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## **Meeting Summary**

#### AGENDA SUMMARY

The Early Learning Council's agenda addressed the following topics:

- Welcome, Opening Remarks, and Meeting Overview
- Policy and Program Updates
- Overview and Discussion: Using Integrated Early Learning Data to Improve Services for Children with High Needs
- Overview and Discussion: Child Care and Development Fund Triennial Plan
- Overview and Discussion: Substance Exposed Newborns
- Policy and Program Updates: Summer Learning
- Public Comment and Next Steps

#### **KEY POINTS**

Key discussion points from the meeting are summarized below:

#### WELCOME, OPENING REMARKS, AND MEETING OVERVIEW

Commissioner Ken Wagner and Elizabeth Burke Bryant welcomed the Council and reviewed the agenda. (See slides). The following comments were made:

- The inclusion of tiered rates of reimbursement in the final FY19 budget is a big win for the early learning community.
  - o Director Courtney Hawkins did an amazing job as the leader of the effort by understanding how to create a fair early child care system that ties quality to rates.
  - o Director Hawkins thanked Elizabeth Burke Bryant and Leanne Barrett for their help in creating a strong tiered reimbursement proposal to present to the Governor.
- Commissioner Ken Wagner explained that, during this legislative session, there was increased awareness of the importance of early literacy as an equity gatekeeper. RIDE knows that early numeracy, particularly with fractions, is an additional equity gatekeeper because math is a barrier to much credit bearing work. In addition to the goal of increasing the number of third graders who are reading on grade level, the state will also focus on increasing the number of fifth graders who are proficient in math fractions by fifth grade.
- RIDE had hoped to receive additional resources from the state to add a second full time position
  for dual language learning, but RIDE will continue this important work even without added state
  funding.
- The state budget included an increase of \$250,000 for English Language Learning as a categorical item connected to the education funding formula.
- The federal funding for the expansion of State Pre-K classrooms expires next year. That means that RIDE will have a \$5 million structural deficit just to maintain the classrooms we already have. RIDE will ask for that to be included in next year's budget.

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• COMMENT: We all worked together to push for tiered reimbursement so we need to do the same for next year's budget and coordinate the items we will be asking for to preserve and improve our early child care system. That discussion needs to start now.

#### **POLICY AND PROGRAM UPDATES**

Leanne Barrett presented updates on state legislation and Veronica Davis discussed revisions to the Family Child Care Regulations. (See slides). Key comments and questions included:

#### Legislation and Budget Wrap Up

- The budget was signed on Friday and included \$3.4 million to increase and implement tiered quality reimbursement rates for infants, toddlers, and preschoolers enrolled in centers serving CCAP children. This has been on the Early Learning Council's advisory strategic plan since 2012.
- For a number of years, improving child care licensing by adopting better enforcements strategies (like intermediate sanctions for non-compliance) has also been part of the Early Learning Council's conversation to ensure quality.
- Q: Does the bond money for public school renovation and construction apply to early childhood programs or Pre-K programs co-located in a public school so they could benefit from the bond as well?
  - A: Yes, shared spaces are eligible for funding. There are also program level bonuses for early childhood spaces. RIDE is encouraging community engagement work to help local stakeholders understand the programmatic opportunities offered by the bond and to ensure that the renovation and construction plans ultimately submitted to RIDE integrate the needs of early childhood programs and Pre-K programs.
- The state tiered reimbursement rates for 5-star programs meet the federal benchmark for access to quality care (75<sup>th</sup> percentile of the 2015 market rate survey for infant and toddler care) and are almost at the federal benchmark for preschool care. This is a huge step forward, but we need to continue the effort to ensure CCAP rates allow families to access high-quality programs.
- Q: How does the \$3.4 million compare to the anticipated cost for tiered reimbursement? A: That amount covers the estimated cost to implement tiered reimbursement over the next year, including anticipated changes in the star ratings of some programs. This is just a first step, however. We still need to get the preschool rates to the right level and to add tiered reimbursement for school age care. Changing eligibility rules for CCAP could also help expand access to high quality child care programs.
- COMMENT: This year we need to focus on showing that tiered reimbursement increases access to high quality child care centers for CCAP children and that there is a parallel wage increase in those centers, particularly in infant toddler classrooms. The money needs to drive quality if we are to continue to receive state funding.

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- Q: What are the ramifications of tiered reimbursement for family child care homes?

  A: The state negotiates rates with family child care homes and tiered reimbursement rates were not considered for this year. However, DHS negotiated a clause that will reopen the contract next year with the intent of including tiered reimbursement, mirroring the provision for centers. Family child care homes and centers should be treated equally because families want choices.
- COMMENT: The quality rating system should value the reasons families choose different childcare. By improving the quality rating system, we can truly celebrate what is special with family child care homes.
- The state will have an official celebration of the passage of tiered reimbursement soon. We will let you know about it.

#### Family Child Care Regulations Revision Process

- The Administrative Procedures Act was amended to require that all Rhode Island regulations be included in the Rhode Island Code of Regulations in a specific format that is easier for the consumer to read and understand.
- Eighteen months ago, DCYF held 10 individual provider sessions and listening tours and DCYF recently conducted 15 additional meetings and outreach opportunities with stakeholders, all in an effort to collect extensive feedback on the Family Child Care Regulation revisions.
- The revised regulations will try to correct a common misinterpretation of staff child ratio requirements by family child care providers, many of whom interpreted the regulations too stringently. This clarification might result in additional open slots.
- The new regulations will provide a mechanism for small family child care homes to participate in professional activities during the day by allowing them to participate in a pool of substitutes.
- Q: What are the new requirements for background checks under the CCDBG reauthorization? A: The regulations now require state and national sex offender registry checks, interstate criminal sex offender registry checks and child protective services checks in every state that the employee has lived during the past 5 years. DCYF is partnering with local and state police and the Attorney General's Office to help with the sex offender registry checks. The work is continuing over the summer and DCYF is using ECEDS to collect the workforce data needed to run the checks.
- Q: How will the new background check requirements impact volunteers and practicum students placed in programs?
  - A: The background check requirements only apply to child caring staff with individual authority and supervision over children and who, therefore, count in the classroom's staff child ratio. They do not apply to volunteers or practicum students in classrooms with supervision by other staff members. In the future, DCYF might require volunteers and practicum students to acquire BCI

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checks and/or Rhode Island child protective services clearance, which are name based checks. Background checks for youth serving agencies, such as church groups or unlicensed community programs, will require fingerprint checks, but that does not apply to licensed child care programs.

# OVERVIEW AND DISCUSSION: USING INTEGRATED EARLY CHILDHOOD DATA TO IMPROVE SERVICES FOR CHILDREN WITH HIGH NEEDS

Leanne Barrett and Megan Swindel reviewed the results from the Integrated Early Childhood Data Demonstration Project and Joe Carr reviewed the DCYF Getting to Kindergarten Initiative. (See slides). Comments and questions included the following:

- The Annie E. Casey Foundation awarded a small grant to KIDS COUNT to use existing data to answer a key policy question. Using data from 2009-2015, Rhode Island examined how many maltreated high needs children under the age of 6 (as of 2015) had a record of participating in high quality early childhood education programs.
- KIDS COUNT partnered with DataSpark to integrate the data. DataSpark acted as a data intermediary to collect secure cohort data from DCYF and to match that data with the children in Early Intervention and State Pre-K programs. DataSpark then returned aggregated data to KIDS COUNT.
- Head Start's historical data could not be integrated because the individual programs could not acquire approval to share data from all of the children who had attended a Head Start program during that time period. However, Head Start is working to integrate its data into KIDSNET going forward.
- DOH did its own data integration with the DCYF cohort data because a data sharing agreement could not be signed in time for this project. However, that meant that DOH data could not compared with the data integrated by DataSpark because they were not in the same system. For example, DataSpark could not tell if a child in Early Intervention was also receiving home visiting services.
- Integrated data from different data systems is needed to improve the quality of all programs, to target resources and to drive policy decisions.
- Q: Did this project measure outcomes within the system or just whether services were received? A: The project measured whether maltreated children received services because the focus of the study was access to high quality programs.
- The data sharing agreements for this project were limited to this project only, so any additional studies would require new data sharing agreements.
- RIDE data is automatically fed to DataSpark. DCYF will also supply data to DataSpark moving forward.

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- COMMENT: It is easy to set up automatic data pushes or to create a data sharing agreement that is activated according to a regular schedule. State leadership needs to establish data sharing as a priority. As the Children's Cabinet expands its scope, having integrated data to support policy decisions would be impactful. We need an integrated data source so various agencies can run different queries to improve all of the diverse programs in the state.
- The data sharing agreement with EOHHS contained protected health information so DataSpark established a business authorized agent relationship with EOHHS. That relationship requires that future work involving the protected data must be requested by EOHHS and not an external researcher.
- One of the goals of the KIDS COUNT policy brief is to push the state to make a clarifying decision
  on the data intermediary for early care and education data. There could be one intermediary for
  all three parts of a comprehensive ECE data system or it could be assigned to two intermediaries if
  needed. ECEDS was designed to integrate ECE program data and ECE workforce data. Child
  enrollment data has not been built into ECEDS but could also be managed as part of the state's
  SLDS which is managed by DataSpark.
- Q: How were unique identifiers matched by DataSpark?
   A: Where possible, DataSpark made deterministic matches. Where deterministic matches were not possible, DataSpark made probabilistic matches. DOH was able to match 98% of the DCYF cohort with children in KIDSNET.
- The First Connections program seems to be connecting with children at risk for maltreatment. It is not an intervention, but it is a way to get families connected to interventions and services.
- Home visiting expanded greatly during the time period of the study, 2009 to 2016, so that potentially influenced the number of children receiving home visiting services.
- COMMENT: Including DOH data in an integrated data set is critical for DOH to have a rational discussion on returns on investments.
- Q: Do we know the placement of the maltreated children in the study?
   A: No, we did not examine data based on placement(s) in home or in foster care, which could affect the type of services the families sought out. There is a lot more analysis that could be done if integrated data were readily available.
- COMMENT: Integrated data could help support advocacy for the state's welfare policies.
- For the Getting to Kindergarten Initiative, children eligible for Kindergarten were removed from the cohort. Additionally, the children were separated by age because the availability of higher quality programs is different for the youngest children.

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- Many children under 1 are at home with caregivers, but they could still enter Early Head Start or other programs.
- Head Start data is included in the baseline percentages.
- There are 73 four-year-old children in foster care living in communities with State Pre-K programs, but last year only 6 or 7 children participated. DCYF hopes to increase the number of four-year-old children in foster care participating in State Pre-K programs.
- Children living in foster care with foster parents can attend child care (if the foster parents are working) or Head Start programs where they are categorically eligible.
- DCYF is looking at a pilot to fund part time or full time child care slots for children in foster care with foster parents who are not working. Many times this is just a bridge slot until the children are age eligible for Head Start in communities without Early Head Start programs.
- DCYF will look at the baseline numbers again in the fall to reassess strategies.
- COMMENT: DHS and DCYF should look at streamlining the eligibility of children for high quality early education programs at the point of reunification so that children can stay in the same high quality setting after they transition back home. DHS will ask for changes in eligibility to ensure continuous enrollment specifically for children returning home.
- COMMENT: To give families extra support, children that have been victims of child abuse and neglect (indicated cases) but not removed from home should also be eligible for high quality programs.
- COMMENT: Housing stability is an additional factor in reducing foster care removals and promoting Kindergarten readiness.
- Q: Has there been any effort to map where foster families live and where the high quality child care programs are?
  - A: Yes, the grant will provide opportunities to look at mapping and to prioritize access to those programs nearest the majority of children in foster care.

## OVERVIEW AND DISCUSSION: CHILD CARE AND DEVELOPMENT FUND TRIENNIAL PLAN

Caitlin Molina explained the Child Care and Development Fund Triennial Plan. (See slides.) The following comments and questions were made:

- The Child Care Office is focused on improving the quality of child care for CCAP families.
- The Child Care Office will align professional development and higher education pathways to support providers as they proceed on the quality continuum.

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- The new state plan will establish continuous eligibility to 12 months putting children as the main focus. The plan will also include up to an additional 3 months of eligibility beyond the 12 months when a family experiences permanent job loss and is searching for a job.
- The 2018 market rate survey will help DHS understand shortages in care and how to enhance supports in those areas.
- DHS and BrightStars are evaluating the recommendations of the BrightStars Think Tank and the impact of those recommendations if implemented. There were 3 high level recommendations with significant impact on the community:
  - o Improving alignment between DCYF licensing and rating quality
    - The state must support providers in professional development to improve services for clients.
  - Utilizing the ERS observation tools
    - The state should consider increasing capacity to support providers in accessing and understand the ERS tools.
    - The state should evaluate whether the ERS tool is duplicative of licensing regulations.
  - o Honoring a CDA as a standalone credential for a 3 star rating
    - DHS is meeting with higher education partners to understand the implication of this recommendation and whether the state has the capacity to support providers in achieving that credential.
    - The QRIS needs to reflect the incremental steps that providers are making to advance along the quality continuum to better support providers as they strive to improve their skills.
    - This does not have to be our ultimate goal, just a step in getting there.
- The new state plan prioritizes homeless children and families with coordinated outreach and consistent support to help them access high quality child care and secure employment.
- Q: What is the timing of the market rate survey?
  - A: The results have to be reported by August 15<sup>th</sup>. DHS will depend on the Early Learning Council to spread the word and help providers complete the survey. It will be sent by email and mail to all licensed child care providers in their native language. DCYF and BrightStars will help concentrate the effort for programs that are closed during the summer. The information collected could impact rates in the future so DHS needs accurate information.
- Q: What is the timing of the new state plan?
   A: The original was due in June, but the delayed issuance of the revised federal template moved the due date to August 31st.

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- COMMENT: There will be less quality dollars available for child care this year. Typically, all of the TANF grant funds are put in the child care block grant and the percentage of quality dollars is calculated on the entire amount of TANF funds. However, this year, child care funding was paid directly out of the TANF grant funds and the remainder was put in the child care block grant. Therefore, although the percentage used for determining quality dollars remains the same, the amount on which that percentage is taken is much smaller this year, ultimately resulting in a smaller pool of quality dollars. Consequently, the state must be strategic with how it uses its quality dollars. The state's quality goals must match the outcomes achieved with the quality dollars.
- Q: Will DCYF monitoring reports be made public?
   A: Yes, that is in development now and the reports will be on the DCYF website by September. All reports completed on or after the website's live date will be available online. Earlier reports are available through other mechanisms. DCYF is funding the online report project since the reports will be on the DCYF website, but there will be links to ECEDS.
- For ECEDS to continue, state agency leadership must prioritize it. The agencies need to feed in data and help to operate it. A grant of \$300,000 is available for additional development of ECEDS.
- **RECOMMENDATION**: Members of the Early Learning Council proposed an official recommendation. In order to preserve access to data currently stored in ECEDS (early care and education program and workforce data), the Early Learning Council recommends to the RI Children's Cabinet that it prioritize the ownership, development and ongoing maintenance of ECEDS with involvement by key state agencies: DHS, RIDE, DOH, DCYF, and EOHHS. The Children's Cabinet should also determine the intermediary responsible for integrating children's early care and education enrollment data.
  - o Recommendation was seconded and passed by a majority.

#### **OVERVIEW AND DISCUSSION: SUBSTANCE EXPOSED NEWBORNS**

Sarah Bowman presented the cross-departmental planning that is occurring with the Substance Exposed Newborns Task Force. (See slides.) Key comments and questions included:

- This task force was formerly known as the Neonatal Abstinence Syndrome ("NAS") Task Force, but the name was changed to reflect the true breadth of individuals and families supported. NAS is a specific diagnosis that not all infants impacted by prenatal substance exposure will receive.
- This task force strives to support and link the array of parenting and recovery related supports for new and expectant parents and families with a history of substance use and/or prenatal substance exposure. The task force provides a road map for families and providers.
- Q: Is every newborn tested for substances at birth?
  A: No, there is no universal drug screening of parents or newborns in Rhode Island.

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- DCYF has worked with RIDOH, EOHHS and BHDDH to implement the new federal requirement for the implementation of plans of safe care for all substance affected newborns. The Plans of Safe Care process is being implemented in the birthing hospitals, modeled off of aspects of the newborn screening process.
- The Department of Health's hospital discharge database is used to count the number of newborns diagnosed with NAS each year. There were 114 newborns diagnosed with NAS in 2015 and 96 in 2016.
- The work of the task force supports a broad spectrum of new and expectant parents with newborns at risk of NAS. This includes many parents who are stabilizing their recovery during pregnancy with medications such as methadone or Subutex. In this case expectant parents are following medical advice, and NAS is still a likely outcome following the birth of their child. Not all prenatal substance exposure is illicit. The short-term goals of the task force are to support families getting the best supports as early as possible, rather than simply reducing NAS rates.
- Q: Are infants born with opioids in their system automatically taken into the child welfare system?
  - A: No. Many different factors are taken into account regarding whether or not a family will become involved with DCYF. For families involved with DCYF there are different types and levels of involvement. There is a difference between DCYF involvement and DCYF removal at birth. However, all families impacted by prenatal substance exposure are offered supportive programs, including but not limited to referrals to First Connections and Early Intervention at birth.

#### **POLICY AND PROGRAM UPDATES**

Joseph Morra and Jan Mermin updated the Early Learning Council on the role of public libraries, the Hasbro Summer Learning Initiative and  $21^{\rm st}$  Century Community Learning Centers in preventing the achievement gap from growing over the summer months. (See slides.) Comments included the following:

#### **Hasbro Summer Learning Initiative**

• The achievement gap grows during summer months due to the lack of learning opportunities. Children also gain weight during the summer because they do not have access to healthy food options. Additionally, children lose 2 months of math skills over the summer. This collaboration between community based organizations and school districts offers a summer learning model to combat these negative effects of summer break.

#### **Public Libraries**

• Libraries are a seminal place for summer learning and reading.

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 Not only do libraries provide a connection to books. Many also offer access to food (as a summer meal site) and technology.

## 21st Century Community Learning Centers

- Federal funding is distributed through competitive grants focused on schools with high levels of poverty.
- Not all states require both after school and summer learning programs for grantees like Rhode Island does.
- The statewide evaluation showed a positive impact in increasing school day attendance and decreasing suspensions.

#### PUBLIC COMMENT AND NEXT STEPS

Public comment included the following:

- The State Pre-K lottery closes Monday night at midnight. If all goes well, programs will be notified on Tuesday and families will be notified on Thursday, after the holiday.
- On July 1st, the state will implement new state sick day laws. The new laws will allow parents to take kids to preventative care visits or pick them up from school when they are sick. Please spread the word and provide feedback to Rachel Flum.