

Commonwealth Council on Childhood Success Meeting Agenda
May 4, 2015 at 3pm
Patrick Henry Building, West Reading Room
1111 East Broad Street, Richmond, Virginia 23219

- I. Welcome and Updates

- II. Presentation of Workgroup Recommendations
 - a. School Readiness Workgroup
 - i. Virginia Preschool Initiative Subgroup: *John Purnell*
 - ii. Access to and Quality of Child Care and Preschool Subgroup: *Selena Childress-Mayo*
 - iii. Early Elementary Subgroup: *Jim Baldwin (on behalf of Dr. Staples)*

 - b. Health and Well Being Workgroup: *Lisa Specter-Dunaway and Catherine Hancock*

 - c. Data and Governance Workgroup: *Del. Rob Krupicka*

- III. Discussion of Recommendations

- IV. Public Comment

- V. Vote on Recommendations for Council's Adoption

- VI. Next Steps

The next meeting of the full CCCS will be on Monday August 24th at 2pm

School Readiness Workgroup: Access to and Quality of Child Care and Preschool Subgroup Report and Recommendations for the Commonwealth Council on Childhood Success

The CCCS Subgroup on Access to and Quality of Child Care and Preschool was given a huge task as they looked at Virginia's rapidly changing and fragmented child care and early education system and sought to make recommendations for improvement. The demographics of Virginia and changing policy landscape greatly informed their recommendations and priorities, and for that reason a summary of this context is provided below.

Virginia Demographics, Demand for Services and its Fragmented System

Virginia is home to more than 600,000 children under the age of 6, and in any given week nearly 394,000 of them spend some time in child care. Unfortunately, slightly more than 15% of (or 279,000) children in the Commonwealth live in poverty; a number which has grown in recent years. The demand for child care and early education programming is significant and continues to increase, but for a variety of reasons the current system in Virginia does not adequately meet the demand.

Regardless of their socioeconomic status, most parents struggle with finding high-quality, affordable care and education. Over the last 5 years, center-based care prices have increased by 14% for infants and 16% for 4 year-olds. Meanwhile, family child care home prices have increased by 21% for infants and 17% for 4 year-olds. These increased costs have dramatic impacts on the affordability and accessibility of care.

It should be noted that publicly funded programs are designed to help disadvantaged children, who are also most at-risk for falling behind their peers academically. Of those programs, Head Start programs (administered directly by the local grant recipient) served 2,400 children under the age of 3, and 16,600 children between the ages of 3 and 5 (2013-2014). Meanwhile, the Virginia Preschool Initiative (VPI) which was created to serve at-risk four year olds not served by Head Start, and is administered directly by the Virginia Department of Education (VDOE), served 18,000 children (FY 2015). In addition, 26,000 families received child care subsidies which benefited 43,000 children (FY 2014).

Currently the responsibilities to administer these federal and state public education programs, federal child care subsidies for low-income families, and licensing of child care providers, are split between the VDOE, the Virginia Department of Social Services (VDSS) and locally administered programs (in the case of federal Head Start funds). Additionally, the Commonwealth has two formally recognized early childhood education quality systems: the Virginia Star Quality Initiative (VSQI) administered by VDSS and the Virginia Early Childhood Foundation (VECF); and state accreditation of private preschools through a partnership between VDOE and the Virginia Council on Private Education (VCPE) authorized in code.

Rapidly Changing Policy Landscape

Since the subgroup was created in October, the federal Child Care and Development Block Grant Act of 2014 (CCDBG) was passed. This law reauthorizes the Child Care and Development Fund (CCDF) through 2020 to provide block grant funding to states to help low income families access child care services, to improve the quality of child care, and to help parents achieve independence from public assistance. This reauthorization establishes significant new requirements for child care providers participating in the Child Care Subsidy Program, including compliance with health and safety standards, on-site inspections and monitoring, participation in mandatory training, compliance with group size and ratio requirements, and national FBI fingerprint criminal background checks.

Though the subgroup included a variety of advocates, public and private providers, business leaders, agency staff, and members of institutions of higher education with unique perspectives on the breadth of these early childhood issues, they were unified in their recognition of and support for the work VDSS is taking on under this program's reauthorization. VDSS and the subgroup view this as a unique and significant opportunity to

improve the quality of care for children throughout the Commonwealth. Therefore, the subgroup included multiple recommendations about how the Council can continue to support and enhance the work being led by VDSS and suggests that the state use the opportunity to look for ways to apply higher standards of quality in settings for all children, regardless of subsidy status.

Additionally, during the 2015 legislative session a number of policies were proposed and debated, in response to the recent and tragic deaths of children in child care. Unfortunately, these recent losses are part of a larger and disturbing trend in the Commonwealth: the Washington Post found that 43 children died in unregulated care in Virginia over the last decade.

The final results of the legislative session include numerous changes that will help improve the system, including: a reduced licensing threshold for family day home providers, down from 6 children to 5; providers will have to conduct fingerprint background checks on all employees; and unlicensed providers will have to explicitly notify parents of their unlicensed status. While the subgroup acknowledges the progress these policies represent, they have additional recommendations for improvement.

Defining Quality and Access

The subgroup agreed that the key factors that impact the accessibility of the early care and education system include affordability (impacted in part by subsidy eligibility); basic geographic accessibility; demand for and availability of services, particularly for nontraditional hours, providers taking subsidies, services for children with special needs, and choice in provider-type. The group affirmed the need for a true mixed-delivery system of care, which empowers parents to choose from a variety of high quality program approaches, such as religious education, Montessori models, home based care, and public and private center based programs. They recognized that each community throughout the Commonwealth has different needs, as well as different resources to address each of these challenges. Unfortunately, the result is a system that is fragmented, unaffordable for many, and inconsistently meets the needs of families.

Additionally, the subgroup agreed that high-quality programs exceed state licensing regulations, including basic health and safety requirements, and achieve higher standards endorsed by other state and national early childhood entities, including but not limited to Head Start, the Virginia Preschool Initiative, the Virginia Star Quality Initiative (VSQI), State recognized accreditation, and accreditation from the National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC). Quality involves ongoing self-study and continuous improvement, which is assured through consistent standards and positive outcomes.

With this shared understanding of a truly high-quality and accessible system, the subgroup then identified 3 major categories of short and long term recommendations: Improving the Floor for Quality; Moving More Providers towards Systems of Quality; and Coordination and Sustainable Funding.

Improving the Floor for Quality

The state has a unique responsibility to protect the basic health and safety of young children being served by public and private early childhood providers. Therefore, the health, safety, and quality standards embedded in licensure create a floor that must minimally protect the health and safety of all children. Unfortunately, Virginia's recent history includes the tragic loss of children in care. By strengthening these base requirements, Virginia can ensure that all children, regardless of setting, are cared for in safe environments.

Recommendation # 1: Reduce the threshold for licensure of Family Day Homes from 5 to 3. Providers should be licensed when caring for 3 or more children, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. This reduced threshold mirrors the national average, and is an appropriate threshold at which the provider's care becomes a

business. Implementation of this reduction should be incremental and phased in so that providers, families and VDSS can adjust appropriately. The policy change requires funding for VDSS to implement fully (see Recommendation #11).

Recommendation # 2: Support strengthened penalties for violations of the licensure threshold. Without serious consequences for violations of the law, providers will continue to take more children than they can safely care for. As Virginia has seen, the consequences for such actions are often deadly for young children.

Recommendation # 3: Any child day center or family day home that enters into a contract with the VDSS or a local department to provide child care services to clients of the Department or local department that are funded, in whole or in part, by the Child Care and Development Block Grant shall obtain the appropriate license from the Commissioner. The Child Care and Development Block Grant Act of 2014 establishes significant new requirements for providers participating in the Subsidy Program, including compliance with health and safety standards, on-site inspections and monitoring, participation in mandatory training, compliance with group size and ratio requirements, and national FBI fingerprint criminal background checks. Requiring subsidy providers to be licensed by VDSS is the most efficient, effective and prudent way for Virginia to meet the federal requirements. One exception would be required: Installation-based child day centers and installation-based and affiliated family day homes located on federal property and operated or certified by the U.S. Department of Defense would not be required to obtain a license. The VDSS Division of Licensing Programs does not have the authority to license DOD-operated child care programs on military bases or federal property; however, these programs are governed by standards that generally meet or exceed state child care licensure standards.

Recommendation # 4: Revise the current application process for programs exempt from licensure, to include verification of health and safety standards. A verification process should be developed and applied where not currently in place and supported in code and regulation. Over the long term the information gleaned from these inspections should inform health, safety and quality standards for such programs.

Moving More Providers towards Systems of Quality

The subgroup identified a comprehensive definition of quality care that accounts for a variety of early childhood settings and the numerous definitions of quality that exist throughout the state and the country. The group affirmed the need for and value of such diversity, which empowers parents to choose from a variety of high quality program approaches, such as religious education, Montessori models, home based care, and public and private center based programs.

Recommendation # 5: Recognizing that VSQI is one of the systems of state recognized quality, alongside State Recognized Accreditation authorized by the Code of Virginia, and in light of the CCDBG reauthorization, the group recommends expanding opportunities for providers to access VSQI to recognize and improve their program quality.

- VSQI management (VDSS and Virginia Early Childhood Foundation, VECF) should continue the rollout of VSQI 2.0, a revision of Virginia's quality rating and improvement system, which focuses on intentional teaching, curriculum, teacher-child interactions and other factors that research indicates contribute to school readiness.
- VSQI management should continue with the planned implementation of expedited entry into VSQI for VPI and Head Start programs. Expedited entry involves crosswalking existing quality standards in these programs with VSQI standards to enable recognition of already existing quality requirements.
- VSQI management should explore automatic entry of VDSS licensed child care programs into the VSQI system. Licensed programs however, should retain ability to opt out of VSQI participation if they so desire.

Coordination and Sustainable Funding

The subgroup recognized that the early care and education space in Virginia is fragmented due to public programs being administered by various government agencies; does not adequately meet the demand; is challenging to administer by both public and private entities because available funding, subsidies and the state's per pupil funding do not adequately cover the true cost of care; and is difficult for parents to navigate. From every perspective in the system - parents, providers, school districts and state administration - there is a demonstrable need for better coordination, improved efficiency, and sustained funding.

Recommendation # 6: Create a comprehensive and cross sector technical assistance system to provide business operations, quality improvement, and blended and braided funding (any combination of federal, state, local and/or private) guidance for all providers. The state should provide robust technical assistance through VDSS and VDOE (or be housed in a new coordinated governance model proposed by the Governance Subgroup).

Recommendation # 7: Conduct a public awareness campaign to help parents access and understand quality programs. This should include unified messaging concerning quality early care and should be jointly developed by VDSS, VDOE and other stakeholders providing and promoting early care and education (or under the new Governance Subgroup proposed model). Electronic and social media should be utilized to the extent possible to disseminate information through multiple systems and touch points such as pediatric offices, government agencies, and other organizations that serve families.

Recommendations # 8: Form two subgroups to support VDSS work over the next year as it revises Virginia's Child Care and Development Fund Plan to meet new requirements established by the Child Care and Development Block Grant Act of 2014. The CCCS Access and Quality Subgroup is well poised to provide input from a diverse group of stakeholders and perspectives, as such we recommend the following:

- a) **A CCCS group should convene specifically to support VDSS's child care needs assessment. The group should assist in the examination of:**
 - Underserved areas of the state, including areas with concentrated poverty
 - Where greatest need exists for access to infant/toddler slots, nontraditional hours, care for children with special needs, and children who are homeless. Although not a part of the CCDBG mandate, the group should also consider the early care and education needs of military families not served on installations and families where a parent is in the guard/ reserve and needs care for guard drill weekends
- b) **A CCCS subgroup should convene to support and inform the development of a statewide child care disaster plan, lead by VDSS.**

Recommendation # 9: Create a comprehensive, statewide early childhood professional development system for all early care and education practitioners. Virginia's early care and education programs employ a variety of training and professional development options, but the state lacks a comprehensive professional development framework. Any new governance models facilitating coordination among early childhood programming in Virginia should incorporate a strong professional development component, to build on the work of the Virginia Cross Sector Professional Development Group (VCPD). The VCPD concept should be formally recognized, endorsed and supported by the state. The most pressing professional development needs for early childhood practitioners in the Commonwealth are:

- Establish a competency-based professional development framework for early care and education practitioners

- Explore measures of quality in terms of education & qualifications across the areas of accreditation, certification/licensing, articulation agreements, coursework, credits, degrees; and competency recognition.
- Examine funding strategies to address (1) cost of professional development; (2) incentives to participate in professional development; (3) cost of care provided by more highly qualified staff.
- A CCCS subgroup should convene to support and inform this work. This subgroup would support the Governance subgroup and/or the development of a new early childhood entity/collaborative; VCPD's ongoing work; and VDSS as it develops a state plan.

Recommendation # 10: Adapt the existing data systems (VLDS and VDSS Professional Development Registry) or create a new integrated data system, to capture the data and measure the impact of increased investments in professional development on child outcomes. Such a system/ systems could be coordinated under the proposed new governance model and regardless of its setting, should include:

- Collection of common data elements, integrated across both public and private sectors;
- A database for training and technical assistance providers and the early childhood professional development registry (implementation is already underway by VDSS). Integration of data within this system with VLDS should be explored;
- Additional agencies should participate in the Virginia Longitudinal Data System, including the Virginia Department of Health and the Department of Behavioral Health and Developmental Services.

Recommendation # 11: Increase financial resources in the early childhood system to fully implement current policies and final CCCS recommendations.

Consolidated List of Proposed Recommendations for Consideration by the CCCS

KEY:

Virginia Preschool Initiative

Access to and Quality of Child Care and Preschool

Early Elementary

Health and Well Being

Data and Governance

Multiple Groups

I. SCHOOL READINESS

1. Provide VDOE additional capacity to offer administrative oversight, programmatic site visits, and technical assistance to VPI programs. *[VPI Workgroup]*
2. Develop and actively promote a mixed delivery system of VPI programming in all communities. VDOE to provide technical assistance, issue guidance and create learning communities. *[VPI Workgroup]*
3. Continuously improve and refine VPI and other early education funding and policies with most recent information, lessons learned, and data. This should include outcomes from the implementation of VPI+; and the new data on VPI eligibility criteria and income levels of students (VDOE will have in fall 2015). With the General Assembly's recent funding of a voluntary kindergarten assessment tool provided by the University of Virginia; data collected from broader adoption of this tool should be used to help inform future policy decisions on interventions, resources, and assessments of young children. *[VPI, Early Elementary Workgroups]*
4. Modernize VPI funding levels and formula. *[VPI Workgroup]*
 - a. Tie per pupil funding to the rebenchmarking process, as is already done for other educational funding streams, so as to keep pace with inflation and enrollment.
 - b. Increase the percentage of in-kind contributions that constitute local match from 25%.
 - c. Maintain the unique 50% cap on the local match.
 - d. Fully fund the VPI formula based on need rather than participation.
 - e. Throughout Virginia, high-poverty communities have begun participating in the community eligibility provision for school lunch and therefore individual students' income eligibility is no longer tracked in the same way. This change could impact the calculation of the VPI formula, so the Commonwealth should consider other factors to identify the at-risk population in each community, such as the American Community Survey poverty estimates.
5. Maintain flexible and research based eligibility criteria for high risk students. Research shows that economically disadvantaged young children (at or below 200% of poverty) are less likely to participate in preschool and are most at-risk of not being prepared for school. English language learners, children experiencing high levels of family stress (homelessness, incarceration, military deployment, foster care, etc.) and children with developmental delays benefit greatly from preschool experiences. Additionally, families participating in VPI programs benefit significantly from the comprehensive set of services and family engagement model the programs employ. Therefore, the group recommends that these factors continue to be reflected in eligibility for and funding of VPI. While the state may identify some common priority risk factors that determine eligibility for VPI, this workgroup recommends that localities maintain some flexibility to address local needs, and unique risk factors, through their eligibility criteria. *[VPI Workgroup]*

6. Reduce the threshold for licensure of Family Day Homes from 5 to 3. Providers should be licensed when caring for 3 or more children, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. *[Access and Quality Workgroup]*
7. Support strengthened penalties for violations of the licensure threshold. *[Access and Quality Workgroup]*
8. Any child day center or family day home that enters into a contract with the VDSS or a local department to provide child care services to clients of the Department or local department that are funded, in whole or in part, by the Child Care and Development Block Grant shall obtain the appropriate license from the Commissioner. *[Access and Quality Workgroup]*
9. Revise the current application process for programs exempt from licensure, to include verification of health and safety standards. *[Access and Quality Workgroup]*
10. Recognizing that VSQI is one of the systems of state recognized quality, alongside State Recognized Accreditation authorized by the Code of Virginia, and in light of the CCDBG reauthorization, the group recommends expanding opportunities for providers to access VSQI to recognize and improve their program quality. *[Access and Quality Workgroup]*
 - a. VSQI management (VDSS and Virginia Early Childhood Foundation, VECF) should continue the rollout of VSQI 2.0, a revision of Virginia's quality rating and improvement system, which focuses on intentional teaching, curriculum, teacher-child interactions and other factors that research indicates contribute to school readiness.
 - b. VSQI management should continue with the planned implementation of expedited entry into VSQI for VPI and Head Start programs. Expedited entry involves crosswalking existing quality standards in these programs with VSQI standards to enable recognition of already existing quality requirements.
 - c. VSQI management should explore automatic entry of VDSS licensed child care programs into the VSQI system. Licensed programs however, should retain ability to opt out of VSQI participation if they so desire.
11. Increase financial resources in the early childhood system to fully implement current policies and final CCCS recommendations. *[Access and Quality Workgroup]*
12. In the absence of full-year public preschool programs available to all students, public schools should provide high-quality, short-term summer experiences for incoming kindergarten students without any preschool experience to increase their readiness and ease the transition. *[Early Elementary Workgroup]*
13. Given the growing interest in and recent pilots of kindergarten assessments that measure readiness across multiple domains (TS Gold, UVA assessment), JLARC should conduct a study of the benefits and consequences of a state directed and funded comprehensive assessment for all kindergarten students. *[Early Elementary Workgroup]*
14. Increase staff support in Kindergarten classrooms, particularly for schools in challenging communities. *[Early Elementary Workgroup]*

II. HEALTH AND WELL BEING

15. The Department of Medical Assistance Services (DMAS) should explore ways to promote increased utilization of Plan First and expand its coverage to include basic prescription and treatment coverage for conditions identified during the already covered annual family planning exam. *[Health Workgroup]*

- 16.** The Commonwealth should approve budget and legislation to allow Medicaid coverage for children in Foster Care and Adoption Assistance through age 21 who are at significantly higher risk for teen pregnancy. *[Health Workgroup]*
- 17.** The Commonwealth should improve preconception health and health outcomes of infants by making greater investments in tobacco use prevention. *[Health Workgroup]*
 - a. Resources should be provided for VDH and the Virginia Foundation for Healthy Youth (VFHY) to conduct targeted tobacco prevention messaging to promote health for high risk women of child bearing age.
 - b. Virginia should increase funding for and promotion of *Quit Now Virginia*, the VDH tobacco quit line, to increase utilization.
 - c. Tobacco taxes should be increased, a proven strategy to reduce tobacco use.
- 18.** VDH and DMAS should engage with private and public partners to increase LARC utilization to improve health outcomes of infants. *[Health Workgroup]*
 - a. Drawing on results of the Anthem Health Keepers pilot currently underway, DMAS should explore ways to reimburse obstetricians separately for LARC insertion at delivery, one of the biggest obstacles for utilization.
 - b. Additionally, VDH and DMAS should partner to promote education about LARC's with women; facilitate training for providers; and inform health plans of best practices, reimbursement options, and ongoing changes to the system.
- 19.** The VDH Breastfeeding Advisory Committee should help develop uniform breastfeeding training and education framework that draws on and incorporates existing resources and tools. *[Health Workgroup]*
- 20.** Virginia should expand the state's investment in home visiting for at-risk families who are pregnant or have children under the age of 6, to meet at least 25% of the need statewide. *[Health Workgroup]*
- 21.** The Department of Health Professions (DHP) and DMAS, and the Virginia Chapter of the American Academy of Pediatrics should facilitate a process to educate and train primary care providers on conducting timely, comprehensive and proven early childhood assessments of physical, developmental, behavioral and oral health from birth through age 8. *[Health Workgroup]*
- 22.** DBHDS and the Part C Early Intervention program should develop and promote a standardized policy, for early intervention providers to follow up with infants who spent time in the NICU. *[Health Workgroup]*
- 23.** DBHDS and the Virginia Department of Education (VDOE) should work together to explore how to best teach educators about the impact of trauma on early childhood and how to appropriately respond in educational settings. *[Health Workgroup]*
- 24.** Endorse the child hunger priorities established by the Commonwealth Council on Bridging the Nutritional Divide. *[Health Workgroup]*
- 25.** VDSS and VDH should explore expanding Child and Adult Care Food Program aid to license-exempt childcare programs who are receiving child care subsidies. *[Health Workgroup]*
- 26.** The VFHY should lead a workgroup, in partnership with the Virginia Department of Social Services (VDSS), The Virginia Early Childhood Foundation (VECF) and VDH, the Virginia Child Care Association (VCCA) and other relevant stakeholders to explore developing recommendations and

promoting best practices for healthy eating and physical activity standards in child care settings. *[Health Workgroup]*

27. The VFHY should conduct a comprehensive assessment of existing projects, councils, agency programs, and recent legislation affecting childhood obesity and make recommendations on alignment and unified priorities. *[Health Workgroup]*

III. DATA AND METRICS

28. The Commonwealth Council on Childhood Success, in consultation with the Children’s Cabinet, should review existing metrics and develop annual performance goals and metrics for school readiness and children’s success in the Commonwealth within the Virginia Performs framework. *[Data and Governance Workgroup]*
29. Any early learning or health and well being services funded with public monies should report standardized outcome data elements that are compatible with the Virginia Longitudinal Data System, so that the Commonwealth can conduct more thorough longitudinal studies. In particular, this should include standardized Head Start assessment data and standardized Home Visiting outcomes data, information from the Department of Health and Department of Behavioral Health and Developmental Services. *[Data and Governance, Early Elementary, Health, Access and Quality Workgroups]*
30. A database for training and technical assistance providers and the early childhood professional development registry (implementation is already underway by VDSS). Integration of data within this system with VLDS should be explored. *[Access and Quality Workgroup]*
31. The CCCS Data and Governance workgroup (or new early childhood governance entity) should explore how Virginia could develop a system (and/or pilot) to share family/child level data to support more efficient and effective service delivery and program evaluation across agencies and programs including programs administered through private providers that receive public funding. *[Health Workgroup]*

IV. GOVERNANCE

32. The Children’s Cabinet, in partnership with the Commonwealth Council on Childhood Success, should direct a full review within and across the HHR and Education secretariats and develop recommendations regarding the governance and organization of programs serving children from birth through age 8. Together they should develop a timeline and process for such an evaluation, and integrate the cost-benefit analysis (in recommendation #37). Together, they should recommend a governance model whereby the Commonwealth can most efficiently streamline children’s services within and across agencies and Secretariats to improve school success outcomes. *See also #37 [Data and Governance Workgroup; Early elementary also endorsed model that is streamlined and consumer friendly]*
33. Create a comprehensive and cross sector technical assistance system to provide business operations, quality improvement, and blended and braided funding (any combination of federal, state, local and/or private) guidance for all early childhood education and care providers. *[Access and Quality Workgroup]*
34. Conduct a public awareness campaign to help parents access and understand quality programs. *[Access and Quality Workgroup.]*

V. PROFESSIONAL DEVELOPMENT

- 35.** Create a comprehensive, statewide early childhood professional development system for all early care and education practitioners. *See also #40. [VPI, Access and Quality, Data and Governance Workgroups]* Virginia’s early care and education programs employ a variety of training and professional development options, but the state lacks a comprehensive professional development framework. Any new governance models facilitating coordination among early childhood programming in Virginia should incorporate a strong professional development component, to build on the work of the Virginia Cross Sector Professional Development Group (VCPD). The VCPD concept should be formally recognized, endorsed and supported by the state. The most pressing professional development needs for early childhood practitioners in the Commonwealth are:
- a. Establish a competency-based professional development framework for early care and education practitioners
 - b. Explore measures of quality in terms of education & qualifications across the areas of accreditation, certification/licensing, articulation agreements, coursework, credits, degrees; and competency recognition.
 - c. Examine funding strategies to address (1) cost of professional development; (2) incentives to participate in professional development; (3) cost of care provided by more highly qualified staff.

VI. ONGOING ROLE OF CCCS

- 36.** The legislature should permanently formalize the Commonwealth Council on Child-hood Success, to include representation of relevant state agencies, stakeholders, school divisions, institutes of higher education, parents, private and non-profit early childhood providers, the business community and others. *[Data and Governance Workgroup]*
- 37.** As part of the continuing conversation, the Data and Governance Workgroup should explore and facilitate a comprehensive cost-benefit analysis of a realignment of children’s programs and services within and across secretariats in Virginia. This work should be conducted by an organization or institute of higher education with the requisite expertise, experience, capacity and resources to do so. *See also #32 [Data and Governance Workgroup]*
- 38.** A CCCS group should convene specifically to support VDSS’s child care needs assessment. *[Access Workgroup]*
- 39.** A CCCS subgroup should convene to support and inform the development of a statewide child care disaster plan, lead by VDSS. *[Access Workgroup]*
- 40.** Develop a CCCS Workgroup to Address and Support the Professional Qualifications of the Early Childhood Workforce. *See also #35 [VPI Workgroup]*
- 41.** The CCCS VPI Workgroup should continue to work with VDOE and the Joint Legislative Subcommittee as this issue receives further study and discussion. *[VPI Workgroup]*

Data and Governance Workgroup Recommendations for the Commonwealth Council on Childhood Success

Since beginning its work last fall, the Data and Governance Workgroup has undertaken a significant process of learning about the current Virginia structure of programs and agencies serving children during their first 8 years of life. As demonstrated in the chart below, Virginia currently operates a very complex web of programs and regulatory functions that lead to duplicative work, a lack of shared goals and outcomes, as well as customer service challenges for provider partners and families and that have the potential to limit Virginia's ability to provide well-coordinated and high quality services that ensure the best success for children. In reviewing Virginia's governance model, workgroup members have had conversations with numerous other states about the structures governing their children's related services and the processes by which those were developed. Underlying this process has been a focus on what child development research suggests are the best ways to support children's development, on how Virginia can best partner and work with the many providers of children's services, and how Virginia can best provide a seamless experience for families so they can best utilize the appropriate services.

The workgroup identified a variety of models with common themes and trends in other states. Some of the states reviewed house all or most of their children-related programs under one agency or under an entity dedicated specifically to the needs of children. Other states house programs in different agencies but have formal structures in place to ensure collaboration and coordination across programs and agencies at the highest levels.

The workgroup found that a number of states have seen fiscal improvements, organizational efficiencies, and better outcomes for children as a result of organizational changes. States that have created more unified governance structures for the provision of early childhood services claim that the new structures:

- **Saved money;**
- Made it easier to **seek & receive targeted grant funding** that touches multiple related programs;
- **Improved child outcomes;**
- **Reduced paperwork** and administrative burdens for providers and eased the burden on those seeking services;
- **Prioritized family experience** improvements and more "user friendly" access to services; and
- Created **shared goals and metrics** under mutually reinforcing organizing principles.

Additionally, the workgroup sought input and ideas from a wide variety of Virginia stakeholders about the current administrative framework, ongoing challenges, and opportunities for improvement. Among the most consistent pieces of feedback was the recognition that Virginia lacks a comprehensive professional development framework serving all providers in the early childhood field. Child development research indicates that the success of children between infancy and age 8 is related to the training teachers and childcare professionals receive and shows that there are significant similarities between the qualities that make for a good pre-k teacher and those that make for a good teacher in early elementary school. Furthermore, there was an overwhelming consensus among service providers pertaining to prohibitive challenges and a frustrating lack of cohesion in working with multiple state agencies' respective grant, licensure, and reporting requirements associated with childcare, the Virginia Preschool Initiative (VPI), and related programs. This issue can also be seen in the disconnect between our efforts to measure, track, and provide quality services and the varied and complex licensing and quality standards among childcare, preschool, and early education facilities. Instead of treating licensure as a quality improvement tool, we tend to treat it as a regulatory compliance process that is not as aligned with our quality efforts as it could be. This is a missed opportunity for Virginia and our provider partners.

According to the recent Virginia Kindergarten Readiness Project study, data indicates that 34% of children in Virginia reach kindergarten underprepared for success in one or more key domains (literacy, self-regulation, social, emotional, or math skills). While some of the lack of preparation can be traced to funding and access to programs, we believe there are also professional development, program quality, customer service, and related

factors at play as well. The Commonwealth should be doing a better job of ensuring that early care and learning experiences help prepare students to succeed in kindergarten and beyond.

There are a number of major programs in Virginia which are designed and poised to help children thrive during their early years, including: Head Start and Early Head Start (coordinated by and including the Head Start Collaboration Office), Virginia Preschool Initiative (VPI) and the new VPI+ expansion grant, child care licensing, child care subsidies, the Commonwealth’s quality rating improvement system (QRIS) which is known as the Virginia Star Quality Initiative (VSQI), home visiting services, nutrition programs for children and their families, early intervention services, etc. The responsibility for administering this vast array of programs is currently divided between the Department of Social Services (VDSS), the Department of Education (VDOE), the Department of Health (VDH), and the Department of Behavioral Health and Developmental Services (DBHDS).

Below is an organizational chart of the major early childhood care, education and health programs serving the needs of Virginia’s young children (though it is certainly not comprehensive of all programs and initiatives):

<i>Secretary of Education</i>	<i>Secretary of Health and Human Resources</i>		
<i>Dept of Education</i>	<i>Dept of Health</i>	<i>Dept of Social Services</i>	<i>Dept of Behavioral Health and Developmental Services</i>
Virginia Preschool Initiative (VPI) VPI+ (Federal Pre-school Expansion Grant) Title 1 Preschool Special Ed Preschool Early Reading Intervention	WIC Nutrition Resource Mothers Early Childhood Comprehensive Systems Grant Partners in administration: CHIP of Virginia Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) Home Visiting Consortium (funded by MIECHV, administered in partnership with other agencies)	Division of Child Care & Early Childhood Development - Child care subsidy - Childcare provider training/professional development Head Start Collaboration Office Division of Licensing & Programs Partners in administration: Healthy Families Virginia, VA Early Childhood Foundation (VECF, which facilitate local Smart Beginnings Networks), Infant Toddler Specialist Network (ITSN), Child Care Aware Resource & Referral (CCA- VA)	Part C Early Interventions Behavioral Health services via Community Service Boards

It should be noted that all of these programs are state administered, with a few exceptions. Head Start and Early Head Start funds flow directly from the federal government to local grantees. The Head Start Collaboration Office helps resource and coordinate the activities of all Virginia Head Start grantees.

This fragmented administration creates a number of pressing challenges. The programs are not aligned under a common set of priorities or goals for the Commonwealth; the state lacks a comprehensive professional development framework that serves all early childhood care and education providers; public and private providers must work with different agencies and report varying program outcome metrics to each; families often get lost in the maze; and most importantly, children's outcomes suffer when the combination of services they need to support their success are not tightly integrated.

Based on this external and internal research, the group established two main objectives with a number of recommendations supporting each:

Objective I: *The Commonwealth needs to develop explicitly stated goals and objectives for achieving school readiness and success that govern all publicly-funded early childhood programming and the appropriate resources for measuring success.* First the state must align its early childhood development priorities and then develop measurable goals to support those priorities. Additionally, appropriate assessment tools must be put in place to track progress, and the information from these tools must then be easily shared across agencies as appropriate.

Recommendations in Support of Objective I:

1. The Commonwealth Council on Childhood Success, in consultation with the Children's Cabinet, should review existing metrics and develop annual performance goals and metrics for school readiness and children's success in the Commonwealth within the Virginia Performs framework. In support of that work, they shall:

- a) Evaluate public investments in school readiness and children's success programming and continuously reevaluate the most efficient means of applying public resources to reach the annual performance goals;
- b) Track and assess school readiness performance using existing governmental resources and those of research universities and/or experienced research and review bodies; and
- c) Establish a process to annually report to the Governor, General Assembly, Children's Cabinet, the Commission on Youth, and the Board of Education on those goals and progress being made towards their achievement.

Objective II: *The Commonwealth's agencies and divisions responsible for early childhood services should be organized to maximize success for children, to reduce the administrative burdens on service providers, to ensure consistent and quality professional development for the professionals that work with children, to support quality family and child experiences, and to report progress on the Commonwealth's relevant early childhood goals and objectives.* Through strategic alignment of all its efforts in the arena of school readiness, the Commonwealth can apply common goals, priorities, and performance metrics to programming designed to promote school readiness and offer a "one-stop" point of entry for consumers and service providers.

Recommendations in Support of Objective II:

2. The Children's Cabinet, in partnership with the Commonwealth Council on Childhood Success, should direct a full review within and across the HHR and Education secretariats and develop recommendations regarding the governance and organization of programs serving children from birth through age 8. Together they should develop a timeline and process for such an evaluation, and integrate the cost-benefit analysis in recommendation #4. Together, they should recommend

a governance model whereby the Commonwealth can most efficiently streamline children's services within and across agencies and Secretariats to improve school success outcomes. Ultimately, the streamlined governance model should ensure that:

- a) Programs that serve children are all focused on and preparing them for success in school and beyond; and measure that progress consistently under a unified framework.
- b) Priority is given to aligning public programs that serve children in early care and education settings (VPI, Head Start, VSQI, child care). Those should then be closely integrated with early childhood health and intervention services.
- c) The administrative burdens on service providers that must work with multiple agencies and offices are minimized.
- d) Data sharing is prioritized and all agencies with child-serving programs are encouraged to participate in and share data through the Virginia Longitudinal Data System.
- e) Licensure and quality standards are aligned and coordinated so as to reduce administrative burdens on providers and to ensure that the focus is on best outcomes for children.
- f) A comprehensive and coordinated professional development framework exists for all early childhood providers in the state and supports the continuum of child development up to age eight.
- g) Quality rating and other assessment systems are coordinated and aligned to both monitor outcomes as well as to ensure they are administered efficiently and effectively.
- h) The Commonwealth is maximizing its ability to access and implement grant opportunities that cross multiple children's programs.
- i) Programs that work together, such as childcare services and preschool programs, are organized and aligned so as to reduce burdens on service providers and increase access for families.
- j) Promote and facilitate "one-stop" program access for families.
- k) There is a unified approach to regularly reporting to the Governor, the Legislature and other stakeholders on the state of children's success in the Commonwealth (per recommendation #1).
- l) Resources are efficiently utilized to provide technical assistance and disseminate best practices, such as blended and braided funding, to local public and private providers.

3. The legislature should permanently formalize the Commonwealth Council on Childhood Success, to include representation of relevant state agencies, stakeholders, schools, institutes of higher education, parents, private and non-profit early childhood providers, the business community and others. Numerous federal grants require the Commonwealth to have an early childhood advisory council, and permanently creating such an entity with specific requirements about its composition will ensure these issues are address consistently and at the appropriate levels. Per the recommendations above, the Council should be responsible for coordinating goals and metrics for children's services in the Commonwealth, and for reporting on the progress of such goals and metrics to the Governor, Legislature, and Children's Cabinet.

4. As part of the continuing conversation, the Data and Governance Workgroup should explore and facilitate a comprehensive cost-benefit analysis of a realignment of children's programs and services within and across secretariats in Virginia. This work should be conducted by an organization or institute of higher education with the requisite expertise, experience, capacity and resources to do so. Such an analysis should include:

- a) Analysis of the full fiscal impact, taking into account not only capital improvements and "start-up" costs, but also long term savings from various governance and alignment efforts. It should also consider improved access to more streamlined funding opportunities.
- b) Incorporating recommendations of other child-serving entities;
- c) Emphasizing data sharing and data coordination across and within agencies as a priority;
- d) Analysis and review of goals for early childhood preparedness to determine whether those goals adequately work for Virginia.

School Readiness Workgroup: Early Elementary Years Subgroup Report and Recommendations for the Commonwealth Council on Childhood Success

The Early Elementary School subgroup examined four major areas of concern related to the early elementary (kindergarten – third grade) experience: kindergarten readiness; the achievement gap and diverse needs of students entering the K-12 system; coordination of support services in the community; and how to best define and measure success for children at this age.

The group was very clear from the beginning that the whole child should be considered in their work, and acknowledged that all children need to be supported in their academics, health, and social and emotional development throughout their early childhood years in order to be successful. As the group pursued this work, they determined that the standard for academic success in third grade should include both reading and math fluency, and that this benchmark should guide policy on assessments and academic interventions both before and throughout the early elementary years.

The workgroup hosted a panel discussion with kindergarten teachers from throughout the state, from which clear message emerged: the experiences young children have before arriving in kindergarten dramatically impact a child's experience and success during kindergarten and their first few years of elementary school. This conversation mirrors the national research on the value of preschool programs. A recent meta-analysis of 123 studies on the effects of preschool showed that children who attended a preschool program prior to entering kindergarten showed the largest gains in cognitive outcomes as compared with a group of similar children who received a different intervention or did not attend preschool.

Data from the PALS-K provides insight into Virginia kindergartners' readiness in literacy and indicates that 12% of children screened enter kindergarten without the literacy skills they need to be successful readers by third grade without intervention. But the workgroup also looked closely at a recent study which sought to evaluate the readiness of Virginia students in other domains, such as math, social skills, and self-regulation which according to national research are also key indicators of their later success. According to the Virginia Kindergarten Readiness Project (VKRP), 34% of children in the Commonwealth arrive at kindergarten unprepared in one or more critical learning domains (literacy, mathematics, self-regulation, and social skills). Therefore, the group explored and has made a few recommendations on better preparing young children, especially those at greatest risk of falling behind, enter kindergarten ready to succeed across multiple domains.

Given the great importance of these early education experiences, while also recognizing the limited resources available to provide them, the group agreed that state funding should be leveraged to maximize federal funding, rather than existing in conflict with it. For example, localities should better coordinate Head Start and Virginia Preschool Initiative (VPI) programs so as to maximize available slots in a community to reach the greatest number of children possible. Additionally, the group recognizes the changing landscape of the public preschool environment in Virginia with the ongoing implementation of VPI+ under the federal preschool expansion grant.

These values and principles drove the development of the following recommendations from the subgroup:

Preparing for and Enhancing the Kindergarten and Early Elementary Experience

Recommendation # 1: In the absence of full-year public preschool programs available to all students, public schools should provide high-quality, short-term summer experiences for incoming kindergarten students without any preschool experience to increase their readiness and ease the transition. The group made the recommendation based on the proven outcomes of the *Bridging Kindergarten* program in Fairfax County, which has developed 3 week kindergarten transition program for students without any preschool experience. The program has demonstrated that participating students made real gains in self-regulation and

academic skills over those in the control group of their peers. The work group supports the funding of a pilot program in 2-3 additional school divisions in which at-risk students that are not currently being served (school divisions with wait lists for VPI programs, for example).

Recommendation # 2: Any state funded preschool programs or early learning experiences should meet the highest standards of quality and seamlessly connect the 4 year old and 5 year old public education experiences of students. The workgroup endorses the VPI workgroup recommendation that as the state implements VPI + and begins collecting data and outcomes on the innovative models and benefits of expanded access, Virginia should use that information to improve quality standards of all VPI programs and consider expanding access to additional at- risk students.

Appropriate Administration of Kindergarten Assessments

Recommendation # 3: Given the growing interest in and recent pilots of kindergarten assessments that measure readiness across multiple domains (TS Gold, UVA assessment), JLARC should conduct a study of the benefits and consequences of a state directed and funded comprehensive assessment for all kindergarten students. This should include a detailed analysis of current state and local assessments, both mandated and optional; an evaluation of their utility and current duplication of efforts; the benefits, consequences and costs of standardizing such assessments across the Commonwealth; and the appropriate amount of testing for children at that age.

Recommendation # 4: With the General Assembly's recent funding of a voluntary kindergarten assessment tool provided by the University of Virginia; the workgroup recommends that data collected from broader adoption of this tool should be used to help inform future policy decisions on interventions, resources, and assessments of young children.

Recommendation # 5: Increase staff support in Kindergarten classrooms, particularly for schools in challenging communities. As resources have been stretched thin in recent years, many kindergarten classrooms have lost their support staff; while other aides have been assigned so many additional duties that they are no longer providing substantive instructional support to classroom teachers. As demonstrated in the recent Virginia Kindergarten Readiness Project study, incoming kindergarten students have very different levels of academic, social emotional, and self-regulation skills. Additional staff support facilitates a much better learning environment for each of them, and is particularly valuable when teachers must administer assessments, without losing too much valuable instructional time.

Improving Data and Governance

Recommendation # 6: Any early learning or health and well being services funded with public monies should report standardized outcome data elements that are compatible with the Virginia Longitudinal Data System, so that the Commonwealth can conduct more thorough longitudinal studies. In particular, this should include standardized Head Start assessment data and standardized Home Visiting outcomes data.

Recommendation # 7: Endorse the Data and Governance Workgroup focus on improving the ease with which parents can navigate Virginia's early childhood education system. The current system is fragmented between multiple funding streams, agencies, state and local programs. Therefore parents often have a difficult time finding and navigating early education programs available to their young children. Ideally, better coordination and communication can be achieved statewide so that parents can easily access public (federal, state, and local) and community-based, long and short-term, early learning and literacy programs; and health and developmental resources and services.

Health and Well Being Workgroup

Report and Recommendations for the Commonwealth Council on Childhood Success

The Health and Well Being workgroup looked at a number of issues across the health spectrum that affect the well being of children and their ability to thrive and succeed during their first 8 years of life. Given the breadth of the subject, the group decided at the outset that while dental and behavioral health are an integral part of a child's health; those particular policies are being addressed in a variety of other task forces and committees at this time. Therefore, the workgroup did not spend a great deal of time examining those issues. However, the group was unified in their agreement about the importance of every community throughout Virginia having access to comprehensive, community-based behavioral health services for children. As such, it recommends the Council look to the Department of Behavioral Health and Developmental Services (DBHDS) internal transformation teams currently examining these issues for guidance.

At the core of the workgroup's approach is an acknowledgement that access to high quality and affordable health care is foundational to a healthy and thriving population. Regular and affordable access to care lends itself to better health outcomes, and therefore expanded access is the workgroup's leading recommendation. In addition to expanded access to coverage, the group acknowledges the critical role of patient centered medical homes and supports the ongoing work throughout the state to encourage and incentivize full utilization of the model.

In the new Virginia Department of Health (VDH) State Population Health Plan, there is an emphasis on Strong Start, or the Commonwealth's early investments in children's health and well being. The Strong Start measures of success include the rate of thriving infants in their first year, the percentage of well child visits completed, the percentage of newborns free of birth defects, high school graduation rates, percentage of newborns with healthy birth-weight, kindergarten readiness, and children living in poverty at the time they enter public school, as measured by free and reduced lunch eligibility. The recommendations of this CCCS workgroup, and others, fully support the need for such early investments in young children. It also reflects their view that the state should be committed to making long-term investments in primary level prevention and interventions, which have the greatest impact on population health in the long term and cost the least.

These values and principles drove the development of the following recommendations from the workgroup, which fall into 3 major categories: improving birth outcomes and supporting thriving infants; investing early in children's health and well being; and upgrading data collection.

Improving Birth Outcomes and Supporting Thriving Infants

The workgroup identified healthy and thriving infants as a priority issue for the birth-8 age group; given that Virginia still fares worse than many other states. The group endorsed the VDH Thriving Infants Initiative and made recommendations that they believe will help compliment the work already underway to increase the number of infants in Virginia thriving on their first birthday.

Recognizing that thriving infants begin with healthy mothers, the workgroup identified pre and inter conception health as a priority. In fact, VDH estimates that improving pre-conception health could take Virginia more than two thirds (82.0%) of the way to our goal of having the best term rates in the country, with 2,295 more infants born at full-term.

Therefore, the workgroup began with recommendations to improve preconception health with expanded access to health care coverage. With regular access to a primary care provider in the years before and between conception, the most significant risk factors for infant mortality (smoking, obesity, diabetes, chronic hypertension, anemia and previous pre-term labor) could be far better addressed among vulnerable populations long before pregnancy. Additionally, the group looked at targeted reductions in tobacco use, easier access to

highly effective long acting reversible contraceptives (LARC's), and increased awareness and education around breastfeeding.

Recommendation # 1: The Department of Medical Assistance Services (DMAS) should explore ways to promote increased utilization of *Plan First* and expand its coverage to include basic prescription and treatment coverage for conditions identified during the already covered annual family planning exam.

Women losing coverage after pregnancy and young women aging out of Medicaid are automatically enrolled in *Plan First*, which provides coverage for basic family planning exams and contraceptives. Expanding the breadth of services covered by this existing program would greatly improve women's pre and intra conception health, which ultimately drive better outcomes for infants.

Recommendation # 2: The Commonwealth should approve budget and legislation to allow Medicaid coverage for children in Foster Care and Adoption Assistance through age 21 who are at significantly higher risk for teen pregnancy. By the time they turn 19, nearly half of young women in foster care have been pregnant, compared to 27 percent of 19-year-olds overall. By age 21, half of young men in foster care report having impregnated someone, compared to 19 percent of their peers not in the system.

Recommendation # 3: The Commonwealth should improve preconception health and health outcomes of infants by making greater investments in tobacco use prevention.

- a) Resources should be provided for VDH and the Virginia Foundation for Healthy Youth (VFHY) to conduct targeted tobacco prevention messaging to promote health for high risk women of child bearing age.
- b) Virginia should increase funding for and promotion of *Quit Now Virginia*, the VDH tobacco quit line, to increase utilization.
- c) Tobacco taxes should be increased, a proven strategy to reduce tobacco use.

Recommendation # 4: VDH and DMAS should engage with private and public partners to increase LARC utilization to improve health outcomes of infants. LARC's have been proven to reduce unintended pregnancy, increase inter-birth intervals, and lead to improved birth outcomes and increased numbers of thriving infants.

- a) Drawing on results of the Anthem Health Keepers pilot currently underway, DMAS should explore ways to reimburse obstetricians separately for LARC insertion at delivery, one of the biggest obstacles for utilization.
- b) Additionally, VDH and DMAS should partner to promote education about LARC's with women; facilitate training for providers; and inform health plans of best practices, reimbursement options, and ongoing changes to the system.

Recommendation # 5: The VDH Breastfeeding Advisory Committee should help develop uniform breastfeeding training and education framework that draws on and incorporates existing resources and tools. They should consider developing and promoting a basic curriculum (1 hour) for a variety of professionals that work with women of childbearing age and infants 0-18 months in public or private settings. Two strategies for their consideration are the Delaware resources: *What to Expect if you Deliver in Delaware*; and public recognition of breastfeeding friendly businesses.

Investing Early in Children's Health and Well Being

In alignment with and support for the Strong Start components of the Virginia State Population Health Plan, the workgroup made a number of recommendations for the Commonwealth's early investments in children's health and well being. Recognizing the complexity of a child's well being during his or her early years, the group began by recommending investments in home visiting.

Home visiting is a strategy that addresses many of the health and well-being concerns of children by pairing high risk families with specially trained home visitors, often a nurse or social worker, depending on the program. The home visitor, over the course of the first few years of a child's life, provides long term partnership to help families address maternal and child health; child development and school readiness; and build stable, well functioning families and strong parent-child relationships. Home visiting outcomes in Virginia and national studies both demonstrate clear success and a high return on investment. For example, a study of Virginia families found that compared to a control group, babies at high risk of preterm birth participating in a Virginia home visiting program experienced 44% fewer in-patient days and half as many NICU days. National research has shown that children consistently receiving home visiting services as youngsters were 50% less likely to be retained in 1st grade and 56% more likely to graduate from high school.

Recommendation # 6: Virginia should expand the state's investment in home visiting for at-risk families who are pregnant or have children under the age of 6, to meet at least 25% of the need statewide.

- a. The Virginia Home Visiting Consortium should develop a strategic plan to determine where new investments would be most effective and the state should increase its financial investment.
- b. Additionally, DMAS, in partnership with health plans and case management providers, should determine criteria that would trigger mandatory case management via home visiting utilizing an evidence-based or evidence informed home visiting model.

Recommendation # 7: The Department of Health Professions (DHP) and DMAS, and the Virginia Chapter of the American Academy of Pediatrics should facilitate a process to educate and train primary care providers on conducting timely, comprehensive and proven early childhood assessments of physical, developmental, behavioral and oral health from birth through age 8. The process should engage provider associations and various stakeholders to examine current utilization of assessments, billing challenges, and other implementation obstacles.

Recommendation # 8: DBHDS and the Part C Early Intervention program should develop and promote a standardized policy, for early intervention providers to follow up with infants who spent time in the NICU. Currently follow up varies from locality to locality, leading to inconsistent outcomes. These infants are at a more significant risk for developmental delays and families often need consistent follow up throughout the early years to ensure that if delays are identified, the child is connected to any appropriate services.

Recommendation # 9: DBHDS and the Virginia Department of Education (VDOE) should work together to explore how to best teach educators about the impact of trauma on early childhood and how to appropriately respond in educational settings. A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures, and the traumatic experiences of many at risk children greatly impact their ability to function, and succeed, in school. Particularly for high risk communities, education and awareness of trauma-informed approaches to children can contribute significantly to their success.

Recommendation # 10: Addressing Childhood Nutrition and Obesity, particularly in Early Care Settings. The workgroup endorsed the child hunger priorities established by the Commonwealth Council on Bridging the Nutritional Divide, which include:

- I) Increasing school division and community participation in a) the Community Eligibility Provision, b) the Summer Food Service Program, c) the Child and Adult Care Food Program, d) alternative breakfast models, and e) additional pathways to expand meal access as determined by the Council.
- II) Increasing eligible household participation in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)

In addition, they recommend the following specific strategies:

- a) DSS and VDH should explore expanding Child and Adult Care Food Program aid to license-exempt childcare programs who are receiving child care subsidies.
- b) The VFHY should lead a workgroup, in partnership with the Virginia Department of Social Services (VDSS), The Virginia Early Childhood Foundation (VECF) and VDH, the Virginia Child Care Association (VCCA) and other relevant stakeholders to explore developing recommendations and promoting best practices for healthy eating and physical activity standards in child care settings.
- c) The VFHY should conduct a comprehensive assessment of existing projects, councils, agency programs, and recent legislation affecting childhood obesity and make recommendations on alignment and unified priorities.

Improving Data Collection

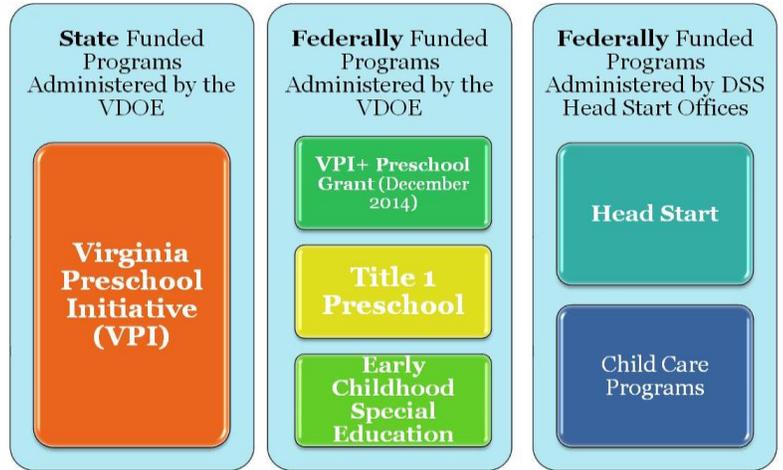
Recognizing that the most effective public health policy strategies are data driven, the workgroup recommends the following improvements to Virginia's data collection systems:

Recommendation # 11: Early health and well being services funded with public monies should report standardized outcome data elements that are compatible with the Virginia Longitudinal Data System (VLDS), so that the Commonwealth can conduct more thorough longitudinal studies. This analysis should drive future policy and funding decisions. In particular, this should include standardized Head Start assessments, standardized Home Visiting outcomes data, early intervention data, etc.

Recommendation # 12: The CCCS Data and Governance workgroup (or new early childhood governance entity) should explore how Virginia could develop a system (and/or pilot) to share family/child level data to support more efficient and effective service delivery and program evaluation across agencies and programs including programs administered through private providers that receive public funding.

**School Readiness Workgroup: Virginia Preschool Initiative Subgroup
Report and Recommendations for the Commonwealth Council on Childhood Success**

Virginia is home to more than 600,000 children under the age of 6, unfortunately, slightly more than 15% (or 279,000) of them live in poverty; a number which has grown in recent years. There are a number of publicly funded, early childhood education programs that are designed to help disadvantaged children, who are also most at-risk for falling behind their peers academically. Of those programs, Head Start served 2,400 children under the age of 3, and 16,600 children between the ages of 3 and 5 (2013-2014). Meanwhile, the Virginia Preschool Initiative (VPI) served 18,000 children (FY 2015). In addition, 26,000 families received child care subsidies which benefited 43,000 children (FY 2014). Currently the responsibilities to administer these federal and state public education programs, federal child care subsidies for low-income families, and licensing of child care providers, are split between the Virginia Department of Education (VDOE), the Virginia Department of Social Services (VDSS) and locally administered programs (in the case of federal Head Start funds).



Mounting evidence has shown that participation in preschool leads to improved school readiness and success in school. (Yoshikawa & Weiland, et al. *Investing in Our Future: The Evidence Base for Preschool Education*) The Virginia Preschool Initiative was created in 1996 during Governor Allen’s administration and funded by lottery monies. VPI is intended to serve at-risk four year-old children not served by other public preschool programs. Analysis by the Department of Education shows that children who attend VPI are more prepared for kindergarten than children who did not attend preschool. In the fall of 2014, 93% of VPI children met the Phonological Awareness and Literacy Screening Kindergarten (PALS-K) benchmark while only 72% of children who did not attend preschool met the benchmark.

Since 1996, preschool enrollment has grown in the nation and in Virginia. There was a significant push to expand access to preschool under the Kaine administration, including a study of VPI by JLARC released in 2007, but priorities shifted during the Great Recession and expansion plans scaled back. During the 2015 legislation session, interest in reviewing VPI eligibility policies and encouraging mixed delivery led to the formation of the Joint Subcommittee for VPI Reform made up of the House Appropriations and Senate Finance committees. This CCCS workgroup is poised to work in conjunction with the legislative Joint Subcommittee to make recommendations to improve VPI.

Participation in VPI has grown by almost 8,000 children from FY05 to FY15. Actual state annual spending on VPI has similarly grown by more than \$30 million over that same 10 year period. In the most recent school year, 92% of eligible school divisions participated in VPI and only three were not eligible. However, despite increased participation, only 46% of school divisions use their full allocation. There are 13 localities with 100 or more unused VPI slots. Localities cite the inability to contribute the required local match and find classroom space as the most frequent barriers to participation.

Mixed delivery, using both public school classrooms and private preschool providers, is a local option but one that is seldom used. During the FY15 school year, only eight localities had partnerships with private providers. Models blending other federal preschool funds (Head Start, Title I and special education) have been more

widely adopted. In 2014, Virginia received a federal Preschool Expansion Grant (VPI+) that will pilot quality improvement and expansion strategies in 11 communities over a five year period.

Guidance for the Virginia Preschool Initiative is found in the Appropriation Act and is driven primarily by budget discussions. VPI is tied to a complex funding formula that factors in the percentage of students in a school division eligible for free lunch, estimates of the four year-old population, Head Start enrollment and the Local Composite Index to determine a locality's allocation of slots and local match contribution. Funding for VPI is based on a flat per pupil cost of \$6,000. The per pupil cost was established in 2008 and has not been increased for inflation or rebenchmarking, as is the routine practice for other education funding streams.

In recent years, small changes to the funding formula around the process for estimating the number of four year-olds in a locality has created fluctuations in the number of slots allocated to specific localities. Localities have cited the timing of budget decisions and recent fluctuations as challenges to long-term planning for VPI participation. VDOE has the ability to use any unspent VPI dollars to help localities expand and start-up new programs. This school year there will be a push to consider any unspent funds as incentive awards for starting new classrooms, with an emphasis on partnering with private providers.

The workgroup agreed that the following values should be given strong consideration in any policy and budgeting decisions the Commonwealth makes as it continues to refine and improve the VPI program:

- High quality preschool programs are essential to help prepare children for success in school and kindergarten readiness.
- Virginia should sustain its targeted approach in serving at-risk four year-old students through the Virginia Preschool Initiative and work towards ensuring all at-risk students can be served, especially children from economically disadvantaged families (at or below 200% of the federal poverty line).
- Children, families and communities benefit from comprehensive services that public and private partners can offer through a mixed delivery system. Virginia should strengthen and enhance public-private partnerships and approaches to blending and braiding programs and funding.
- Adequate funding is needed to finance the true cost of VPI in all Virginia localities. High quality can be assured and implemented through adequate funding.
- The current policies and processes for VPI funding create challenges for localities' long term planning needs. Policy changes should enhance program stability and continuity.

Administration of the Virginia Preschool Initiative

Recommendation # 1: Provide VDOE additional capacity to offer administrative oversight, programmatic site visits, and technical assistance to VPI programs. Funding for oversight and site visits of VPI and FTE positions at VDOE were eliminated in recent years, while the needs have become more complex. This has hindered the ability of the department to provide assistance to local programs. Additional dedicated resources at VDOE would permit the department to provide technical assistance on how existing classrooms can improve quality; expand access to the program for eligible children by supporting and providing technical assistance for community based partnerships; and help programs blend and/or braid funding streams with other publicly funding streams.

Recommendation # 2: Develop and actively promote a mixed delivery system of VPI programming in all communities. Policies should encourage partnership with community providers (public, private, non-profit, faith based, military, special education) while maintaining quality standards and alignment with the Virginia Foundation Blocks for Early Learning, so as to maximize the availability of programs for qualifying children in every community. With increased capacity, VDOE should consider the follow strategies to increase mixed delivery:

- Provide additional resources so the Department can offer technical assistance to localities regarding a mixed delivery system, which often helps localities overcome the frequent challenge of finding appropriate space for VPI classrooms (per recommendation #1)
- Issue guidance on operating policies for community based partnerships and disseminate to all localities, not just those participating in VPI+.
- Create a learning community to share best practices and lessons learned to include, among others: VPI administrators, early childhood special education providers, Smart Beginnings coalitions and community leaders around encouraging partnerships.

Recommendation # 3: Continuously improve and refine VPI funding and policies. Given ongoing improvements to the state’s collection on VPI program outcomes, and research on the benefits of preschool experiences on specific at-risk populations, careful consideration should be given to the following strategies:

- As the state implements VPI + and begins collecting data and outcomes on the innovative models and benefits of expanded access, Virginia should use that information to improve quality standards of all VPI programs and consider expanding access to additional at-risk students.
- As state and federal early childhood funding streams and policy requirements continue to evolve, blending and braiding best practices should be encouraged and broadly disseminated.
- In the fall of 2015, VDOE will have more information on the eligibility criteria from localities, and income levels of students. Analysis of these reports should help inform funding and policy decisions.
- The CCCS VPI Workgroup should continue to work with VDOE and the Joint Legislative Subcommittee as this issue receives further study and discussion.

Funding of and Eligibility for the Virginia Preschool Initiative

Recommendation # 4: Modernize VPI funding levels and formula. Current VPI funding is based on a complex formula of multiple variables. In recent years allocations have fluctuated based on changes in how each component is collected or calculated, making long term planning for classrooms very difficult for localities. In addition, per pupil funding, which is not adjusted for cost of living variations, has remained flat and is one of the few “direct aid for education” related funded streams not subject to rebenchmarking or automatic inflation adjustments. Recognizing the complexity of the formula, and the negative unintended consequences of manipulating any variable, the following strategies should be considered for revising the formula:

- Tie per pupil funding to the rebenchmarking process, as is already done for other educational funding streams, so as to keep pace with inflation and enrollment.
- Increase the percentage of in-kind contributions that constitute local match from 25%.
- Maintain the unique 50% cap on the local match.
- Fully fund the VPI formula based on need rather than participation.
- Throughout Virginia, high-poverty communities have begun participating in the community eligibility provision for school lunch and therefore individual students’ income eligibility is no longer tracked in the same way. This change could impact the calculation of the VPI formula, so the Commonwealth should consider other factors to identify the at-risk population in each community, such as the American Community Survey poverty estimates.

Recommendation # 5: Maintain flexible and research based eligibility criteria for high risk students. Research shows that economically disadvantaged young children (at or below 200% of poverty) are less likely to participate in preschool and are most at-risk of not being prepared for school. English language learners, children experiencing high levels of family stress (homelessness, incarceration, military deployment, foster care, etc.) and children with developmental delays benefit greatly from preschool experiences. Additionally, families participating in VPI programs benefit significantly from the comprehensive set of services and family

engagement model the programs employ. Therefore, the group recommends that these factors continue to be reflected in eligibility for and funding of VPI. While the state may identify some common priority risk factors that determine eligibility for VPI, this workgroup recommends that localities maintain some flexibility to address local needs, and unique risk factors, through their eligibility criteria.

Recommendation # 6: Develop a CCCS Workgroup to Address and Support the Professional Qualifications of the Early Childhood Workforce. Virginia lacks a comprehensive professional development framework for early childhood providers and educators across the early education field, including and beyond the VPI program. Given ongoing national research, particularly the recently released [Institute of Medicine report: *Transforming the Workforce for Children Birth Through Age 8*](#), Virginia should continue the conversation about improving early childhood educators' qualifications and ongoing professional development to reflect best practices. A CCCS workgroup of stakeholders, to include representatives from higher education, DOE, DSS, VCCS, private providers, localities and others, to review opportunities to strengthen the educational background of early childhood professionals and the processes and costs associated with establishing higher education criteria for early childhood professionals. This subgroup would support the Governance workgroup and/or the development of a new early childhood entity/collaborative; Virginia Cross-Sector Professional Development's (VCPD) ongoing work; and VDSS as it develops a state plan.