

**RHODE ISLAND
EARLY LEARNING COUNCIL
MEETING**

September 24, 2014

11:30-2:00 p.m.
Child and Family





MEETING AGENDA

Welcome/Meeting Overview

Overview of Lead Dashboard Indicators

Supporting Effective Uses of Comprehensive Child Assessment Systems

Public Comment

Zero to Three Strategic Plan

Updates

Public Comment

Next Steps



STRATEGIC PLAN OBJECTIVE: SUPPORTING EFFECTIVE USES OF COMPREHENSIVE ASSESSMENT SYSTEMS

Strategy 2.1 Provide professional development opportunities to develop reliability in child assessment and to support the use of assessment data to inform practice.

Strategy 2.2 Use policies and incentives to expand the use of research-based formative assessment systems, e.g. Teaching Strategies GOLD.

Strategy 2.3 Invest in technological supports to facilitate seamless entry of child assessment data by teachers.



STRATEGIC PLAN OBJECTIVE: SUPPORTING EFFECTIVE USES OF COMPREHENSIVE ASSESSMENT SYSTEMS

Strategy 2.4 Modify KIDSNET to track developmental screening data and use data to develop strategies to increase the numbers of children birth to 5 years old who receive regular developmental screening, including training and supporting pediatric primary care offices to use developmental screening tools and ensuring efficient communication and referral pathways.

Strategy 2.5 Train regional English Language Learner (ELL) teams to provide culturally and linguistically appropriate Child Outreach screening to young English learners.

Strategy 2.6 Create a public-awareness campaign regarding the importance of regular developmental screening for children between birth and age 5.

OVERVIEW OF LEAD DASHBOARD INDICATORS



CHILD OUTCOMES: DEVELOPMENTAL SCREENINGS < 3

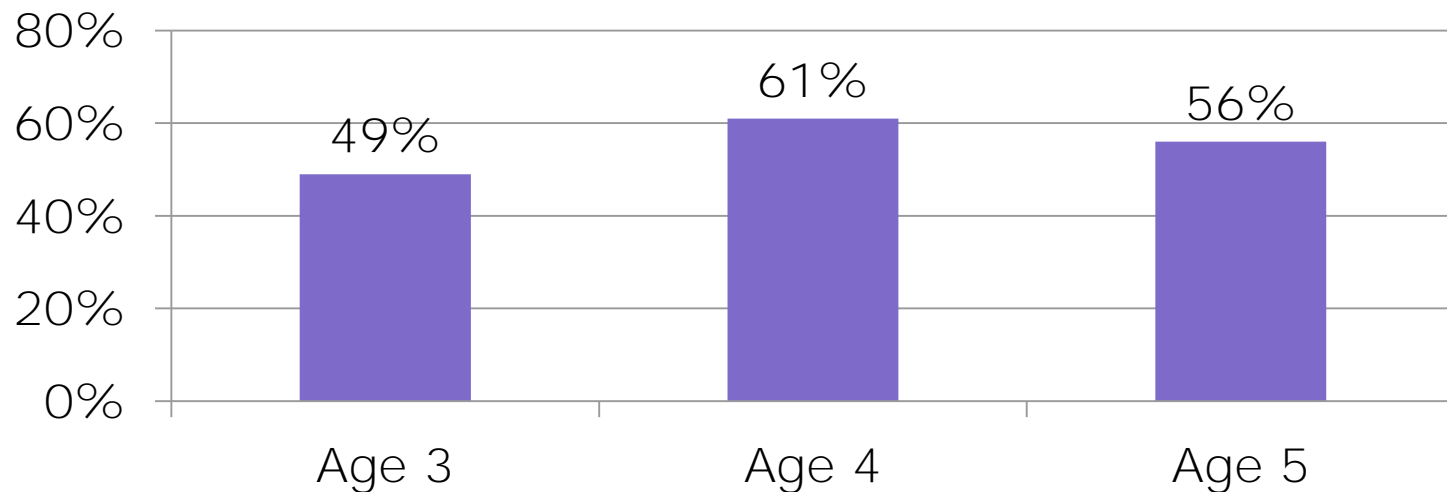
- ⊙ Data not yet available

GOAL: By 2016, 50% of three year olds will have a complete set of developmental screenings.



CHILD OUTCOMES: DEVELOPMENTAL SCREENINGS 3-5

% Children Ages 3-5 Receiving Child Outreach Screening, School Year 2012-2013

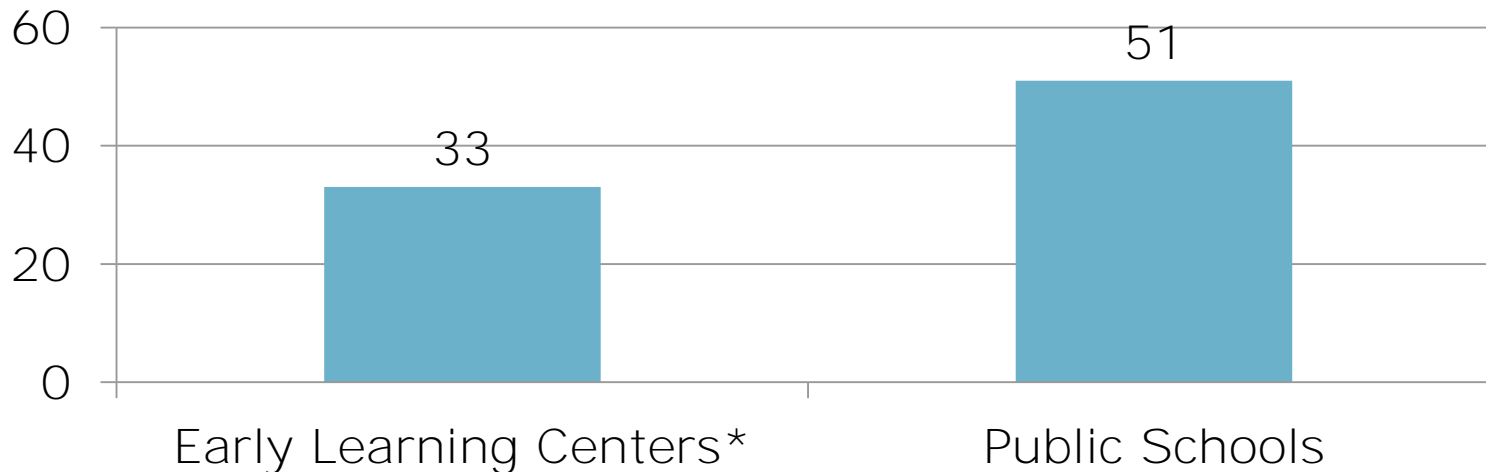


GOAL: By 2016, 80% of four year olds will have received a developmental screening.



CHILD OUTCOMES: FORMATIVE ASSESSMENT USE

Number of Early Learning Programs Using Teaching Strategies GOLD under State License, September 2014



11% of licensed early learning centers (33 of 309) are using TSG under the state license; 100% of public schools with preschool classrooms (51 of 51) are using TSG under the state license.

Strategy: Use policies and incentives to expand the use of research-based formative assessment systems (e.g. Teaching Strategies GOLD).

* Includes State Pre-K and Head Start programs.



CHILD OUTCOMES: KINDERGARTEN ENTRY CHILD ASSESSMENT

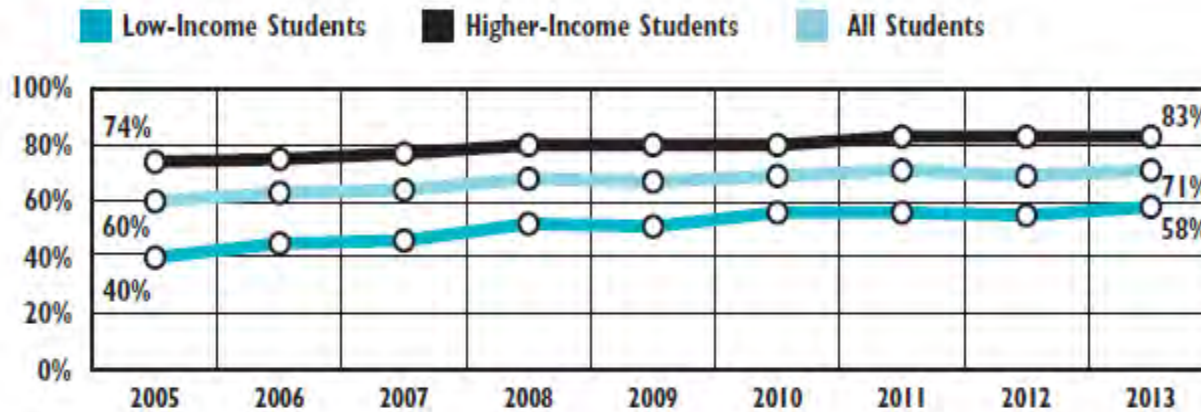
- ◎ Data not yet available

GOAL: By December 31, 2015: Develop and implement a common, statewide Kindergarten Entry Assessment aligned with State Standards.



CHILD OUTCOMES: 4TH GRADE READING PROFICIENCY

Fourth-Grade NECAP Reading Proficiency Rates,
by Income Status, Rhode Island, 2005-2013



Source: Rhode Island Department of Education, *New England Common Assessment Program (NECAP)*, October 2005-October 2013. Low-income status is determined by eligibility for the free or reduced-price lunch program.

SUPPORTING EFFECTIVE USES OF COMPREHENSIVE ASSESSMENT SYSTEMS



RI'S COMPREHENSIVE ASSESSMENT SYSTEM

- ⦿ Rhode Island is developing a system of child assessment that identifies children's strengths, progress, and needs for the purpose of:
 - ⦿ Making sound decisions about meeting the developmental and educational needs of children (**authentic assessments – including formative assessment**),
 - ⦿ Identifying significant concerns which may require focused interventions (**developmental screenings**), and
 - ⦿ Helping the state to support programs in improving educational and developmental practices, so that all children realize their individual potential to meet RIELDS (**aggregated data**).



GUIDING PRINCIPLES

- ⊙ All domains are assessed – to allow for a comprehensive **understanding of children’s development**
- ⊙ Assessment instruments are used with fidelity and are used for the purpose for which they were designed
- ⊙ Data are collected from multiple sources of input and using multiple methods
- ⊙ **Data are used ethically to support children’s growth**
- ⊙ Assessment information is communicated thoughtfully and with respect to children and families and in keeping with privacy guidelines.

Focus on Developmental Screening, Birth – 5



FOCUS ON DEVELOPMENTAL SCREENING

- ◎ Purpose
 - ◎ Identify children who may require additional evaluation or supports
- ◎ **Who's responsible**
 - ◎ Primary care providers
 - 9, 18, 30 months (developmental)
 - 18 & 24 months (autism)
 - ◎ LEAs - Child Outreach
 - 3- to 5-year-olds
- ◎ Goals
 - ◎ All children screened at recommended ages
 - ◎ All screening data documented electronically and communicated to families and others



FIRST PHASES OF SYSTEMS BUILDING

1. Work with primary care providers to increase screening rates and use of electronic documentation
2. Develop electronic documentation format for Child Outreach
3. Ensure appropriate linkages to resources
4. Increase public awareness of the importance of screening

Developmental Screening, B - 3



Developmental Screening B-3: Screening to Succeed



Project Lead: Blythe Berger, Rhode Island Department of Health/Early Learning Council member

Partners

- ⊙ **Rhode Island Department of Health**
- ⊙ Rhode Island Chapter of the American Academy of Pediatrics
- ⊙ Healthcentric Advisors





Required/recommended screening

- ⦿ RI' s Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Schedule requires developmental screening using a standardized tool at 9, 18 and 30 months and screening for autism at 18 and 24 months.
- ⦿ Bright Futures Guidelines also recommend screening at specific well child visits



Practices receive: Part 1

- ⊙ On site TA and support to implement Child Health and Development Interactive System (CHADIS)
 - ⊙ A one year user license and tablets to use CHADIS
 - ⊙ Delivers pre-selected questionnaires, which families complete online at home OR in waiting/exam room
 - ⊙ Automatically scores
 - ⊙ Presents results to physician → links to decision support information based on the responses
 - ⊙ Stores visit data, creating a full record that can be copied into EMRs for referrals, billing, positive screens and patient diagnosis tracking



CHADIS Demo



CHADIS

CHILD HEALTH & DEVELOPMENT INTERACTIVE SYSTEM



Practices receive: Part 2

- Support to implement a system of screening using the Survey of Wellbeing of Young Children (SWYC)

SWYC: 18 months
18 months, 0 days to 22 months, 31 days
V1.01, 3/11/14

Child's Name: _____
Birth Date: _____
Today's Date: _____

DEVELOPMENTAL MILESTONES
These questions are about your child's development. Please tell us how much your child is doing each of these things. If your child doesn't do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

	Not Yet	Somewhat	Very Much
Runs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walks up stairs with help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kicks a ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least 5 familiar objects - like ball or milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names at least 5 body parts - like nose, hand, or tummy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbs up a ladder at a playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words like "me" or "mine"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jumps off the ground with two feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Puts two or more words together - like "more water" or "go outside"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses words to ask for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PRE-SCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)
These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child... Seem nervous or afraid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem sad or unhappy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get upset if things are not done in a certain way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time with change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble playing with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break things on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fight with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble paying attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a hard time calming down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have trouble staying with an activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your child... Aggressive?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fidgety or unable to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it hard to... Take your child out in public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know what your child needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep your child on a schedule or routine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get your child to obey you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***** Please continue on the back *****

PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?

	Many times a day	A few times a day	A few times a week	Less than once a week	Never
Does your child look at you when you call his or her name?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does your child look if you point to something across the room?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your child interested in playing with other children?

	Always	Usually	Sometimes	Rarely	Never
When you say a word or wave your hand, will your child try to copy you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How does your child usually show you something he or she wants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are your child's favorite play activities?

	Playing with dolls or stuffed animals	Reading books with you	Climbing, running and being active	Lining up toys or other things	Watching things go round and round like fans or wheels
(please check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENT'S CONCERNS

	Not at all	Somewhat	Very much
Do you have any concerns about your child's learning or development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have any concerns about your child's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FAMILY QUESTIONS

	Yes	No
1 Does anyone smoke tobacco at home?	<input type="radio"/>	<input type="radio"/>
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	<input type="radio"/>	<input type="radio"/>
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	<input type="radio"/>	<input type="radio"/>
4 Has a family member's drinking or drug use ever had a bad effect on your child?	<input type="radio"/>	<input type="radio"/>
5 In the past month was there any day when you or anyone in your family went hungry because you did not have enough money for food?	<input type="radio"/>	<input type="radio"/>

Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Feeling down, depressed, or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 In general, how would you describe your relationship with your spouse/partner?

	No tension	Some tension	A lot of tension	Not applicable
9 Do you and your partner work out arguments with:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Parts of the SWYC

- ⦿ Developmental milestones
- ⦿ BPSC/PPSC: Social/emotional development
- ⦿ Parent concern
- ⦿ Family risk factors
- ⦿ POSI: Autism specific screen for 18, 24, & 30 month tools





Pros: SWYC

- ⦿ Free
- ⦿ Low literacy level
- ⦿ Faster than other standardized tools (age specific forms are only 2 pages long)
- ⦿ Screens for both developmental and behavior problems
- ⦿ Incorporates autism screening on the same tool for 18-35 months
- ⦿ Includes family questions to screen for important adverse conditions
- ⦿ Preliminary validation studies indicate sensitivities and specificities similar to the ASQ-3 for milestones, ASQ:SE and CBCL for behavior problems and M-CHAT for autism



SWYC data

7/10/14-8/14/14	6-8mo	9-11mo	12-14mo	15-17mo		18-23mo	24-29mo	30-35mo	36-47mo	48-60mo
Total # patients	0	30	22	12		29	18	11	25	26
BPSC (any ≥3)	0	9	13	5	PPSC ≥ 9	13	6	4	9	6
Fussy ≥3	0	7	12	5	% at risk	44.8	33.3	36.4	36	23.1
Inflexible ≥3	0	4	5	1						
Routines/sleep	0	2	3	0	POSI > 3	4	2	1		
% at risk	0	30%	59.1%	41.7%	% at risk	13.8%	11.1%	9.1%		
Milestones < cutoff	0	5	7	3		5	7	2	11	6
% at risk	0	16.7%	31.8%	25%		17.2%	38.9%	18.2%	44%	23.1%
Any parent concern +	0	2	3	2		4	4	3	6	2
Development concern +	0	0	2	1		2	1	0	4	1
Behavior concern +	0	2	1	1		2	3	3	3	1
% at risk	0	6.7%	13.6%	16.7%		13.8%	22.2%	27.3%	24%	7.7%
Any family risk factor +	0	7	5	0		3	1	3	4	6
Tobacco risk +	0	2	2	0		3	1	3	2	4
Substance risk +	0	0	0	0		0	0	0	0	0
Food Insecurity +	0	2	0	0		0	0	0	2	2
Parent Depression +	0	2	2	0		0	0	0	0	1
Dom Violence +	0	2	1	0		0	0	0	1	1
% at risk	0	23%	22.7%	0%		10.3%	5.6%	27.3%	16%	23.1%
Any SWYC +	0	18	19	7		20	12	7	18	13
% at risk	0	60%	86.4%	58.3%		69%	66.7%	63.6%	72%	50%
Either Milestone or POSI +	0	5	7	3		7	8	3	10	6
% at risk	0	16.7%	31.8%	25%		24% ¹	44.4%	27.3%	40%	23.1%



Practices receive: Part 3

- ⦿ Support to refer and link patients and their families to services
 - ⦿ Ana Tack, First Connections Referral Liaison at the Rhode Island Department of Health
- ⦿ Access to evidence based resources (on- site or community based) based on screening
- ⦿ Incentives and technical assistance to increase developmental screening rates



Timeline

- ⊙ June 10, 2014: CHADIS informative meeting
- ⊙ July 17, 2014: SWYC informative meeting
- ⊙ July 2014: First cohort of 8 practices
- ⊙ September 2014: Anticipate second cohort
- ⊙ November 2014: Anticipate third cohort

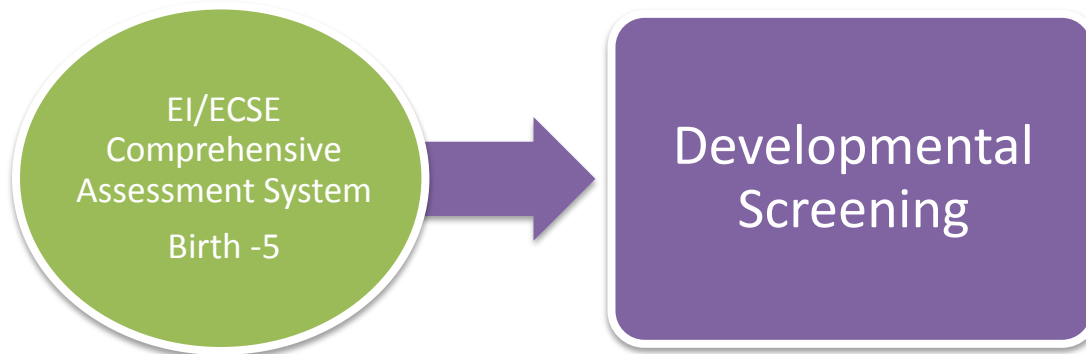
Interface between CHADIS and KIDSNET is in development



Questions?

- ◎ Emily Eisenstein:
 - ◎ 222-5924
 - ◎ Emily.eisenstein@health.ri.gov
- ◎ Stacey Aguiar
 - ◎ 222-1087
 - ◎ Stacey.aguiar@health.ri.gov

CHILD OUTREACH SCREENING



RI'S CHILD OUTREACH SCREENING SYSTEM- DUAL PURPOSE

- First step in the identification of children who might have special needs or be at risk for a learning problem and who could benefit from intervention
- Resource to families
 - general child development, development of their child, referrals to programs as well as opportunities for family involvement in their child's development



CHILD OUTREACH SCREENING

“Screening is not an end in itself.”

“A primary rationale for screening is prevention- to help children who need services gain access to them at a very early age in order to prevent the occurrence of more severe problems later.”

-Meisels and Burnett, 2005



SCREENING CHALLENGES

- Lack of screener reliability- implementation of screens
- Lack of collaboration with pediatricians
- Varied knowledge regarding evidence-based supports for families
- Invalid and/or inconsistent process/procedures (screening DLL's, referral and eligibility)
- Separate data collection systems (validity of data/monitoring capacity)
- Lack of improvement in screening percentages



CHILD OUTREACH SCREENING- SYSTEMS BUILDING GOALS

... *access* to and *quality* of screening



CHILD OUTREACH SCREENING QUALITY INITIATIVES

- Ensuring screener reliability- valid implementation
- Collaboration with HEALTH
- DLL process, procedure & development of regional screening teams
- Valid referral and special education eligibility
- New CO Policies & Procedures



CHILD OUTREACH SCREENING & ACCESS

- Public Awareness Campaign
- Creation of State Child Outreach Data System
 - ability to find all children 3-5
 - ability to analyze CO data to inform policy decisions
 - monitoring referrals, eligibility & DLL screening etc.
 - linkages to pediatricians, state agencies & programs



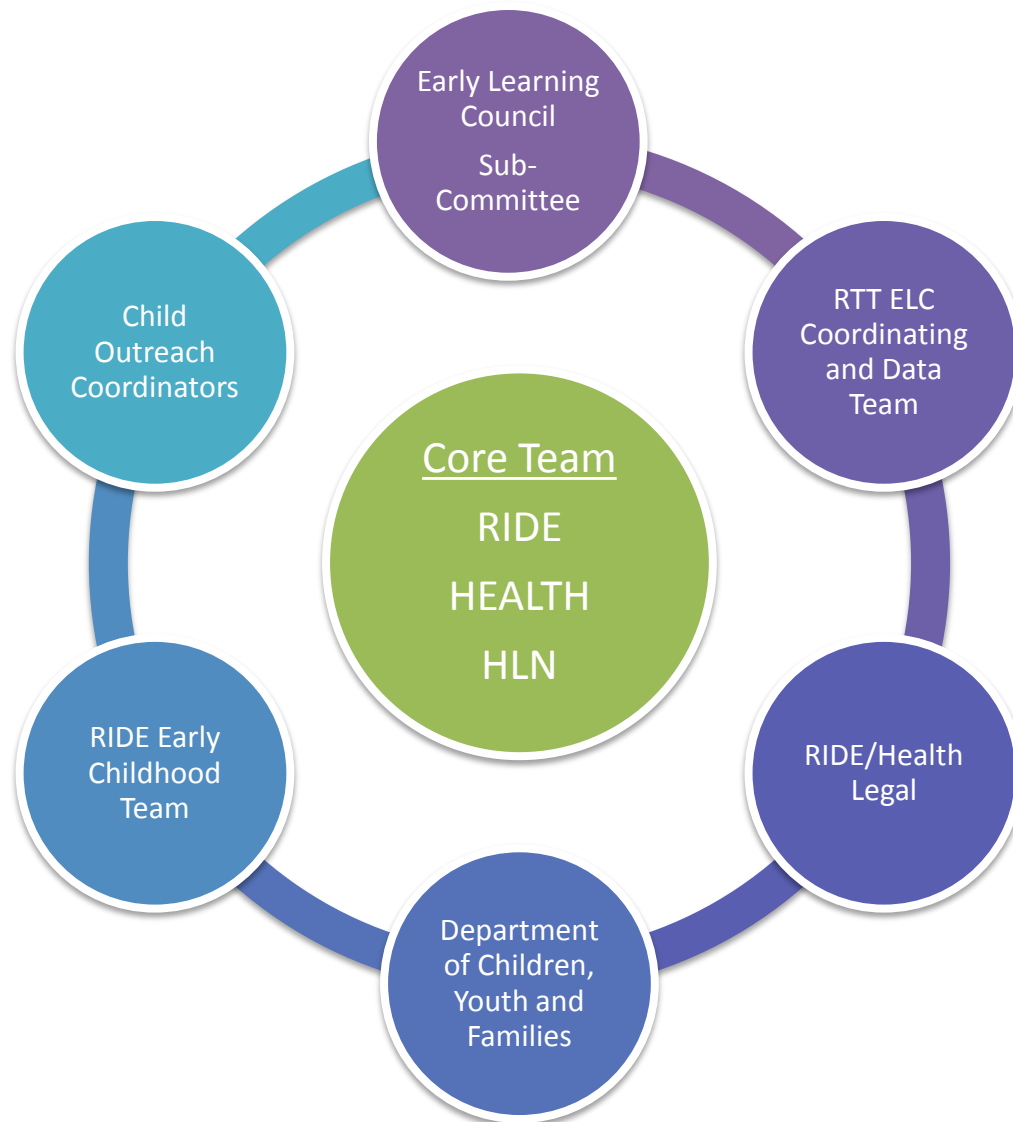
State of Rhode Island
Department of Health



The development of a new Child Outreach system within KIDSNET (Rhode Island's confidential computerized child health information system) would mitigate the risks inherent in using separate systems.

Integration into KIDSNET would allow school districts to accurately locate, screen, and monitor RI children, resulting in the ability to most effectively and efficiently provide the necessary supports and interventions.

CHILD OUTREACH-KIDSNET PROJECT TEAM



LIVE IN KIDSNET



RI Child Outreach Screening



Child Outreach Screening Dashboard

user login: **ruthg**

user district:

Navigation Menu

- ▶ Forms & Resources
- ▶ KIDSNET Search
- ▶ Child Outreach Reports
- ▶ Logoff

Screening Status Filter

School District:

Zip Code:

Screening Status						
	District Total	Submitted	Started, Not Yet Submitted	Not Yet Started	Submitted, Awaiting Spec Ed Referral Outcome	Non-Residents Started, Not Yet Submitted
K	14080	4	12	14064	2	0
K - 1	13086	3	11	13072	2	4
K - 2	12347	3	15	12329	0	2
K - 3	1607	2	5	1500	2	1
ALL	41020	12	43	40965	6	7

Child List Filter

Last Name:

First Name:

*Partial last and/or first names may be used

WHERE ARE WE NOW & WHAT ARE OUR NEXT STEPS?

- Creation of system- complete Aug 2014
- Initial training of CO coordinators & data entry staff- complete Sept 3 & 4, 2014
- System went live on Sept 15, 2014

- Ongoing technical assistance
- Secondary training- Oct 2014
- Continued collaboration with vendor to address issues
- Analyzing data to improve quality and access & to inform policy decisions
- Future functionality & enhancements



Increase Public Awareness



PUBLIC AWARENESS CAMPAIGN

- ⦿ Project goals:
 - ⦿ Increase the number of families, with children ages birth-5, who:
 - ⦿ understand the importance of developmental screening and
 - ⦿ know how to access it for their children.
 - ⦿ Increase the number of families who seek screening, **especially those with children who aren't in school.**
 - ⦿ Celebrate developmental milestones and communicate the importance of paying close attention to development in the earliest formative years.



PUBLIC AWARENESS CAMPAIGN

Project timeline:

- ◎ June – August
 - ◎ Develop vision & goals, budget
 - ◎ Present vision to subcommittee
 - ◎ Develop initial communication plan
- ◎ September
 - ◎ Photo shoot
 - ◎ Present to ELC
 - ◎ Develop materials
- ◎ October - December
 - ◎ Implementation of communication plan
 - ◎ Dissemination of materials



Is your child developing well for their age? Do you know what to expect next? Learn more about developmental milestones. →



At 6 months, many children...

- respond to own name
- respond to other people's emotions and often seem happy
- copy sounds
- like to play with others, especially parents

At 1 year, many children...

- use simple gestures, like shaking head "no" or waving "bye-bye"
- say "mama" and "dada" and exclamations like "uh-oh"
- copy gestures
- respond to simple spoken requests

At 1 1/2 years, many children...

- play with blocks, stacking, such as building a tower
- point to three objects, something interesting, and exclamations like "uh-oh"
- use a full range of emotions, such as the "big" smile
- say several single words

What is developmental screening and why is it so important?

Find a Doctor or Clinic near you!

Talk to your doctor.

Talk to your friends.

About Developmental Milestones

About Developmental Screening

Headline goes here.

Xerrovit eatume imporepudam fugia cum que pra ius minctecus etur aut a et eos dolessimod quae sitam, volore eos exceperferum nobifat et occatet excero eiciatium velitis quatur, te saerum ipitestiunt. Dipsom fugit ut mo iusandem ipsanderio commolu ptatur reprae volupta ac! to eaque volorio. Facea quias nim monu fugit quoolori.

At 1 year, many children...

- use simple gestures, like shaking head "no" or waving "bye-bye"
- say "mama" and "dada" and exclamations like "uh-oh"



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www.EarlyDevelopmentRI.com



Early Developmental Screening

www.EarlyDevelopmentRI.com



DISCUSSION

With the goal of increasing rates of developmental screening (via increased awareness and access):

1. What do you see as the major strengths of the approaches presented?
2. Do you see any gaps or additional connections that could be made?

Kindergarten Entry Assessment



KINDERGARTEN ENTRY ASSESSMENT

- ⦿ Rhode Island's plan
 - ⦿ Design & implement a KEA that is aligned with our ELDS and informs teachers of what their students know and are able to do
 - ⦿ Support LEAs in preparation for and implementation of the KEA and interpretation and use of data
 - ⦿ Use KEA data at a state level to inform practice and policy decisions



ENHANCED ASSESSMENT FOR THE CONSORTIUM (EAC) PROJECT

- ⊙ Participating states
 - ⊙ AZ, DE, DC, IA, ME, NC, ND, OR, RI, (SC)
- ⊙ Research Partners
 - ⊙ BUILD, SRI International, Child Trends
- ⊙ Grant period – Sept 2013 to Sept 2017
- ⊙ Objectives:
 - ⊙ Enhance **NC's** K-3 formative assessment, which includes a Kindergarten Entry Assessment (KEA)
 - ⊙ Design and implement a KEA that assesses key knowledge and skills in the 5 major domains
 - ⊙ Primary purpose – informing instruction



KEA – CURRENT WORK

- ⦿ Standards Analysis
 - ⦿ Standards common to all states identified
 - ⦿ Report and exec summary available late fall

- ⦿ Construct selection
 - ⦿ Subcommittee tasked with initial selection, using analysis of common standards & research on predictivity
 - ⦿ Draft selection of all constructs reviewed by RIDE and construct advisory group
 - ⦿ Executive committee and consortium to review and approve in October
 - ⦿ Expert review of all domains/constructs

PUBLIC COMMENT

**IDENTIFYING NEXT STEPS FOR
INFANTS & TODDLERS IN RHODE
ISLAND**



IDENTIFYING INFANTS & TODDLER POLICY PRIORITIES

- ⦿ Technical Assistance from Zero to Three supported by the Alliance for Early Success
- ⦿ Collaborating partners are BUILD and the Ounce of Prevention
- ⦿ Applicant agency: Rhode Island KIDS COUNT
- ⦿ 5 states selected: Georgia, Louisiana, Michigan, Rhode Island, and Wisconsin
- ⦿ Individualized technical assistance to public-private state teams
- ⦿ Four people from each state attend national planning session in May 2014 (Leanne Barrett, Kristine Campagna, Susan Dickstein, and Brenda DuHamel).
- ⦿ 20+ Member Planning Committee met in April and September 2014
- ⦿ Fall 2014 - Rhode Island KIDS COUNT Issue Brief on Babies & Their Families
- ⦿ TA can continue through end of 2014.



ZERO TO THREE STATE SELF-ASSESSMENT

- ⦿ Provided relevant RI data for each item
- ⦿ Pilot test in July with Steering Committee
- ⦿ Changed questions to assess priorities
 - ⦿ Increase State Focus
 - ⦿ Maintain State Focus
 - ⦿ Low Priority
- ⦿ 52 item electronic survey available July 30 – August 27, 2014
- ⦿ 91 respondents (most took 20-30 minutes to complete)
- ⦿ Extensive comments!



TOP ITEMS TO INCREASE STATE FOCUS

≥ 70% of respondents indicate need to increase state focus

- 1) Child care licensing caseloads (80%)
- 2) Education, job training, job opportunities and work supports for families with infants and toddlers (77%)
- 3) Access to trained infant mental health professionals (76%)
- 4) State funding to supplement federal Early Head Start funding (75%)
- 5) Access to Early Intervention (74%)
- 6) Mental health consultation for infant-toddler child care (72%)
- 7) Maternal depression screening and treatment (72%)
- 8) Access to quality infant and toddler child care (71%)
- 9) Adequate housing and energy assistance for low-income families with infants and toddlers (71%)



TOP ITEMS TO MAINTAIN STATE FOCUS

≥ 60% of respondents indicate need to maintain current state focus

- 1) Universal newborn screening (88%)
- 2) Temporary health insurance coverage for pregnant women, infants and toddlers (80%)
- 3) State Quality Rating and Improvement System for child care programs (79%)
- 4) State early learning guidelines for infants and toddlers (76%)
- 5) Health and dental insurance coverage for infants and toddlers (75%)
- 6) Medical home for all infants and toddlers (74%)
- 7) Universal developmental screenings (67%)
- 8) Child care subsidy re-determination is ≥ 12 months (67%)



TOP ITEMS TO MAINTAIN STATE FOCUS

≥ 60% of respondents indicate need to maintain current state focus

- 9) Reduced work requirements for families with infants and toddlers receiving cash assistance (65%)
- 10) Car seat safety (64%)
- 11) Child support pass through to families (62%)
- 12) Healthy housing and lead poisoning prevention (62%)
- 13) Oral health (61%)
- 14) Paid family leave (60%)

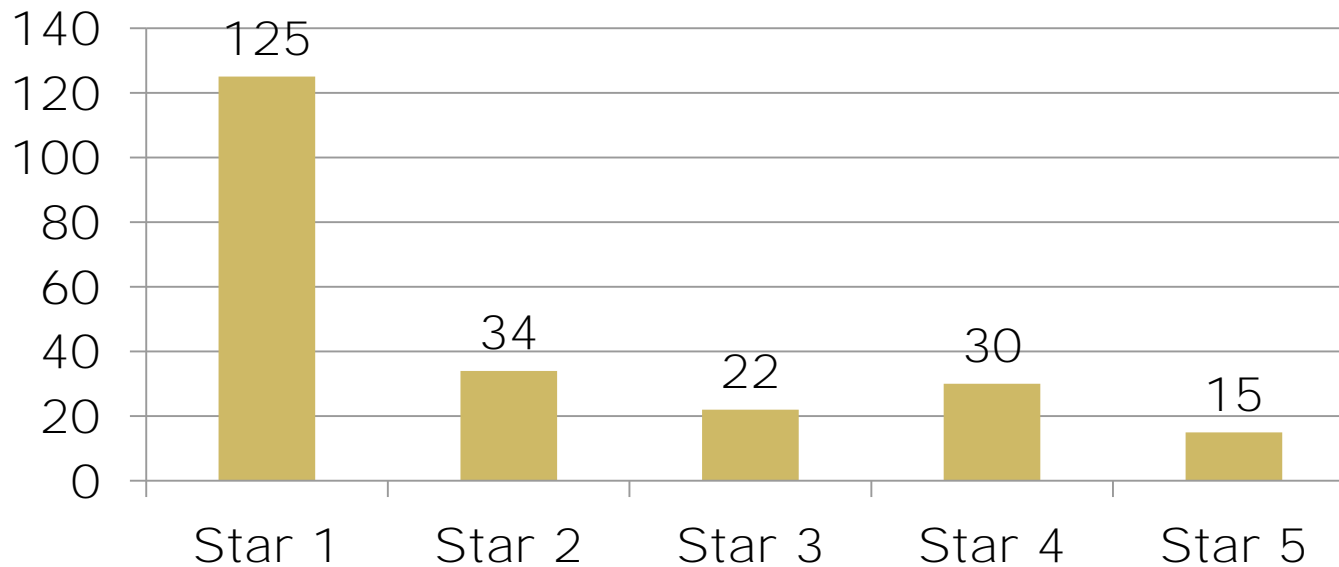
UPDATES



QUALITY: CENTER/PRESCHOOL BRIGHTSTARS RATINGS

**Early Learning Centers & Preschools with a
BrightStars Rating, August 31, 2014**

**Total Rated
Programs:
226**



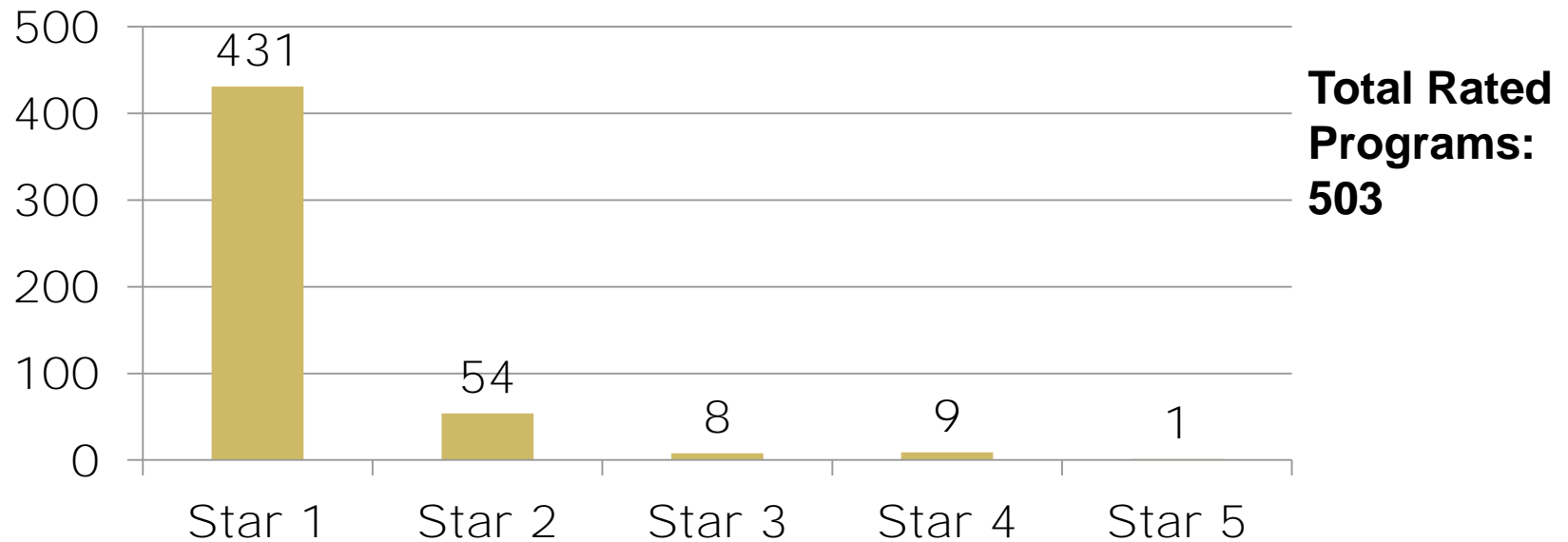
- This includes CCAP one star **centers**
- 73% of licensed centers are participating (rated) (226 of 309)
- 15% of licensed centers have a rating of 4 or 5 stars (45 of 309)
- Pending applications are not included in this chart

GOAL: By December 2015, 61% of licensed early learning centers will have a rating of 4 or 5 stars



QUALITY: FAMILY CHILD CARE BRIGHTSTARS RATINGS

Family Child Care Homes with a BrightStars Rating, August 31, 2014



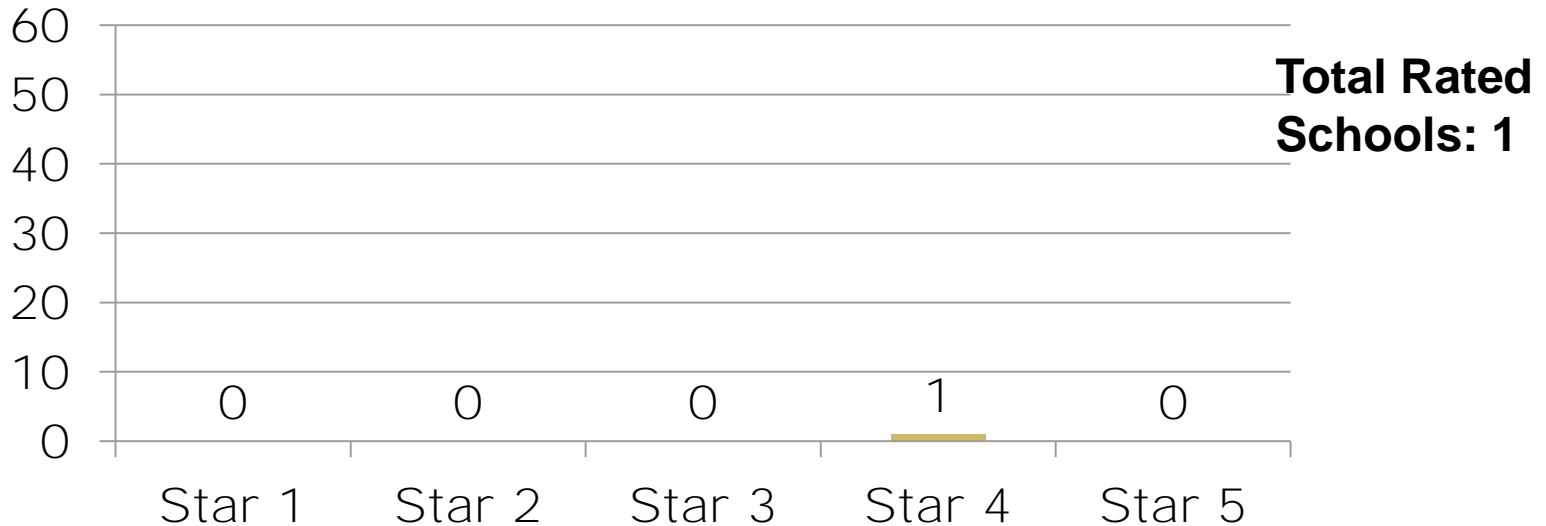
- This includes CCAP one star programs
- 88% of licensed family child care homes are participating (rated) (503 of 571)
- 2% of licensed family child care homes have a rating of 4 or 5 stars (10 of 571)
- Pending applications are not included in this chart

GOAL: By December 2015, 8% of licensed family child care will have a rating of 4 or 5 stars



QUALITY: PUBLIC SCHOOL BRIGHTSTARS RATINGS

Public Schools with a BrightStars Rating, August 31, 2014



- 2% public schools serving preschoolers are participating (rated) (1 of 51)
- 2% of public schools serving preschoolers have a rating of 4 or 5 stars (1 of 51)
- Pending applications are not included in this chart

GOAL: By December 2015, 100% of public schools serving preschoolers will have a rating of 4 or 5 stars



RTT-ELC: ADMINISTRATIVE UPDATE

- ❖ Administrative Update
 - ❖ Staffing
 - ❖ Communications
 - ❖ Sustainability Plan
- ❖ Key Project Updates
 - ❖ Program Standards Alignment- Facilities
 - ❖ Data System- User Acceptance Testing



PRE-K EXPANSION GRANTS

- ◎ \$160 million of grant funding is available; award range: \$10M-\$35M/year (\$40M-\$140M/ 4 years)
- ◎ To be eligible states must currently serve 10% or more of four-year olds in State Preschool Programs or have received a RTT-ELC grant.
- ◎ 36 states are eligible: Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, and Wisconsin



SCORING INFORMATION

- A. Executive Summary (10 points)
- B. Commitment to State Preschool Programs (20 points)
- C. Ensuring Quality in Preschool Programs (30 points)
- D. Expanding High-Quality Preschool Programs in Each High-Need Community (60 points)
- E. Collaborating with Each Subgrantee and Ensuring Strong Partnerships (50 points)
- F. Alignment within a Birth Through Third Grade Continuum (20 points)
- G. Budget & Sustainability (10 points)

Total Points Available for Selection Criteria (200 points)



SCORING INFORMATION

Competitive Priority 1: Contributing Matching Funds
(10 points)

Competitive Priority 2: Supporting a Continuum of
Early Learning and Development (10 points)

Competitive Priority 3: Creating New High-Quality
State Preschool Program Slots (0 to 10 points)

GRAND TOTAL: 230 points

NEXT STEPS

- ◎ September 11th: Intent to Apply due
- ◎ October 14th: Applications due to Grants.gov
- ◎ December 2014: Announce awards



UPCOMING SUBCOMMITTEE MEETINGS

Subcommittee	Topic	Date
Access	Identify Access Gaps and Barriers	September 18, 2014
Program Standards and Quality	Program Quality Supports	November TBD
Data	Data Dashboard and Reporting Needs	November 12, 2014
Early Learning Workforce Development	Workforce Registry ITL	November 13, 2014
Early Learning and Development Standards and Assessment	Screenings: Health, EI, ECSE, and Child Outreach	October 6, 2014



NEW DATE

PUBLIC COMMENT



NEXT MEETING

❖ **Next Council Meeting:**

December 10, 2014

11:30-2:00 p.m.

Save The Bay

100 Save the Bay Drive, Providence, RI

Rhode Island Early Learning Council
Wednesday, September 24, 2014 11:30 a.m.-2:00 p.m.
Child and Family

Meeting Summary

AGENDA SUMMARY

The Rhode Island Early Learning Council agenda addressed the following topics:

- Welcome and Introduction
- Overview of Lead Data Dashboard Indicators
- Supporting Effective Uses of Comprehensive Child Assessment Systems
- An opportunity for public comment
- Identifying Next Steps for Infants and Toddlers in Rhode Island
- Updates
- An opportunity for public comment
- A review of the next steps in the process

KEY POINTS

Key discussion points from the meeting are summarized below:

WELCOME AND INTRODUCTION

Deborah Gist welcomed everyone and reviewed the Early Learning Council meeting agenda. Elizabeth Burke Bryant reviewed the last legislative session. Kristin Lehoullier reviewed the Council's strategic plan objectives related to the use of comprehensive assessment systems, the main topic of this Early Learning Council meeting. (See slides). The following comments and questions were made:

- The legislature is continuing to support the 10-year Pre-K expansion plan that is included in the state's funding formula.
- The legislature also passed a bill supporting districts making the transition to Full-Day Kindergarten. Additionally, the final state budget passed included \$250,000 for the Full-Day Kindergarten incentive fund. That RIDE-administered fund assists districts that are trying to establish a Full-Day Kindergarten program. There are only 6-7 districts (out of 35) that do not have Full-Day Kindergarten and almost all of those are working towards having Full-Day Kindergarten.
- The cliff effect pilot program that allows families to continue to receive child care subsidies while their income increases up to 225% of the FPL was extended for two more years, through September 30, 2016 in the final state budget. This program offers continuity of care and stability for children.
- The legislature also extended the other CCAP pilot program which enables unemployed, low-income parents to receive CCAP while they are participating in specific workforce training programs that are intended to lead to a job. This Child Care in Training program pilot was extended through June 30, 2015.
- Head Start has worked hard to reinstate classrooms and teachers lost due to the federal sequester cuts after federal funding was restored.

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OVERVIEW OF LEAD DATA DASHBOARD INDICATORS

Leanne Barrett presented an overview of the Child Outcome data dashboard indicators for the Rhode Island Early Learning Council. (See slides). Key comments and questions from that presentation included:

- Most of the data dashboard slides will be updated in winter 2015, as we work to put together the 2015 Rhode Island KIDS COUNT Fact Book (released in April). The Developmental Screenings 3-5 slide will be updated later in the fall.
- Currently, 47% of the children in public schools are below 185% of the FPL (how RIDE measures low-income on the 4th Grade Reading slide).
- For the 4th grade Reading Proficiency slide, does that mean that, since 2005, reading proficiency has increased in all three groups while the gap between low and high income students has remained mostly consistent?
A: We have closed some gaps, but we need to do more. In 2005 there was a 34 percentage point difference in reading proficiency rates between low and high income children (74% of higher-income students were proficient vs. 40% of low-income students) and in 2013 it was 25 percentage points (83% of higher-income students were proficient vs. 58% of low-income students).
- Can the inability to close the gap be attributed to anything in particular?
A: The plan to transform education in Rhode Island has focused on (1) raising achievement for all (2) closing achievement gaps and (3) increasing graduation rates. Because of the tremendous focus on individual students, schools have shifted away from analyzing data in the aggregate, which is necessary for finding solutions to closing achievement gaps. All of the work we have done in the last few years has helped, but we need to do more.
- In this country, 80% of low income children are not reading proficiently by the end of 3rd grade. That needs to be changed.

SUPPORTING EFFECTIVE USES OF COMPREHENSIVE CHILD ASSESSMENT SYSTEMS

Judi Stevenson-Garcia explained Rhode Island's comprehensive child assessment system and its guiding principles. (See Slides). Key Comments and questions included:

- On the state level, aggregated data collected from child assessments will be used to support programs in thinking about their educational and developmental practices.
- The different developmental screening systems for B-5 need to be aligned and we must create connections between the B-3 and 3-5 developmental screening systems.
- The comprehensive assessment system that the state is building will allow the state to meet or even surpass the strategic goals of the Early Learning Council.

Developmental Screening, Birth-3

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Blythe Berger explained the developmental screening system for B-3. (See Slides and handout).
Comments and questions included:

- The focus of the B-3 developmental screening system is on primary care providers and supporting them to conduct developmental screening using standardized tools.
- Rhode Island is one of the only states that requires standardized developmental screening at 9, 18 and 30 months and screening for autism at 18 and 24 months as part of Medicaid EPSDT requirements. Representatives from Health work on site with practices to help pediatricians implement universal developmental screenings and to help with referrals.
- Health is granting pediatricians a 1 year license to CHADIS. They are also receiving tablets so families can easily fill out developmental screening questionnaires in the office. CHADIS automatically scores the questionnaires, which was a problem in the past because families would leave the office before the physicians even had a chance to review the results from screenings, thereby making the screenings significantly less effective. CHADIS also stores data and interfaces with KIDSNET so that the results from developmental screening can be shared, but no human data entry is required.
- The screening tool primary care providers will use is called the Survey of Wellbeing of Young Children (SWYC). This is the only comprehensive screening tool in the public domain. It includes developmental questions as well as social emotional and family questions, Ages and Stages has separate tools, which took a longer time for parents to complete.
- Health is targeting practices whose patient populations of children birth to three are at least 25% Medicaid or greater, or who treat at least 100 children with Medicaid. There are 94 practices, about 350 pediatricians, in the state that meet these qualifications. Roughly 20,000 kids per year are seen by these practices. Once pediatricians have this tool, we expect they will screen their entire patient population and not just the Medicaid children.
- CHADIS can send parents resources based on the scoring results. There are also patient portals where physicians can provide resources directly to parents.
- CHADIS includes 30 tools, any of which can be utilized once a practice has the license. So, for example, pediatricians can screen adolescents for no extra charge.
- A representative from Health is working with primary care providers to help them refer patients to First Connections, Early Intervention and a number of other services.
- The Healthcentric website has 2 letters of interest posted for practices that want to provide mental health consultations and/or evidence based parent support resources. The interested organization can send Healthcentric a letter with specifications and approved resources will be forwarded to practices. Applications will be reviewed once a month.

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- Head Start programs are able to look at information in KIDSNET to reduce duplicative screenings, but what about other early learning and child care providers? Is there a way for them to track the developmental screenings of the children in their programs?
A: Any time a provider wants to access KIDSNET, they apply to Health and explain what they need and Health decides whether it is appropriate to grant that provider access to KIDSNET for that limited purpose.
- Why doesn't KIDSNET include the date of physicals?
A: It shows 9, 18 and 30 months because developmental screenings take place at those pediatrician visits and it shows the date of immunizations. It doesn't capture every physical.
- Is SWYC a standardized tool like Ages and Stages?
A: SWYC is still undergoing the research to be considered standardized, however, but preliminary results of that research show that aligns closely to Ages and Stages. Health has been sending data back to developers as SWYC goes through validation studies. In Rhode Island, Medicaid has agreed to accept it as a standardized tool.
- With the transition to electronic systems for developmental screenings, will parents still have person to person contact to support them once they get the screening results? Emails about available resources are not enough.
A: Parents will continue to be supported by their primary care providers regardless of whether screening is done with an electronic system. These systems can provide additional support and information. Screening is a piece of a larger comprehensive approach to assessment which includes supporting parents. There may be an opportunity to include trained parent consultants to support parents if their child does not do well on a screening, e.g., an automatic referral to RIPIN or to a peer care coordinator.
- If a pediatrician screens a child older than age 3 and identifies a problem, do they send that child to Child Outreach or to special education?
A: We are working on that and will provide that information once available.
- Who conducts the developmental screening in a physician's office?
A: Every practice is different. Some practices will ask parents to complete the questionnaires in the waiting room or ahead of time and some will provide medical assistants to help parents fill it out as part of the office visit. The goal is to have it integrated completely into the practices' management systems.

Child Outreach (CO)

Ruth Gallucci explained the Child Outreach, 3-5 developmental screening system. (See Slides).

Comments and questions included:

- The goal is to screen every child every year prior to Kindergarten in order to best identify children with developmental disabilities or delays that require intervention so those children can access the appropriate resources. Screening is not an end in itself. Referrals, eligibilities and supports for families are the most important components of the screening system.

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- Professional development and monitoring plans for districts will ensure that Child Outreach screeners are screening reliably and in valid ways.
- Child Outreach is working with Health to make certain that pediatricians know how to refer children to school departments and that they are telling families about Child Outreach screenings for children 3-5.
- The KIDSNET Child Outreach data tracking system is now live and pediatricians have access. Right now, there are very few screening results in KIDSNET since it has just gone live.
- The KIDSNET data system will give Child Outreach the ability to find children that are not in early care and education programs. It will also allow Child Outreach to link with pediatricians and state agencies and programs. All children born in Rhode Island are in KIDSNET, unless a parent opts out. Only about 5 parents opt out a year. If a child is not born in Rhode Island, then they are entered into the system at their first pediatrician visit in the state. If a child is somehow not included in KIDSNET, there is a way to add them.
- KIDSNET shows the total number of children in a district, how many packages have been submitted and how many are still in process. Districts can easily get a list of children that have not been screened.
- If Child Outreach refers a child to special education, they must input the outcome of the referral into KIDSNET.
- Child Outreach is working with DCYF to make sure all children in state custody are located and screened.
- Who puts the assessments into KIDSNET?
A: All the districts' Child Outreach teams enter data into KIDSNET. Every district has a different system for doing that.
- What are the qualifications of screeners?
A: The districts hire screeners, but the state supplies best practices related to who to hire and how to train them. There is state provided training every year. There are also standardized procedures in place to make sure the screening is reliable. Child Outreach Coordinators ensure that their screeners are reliable and that data is collected. Ruth is meeting with Child Outreach providers every month to supply professional development and technical assistance.
- The state has vetted certain tools that can be used to screen children, but almost everyone uses the Early Screening Inventory for general development. More tools might be identified over the next year, including SWYC which includes family questions.

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- Once all screenings are complete and decisions have been made regarding referrals, the whole package can be submitted. Once submitted, physicians will be able to view the package in KIDSNET.
- One of the main advantages of moving Child Outreach information into the KIDSNET system is the number and type of reports that can be run. Districts will no longer have to send information to the state annually. That information will now be automatically populated.
- Child Outreach coordinators are finding incomplete or inaccurate addresses in KIDSNET and they are cleaning up the data as they go along.
- Will children in child welfare be tracked as they move from district to district?
A: Yes, for children in state custody, the system does not populate foster or biological family information for confidentiality reasons. Instead, it includes social worker information which will help locate where children are residing with their foster parents and assist in the process of receiving parent consent.

Public Awareness Campaign

Judi Stevenson-Garcia discussed the developmental screening public awareness campaign. (See Slides).
Comments and questions included:

- The state originally planned to implement a public awareness campaign last year, but the initial feedback was that the budget was too small to reach the number of families that we wanted to. We also decided to wait until all the systems (e.g., KIDSNET, CHADIS) were in place before we focused on encouraging more families to seek out developmental screenings. Now that KIDSNET can hold the data and pediatricians have started using electronic screenings, we can tell parents to ask pediatricians and Child Outreach for screenings.
- Worldways, the vendor for the public awareness campaign, has been a good partner because they are familiar with the goals of Exceed and understand the importance of milestones and communicating with families.
- The CDC materials on milestones are being personalized for Rhode Island.
- The developmental screening website will be accessible through the family page on the Exceed website. Once the website is up and running, a kit of materials, including the CDC book of milestones and information about developmental screenings, will be sent directly to families.
- There will be PSAs on the radio and on bus shelters.

KEA

Judi Stevenson-Garcia presented an update on the Kindergarten Entry Assessment (KEA). (See Slides).
Comments and questions included:

- North Carolina is the lead state in the Enhanced Assessment for the Consortium project, which is a multistate consortium. Under North Carolina's Race to the Top grant, their goal is to create a

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comprehensive K-3 formative assessment system, one part of which is the KEA. The KEA will provide the baseline data for the North Carolina K-3 assessment system. The consortium will use the KEA developed by North Carolina and enhance it to meet the needs of all the states in the consortium. The KEA is scheduled to pilot next fall, which is consistent with the Rhode Island Race to the Top strategic plan timeline. By the fall of 2016, the full KEA instrument will be ready for statewide use.

- Sharon Lynn Kagan and Catherine Scott-Little looked at the developmental standards for all the states in the consortium, specifically those standards that are closest to Kindergarten entry. Kagan and Little then aligned those state standards against the 120 constructs that they have identified as necessary for children to know and be able to do from birth to 8. The consortium will then go through that alignment, along with domain experts, in order to eliminate some of the constructs that are not necessary for children to know when they first enter Kindergarten or are not representative of the standards in all states. Once a shorter, draft selection of constructs is determined, it will be reviewed by RIDE and a technical team, which includes representatives of the Program Standards and Assessment Subcommittee, district administrators and teachers, and, ultimately, the consortium executive committee and full consortium. The final list of constructs must be manageable and useful for classroom teachers.
- Once the list of constructs is finalized, the development of items will begin. Since North Carolina just implemented items this fall, the consortium will begin to get feedback from North Carolina that will inform item development.
- Since the KEA is part of the Early Learning Council's strategic plan and there is a commitment to community engagement during the process, what is the role of the Council and the Program Standards and Assessment Subcommittee in the KEA process?
A: Stakeholder engagement activities are being developed. Since Rhode Island is participating at a higher level in the development of the KEA and is, as a result, helping to develop items, create professional development materials and pilot the assessment instrument, there will be many opportunities for the community to provide feedback at every step.

PUBLIC COMMENT

Comments and questions from the public included:

- Will materials be adapted for parents with different disabilities, e.g., braille or audio?
A: The CDC materials are standardized for basic child development. Resources would need to be identified for this.
- Does the social emotional screening tool include early childhood mental health screening and a formal assessment?
A: No, although screeners can make a referral for a mental health assessment, formal mental health assessments need to be done by a mental health advisor. The mental health assessment results are not included in KIDSNET. However, the new Early Care and Education Data system will indicate that a mental health referral was made and whether services were actually being provided.

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- When a child from the child welfare system is reunified with his or her family or is placed in a permanent home, is there a way for KIDSNET to transition the information so that the parents can access KIDSNET?
A: Parents do not have access to KIDSNET. A primary care provider always has access to all of the information about a child because it is always in KIDSNET, although it is sometimes hidden for confidentiality purposes. The primary care provider has the option of sharing that information with parents.
- When parents are completing developmental screening questionnaires in a physician's waiting room, is someone helping the parents, especially if they cannot read English or are not comfortable with technology?
A: Research has shown that parents are generally good with technology, but they can complete questionnaires on paper if necessary. CHADIS also has the option of reading the questions to parents so they do not have to read it themselves. For the most part, parents are not anxious about completing screening tools for their children, but the primary care provider can address any concerns parents have and can help parents complete the questionnaire.

IDENTIFYING NEXT STEPS FOR INFANTS AND TODDLERS IN RHODE ISLAND

Leanne Barrett discussed the identification of policy priorities for infants and toddlers in Rhode Island. (See slides and handout). Key comments and questions included:

- Zero to Three is a national information and policy center for people and professionals working with the infant toddler population. Zero to Three works with different states each year to help them identify and implement a set of policy priorities.
- Rhode Island used the Zero to Three self-assessment tool that was developed to help states examine where they are with respect to a variety of infant toddler policies, including housing, cash assistance, child support enforcement, child care and Early Intervention.
- In utilizing the self-assessment tool, respondents were asked, through an electronic survey, to indicate whether Rhode Island should increase state focus on a particular infant toddler priority, maintain state focus on a particular infant toddler priority or whether a particular infant toddler priority was a low priority. The electronic survey was distributed through Successful Start, Early Intervention, the Early Learning Council eNews, and the Rhode Island KIDS COUNT eNews.
- The policy priorities will be finalized over the next month. The final policy priorities will be released this fall with the KIDS COUNT Issue Brief of Babies and Their Families. The draft policy document distributed at the Early Learning Council meeting was organized into 4 areas:
 - Economic security
 - Increased focus is necessary with respect to childcare, jobs, and housing.
 - Maintained focus is necessary with respect to health insurance and paid family leave.
 - High quality early learning and development programs
 - Mental health and wellbeing

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- This area included infant toddler mental health consultation for childcare and maternal mental health depression treatment and screening.
- Family support and parenting
 - This area included evidenced based home visiting programs and parenting programs.
- Other key priorities that respondents identified at the end of the survey were: (1) more infant toddler professional development for childcare providers, (2) a variety of child welfare ideas, and (3) getting children into home visiting after 6 month old. General parenting and family support were also important.
- Any specific recommendations should be emailed to Leanne within two weeks.

UPDATES

BrightStars

Lisa Hildebrand provided the BrightStars update. (See Slides). The addition of a BrightStars consultant to help programs complete applications and create quality improvement plans has enhanced the BrightStars application process.

CCAP BrightStars Policy

Deb Anthes explained the progress of the DHS policy requiring CCAP providers to engage with BrightStars. There are a total of 86 programs that still need to engage with BrightStars before the October 1st deadline, at which time those providers will lose their CCAP provider status. This number includes 24 centers, down from 63 centers, and 62 family child care homes, down from 146 family child care homes. A total of 480 children are potentially affected. DHS has a huge communication plan in place to try to reduce the number of unengaged programs further and the number is, in fact, going down every day. DHS will work with parents that are enrolled at programs that do not meet the October 1st deadline and will provide the necessary support to transition those affected children into CCAP programs.

RTT-ELC Administrative Update

Melissa Emidy updated the Early Learning Council on the Race to the Top Early Learning Challenge. (See Slides). Key comments and questions included:

- The state is revising the Exceed communication plan based on the recommendations received through an annual survey conducted in August. The Exceed communication plan will be linked with the developmental screening campaign and the new campaign from BrightStars about how quality matters.
- The state has received a purchase order to begin work on the Race to the Top Early Learning Challenge sustainability plan.
- There is new staff at RIDE, DHS and on the Early Care and Education Data System team.

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- Brenda Almeida explained that DCYF is almost finished measuring centers for capacity. Centers are encouraged to apply for variances if they need more time or assistance to comply with licensing regulations. DCYF can provide assistance in completing the forms that are on the DCYF website.
- A vendor has been identified for the Facilities grant and the contract will be approved once the state receives federal approval for a budget modification.
- The Early Care and Education Data System's website is about to launch. During the launch, providers will have the opportunity to log into the program portal and update information that will feed into the family search for programs. When the Data System family search goes live, the BrightStars search will end. The Data System's family search provides parents with a holistic view of all the programs in the state. It is an improvement from the BrightStars search since it will include not only BrightStars information but also information from DCYF, RIDE, and DHS as well as information on capacity and openings. While this website is in development, user acceptance testers are needed to ensure the website works properly so if anyone is interested, please contact Melissa.
- Who can access the Early Care and Education Data System's website?
A: It is a public website so anyone can access it.
- Who keeps the slot openings updated?
A: Programs will supply the information on availability.
- How are programs being made aware that they should update their information in the Data System?
A: Emails and letters will be sent out starting in October. Program administrators will get an access code to log into the system. Training sessions will be held during the RIAEYC conference in December. In November, there will also be some training sessions for providers and instructions will be distributed.
- Information on the Data System should also be disseminated at the Spanish speaking provider conference, Temas Familiares. The Data System will not be available in Spanish until 2015.

Quality Awards

Deb Anthes explained that the next Program Standards and Quality Subcommittee meeting was moved to November 17th. At that meeting, the Subcommittee will revisit Anne Mitchell's Cost of Quality model that formed the basis for the Quality Awards.

Pre-K Expansion Grant

Michele Palermo explained the Pre-K Expansion grants. (See Slides). The Pre-K Expansion grants have 2 categories: (1) states that want to establish a Pre-K system and (2) states that want to expand their already existing state Pre-K system. Rhode Island is in the second category. Key comments and questions included:

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- For these grants, the federal government wants states to explain what they have done with their state Pre-K system, the quality of the state Pre-K system, how the state ensures quality, how the state would use grant funds to expand their current Pre-K system and how the state's Pre-K program fits into its larger early care and education system.
- Rhode Island is one of 4 states that meets all the quality benchmarks. We also have strong implementation policies because of the work we have done with the Early Learning Council and Successful Start so we are in a good position for the Pre-K Expansion grant. Additionally, we get credit for Rhode Island's ongoing state Pre-K expansion plan.
- The grant winners are announced in December.
- The grant application require a state to choose an area in which to focus so Rhode Island will conduct strategic meetings to determine whether we have the capacity to expand in our targeted areas.
- Is it the expectation that one state will get all the grant money?
A: No, 12-14 states will be awarded grants. Rhode Island is competing with 30 states in the Pre-K expansion category. Because Rhode Island is small, we can apply for up to \$10 million per year for 4 years. The grants are not awarded according to size.
- How many new children will be served by \$10 million?
A: It depends on how the classrooms are expanded. We have to be ambitious and realistic at the same time to make sure quality is maintained and sustainability is possible. We must show sustainability as part of the grant application.
- Does the amount awarded in the funding formula for Pre-K expansion meet the criteria for demonstrating sustainability?
A: Yes, it helps that Rhode Island has a track record of leaders investing in Pre-K.

PUBLIC COMMENT

Comments and questions from the public included:

- Will programs be able to log into the Data System to update information?
A: Yes, but not information relating to DCYF licensing, like capacity, although those items can be changed by contacting DCYF directly.
- Celebrate Babies will be on October 20th from 5:30-7:30 at RIC. It is a free event sponsored by the Rhode Island Association for Infant Mental Health and the Paul V Sherlock Center on Disabilities.
- Does DHS anticipate that 86 programs will get a letter on October 1st that they are no longer eligible for CCAP?
A: DHS thinks that a good portion of the 86 remaining programs will engage with BrightStars by the October 1st deadline. There will be extensive communications with parents about available

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alternatives if their program is no longer CCAP eligible. Parents will not be immediately cut off from childcare and there will be time for parents to move their children.

- Encourage families to renew their Rltechare.

NEXT STEPS

The next Early Learning Council meeting is on December 10, 2014 from 11:30-2:00 at Save the Bay. It will be a year in review.