decision making from prediction-based to directly data informed.

**3. Unduplicated count** - FL has ability to determine unduplicated counts of children receiving services within individual early childhood programs. Each child in FL is assigned a unique identifier (UI) at the time of kindergarten entry and OEL has recently worked with DOE to create the ability for younger children to be assigned this UI. As of 2019, children enrolled in VPK are now assigned a UI and starting in early 2020, all children enrolled in SR will also be

assigned a UI. Additionally, DOH's FL Shots program assigns a UI when children complete immunizations. However, these UI's are not coordinated and do not extend to other early childhood agencies, which makes it difficult to link children across programs and services. Despite this, through the PDG and PDG-R ongoing NA efforts, FL is creating the capacity to link children across publicly-funded early childhood services through the ECIS, which will provide an unduplicated count of children across B-5 services, using a defined set of identifying data fields through which UF Zucker Center is able to link children within a secure data environment and then strip identifying information once linked in order to provide aggregate reports for analysis. This will be complete by the end of PDG-R.

With strict privacy protocols to safeguard data, this capacity will allow OEL/DOE to better understand: an unduplicated count of children receiving B-5 services; the unique service profiles of children that resulted in improved outcomes; children with underserved needs; transition from ECE programs into elementary settings; K-3 achievement and enrollment in special education; and factors that impact ECE participation, such as expulsion, inclusion limitations and access to dual-language learning environments. Building this analysis capacity and completing these reports is planned through PDG-R. This data will be integrated into the ECIS and analyzed with data on program quality, access, and availability of other services to inform resource allocation related to: payment rates (see Activity 5.2, p. 33), QI and PD investments. The SAC will be presented with this data and use it to inform planning and coordination efforts (see Activity 1.1).

## **MONITORING, EVALUATION AND CONTINUOUS IMPROVEMENT**

**1. Promoting accountability** - In 2018, FL passed significant accountability legislation to strengthen implementation of FL's SR program, which requires programs to have a composite score of 2.51 to continue receiving SR funds (effective July 2019), with the score threshold

increasing annually to 3.51 in July 2020 and 4.00 in 2021. OEL and ELCs supply resources for providers to support coaching, PD and QI, particularly in underserved communities, and to help improve interactions measured by CLASS and ensure program accountability.

FL also has an accountability system for VPK, which is based on the aggregate outcome measures of students who complete VPK. The VPK provider readiness rate identifies providers who have met or exceeded state expectations and those whose performance is unsatisfactory. FL will take key actions with the PDG-R to further strengthen the state's VPK program and pilot use of the CLASS within VPK programs to strengthen interactions and instructional practices (see Activity 5.1, p. 31). The results of this work will be used to inform strategies to improve accountability across FL's voluntary, universal PreK program.

With PDG-R FL will evaluate the impact of the new quality requirements on subsidized providers to determine if the accountability measures improve access to quality ECE (see p. 42), assess the impact of the VPK pilot on readiness rates (see p. 43), determine if the PD and requirements to implement contracted slots in child care deserts provide sufficient accountability to expand access to quality programs (see p. 30); all of this evaluation will provide critical data to inform ways accountability for programs that provide subsidized child care or VPK can be strengthened. FL will also bring new accountability to how it spends PD funding through comprehensive analysis of publicly-funded PD (see p. 21), how referrals are implemented and funded, and how coaching is implemented in local communities (see p. 25).

**2. Fragmentation and overlap** - The NA showed the following key areas of fragmentation and overlap, which will be addressed through PDG-R: 1) how families are screened and assessed to determine developmental concerns or delays; FL will streamline and improve the efficiency and effectiveness of screening, assessment, referrals (see p. 13); 2) PD for the ECE workforce,

due to no quality control on content or delivery, limited opportunities for career advancement, and no systematic plan for design and delivery; FL will conduct a comprehensive assessment of publicly-funded PD and realignment of investments to ensure funds are allocated to high-impact activities (see p. 22), credit-bearing stackable credentials in high priority topics (see p. 27), and more effective and targeted coaching (see p. 25); 3) multiple referral systems exist to help families find services but they are difficult to find and often deliver information over the phone, rather than through the mechanisms families want (e.g., searchable apps); FL will develop a new app for families to help them find ECE or other services that meet their needs; 4) families want information on their children’s development, but are overwhelmed by the amount of information and underwhelmed by how useful it is; FL will develop an intuitive app that gives families with easily accessible and user-friendly information on children’s developmental stages.

**Program Performance Evaluation Plan**

**3. Evaluation Plan** - In the initial PDG B-5 grant year, FL gathered extensive data including: 1) analysis of 46 metrics within the ECIS; 2) completion of nearly 2,000 family surveys; 3) stakeholder feedback representing over 100 perspectives through focus groups, interviews, and community case studies; and 4) review of current plans and process notes from existing workgroups and networks. FL will build on this strong foundation by developing a comprehensive program performance evaluation plan (PPEP). The table below provides a timeline for key activities related to PPEP implementation.

<b>Months</b>	<b>PPEP Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-7	Determine indicators; identify currently existing and new data sources; advisory committee meetings to consult on draft plan and methodology; finalize plan
8-29	Quarterly review of data with stakeholders; develop action steps after review to improve impact; regular reports to SAC on process and outcome indicators
30-36	Revise and identify new PPEP indicators and data sources based on updated NA, SP

The PPEP will serve three **purposes**: 1) serve as an accountability mechanism for the SAC and OEL/DOE to track SP implementation; 2) provide ongoing feedback to the SAC, state administrators, community leaders, and partner organizations on the effectiveness of SP activities, allowing for course corrections as needed; and 3) provide evidence for policymakers on the impact of SP activities to support policy change toward further system improvement. The **audiences** are the SAC, SAC agency leaders, policy makers, and local/regional leaders, such as ELCs, CSCs, home visiting leaders, health and mental health leaders, and others (see p. 3).

The PPEP fully **aligns with FL's SP** vision and mission, which are centered around strengthening the state's B-5 system to improve child outcomes, particularly for the most vulnerable and underserved children. **Key data sources** for the PPEP include measures of child development, learning, as measured by the kindergarten readiness screener, health and other data in the ECIS; long-term this will include data from the SLDS. Baseline **data will be collected** from years prior to PDG-R and will be tracked throughout the grant period to evaluate progress. Outcome data will be analyzed from an equity perspective to monitor gaps in health and achievement by socioeconomic status, race, and other demographic characteristics. To improve child outcomes, the state's SP has three priorities: (1) equitable access to services for families, (2) quality of ECE, and (3) cross-system collaboration. Thus, the state will design the PPEP to include measures of progress at the family, program, and system level, discussed in detail below.

*SP Priority 1: Equitable access to services for families.* Key outcome indicators: unduplicated count of children receiving services, children with underserved needs. Process indicators: 1) *family access* to consumer ed., resources that build parenting knowledge/skills, and family services (e.g., CCR&R/HMG intakes; visits to ECE provider profiles; user analytics for family support projects; home visiting, other B-5 program enrollment); 2) *ease of navigation for*

*families*: progress toward SPE; number screenings conducted; use of transition supports and resources; 3) analyze potential *policy changes* through equity lens: number of policies analyzed; impact on reducing gaps in health and achievement by socioeconomic status, race, or other characteristics; participation in PD (e.g., PD on customer service and referrals, equity training/coaching), social marketing reach, data on family satisfaction. Source: ECIS and SAC data.

*SP Priority 2: Improve quality of ECCE.* Key outcome indicators: statewide program assessment/CLASS data, Kindergarten readiness results, number of quality ECCE programs/slots by county, program type, and private pay-rate to monitor gaps in access, especially for vulnerable populations. Process indicators: number of counties implementing payment rates that meet the cost of quality; impact of recalibrated subsidy rates; retaining *a qualified and skilled ECCE workforce*, measured by number of professionals holding specializations, credentials, and degrees; access to workforce supports (e.g., PD, coaching, COPs, wage incentives, scholarships). Data sources: OEL, Children’s Forum, local ELCs, and other PD partners.

*SP Priority 3: Improve cross-system collaboration.* Key outcome indicators: access to *services that support children’s physical and mental health and families’ economic self-sufficiency*: eligible children with health insurance; ECCE programs with mental health supports (e.g., ECCE staff with FIMH-E<sup>®</sup>, PD). Data sources: ELCs, Healthy Kids.

**Key personnel.** A team from the UF Lastinger Center will continue to support the PPEP development, led by Dr. Phil Poekert and Dr. Jennifer Park. This team will be assisted by the Policy Equity Group, who will provide project management, help create indicators to measure impacts, and support CQI process development. With PDG-R, OEL will complete a competitive bid for the evaluation. A highly qualified team will be selected in year 1 to complete the analysis outlined in the PPEP and this proposal. Evaluation staff will be provided to ACF upon award.

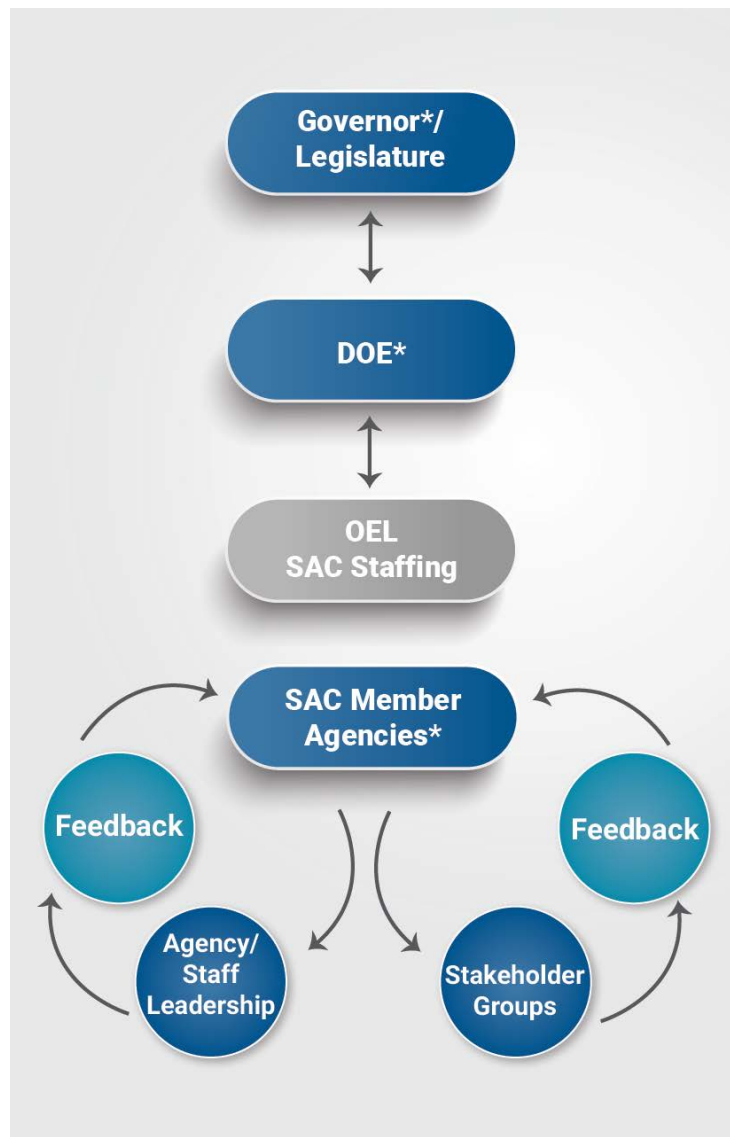
## MEANINGFUL GOVERNANCE AND STAKEHOLDER ENGAGEMENT

**1. Governance structure** - FL has a strong governance structure for each of the individual pieces of the early childhood systems (e.g., early learning, home visiting, infant mental health, health care, education) but these systems have not consistently worked closely together. The PDG grant and reinstatement of the SAC have significantly changed this and improved coordination and collaboration across the B-5 delivery system. FL’s SAC represents the key players in the state’s early childhood system that impact the health, development, education and well-being of young children and their families. SAC members include:

SAC MEMBER	TITLE	AGENCY/ ORGANIZATION
Dr. Eric Hall (Chair)	Chancellor	DOE
Dr. Susan Cross	Pediatrician	FL Chapter - AAP
Dr. Victoria Damjanovic	Director, USF Preschool	FLAEYC
Mr. Edwin Debardeleben	Policy Chief	Agency for Persons with Disabilities
Ms. Talethia Edwards	Parent Advocate	Parent Advocate Representative
Ms. Shivana Gentry	Director of Integration	DCF
Mr. Zackary Gibson	Chief Child Advocate	Executive Office of the Governor
Ms. Shan Goff	Executive Director	OEL/DOE
Mr. Matt Guse	Chief Executive Director	Children's Services Councils
Ms. Nacole Guyton	Director	HS State Collaboration Office
Dr. Christine Hughes Pontier	Board Member	FAIMH
Mr. Roy Keister	President	FACCM
Ms. Ashley Carr	Communications Director	Healthy Kids
Ms. Mary C. Mayhew	Secretary	AHCA
Mr. Rick Myhre	Director, Just Read, FL!	DOE
Ms. Cassandra Pasley	Director, CMS	DOH
Ms. Erin Smeltzer	Executive Director	AELC
Ms. Cathy Timuta	Executive Director	Healthy Start Coalitions

SAC decision-making (see Figure 1) has been primarily by consensus, with OEL staff and a consultant prepping members before meeting, providing materials in advance, clear outcomes and decision points, and active engagement by all members. Key decision makers are noted in Figure 1 with an asterisk; all others serve in an advisory capacity. The SAC has worked extremely well together; should there be difficult decisions in the future on which there are disagreements, the chair will be the final arbiter. Each of the professionals above is in a decision

making role within their agency and has been actively involved in designing the NA, SP, and will ensure PDG-R activities are implemented successfully. SAC members shared the SP and proposal with constituents and received feedback. Extensive partners were engaged throughout the NA design, review of results, and SP, including the state’s 30 ELCs, which administer child care subsidies (SR), VPK, CCR&R, and other ECE initiatives; the state’s 11 CSCs; the Early Learning Advisory Council; and groups focused on infant mental health, health care, and family support. There is strong support for the SP across all of these entities.





**2. Stakeholder leadership for PDG-R Implementation** - There are detailed implementation

plans in each section of the proposal that outline key activities, responsibilities and timelines.

The below table summarizes the leads and shows strong representation across the B-5 system.

<b>ACTIVITY</b>	<b>INDIVIDUAL, ROLE</b>	<b>ORGANIZATION</b>
1. Needs Assessment Update	Dr. Herman Knopf, UF	UF Zucker Center, all SAC members, agencies
2. Strategic Plan Update	Shan Goff	OEL, supporting SAC
3.1 Improving referrals, strengthening home visiting,	Courtne Wheelless, CCR&R Phyllis Kalifeh, HMG Cathy Timuta, home visitation	OEL/CCR&R at ELCs Children's Forum Healthy Start Coalitions
3.2 SPE Improving disability support Children's health insurance	Melanie May, SPE Cassandra Paisley, Part C Monica Verra-Tirado, Part B Ashley Carr, Healthy Kids	OEL, SAC agencies DOH DOE AHCA
3.3 Screening, assessment, early intervention, transitions	Cassandra Paisley, Part C Monica Verra-Tirado, Part B	DOH DOE
3.4 Family leadership	SAC members, ELCs, HS	SAC, ELCs, HS
4.1 Evaluation of PD/Registry PD Offerings	Shan Goff Samantha Wass de Czege T. Price, M. Webster, A. Morgan Dr. Raquel Diaz	OEL DCF OEL UF Lastinger Center
4.2 Coaching system TIC Children with special needs	Dr. Phil Poekert Samantha Wass de Czege Dr. Lisette Levy	UF Lastinger Center DCF OEL
4.3 Strengthening PD system Stackable credentials	PD Task Force Katerina Maroney	Cross-sector orgs OEL, with IHE partners
4.4 Contracted slots pilot	Lisa Zenoz and Shan Goff	OEL, rural partners
5.1 VPK pilot Streamline monitoring Quality cost/payment rates Equity focus and supports	Melinda Webster Samantha Wass de Czege Allyce Heflin Dr. Lisette Levy	OEL, VPK classrooms DCF OEL SAC partners, OEL
5.2 Innovation grants to address PDG-R goals	Erin Smeltzer	AELC ELCs, LEAs esp. in rural areas
6.1 Data Evaluation, integration	Dr. Herman Knopf Andre Smith	UF Zucker Center DOE
6.2 Governance, addressing fragmentation and gaps	SAC members	SAC
<b>Bonus:</b> Coordinated App	Melanie May	OEL, SAC agencies
<b>Bonus:</b> Infant/Toddler	Monique Wilkinson Mimi Graham Amy Wetherby	OEL FSU CPEIP FSU Coll. Of Medicine
<b>Bonus:</b> Transitions	Melinda Webster	OEL, DOE, LEAs, ELCs

## Organizational Capacity

**Capacity to administer the funding, development and sustainability.** OEL has strong experience and expertise in all PDG-R topics. OEL is the ECE system visionary and CCDF administrator, and regularly identifies strategies to strengthen the quality, availability, and accessibility of ECE programs in FL across the mixed delivery system for children B-5. OEL oversees CCR&R, extensive quality investments to share best practices with providers via PD, coaching, and other supports and innovative QI tools. OEL successfully administers multiple ECE programs totaling over \$1.2 billion in funding and has expertise in content, procurement practices, program development and implementation, finance and accounting, compliance, fiscal monitoring, system evaluation, and policy development. OEL's structure and business practices include individual units working strategically to implement coordinated programs and policies. OEL is a part of the DOE, which has a budget of \$20.8B and administers and provides oversight of the State Universities, Colleges, Vocational Rehabilitation, Blind Services, and FL's 74 school districts (67 counties plus 7 special districts) that serve over 2.8 million children. As part of DOE, OEL has access to administrators to assist in the PDG-R administration. OEL will work with DOE to review the evaluation results of the PDG-R to determine the next steps for adaption or the continuation of the programs.

**Plan for oversight of federal award funds -** OEL serves as the lead agency for CCDF and has extensive experience overseeing federal awards. OEL will utilize its existing monitoring framework to account for PDG-R. OEL has a robust monitoring plan, which includes risk assessment, internal control surveys, programmatic and financial monitoring, and fiscal desk reviews. The PI unit manager, Reginal Williams and the FABS unit manager, Lisa Zenoz, will direct grant oversight activities. The PDG-R project manager, Molly Grant, will be responsible

for oversight management. All contract managers are FL Certified Contract Managers. Grant revenue and expenditures will be tracked in the state's uniform accounting system, FL Accounting Information Resource (FLAIR), using unique accounting codes. OEL staff review annual budget, revenue, and expenditure reporting to ensure reporting of costs are in accordance with the uniform chart of accounts and in compliance with targeted funds and restrictions. The FABS unit maintains records to compare budget to expenditures on a monthly basis. Additionally, the FL Auditor General performs an annual audit of compliance and internal controls over financial reporting and federal awards.

OEL implements its programs through a complex and sophisticated set of partnerships, notably the close relationship with the state's 30 ELCs that administer the CCDF and VPK programs in FL's 67 counties. OEL oversees extensive networks and standing committees/workgroups and participates as a leader in the CYC, SAC, FL Interagency Coordinating Council for Infants and Toddlers, which includes extensive work with Parts B/C, health, mental health, workforce, and other stakeholders to improve coordination and collaboration, streamline services, and ensure services are responsive and meeting the needs of specific populations.

**Agencies, key individuals.** OEL will lead PDG-R implementation. Biweekly meetings with key cross-agency staff will ensure benchmarks are achieved and challenges are addressed. The following cross-agency staff will strategically participate on the PDG-R Leadership Team:

- **PDG Lead: Shan Goff, Executive Director** (*M.A. Special Ed. and Elementary Ed., FL Certified Teacher*) Experience: Over 40 years working with B-5, K-12 ed. systems; FL Policy Director for the Foundation for Excellence in Education, DOE Deputy Chancellor for K-12 Programs, DOE State Director for Special Ed. Expertise: Prek-12 teaching/learning; ed.

policy reform/local implementation. PDG Role: Project Executive Sponsor; grant oversight, accountability; project planning/execution; strategic planning; budget planning.

- **Molly Grant, Educational Policy Analyst/Project Manager** (*MPA Public Admin./Policy, FL Cert. Contract Manager*) Experience: Over 13 years policy development/implementation, CCDF plan management/development. Expertise: Project management, health/safety, expulsion prevention, equity. PDG Role: Project manager; oversight of grant, timelines, reporting; agency liaison between OEL/partners to monitor implementation, grant progress.
- **Melanie May, Deputy Director of Information Systems** (*B.S. Ed., PMP*) Experience: Over 25 years working in IT; led statewide IT system for subsidy and VPK programs. Expertise: IT. PDG Role: Develop tech. plans, processes; manage IT system development.
- **Allyce Heflin, Deputy Director of Finance and Operations** (*M.S. Social Work*) Experience: Over 15 years working in ed. budget and appropriations, policy development and interpretation. Expertise: ed. policy, reform and funding; legislative appropriations process. PDG Role: Oversight of grant, contract management, financial payment data; reporting.
- **Katerina Maroney, Deputy Director of Policy and Programs** (*B.S. Psychology*) Experience: Over 15 years working in ECE, policy dev, implementation, monitoring. Expertise: policy analysis, program oversight and evaluation; grant/contract management; CCDF plan management. PDG Role: Oversight of QI projects; planning; forecasting; collaboration and alignment; policy analysis, development and implementation.
- **Melinda Webster, VPK Program Manager** (*M.S. Reading Practices*) Experience: Over 35 years as a teacher, reading specialist/coach/coordinator, state director of literacy and ECE. Expertise: Early literacy, standards, child development, transitions. PDG Role: VPK QI projects; implementation; planning; collaboration/alignment; VPK provider engagement.

- **Tamara Price, School Readiness Program Manager** (*B.S. Psychology, FL Cert. Contract Manager/Workforce Professional*) Experience: Over 20 years in management; project development. Expertise: project/grant/contract management. PDG Role: QI projects for SR.
- **Courtne Wheelless, CCR&R Manager** (*MPA, Public Admin./Policy*) Experience: 15 years family services and CCR&R; Expertise: family engagement, consumer ed., public admin., community engagement. PDG Role: Project/content development; family engagement.
- **Lisa Zenoz, Financial Administration and Budget Services (FABS) Manager** (*B.S. Psychology, FL Cert. Contract Manager*) Experience: 15 years in state financial and grant management. Expertise: procurement, contracting, finance, budget. PDG Role: Directing grant and contract management activities; oversee financial payment data/federal reporting.
- **Steve Gardner, Federal Grants Manager** (*FL Certified Contract Manager*) Experience: 25 years in grant management. Expertise: procurement, contracting, budgeting, management. PDG Role: Grant/contract management; payments data/federal tracking and reporting.
- **Nacole Guyton, Head Start State Collaboration Director** (*M.S. and Ed.S.: Ed.*) Experience: Over 15 years working in higher ed., HS/EHS, ECE. Expertise: Program dev., family engagement. PDG Role: Project dev.; project management; engagement of HS/EHS
- **Reginal Williams, Program Integrity Unit Manager** (*B.S. Electrical Engineering, FL Cert. Contract Manager*) Experience: 13 years in program accountability, policy dev., monitoring; CCDF. Expertise: program compliance, administration. PDG Role: Oversight.
- **Samantha Wass de Czege, Office of Child Care Regulation Director, DCF** (*B.S. Sociology/Political Science*) Experience: Over 25 years in family services, regulations. Expertise: Administration, family engagement, policy, health/safety. Role on PDG: Project development, implementation; collaboration and alignment; provider engagement.

- **Dr. Eric Hall, Chancellor for Innovation, DOE** (*Ph.D. and M.S. Educational Leadership and Policy*) Experience: Over 20 years in ed., youth development and juvenile justice; state superintendent of innovation in NC. Expertise: Collaboration, youth development. Role on PDG: Chair of SAC, serve as liaison with agency leadership for PDG coordination activities.
- **Jacob Oliva, Division of Public Schools Chancellor, DOE** Experience: Special ed. teacher, principal, assistant and County Superintendent. Expertise: Operations, ed. quality/certification, family and community engagement. PDG Role: Collaboration, development, refinement, oversight: ECE and K-12 transition and data integration activities.
- **Dr. Andre Smith, Deputy Commissioner of Information and Innovation, DOE** (*M.A. and Ph.D. Ed. Leadership*) Experience: More than 20 years in K-12 data; Expertise: tech. planning, management; PDG Role: oversight of DOE data system integration activities.
- **Erin Smeltzer, Executive Director, AELC** (*M.S. Ed.*) Experience: 15 years as ECE teacher, director, and managing state QI efforts. Expertise: inclusion, equity, quality, TIC, PD, business practices, curriculum. PDG Role: collaboration/alignment; provider engagement.
- **James Kotas, Deputy Chief of Staff/Legislative Affairs Director, AHCA** (*B.S. Political Science*) Experience: Over 20 years in legislative policy development, implementation. Expertise: health, insurance, policy. PDG Role: AHCA liaison for health activities.
- **Dr. Herman Knopf, UF Anita Zucker Center** (*Ph.D., Early Childhood Curriculum and Instruction*) Experience: 20 years in ECE as teacher, director, and researcher. Expertise: Family involvement, data analysis, child care access, quality enhancement, PD systems, ECE policy research/evaluation. PDG Role: Lead researcher – NA, ECIS, SLDS integration.

- **Dr. Abby Thorman, Early Childhood Systems Specialist** (*Ph.D., Family Studies/Human Services*) Experience: over 25 years in ECE system development, policy, systems change. Expertise: system development, QI, PD. PDG Role: system design and implementation.
- **Dr. Philip E. Poekert, Director of the UF Lastinger Center** (*Ph.D. Curriculum and Instruction*) Experience: teacher, building PD systems, preK-12 systems reform. Expertise: research, PD, training and instruction. PDG Role: Oversight of UF Lastinger PD initiatives.
- **Dr. Jennifer Park, Chief Operating Officer and Early Learning Principal, University of FL Lastinger Center for Learning** (*Ph.D. Child Development*) Experience: over 20 years working with publicly funded ECE. Expertise: system development; successful strategies; scaling of initiatives. PDG Role: Oversight of UF Lastinger initiatives.

**Grant alignment/expected impact.** The expected impact of PDG-R is to create a more coordinated, efficient, responsive ECE system, maximize parental choice, increase family engagement, and improve quality through direct support to and sharing of best practices among the ECE workforce. The PDG-R is timely, as FL's readiness for system advancement is unprecedented: 1) there is significant opportunity to more fully engage families and provide enhanced referrals and comprehensive information on children's development, programming and services; 2) with expansion of the needs assessment portal, the state can develop metrics and tools to provide analytics to inform current and future work related to quality (equitable access statewide and in high risk/high need communities), availability (capacity analysis for oversaturation and/or limitations in access), and affordability (payment rates, enrollment, and other factors impacting program and parent costs), and 3) given the implementation of quality standards such as program assessment, there is significant need and benefit to partner with the ECE providers to increase customized PD and coaching that align to QI.

## Logic Model

<p><b>Vision:</b> Increase the quality, coordination, alignment and efficiency of FL’s programs and services to support families’ needs and children’s readiness and early grade success, particularly vulnerable and underserved children.</p>					
<p><b>Goals:</b> (1) Build on ECIS to enable better analysis of needs, access, and quality to inform data-driven policy solutions; (2) Streamline policies and enrollment processes to improve access; provide high quality consumer education for families across funding streams, programs, and services; and (3) Increase access to effective ECE QI strategies by developing standards for and expanded access to PD, coaching and related supports that improve kindergarten readiness and early grade success.</p>					
Objectives	Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> <li>▪ Data integration, refinement, and access to additional sources and components</li> <li>▪ Streamline policies, funding, and enrollment systems</li> <li>▪ Expanded parental access to services, information and choice</li> <li>▪ Expanded access to Quality Improvement (PD, Coaching Supports) for ECE programs</li> </ul>	<ul style="list-style-type: none"> <li>▪ U.S. DOE &amp; HHS funding and guidance</li> <li>▪ FL OEL leadership, staffing, programming, and supports</li> <li>▪ Foundations, advocates, and stakeholders</li> <li>▪ ECE workforce PD and supports</li> <li>▪ ECE providers’ capacity and quality</li> <li>▪ Higher education capacity (faculty, courses, supports, evaluations)</li> <li>▪ Families, community, regional, and district stakeholder capacity</li> <li>▪ Child and family characteristics and ECE needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Expand and update ECIS to conduct ongoing, periodic statewide B-5 needs assessment and identify core areas of needs for efficiency and improvement</li> <li>▪ Update Strategic Plan for more effective, efficient, coordinated and collaborative programs that maximizes funding and improve opportunities</li> <li>▪ Maximize parental choice, knowledge and link families to full range of services</li> <li>▪ Share best practices among ECE providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data that identifies needs; integrates perspectives of stakeholders; provides recommendations to align policies; and QI investments to expand access to quality</li> <li>▪ Updated Strategic Plan that maximizes funding, aligns workforce supports, and facilitates data integration</li> <li>▪ Increased awareness, support and access for families to screening results, child development info, provider profiles, digital tools to enhance parental choice</li> <li>▪ Sharing best practices across</li> </ul>	<ul style="list-style-type: none"> <li>▪ Updated needs assessment portal to inform policy and practice</li> <li>▪ Strategic Plan that maximizes funding and improve opportunities</li> <li>▪ Increased family awareness, access and engagement</li> <li>▪ Increased children in programs that provide trauma informed care, culturally responsive practice, and ELL/DLL support</li> <li>▪ Standards of practice for ECE programs across all ages and disciplines that improve knowledge, capacity and quality</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased access to high quality care</li> <li>▪ Policies and budget that align with all systems within Strategic Plan</li> <li>▪ State and local quality investments aligned to shared system goals</li> <li>▪ Increased education and credentialing for ECE professionals</li> <li>▪ More children entering school system kindergarten ready</li> <li>▪ Increased selection of high quality ECE programs</li> <li>▪ Single point of entry services and support to meet families’ needs</li> <li>▪ Ongoing data-driven decision-</li> </ul>



<b>Vision:</b> Increase the quality, coordination, alignment and efficiency of FL’s programs and services to support families’ needs and children’s readiness and early grade success, particularly vulnerable and underserved children.					
<b>Goals:</b> (1) Build on ECIS to enable better analysis of needs, access, and quality to inform data-driven policy solutions; (2) Streamline policies and enrollment processes to improve access; provide high quality consumer education for families across funding streams, programs, and services; and (3) Increase access to effective ECE QI strategies by developing standards for and expanded access to PD, coaching and related supports that improve kindergarten readiness and early grade success.					
Objectives	Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
		<ul style="list-style-type: none"> <li>Improve overall quality of ECE programs through development, implementation and evaluation of evidence based practices</li> </ul>	<ul style="list-style-type: none"> <li>systems and disciplines to promote quality for ECE programs</li> <li>Enhanced infrastructure through assessment of systems to promote access, alignment, and quality</li> </ul>	<ul style="list-style-type: none"> <li>Expanded access to ECE PD</li> <li>Unduplicated counts of children, service needs and access</li> </ul>	making based on aligned systems and information

## Sustainability Plan

The below chart outlines OEL’s plan to ensure sustainability for PDG-R projects to achieve our long-term goal of a cohesive, coordinated B-5 mixed-delivery system. This sustainability plan will be refined based on results of the NA, SP, and implementation of PDG-R activities.

<b>Table X. Sustainability</b>	
<b>Key Projects</b>	<b>Long Term Plan for Sustainability</b>
Ongoing Needs Assessment	PDG-R funds will expand ECIS to sustain future needs assessment efforts and analysis. Once built, ongoing maintenance costs will be minimal, and have historically been supported and paid for by OEL; this will continue post-PDG.
State Advisory Council	PDG-R will fund ongoing collaboration sustained through establishing Interagency Agreements with each participating entity, including designating ongoing staff to serve as agency liaison for PDG-R activities. The SAC will continue after PDG-R as a cross-sector partnership including families.
Professional Development	PDG-R will invest in one-time build costs that will leave a better system after the PDG-R. PDG-R will enable FL to develop best practices for coaching and certification, which will help inform how coaching funding is spent beyond PDG, making these investments more efficient and effective. PDG-R will also enable FL to better coordinate existing PD investments through the PD inventory and analysis, and promote expansion of capacity to share best practices; this will be sustained through existing OEL contracts. Core capacity will be built in key topic areas (e.g., TIC, I/T, social emotional development) in ways that will be sustained after PDG-R. The Transitions to Kindergarten website will be expanded and sustained through existing OEL funds. ELCs will have staff certified with mental health endorsement to build capacity. PDG-R funds will enable expansion of access to new resource library, online CoPs, and other tools to share best practices; access to Early Learning FL will be sustained through current partnership and CCDF funding. New functionality will also include private pay options to expand access.
Family Engagement	<p>PDG-R will enable development of dramatically enhanced Provider Profiles so families will have access to more robust information to maximize choice of sites that will meet their needs. The Provider Profiles will be sustained with current funding. The video vignettes will be hosted on partner websites and the Parent Portal at no additional cost.</p> <p>PDG-R will enable a detailed planning process to identify how to enhance family ease of access when applying for services through a <b>SPE</b>. This functionality will be built inside of existing system(s), currently covered within each agencies' budgets, and will streamline services to enable more efficient use of resources.</p> <p>PDG-R will pilot and refine cross-sector referral PD, which will be available at minimal cost (only cost of processing CEUs and hosting) beyond PDG-R and will be budgeted with current funding.</p>
Quality Improvement	<p>PDG –R will build statewide awareness of quality standards and capacity to implement best practices as defined in new statutory requirement and rule; these investments will not supplant current investments for implementation of best practices. Costs for ongoing onboarding of new workforce will be minimal and will be included in OEL's current budget beyond PDG.</p> <p>PDG-R investments will develop tools to ease implementation and enhance connectivity between peers (coaches, teachers, etc.). The needs assessment and strategic plan will enable evaluation of current investments to identify</p>

Table X. Sustainability	
Key Projects	Long Term Plan for Sustainability
	areas for more targeted, impactful and efficient QI efforts; OEL will work with ELCs to prioritize quality spending, to make investments more impactful. PDG-R will strengthen the <b>PD Registry</b> with new functionality, including expansion of the Early Childhood PD Directory, and will be sustained as part of overall Registry operations.

**Dissemination Plan**

Effective dissemination of grant tools is a primary objective of OEL, and the primary goal is to ensure stakeholders and partners are well informed about PDG-R tools and how to use them. As part of the PDG-R and ongoing strategic planning activities, OEL’s communications manager will develop an in-depth communication plan and dissemination timeline for key grant activities and identify target audiences to ensure they are disseminated in a format that meets the needs of the audience. Preliminary target audiences include child care providers, families, ELCs, other partners, elected officials, and the public. OEL will ensure information is culturally and linguistically appropriate for its intended audience. Information will be disseminated through social media messaging; websites; email and text campaigns for parents and providers to ensure they have up-to-date information; provider and parent conferences; and regional boot-camp trainings for providers, ELCs and partner agencies.

OEL’s communications manager will utilize partner agencies and stakeholders as dissemination partners and collaborate with their communications offices to share messaging and information on grant activity progress. Dissemination responsibilities will be coordinated through OEL, and will utilize dedicated communications and CCR&R state network staff housed within OEL. Additionally, OEL will coordinate with SAC partner agencies through interagency agreements to share communications and expand outreach.

OEL will assess dissemination efforts and include measurable criteria to assess the impact of communications, focusing on dissemination outcomes versus efforts. Evaluation strategies will

include using metrics to determine the reach of message and resource dissemination; utilization of web analytics; and survey analysis of parents, partners and other stakeholders.

### Third Party Agreements

OEL will revise existing and enter into new Interagency Agreements with SAC agencies and partners for completion of PDG-R, as indicated in the Budget and Justification (see pp. 60-66).

### Project Budget and Budget Justification

**TOTAL ESTIMATED PROJECT FUNDING** **\$19,500,000**

#### Project Budget by Grant Program Function or Activity

Grant Program Function or Activity	Federal	Non-Federal	Total
Activity 1 – Needs Assessment	\$150,000	\$0	\$150,000
Activity 2 – Statewide Strategic Plan	\$245,086	\$0	\$245,086
Activity 3 – Maximize Parental Choice	\$2,815,658	\$2,409,780	\$2,815,658
Activity 4 – Sharing Best Practices/PD	\$6,137,429	\$426,970	\$6,137,429
Activity 5 – Quality Improvement	\$4,095,322	\$1,499,174	\$4,095,322
Activity 6 – Monitoring, Evaluation, CQI	\$1,214,902	\$0	\$1,214,902
Organizational Capacity	\$319,603	\$164,076	\$319,603
Indirect	\$22,000	\$0	\$22,000
<b>Total</b>	<b>\$15,000,000</b>	<b>\$4,500,000</b>	<b>\$19,500,000</b>

#### Project Budget by Object Class Category

Object Class Category	Federal	Non-Federal	Total
Personnel	\$0	\$157,052	\$157,052
Fringe	\$0	\$0	\$0
Travel	\$174,600	\$7,024	\$181,624
Equipment	<i>N/A – existing resources will be used</i>		
Supplies	\$0	\$0	\$0
Contractual	\$14,012,294	\$2,836,750	\$16,849,044
Construction	<i>N/A – no construction projects included</i>		
Other	\$791,106	\$1,499,174	\$2,290,280
<b>Total Direct</b>	<b>\$14,978,000</b>	<b>\$4,500,000</b>	<b>\$19,478,000</b>
Total Indirect	\$22,000	\$0	\$22,000
<b>Total</b>	<b>\$15,000,000</b>	<b>\$4,500,000</b>	<b>\$19,500,000</b>

**TOTAL FEDERAL FUNDING REQUEST** **\$15,000,000**

#### PERSONNEL/FRINGE

Florida is not charging the federal grant directly for OEL personnel/fringe associated with project activities. Personnel assigned to the project and their percent of effort are included in the non-federal portion of the budget below. Florida will utilize outside contractors housed within OEL to perform certain grant activities. These personnel costs are outlined below under “Other

Contractual Services.” Additional staff augmentation will occur through partnership with SAC partners to ensure PDG-R goals are met. This is the most cost effective personnel model and provides assurances that PDG-R activities are sustainable after the grant period has ended.

**TRAVEL** **\$174,600**

- SAC member travel (\$600/person x 4 persons x 4 meeting): **\$9,600.** (Activity 2)
- Travel for joint referral collaboration meetings (\$600/person x 50 persons x 2 summits): **\$60,000** (Activity 3)
- Transition to Kindergarten Participant Travel (\$600/person x 15 persons x 5 summits): **\$45,000.** (Activity 4)
- Travel for joint inclusion collaboration and transition summit (\$600/person x 100 persons x 1 summit): **\$60,000.** (Activity 4)

**CONTRACTUAL** **\$14,012,294**

All procurement transactions will be conducted in accordance with federal and state procurements rules that provide, to the maximum extent practical, open, and free competition. OEL will seek the most cost effective means for contracting by, when possible, obtaining requests for quotes from prospective vendors available via state term contracts procured by FL’s Department of Management Services, and/or from state colleges or universities with the requisite qualifications and capabilities that are exempt from competitive procurement.

Agency for Health Care Administration: \$150,000

*The Office will create an interagency agreement with AHCA to include:*

- Develop and implement targeted outreach strategies to families who access services from ELCs, HS/EHS, or mental health services: **\$150,000** (Activity 3)

Early Learning Coalitions/Local Education Agencies: \$2,540,434

*The Office will amend existing ELC grant agreements and enter into interagency agreements with LEAs as necessary to provide competitive grant funding opportunities for the following:*

- Contracted Slots pilot program in rural/underserved areas: **\$500,000.** (Activity 4)
- VPK CLASS Pilot Pre-observations (1,550 observations @ \$350/each): **\$542,500.** (Activity 5)
- Subgrants to local ELCs/LEAs for supporting promising practices related to transitions, infant/toddler, cross-sector partnerships, trauma informed practices, children with special needs, DLL, and: **\$1,497,934** (Activity 5)

FL Association for Infant Mental Health: \$300,000

- Reflective supervision for mental health endorsements: **\$200,000.** (Activity 4)
- Create infrastructure needed to support Mental Health Endorsement: **\$100,000.** (Activity 4)

FL Department of Children and Families: \$652,488

*The Office will amend existing interagency agreement to include:*

- CARES Provider Profile Enhancements – DCF licensing development (Developer: .25 FTE x \$95/hr x 2080 hrs; Application Development Analysts: 2-.25 FTE x \$90 x 2080 hrs; Quality Assurance Specialist: .25 FTE x \$20 x 2080 hrs): **\$153,400** (Activity 3)
- PSAs to increase family knowledge of health and safety/quality child care (10 PSA’s x \$5,000/PSA) **\$50,000** (Activity 3)

- PD Registry Enhancements – Expand early childhood PD directory: **\$80,000**. (Activity 4)
- Core Comps/Pathway: Enhancements to PD registry reflecting changes made to Core Competencies and Career Pathway: **\$80,000** (Activity 4)
- TIC 45-hour Endorsement for ECE Directors (250 directors x \$450/each): **\$112,500** (Activity 4)
- Differential Monitoring – Key Indicator System, Phase 1: **\$176,588** (Activity 5)

FL Department of Education: \$194,951

*The Office will amend existing interagency agreement to include:*

- Activities to support integration of ECIS with SLDS: **\$100,000**. (Activity 6)
- 1 FTE DOE Data Integration Manager (UNF) - work as liaison between OEL, DOE, UF AZ and other SAC agencies and stakeholders to manage DSA and efforts to integrate ECIS and SLDS. (\$30/hr x 1,980 hrs): **\$94,951** Salaries, Fringe, and Indirect. (Activity 6)

FL Department of Health: \$225,000

*The Office will develop and execute an interagency agreement with DOH to include:*

- Convene workgroup to streamline services for children with disabilities, create roadmap for families on screening, assessment, diagnosis, and treatment services: **\$75,000** (Activity 3)
- Workgroup/Consultant – Create process and agreements necessary to support efficient and effective coordination and sharing of screening and assessment data: **\$75,000** (Activity 3)
- Exploration of promising models for tracking early intervention services: **\$75,000** (Activity 3)

Florida State University: \$1,298,601

- FSU College of Medicine Autism/Baby Navigators for Parents: **\$226,422** (Activity 3)
- FSU College of Medicine Autism/Baby Navigators Support and Training for Providers/Home Visitors; incorporate into DOH roadmap: **\$325,644** (Activity 4)
- Core Competencies – Updates to existing training and resources, develop new coursework for ECE directors related to Core Competencies: **\$95,425** (Activity 4)
- 10 Components of Quality – Bank of 725 coaching hours for trainees (725 coaching hrs @ \$145/hour): **\$105,125**. Additional trainings on FSU tool to increase capacity, up to six regional 2-day trainings (\$19,000/2-day training x 6 trainings): **\$114,000**. Intellectual property rights for use of electronic tool in EFS system: **\$5,000**. (Activity 4)
- FCIM – Translation of resources (728,465 words x \$0.14/word): **\$101,985**. (Activity 4)
- Equity training – Continuation of PDG regional equity trainings (2 four-day intensive train-the-trainer x 75 participants): **\$175,000**. One-day staff training for OEL, DCF, DOH and other state partners (1 training x \$25,000/training): **\$25,000**. Equity coaches to support ELCs, RCMA and OEL (5 coaches x \$25,000/coach): **\$125,000**. (Activity 5)

Home Visiting Partners (FAHSC, MIECHV, the Ounce): \$325,000

- Home Visiting – Sustain/Augment resources for HV programs with specific focus on early literacy and school readiness: **\$75,000** (Activity 3)
- Home Visiting – Provide training and information for home visitors on local orgs that assist parents with accessing services (CCRR, HMG, etc.): **\$200,000** (Activity 3)
- Home Visiting – Provide training to ELCs and ECE staff on local availability of home visiting and connecting families to programs (\$10,000/training x 5 regional trainings): **\$50,000** (Activity 3)

Infinity Software: \$145,000

- Contractor – QPS Enhancements to Cost of Quality budget calculator: **\$75,000**. (Activity 5)
- Contractor – QPS Enhancements to manage/support VPK pilot providers: **\$70,000**. (Activity 5)

OEL Staff Augmentation Services: \$1,045,720

- SAC Support (1 FTE @\$22/hr plus fringe @39%, 15% indirect): **\$69,630** (Activity 2)
- OEL IT Staff – SPE Information Portal design , Mobile App, family needs assessment (1 BA, \$83/hr x 1,485 hrs): **\$123,255** (Activity 3)
- OEL IT staff – Provider Profile Enhancements (Cost based on avg hourly rates of existing contracted staff: .10 FTE business analysts @ \$83/hr x 2080 hrs; .25 FTE developers @ \$95/hr. x 2080 hrs; .20 FTE database administrators @ \$80/hr. x 2080 hrs; .20 FTE Quality assurance analysts @ \$82/hr./hr x 2080 hrs; .18 FTE production support staff @\$35/hr. x 2080 hrs.; .10 FTE data analysts @ \$50/hr x 2080 hrs.): **\$157,781** (Activity 3)
- OEL IT Staff –System development for operationalizing *10 Components of Quality* observation tool/self-assessment: **\$140,250**. (Activity 4)
- OEL IT Staff – System development for operationalizing BPIECE for Practitioners and Directors observation tool/self-assessment: **\$140,250**. (Activity 4)
- Data Manager liaison between OEL, DOE, UF, and other SAC agencies and stakeholders to manage DSA and ECIS and SLDS integration efforts (1 FTE: 1,980 hrs @\$30/hr; fringe @39; 15% admin): **\$94,951** (Activity 6)
- Contract Managers (3 FTE: @\$23.56/hr, fringe @39%; 15% admin): **\$234,148** (Org. Capacity)
- Project Manager (1 FTE @\$25.70/hr plus fringe @39%, 15% admin): **\$85,455** (Org. Capacity)

Teachstone Training LLC: \$414,500

- Provide CLASS training and supports for VPK CLASS Pilot (20 CLASS pre-k trainer participants x \$3,000/each): **\$60,000**; (5 CLASS pre-k observer trainings x \$8,500/each): **\$42,500**; (30 MMCI instructor trainings x \$3,300/each): **\$99,000**; (800 MMCI participant material units x \$75/unit): **\$60,000**; (30 CLASS pre-k observer recertifications x \$100/each): **\$3,000**; (1 myTeachstone online PD 5,000-user license x \$150,000): **\$150,000**. (Activity 5)

University of Florida Lastinger Center for Learning: \$951,800

- Cross sector referral PD – Provide course pilot to 50 users, gather feedback, and refine modules: **\$84,800** (Activity 3)
- Career Planning Tool: **\$100,000** (Activity 4)
- Develop and implement plan to expand access and build capacity of local COP facilitators to target priority areas: **\$212,000** (Activity 4)
- Certify 200 TA Coaches (200 x \$1,650/coach): **\$330,000**. (Activity 4)
- Develop coaching best practice recommendations: **\$75,000**. (Activity 4)
- Design coaches recertification protocols and recertify 100 TA coaches (100 coaches x \$1,500/recertification): **\$150,000** (Activity 4)

University of Florida Anita Zucker Center and College of Medicine: \$675,000

- ECIS – Ongoing Needs Assessment reporting and analysis activities: **\$150,000** (Activity 1).
- Enhancements to ECIS and integration activities with SLDS: **\$525,000** (Activity 6)

WELS Systems Foundation: \$31,200

- VPK CLASS Pilot pre-observation system licensing supports (1,550 observations x \$4.00/observation): **\$6,200**. (Activity 5)
- System enhancements for tracking VPK CLASS Pilot observations (\$125/hr x 200 hrs): **\$25,000**. (Activity 5)

Other Contractual Services: \$5,062,600

*Due to the State's requirement for competitive solicitation processes for procurement of commodities or contractual services in excess of \$35,000, the identification of consultants/vendors by name for the following activities cannot be provided at this time. State procurement rules stipulate some exemptions to competitive procurement, including sole source, state term contract, state colleges, or universities. The following scopes will be completed by competitive procurements and/or entities exempt from competitive procurement:*

- Contractor – 40 additional video vignettes each year; 20 English, 20 Spanish (40 x \$5,000/video): **\$200,000** (Activity 3)
- OEL – Work with authors of Mind in the Making and Protective Factors frameworks to identify training and create implementation plan for parent trainings: **\$150,000** (Activity 3)
- Contractor(s) – Provide access to high-impact online digital supports for families, with specific focus on ELL, special, needs, at-risk, homeless, and rural populations: **\$500,000** (Activity 3)
- Contractor – Conduct comprehensive, independent assessment of PD investments delivered by agencies and organizations using public funds; **\$200,000**. (Activity 4)
- Contactor – Procure training on research-proven model for social emotional development using a tiered support services framework: **\$100,000**. (Activity 4)
- Contactor(s) – Transition to Kindergarten (T2K) – Develop, enhance and refine resources for districts, providers and families: **\$75,000**. PSA Social Media Campaign – develop statewide communication plan and customizable social media toolkit for school districts and ELCs: **\$100,000**. Facilitate five PreK-3 Regional Readiness Leadership Summits (Collab Lab 5 regions x \$20,000/1-day session): **\$100,000**. (Activity 4)
- Contractor – Organize and facilitate annual joint collaboration summit for inclusion partners to support transitions for children with unique abilities: **\$25,000**. (Activity 4)
- Contractor – Continuation of emergent literacy PA training: **\$100,000**. (Activity 4)
- Contractor – Training on Zero to Three competencies for Inf/Tod: **\$125,000** (Activity 4)
- Contractor – Procure training on implementing curricula with fidelity in the classroom for 250 ECE providers (each year) on most widely used curricula: **\$550,000** (Activity 4)
- Contractor(s) – Manage scholarships for TIC, ELL, Inf/Tod microcredential and certificate programs (1,000 participants x \$375/participant): **\$375,000** (Activity 4)
- Contractor – Explore how to build statewide infrastructure for infant/early mental health consultation: **\$100,000**; mental health endorsement training scholarships: **\$350,000** (Activity 4)
- Contractor – Conduct statewide workforce study to compile actionable data on education, training, wages and turnover by care level: **\$175,000**. (Activity 4)
- Contractor – Facilitate PD Task Force, develop cross-sector core competencies, requirements for specialization models, stackable credentials, and articulation: **\$150,000** (Activity 4)
- Contractor – Identify factors and develop plan to expand promising practices to cultivate new professionals to enter ECE workforce, analyze current use of TEACH scholarships to target concentrated areas of poverty: **\$125,000**. (Activity 4)
- Contractor(s) – Competitive subgrants to expand promising practices for increasing ECE workforce: **\$275,000**. (Activity 4)



- Contractor – Independent design of VPK CLASS pilot evaluation: **\$125,000**. (Activity 5)
- Contractor(s) – Manage tracking and payment of substitute teacher cost for myTeachstone PD participation (1,160 teachers @ \$360/teacher): **\$417,600**; substitute teacher cost for MMCI PD (390 teachers @ \$500/teacher): **\$195,000**. (Activity 5)
- Contractor – Independent study of statewide ECE market rates to include all providers (subsidized or not): **\$150,000**. (Activity 5)
- Contractor – Perform PDG-R-related evaluation activities including measurement of outcomes, data capture, and reporting: **\$250,000** (Activity 6)
- Contractor – Perform process evaluation including annual evaluation of PDG-R implementation and program performance: **\$150,000** (Activity 6)

**OTHER**

**\$791,106**

- Consultant – SAC meeting facilitation and Strategic Plan update (.25 FTE @ \$159/hr x 1980 hrs; Junior Consultant: .25 FTE @ \$107/hr x 1980 hrs; Program & Admin Support: .25 FTE @ \$53/hr x 1980 hrs): **\$165,856** (Activity 2)
- Consultant – Organize/facilitate biannual referral collaboration meetings to share best practices, discuss opportunities for coordination, create efficiencies, identify recommendations for increasing coordination of services between CCRR and HMG: (2 summits @ \$30,000 per summit): **\$60,000** (Activity 3)
- Consultant(s) – Continued effort for SPE feasibility study and creation of Information Portal: **\$250,000** (Activity 3)
- OEL Consultant – 2gen: Specialized consultant to identify/recommend comprehensive, graduated phase-outs across social services: **\$25,000** (Activity 3)
- Consultant – Family Needs Assessment consultant to work with HS/EHS, Pinellas ELC to develop family needs assessment for SPE information portal: **\$75,000** (Activity 3)
- OEL IT Consultant – System development for operationalizing social emotional development tiered support framework observation tool/self-assessment: **\$140,250** (Activity 4)
- Consultant – Expand Cost of Quality study to Family Child Care Homes: **\$75,000**. (Activity 5)

**INDIRECT**

**\$22,000**

DOE has an indirect cost rate approved by the U.S. DOE that includes a predetermined rate of 12.6% applicable to OEL programs (Appendix). The distribution base is Modified Total Direct Costs (total direct costs excluding equipment, capital expenditures, participant support costs, pass through funds and the portion of each subaward above \$25,000). Indirect costs include costs incurred for common or joint purposes that benefit more than one cost objective and cannot be identified with a particular benefitting program (i.e. overhead and accounting functions).

**COMMITMENT OF NON-FEDERAL RESOURCES**

**\$4,500,000**

OEL has obtained commitments for the non-federal share in an amount equal to 30 percent of the total federal request. State general revenue (non-federal resource) will be used to carry out activities of the grant, are not being claimed as matching sources for another Federal award, and can be used to meet the State’s match requirement by the end of the 12-month project period.

**TRAVEL** (budgeted in accordance with s.112, F.S.)

**\$7,024**

- PDG-R annual grantee meeting in Washington, D.C. (4 Travelers: Airfare @ \$825/trip x 4; Hotel \$175/night x 3 nights x 4; Meals @ \$36/day x 3 days x 4; Per Diem @ \$80/day (last day) x 4; Transportation @ \$48/day x 2; Parking @ \$11/day x 4 days x 4): **\$7,024** (Org. Capacity)

**CONTRACTUAL** **\$2,836,750**

- ELCs (quality expenditures that align with PDG-R): **\$601,780** (Activity 3)
- Children’s Forum (HMG activities aligning with PDG-R): **\$1,808,000** (Activity 3)
- OEL GR match in VPK Standards and Accountability category 103148 - Readiness Rates, PD Online Courses, Collab Labs, Bright Beginnings: **\$426,970** (Activity 4)

**OTHER** **\$1,499,174**

- ELC Duval Local Match - Kids Hope Alliance: **\$1,499,174** (Activity 5)

**PERSONNEL** **\$157,052**

OEL is fulfilling the following PDG-R roles by utilizing existing staff and non-PDG-R funding since activities: Executive Director (.10 FTE): **\$13,936**; Deputy Director of Operations and Programs (.05 FTE): **\$6,000**, Deputy Director of Information Technology (.10 FTE): **\$9,152**, Finance Administration Manager (.05 FTE): **\$3,640**, CCR&R Program Manager (.15 FTE): **\$10,920**, VPK Program Manager (.15 FTE): **\$10,920**, SR Program Manager (.15 FTE) : **\$10,608**, Communications Manager (.10 FTE): **\$8,112**, Federal Grants Manager (.15 FTE): **\$8,424**, Contract Manager Supervisor (.25 FTE): **\$14,500**, Contract Manager (3 x .05 FTE): **\$7,800**, and a Project Manager (.85 FTE): **\$53,040**.

## Bonus Points

### Coordinated Application

To mitigate the challenges of navigating the multitude of services for families with young children, FL will develop a single point of entry (SPE) system to make more complete, digestible information accessible online for families. This will allow families to be more efficiently educated on relevant programs, not miss services that may be needed, makes services more accessible and targeted, and better match family needs with eligibility and available services. Creating a SPE has tremendous potential to create efficiencies and long-term cost savings for the state by identifying opportunities to streamline and simplify eligibility requirements, applications processes, and redetermination for services. Additionally, a SPE will enable the development of a unified waiting list for services that allow state leadership to better understand and track current services limitations, as well as provide expedited access to available services for families.

FL completed a feasibility study for an SPE with PDG. Using recommendations from the this feasibility study, with PDG-R OEL will: 1) procure a contractor to work with SAC entities to design the initial phase for a SPE; 2) create an implementation plan for years 2 and 3, including a detailed timeline and projected costs; 3) design and implement an initial SPE information portal that will integrate work completed for the family mobile app and family needs assessment. Once operational, the app will allow families to access comprehensive information on services for which they are eligible and eventually apply for multiple services in one place.

<b>Months</b>	<b>SPE Coordinated Application - Timelines and Project Milestones</b>
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-12	OEL and contractor design SPE information portal, integrating work from mobile app and family NA
13-36	Implement recommendations related to SPE development; detail TBD based on feasibility study, which will inform PDG-R years 2-3 budgets and action plans.

### **I/T Emphasis**

Strengthening the focus on infants and toddlers was one of the needs identified in the NA and a priority of the SP. Four key strategies will be implemented with PDG-R.

First, FL will build on the existing work of the FL Association of Infant Mental Health (FAIMH) and increase the number of professionals with the FL Infant Mental Health Endorsement (FIMH-E®) – a tiered endorsement that ensures competencies delivering high quality, culturally sensitive, relationship-focused services for children and families. FAIMH will receive initial capacity building support with funding for staff, and 250 professionals to complete the FIMH-E® during the three year grant. FAIMH will develop training capacity to ensure key early childhood service staff are prepared to earn the FIMH-E® throughout the state, but particularly in rural and tribal communities, as well integrate FIMH-E® into career pathways for professionals in the early childhood system so it is clear how the endorsement complements both informal and formal education and training. OEL will work with FAIMH and other partners to

explore strategies to create incentives for obtaining the FIMH-E®, such as increased subsidy reimbursement for having a percentage of teaching staff endorsed or increased insurance reimbursement for mental health providers with FIMH-E®. Concurrently, OEL will work with FAIMH to conduct a study of FL's infant/early childhood mental health infrastructure to identify the saturation of clinicians needed to support endorsement statewide and supports needed to sustain a statewide system for infant/early childhood mental health. As a result, OEL will partner with FAIMH to build capacity of reflective supervisors and mental health consultants in areas with high saturation of vulnerable children and deficits in clinicians/reflective supervisors.

Second, OEL has contracted with the Florida State University Center for Prevention and Early Intervention Policy (FSU) to provide train-the-trainer sessions on the 10 Components of Quality Care for Infants and Toddlers, which provides a path to improve quality of infant and toddler programs in FL and aligns OEL's quality initiatives for infants and toddlers under a single, research-based tool. The 10 Components system addresses the gap between existing levels of infant/toddler care quality and the higher levels of quality needed to support the unique developmental needs of infants and toddlers by providing a concrete set of steps that a program can use in its quality improvement planning process to move to higher levels of quality. Those who complete the train-the-trainer are approved to provide training and coaching and conduct observations using the 10 Components tool. Through the current initiative, 38 coalition- and OEL-staff have completed training. A critical component of the training is follow-up coaching to support implementation of the 10 Components training and observation tool with ECE providers.

With PDG-R, FL will supply a bank of 725 coaching hours to support trainers as they train providers on and implement the 10 Components. OEL will also work with FSU to conduct six additional train-the-trainer events to build additional capacity of ECE professionals throughout

the state available to support infant and toddler providers. Further, OEL will collaborate with FSU to develop a web-based version of the 10 Components tool to support these professionals.

Third, due to critical brain development that occurs during infancy and toddlerhood, there is an increased need to focus on competencies for infant and toddler educators to build essential knowledge and skills needed to be effective. Adding to the 10 Components of Quality initiative, and in support of practitioners caring for FL's youngest children, OEL will coordinate with the HS State Collaboration Office to procure I/T competency-based PD offered by Zero to Three for SR and Early HS programs throughout the state. The training will support up to 75 I/T teachers and include a series of 13 modules presented in 4-5 training sessions over PDG-R year 1. Impact of trainings will be evaluated in years 2 and 3 and then expanded to additional I/T programs.

To further support both providers and families with regard to infant and toddlers, OEL will contract with FSU's College of Medicine Autism Institute to deploy Baby Navigator, a new technology-supported platform for infants and toddlers with early communication delays, by training teachers and providers across Florida to support families in screening their children ages 9-24 months. FL will also create a mobile app to best serve families in low-income and rural areas. Specifically, training will be provided for ECE teachers on how to support social communication development in infants and toddlers and improving early detection of communication delays in babies, which will enhance language skills, reduce challenging behaviors, and impact school readiness. For families, Baby Navigator offers two parent intervention components: 1) the Social Communication Growth Charts, a self-guided application to explore early milestones with narration on responsive parenting and to chart their child's development, with the Social Communication CheckUp to screen for communication delays every 3 months from 9-24 months and 2) Baby Navigator Express, a parenting class with a series

of educational video clips and lessons offered online for parents, designed as a companion to the Growth Charts. Together, education of early childhood teachers combined with parent engagement and intervention has the potential to change children’s trajectories, and impact preschool readiness and school outcomes.

Months	Infant/Toddler Activities - Timelines and Project Milestones
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-12	Implement ZTT I/T competency training for EHS I/T educators and coaches
4-12	OEL coordinate with FSU to automate 10 Components observation tool
4-12	OEL provide bank of coaching hours for 10 Components trainers and coaches
4-12	OEL contract with FSU for provider training and support on Baby Navigator, pilot training with home visitors, begin development of mobile app/supports for families
13-36	Continue implementation of Baby Navigator initiative for I/T

### **Collaborative Transition and Alignment**

OEL will also build on PDG work to **develop resources related to transitions** through PDG-R, to include: develop, enhance and refine resources such as the transition to kindergarten website, action planning tools, guidance documents, and promotion templates for districts, providers and families to enable multi-age groups to align instructional content and practices and promote smooth transitions; translate resources into Spanish; develop a statewide communication plan and resource toolkit to more effectively coordinate transitions, transition supports and stakeholder engagement; develop a social media kit, including public service announcements (PSAs), that can be customized by school districts and ELCs; host five additional PreK-grade 3 Regional Readiness Leadership Summits each year to continue promoting peer learning and sharing of best practices, followed by communities of practice and sharing of data sharing agreements and other best practices to sustain collaboration; identify common elements to support the development of formal transition plans for all children and an early learning portfolio; create efforts to support data continuity across ECE-grade 3; begin sharing child portfolios to inform stronger kindergarten transitions. OEL will also explore the potential for

summer transition programs for at risk children by sharing promising practices and exploring potential funding streams districts and ELCs may utilize for summer programs.

Building on transition activities and in effort to expand the focus on **inclusion and children with unique abilities**, FL will increase collaboration with inclusion partners and create a state leadership team (SLT) across agencies responsible for serving children with special needs to planning collaboration initiatives and increase system coordination. The SLT will coordinate resource allocation, policy initiatives, evaluation of implementation, data-based decision making, training and coaching, and public awareness. Specifically, the SLT will coordinate annual joint Inclusion Transition Summits for cross sector partners to come together, share best practices, and identify solutions to create enhance coordination and collaboration across programs and services.

Months	Transition Activities – Timelines and Project Milestones
1-3	OEL est. subcontracts, hire staff, work with each dept., other procurement activities
4-12	OEL lead partners to design transition resources; translate resources to Spanish; seek feedback from districts, ELCs, families
4-12	OEL and partners develop statewide communication plan, resource toolkit and social media kit to support more effective transitions from ECE to K
4-36	OEL host PreK-grade 3 Regional Readiness Leadership Summits, follow up COPs
13-18	OEL and DOE design Early Learning Portfolio with ECE and K teachers and local leaders to support more seamless transitions
13-36	OEL disburse transition resources through ELCs, school districts, HV programs; seek feedback; refine as needed
25-36	OEL explore summer transition program for high need children entering K
25-36	Refine Portfolio as needed, provide opportunity to new cohorts of ECE/K teachers f
26-36	Implement expanded pilot of Portfolio with 500 teachers; gather feedback

<sup>1</sup> Source: Unpublished single-age population estimates FL Demographic Estimating Conference, July 2019.

<sup>2</sup> The CCDF Policies Database Book of Tables:

<https://ccdf.urban.org/sites/default/files/CCDF%20Policies%20Database%202017%20Book%20of%20Tables%20%28final%2010%2009%2018%29.pdf>

<sup>3</sup> Source: OEL EFS Mod Database. Accessed October 11, 2019.

<sup>4</sup> Source: U S Census Bureau, American Community Survey,

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>5</sup> 2018 FL Kindergarten Readiness Screening data for the 2017-18 SR/VPK program year

<sup>6</sup> Renaissance Star Early Literacy, <https://www.renaissance.com/products/assessment/star-360/star-early-literacy-skills/>

<sup>7</sup> Included in Legislative Budget Request for state fiscal year 2020-2021