PDG B-5

Consolidated Needs Assessment Summary

Delaware
Department of Education

Contents

► **Process**

► Overview of Landscape

► Opportunities for Delaware's ECCE System

► Vision for Strategic Plan

► Next Steps

Process: Project Scope
The Preschool Development Grant Birth through Five (PDG B-5) supports a needs assessment and strategic plan

1 Needs Assessment

1A) User Experience

► What is the **current landscape** of programs and supports for B-5 families?

► Where are there **gaps in the quality and availability** of this programming?

► What are the **barriers** to access?

1B) Data Systems

► How **many children are currently served** by the early childhood system?

► What is the number of **potential children** who could access the system?

► How many children are **waiting** for service?

2 Strategic Plan

► What is the **vision for Delaware's early childhood care and education (ECCE) system**?

► What are the **key areas to address** to support availability and access?

► What **potential strategies** – co-developed with families and professionals – could help Delaware realize these opportunities?

► Who is **responsible for implementing** the plan?

► How will progress be **measured** and **tracked**?

> The aspiration is this inclusive process will yield Delaware's next Birth to 5 five-year strategic plan
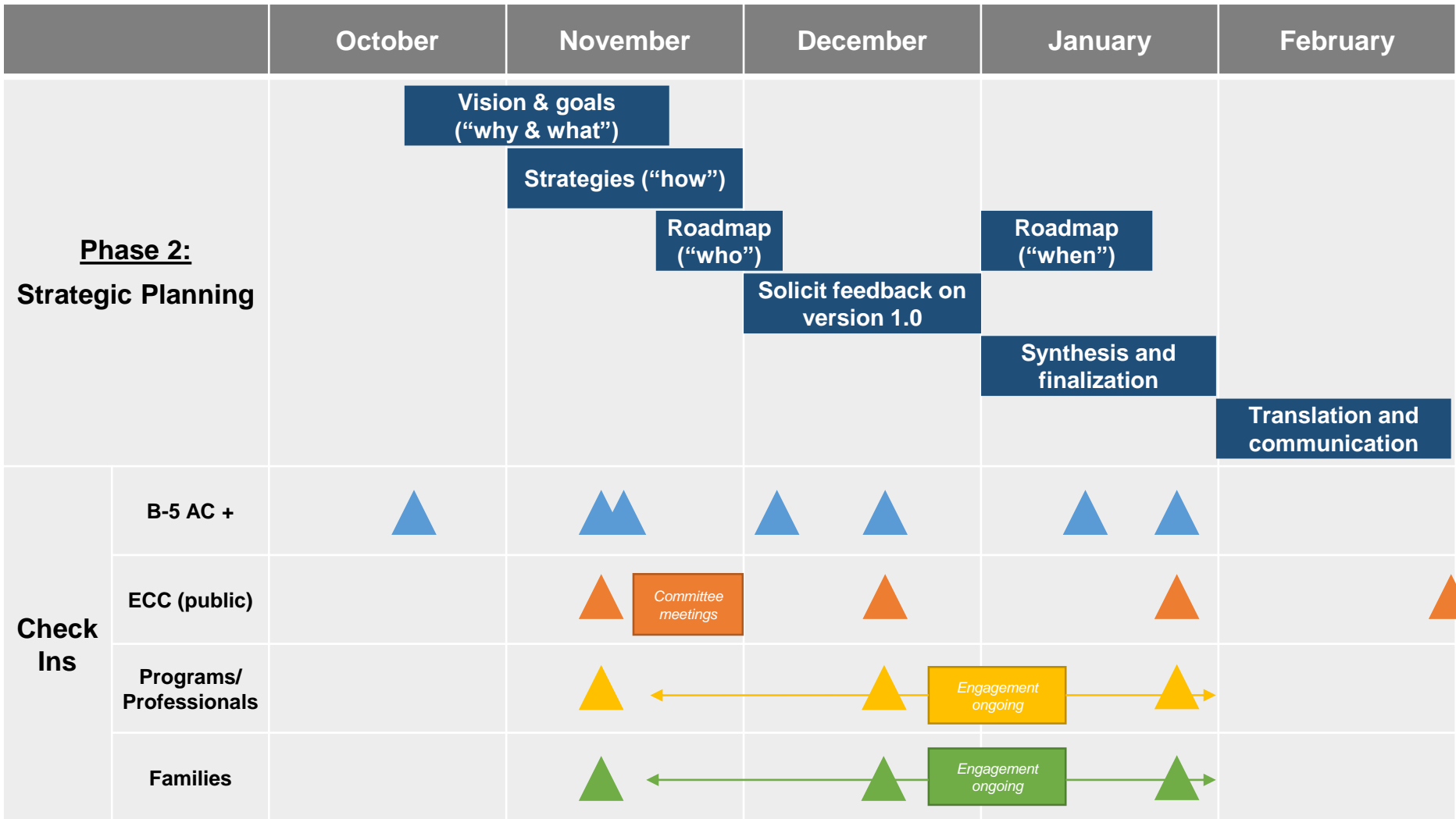
The needs assessment **paired qualitative findings with the quantitative insights** to help capture the full picture of current challenges and opportunities in Delaware's ECCE system

primary research — *quantitative analysis*

Field Research	Internal Stakeholder Interviews	Data Systems Assessment	Program/ Professional Data Analysis
410+ stakeholders engaged	**6** DOE interviews	**17** DOE interviews	**4** DOE databases
22 in-depth interviews	**8** DHSS interviews	**22** DHSS interviews	**3** DHSS databases
6 pop up design sessions	**3** DSCYF interviews	**2** DSCYF interviews	**2** DSCYF interviews
5 families shadowed	**13** Other interviews		**2** Other databases

Process: Strategic Plan Timeline
The strategic plan timeline includes dedicated time for stakeholder engagement and public meeting opportunities

		October	November	December	January	February
Phase 2: **Strategic Planning**			**Vision & goals ("why & what")**			
			Strategies ("how")			
				Roadmap ("who")	**Roadmap ("when")**	
				Solicit feedback on version 1.0		
					Synthesis and finalization	
						Translation and communication
Check Ins	**B-5 AC +**	▲	▲▲	▲ ▲	▲ ▲	
	ECC (public)		▲ *Committee meetings*	▲	▲	▲
	Programs/ Professionals		▲ ←	▲ *Engagement ongoing*	▲ →	
	Families		▲ ←	▲ *Engagement ongoing*	▲ →	

We asked you: how can we make this an effective plan?

Actionable	**Authentic**	**Specific**
Accountable	**Tracked & Measured**	**Out-of-the-box**

Contents

► Process

► **Overview of Landscape**

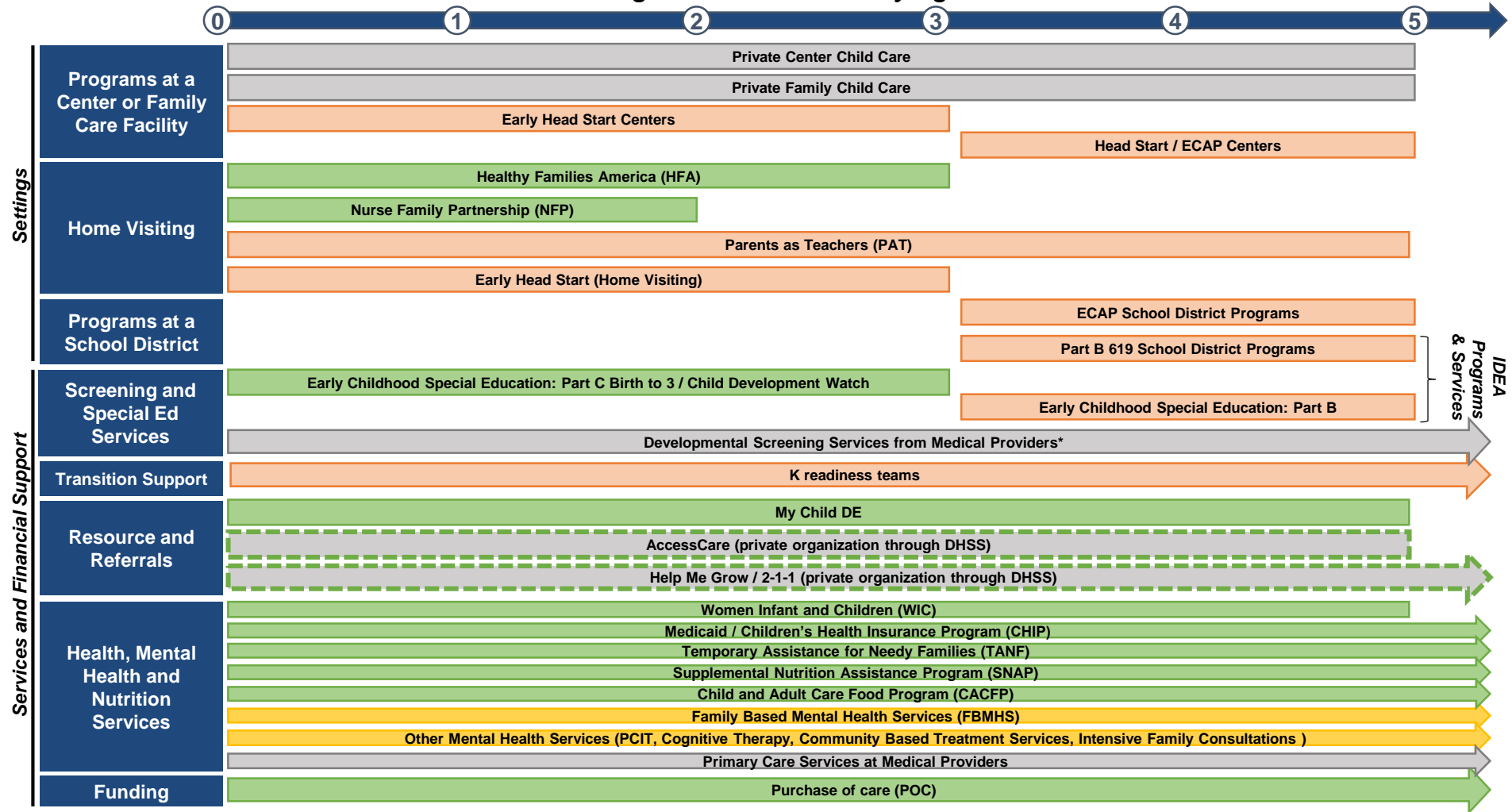►Opportunities for Delaware's ECCE System

► Vision for Strategic Plan

► Next Steps

Overview of Landscape
Delaware's mixed delivery ECCE system offers an array programs/services for B-5 children and their families

ECCE Programs and Services by Ages Served

Ages: 0 — 1 — 2 — 3 — 4 — 5

Settings

Programs at a Center or Family Care Facility
- Private Center Child Care (0–5)
- Private Family Child Care (0–5)
- Early Head Start Centers (0–3)
- Head Start / ECAP Centers (3–5)

Home Visiting
- Healthy Families America (HFA) (0–3)
- Nurse Family Partnership (NFP) (0–2)
- Parents as Teachers (PAT) (0–4)
- Early Head Start (Home Visiting) (0–2)

Programs at a School District
- ECAP School District Programs (3–5)
- Part B 619 School District Programs (3–5)

Screening and Special Ed Services
- Early Childhood Special Education: Part C Birth to 3 / Child Development Watch (0–3)
- Early Childhood Special Education: Part B (3–5)
- Developmental Screening Services from Medical Providers* (0–5)

IDEA Programs & Services (Part B 619 School District Programs / Early Childhood Special Education: Part B)

Services and Financial Support

Transition Support
- K readiness teams (0–5)

Resource and Referrals
- My Child DE (0–5)
- AccessCare (private organization through DHSS) (0–5)
- Help Me Grow / 2-1-1 (private organization through DHSS) (0–5)

Health, Mental Health and Nutrition Services
- Women Infant and Children (WIC) (0–5)
- Medicaid / Children's Health Insurance Program (CHIP) (0–5)
- Temporary Assistance for Needy Families (TANF) (0–5)
- Supplemental Nutrition Assistance Program (SNAP) (0–5)
- Child and Adult Care Food Program (CACFP) (0–5)
- Family Based Mental Health Services (FBMHS) (0–5)
- Other Mental Health Services (PCIT, Cognitive Therapy, Community Based Treatment Services, Intensive Family Consultations) (0–5)
- Primary Care Services at Medical Providers (0–5)

Funding
- Purchase of care (POC) (0–5)

*Developmental screenings services are often administered at third-party medical providers through Pediatricians, Family Physicians, Nurses, Physician Assistances, and Nurse Practitioners or at home by families themselves

Legend: Department Ownership
- DOE
- DHSS
- KIDS
- Private Organization

Overview of Landscape
Over 30K unique children B-5 are currently being served through public programs and services within Delaware's ECCE system

30,073 - 47,608 unique children B-5 served by the Delaware's public ECCE system as of Aug, 2019	**~45-70%** of children B-5 in DE are being served	**~67,000** total children B-5 in DE

Programs at a Center or Family Care Facility	Home Visiting	Programs at a School District	Screening and Special Ed Services	Health, Mental Health and Nutrition Services
1,209 enrolled in **Head Start centers**	**277** enrolled in **HFA and NFP**	**1,943** enrolled in **Part B 619 programs**	**1,413** receiving **Part C CDW** services	**27,418** receiving **Medicaid**
1,532* enrolled in **ECAP Programs**	**148**** enrolled in **EHS Home Visiting**	**1,532*** enrolled in **ECAP Programs**		**17,161** receiving **SNAP**
90 enrolled in **EHS centers**	**490** enrolled in **Parents as Teachers**			**11,988** enrolled in **WIC**
				10,346 receiving **POC**
				2,238 receiving **CHIP**
				1,692 receiving **TANF**

197 children **waiting for services** *in the State of Delaware*

Legend: Department Ownership

DHSS
DOE

Overview of Landscape
Delaware's B-5 ECCE program settings include programs at centers or family homes as well as home visiting and school district programs

Summary Statistics of Core B-5 ECCE Program Settings

Program Settings	Programs at a Center or Family Care Facility (FCC)	Home Visiting	Programs at School Districts
Programs	Child Care Centers Family Child Care Facilities Large Family Child Care Facilities`	Health Families America Parents as Teachers Nurse Family Partnership Early Head Start	IDEA Part B programs in School Districts
2018 Scale of programs	**979** total programs (35% centers, 65% FCC) **40,978** total capacity (86% centers, 14% FCC)	**4** evidence based programs **1,214** total capacity	**15** districts serving students with disabilities (SWDs) **5** districts also hosting ECAP programs
Cost of Programs	**~$12K (center) or 9K (FCC) per year*** at private programs without POC subsidies	**Free** for eligible families	**Free** for Part B participants or ECAP-eligible families though typical peers pay a nominal rate
All families eligible?	✓	✗	✗

With the exception of Early Head Start family child care, Head Start and ECAP center-based programs which are publicly funded and free for income eligible families

Map of Delaware ECCE programs

47% of the state's population under 5 are located in Sussex and Kent, yet
only **38%** of programs are located in these counties combined

Legend

ECCE programs
- Licensed Child Care Center
- Licensed Family Child Care
- School District Program
- EHS / Head Start Center

Enriched_USA_Counties

2019 USA Population Density
ZIP Code
- > 1,195 – 142,183
- > 157 – 1,195
- > 46 – 157
- > 14.8 – 46
- 0 – 14.8
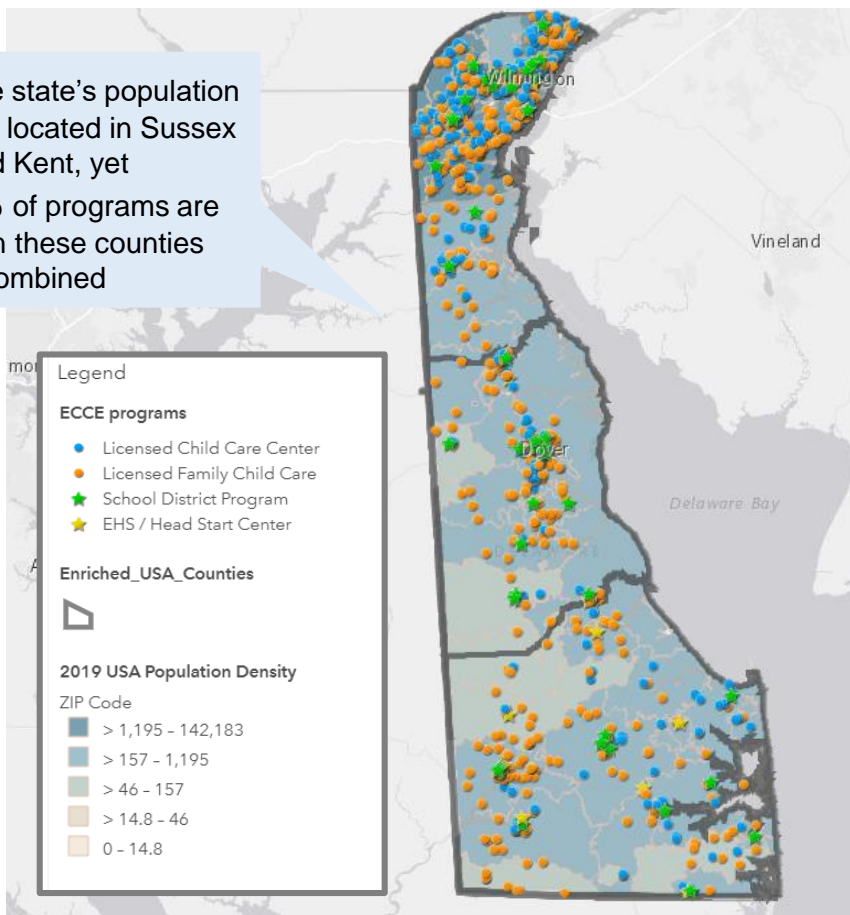
County-wide home visiting programs	
New Castle	EHS (New Directions Early Head Start – University of Delaware), EHS (New Castle County Head Start), PAT (Christina School District), HFA, NFP
Kent	EHS (New Directions Early Head Start – DECC), PAT (Poly Tech Sussex County), PAT (DECC Kent County), HFA, NFP
Sussex	EHS (Telamon Corporation), PAT (DECC Sussex County), HFA, NFP

Program locations generally align with population density; as a result, **families located in rural areas may have to travel further** to access programs/services

Summary Statistics of B-5 ECCE Professionals [Center-based Care]

~8,000
ECCE professionals at licensed B-5 center-based programs

- DE: 8,014
- New Castle: 5,627
- Sussex: 1,147
- Kent: 1,240

Note: Data is not consistently tracked for family child care professionals

93% are female

56% are over 30 years old
28% national avg.

46% are a minority
31% national avg.

2 years average tenure at facility

$29K avg. DE preschool comp.*
$60k avg. DE kindergarten comp.

Gender
- Female 93%
- Male 7%

Age
- Age <20 12%
- Age 21-29 32%
- Age 30-49 35%
- Age 50+ 21%

Racial/Ethnic Composition
- White 51%
- African American 39%
- Hispanic 7%

Tenure
- > 1 year 43%
- 1 year 19%
- 2-4 years 20%
- 5+ years 18%

*includes preschool and kindergarten teachers in both public and private settings
Source: Focus database (2019), NAEYC P2P Report (2016), Delaware Department of Labor

Overview of Landscape

While Delaware spends more per student in pre-k than the national average, it spends a fraction of its per child spend in K-12 on this population and nationally ranks 41st in terms of access

Delaware Education Spend per Child Enrolled, 2017-2018

Note, POC data is not included in the average spending per child calculations

Delaware spends 39% of what it spends per child in K-12 on a child in publicly funded pre-k (ECAP programs)

$18,717 — Local Contributions

State Contributions

Federal Contributions

$9,217

$7,277

Avg. ECCE spend / child enrolled $8,247

State ECAP-funded Programs

Federal Head Start-funded Programs

State K-12

Delaware spends ~$500 more per child enrolled in pre-k (ECAP programs) compared to the national average spent, but the state performs below average in terms of access

► Delaware ranks 41st overall in terms of the percent of 3- and 4-year-olds enrolled in ECAP, special education, or Head Start

National average spending per child enrolled	$5,943	$9,562	$14,003

A typical family, not eligible for public programs, has two options for formal ECCE….

In DE, the average family has 2 children

A

B

Child Care Centers

Family Child Care

Costing*

~$13,000 per year for a child B-5

~20% of the DE median household income for one child

Costing*

~$9,000 per year for a child B-5

~15% of the DE median household income for one child
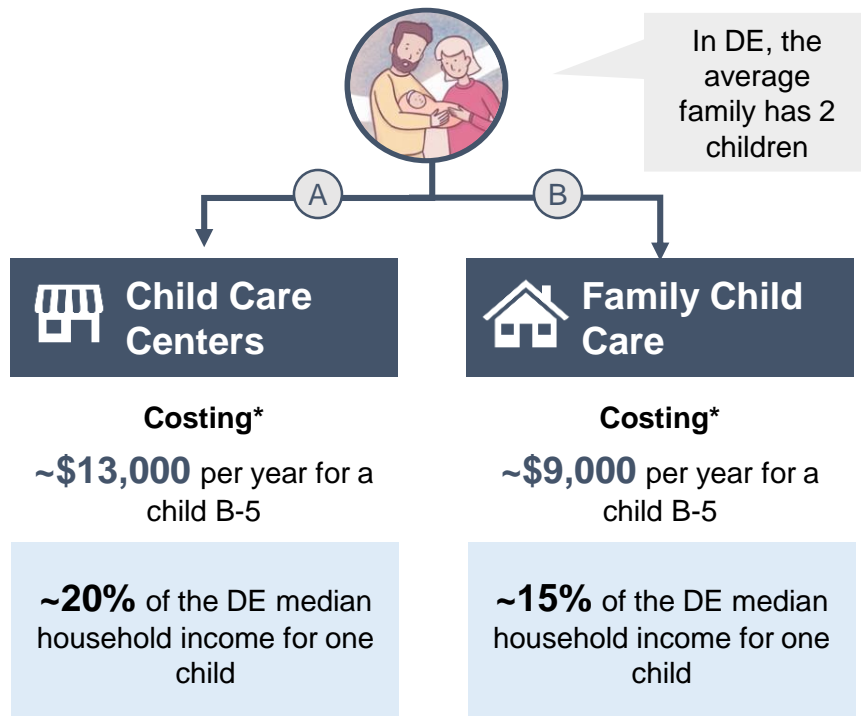
Costs represent the 75th percentile of 2018 market rates. The 75th percentile is used as the benchmark for POC reimbursement to provide equal access, and therefore consistently analyzed across materials

For Comparison….

The US national average for cost of B-5 child care is **$10,408** for centers and **$8,889** for family child care

Delaware Higher Education	In-state Tuition
Delaware Technical Community College	**$4,904**
Delaware State University	**$7,868**
Wilmington University	**$11,210**
University of Delaware	**$13,680**

Note: Annual market rates reflects conversation daily rates paid by private-paying families and assume an average of 22 workdays per month; The 2018 Market Rate Study report provides data only at a county level. In this analysis, state-wide rates were proxied from the MRS 2018 report using a weighted average for the count of facilities by county
Source: 2018 Market Rate Study, The US and the High Cost of Child Care 2018 Report, OCCL Program Data (2019), Census Bureau, 2018 American Community Survey, collegetuitioncompare.com

Overview of Landscape
The high cost of care is felt across income levels, representing a significant portion of household income for both the middle class and families who qualify for subsidies but forced to pay for POC +

Delaware household distribution by household income compared to the cost of care and the POC eligibility cutoff

At 100% of the federal poverty line (FPL), even families who qualify for POC may have to pay **~22% of household income** on a program offering primarily POC plus* seats

At the 50th income percentile, cost of care for one child at a child care center makes up **~20% of household income**

At the 80th income percentile, cost of care for one child at a child care center makes up **~10% of household income**

POC eligible (200% FPL) for a household of 3

2017 Delaware household income (y-axis: $0, $40,000, $80,000, $120,000, $160,000, $200,000, $240,000)

% of Delaware's population (x-axis: 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%)

Families below 200% FPL will have care fully covered or pay a portion of the cost of care depending on the type of POC offered by the program (POC vs. POC plus)

A household with > $42K** annual income would likely fall outside POC eligibility standards, and have to pay the private market rate for child care

*The POC Plus rate was calculated as the difference between the POC reimbursement rate and the 2018 market rate of care (65% the 2018 market rate)
**A household income of $42K represents 200% of the Federal Poverty Level cutoff for a household of 3 persons, however eligibility standards change by the size of household

Source: 2018 Market Rate Study, IPUMS Data, US Census Bureau, 2018 American Community Survey, DHSS website

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Overview of Landscape
While the landscape overview can suggest a more seamless system, families' experiences may be more varied

Families can find their way to early childhood care and education **through several routes** – they may also experience **various moments of adversity** and multiple settings of care throughout their journey
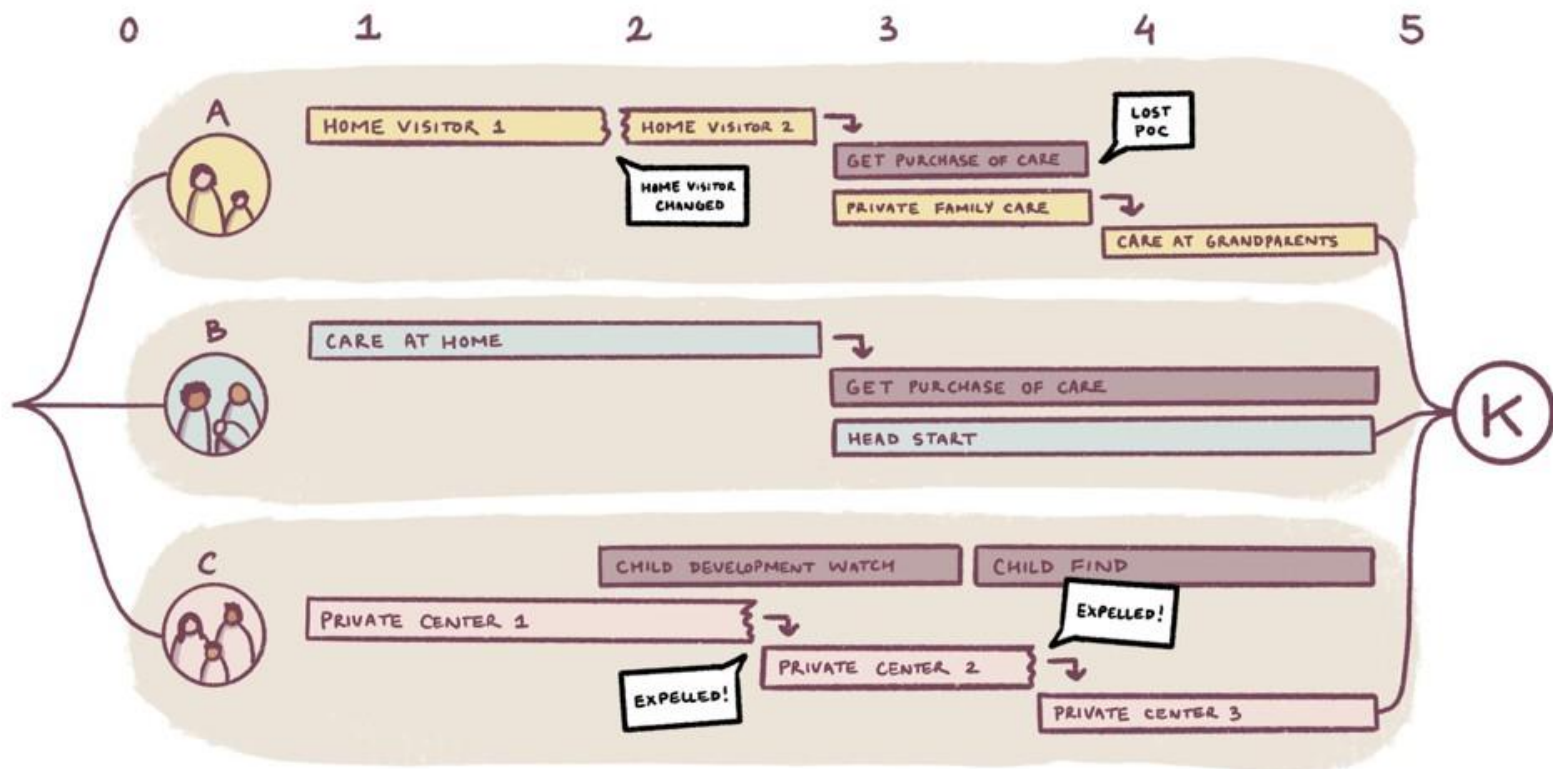
Overview of Landscape
There are a set of definitions that help guide the PDG B-5 grant and inform the opportunities

Delaware's Early Childhood Care and Education System

Delaware's existing birth through age five mixed delivery system includes a wide range of public and private early childhood care and education programs, such as: center-based care; family child care; informal care providers ("kinship care"); Early Head Start and Head Start; Parents as Teachers (PAT); Maternal, Infant, and Early Childhood Home Visiting (MIECHV) implemented statewide and locally; Part C and Section 619 of Part B of IDEA; Early Childhood Assistance Program (ECAP) state-funded preschool; and programs implemented by local educational agencies (LEAs). A broader set of public and private services are connected to these programs, like health care, Medicaid, Delaware Healthy Children Program, Title V Maternal and Child Health Programs, Child and Adult Care Food Program (CACFP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Three Delaware state departments comprise the governance structure that supports these programs and services: Department of Health and Social Services (DHSS), Department of Education (DOE), and Department of Services for Children, Youth, and Their Families (DSCYF)

Quality Early Childhood Care and Education

Experiences, programs, and services that: support children's healthy development and success across developmental domains; are based on evidence and implemented with fidelity; are provided by a highly qualified and adequately compensated workforce; are located in appropriate facilities that are approved and fully accessible to all children and families; are designed around the needs of children and families to offer continuity of services and comprehensive supports; and align and integrate with the K12 education system facilitating smooth and efficient transitions for children and families

Early Childhood Care and Education Availability

Experiences, programs, and services for children from birth to age five that are currently functioning in Delaware and the extent to which they can be accessed by children and their families, including the range and kind of providers, affordability, geographic location, and alignment with family needs

Overview of Landscape
There are a set of definitions that help guide the PDG B-5 grant and inform the opportunities (continued)

Delaware's Early Childhood Care and Education System

Each and every child is vulnerable and has a right to quality early childhood care and education. Experiences, programs and services can be adapted to meet the needs of children and families representing demographic and geographic variables such as the following:

► Children living in poverty (including children living in deep poverty and on the brink of poverty)
► Children in foster care
► Children experiencing homelessness
► Children with a diagnosed or suspected disability
► Children living in families receiving public assistance
► Children experiencing trauma including living in neighborhoods experiencing violence
► Children born to teenage mothers
► Children in the care of the elderly, such as grandparents
► Children involved with protective services
► Children living in families with significant risk factors (e.g., unemployment, substance abuse, mental health concerns, domestic violence)
► Children living in the most remote areas of the state
► Children of military families, including families with members previously or currently deployed
► Children of migrant and seasonal workers
► Low birth weight infants
► Children who were born prematurely
► Children who have a significant medical issue or who are medically fragile
► Children of a foreign adoption
► Children who are English Language Learners
► Children who are racial and ethnic minorities

Underserved Children

Underserved children are those for whom the current services are insufficient to meet the child's and/or family's needs, whether they are or are not receiving services from one or more programs

Children in Rural Areas

Children living in areas of Delaware that have been officially designated as rural by the US Census Bureau. Our most heavily rural regions are in the southern and western areas of the state in Sussex and Kent Counties. US Census data indicates that approximately 17% of Delawareans reside in a designated rural area. For Kent and Sussex Counties the percentage of the population living in a designated rural area is approximately 27% and 41%, respectively

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Opportunities: Bright Spots
There are "bright spots" in the current ECCE system based on family and stakeholder experiences

Governance
- ► Positive momentum towards **streamlining governance**, as evidenced by the initial move of OCCL to DOE in July 2020
- ► Strong **relationships among individual program administrators**; this alignment supports the **best outcomes** for children and families across departments

"The move from OCCL to DOE is critical in helping make the system work for programs & services and overcoming the complex system of regulations that exist today"
– Internal Stakeholder

Resources
- ► Praise for **www.mychildde.org, My Child DE,** with interviewees noting it as providing a wealth of information that is easy to search for families

"The information for families was so messy in the past – the coordinated effort for My Child DE is a huge step forward" – Internal Stakeholder

Programs/ Services
- ► Very few children waitlisted for existing services of those families who have navigated the signup process
- ► High satisfaction with services provided by **Child Development Watch family service coordinators** and **home visiting programs**
- ► Positive perceptions of the **strong connections between educators/professionals and children**

"I thought it was really helpful and we absolutely loved our home visitor. My son really connected with her. She actually ended up retiring, so we were really upset when she retired"
– Parent, Kent

While, these **bright spots are a starting point** for the strategic plan to build upon, deeply **understanding family needs** will be critical to developing any early childhood system that is truly user-focused

Source: IDEO User Experience Needs Assessment, Internal Stakeholder Interviews

Delaware commits to **all children and families** having access to an **integrated early childhood system**, from birth through third grade, which provides **high-quality services** and an environment that supports their growth, development, and learning, and prepares them for **success in school and life**

To do so, Delaware must help families with…

Availability of programs/services	**Quality of programs/services**	**Affordability of programs/services**	**Identifying and navigating programs/services**

These opportunities are supported by cross – cutting enabling conditions

High-quality, stable educator workforce

Data to understand child/family needs

Unified governance for consistent program and service delivery

Note: Vision is as stated in the PDG B-5 Grant application

Opportunities
Community and system stakeholders are aligned on the importance of the workforce, but vary in their prioritization of program affordability and governance

Community and system stakeholder priorities*
Community stakeholder n = 256
System stakeholder n = 22

Greatest differences in stakeholder prioritization

Community stakeholders surveyed included parents and ECCE professionals

Legend:
- Community stakeholders
- System stakeholders

Category	Community stakeholders	System stakeholders
Workforce	27%	17%
Affordability	23%	7%
Availability	20%	13%
Quality	14%	19%
Identification and navigation	8%	16%
Governance	3%	19%
Data	0%	8%

*Priority percentages are based on the percentage of total topics mentioned by stakeholder groups
Source: IDEO User Experience Needs Assessment, internal stakeholders survey

Opportunities
The "Experiences that Matter" from the User Experience assessment map to these opportunities and enablers

	Becoming your child's first teacher	Finding care that works	Coping with adversity	Transitioning to a new setting
Opportunities				
① Availability of programs/services	✓	✓	✓	✓
② Quality of programs/services		✓		✓
③ Affordability of programs/services		✓	✓	
④ Identifying and navigating programs/services	✓	✓	✓	✓
Enabling conditions				
⑤ High-quality, stable educator workforce	✓	✓	✓	
⑥ Data to inform child/family needs	✓		✓	✓
⑦ Unified governance for consistent program and service delivery		✓	✓	✓
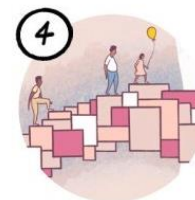
The lack of availability of early childhood care and education that meets family needs is a pervasive challenge

Strategic issues

Key data and insights to remember

Family Pain Points

ECCE hours of service do not reflect family needs

System Conditions

There is insufficient supply of ECCE programs by location and age groups served

As a result of these availability (along with other) challenges, parents may opt for informal alternatives outside of ECCE

3%
of child care centers offer **extended hours of care**, but represent 86% of the state's licensed program seats

""In my area there is never enough space for a child…I actually take care of my grandkids so my daughter can work…they are too expensive for a single mother, and you also have to wait too long to get into a center"

47% **of** the state's population under 5 are located in Sussex and Kent, yet only **38%** of programs are located in these counties

77%
of programs accept infants under 1 year

Insights

▶ Working families do not always have standard hours and **may struggle to find an ECCE program that fits their unpredictable or non-traditional schedule**

▶ Child care centers offer 86% of the state's licensed program seats, but **only 3% of center-based programs are offering extended hours of care (evening or overnight)**

▶ **14% of family child care and 31% of large family child care facilities offer these extended schedules for working families**

"Dropping off and picking up my son is hard. My job is so unpredictable, I never know what time I'll get off. I couldn't do it without my mom."
– Parent, Sussex

"I work two jobs: one from 9pm to 6 am and the other from 10am to 2:30pm. I need a place that can be flexible with me."
– Parent, Kent

Supporting Data and Perspectives

Licensed programs operating schedules by setting

Legend:
- Operating >5 hours per day
- Operating standard hours and after 8pm
- Operating <5 hours per day

Insights

▶ **There is a dearth of programs in Sussex and Kent**, where there are 38% of programs but 47% of the state's population under 5

▶ There is a gap in the number of programs serving Delaware's youngest – **across the state, 77% of programs accept infants under 1 year,** with the gap being most drastic in Sussex county where only 69% of programs serve this age group

  ▶ Of Delaware's ~41K total licensed ECE program seats, only ~17K seats are allocated to Delaware's youngest, ages B-3

"I'd love to see more options for families, For example, I had to drive my son 35 minutes away in order to enroll him in a quality program since there were none in the Dover area"
– Parent, Kent

Supporting Data and Perspectives

Concentration of DE's population under 5 compared to the concentration of programs by county

Legend:
- % of DE's B-5 population
- % of DE's licensed programs

New Castle: 53%, 61%
Sussex: 25%, 21%
Kent: 22%, 17%
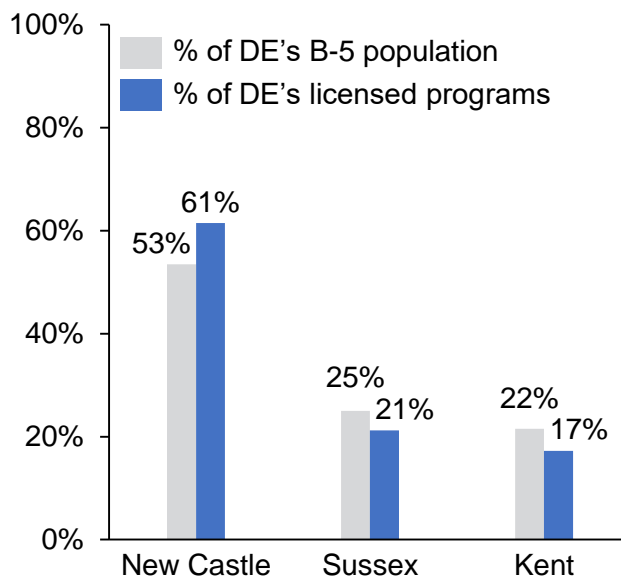
	New Castle	Sussex	Kent
Total B-5 pop.	35K	17K	14K
Total pro-grams	602	208	169

Count of licensed programs in DE serving each age group by setting
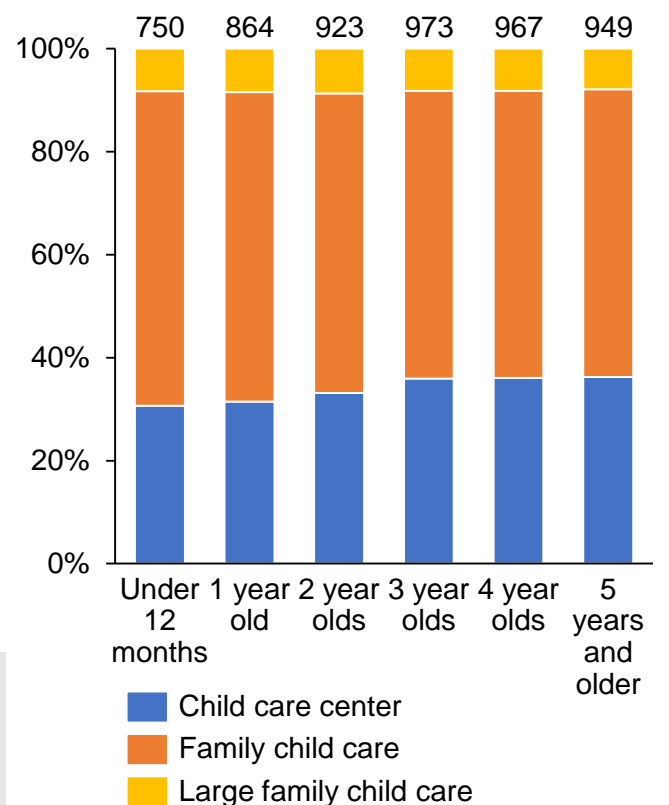
Under 12 months	1 year old	2 year olds	3 year olds	4 year olds	5 years and older
750	864	923	973	967	949

- Child care center
- Family child care
- Large family child care

> *Current quality measures face challenges due to families' limited knowledge of Delaware Stars, low participation by programs, and mixed outcomes from Star-rated programs*

Strategic issues

Family Pain Points

Lack of awareness of Delaware Stars by families

System Conditions

Mixed participation in Delaware Stars across program settings

Lack of correlation between Delaware Stars and outcome indicators of quality

Key data and insights to remember

~6% of parents indicated they most valued a program with a quality Stars rating when selecting an ECCE program

While children in programs with a 5 Star rating modestly outperformed children in programs with a 2 Star rating, **children in low-income families did not experience differential learning in higher-rated programs**

**17%** of family child care programs participate in Stars, whereas **69%** and **41%** of child care and large family child care centers participate, respectively

"Stars is voluntary, so many programs do not participate. There are many places that are not in Stars that run excellent programs…"

Note: efforts to address these issues are already underway with a Stars quality rating and improvement system redesign

Insights

► **Stars participation was not a factor parents indicated was of value to them when seeking ECCE programs**
   ► Only ~6% of parents indicated they most valued a place with a quality Stars rating the most when selecting an ECCE program

► **Family engagement was the lowest rated area of the quality rating and improvement system (QRIS).** This was attributed to lack of knowledge or a lack of understanding as to why Stars and QRIS in general is important

"I think a giant missing piece of Stars is that we have not had any initiative focused on parents. Do you work with providers first, and get them excited to be in Stars, and then parents will see it as something to look for? Or do you educate families that this is what quality childcare looks like, and we have this great ratings system that's going to help you focus in on high quality?" – Internal Stakeholder Interview

Supporting Data and Perspectives

Factors Parents Value Most When Seeking ECCE
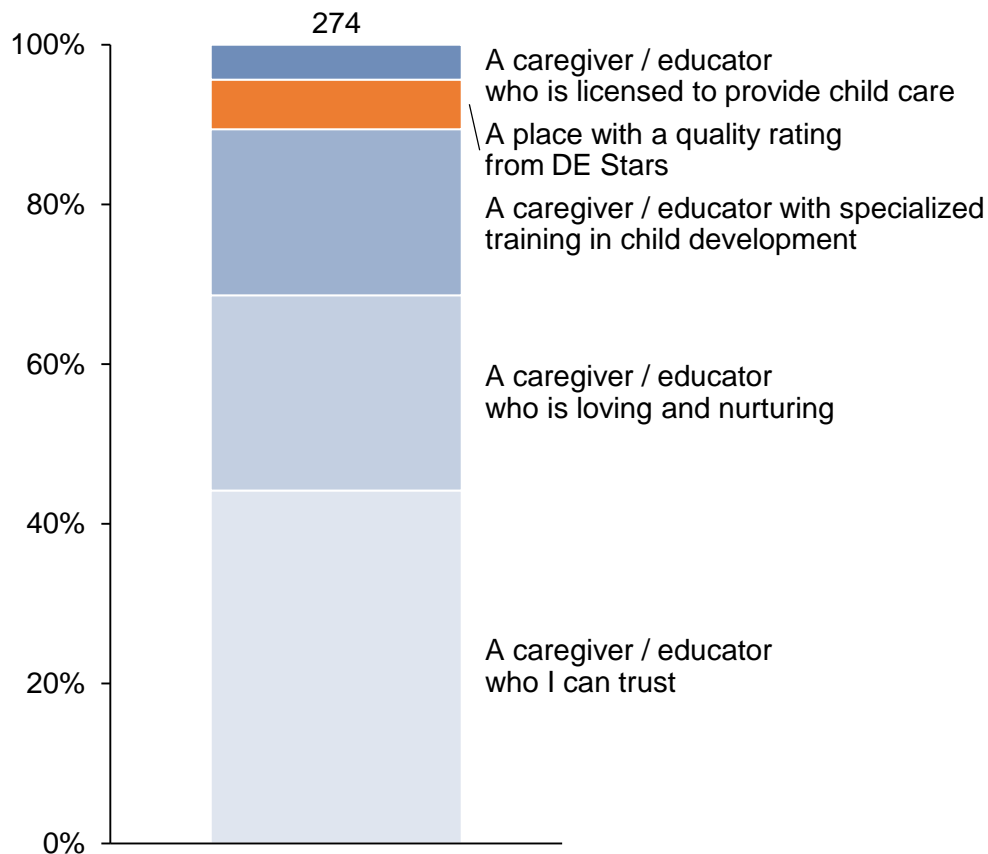
A caregiver / educator who is licensed to provide child care

A place with a quality rating from DE Stars

A caregiver / educator with specialized training in child development

A caregiver / educator who is loving and nurturing

A caregiver / educator who I can trust

Insights

▶ **Stars participation is limited across settings**, especially at family care centers, which are often not participating or have a lower rating (1-3 stars)

    ▶ **Participation by large family child care programs and smaller family child care programs is less than 50%**

    ▶ **New Castle has the highest percentage of highly rated stars programs in its program mix,** with 63% of Stars rated programs in New Castle receiving 4 or 5 stars compared to 51% in Sussex and Kent

▶ One reason participation in Stars may be low is because of **discrepancies between Stars and other licensing requirements**

"Discrepancies between Stars and licensing requirements sometimes make it impossible to comply, these layers of requirements do not talk to each other" – Internal Stakeholder Interview

"Stars is voluntary, so many programs do not participate. There are many places that are not in Stars that run excellent programs. One option is that any program that receives financing should be required to participate in Stars" – Internal Stakeholder Interview

Supporting Data and Perspectives

Proportion of licensed programs participating in Stars by setting
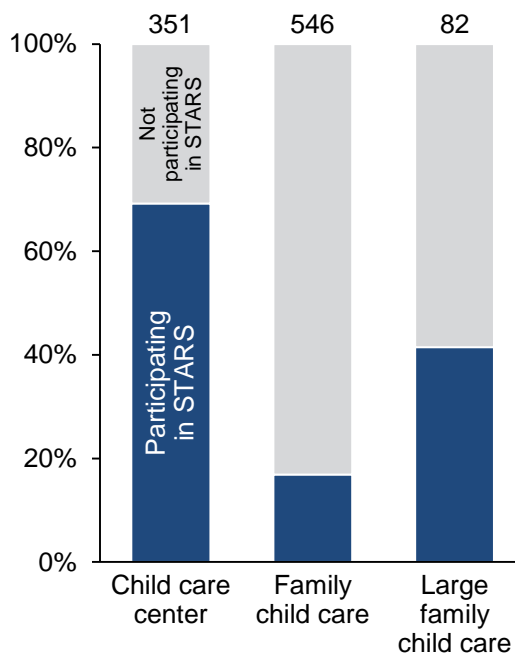
	Child care center	Family child care	Large family child care
Participation rate	69%	17%	41%
Total Stars participants	243	92	34

Stars participant ratings by setting
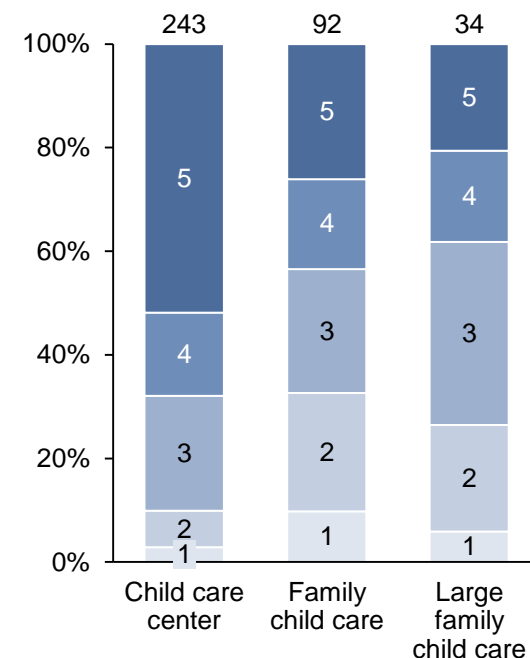
	Child care center	Family child care	Large family child care
Total 4/5 Star programs	165	40	13
% Star-rated 4 or 5	71%	43%	38%

Insights

▶ **Rand found no statistical significance between other quality measures and Stars based on an assessment of 2014-2015 data,** however this is not necessarily uncommon in the field and Stars has undergone some changes since then

▶ **In Rand's report, improved childhood development outcomes were not necessarily realized at ECCE programs with better Stars ratings**
  ▶ **This improvement is particularly lacking for children in low-income families** at higher-rated programs

▶ Motivated programs face challenges in advancing in rating tiers which makes it difficult to improve overall system quality

Delaware Stars is currently undergoing a multi-phase revision, beginning with a review of existing standards by setting in light of current research, practice, and programs' experience to identify what standards should be kept or eliminated

Supporting Data and Perspectives

Stars Performance Across Key Metrics

Star Ratings and Program Quality

▶ As Star rating levels increased from 3 to 5, average scores for alternative quality measures increased at a modest rate and generally not with statistically significant increases from level to level

Star Ratings and Childhood Development Outcomes

▶ Differences in children's development across rating tiers were generally small and statistically insignificant
▶ Children in programs with a 5 Star rating modestly outperformed children in programs with a 2 Star rating on executive function skills
▶ Children in low-income families did not experience differential learning in higher-rated programs compared to those in lower-rated programs

Stars System Performance

▶ Programs face challenges in advancing through the ratings tiers, but are typically motivated to improve quality

Source: Rand Evaluation of Delaware Stars for Early Success Report

Families struggle to afford the high cost of formal child care and education and lack access to financial assistance that meets their needs

Strategic issues

Family Pain Points

The cost of ECCE is high and can make up a considerable portion of household income for families across income levels

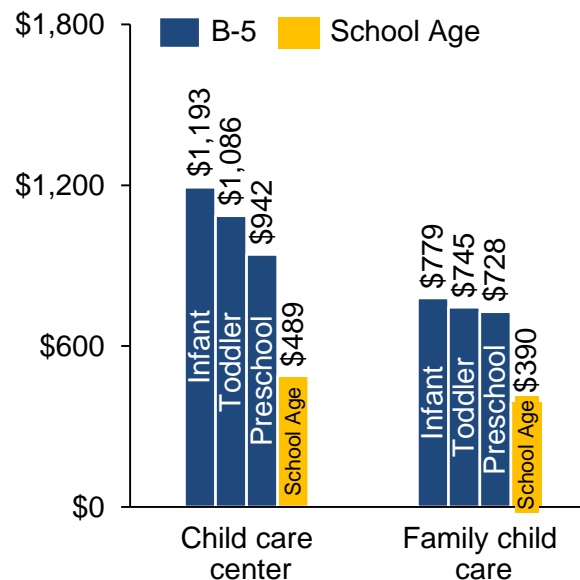**Access to adequate financial assistance is limited,** even for families that qualify for subsidies

System Conditions

Despite the 2019 reimbursement increase, **POC reimbursement rates have still not kept up with the cost of care** and are not enabling programs to offer more affordable options

Key data and insights to remember

~20%
of the median family income covers center-based child care for one child B-5

"*POC Only is at a crisis point…most programs are offering a majority of their slots as POC Plus, which families just cannot afford*"

"That's the reason she's not in preschool. It's $700 a month. I'm applying for Purchase of Care but for as much as I have to pay, I might as well not work"

~24%
of programs are not accepting any form of POC subsidy

At a POC plus program, **~35%** of program fees are not covered for POC eligible families

Key Definitions
- ▶ **POC Only** – Program seat where full cost of care is covered for POC eligible families
- ▶ **POC Plus** – Program seat where POC eligible families pay the difference between the state reimbursement rate and the program's market rate

Insights

▶ **Child care can make up a significant portion of a families' household income for even one child,** and many families have multiple
   ▶ A family just above the POC cut-off will spend about ~30% of income on ECCE for a single child; for comparison, families are advised to spend about the same proportion of their earnings on rent

▶ **Child care and education is most expensive at centers and for Delaware's youngest**

▶ **Family child care provides a slightly more affordable option for families**, **however, these settings are not available at scale and may have uncertain quality,** representing 15% of total seats and often not participating in Stars

▶ Because of the high cost of care, **many families are forced to look for alternative options** like staying at home or getting help from a family caregiver

"That's the reason she's not in preschool. It's $700 a month. I'm applying for Purchase of Care but for as much as I have to pay, I might as well not work" – Parent, New Castle

Supporting Data and Perspectives

2018 monthly market rate* of care in DE at the 75th percentile by age group and setting

Chart legend: ■ B-5   ■ School Age

Child care center: Infant $1,193; Toddler $1,086; Preschool $942; School Age $489
Family child care: Infant $779; Toddler $745; Preschool $728; School Age $390

	Child care center	Family child care
% of licensed program seats	~86%	~14%
% in Stars	~70%	~20%

Proportion of DE household income covering the cost of B-5 care

	Child care center	Family child care
Median	**~20%**	**~15%**
40th** percentile	~30%	20%
80th percentile	~10%	~8%

The average family in DE has 2 children, making total child care spend ~60% of income at the 40th income percentile (the approximate income cut-off for POC eligibility)

Insights

▶ **Access to affordable care is limited for families who qualify for POC** with ~24% of programs not accepting any form of the subsidy

▶ **Availability of fully subsidized care is even harder to come by with the pervasiveness of POC Plus**, a form of POC where families are responsible for the difference between the government reimbursement rate and the program's rate (35% of the 2018 market rate)

▶ **Available subsidies for families with the greatest economic needs are stratified geographically,** with the lowest proportion of programs accepting the subsidy in Kent, Delaware's county with the most low-income families

"POC only is at a crisis point, with very few true POC slots available for families. You are seeing most programs offering 90% of their slots as POC Plus slots, which many families just cannot afford" – Internal Stakeholder Interview

Supporting Data and Perspectives

Map of licensed programs in DE accepting POC
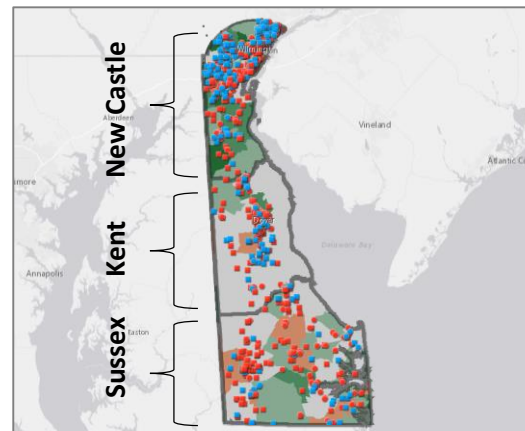
Accepting POC
- 🔴 Licensed Child Care Center
- 🟥 Licensed Family Care Center / Large Family Care Center

Not accepting POC
- 🔵 Licensed Child Care Center
- 🟦 Licensed Family Care Center / Large Family Care Center

USA Poverty Ratio
- 🟧 Greater than 14% living in poverty
- ⬜ Between 8-14% living in poverty
- 🟩 Between 8-4%
- 🟩 Between 2-4% living in poverty
- 🟩 Less than 2% living in poverty

Percent of licensed programs accepting POC by county

	Any form of POC	POC Only	POC Plus
New Castle	75%	60%	22%
Kent	74%	55%	33%
Sussex	80%	66%	22%
DE	75%	61%	24%

Kent county has the greatest proportion of programs accepting POC plus, and the lowest proportion of programs accepting true POC

Note: Because programs can accept multiple forms of POC, percentages will not total; Type of POC offered by program was taken from the Children and Families First Program intake survey and then applied to known overall POC acceptance rates from OCCL Program Data

Source: OCCL Program Data (2019), Children and Families First Program Intake Survey (2019), IDEO User Experience Needs Assessment
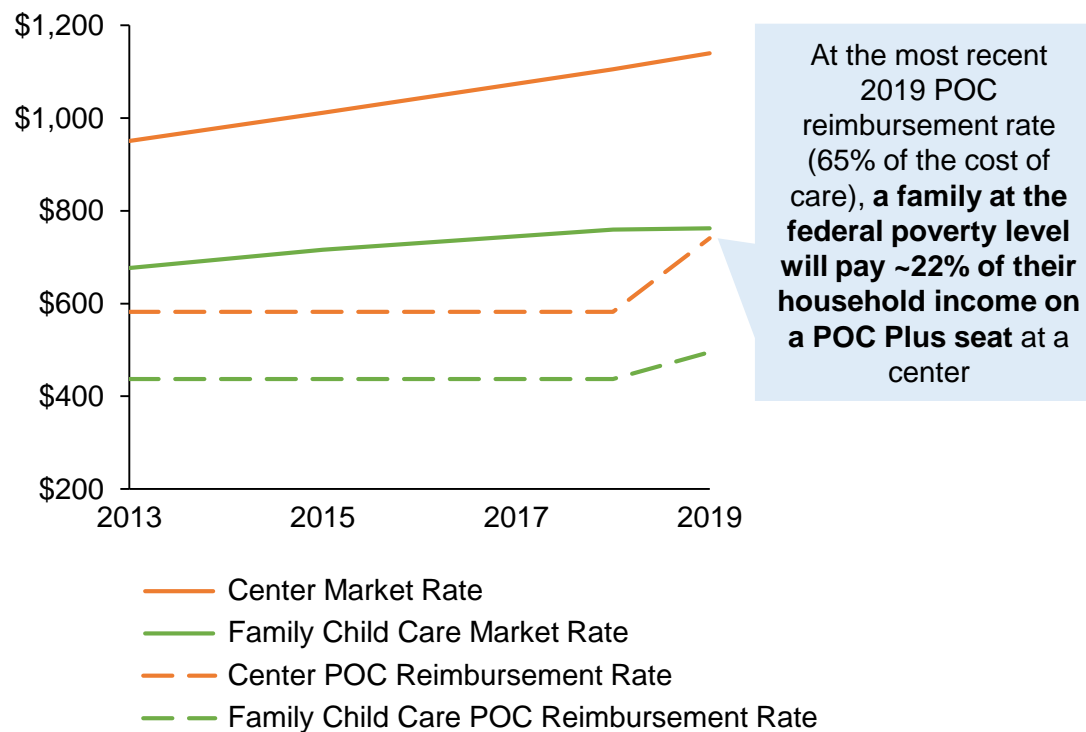
Insights

► **Despite rises in the market rate for programs, POC reimbursements rates have remained flat for the last 6+ years;** in 2019, POC rates still reflect only about ~65% of 2018 market rates

► Even the recent POC adjustment in the summer of 2019, reimbursement rates are still perceived to be short from the true cost of quality care

► **Low POC reimbursement rates, disincentivize programs from offering fully subsidized seats (POC Only)** or may force programs to raise prices for non-POC clients to makeup for their rising costs of care

"In our Newark location, 50% of our slots are for POC. When you can only raise your rates for 50% of your clientele it becomes extremely difficult to sustain a business" – Program Administrator, Early Childhood Care and Education Program

Supporting Data and Perspectives

75th percentile of annual market rates for B-5 programs compared to historical POC reimbursement rates, 2013-2019

At the most recent 2019 POC reimbursement rate (65% of the cost of care), **a family at the federal poverty level will pay ~22% of their household income on a POC Plus seat** at a center

Legend:
— Center Market Rate
— Family Child Care Market Rate
– – Center POC Reimbursement Rate
– – Family Child Care POC Reimbursement Rate

4. Identifying and navigating programs/services
Summary of key strategic issues and insights

Understanding early childhood care and education services, and then navigating access to and participation in these services, is often difficult for families

Strategic issues

Family Pain Points

A system that is often confusing and cumbersome for parents and families

Perceived lack of support and coordination for children with special needs

Gap in culturally responsive supports for dual language learners

Lack of a holistic understanding of parental and familial needs

System Conditions

Underutilization of high-quality services and information resources

Key data and insights to remember

*"I had to be very proactive...This program is supposed to help parents get through this and help kids...**I had to take the transition to the school system into my own hands"***

*"We have a wait list…There's nothing more frustrating to have a family come in, and tell them their child has a speech delay, but…**you'll have to wait 6-8 weeks"***

13-20%
of programs by county employ staff who speak Spanish

*"They send you to different places too much. I'm in a domestic violence situation and **I need emergency housing and child care. I don't have time to wait"***

~80%
of available home visiting seats are filled

Insights

▶ A **lack of common language across multiple sources of resource information** leads to confusion among families and program professionals

▶ **No centralized referral contact is universally leveraged**:

"The hub. That's an idea that I hear all the time from parents. Trying to navigate all of the different services that a lot of them need and having to go to different places, fill out different forms that sometimes are redundant. It's overwhelming" – Early Childhood Professional, New Castle

▶ When families do identify available resources, they often face **long wait times when trying to access these resources**, such as a nearby program or special needs services

"We have a wait list…There's nothing more frustrating to have a family come in, and tell them their child has a speech delay, but…you'll have to wait 6-8 weeks" – Early Childhood Professional, Sussex & Kent

▶ As a child ages through the ECCE system, families continue to face systemic **challenges that may threaten a disruption of services**
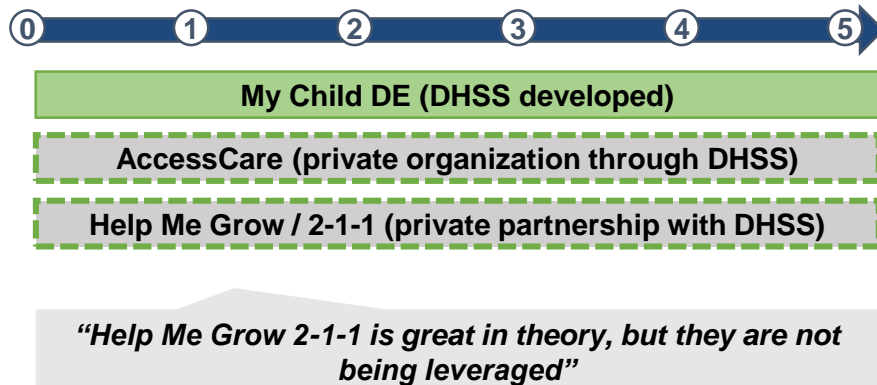
"She went to Nurses 'n Kids for about a year and then we found out that the insurance declined her…So we went back through the Medicaid process. They declined…So we had to quickly find someplace else" – Parent

Supporting Data and Perspectives

Delaware's resource and referral system is **decentralized across three sources**, making it difficult to offer a seamless system of referrals and outreach to families

▶ For example, **within My Child DE, users need to choose to search either OCCL or CFF data**, rather than having one search system with integrated data sets from these sources

ECCE Resources and Referral Services Across Ages

0   1   2   3   4   5

My Child DE (DHSS developed)

AccessCare (private organization through DHSS)

Help Me Grow / 2-1-1 (private partnership with DHSS)

"Help Me Grow 2-1-1 is great in theory, but they are not being leveraged"

Legend: Department Ownership

DOE	DHSS
KIDS	Private Organization

Insights

► When a child does not qualify for Child Development Watch services, but still has needs, **parents can feel isolated or at a loss**

"If I have a specific diagnosis, I know how to aid my child. But to have a diagnosis that you don't know jack about, when they give you a little pamphlet, it's kind of hard" – Parent, Sussex

► For students eligible for services, when transitioning from Part C to Part B, **inexperienced coordinators having difficulty distilling the complexities of IDEA law to families and high staff turnover** can leave families without the support they need
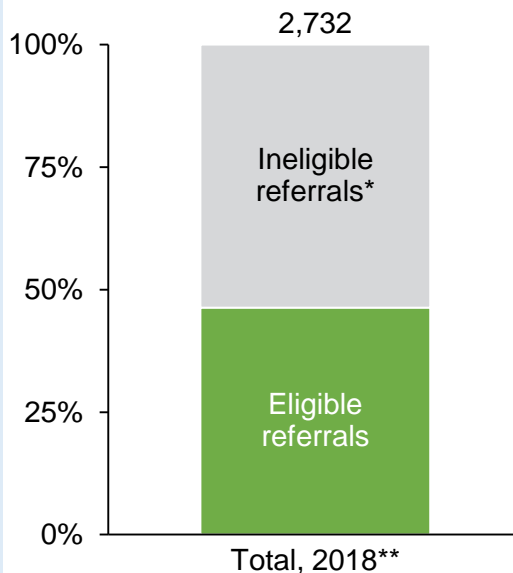
"I had to be very proactive...This program is supposed to help parents get through this and help kids...I had to take the transition to the school system into my own hands" – Parent

► When it comes to service delivery, **itinerant services minimize disruption to a child's day** by allowing him/her to receive services in their school, though **only ~60% of districts offer these services**
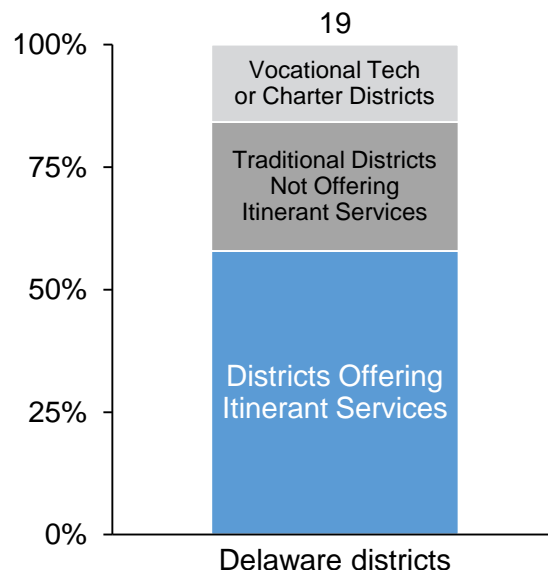   ► These services were stopped several years ago and only just started back again ~2 years ago

Supporting Data and Perspectives

Percentage of referrals to Child Development Watch that were ineligible

2,732

- Ineligible referrals*
- Eligible referrals

Total, 2018**

Districts providing itinerant services

19

- Vocational Tech or Charter Districts
- Traditional Districts Not Offering Itinerant Services
- Districts Offering Itinerant Services

Delaware districts

Protocol for Transitioning from Part C to Part B

While some states automate notifications to integrate Part C and B data systems nightly, **Delaware follows a manual process that occurs monthly**
► Part C data is extracted from a spreadsheet and sent to field agents that sort it
► A data manager determines compliance / noncompliance and instructions are sent to districts about how to input data to indicate compliance and reasons for non-compliance

*Note: the 53% of referrals that were deemed ineligible were due to true ineligibility (via MDA), referrals losing contact, declining, and/or not consenting
**Note: as of August 16, 2019, 1,413 children are actively receiving services under Part C and 69 children's parents have given consent for their child to be tested, but eligibility has not yet been determined
Source: Child Development Watch, Internal Stakeholder Interviews, IDEO User Experience Needs Assessment

4. Identifying and Navigating Systems: Issue # 3
Gap in culturally responsive supports for dual language learners

Insights

▶ Dual language learners' experiences in ECCE are often impacted by their teachers and their ability to communicate with them, yet the **proportion of programs with staff who speak dual language learners' most common language, Spanish, ranges from 6-41% by setting and 13-20% by county**

"The daycare was not able to understand my son because they did not place him with a teacher who speaks Spanish. I made a complaint with the person in charge, but she didn't do anything" – Parent, New Castle

"For my son at the other childcare center, they only spoke English. He felt lost. When we moved him he felt more included" – Parent

▶ **Dual language learners may be less likely to enter kindergarten with language, cognitive, and social emotional skills needed for success**
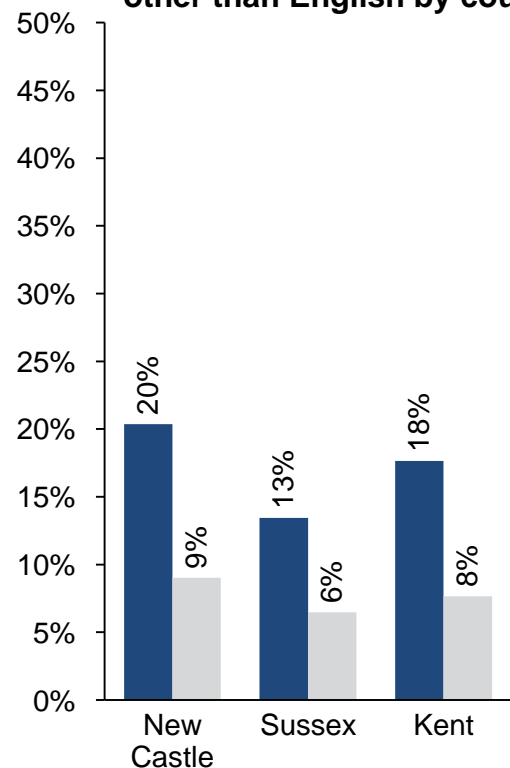
"After 3 weeks of being in kindergarten in Puerto Rico, the hurricane hit. So (my kid) never went back. When we got to Delaware, he started kindergarten again and he was really behind" – Parent, New Castle

Supporting Data and Perspectives

Proportion of programs with staff who speak a language other than English by setting
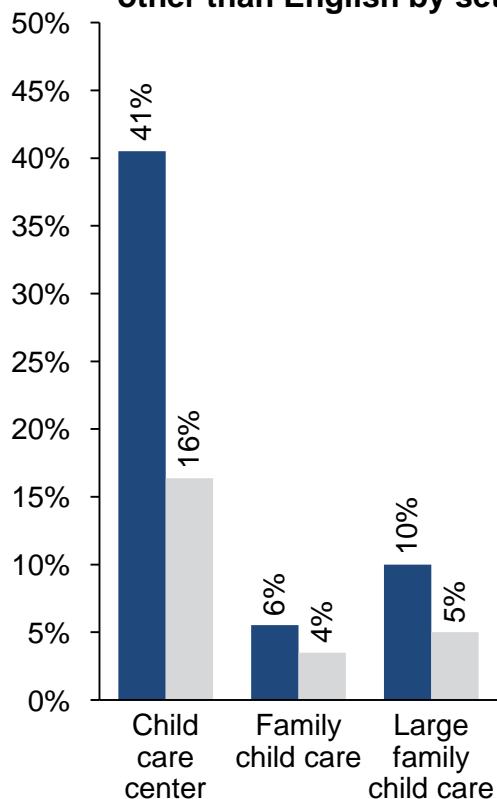
Proportion of programs with staff who speak a language other than English by county

- Spanish
- Other* language (non-English)

*Most common other languages include French, Chinese, Arabic and American Sign Language
Source: Children and Families First Program Intake Survey, Rodel Foundation English Learners Factsheet

Insights

▶ **Parents are their child's first teacher, yet many may not feel adequately prepared –** parents need support with a range of challenges that can not always be addressed in ECCE programs, like sleep, nutrition, behavior, and health

▶ **Families in need of ECCE services have mixed knowledge of the resources available to them** and the supports they need; programs do not always meet families where they are in their ECCE journey

▶ **Negative experiences with ECCE programs and services can result in parents feeling ashamed,** and potentially deciding not to pursue services for their children

Why does this matter?

▶ Poor experiences can lead to **fewer families applying for or continuing programs and services**

▶ Programs and services that do not meet families' needs or understand their contexts are **limited in the positive impact they can have**

Supporting Data and Perspectives

"A provider who is attentive to both the child and the parent's needs makes everything easier" – Parent, New Castle

""I was in a car accident in January, so now I have to ask people for a ride. Would be nice to have to go to only one place instead of a bunch of places for my son" – Parent

"They send you to different places too much. I'm in a domestic violence situation and I need emergency housing and child care. I don't have time to wait" – Parent, Kent

"Just to be around other moms and hear their breastfeeding stories...hearing that other people struggle somewhat, too, makes me feel not so bad and a little bit more normal that I'm struggling as well" – Parent, Kent

"There was a point in time where I would be freaking out going, 'Is someone going to call the Kids Department on me? Is someone going to make a phone call?' Because they don't know the history and they don't know his issues" – Parent, New Castle
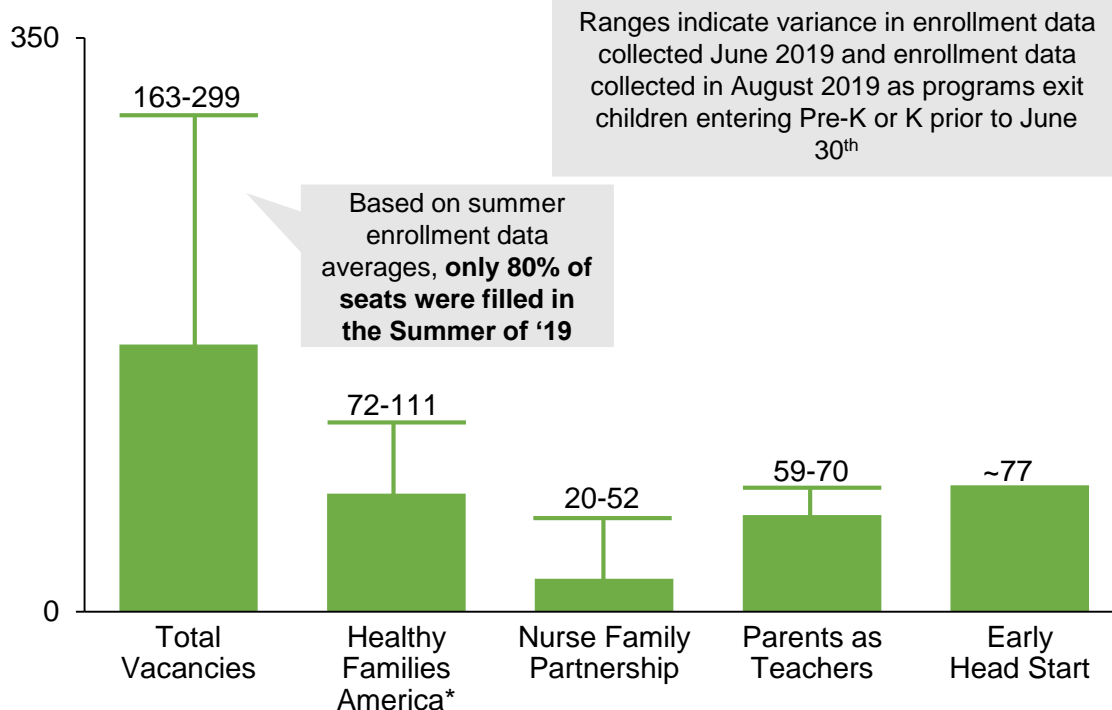
Insights

► **Home visiting programs are underutilized today, with only ~80% of seats filled,** yet referral services indicated that home visits represent the largest volume of in-bound requests, with **over 500 calls requesting support last year**
  ► This suggests access to home visiting is limited by external barriers rather than widespread lack of awareness

► As parents work to navigate the ECCE space, they may **rely on their personal social networks for information** because of the lack of perceived helpfulness of formal information sources

"I always ask friends and family for advice, My daughter's friend's mom was lived in Delaware for 20 years, So I ask her for advice, what's the best place to take them to play?"
– Parent, New Castle

"I actually find more information in the Facebook group than the DHSS workshops. Because I think in person people get off topic and waste time"
– Parent, New Castle

Supporting Data and Perspectives

Vacant seats by home visiting program, (Summer 2019)

Ranges indicate variance in enrollment data collected June 2019 and enrollment data collected in August 2019 as programs exit children entering Pre-K or K prior to June 30th

Based on summer enrollment data averages, **only 80% of seats were filled in the Summer of '19**

Bar chart: y-axis from 0 to 350
- Total Vacancies: 163-299
- Healthy Families America*: 72-111
- Nurse Family Partnership: 20-52
- Parents as Teachers: 59-70
- Early Head Start: ~77

Note: The data collected for EHS does not well represent waitlisted children for EHS and HS because it is just before the start of the new program year. Another snapshot will be taken on 12/1/2019 for an accurate representation.
Source: Internal Data and Stakeholder Interviews, Home Visiting Data Individually Shared by Programs (07/2019), PDG B-5 Data Systems Assessment

Delaware's ECCE programs struggle to attract and maintain a highly quality workforce

Strategic issues

Provider Pain Points

Professional development programming is not accessible or considered particularly valuable to educators

Programs struggle to retain their workforce despite educators wanting to make ECCE their long-term career

System Conditions

Lack of qualified ECCE workforce supply

Poor compensation does not incentivize quality applicants, or retention / professional development within the current workforce

Key data and insights to remember

2 years
average tenure of ECCE professionals at a given facility

"To have more highly qualified and trained teachers that costs you money, either in literal training dollars or because now you're hiring somebody who's got more skills and they don't want to make $9.50 an hour"

"..it almost feels like everyone who comes in here for an interview, we have to hire them because we don't have any other options"

Only 1 in 5
professionals at Star-rated programs have a bachelor degree (w/ ECE credits)

Only **14%**
of trainings are located on-site at programs

The trainings most frequently offered have the least perceived benefit for participants

Insights

► While trainings are being offered across counties, **training times and locations are often not convenient for many ECCE professionals** who work long days and have limited time to commute on their evenings and / or on the weekends

► Furthermore, there appears to be **a discrepancy between the content offered and what is perceived to be most beneficial to educators**

  ► The trainings most frequently offered, Observation / Assessment and Environment / Curriculum, have the least perceived benefit for participants

► **Educators expect to benefit most from social emotional development and behavior related trainings,** a need echoed by families who worry about professionals' capacity to deal with the stresses of trauma, developmental and / or behavioral issues faced by their children

"It's good when you know who your child is going to be serviced by since every teacher does not have the training to deal with all types of children"– Parent, Sussex

Supporting Data and Perspectives

DIEEC PD Quarterly Satisfaction Survey (July – Sept. 2019)

32 total trainings occurred from July – Sept 2019

608 Attendees at trainings from July –Sept 2019

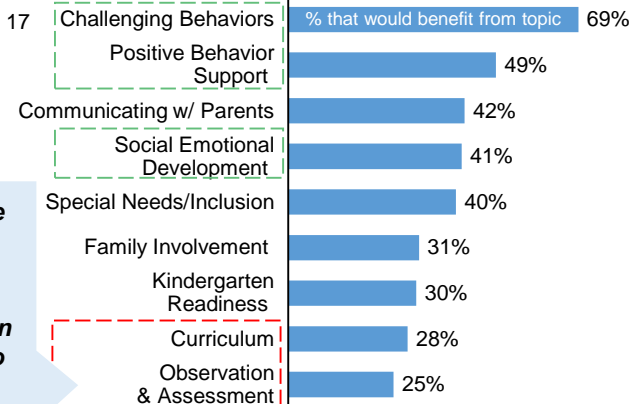**28%** of publically offered trainings were cancelled (47 total trainings offered)

Only **14%** of trainings occurred on-site at programs

Trainings offered by content area

Content area	Trainings offered
Observation & Assessment	17
Environment & Curriculum	15
Social Emotional Development	5
Child/Youth Development	3
Health, Safety, Nutrition	2
Management & Administration	2
Multi-Topic	2
Professionalism	1

"We have done so many trainings on ASQ's with no new information that it's hard to stay focused" – Open-ended Survey Response

% of respondents reporting they would benefit from trainings in the topic

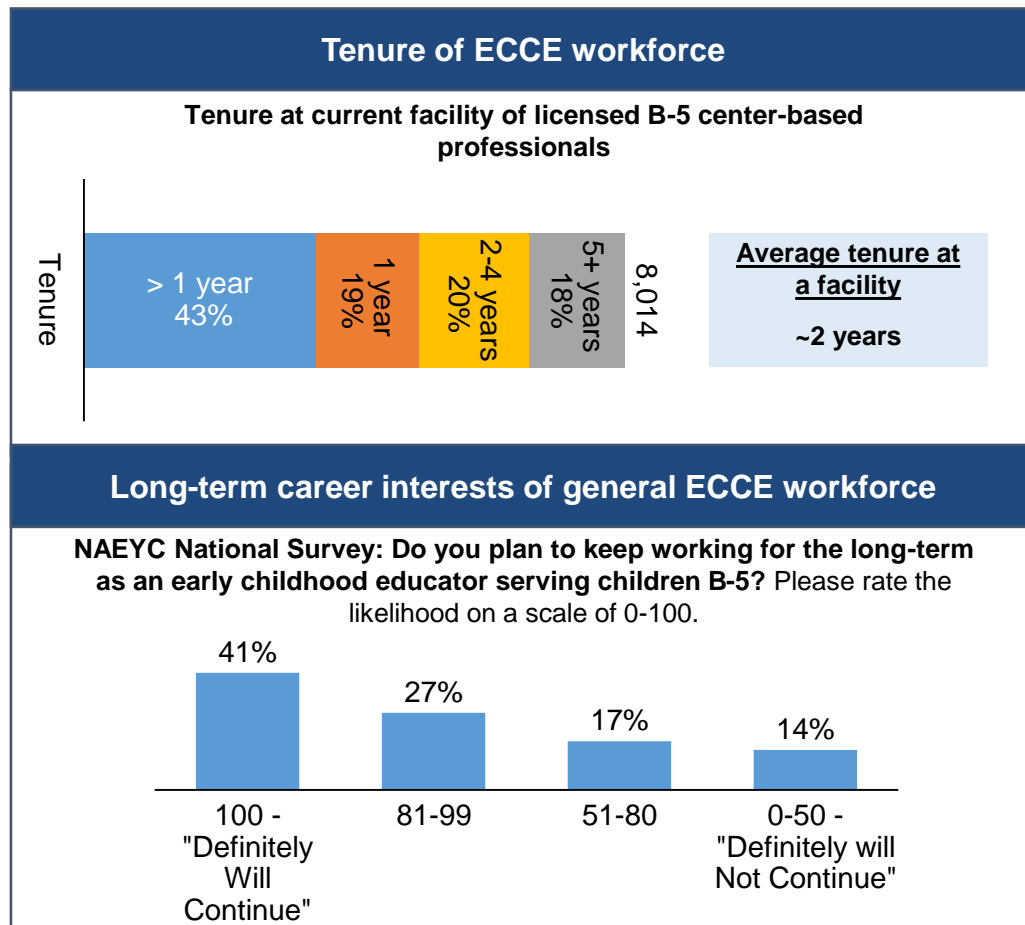| Topic	% that would benefit from topic
Challenging Behaviors	69%
Positive Behavior Support	49%
Communicating w/ Parents	42%
Social Emotional Development	41%
Special Needs/Inclusion	40%
Family Involvement	31%
Kindergarten Readiness	30%
Curriculum	28%
Observation & Assessment	25%

Insights

► In Delaware, **retention rates at individual programs are low,** resulting in an overall ECCE workforce that is relatively new to their current roles

► **Retention issues are** difficult at the program level, but are also **internalized by families and children who often become attached to their caregivers**

► While programs struggle to maintain their professionals for over 2 years (the average tenure at a given facility), **national surveys indicate that the majority of educators want to make ECCE their long-term career**

"If her teacher doesn't come back this year, I don't know how my daughter is going to react" – Parent, Sussex

"There is clearly a workforce crisis, not just in finding qualified workers, but then retaining them" – Internal stakeholder interview

Supporting Data and Perspectives

Tenure of ECCE workforce

Tenure at current facility of licensed B-5 center-based professionals

Tenure

| > 1 year 43% | 1 year 19% | 2-4 years 20% | 5+ years 18% | 8,014 |

Average tenure at a facility

~2 years

Long-term career interests of general ECCE workforce

NAEYC National Survey: Do you plan to keep working for the long-term as an early childhood educator serving children B-5? Please rate the likelihood on a scale of 0-100.

Category	Percentage
100 - "Definitely Will Continue"	41%
81-99	27%
51-80	17%
0-50 - "Definitely will Not Continue"	14%

Source: Focus database (2019), NAEYC P2P Report (2016), IDEO User Experience Needs Assessment

Insights

► Programs **struggle with the overall lack of supply of workers** in their market, and will often compromise on qualifications to keep their programs sufficiently staffed

► **The pipeline of students specializing in ECCE from DE's higher education institutions is limited and has been declining over the last 3 years**, with less than 100 students graduating with any form of a degree in ECCE in 2018

► There is also indication that **misalignment between state policy and higher education practices** have placed barriers on the institutions' ability to place qualified students in the field

  ► For example: Recent fingerprinting and background check restrictions were implemented without deep coordination with higher education programs, limiting the number of students that can be placed at centers during their education

"We are in the process still of hiring people. It's hard to find qualified people. It almost feels like everyone who comes in here for an interview, we have to hire them because we don't have any other options"– Early Learning Professional, New Castle
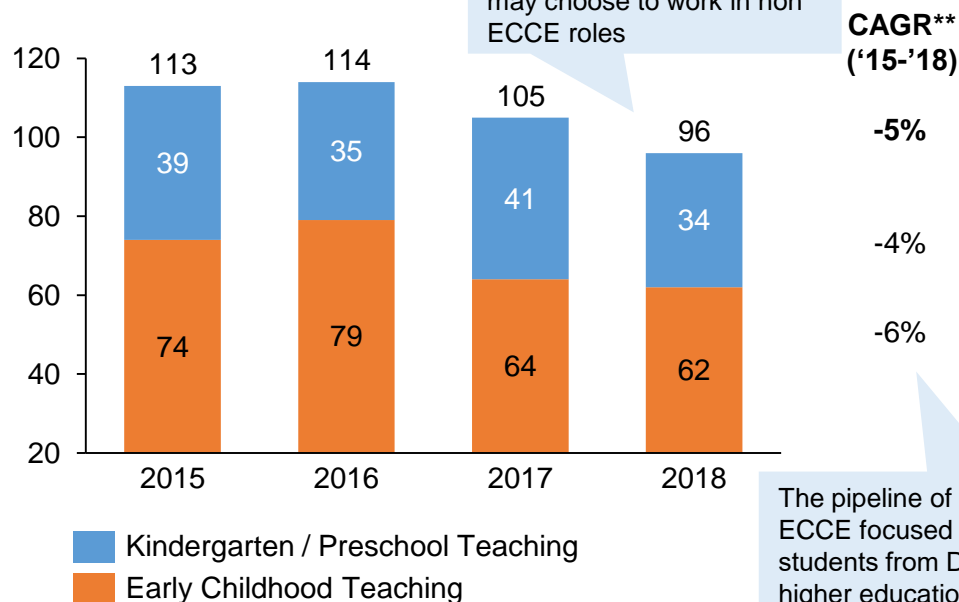
Supporting Data and Perspectives

Total ECCE degree completions at DE's higher education institutions*
2015-2018

Includes students completing certificates, diplomas, and associate's and bachelor's degrees

~30% of the pipeline of ECCE graduates is focused on Kindergarten / Preschool programming, so graduates may choose to work in non ECCE roles

CAGR** ('15-'18)

Year	Early Childhood Teaching	Kindergarten / Preschool Teaching	Total
2015	74	39	113
2016	79	35	114
2017	64	41	105
2018	62	34	96

-5%

-4%

-6%

■ Kindergarten / Preschool Teaching
■ Early Childhood Teaching

The pipeline of ECCE focused students from DE's higher education institutions has been declining over the last 3 years

*Institutions with completions in ECCE fields include Delaware State University, DTCC, University of Delaware and Wilmington University
**CAGR stands for compound annual growth rate
Source: Delaware Stars Database, Internal Stakeholder Interviews, IPEDS Data, IDEO User Experience Needs Assessment

Insights

▶ **In DE, poor compensation of ECCE workforce takes a toll on the economic well-being of teachers and their families, leading to:**
  - ▶ Limited interest from students in higher ed
  - ▶ High turnover among programs in the field
  - ▶ Lack of incentive to invest time / money for PD

▶ **There is perceived competition for talent between private and public programs,** especially since public programs have higher compensation structures
  - ▶ The salary difference is even more severe for kindergarten programs, where teachers make twice as much as pre-k educators

▶ **Private programs' capacity to raise salaries is limited due to the already high price of care**

"Its impossible to imagine paying an employee $15-16 per hour with a benefit package, when you are only charging families $1K per month"
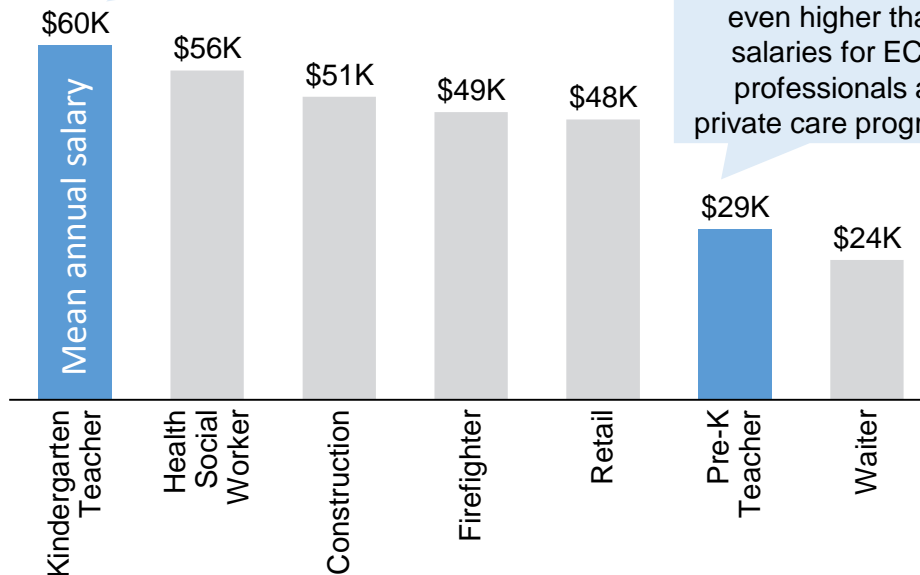– Parent, New Castle

Supporting Data and Perspectives

DE mean annual salary by various occupations

In DE, kindergarten teachers are paid more than double pre-K teachers

Pre-K teacher salaries represent school district comp structures which are even higher than salaries for ECE professionals at private care programs

Occupation	Mean annual salary
Kindergarten Teacher	$60K
Health Social Worker	$56K
Construction	$51K
Firefighter	$49K
Retail	$48K
Pre-K Teacher	$29K
Waiter	$24K

In a NAEYC national survey **88%** of respondents indicated early childhood educators as being extremely / very important to their communities

6. Data to inform child/family needs
Summary of key strategic issues

> *Data is not being used to understand B-5 children and families' needs and improve the ECCE system*

Strategic issues and drivers

System Conditions

Challenges with data entry and quality

Limited interaction between data systems across Delaware departments

Data is not actionable and does not inform design of programs/services

Data systems do not allow for an accurate count of unique children served

Key data and insights to remember

3 unique identifiers across systems

"Quality and accurate data is not just needed to secure grant dollars…it is about understanding and reporting on the root causes of what B-5 children need"

15
different systems that contain data for B-5 children/families enrolled in programs/services across the state

Only 22%
of survey respondents indicated that they **believe their department is using data to inform design of child/family program/services**

Insights

► **There is a lack of a functional data governance model within and across departments,** which leads to:
  ► Weak adoption of standard data management practices
  ► Lack of data integration and quality issues
  ► Lack of standard system documentation

► **Data collection and entry for enrollment in State programs happens in multiple places and in multiple ways across the State**, which makes reporting and use of data difficult

Why does this matter?

► Poor intake experiences could lead to **fewer families applying for programs and services**

► Lack of cohesion across data systems leads to manually intensive processes that **increase time and costs** and can also lead to **data quality issues** (e.g., requesting data from vendors)

Supporting Data and Perspectives

"Lack of training / professional development has led to individuals not always knowing how to input data or check to make sure data is accurate and complete"

"Quite simply, there is not consistency in what and how data is collected"

""I think it was when I was typing in my case number because it just kept saying that it couldn't find my case, so I gave up on it."
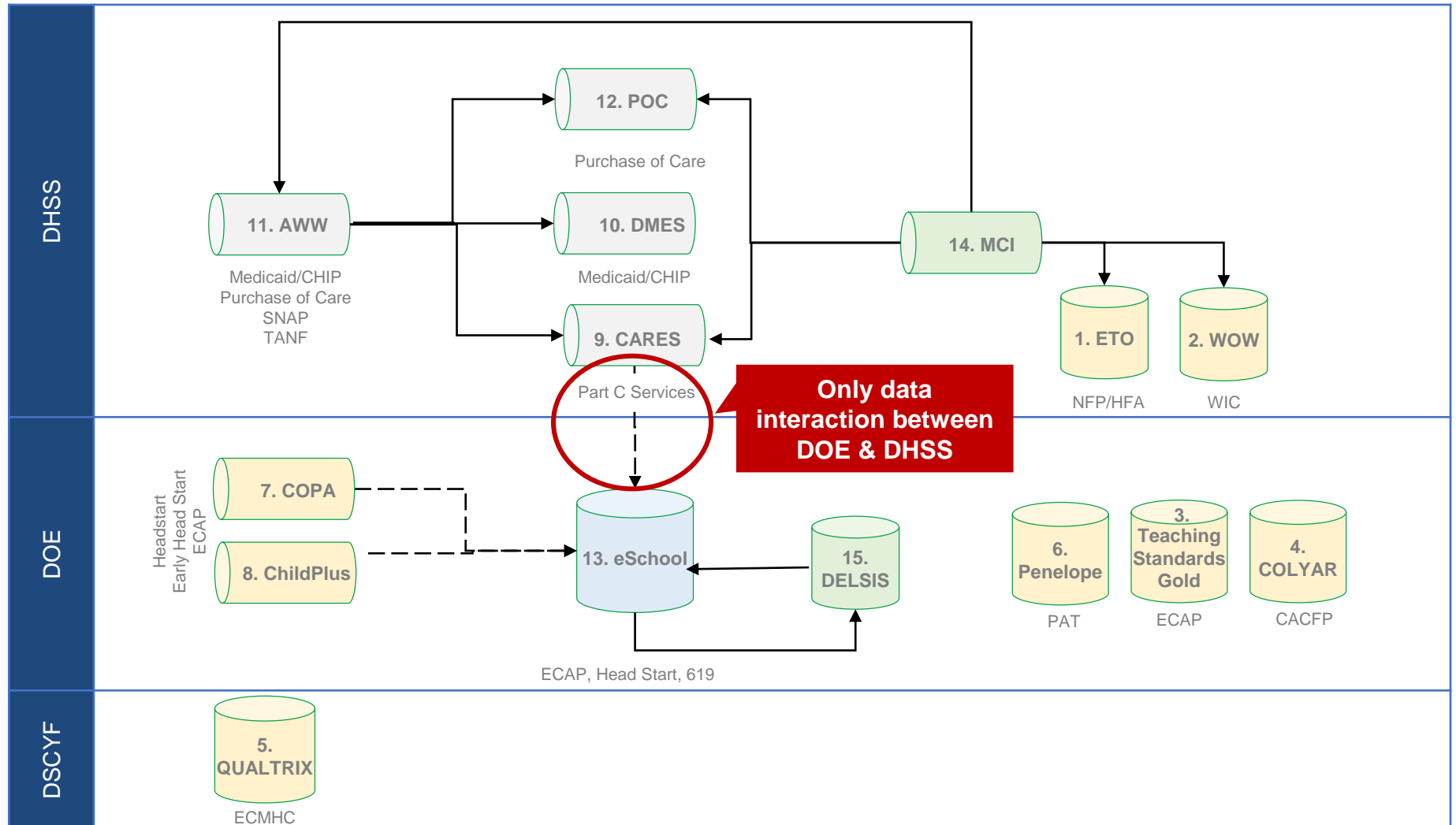– Parent, Sussex

"Every time I've tried to redo it online (recertification for Medicaid) I've had nothing but issues. So, I just haven't tried it since"
– Parent, Sussex

"There is no online registration in the State of Delaware for kindergarten. So if I show up at Mt. Pleasant and then I discover my kid goes to Bancroft, they send me to Bancroft…In the same district, can't do it! Got to go to the physical school"
– Parent

DHSS

- 12. POC — Purchase of Care
- 11. AWW — Medicaid/CHIP, Purchase of Care, SNAP, TANF
- 10. DMES — Medicaid/CHIP
- 9. CARES — Part C Services
- 14. MCI
- 1. ETO — NFP/HFA
- 2. WOW — WIC

Only data interaction between DOE & DHSS

DOE

- 7. COPA
- 8. ChildPlus
- Headstart, Early Head Start, ECAP
- 13. eSchool
- 15. DELSIS
- ECAP, Head Start, 619
- 6. Penelope — PAT
- 3. Teaching Standards Gold — ECAP
- 4. COLYAR — CACFP

DSCYF

- 5. QUALTRIX — ECMHC

Legend:
- – – – ▶ Manual process
- ──▶ Automated process
- 3rd Party Vended
- Data Repository
- Program specific application
- Application Suite

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6. Data to inform child/family needs: Issue # 3
Data is not actionable and does not inform design of programs/services

Insights

▶ **System stakeholders struggle to make data-driven decisions at work**

"Sure we collect data and lots of it, but I'm not sure we've taken a step back and reflected on whether we're collecting the "right" data and whether it is actually used to make program/service adjustments"
– Internal Stakeholder Interview

▶ **They indicate that their departments similarly are not equipped with actionable data to inform design of programs and services**

"Our funding requires data collection, and we really only use it for reporting, so we are missing opportunities to report on trends or the root causes of the issues we see facing children and families"
– Internal Stakeholder Interview

"Quality and accurate data is not just needed to secure grant dollars…it is about understanding and reporting on the root causes of what B-5 children need"
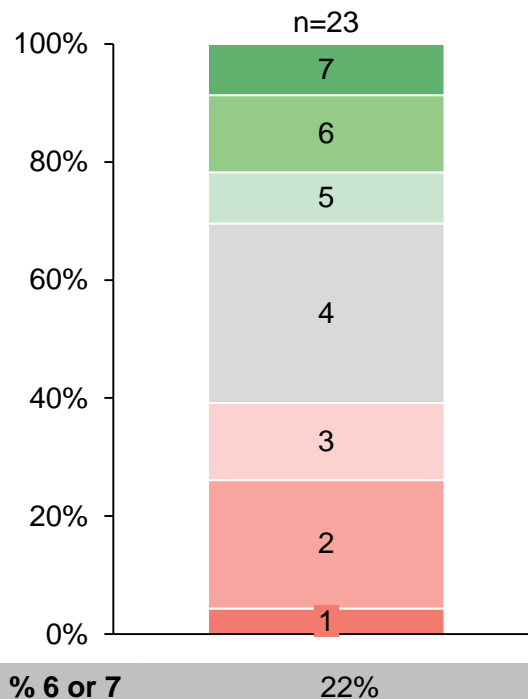– Internal Stakeholder Interview

Supporting Data and Perspectives

In my role, I can make data-driven decisions about what the children I work with need
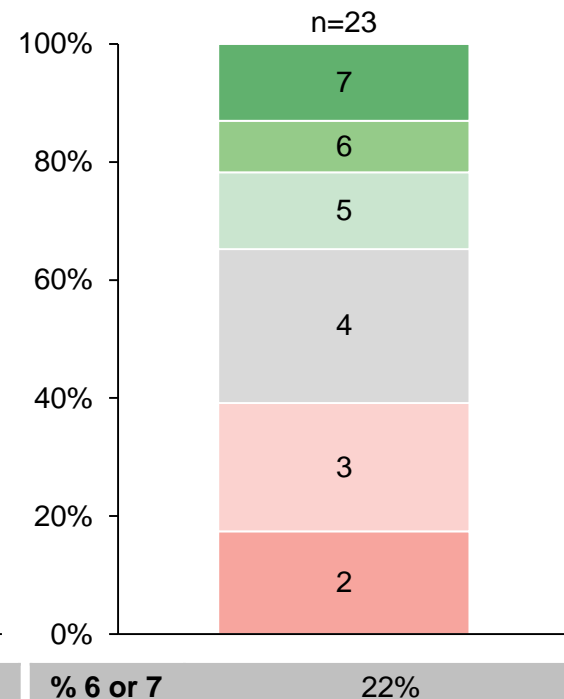*1 = "I strongly disagree" and 7 = "I strongly agree"*

n=23

% 6 or 7	22%

My department makes data-driven decisions about what B-5 children need
1 = "I strongly disagree" and 7 = "I strongly agree"

n=23

% 6 or 7	22%

Insights

- **There are 3 unique identifiers used across the 15 relevant B-5 systems**
  - MCI within DHSS
  - Student ID within DOE
  - Parents as Teachers (PAT) identifier

- While the Student ID and MCI number are widely used within their respective departments, neither is consistently leveraged across the Delaware ECCE system and there are limited processes in place to connect the two

Why does this matter?

- **It is currently not possible to arrive at a unique number of B-5 children that the system serves**. As a result,
  - It is challenging to identify students who need services but are not receiving them
  - There is **no end-to-end view** of the timeline of services received, progression of children/families through programs, and impact assessment of the entire Delaware ECCE system

Supporting Data and Perspectives

Step 1: Calculate the minimum number served by the early childhood system:

The number of unduplicated children enrolled in **SNAP, TANF, POC, Medicaid, and CHIP.** using the MCI # to eliminate duplicates	**30,073**
Total	**30,073**

Step 2: Calculate the maximum number served by the early childhood system:

Minimum number of children served from Step 1 above	30,073
Total number of families with children age B-5 enrolled in the **WIC program**. *Could not eliminate duplicates because of vendor and data restrictions.*	11,988
The total number of children age B-3 enrolled in **Part C.** *Could not eliminate duplicates because of data format*	1,413
Total number of families with children age B-5 enrolled in the **Healthy Families America and Nurse Family Partnership programs**. *Could not eliminate duplicates because of vendor and data restrictions.*	277
Total number of children enrolled in **PAT Program.** *Could not eliminate duplicates because of how data is tracked*	490
The number of unduplicated children served by **ECAP, HeadStart and 619**, using student ID as a unique indicator to eliminate duplicates. *However, not possible to eliminate duplicates with the DHSS data*	3,129
Number of children enrolled in the **Early HeadStart** program. *Could not eliminate duplicates because data is not integrated with other DOE data.*	238
Total	**47,608**

7. Unified governance
Summary of key strategic issues

The existing ECCE governance structure in Delaware creates inefficiencies and impacts the family experience

Strategic issues

Family Pain Points

Families experience an inefficient ECCE system

System Conditions

Professionals and programs struggle to navigate the complex system

State program/service administrators are siloed, leading to challenges related to accountability and efficiency

Key data and insights to remember

"Right now everyone is working independently in their silos without clear marching orders towards a single ECCE vision. This results in a system that isn't working for families, professionals, programs, or even state administrators"

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ECCE divisions across DOE, DHSS, and DSYCF

64%
of survey respondents strongly **believe that the early childhood system in Delaware should be managed by 1 department**

Insights

▶ **Families struggle to navigate the current system,** in part because of the **number of divisions and departments** responsible for ECCE
  ▶ This leads to frustration and reduces use of programs and services

▶ **Programs and professionals similarly face challenges complying with regulations across many departments**
  ▶ For example, programs cite the need to work across all three departments for licensure, quality ratings, and funding and the perception that they are continuously re-directed
  ▶ This is further complicated by differences in requirements across Delaware (e.g., by county, district)

▶ These stakeholders also **cite how unified governance could improve communication and engagement,** particularly with new policy rollout

Supporting Data and Perspectives

"I called so many people but just nobody gives you information. Just trying to get information on a program – well, where do I go? How do I apply?"

"You got 11 sections of the government across three different departments, it's a hot mess"

"If you want to open a child care center you are licensed by the OCCL, reviewed by Stars, and then must work with POC in the DHSS. The system is incredibly complicated to navigate and with divisions who do not always speak to each other"

"I feel like I'm always playing defense – we get a communication regarding new policies (e.g., POC, Stars redesign) and aren't actually engaged or able to provide feedback. If there was more coordination across departments, I this we could actually partner with the state more easily"

"Right now everyone is working independently in their silos without clear marching orders towards a single ECCE vision. This results in a system that isn't working for families, professionals, programs, or even state administrators"

Insights

► **Internal stakeholders (program administrators, leadership) indicate that the current structure across three departments is resulting in three challenges**
  ► Inefficiencies and duplication of efforts (e.g., finger printing)
  ► Lack of accountability for overall family outcomes
  ► Lack of cohesive family experience

"Streamlining governance is key in order to address the root issues around lack of accountability and unified leadership. Coordination is ad hoc, not systematic Otherwise, we will continue to have a disjointed experience for families, programs, and professionals"
– Internal Stakeholder Interview

► Many stakeholders **are interested in consolidating governance under one department,** but recognize the implementation challenges
  ► Aligning pay scales
  ► Managing physical relocation
  ► Articulating reporting structures

Supporting Data and Perspectives

Internal stakeholders survey: Delaware's early childhood department should be managed by one state department
1 = "I strongly disagree" and 7 = "I strongly agree"
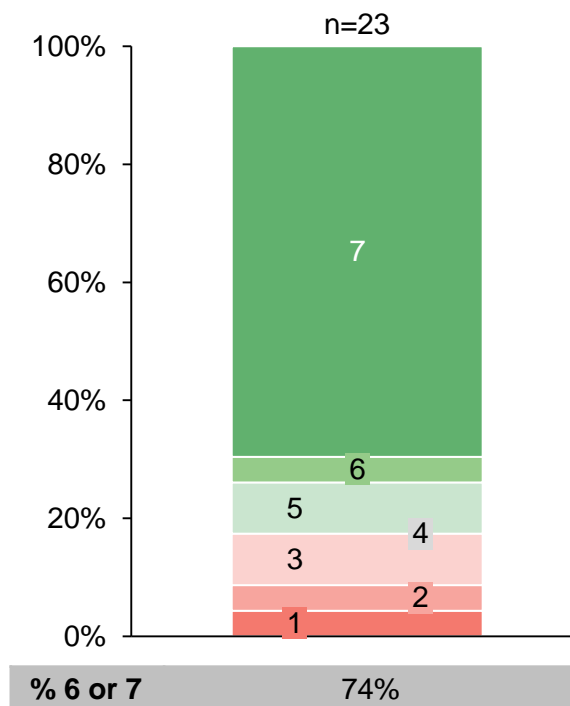
n=23

% 6 or 7	74%

Contents

► Process

► Overview of Landscape

► Opportunities for Delaware's ECCE System

► **Vision for Strategic Plan**

► Next Steps

PDG B-5 Vision

Aligning on the vision for the B-5 strategy will be a critical part of the strategic planning process

Strategic Plan

▶ What is the **vision for Delaware's early childhood system**?

▶ What are the **key areas to address** to support availability and access?

▶ What **potential strategies** – co-developed with families and professionals – could help Delaware realize these opportunities?

▶ Who is **responsible for implementing** the plan?

▶ How will progress be **measured** and **tracked**?

Considering the key elements of the vision today….

…will inform the key tactical questions we will work on as group in the coming months

The aspiration is for this to become Delaware's next Birth to 5 five-year strategic plan

Delaware commits to **all children and families** having access to an **integrated early childhood system**, from birth through third grade, which provides **high-quality services** and an environment that supports their growth, development, and learning, and prepares them for **success in school and life**

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Next steps

When we meet again in November, we will be co-designing specific strategies to tackle each opportunity

As we prepare, please reflect on the below design principles that emerged from the user experience analysis

FROM		TO
►Policy Mindset		►Service Mindset
►Pay Later		►Invest Now
►Stigmatized		►Universal
►Undervalued		►Valued
►Focus on Compliance		►Focus on Kids

Appendix

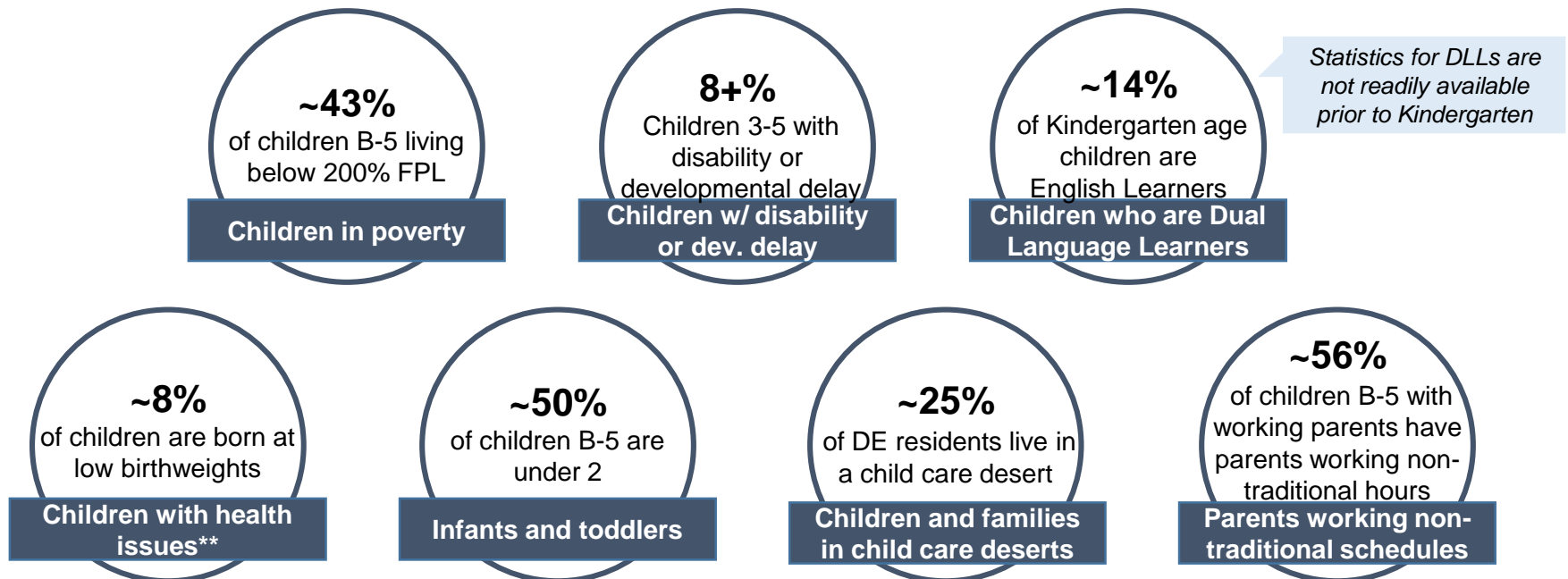# Appendix
Statistics on major underserved and vulnerable populations can help guide prioritization and advance equitable approaches

Statistics on DE's vulnerable and underserved children and their families

~43%
of children B-5 living below 200% FPL

Children in poverty

8+%
Children 3-5 with disability or developmental delay

Children w/ disability or dev. delay

~14%
of Kindergarten age children are English Learners

Children who are Dual Language Learners

Statistics for DLLs are not readily available prior to Kindergarten

~8%
of children are born at low birthweights

Children with health issues**

~50%
of children B-5 are under 2

Infants and toddlers

~25%
of DE residents live in a child care desert

Children and families in child care deserts

~56%
of children B-5 with working parents have parents working non-traditional hours

Parents working non-traditional schedules

Other key underserved and vulnerable population segments to consider

▶ Children in foster care
▶ Children living in families receiving public assistance
▶ Children experiencing trauma including living in neighborhoods experiencing violence
▶ Children born to teenage mothers
▶ Children in the care of the elderly, such as grandparents
▶ Children involved with protective services

▶ Children living in families with significant risk factors
▶ Children of military families
▶ Children of migrant and seasonal workers
▶ Children of a foreign adoption
▶ Children who are racial and ethnic minorities
▶ Children experiencing homelessness

*8% of K-12 student population in 2016 were Dual Language Learners, which can be used as a proxy for B-5 pop.
**Health issues can include low weight birth infants, children born prematurely or children who have other significant medical issues
Source: Rodel Foundation, 2018 Community Needs Assessment, DE-ELS Survey, Nemours, Center for American Progress, Urban Institute

Appendix
Statistics on ECCE programs and professionals can help guide prioritization and advance equitable approaches

Statistics on DE's ECCE programs and professionals

Program setting

~35% of licensed programs
~86% of licensed seats
Licensed Child Care Centers

~65% of licensed programs
~14% of licensed seats
Licensed Family Child Care

Program Star participation

17% of FCC
41% of large FCC
69% of centers participate in Stars
Stars participants

~16% of licensed programs have a 5-Star rating
5-Star rated programs

Program POC acceptance

~75% of licensed programs across DE accept a form of POC (POC only, POC plus, POC Self-Arranged)

Programs accepting POC

Professionals

~43% of center-based professionals have worked at their program for less than a year
Professionals' experience

~46% of center-based professionals are a minority
Minority professionals

Facilities

► There is a significant gap in Delaware's collection of data related to ECCE facilities; at the moment, facilities are reviewed during the licensure and QRIS (Stars) process, but no **consistent information is gathered; as a result, no information is known regarding innovative efforts**
► Given this current state, there are **no statewide efforts to increase access to specific types of facilities or address challenges related to facilities**
► This is a key data collection opportunity area for Delaware going forward

Professionals

► While data is gathered for center-based professionals, no **information exists currently for family child care professionals**
► An opportunity going forward is to develop a single ECCE professional registry that includes up to date license information on all professionals as well as tracks all professional development