Quality Progress Report (QPR)
For
Rhode Island
FFY 2022

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The Quality Progress Report (QPR) collects information from states and territories (hereafter referred to as lead agencies) to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The lead agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

QUALITY PROGRESS REPORT

The Quality Progress Report (QPR) collects information from lead agencies to describe investments to improve the quality of care available for children from birth to age 13. This report meets the requirements in the Child Care and Development Block Grant (CCDBG) Act of 2014 for lead agencies to submit an annual report that describes how quality funds were expended, including the activities funded and the measures used to evaluate progress in improving the quality of child care programs and services. Lead agencies are also required to report on their Child Care and Development Fund (CCDF) quality improvement investments through the CCDF Plan, which collects information on the proposed quality activities for a three-year period; and through the ACF-696, which collects quarterly expenditure data on quality activities.

The annual data provided by the QPR will be used to describe how lead agencies are spending a significant investment per year to key stakeholders, including Congress, federal, state and territory administrators, providers, parents, and the public.

Specifically, this report will be used to:

- Ensure accountability and transparency for the use of CCDF quality funds, including a set-aside for quality infant and toddler care and activities funded by American Rescue Plan (ARP) Act
- Track progress toward meeting state- and territory-set indicators and benchmarks for improvement of child care quality based on goals and activities described in CCDF Plans; and
- Understand efforts in progress towards all child care settings meeting the developmental needs of children
- Inform federal technical assistance efforts and decisions regarding strategic use of quality funds.

What Period Must Be Included: All sections of this report cover the federal fiscal year activities (October 1, 2021 through September 30, 2022), unless otherwise stated. Data should reflect the cumulative totals for the fiscal year being reported, unless otherwise stated.

What Data Should Lead Agencies Use: Lead agencies may use data collected by other government and nongovernment agencies (e.g., CCR&R agencies or other TA providers) in addition to their own data as appropriate. We recognize that lead agencies may not have all of the data requested initially but expect progress towards increased data capacity. The scope of this report covers quality improvement activities funded at least in part by CCDF in support of

CCDF activities. Lead agencies must describe their progress in meeting their stated goals for improving the quality of child care as reported in their FFY 2022-2024 CCDF Plan.

How is the QPR Organized?

The first section of the QPR gathers basic data on the population of providers in the state or territory and goals for quality improvement and glossary of relevant terms. The rest of the report is organized according to the ten authorized uses of quality funds specified in the CCDBG Act of 2014:

1) Support the training and professional development of the child care workforce
2) Improve the development or implementation of early learning and development guidelines
3) Develop, implement, or enhance a quality rating improvement system for child care providers
4) Improve the supply and quality of child care for infants and toddlers
5) Establish or expand a lead agency wide system of child care resource and referral services
6) Support compliance with lead agency requirements for licensing, inspection, monitoring, training, and health and safety
7) Evaluate the quality of child care programs in the state or territory, including how programs positively impact children
8) Support providers in the voluntary pursuit of accreditation
9) Support the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry.

The Office of Child Care (OCC) recognizes that quality funds may have been used to address the coronavirus 2019 (COVID-19) pandemic. These activities should be reflected in the relevant sections of the QPR.

Reporting Activities Related to ARP Act Child Care Stabilization Grants

The ARP Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend stabilization funds as subgrants to

qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Please refer to the information memorandum [ARP Act Child Care Stabilization Grants](#) (CCDF-ACF-IM-2021-02) for further guidance on the child care stabilization grants made available through the ARP Act.

While the OCC has established a new data collection form, the ACF-901 – American Rescue Plan (ARP) Stabilization Grants Provider-Level Data, as the primary data collection mechanism for reporting related to ARP stabilization grants, Section 13 of the QPR asks about activities related to stabilization grants made possible through ARP funding. The OCC will inform lead agencies if the data reported through the ACF-901 is complete enough to warrant skipping Section 13 of the QPR. The following information is requested in Section 13:

- If the lead agency ran more than one grant program;
- How stabilization grants were used to support workforce compensation; and
- Methods to eliminate fraud, waste, and abuse when providing stabilization grants

Section 13 should be used to report on ARP Stabilization Grants ONLY. Other child care sustainability or stabilization grant programs established or ongoing using other funding mechanisms (i.e., CCDF or other supplemental funding e.g., CARES, CRRSA, ARP Supplemental Discretionary Funds) should be reported in Section 11.

When is the QPR Due to ACF?

The QPR will be due to the Administration for Children and Families (ACF) by the designated lead agency no later than December 31, 2022.

Glossary of Terms

The following terms are used throughout the QPR. These definitions can also be found in section 98.2 in the CCDBG Act of 2014. For any term not defined, please use the lead agency definition of terms to complete the QPR.

Center-based child care provider means a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless in care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "child care centers" and "center-based programs."

Director means a person who has primary responsibility for the daily operations and management for a child care provider, which may include a family child care provider, and which may serve children from birth to kindergarten entry and children in school-age child care.

Family child care provider means one or more individuals who provide child care services for fewer than 24 hours per day per child in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work. Associated terms include "family child care homes."

In-home child care provider means an individual who provides child care services in the child's own home.

License-exempt means facilities that are not required to meet the definition of a facility required to meet the CCDF section 98.2 definition of "licensing or regulatory requirements." Associated terms include "legally exempt" and "legally operating without regulation."

Licensed means a facility required by the state to meet the CCDF section 98.2 definition of "licensing or regulatory requirements," which explains that the facility meets "requirements necessary for a provider to legally provide child care services in a state of locality, including registration requirements established under state, local or tribal law."

Programs refer generically to all activities under the CCDF, including child care services and other activities pursuant to §98.50 as well as quality activities pursuant to §98.43.

Provider means the entity providing child care services.

Staffed family child care network means a group of associated family child care providers who pool funds to share some operating costs and to pay for at least one staff person who helps the providers to manage their businesses and enhance quality.

Teacher means a lead teacher, teacher, teacher assistant or teacher aide who is employed by a child care provider for compensation on a regular basis, or a family child care provider, and whose responsibilities and activities are to organize, guide and implement activities in a group or individual basis, or to assist a teacher or lead teacher in such activities, to further the cognitive, social, emotional, and physical development of children from birth to kindergarten entry and children in school-age child care.

1) Overview

To gain an understanding of the availability of child care in the state or territory, please provide the following information on the total number of child care providers. Please enter N/A when necessary.

1.1 State or Territory Child Care Provider Population

Enter the total number of child care providers that operated in the state or territory as of September 30, 2022. These counts should include all child care providers, not just those serving children receiving CCDF subsidies. Please enter N/A when necessary.

- [x] Licensed center-based programs **414**
    - [ ] N/A. Describe:
- [x] License exempt center-based programs
    - [x] N/A. Describe: **Rhode Island does not currently license or provide funding for license exempt center-based programs.**
- [x] Licensed family child care homes **396**
    - [ ] N/A. Describe:
- [x] License-exempt family child care homes (care in providers' home) **4**
    - [ ] N/A. Describe:
- [x] In-home (care in the child's own home)
    - [x] N/A. Describe: **Rhode Island does not currently license, track, or provide funding for in-home care.**
- [ ] Other. Explain:

1.2 Goals for Quality Improvement

Based on Question 7.1.2 from the FFY2022-2024 CCDF State and Territory Plan, please report progress on the lead agency's overarching goals for quality improvement during October 1, 2021 to September 30, 2022. Include any significant areas of progress that were not anticipated in the Plan as well. For each goal listed, briefly describe the improvement with specific examples or numeric targets where possible. **Goal: Ensure the State's professional development systems provide comprehensive professional development and education to create and support a diverse, stable and effective professional child care workforce with the competencies and skills to support all domains of child development.**

The state, through the Department for Human Services (DHS) and the Rhode Island Department of Education (RIDE), funds the Center for Early Learning Professionals (CELP), operated by the Education Development Center Inc (EDC), to deliver professional development (PD) and

technical assistance (TA) services to several sectors of the B-5 workforce. All CELP-developed or supported PD services align with the Rhode Island Workforce Knowledge and Competencies Frameworks for Early Child Care Educators, licensing regulations, QRIS Standards, and the Rhode Island Early Learning and Development standards. CELP also administers a professional development approval system for professional development and training offered by others (i.e. community-based organizations or early learning programs) in the state. There are two options for PD Approval: PD approval for trainers facilitating PD, and PD approval for participants seeking approval for workshops, conferences or other PD. DHS funding supports CELP to deliver PD and TA to the child care workforce including Center-based and Family Child Care educators, assistants, administrators and providers. The CELP also administers the mandatory health and safety training certificate program, tracking both participation and completion. The Rhode Island Department of Education also has its own contract with CELP. While not funded by CCDF funding, the RIDE work supports PD and TA for current and potential Rhode Island public school and State Pre-K educators. Several of the programs regulated by the lead agency include State Pre-K. Additionally, the Lead Agency contracts with RIDE, to develop and manage the Rhode Island Early Learning and Development Standards courses (RIELDS), which the workforce accesses through CELP's website.

The CELP has developed more than 50 professional development series, for the childhood workforce, many of which are offered in both English and Spanish. CELP's offerings include some of the following topics:

Strengthening Business Practices: Recruiting, Hiring and Retaining Staff; Hiring and Retaining Good Staff; To Post or Not to Post? Social Media in Education; Creating a Family Handbook; Creating an Employee Handbook; Mindfulness for Educators; Understanding the Impact of Trauma on Young Children; What is Infant Mental Health; The Early Years: Infant and Toddler Mental Health; Secure Connections: The Relationship Between Trauma and Attachment Styles; The Mindful Classroom; Tender Topics: Handling Trauma with Children and Youth; Principles of Behavior Management I and II; Family Engagement During Times of Stress and Trauma; RI Essentials: EDI in ECE Settings; Reflective Practice: An Intro to Implicit Bias; Diversity and Differences: An Anti-Bias Approach to Teaching Diversity; Speaking their Language: Supporting Dual Language Learners; Leveling the Field: Equity in Early Childhood Education; Understanding Inclusion in ECE Settings and Anti-bias approach to program development

The CELP has continued to provide professional development online as well as in-person. Virtual or hybrid sessions have continued to be a focus given the significant uptick in attendance observed by the CELP during the pandemic. There were 2605 educators enrolled in online specific trainings in the fall semester, 3027 the winter semester, 1049 in the spring semester, and 1490 in the summer semester. Moving forward, post-pandemic, each series will include multiple sessions and will be offered in-person, online, or through a hybrid face-to-face and online format. Coursework within these sessions include assignments and activities

structured to build understanding and support the implementation of course content in their centers, homes, or classrooms. Sessions are designed to meet the needs of varying segments of the workforce including Child Care Center teachers, Family Child Care providers, and center administrators/leadership. The CELP offers 10-15 professional development series each semester. Priority enrollment is given to programs that participate in BrightStars and accept CCAP. Participants earn credits that can be counted towards professional development hours as required in child care licensing regulations. In order to receive credit for PD hours, participants must complete a survey on their experience, satisfaction, and future professional development needs, the results of which the CELP uses to inform continuous improvement of its courses as well as decisions about future PD offerings.

The CELP worked collaboratively with the lead agency to design and post a virtual licensing orientation for anyone interested in becoming a Family Home Child Care Providers. Completion of this orientation is a requirement of the licensing process and was previously only available four times a year in person. Posting it as a webinar allows prospective FCCs to start and therefore finish the licensing process on their own timeframe without needing to wait for the in-person session. During this reporting period, 134 potential Family Child Care providers completed the orientation in English and 68 potential Family Child Care providers completed the orientation in Spanish.

The CELP continues to serve as the state's professional development and training "hub" for the early care and education workforce. During this reporting period, the CELP subcontracted with the Genesis Center to provide pre-licensure and pre-service training for Family Child Care Providers. Additional PD and TA opportunities including contextualized English as a Second Language (ESOL) courses for Family Child Care providers were also offered. During the October through December 2021 session, 21 students enrolled in the ESOL course with 19 completing the course. January through March of 2022 saw 21 participants enrolled with 21 completing. The final ESL course offering for this reporting period occurred from April to June in 2022 with an enrollment of 28 resulting in 27 completing. Due to the finalizing a new curriculum for the fall semester, this course was not offered during the summer of 2022.

In addition to offering professional development, the CELP provides technical assistance for both family child care and center-based programs. Technical assistance is aimed at supporting educators in quality improvement across all Workforce Knowledge and Competencies (WKCs) and the BrightStars quality continuum. Working in conjunction with Brightstar's Navigators and licensing referrals, the CELP TA Specialists prioritize programs rated in the 1-3-star level to develop targeted quality improvement plans. TA implementation includes on-site, individual and small group supports to assist programs in completing Program Self-Assessments, developing Quality Improvement Plans and assisting educators in the development and implementation of Individual Professional Development Plans (IPDPs). Additionally, the CELP

provides technical assistance to programs utilizing the environmental rating scales required in the QRIS.

The CELP added a new offering during this reporting period. This soft-launch is a new, online, self-paced English Workforce Knowledge and Competencies self-assessment for teachers, teacher assistants, administrators, and family child care professionals. This training is aimed at helping the participating early childhood workforce identify their future professional development/training goals while also ensuring alignment to the WKCs. Forty-one people completed this new training during the reporting period.

The Education Support and Training Fund (ESF), funded by DHS per the Collective Bargaining Agreement between the Union, SEIU 1199, and family child care providers, offers professional development and technical assistance to CCAP Family Child Care Providers (the bargaining unit). In addition, ESF supports the development of family child care Provider's support systems such as a Mentor Program, a Substitute Pool, CPR/First Aid Training and the development of an FCC network for family child care providers who are enrolled in the state's CCAP program. During this reporting period, ESF has trained and graduated 5 Mentors of Juntos Podemos, Together We Can bringing the total to twenty-three (23) graduated providers. This mentoring initiative utilizes the Family Child Care Workforce Knowledge and Competencies to build the capacity of the family child care community to serve as mentors, providing peer support to address business challenges, promote community connections and make overall program quality improvements. Out of that group of twenty-three graduated providers, there are ten (10) providers currently working with ESF as peer mentors based on the provider's needs, mentor interests and areas of specialization. Also, during this reporting period, ESF implemented the FCC Network model, called Educator-Led Communities of Care (ELCC) focused on 2 high need areas. Four (4) Mentor providers were trained to facilitate monthly gatherings of FCC cohorts (2 cohorts of 10 providers each for this reporting period), to lead team-building exercises, promote the goals of a Provider-Powered Network Project, and cultivate reflection, learning, and leadership through a ritualized monthly agenda.

Throughout the reporting period, the mentors, combined with ESF staff, provided eighty-two (82) TA sessions for FCC providers. A significant portion of these sessions focused on technology support and stabilization grant application support. ESF has developed several provider-centered progressive professional development tracks to address the unique PD needs of family child care providers. These include "I am an Entrepreneur," "I am an Educator," "I am a Worker," "I am a Human Being," and "I am a Leader." Other offerings include a technology pathway, Health and Safety for Family Child Care and First Aid/CPR as well as other various provider care seminars covering diversity, equity and inclusion topics. FCC Providers collectively completed more than 550 professional development courses during the reporting period.

During the reporting period, Local Initiatives Support Corporation's (LISC) RI Child Care Facilities Fund (RICCFF) provided technical assistance to Two-hundred and twenty-three (223) child care and early learning programs. One-hundred and ninety-six (196) of these programs were center-based and twenty-seven (27) were family child care providers. This resulted in a total of over 1066.6 hours assisting in the following health, safety, and quality improvements: Improving accessibility; Compliance with state licensing regulations; Addressing physical space barriers to program quality; Developing a Facilities improvement Plan; Making overall playground improvements; Addressing health and safety (overall building conditions and code issues); Addressing health and safety (playground issues); Developing a fundraising plan for a capital project; Help planning and/or implementing a renovation project; Help planning a move to a new building/space; Help planning space for a proposed new center and Help planning an appropriate learning environment.

In addition to technical assistance, LISC provided financing in the following ways: (1) Continued working closely with the lead agency to create the rules and regulations for the recently approved, 15M Early Education and Care Capital Fund, (2) Facilitated the application process for the Early Education and Care Capital Fund, (3) Assisted the City of Providence in administering a City of Providence Early Learning Facilities Improvement Grant program aimed at expanding access to high-quality childcare and early learning seats in the city, (4) Administered Preschool Development Grant (PDG) Facility Planning grant funding to eligible child care providers and developers for predevelopment and feasibility activities aimed at expanding child care spaces. Uses of the funds include professional architectural design services; site analysis; engineering studies; legal services (ex: hiring a land use attorney to pursue a change in zoning for allowable use); and environmental survey and review. and (5) The LISC RI Child Care Facilities Fund (RICCFF) provided several training opportunities for the early childhood care and education community. Additionally, RICCFF continued developing courses to be hosted on the previously developed online training platform, launching a newly available online module for the field and beginning development for a fifth module. Additionally, over the course of the year LISC RICCFF has collaborated with the Center for Early Learning Professionals in order to ensure that the LISC trainings were available on the CELP website and that the participants were able to receive credit through CELP for the professional development completed.

The Lead agency funds several professional development opportunities as outlined throughout this report. TEACH is a specific professional development quality initiative aimed at creating career pathways designed to advance the workforce along the career lattice. TEACH provides an opportunity for the workforce to access affordable and stackable early childhood (ECC) college credit, certificates, and degrees at the Community College of RI, Rhode Island College, and the University of Rhode Island. Financial incentives and supports are provided through the TEACH RI scholarship program. Agreements vary by program of study and may include exam

costs, up to 90% tuition reimbursement, books, travel stipends, release time, pay increase and bonus incentives. To qualify for a TEACH RI scholarship, participating educators must be employed a minimum of twenty-five (25) hours a week in DHS licensed, CCAP approved program. Employers, or sponsors, must also agree to TEACH terms and conditions. During FFY 2022, TEACH approved 110 scholarship contracts, eighty-one (81) scholars received financial incentives, nineteen (22) providers received sign on bonus; thirteen (13) providers received reimbursement for paid time off and forty-one (41) educators paid time off.

The lead agency partners with the Rhode Island Association for the Education of Young Children (RIAEYC) to manage two Preschool Development Grant projects, the DHS Infant Toddler Registered Apprentice Pilot, and a newly approved Career and Technical Pathways project (CTE). The first project, the DHS Infant Toddler Registered Apprenticeship (RA) pilot program, is designed to support a progressive workforce pathway while increasing the availability of highly qualified infant-toddler teachers who are adequately compensated. The program integrates professional development and technical assistance for the infant-toddler teaching team within the classroom of a licensed center-based program. The pilot supports two-levels of apprentices. In Level I, the apprentice or infant-toddler teacher assistant enrolls in guided instruction from the Early Childhood Education and Training Program (ECETP) at the Community College of Rhode Island (CCRI) to meet the requirements of the Infant-Toddler, Child Development Associate certificate. (CDA). Level II apprentices are infant-toddler lead teachers who will advance their competencies and skills by enrolling in and completing the Rhode Island College (RIC) 16-credit, Infant Toddler Certificate of Undergraduate Studies (ITCUS). All RA classrooms receive pre and post ITERS/CLASS observations through the State's QRIS vendor, RIAEYC/BrightStars. BrightStars staff meet with the RA teachers program director/administrators and RA PDTA staff to review the pre and post assessment recommendations and next steps. The program also partners with the University of Rhode Island (URI) Early Childhood Education Specialists to provide professional development for level I RAs, onsite coaching support for program mentors and facilitates community of practice for all RA teams. This pilot also aims to codify best practices by working with URI to evaluate and develop RA assessment and learning tools. During this reporting period RIAEYC/TEACH counselors enrolled eleven (11) Level I RAs in the ECETP Infant Toddler CDA training and twelve (12) Level II RA students in the Rhode Island College 16-credit Infant Toddler Certificate of Undergraduate Studies. The new CTE project is designed to increase awareness of early care and education career opportunities while also supporting pathways to employment through a partnership with RI High-School Early Childhood Career and Technical Programs and center-based child care programs. During the third quarter of this reporting period, DHS and the RIAEYC-CTE team outlined the current RI landscape of career and technical education offerings related to early childhood education. Several group and individual meetings with community-

based organizations were facilitated with high school CTE program leads and students. The team identified three CTE programs to partner with. Through a collaboration with the CELP, CTE students were able to create workforce accounts to access professional development and enroll in the required training prior to starting their internships. Additionally, the team created ECE education and career informational materials for students and identified twenty-three (23) licensed childcare centers who are interested in sponsoring CTE students for internships. Within the next FFY the team will continue to strengthen partnerships and explore paid internships for CTE high school seniors.

The lead agency also contracts with The Community College of Rhode Island to operate the Rhode Island Early Childhood Education and Training Program (ECETP). This program provides a no cost pathway for birth through five educators who are currently employed in DHS licensed, CCAP participating program to obtain early childhood CDA training and up to twenty-four (24) college credits in early childhood education. There are several options available to the workforce under this program. The first is the opportunity to enroll in a Pre-School, Infant Toddler or Family Child-Care (delivered in Spanish) Child-Development Associate Credential™ training. In this training, Students attend weekly online evening classes for 14-weeks, they are provided a Chromebook, Google docs training, materials, textbooks, tutoring, and technical assistance at no cost. Graduates of this program are eligible for a RI Teacher Education & Compensation Helps (T.E.A.C.H.) scholarship to cover the cost of the CDA exam, a one-time exam retake and a one-time CDA renewal cost. Upon receipt of the CDA certification, each student will receive a one-hundred-dollar T.EA.C.H. completion bonus. Trainings are offered in the Spring and Fall sessions. In the Summer of 2023, the program will also offer the CDA training for Family Care Providers delivered in English.
Educators seeking to earn college credits in early childhood education can enroll in the ECETP 12-college credit pathway with the option to complete the next sequence of 12-college credits to receive the CCRI Certificate in Early Childhood Education. The additional course work was piloted in late 2020 and will continue to be offered into the next reporting period. Educators in this program, complete a grant application and enroll as a CCRI college student. The grant provides full tuition, books, onsite coaching, mentoring and academic tutoring. Cohorts are expected to complete each sequence of 12 credits in four semesters including one-summer session. All college courses are currently online and synchronous offered during the evening to accommodate those actively working in the early childhood field. During FFY 2022, 45 (45) educators completed CDA training; twenty-one (21) students received 12-credits; thirteen (13) students completed 24-college credit certificate program.

The lead agency also partners with Rhode Island College (RIC) to develop and implement an English language learner-Spanish Rhode Island RI-BEST (Rhode Island Intergrated Basic

Education and Skills Training) model higher-ed pathway aimed at increasing access to college higher education opportunities for RI Spanish speaking home care educators. During the FFY 2022, twenty-one (21) students enrolled in this program of study: Ten (10) Family Home Care providers in the RIBEST Model and eleven (11) Infant Toddler registered apprenticeship students, all will graduate from the CUS program at the conclusion of the Spring 2023 semester (May 23). Students attend core classes once a week/hybrid online; ESL Students core courses are delivered in Spanish, they attend additional classes on the weekend, where they receive contextualized ELL support. The final class for ESL students in delivered in English.

The Early Childhood Collaborative, a division of Bradley Hospital provides Infant and Early Childhood Mental Health (IECMHC) services to DHS licensed child care settings as well as the Rhode Island PreK program (RI PreK) under the umbrella of SUCCESS. Because SUCCESS is jointly funded by the lead agency and RIDE, the work described here can be seamlessly integrated into a coordinated statewide system of IECMHC. The first iteration of SUCCESS focused solely on developing a child-focused IECMHC program for center-based early learning environments. However, as outlined below, ARPA funds were allocated to develop a similar model for family child care programs. SUCCESS is a child-focused consultation that occurs when a specific child's behavior is of concern to families or the program. The role of the consultant it so helps the adults caring for the children to understand, contextualize, and address the child's needs by developing an individualized plan with both the parents and providers. Program evaluation results show that, while these services do not eliminate the presenting concerns of identified children, there is a significant improvement in children's global functioning within the child care setting. Furthermore, there are significant decreases in expulsion risk, as measured by teachers' attributes about referred children. Even with increasing stressors the child care workforce faced during the pandemics, members of the child care workforce who participated in SUCCESS (i.e., teachers, administrators, families) report overall satisfaction with the services and positive relationships with consultants. During this period, SUCCESS largely returned to its pre-pandemic operations and most of the work was focused on providing child-focused consultation. By January 2021, referrals to SUCCESS were at pre-pandemic levels and at the time of this report, SUCCESS has a waitlist for consultation services. Programmatically, SUCCESS continues to operate with a hybrid model, with consultation provided on-site in ECE programs as well as virtually. Over time, the proportion of on-site consultation has increased as pandemic health and safety protocols have evolved. The other primary focus of SUCCESS during this period was to hire and train a bilingual (English/Spanish) consultant to (a) increase capacity to serve linguistically diverse consultees and (b) to explore options for adapting the current SUCCESS model of consultation for the family child care community, which has a large proportion of Spanish-speaking providers. In the service of these goals, meetings were held between SUCCESS and key stakeholders within the FCC community to identify opportunities for

outreach and relationship-building. Leveraging these relationships, SUCCESS consultants met with family child care providers to provide an overview of IECMHC, describe current SUCCESS services, and gather feedback about the types of services and supports that would be desired by and feasible within family child care. Two types of direct, group-based IECMHC services are in development and are expected to be piloted in the upcoming months. During the reporting period, 8 consultants provided 383 direct, face to face consultation hours serving, eighty-one (81) educators, forty-three (43) programs; and forty-eight (48) children.

As mentioned above, using ARPA funding secured in the Fall 2021, SUCCESS expanded its DHS-funded scope of services to: 1. Provide professional development opportunities that enhance capacities in Reflective Practice and Supervision (RP/S) for supervising professionals in center-based ECE settings. 2. Pilot and implement Coordination of Care Teams within center-based early learning environments. Coordination of Care provides an opportunity for monthly classroom/provider and program focused IECMHC as well as a more preventive and less intensive IECMHC model for (deidentified) children who are presenting with social, emotional, and behavioral challenges in the classroom. 3. Develop, pilot, and implement an IECMHC model within Family Child Care. This is currently offered as a group-based model, scheduled in the evenings, and is facilitated in both English and Spanish. The following provides a more thorough description of each of these three initiatives.

(1) Foundations for Reflective Practice & Supervision: Twenty-five (25) early childhood supervisors attended at least one session of the Foundations for Reflective Practice and Supervision for ECE Professionals large group training. Ten (10) of those supervisors completed the full series of four, two-hour sessions. Surveys collected to determine the efficacy of this program ranked satisfaction with this series was above average. Additional feedback gained from these surveys will be used in the development of two additional training session, scheduled to occur after this reporting period. This series provides essential support to early childhood supervisors.

(2) Reflective Practice & Supervision Enhanced Skill Development: Eight (8) early childhood supervisors enrolled in the small group series ▯Reflective Practice and Supervision: Enhanced Skill Development.▯ This group is on-going (three out of the six sessions were completed during this reporting period). Two additional cohorts will be offered in the Winter/Spring 2023.

(3) SUCCESS for FCCP: Fifteen (15) family child care providers enrolled in the ▯Early Childhood Mental Health Workshop▯ series. This group was based on the IECMHC model which includes a brief didactic component and discussion/application of content to provider practice. The series was offered in both English and Spanish. Attendance in the workshop series varied widely among participants. At the end of the series, seven (7) participants completed questionnaires. Given the small sample size, it is too early to derive firm conclusions, however, participants generally had favorable satisfaction, reported gaining knowledge, and wanted continued access

to IECMHC support. Additional workshops, community of practice series will be scheduled in the Winter/Spring of 2023. Response to, and satisfaction with, SUCCESS for FCCP is generally positive and there are signs of interest in continuing current services and expanding into new service modalities.

(4) Coordination of Care: Coordination of Care (COC) teams were launched in early Fall and are currently servicing 10 center-based programs. Anecdotal reports (largely from consultants) indicate that ECE staff are engaged and grateful for the support. There is also anecdotal evidence that Coordination of Care may need to be adapted for some DHS-licensed programs (e.g., those with a lower quality rating and/or with multiple needs related to programmatic approaches to social, emotional, and behavioral development). The COC teams are still learning about engagement and satisfaction with Coordination of Care. However, there is clearly a need for, and interest in, IECMHC that is not solely initiated via concerns about individual children.

Goal: Developing, maintaining, or implementing early learning and developmental guidelines

During this reporting period, the lead agency and the Rhode Island Department of Education collaborated with the Region 2 Comprehensive Center to engage in a revision of the Rhode Island Early Learning and Development Standards (RIELDS). Region 2 Comprehensive Center (R2CC) works closely with its technical assistance partner, the Education Development Center (EDC) to provide capacity-building technical assistance, content expertise, and other services to effectively support state education agencies in several states. Previously, the RIELDS were extended and significantly reworked in 2013 as part of the state's Race to the Top ￼ Early Learning Challenge Grant. No further updates were made until October 2021, when RIDE collected feedback from the field to inform a revision process for the RIELDS. This revision was aimed at ensuring that the RIELDS continue to reflect the latest research on child development and learning, meet or exceed nationally recognized criteria, reflect the needs of children and families in the state, strengthen developmentally appropriate experiences for young children in programs, and support the development of high-quality and standards-aligned curriculum, instruction, and assessment. Feedback on the RIELDS was collected in multiple ways. The revisions occurred in two phases. Phase 1: First, RIDE engaged early learning partners in feedback sessions offered both virtually and in-person. Many of the respondents felt that minor revisions were needed to the RIELDS across all domains; however, the degree of revision varied by developmental domain. Qualitative and quantitative data confirmed that the the early childhood community had favorable feelings and attitudes regarding the current structure of the RIELDS and the degree of revision needed varied by developmental domain. Some key recommendations for revision include the following:
o   Review of all Indicators for developmental appropriateness and universal design
o   Revision of domain introductions to include more detail on universal design

considerations and updated terminology (e.g., hearing impairment à children who are deaf or hard of hearing)

o   Review of Indicators for more inclusivity for students with disabilities, multilingual learners, and students from different cultural backgrounds

o   Rewrite of Science and Social Studies content to better align with K-12 standards and child development research

o   Rewrite of some language and literacy learning goals and indicators for better alignment with Science of Reading research

o   Inclusion of more examples in the Infant/Toddler range; reframing Infant/Toddler

In Phase 2-Revision, The RIDE and R2CC team revised and rewrote elements of the RIELDS, based on feedback between March and September of 2022. The revision work was further informed extensive research of other state early learning standards (e.g., Alabama and District of Columbia), content-specific early childhood research, and the guidance of content-area experts. The following key revisions have been proposed for the RIELDS 2023 version. Additional revisions per content area have also been proposed.

o   Addition of age ranges for each milestone (e.g., 9 months (2013 RIELDS) 0-9 months (2023 RIELDS))

o   Shift of 2013 RIELDS terminology (e.g., Learning Goal and Standard; Indicator and Example)

o   Expert review of examples for developmental appropriateness

o   Universal design review

o   Review of examples for relevance and applicability for all learners

o   Updated language to reflect current research and best practices

In Phase 3: Next Steps; Throughout the months of September, October, and November 2022, the RIDE team gathered feedback from RIDE K-12 content specialists, the early educator field (via in person and virtual feedback sessions), and contracted agreements with national content experts (for review of Social Emotional, Social Studies, and Multilingual Learner standards). In December, the RIDE/R2CC team will make final revisions to the standards based on feedback. The RIDE team intends to present to the Elementary and Secondary Education council for endorsement in January 2023.

Goal: Developing, implementing, or enhancing a tiered quality rating and improvement system

In Rhode Island, high quality is defined as a system of continuous quality improvement outlined in a QRIS known as BrightStars. Brightstars is managed by Rhode Island Association for the Education of Young Children (RIAEYC). This quality continuum is based on the foundation of

compliance with RI Child Care licensing regulations. Providers may then increase their quality rating by meeting benchmarks found within a six-domain framework. For Family Child Care and Center providers, those domains are Health & Safety; Enrollment & Staffing; Staff Qualifications & Ongoing Professional Development; Administration, Early Learning and Development, and Family Engagement. For School Age programs, the domains vary slightly due to the nuances of this population. Those domains are Child's Daily Experience, Teaching and Learning, Staff-Child Ratio & Group Size, Family Communication, Staff Qualifications and Program Management. For all provider types, BrightStars uses a one through five numeric star-rating system. A program is considered high-quality when they achieve a four- or five-star rating.

Within this system, a one Star rating reflects that a program is compliant with all licensing requirements and holds an active license. Beyond that foundational level, each star level builds upon the previous tier, dependent upon the topic. For example, for Teacher Qualifications, level one is license of RIDE approved. Level two is demonstration of a professional development plan. Level three is a professional development plan, plus formal education. Level four is professional development plan, formal education and demonstration of completion of RIELDS training. Level five is professional Development plan, a higher percentage of staff with formal education, and RIELDS.

Providers who participate in Starting Right Child Care program (CCAP) are required to participate in BrightStars. BrightStars is voluntary for all other providers. In the current fiscal year, BrightStars ratings became connected to financial incentives and supports as part of a tiered reimbursement. These enhanced reimbursement rates are higher for child care programs demonstrating a higher quality rating, as demonstrated in the BrightStars framework.

During this reporting period, additional funding secured through the American Rescue Plan Act (ARPA) was used to create a new technical assistant pilot opportunity to all provider types. This pilot utilizes LearnERS, a job embedded professional development model developed by the authors of the Environmental Rating Scale (ERS), to provide targeted technical assistance through various modalities. Participants receive an ERS pre-assessment to determine a baseline score as well as identified areas of improvement. Recruitment has focused on lower rated (one and two star) programs that accept CCAP families. While the work typically takes one year to yield results, both coaches and participants are seeing positive incremental change related to interactions and quality environments as a direct result of this work.

Goal: Improving the supply and quality of child care services for infants and toddlers

Through funding provided by the American Rescue Plan Act (ARPA) Rhode Island's QRIS, known as BrightStars was able to pilot a new technical assistant opportunity to all provider types, with a specific focus on infant/toddler care. This pilot utilizes LearnERS, a job embedded

professional development model developed by the authors of the Environmental Rating Scale (ERS), to provide targeted technical assistance through various modalities. Participants receive an ERS pre-assessment to determine a baseline score as well as identified areas of improvement. Programs with infants and toddlers, who are currently rated at a one or two star have been prioritized for the first several cohorts. This population will continue to be a focus throughout the life of the funding. While the work typically takes one year to yield results, both coaches and participants are seeing positive incremental change related to interactions and quality environments as a direct result of this work. As of September 30th, ten infant/toddler teachers had enrolled in the first two cohorts of the LearnERS. These ten were part of a larger group of twenty-one teachers employed in either infant/toddler or preschool classrooms. Additionally, during this reporting period, thirteen programs that serve infants and toddlers increased their star rating.

Goal: Facilitating Compliance with State Standards

Quality funds are used to support child care licensing and monitoring as well as professional development and technical assistance aimed at supporting program compliance with licensing standards, regulations and monitoring. The Center for Early Learning Professionals (CELP) facilitates the mandatory family child care related professional development series called First Steps. This training is required for all new family child care providers and includes the required Health and Safety training that providers can access online. In 2021 the lead agency implemented new comprehensive, ACF compliant health and safety trainings as well as additional pre-service trainings made mandatory for all new early childhood educators and providers. These trainings are also highly recommended as essential training for the entire ECE workforce. These enhanced pre-service trainings provide the foundational health and safety and compliance content essential to all of the child care workforce. During this reporting period,

▢ Forty-one (41) participants completed the First Steps training
▢ Seven hundred and eighteen (718) participants completed the required health and safety trainings online

In addition to the Center for Early Learning Professionals, the SEIU 1199 Education and Support Fund (ESF) offered pediatric CPR/ First Aid training for family child care providers. One hundred (100) providers completed this pediatric CPR/ First Aid training through ESF during the reporting period.

Goal: Evaluating and assessing the quality and effectiveness of child care services within the state/territory

Rhode Island continues to use a five-star rating system to assess and communicate quality care within the QRIS system. A BrightStars governance structure was established in 2021 with the

goal of creating a forum for providers, the general public, advocates and other state agencies to make recommendations to the framework used to assess programs quality. This structure includes an advisory board made up of key partners and current providers as well as a steering committee made up of representatives from the Governor's Office, RIDE, DHS and The Rhode Island Association for the Education of Young Children (RIAEYC). Proposals are vetted by BrightStars, shared with the Advisory Board (who jointly hold a vote in the steering committee) and then shared with the Steering Committee (who hold the final four votes). During this reporting period, there were two proposals approved through this governance structure. Both were related to staff qualifications. These qualification changes have directly impacted program's ability to move up the quality continuum with no negative impact on program quality, as determined through an environmental assessment.

The LearnERS work outlined above is another example of the state's goal to better evaluate and assess the true quality of child care in Rhode Island. One focus of this work, in addition to infant and toddler quality, is to engage programs that are either not currently engaged in BrightStars or low rated (one or two star). By recruiting these types of providers, the State will better be able to assess all program types while also increasing the participation of providers in QRIS.

Metrics related to rating of all participating providers is listed below in section 4.12

Goal: Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible

The lead agency has several activities related to quality, preparedness, child safety/well being and kindergarten entry. First, during this reporting period, the CBA associated with our family child care providers, was in the process of being renegotiated. While this contract was still in final negotiations at the close of the reporting period, the lead agency fully anticipates that updates will include the removal of step increases embedded in payment practices for family child care providers. This update will require FCCs to participate in QRIS, ideally incentivizing them to move up the quality continuum using established career pathways, additional coaching and mentoring and supportive TA through the various vendors listed above.

Also included in the CBA, the negotiated Education and Support Fund (ESF) continues to develop and implement professional development, technical assistance and program supports such as mentor programs, a substitute pool and network development for family child care providers who are enrolled in the state's CCAP program. One initiative that was launched during this reporting period was the ESF developed Sub-pool model. The planning for this model began pre-COVID. While it was paused during the pandemic, the project was relaunched at the end of 2021 with some updates. While the previous version included an application

available electronically to connect providers and approved substitutes, the relaunched version uses ESF as the direct connection between the providers and substitutes. This was in response to providers and substitutes reporting that they felt more comfortable with this approach. It also reduces the cost of administration and provides ESF with direct oversite of the model. The lead agency worked collaboratively with ESF to ensure substitute requirements align with the qualifications of emergency assistants. The lead agency updated the regulations to include language about substitutes as part of this collaborative approach. The program will support Family Child Care Providers participating in CCAP to utilize pre-approved substitutes for coverage for sick-time, professional development courses and/or course work and program related meetings (such as with DHS, LISC, BrightStars). During this reporting period, four (4) substitutes were trained by ESF.

ESF also began implementation of an FCC Network model, called Educator-Led Communities of Care (ELCC) focused on 2 high need areas. Four (4) Mentor providers were trained to facilitate monthly gatherings of FCC cohorts (2 cohorts of 10 providers each for this reporting period), to understand and promote the goals of a Provider-Powered Network Project, and cultivate reflection, learning, and leadership through monthly cohort sessions.

The lead agency continues to use a portion of the state's CRRSA funds to support the pilot of a new service-delivery model within the RI Pre-K program. This pilot will span two full school years (2021-2022 and 2022-2023) and will address learning loss among vulnerable 4-year old in Rhode Island resulting from the COVID-19 pandemic. These funds will support the state's broader efforts to increase the quality and availability of early learning care and education for children who participate in the Child Care Assistance Program (CCAP.) This program accomplishes two core goals for both the community-based organizations who offer these classrooms and the families in which they serve: (1) CCAP families will have priority access to RIDE's high-quality program, with undisrupted care due to their pre-existing enrollment within the center. CCAP families will matriculate into the classrooms, ensuring both continuity of services for the family and continuity of funding for the program. (2) CCAP will become a viable, long-term funding source for RI PreK's mixed delivery model, enabling community-based organizations to braid/blend funding to support increased access to care for RI's four-year-old's.

Through PDG funding, the lead agency piloted a Pathways to Early Head Start Collaboration program. With the contracted agency, Children's Friend, providers (both center-based and FCC's) were identified who were interested in becoming an Early Head Start Collaboration partner and were willing to participate in a quality-building initiative in order to increase program quality. These providers were evaluated and then provided support in the form of coaching and financial stipends based on the provider's ability to meet program goals. Programs were evaluated monthly and supports were adapted based on the needs identified in

the assessment process. During this reporting period, (thirteen (13) programs participated in the quality-building initiative with $320,000 in stipend funds being provided to programs found to be meeting quality goals.

During the reporting period, Local Initiatives Support Corporation's (LISC) worked with the lead agency to create the rules and regulations for the recently approved, $15M Early Education and Care Capital Fund. This fund will ultimately provide opportunities for facility improvement with priority given to infant/toddler populations.

The Rhode Island Department of Human Services and the Department of Education collaborated with the Region 2 Comprehensive Center to engage in a revision of the Rhode Island Early Learning and Development Standards (RIELDS). The RIELDS were extended and significantly reworked in 2013 as part of the state's Race to the Top ▯ Early Learning Challenge Grant. Beginning in October 2021, RIDE collected feedback from the field to inform revisions to the RIELDS, ensuring that they continue to: reflect the latest research on child development and learning, meet or exceed nationally recognized criteria, reflect the needs of children and families in the state, strengthen developmentally appropriate experiences for young children in programs, and support the development of high-quality and standards-aligned curriculum, instruction, and assessment. The ultimate goal of the RIELDS is to create a continuum of standards that prepare children for Kindergarten and beyond.

2) Supporting the training and professional development of the child care workforce

Goal: *Ensure the lead agency's professional development systems or framework provides initial and ongoing professional development and education that result in a diverse and stable child care workforce with the competencies and skills to support all domains of child development. Please select N/A as appropriate.*

2.1 Lead Agency Progression of Professional Development

2.1.1 Did the lead agency use a workforce registry or professional development registry to track progression of professional development during October 1, 2021 to September 30, 2022?

[ ] Yes. If yes, describe:

[x] No. If no, what alternative does the lead agency use to track the progression of professional development for teachers/providers serving children who receive CCDF subsidy? Describe: **As mentioned in the 2021 Quality Progress Report, a workforce registry was created under Race to the Top. Participation in this registry was not mandatory. Additionally, the necessary resources were not allocated to sustain the system beyond the sunset of this funding. The inconsistent participation and barriers to updating the system, led to a breakdown in the data that can be accurately tracked and reported. During this reporting period, the state continued the needs assessment outlined in last year's report. This PDG funded project included an analysis of the workforce registry infrastructure and the feasibility of resurrecting this system or the need to build a new one. It also included a crosswalk of all the data systems that touch the ECCE system, how those systems interact, and the outstanding needs and opportunities persisting across the system. This led to the development and posting of the Rhode Island Early Start System (RISES) request for proposal (RFP) that was posted in September 2022. RISES encompasses the business functionalities found through the needs assessment that are currently utilized by various stakeholders, including state agencies, including the lead agency, families, early learning workforce members, early learning providers and early learning technical assistance and quality vendors. A formalized, mandatory workforce registry is a priority of this work. Members of the early childhood workforce will be able to use components of the system to track their ongoing professional development, learn about professional development opportunities, and participate in potential incentive programs, such as retention bonus programs. This, along with various other scopes imbedded in the project will allow the lead agency to pull real time data related to not only professional development but also**

retention, workforce demographics and wage data. It is anticipated that aspects of this registry will be nearing the end of development at the end of the next reporting period. The lead agency continues to monitor for professional development through monitoring visits, monthly data collection from quality vendors and point in time data required for such professional development as Family Child Care Orientation and First Steps. Additionally, Family Child Care is required to submit evidence of professional development with each renewal. Center providers are required to include this information for any new staff during their annual renewal. Currently employed staff are monitored by licensing staff during monitoring visits.

2.1.2   Are any teachers/providers required to participate?

[ ] Yes. If yes, describe:
[x] No. If no, describe: **At this time, the lead agency does not maintain a workforce registry. It is anticipated that this will be a requirement under the new registry described above. At this time, any requirements for professional development are monitored through annual licensing visits and/or through data collected from quality vendors.**

2.1.3   Total number of participants in the registry as of September 30, 2022 **0**

2.2 Workforce Development

2.2.1   What supports did the lead agency make available to teachers/providers to help them progress in their education, professional development, and career pathway between October 1, 2021 and September 30, 2022 (check all that apply)? If available, how many people received each type of support?

[x] Scholarships (for formal education institutions) **132**
[x] Financial bonus/wage supplements tied to education levels **142**
[x] Career advisors, mentors, coaches, or consultants   **65**
[ ] Reimbursement for training
[ ] Loans
[x] Substitutes, leave (paid or unpaid)for professional development **1**
[x] Other. Describe: **The TEACH RA program provided funds to pay a back due amount to support registration in the RA Level II Program.**
[ ] N/A. Describe:

2.2.2 What compensation and benefits improvements did the lead agency support for teachers/providers between October 1, 2021 and September 30, 2022 (check all that apply)? If available, how many people received each type of support?

[x] Financial bonuses (not tied to education levels) **3256**
[x] Salary enhancements/wage supplements **342**
[ ] Health insurance coverage
[ ] Dental insurance coverage
[ ] Retirement benefits
[x] Loan Forgiveness programs **1**
[ ] Mental Health/Wellness programs
[x] Other. Describe: **Retroactive Rates will be implemented to Family Child Care providers once the Collective Bargaining Agreement negotiation and contract are completed.**
[ ] N/A. Describe:

For questions 2.3 to 2.4 please report on the number of staff by qualification level as of September 30, 2022. Count only the highest level attained by staff.

2.3 Licensed child care providers	**Licensed child care center directors**	**Licensed child care center teachers**	**Licensed family child care providers**	**If N/A, explain**
a. Total number:	**271**	**1247**	**378**	
b. How many had a Child Development Associate (CDA)?	**17**	**115**	**88**	**When the Department provided pandemic retention bonuses to the field, they had to complete a survey regarding their highest level of education. These numbers came from this self-reported survey.**

2.3 Licensed child care providers	Licensed child care center directors	Licensed child care center teachers	Licensed family child care providers	If N/A, explain
c. How many had an Associate's degree in an early childhood education field (e.g., psychology, human development, education)?	38	223	43	When the Department provided pandemic retention bonuses to the field, they had to complete a survey regarding their highest level of education. These numbers came from this self-reported survey.
d. How many had a Bachelor's degree in an early childhood education field (e.g., psychology, human development, education)?	128	450	39	When the Department provided pandemic retention bonuses to the field, they had to complete a survey regarding their highest level of education. These numbers came from this self-reported survey.
e. How many had a State child care credential?	0	0	0	The State of Rhode Island does not currently have a credentialing program.

2.3 Licensed child care providers	Licensed child care center directors	Licensed child care center teachers	Licensed family child care providers	If N/A, explain
f. How many had State infant and toddler credentials?	0	0	0	The State of Rhode Island does not currently have a credentialing program.
g. How many had an "other" degree? Define "other" degree: **Master's Degree and/or PhD**	48	74	19	When the Department provided pandemic retention bonuses to the field, they had to complete a survey regarding their highest level of education. These numbers came from this self-reported survey.

2.4 Licensed CCDF providers	Licensed child care center directors who serve children who receive CCDF subsidy	Licensed child care center teachers who serve children who receive CCDF subsidy	Licensed family child care providers who serve children who receive CCDF subsidy	If N/A, explain
a. Total number:				

2.4 Licensed CCDF providers	Licensed child care center directors who serve children who receive CCDF subsidy	Licensed child care center teachers who serve children who receive CCDF subsidy	Licensed family child care providers who serve children who receive CCDF subsidy	If N/A, explain
b. How many had a Child Development Associate (CDA)?				The lead agency does not currently have a workforce registry that allows this data to be pulled
c. How many had an Associate's degree in an early childhood education field (e.g., psychology, human development, education)?				The lead agency does not currently have a workforce registry that allows this data to be pulled
d. How many had a Bachelor's degree in an early childhood education field (e.g., psychology, human development, education)?				The lead agency does not currently have a workforce registry that allows this data to be pulled
e. How many had a State child care credential?				The lead agency does not currently have a workforce registry that allows this data to be pulled

2.4 Licensed CCDF providers	Licensed child care center directors who serve children who receive CCDF subsidy	Licensed child care center teachers who serve children who receive CCDF subsidy	Licensed family child care providers who serve children who receive CCDF subsidy	If N/A, explain
f. How many had State infant and toddler credentials?				The lead agency does not currently have a workforce registry that allows this data to be pulled
g. How many had an "other" degree? Define "other" degree:				The lead agency does not currently have a workforce registry that allows this data to be pulled

2.5 How many providers received the following additional forms of professional development and/or technical assistance from October 1, 2021 to September 30, 2022?

	Total	Licensed or registered center-based programs	License-exempt center-based programs	Licensed or registered family child care homes	License-exempt family child care homes (care in providers' home)	In-home (care in the child's own home)
a) Business practices	148	17		131		
b) Mental health	235	69		166		
c) Diversity, equity, and inclusion	102	24		78		

	Total	Licensed or registered center-based programs	License-exempt center-based programs	Licensed or registered family child care homes	License-exempt family child care homes (care in providers' home)	In-home (care in the child's own home)
d) Emergency Preparednes s Planning	2	1		1		
e) Other: **Topics include: quality improvemen t, curriculum supports, assessment, conscious discipline, classroom management & State Pre-K start up**	**82**			**82**		

2.6 Spending:

2.6.1 Did the lead agency spend funds from any of the following sources to support the <u>**training and professional development**</u> of the child care workforce during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	**[x]** Yes Amount spent $ **3257061.00** If yes, describe how funds were used: **Funds were used for various different quality contracts, including the Education Support Fund, the Center for Early Learning Professionals, SUCCESS, CCRI, TEACH, Rhode Island College and LISC. Each contract includes personnel, materials and ongoing activities related to the implementation of the quality initiatives documented throughout this report.** [ ] No [ ] N/A Describe:
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	**[x]** Yes Amount spent: $ **1253545.00** If yes, describe source(s) of funding and how funds were used: **Preschool Development Funds were used for specific professional development related items for the child care workforce such as - a specific pre-service training for new and current employees in the field, a child care health consultant to work on professional development and technical assistance related to health and safety, a registered apprenticeship program, and infant and toddler care expansion work that involved specific professional development.** [ ] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[ ] Yes Amount spent $ If yes, describe how funds were used: **[x]** No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: **[x]** No [ ] N/A Describe:

Funding source	Was this funding source used?
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[x] Yes Amount spent $ **138584.00** If yes, describe how funds were used: **ARPA funding secured in the Fall 2021, SUCCESS expanded its DHS-funded scope of services to: Provide professional development opportunities that enhance capacities in Reflective Practice and Supervision in center-based ECE settings. Pilot and implement Coordination of Care Teams within center-based early learning environments. Develop, pilot, and implement an IECMHC model within Family Child Care.** [ ] No [ ] N/A Describe:
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

2.7 Progress Update: Using the measures identified in 6.3.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to supporting the training and professional development of the child care workforce. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes: BrightStars, the state's QRIS, began offering professional development through the LearnERS work outlined above. LearnERS provides participants with one full year of approved professional development in addition to six months to a year of individual coaching and mentoring. The first cohort for this project began in April 2022.

Cohort A: 6 preschool teachers, 2 infant/toddler teachers from 4 centers

Cohort B: 6 preschool teachers, 8 infant/toddler teachers from 7 centers

Cohort C: 5 preschool teachers, 1 infant/toddler teacher from 4 centers

Several new cohorts began in October 2022. These include several cohorts of family child care providers. The metrics associated with all future cohorts will be included in the 2023 QPR.

Additionally, BrightStars completed a total of one hundred and thirty-two (132) technical

assistance visits during this reporting period. These were primarily focused on QRIS application support but also included referral support to other quality vendors such as LISC and SUCCESS when appropriate.

During this reporting period, the lead agency also collaborated with and the Rhode Island Department of Education (RIDE) and the Center for Early Learning Professionals (CELP), operated by the Education Development Center Inc (EDC) to deliver professional development (PD) and technical assistance (TA) services to several sectors of the early childhood workforce. All CELP-developed or supported PD opportunities align with the Rhode Island Workforce Knowledge and Competencies Frameworks for Early Child Care Educators, licensing regulations, QRIS Standards, and the Rhode Island Early Learning and Development standards. CELP also administers a professional development approval system for professional development and training offered by others (i.e. community-based organizations or early learning programs) in the state. There are two options for PD Approval: PD approval for trainers facilitating PD, and PD approval for participants seeking approval for workshops, conferences or other PD. DHS funding supports CELP to deliver PD and TA to the child care workforce including Center-based and Family Child Care educators, assistants, administrators and providers. The CELP also administers the mandatory health and safety training certificate program, tracking both participation and completion. The Rhode Island Department of Education also has its own contract with CELP. While not funded by CCDF , the RIDE work supports PD and TA for current and potential Rhode Island public school and State Pre-K educators. Several of the programs regulated by the lead agency include State Pre-K. Additionally, the lead agency contracts with RIDE, to develop and manage the Rhode Island Early Learning and Development Standards courses (RIELDS), which the workforce accesses through CELP's website.

The CELP has developed more than 50 professional development series, for the childhood workforce, many of which are offered in both English and Spanish. CELP's offerings include some of the topics found in Section 1 of the QPR.

The CELP has continued to provide professional development online as well as in-person. Virtual or hybrid sessions have continued to be a focus given the significant uptick in attendance observed by the CELP during the pandemic. There were 2605 educators enrolled in online specific trainings in the fall semester, 3027 the winter semester, 1049 in the spring semester, and 1490 in the summer semester. Moving forward, post-pandemic, each series will include multiple sessions and will be offered in various modalities including in-person, online, or through a hybrid face-to-face and online format. Coursework within these sessions include assignments and activities structured to build understanding and support the implementation of course content in the participants centers, home, or classrooms. Sessions are designed to meet the needs of varying segments of the workforce

including child care center teachers, family child care providers, and center administrators/leadership. The CELP offers ten to fifteen professional development series each semester. Priority enrollment is given to programs that participate in BrightStars and accept CCAP. Participants earn credits that can be counted towards professional development hours as required in the child care licensing regulations. In order to receive credit for PD hours, participants must complete a survey on their experience, satisfaction, and future professional development needs, the results of which the CELP uses to inform continuous improvement of its courses as well as decisions about future PD offerings.

Also, during this reporting period, the CELP worked collaboratively with the lead agency to design and post a virtual licensing orientation for anyone interested in becoming a family home child care providers. Completion of this orientation is a requirement of the licensing process and was previously only available four times a year in person. Posting it as a webinar allows prospective FCCs to start and therefore finish the licensing process on their own timeframe without needing to wait for the in-person session. During this reporting period, one-hundred and thirty-four (134) potential family child care providers completed the orientation in English with an additional sixty-eight (68) completing the orientation in Spanish.

The CELP continues to serve as the state's professional development and training "hub" for the early care and education workforce. Through this work, they subcontract with various other vendors. During this reporting period, the CELP subcontracted with the Genesis Center to provide pre-licensure and pre-service training for family child care providers. Additional PD and TA opportunities included contextualized English as a Second Language (ESOL) courses for family child care providers. This was offered in three sessions during this reporting period. Enrollment and completion data for each session was as follows: October through December 2021: Twenty-one (21) students enrolled nineteen (19) completed. From January through March of 2022: Twenty-one (21) students enrolled; all twenty-one (21) completed. From April through June of 2022: Twenty-eight (28) students enrolled; twenty-seven (27) completed. Due to the finalizing a new curriculum for the fall semester, this course was not offered during the summer of 2022.

In addition to offering professional development, the CELP provides technical assistance for both family child care and center-based programs. Technical assistance is aimed at supporting educators in quality improvement across all Workforce Knowledge and Competencies (WKCs) and the BrightStars quality continuum. Working in conjunction with Brightstar's Navigators and licensing referrals, the CELP TA Specialists prioritize programs rated in the 1-3-star level to develop targeted quality improvement plans. TA implementation includes on-site, individual and small group supports to assist programs in completing Program Self-Assessments, developing Quality Improvement Plans and assisting educators in the development and implementation of Individual Professional

Development Plans (IPDPs). Additionally, the CELP provides technical assistance to programs utilizing the environmental rating scales required in the QRIS.

The CELP added a new offering during this reporting period. This soft launch is a new, online, self-paced English Workforce Knowledge and Competencies self-assessment for teachers, teacher assistants, administrators, and family child care professionals. This training is aimed at helping the participating early childhood workforce identify their future professional development/training goals while also ensuring alignment to the WKCs. Forty-one (41) educators completed this new training during the reporting period.

Another CCDF technical assistance vendor is the Education Support and Training Fund (ESF), funded by DHS per the Collective Bargaining Agreement between the Union, SEIU 1199, and family child care providers. ESF offers professional development and technical assistance to CCAP Family Child Care Providers (the bargaining unit). In addition, ESF supports the development of family child care provider's support systems such as a Mentor Program, a Substitute Pool, CPR/First Aid Training and the development of an FCC network for family child care providers who are enrolled in the state's CCAP program. During this reporting period, ESF has trained and graduated 5 Mentors of Juntos Podemos, Together We Can bringing the total mentors to twenty-three (23) graduated providers. This mentoring initiative utilizes the Family Child Care Workforce Knowledge and Competencies to build the capacity of the family child care community to serve as mentors, providing peer support to address business challenges, promote community connections and make overall program quality improvements. Out of that group of twenty-three (23) graduated providers, there are ten (10) providers currently working with ESF as peer mentors based on the provider's needs, mentor interests and areas of specialization. Also, during this reporting period, ESF implemented the FCC Network model, called Educator-Led Communities of Care (ELCC) focused in two high need, urban core areas. Four (4) mentor licensed family child care providers were trained to facilitate monthly gatherings of FCC cohorts (two cohorts of ten providers each for this reporting period). These meetings offered team-building exercises, promoting the goals of a Provider-Powered Network Project, aimed at cultivating reflection, learning, and leadership through a ritualized monthly agenda.

 Throughout the reporting period, the mentors combined with ESF staff provided eighty-two (82) TA sessions for family child care providers. A significant portion of these sessions were related to technology support and stabilization grant application support. ESF has developed several provider-centered, progressive professional development tracks to address the unique PD needs of the family child care workforce. These included sessions titled "I am an Entrepreneur," "I am an Educator," "I am a Worker," "I am a Human Being," and "I am a Leader." Other offerings include a technology pathway, Health and Safety for Family Child Care and First Aid/CPR and provider care seminars, diversity, equity and

inclusion topics. FCC providers collectively completed more than five hundred and fifty (550) professional development courses offered by ESF during the reporting period.

To address the challenges associated with mental health and behavioral issues within the early learning environment, the lead agency continued to collaborate with the Early Childhood Collaborative of Bradley Hospital to provide Infant and Early Childhood Mental Health IECMHC services to DHS licensed ECE settings and Rhode Island PreK program (RI PreK) under the umbrella of SUCCESS. SUCCESS was initially developed as a child-focused IECMHC program in center-based early learning environments in 2015. This model includes child-focused consultation when a specific child's behavior is of concern to families or child care staff. Through their work, the consultant helps the adults understand, contextualize, and address the child's needs by developing an individualized plan with both the parents and providers. Program evaluation results show that, while these services do not eliminate the presenting concerns of target children, there is significant improvement in children's global functioning within the ECE setting. A decrease in the expulsion risk, as measured by teachers' attributes about referred children was also observed. Further, even with increasing stress faced by ECE staff, participants in child-focused consultation (i.e., teachers, administrators, families) report overall satisfaction with services and positive relationships with consultants. During the reporting period, seventy (77) programs supported ninety-eight (98) children through this version of the SUCCESS program. Eight (8) ECMH counselors delivered provided three hundred and sixty-six (366)) hours of support that include phone consultation, and onsite visits.

Recognizing the unique challenges facing families, children and the early childhood workforce as a result of the pandemic, ARPA funding was allocated in the Fall 2021 to support an expansion of SUCCESS's scope of work. These included the following activities:

1. Provide professional development opportunities that enhance capacities in Reflective Practice and Supervision (RP/S) for supervising professionals in center based ECE settings.

2. Pilot and implement Coordination of Care Teams within center-based early learning environments. Coordination of Care provides an opportunity for monthly classroom/provider and program focused IECMHC as well as a more preventive and less intensive IECMHC model for (deidentified) children who are presenting with social, emotional, and behavioral challenges in the classroom.

3. Develop, pilot, and implement an IECMHC model within Family Child Care. This is currently offered as a group-based model, scheduled in the evenings, and is facilitated in both English and Spanish.

The work related to these three initiatives are still in the early stages of implementation. However, these initiatives have been well-received by the early childhood workforce as evidenced by participation data. For example, the Reflective Practice and Supervision

model titled Foundations for Reflective Practice & Supervision (RP/S) saw twenty-five (25) ECE supervisors attended at least one session with ten (10) completing the full series of four, two-hour sessions. RP/S provides essential support to ECE teachers and staff, and continued access to these trainings would fill a current gap in the ECE professional development landscape. Reflective Practice & Supervision Enhanced Skill Development was a small group experience that builds upon the initial RP/S offering. Three of the six sessions have been completed to date with ten (10) participants. Two additional series will be offered in the Winter/Spring 2023. The work related to implementing a coordination of care team launched in early Fall of 2022. This team is currently providing support to ten (10) center-based programs. Anecdotal reports (largely from the consultants on the team) indicate that participating staff are engaged and grateful for the support. It is anticipated that this model will be adapted to meet the individual needs of the program the team is working with. Factors such as the quality of the program, the administrative supports and other TA being offered to the program will all play a part in determining the level of intervention for each participating program. Through data and anecdotal evidence, this pilot will be reviewed for efficacy and future implementation beyond the pilot phase. The third initiative under the ARPA funding, created a version of SUCCESS for family child care providers, has seen fifteen (15) family child care providers enroll. In this version of SUCCESS, a consultant leads a workshop based IECMHC model. These workshops include a brief didactic component followed by a discussion and/or application of content to provider practice. One series was run in Spanish and one in English. Initial findings are that attendance in these workshops seem to vary widely. . An additional workshop series is scheduled for the Winter and Spring of 2023. Through surveys and direct follow up, data will be collected to determine the most efficient way to replicate this support in future iterations to meet the unique needs of the family child care community and the families they serve. Response to, and satisfaction with, SUCCESS for FCCP is generally positive and there are signs of interest in continuing current services and expanding into new service modalities.

For providers looking to expand their current level of academic achievement or to begin a pathway to higher education, the lead agency partners with The Community College of Rhode Island to operate the Rhode Island Early Childhood Education and Training Program (ECETP). This program provides no cost training and college credit pathway for birth through five educators who are currently employed a minimum of twenty (20) hours a week in a licensed, CCAP approved programs.

There are several options available to the workforce under this program. The first is the opportunity to enroll in a Pre-School, Infant Toddler or Family Child-Care (delivered in Spanish) Child-Development Associate Credential™ training. Students attend weekly online evening classes for 14-weeks and are provided a Chromebook, Google docs training,

materials, textbooks, tutoring, and technical assistance at no cost. Graduates of this program are eligible for a RI Teacher Education & Compensation Helps (TEACH) scholarship to cover the cost of the CDA exam, a one-time exam retake and a one-time CDA renewal cost. Upon receipt of the CDA certification, each student will receive a one-hundred-dollar completion bonus. Trainings are offered in the Spring and Fall sessions.

Both graduating CDA participants and other members of the early childhood workforce are recruited yearly for a second ECETP college credit pathway. This option allows the participant to obtain up to 24-college credits in early childhood education. Educators interested in this program must apply for the ECETP grant and enroll as a CCRI college student. The grant provides full tuition, books, onsite coaching, mentoring and academic tutoring. Cohorts are expected to complete 12 credits in four semesters including one-summer session. All courses are currently online and synchronous during the evening to accommodate those actively working in the early childhood field. In 2020, the program expanded to offer the next sequence of early childhood courses equivalent to the CCRI Certificate in Early Childhood Education. The program was well received and will continue to be offered into the next reporting period.

During FFY 2022, ninety-eight (98) DHS licensed early learning programs sponsored students enrolled in ECETP; seventy-four (74) educators completed CDA; twenty-one (21) students received 12-credits; thirteen (13) students completed 24-college credit certificate program.

In 2018, the lead agency partnered with Rhode Island College (RIC) to develop and implement an English language learner-Spanish Rhode Island RI-BEST (Rhode Island Intergrated Basic Education and Skills Training) model higher-ed pathway aimed at increasing access to college higher education opportunities for RI Spanish speaking home care educators. The program is now known as the RIC Infant Toddler 16-Credit Certificate of Undergraduate Studies. The program expanded in 2021 to include a non-ELL model. During the FFY 2022, twenty-one (21) students enrolled in this program of study: Ten (10) Family Home Care providers in the RIBEST Model and eleven (11) Infant Toddler registered apprenticeship students, all will graduate from the CUS program at the conclusion of the Spring 2023 semester (May 23). Students attend core classes once a week/hybrid online; ESL Students core courses are delivered in Spanish, they attend additional classes on the weekend, where they receive contextualized ELL support. The final class for ESL students in delivered in English.

Through a partnership with RIAEYC, the lead agency offers access to the RI Teacher Educaton and Competency Helps scholarship program (T.E.A.C.H.) as an additional opportunity to become involved or to continue higher education pursuit. TEACH is a specific professional development quality initiative aimed at creating career pathways

designed to advance the early child care workforce along the education and career lattice. RI TEACH provides an opportunity for the workforce to access affordable and stackable early childhood (ECC) college credit, certificates, and degrees at the Community College of RI, Rhode Island College, and the University of Rhode Island. Financial incentives and supports are provided through the TEACH RI scholarship program. Agreements vary by program of study and may include exam costs, up to 90% tuition reimbursement, books, travel stipends, release time, pay increase and bonus incentives. To qualify for a TEACH RI scholarship, participating educators must be employed a minimum of twenty-five (25) hours a week in DHS licensed, CCAP approved program. Employers, or sponsors, must also agree to TEACH terms and conditions, https://www.teach-ri.org. During FFY 2022, TEACH approved 110 scholarship contracts, eighty-one (81) scholars received financial incentives, nineteen (22) providers received sign on bonus; thirteen (13) providers received reimbursement for paid time off and forty-one (41) educators paid time off.

Yearly, T.E.A.C.H. national publishes a multi-state compendium, reflecting their reporting data from 7/1/2021-6/30/2022. According the the T.E.A.C.H. FY 2022 data, the RI T.E.A.C..H program helped 104 early education professionals increase their education. T.E.A.C.H. recipients show powerful dedication to remaining in their professions with turnover rates far less than the national average. During the T.E.A.C.H. FY year, 2,962 of Rhode Island's children were cared for in settings who participated in T.E.A.C.H. Recipients on associate degree scholarships completed an average of 15 credits per contract. Recipients on bachelor's degree scholarships completed an average of 18 credits per contract. Recipients in Rhode Island completed more than 820 credit hours. The average grade point average (GPA) for a recipient on an associate degree scholarship was 3.48. The average GPA for a recipient on a bachelor's degree scholarship was 3.6. The average hourly wage of a teacher on a T.E.A.C.H. scholarship was $15.40. The average increase in earnings for a recipient on an associate degree scholarship was 14%. The average increase in earnings for a recipient on a bachelor's degree scholarship was 12%. For associate degree scholarship recipients, the average retention rate was 98%. For bachelor's degree scholarship recipients, the average retention rate was 92%. Recipients attended one of 1 community college or 2 universities offering early childhood degree programs in Rhode Island. 94.2% of recipients worked with 3-5-year-old children. 78.8% of recipients worked with children less than 3 years old. 69.2% of recipients were people of color and/or Latinx, and an overwhelming majority of all recipients were women. In a survey of recipients, 97% said they would recommend T.E.A.C.H. to their peers, and 95% of their employers would recommend T.E.A.C.H.

Additionally, through the partnership with RIAEYC, the lead agency and RIAEYC manage two Preschool Development Grant projects, the DHS Infant Toddler Registered Apprentice Pilot, and a newly approved Career and Technical Pathways project (CTE).

The goal of DHS Infant Toddler Registered Apprenticeship (RA) pilot program is designed to support a progressive workforce pathway and increase the availability of highly qualified infant-toddler teachers who are adequately compensated. The approach of the program focuses on the whole classroom by integrating professional development and technical assistance for the infant-toddler teaching team within a DHS licensed center-based program. The pilot supports two-levels of apprentices. In Level I, the apprentice or infant-toddler teacher assistant enrolls in   guided instruction from the Early Childhood Education and Training Program (ECETP) at the Community College of Rhode Island (CCRI) to meet the requirements to obtain the Infant-Toddler, Child Development Associate certificate. (CDA). Level II apprentices are infant-toddler lead teachers who will advance their competencies and skills by enrolling in and completing the Rhode Island College (RIC)16-credit, Infant Toddler Certificate of Undergraduate Studies (ITCUS). Level I and Level II agreements outlines the required and related professional development and on-the-job learning hours, and embeds subsidized wage agreements, stipends, and participation bonuses. All RA classrooms receive pre and post ITERS/CLASS observations. RIAEYC QRIS teams meet with the RA teaches and program managers, and RA PDTA staff to review the pre and post assessment recommendations and next steps. The program partners with the University of Rhode Island (URI) early childhood education specialists to provide professional development for level I RAs, onsite coaching support for program mentors and facilitates community of practice for all RA teams. In addition, this pilot aims to codify best practices and is working with URI to evaluate and develop RA assessment and learning tools. During this timeline, RIAEYC/TEACH counselors enrolled: eleven (11) Level I RAs in the ECETP Infant Toddler CDA training and Twelve (12) Level II RAs students in the Rhode Island College 16-credit; Infant Toddler Certificate of Undergraduate Studies.

The CTE project is designed to increase awareness of early care and education career opportunities and support pathways to employment by partnering with RI High-School Early Childhood Career and Technical Programs and center-based child care programs. During the third quarter of FFY time-period, DHS and the RIAEYC-CTE team outlined the current RI landscape of career and technical education offerings related to early childhood education and facilitated several group and individual meetings with community-based organizations, high school CTE program leads and students. The team identified 3 CTE programs to partner with and coordinated with the CELP to allow CTE students to create accounts to access professional development and enroll in the required training prior to starting their internships. Additionally, the team created ECE education and career informational materials for students and identified twenty-three (23) licensed childcare centers who are interested in sponsoring CTE students for internships. Within the next FFY the team will continue to strengthen partnerships and explore paid internships for CTE

high school seniors.

3) Improving early learning and development guidelines

Goal: To ensure the lead agency has research-based early learning and development guidelines appropriate for children birth to age 12, including children with special needs and dual language learners that are used to inform practice and professional development.

3.1 Were any changes or updates made to the State or Territory's early learning and development guidelines during October 1, 2021 to September 30, 2022?

[x] Yes. If yes, describe changes or updates: During this reporting period, the lead agency and the Rhode Island Department of Education collaborated with the Region 2 Comprehensive Center to engage in a revision of the Rhode Island Early Learning and Development Standards (RIELDS). Region 2 Comprehensive Center (R2CC) works closely with its technical assistance partner, the Education Development Center (EDC) to provide capacity-building technical assistance, content expertise, and other services to effectively support state education agencies in several states.

Previously, the RIELDS were extended and significantly reworked in 2013 as part of the state's Race to the Top ⬛ Early Learning Challenge Grant. No further updates were made until October 2021, when RIDE collected feedback from the field to inform a revision process for the RIELDS. This revision was aimed at ensuring that the RIELDS continue to reflect the latest research on child development and learning, meet or exceed nationally recognized criteria, reflect the needs of children and families in the state, strengthen developmentally appropriate experiences for young children in programs, and support the development of high-quality and standards-aligned curriculum, instruction, and assessment. Feedback on the RIELDS was collected in multiple ways. The revisions occurred in two phases. In Phase One, RIDE engaged early learning partners in feedback sessions offered both virtually and in-person. Many of the respondents felt that minor revisions were needed to the RIELDS across all domains; however, the degree of revision varied by developmental domain. Qualitative and quantitative data confirmed that the the early childhood community had favorable feelings and attitudes regarding the current structure of the RIELDS and the degree of revision needed varied by developmental domain. Some key recommendations for revision included a review of all Indicators for developmental appropriateness and universal design, a revision of domain introductions to include more detail on universal design considerations and updated terminology (e.g., hearing impairment à children who are deaf or hard of hearing) , a review of Indicators for more inclusivity for students with disabilities, multilingual learners, and students from different cultural backgrounds, a rewrite of Science and Social Studies content to better align with K-12 standards and child development research, a rewrite of some language and literacy learning goals and indicators for better alignment with Science of Reading research, and

inclusion of more examples in the Infant/Toddler range; reframing Infant/Toddler

In Phase 2, the RIDE and R2CC team revised and rewrote elements of the RIELDS, based on feedback between March and September of 2022. The revision work was further informed extensive research of other state early learning standards (e.g., Alabama and District of Columbia), content-specific early childhood research, and the guidance of content-area experts. The following key revisions have been proposed for the RIELDS 2023 version. Additional revisions per content area have also been proposed including am addition of age ranges for each milestone (e.g., 9 months (2013 RIELDS) 0-9 months (2023 RIELDS)), a shift of 2013 RIELDS terminology (e.g., Learning Goal and Standard; Indicator and Example), an expert review of examples for developmental appropriateness, a universal design review and a review of examples for relevance and applicability for all learners.

In Phase 3: Next Steps, throughout the months of September, October, and November 2022, the RIDE team gathered feedback from RIDE K-12 content specialists, the early educator field (via in person and virtual feedback sessions), and contracted agreements with national content experts (for review of Social Emotional, Social Studies, and Multilingual Learner standards). In December, the RIDE/R2CC team will make final revisions to the standards based on feedback. The RIDE team intends to present to the Elementary and Secondary Education council for endorsement in January 2023.

[ ] No

[ ] N/A   Describe:

3.2 Spending:

3.2.1 Did the lead agency spend funds from any of the following sources on the **development or implementation of early learning and development guidelines** during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	**[x]** Yes Amount spent $ **155516.00** If yes, describe how funds were used: **This was an MOU with RIDE to support the revision of the Rhode Island Early Learning and Development Standards.** [ ] No [ ] N/A Describe:

Funding source	Was this funding source used?
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[x] Yes Amount spent: $**872830.00** If yes, describe source(s) of funding and how funds were used: **Rhode Island's Preschool Development Grant work included a pre-service training which includes implementation of our Rhode Island Early learning and Development standards, as well as infant/toddler expansion work that included curriculum support.** [ ] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

Funding source	Was this funding source used?
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

3.3 Progress Update: Using the measures identified in section 6.4 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to improving early learning and development guidelines. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes: During this reporting period, the lead agency and the Rhode Island Department of Education collaborated with the Region 2 Comprehensive Center to engage in a revision of the Rhode Island Early Learning and Development Standards (RIELDS). Region 2 Comprehensive Center (R2CC) works closely with its technical assistance partner, the Education Development Center (EDC) to provide capacity-building technical assistance, content expertise, and other services to effectively support state education agencies in several states.

Previously, the RIELDS were extended and significantly reworked in 2013 as part of the state's Race to the Top ⬚ Early Learning Challenge Grant. No further updates were made until October 2021, when RIDE collected feedback from the field to inform a revision process for the RIELDS. This revision was aimed at ensuring that the RIELDS continue to reflect the latest research on child development and learning, meet or exceed nationally recognized criteria, reflect the needs of children and families in the state, strengthen developmentally appropriate experiences for young children in programs, and support the development of high-quality and standards-aligned curriculum, instruction, and assessment. Feedback on the RIELDS was collected in multiple ways. The revisions occurred in two phases.

· Phase 1 - First, RIDE engaged early learning partners in feedback sessions offered both virtually and in-person. Many of the respondents felt that minor revisions were needed to the RIELDS across all domains; however, the degree of revision varied by developmental domain. Qualitative and quantitative data confirmed that the the early childhood community had favorable feelings and attitudes regarding the current structure of the RIELDS and the degree of revision needed varied by developmental domain. Some key recommendations for revision include the following:

o Review of all Indicators for developmental appropriateness and universal design

o Revision of domain introductions to include more detail on universal design considerations and updated terminology (e.g., hearing impairment à children who are deaf or hard of hearing)

o Review of Indicators for more inclusivity for students with disabilities, multilingual learners, and students from different cultural backgrounds

o Rewrite of Science and Social Studies content to better align with K-12 standards and child development research

o Rewrite of some language and literacy learning goals and indicators for better alignment with Science of Reading research

o Inclusion of more examples in the Infant/Toddler range; reframing Infant/Toddler

▢ Phase 2-Revision

o The RIDE and R2CC team revised and rewrote elements of the RIELDS, based on feedback between March and September of 2022. The revision work was further informed extensive research of other state early learning standards (e.g., Alabama and District of Columbia), content-specific early childhood research, and the guidance of content-area experts. The following key revisions have been proposed for the RIELDS 2023 version. Additional revisions per content area have also been proposed.

o Addition of age ranges for each milestone (e.g., 9 months (2013 RIELDS) 0-9 months (2023 RIELDS))

o Shift of 2013 RIELDS terminology (e.g., Learning Goal and Standard; Indicator and Example)

o Expert review of examples for developmental appropriateness

o Universal design review

o Review of examples for relevance and applicability for all learners

o Updated language to reflect current research and best practices

Overall:

· Addition of age ranges for each milestone (e.g., 9 months (2013 RIELDS) ▢ 0-9 months (2023 RIELDS))

· Shift of 2013 RIELDS terminology (e.g., Learning Goal ▢ Standard; Indicator ▢ Example)

· Expert review of examples for developmental appropriateness

· Universal design review

o Review of examples for relevance and applicability for all learners

o Updated language to reflect current research and best practices

Science: Rewritten with greater alignment to NGSS standards

· Expansion of current Component 1

· Breakdown of current component 2 into three new components and standards:

o Physical Science

o Earth and Space Science

o Life Science

· New domain introduction, standards, and Birth through 60-month examples

Social Studies: Rewritten with greater alignment to Rhode Island's new Social Studies standards

· Revision of current components 1 and 2 to two new components: History and Geography

· Addition of two new components: Civics & Government, and Economics

· New domain introduction, standards, and Birth through 60-month examples

Creative Arts:

· Revision of standard to specify key areas of the Creative Arts (Music, Movement, Drama, Visual Arts)

· Reordering of examples for alignment with standard language and clarity of skills progression across age ranges

· Addition, removal, and consolidation of examples

· Phase 3: Next Steps

Throughout the months of September, October, and November 2022, the RIDE team gathered feedback from RIDE K-12 content specialists, the early educator field (via in person and virtual feedback sessions), and contracted agreements with national content experts (for review of Social Emotional, Social Studies, and Multilingual Learner standards). In December, the RIDE/R2CC team will make final revisions to the standards based on feedback. The RIDE team intends to present to the Elementary and Secondary Education council for endorsement in January 2023.

4) Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator

Goal: To ensure the lead agency implements a quality rating and improvement system, or other quality rating system, to promote high-quality early care and education programs.

4.1 Indicate the status and include a description of the lead agency's quality rating and improvement system (QRIS) or other system of quality improvement during October 1, 2021 to September 30, 2022?

[x] The lead agency QRIS is <u>operating state- or territory-wide.</u>
Please describe all QRIS tiers and which tiers are considered high quality care: **In Rhode Island, high quality is defined as a system of continuous quality improvement outlined in a QRIS known as BrightStars. BrightStars is managed by Rhode Island Association for the Education of Young Children (RIAEYC). This quality continuum is based on the foundation of compliance with RI Child Care licensing regulations. Providers may increase their quality rating by meeting benchmarks found within a six-domain framework. For Family Child Care and Center providers, those domains are Health & Safety; Enrollment & Staffing; Staff Qualifications & Ongoing Professional Development; Administration, Early Learning and Development, and Family Engagement. For School Age programs, the domains vary slightly due to the nuances of this population. Those domains are Child's Daily Experience, Teaching and Learning, Staff-Child Ratio & Group Size, Family Communication, Staff Qualifications, and Program Management. For all provider types, BrightStars uses a one through five numeric star-rating system. A program is considered high-quality when they achieve a four- or five-star rating.**

For all provider types, a one Star rating reflects that a program is compliant with all licensing requirements and holds an active license. Beyond that foundational level, each star level builds upon the previous tier, dependent upon the topic. For example, for Teacher Qualifications, level one is that the program holds a license or is RIDE approved. Level two is demonstration of a professional development plan. Level three is a professional development plan, plus formal education. Level four is professional development plan, formal education and demonstration of completion of RIELDS training. Level five is professional Development plan, a higher percentage of staff with formal education, and RIELDS.

As mentioned previously, a governance structure exists to ensure that all domains and levels are adhering to national best practices while also responding to trends in early childhood and school-age care. BrightStars is currently working with a marketing

company to update their website to include easily edited versions of each framework, in order to support programs in having access to the most up-to-date information when applying for a star rating or star rating increase.

[ ] The lead agency QRIS is <u>operating a pilot</u> (e.g., in a few localities, or only a few levels) but not fully operating state- or territory-wide.
    Please describe all QRIS tiers and which tiers are considered high quality care:

[ ] The lead agency is operating another system of quality improvement.
    Describe this system and your definition of high quality care, which may include assessment scores, accreditation, or other metrics:

[ ] The lead agency <u>does not have a QRIS or other system of quality improvement</u>.
    Please include your definition of high quality care:

4.2 What types of providers participated in the QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022 (check all that apply)?

[x] Licensed child care centers
[x] Licensed family child care homes
[ ] License-exempt providers
[x] Programs serving children who receive CCDF subsidy
[x] Early Head Start programs
[x] Head Start programs
[x] State Prekindergarten or preschool programs
[x] Local district-supported Prekindergarten programs
[x] Programs serving infants and toddlers
[x] Programs serving school-age children
[x] Faith-based settings
[x] Tribally operated programs
[ ] Other. Describe:

4.3 For each setting, indicate the number of providers eligible to participate in the QRIS or other system of quality improvement and the number of providers participating as of September 30, 2022?

	Licensed child care centers	License-exempt child care centers	Licensed family child care homes	License-exempt family child care homes	In-home (care in the child's own home)	Programs serving children who receive CCDF subsidy	Other, Describe: N/A
a. Number of providers eligible for QRIS or other system of quality improvement	**413**	**0**	**384**	**0**	**0**	**674**	**0**
b. Number of providers participating in QRIS or other system of quality improvement	**339**	**0**	**366**	**0**	**0**	**674**	**0**
c. N/A, describe		**We do not have license-exempt child care centers.**		**We do not have license-exempt family child care homes.**	**We do not license in-home care.**		

4.4 Is participation in the QRIS or other system of quality improvement mandatory for any group of providers?

[x] Yes (check all that apply).

[ ] Licensed child care centers

[ ] Licensed family child care homes

[ ] License-exempt providers

[x] Programs serving children who receive CCDF subsidy

[ ] Early Head Start programs

[ ] Head Start programs

[x] State Prekindergarten or preschool programs

[ ] Local district-supported Prekindergarten programs

[ ] Programs serving infants and toddlers

[ ] Programs serving school-age children

[ ] Faith-based settings

[ ] Tribally operated programs

[ ] Other. Describe:

[ ] No.

[ ] N/A Describe

4.5 **Enter the number of programs that met the lead agency's high quality definition as of September 30, 2022:**

a) Licensed child care centers **97**

b) License-exempt child care centers **0**

c) Licensed family child care homes **4**

d) License-exempt family child care homes (care in providers' home) **0**

e) In-home (care in the child's own home) **0**

f) Programs serving children who receive CCDF subsidy **88**

[ ] N/A. Describe

4.6 **Enter the number of CCDF children in high quality care by age grouping as of September 30, 2022:**

a. Total number of CCDF children in high quality care **1522**

i. Infant **119**

Define age range: from **6** weeks **[x]** months **[ ]** years **[ ]** through **2** weeks **[ ]** months **[ ]** years **[x]**

ii. Toddler **239**

Define age range: from **2** weeks **[ ]** months **[ ]** years **[x]** through **3** weeks **[ ]** months **[ ]** years **[x]**

iii. Preschool **668**

Define age range: from **3** weeks **[ ]** months **[ ]** years **[x]** through **6** weeks **[ ]** months **[ ]** years **[x]**

iv. School-age **523**

Define age range: from **6** weeks **[ ]** months **[ ]** years **[x]** through **12** weeks **[ ]** months **[ ]** years **[x]**

b. Other. Describe
c. N/A. Describe:

4.7 Did the lead agency provide one-time grants, awards or bonuses connected to (or related to) QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022? If yes, how many were provided to the following types of programs during October 1, 2021 to September 30, 2022?

[ ] Yes, the following programs received grants.
  a. Licensed child care centers
  b. License-exempt child care centers
  c. Licensed family child care homes
  d. License-exempt family child care homes (care in providers' home)
  e. In-home (care in the child's own home)
  f. Programs serving children who receive CCDF subsidy
[x] No.
[ ] N/A. Describe:

4.8 Did the lead agency provide on-going or periodic quality stipends (e.g. annual participation bonus, recurring bonuses for maintaining quality level) connected to (or related to) QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022? If yes, how many programs received on-going or periodic quality stipends connected to (or related to) QRIS or other system of quality improvement during October 1, 2021 to September 30, 2022?

[x] Yes, the following programs received stipends.
  a. Licensed child care centers **11**
  b. License-exempt child care centers **0**
  c. Licensed family child care homes **0**
  d. License-exempt family child care homes (care in providers' home) **0**
  e. In-home (care in the child's own home) **0**
  f. Programs serving children who receive CCDF subsidy **11**
[ ] No.
[ ] N/A. Describe:

4.9 Did the lead agency provide higher subsidy rates (included tiered rates) related to the QRIS or other quality rating system during October 1, 2021 to September 30, 2022? If so, how many programs received higher subsidy payment rates due to their QRIS rating during October 1, 2021 to September 30, 2022?

[x] Yes, the following programs received higher subsidy rates.
- a. Licensed child care centers **339**
- b. License-exempt child care centers **0**
- c. Licensed family child care homes **366**
- d. License-exempt family child care homes (care in providers' home) **0**
- e. In-home (care in the child's own home) **0**
- f. Programs serving children who receive CCDF subsidy **674**

[ ] No.

[ ] N/A. Describe:

4.10 Did the lead agency provide ongoing technical assistance related to the QRIS or other quality rating system during October 1, 2021 to September 30, 2022? If so, how many programs received ongoing technical assistance during October 1, 2021 to September 30, 2022?

[x] Yes, the following programs received ongoing technical assistance.
- a. Licensed child care centers **159**
- b. License-exempt child care centers **0**
- c. Licensed family child care homes **36**
- d. License-exempt family child care homes (care in providers' home) **0**
- e. In-home (care in the child's own home) **0**
- f. Programs serving children who receive CCDF subsidy **195**

[ ] No.

[ ] N/A. Describe:

4.11 Spending:

4.11.1 Did the lead agency spend funds from any of the following sources to support <u>QRIS or other quality rating systems</u> during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[x] Yes Amount spent $ **1267030.00** If yes, describe how funds were used: **These funds were used to support and staff the State's QRIS.** [ ] No [ ] N/A Describe:

Funding source	Was this funding source used?
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[x] Yes Amount spent: $ **1426014.00** If yes, describe source(s) of funding and how funds were used: **Rhode Island's Preschool Development Grant work included funding for pre-service training that supports our Brightstars system, a registered apprenticeship program, infant/toddler care expansion work to increase the quality of infant and toddler care, and facilities planning grants that ensures that spaces are upgraded for quality purposes.** [ ] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[x] Yes Amount spent $ **487648.00** If yes, describe how funds were used: **Pass-through planning grants for facilities improvements work, and health and safety kits for child care centers and family child care homes.** [ ] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

Funding source	Was this funding source used?
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	**[x]** Yes Amount spent $ **237710.00** If yes, describe how funds were used: **Implement and staff the LearnERS project aimed at increasing child care quality.** [ ] No [ ] N/A Describe:
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: **[x]** No [ ] N/A Describe:

4.12   Progress Update: Using the measures identified in section 7.3.6 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to Developing, implementing, or enhancing a quality rating and improvement system (QRIS) and other transparent system of quality indicator. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. There are multiple measures and targets established related to the QRIS. QRIS data is provided to the Lead Agency by BrightStars monthly and quarterly. This data is also compiled and shared at both the Children's Cabinet and the Early Learning Council, which convene quarterly. An extract pulled during this reporting period shows that as of September 30, 2022, 21% of CCAP children were enrolled in high-quality chid care (4 and 5-star rated programs). This percentage rises to 27% when looking at those children enrolled in high-quality centers only. Historically, our Family Child Care providers have been less likely to move up the quality continuum. For those that are union members, there is little financial incentive to do so as their contract also provides step increases based on longevity. In the newest iteration of the CBA, however, the union has agreed to phase out the steps, incentivizing the majority of our FCCs who accept CCAP to actively participate in QRIS, therefore moving up the quality continuum. BrightStars will specifically target and recruit FCC providers for future cohorts of LearnERS through a million-dollar quality investment funded by the state.

The lead agency has set a goal of increasing the total number of CCAP children enrolled in high quality programs (both center and FCCs) to 25% for state fiscal year 2023 (through June 30th, 2023).

BrightStars continues to have a target of 100% provider participation. While this goal was not achieved, as of September 30, 2022, there were 797 licensed child care providers. Of those 85% (674) were BrightStars rated. This is an increase since the last reporting period. We believe part of this increase is tied to the collaborative approach by the Department and its vendors to educate and support providers starting at the initial licensing process, through the entire quality continuum. Additional funding will continue to be used during the next fiscal year to gather concrete data related to the quality levels across all provider types in order to inform updated measures and targets.

QRIS participant data as of September 2022 (Center includes school age as well as center based)

1 Star: Centers 91 (12%) Family Child Care 236 (32%)

2 Star: Centers 100 (14%) Family Child Care 122 (17%)

3 Star: Centers 51 (7%) Family Child Care 4 (1%)

4 Star: Centers 70 (9%) Family Child Care 4 (1%)-

5 Star: Centers 27 (4%) Family Child Care 0 N/A

5) Improving the supply and quality of child care programs for infants and toddlers

Goal: Ensure adequate and stable supply of high quality child care with a qualified, skilled workforce to promote the healthy development of infants and toddlers. Please report on all activities funded by quality dollars and infant toddler set-aside.

5.1 Provide the total number of state or territory-funded infant toddler specialists available to providers during October 1, 2021 to September 30, 2022.

[x] Yes, specialists are available.
   a. Number of specialists available to all providers **14**
   b. Number of specialists available to providers serving children who receive CCDF **14**
   c. Number of specialists available specifically trained to support family child care providers **5**
   d. Number of providers served **299**
   e. Total number of children reached **689**

[ ] No, there are no funded specialists.

[ ] N/A. Describe:

5.2 Please provide the total number of programs receiving state or territory-funded on-site coaching in infant and toddler practice and the percentage of these programs that served CCDF children.

	Licensed child care centers	License-exempt child care centers	Licensed family child care homes	License-exempt family child care homes	In-home (care in the child's own home) providers
a. Number of programs receiving on-site coaching	235	0	44	0	0
b. Percent of total programs receiving on-site coaching that served children who receive CCDF	100%	0%	100%	0%	0%

	Licensed child care centers	License-exempt child care centers	Licensed family child care homes	License-exempt family child care homes	In-home (care in the child's own home) providers
c. N/A, describe		Rhode Island do not have license-exempt child care centers.		Rhode Island does not have license-exempt family child care homes.	Rhode Island does not have in-home providers.

5.3 **How did the lead agency promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers during October 1, 2021 to September 30, 2022?**

[x] Infant/toddler health consultants available. Describe: **Mentoring and TA services are embedded in within the LearnERS and SUCCESS agreements, and through the PDG RA Pilot program.**

[x] Infant/toddler mental health consultants available. Describe: **The SUCCESS contract employs up to eight (8) licensed clinicians to provide consultation and professional development.**

[ ] Coordination with early intervention specialists providing services under Part C of the Individuals with Disabilities Education Act. Describe:

[x] Other. Describe: **During this reporting period, recruitment for the initial cohorts of the LearnERS pilot were focused on infant/toddler classrooms who were also participating in a PDG funded Early Head Start Expansion project. While these cohorts have not completed the LearnERS cycle, observations by coaches and mentors working with these programs have observed improved quality in both materials and interactions as a result of the intervention. Additionally, the Infant Toddler Registered Apprentice program enrolled the ECETP Infant Toddler CDA course and onsite coaching and mentoring by seasoned infant toddler teachers employed by the University of Rhode Island and work in the college's community-based preschool. Twenty-one (21) Educators enrolled in the RIC Infant-Toddler 16-credit undergraduate studies program. Twenty-Five (25) educators completed the infant-toddler CDA training through the ECETP. Lastly, on site coaching and mentoring was offered to PDG Pathway participants, all of whom were infant/toddler teachers or teacher assistants.**

[ ] N/A. Describe:

5.5 Provide the number of staffed family child care networks supported by CCDF funds through direct agreement with a centralized hub or community-based agency during October 1, 2021 to September 30, 2022.

[x] Number of staffed family child care networks: **1**
  - o Describe what the hub provides to participating family child care providers: **The Provider-Powered Network Project is in the early development stage. 4 mentors have been selected and trained to facilitate monthly gatherings of FCC cohorts in two communities (2 cohorts of 10 providers each for this reporting period) with the goals of cultivating reflection, learning, and leadership, and understanding provider need and goals. The goal of the initial cohort phase is for FCC participants to feel respected as educators and leaders; feel connected and supported by peers; increase their skills in their profession and increase interest in advocacy to support the FCC workforce.**

[ ] No staffed family child care networks supported by CCDF funds.

[ ] N/A. Describe:

5.6 Spending

5.6.1 Did the lead agency spend funds from any of the following sources, in addition to the 3% infant and toddler set-aside, to <u>**improve the supply and quality of child care programs and services for infants and toddlers**</u> during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[x] Yes Amount spent $ **796846.00** If yes, describe how funds were used: **A portion of the CBA negotiated ESF fund was used to support the development of the Provider Powered Network Project mentioned in 5.5. RIC and ECETP funds were used to support Infant Toddler college course work and CDA training though the RIC CUS program and through the ECETP agreements.** [ ] No [ ] N/A Describe:

Funding source	Was this funding source used?
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	**[x]** Yes Amount spent: $ **1253545.00** If yes, describe source(s) of funding and how funds were used: **Preschool Development Grant work included pre-service training, a child care health consultant, registered apprenticeship and infant/toddler care expansion.** **[ ]** No **[ ]** N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	**[ ]** Yes Amount spent $ If yes, describe how funds were used: **[x]** No **[ ]** N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	**[ ]** Yes Amount spent $ If yes, describe how funds were used: **[x]** No **[ ]** N/A Describe:
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	**[x]** Yes Amount spent $ **376294.00** If yes, describe how funds were used: **ARPA funds were used to implement and staff the LearnERS project aimed at increasing child care quality as well as to expand IECMHC services to support effective practices within classrooms and programs within SUCCESS** **[ ]** No **[ ]** N/A Describe:

Funding source	Was this funding source used?
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

5.7 Progress Update: Using the measures identified in section 7.4.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to improving the supply and quality of child care programs for infants and toddlers. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. During the 2022 FFY, the lead agency utilized PDG and CCDF funds to provide educational and career advancement opportunities for the infant-toddler workforce. The ECETP CDA pathway, mentioned above, trained thirty (30) infant-toddler educators; twenty-two (22) educators enrolled in the RIC Infant Toddler Certificate of Undergraduate Studies; twenty-two (22) educators are enrolled in the Infant Toddler Registered apprenticeship program which embeds mentoring, subsidized wage increases and quality assessments. The PDG-CTE project launched in the latter half of FFY 2022, aims to increasing awareness of educational and career opportunities in early childhood education and developing partnerships between CTE programs and CBOs to offer paid internship opportunities.

During this timeframe, LISC also utilized PDG funding in order to provide pass-through planning grant funding for programs that were looking to make facility improvements, expansions, or development of spaces specifically serving infants and toddlers. During this timeframe, twenty-four (24) programs received this funding and utilized it for services such as architectural consulting and design, as well as business-development consulting and education.

6) Establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services

Goal: Lead agency provides: services to involve families in the development of their children, information on a full range of child care options, and assistance to families in selecting child care that is appropriate for the family's needs and is high quality as determined by the lead agency.

6.1 Describe how CCDF quality funds were used to establish, expand, modify, or maintain a statewide system of child care resource and referral services during October 1, 2021 to September 30, 2022. Due to the small size of Rhode Island, the Lead Agency elected to fund one statewide resource and referral agency through the RI Association for the Education of Young Children, known as RIAEYC. RIAEYC also manages the BrightStars QRIS system. This collaboration allows for a fully coordinated system which delivers consistent, high-quality services to Rhode Island families. While RIAEYC manages the CCR&R, it works closely with other agencies such as the Center for Early Learning Professionals (the state's PDTA vendor), the Department of Education and various other state entities to ensure that families can search and locate child care based on their individual needs throughout the state. RIAEYC operates a 24 hour a day, 7 day a week phone line operated by bi-lingual staff. In an effort to support the CCR&R process, the Lead Agency launched a new consumer website (earlylearningprograms.dhs.ri.gov) in March of 2021. RIAEYC was instrumental in the development and launch of this site. As the CCR&R, they both direct families to and access the site themselves to support families in finding care. This parent-friendly website offers transparent information on the availability and quality of all Child Care Centers and Family Child Care providers in the selected community ensuring that families are able to make informed decisions relating to care. Additional information including providers' BrightStars ratings (QRIS,) ages served, location, hours of operation, and capacity can be found on this site. Recent updates incorporated into the new system also allow the Lead Agency to pull real time data related to these categories. This system also allows the Lead Agency to identify gaps in service areas to inform the community of where to target increased capacity and to focus energy on quality improvements. The RISES RFP mentioned previously includes the ability to interface with this website while also exploring the ability to embed a future iteration of a consumer website with a workforce registry.

6.2 Spending

6.2.1 Did the lead agency spend funds from any of the following sources to **establish, expand, modify, or maintain a statewide CCR&R** during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[x] Yes Amount spent $ **12000.00** If yes, describe how funds were used: **This funding is embedded in the quality contract. It goes to supporting the 24 hour phone system, marketing and data collection for this work.** [ ] No [ ] N/A Describe:
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[ ] Yes Amount spent: $ If yes, describe source(s) of funding and how funds were used: [x] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

Funding source	Was this funding source used?
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

6.3 Progress Update: Using the measures identified in section 7.5.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to establishing, expanding, modifying, or maintaining a statewide system of child care resource and referral services. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. CHILD CARE RESOURCE AND REFERRAL DATA:

Total Number of Family Calls: 246

Total Number of Children Needing Care: 243

Age Group of Children Care Requested for

# of Infants: 53

# of Toddler: 56

# of Preschool: 67

# of School Age: 67

CCAP families: An average of 52% of callers identified being CCAP participants

Spanish speaking: 3.5 % identified being Spanish speaking

Portuguese/Creole: 1% identified as Portuguese/Creole

BrightStars also tracks trends related to the calls they receive. Times of years present season specific trends. For example, the request for school age care tends to increase in the fall and then again in the spring ahead of the summer school break. In the fall, we often see an increase in the request for Pre-K care. This immediately follows the release of the State Pre-K lottery selection. An additional trend is the request for child care that will accept children with special needs. The state, similar to the national trend, has seen a significant increase in the number of special needs children in early childhood.   Depending on the educational or behavioral needs of the children, many providers are feeling overwhelmed with the numbers of children requiring specialized or one on one care. This has led to a decrease in spots for children who need these additional services.

No changes were made to the systems used to receive, respond or track child care resources and referral activities.

7) Facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards

Goal: To ensure child care providers maintain compliance with lead agency licensing, inspection, monitoring, and health and safety standards and training.

7.1 Has the lead agency aligned CCDF health and safety standards with the following?

    a. Licensing standards
        [x] Yes.
        [ ] No. If not, describe why:

    b. Caring for Our Children Basics
        [x] Yes.
        [ ] No. If not, describe why:

    c. Head Start
        [x] Yes.
        [ ] No. If not, describe why:

    d. State pre-k
        [x] Yes.
        [ ] No. If not, describe why:

7.2 Complaints regarding child care providers received during October 1, 2021 to September 30, 2022

    7.2.1 How many complaints were received regarding providers during October 1, 2021 to September 30, 2022?

        a. Licensed providers **148**
        b. License-exempt providers **0**

    7.2.2 What was the average length of time between receiving the complaint and taking steps to respond to a complaint during October 1, 2021 to September 30, 2022? **The response time depends on the level of risk associated with the complaints. The Lead Agency receives complaints related to child care through two main outlets. The first is the general child care licensing email and phone number. The second is through the state's child abuse and neglect hotline managed through the Department of Children, Youth and Families (DCYF). Calls received through this hotline that are not determined to rise to the level of suspected abuse or neglect are screened out by DCYF. A notice is sent to the Lead Agency alerting them of a screen out (a call**

received by the hotline but not necessitating an investigation based on DCYF's assessment). The response of the Lead Agency is based on the risk associated with either the screen out or the information provided through the general childcare licensing email and/or phone. Some complaints may be followed up within 24 hours of receipt, others within thirty (30) days as part of regular unannounced monitoring visits. All complaints are addressed in some capacity within thirty (30) days and documented in the current licensing system of record.

7.2.3 How many complaints received an on-site follow-up inspection during October 1, 2021 to September 30, 2022? **97**

7.2.4 How many of the complaints resulted in one or more *substantiated* violations in the program or provider site identified during October 1, 2021 to September 30, 2022? **83**

7.2.5 How many child care providers had CCDF funding revoked as a result of an inspection during October 1, 2021 to September 30, 2022? **0**

7.2.6 How many child care providers closed as a result of an inspection during October 1, 2021 to September 30, 2022? **4**

7.2.7 Please provide any additional information regarding health and safety complaints and inspections in the state or territory during October 1, 2021 to September 30, 2022: **The Lead Agency saw a significant increase in complaints between the last QPR reporting period and this reporting. Anecdotally, the lead agency believes that some of this could be attributed to improved systems of communication between the lead agency, providers, the general public and DCYF. Additionally, the workforce crisis has caused providers to hire staff who may or may not have had a strong early childhood background, just to ensure they had people to care for children. In response, the lead agency has expanded the technical assistance and coaching/mentoring opportunities available to providers. This has included offering TA/PD in different modalities as well as expansion of direct coaching opportunities available. The lead agency and its quality vendors remain committed to supporting both programs and front-line staff in accessing the training and support needed to provide safe, quality care.**

7.3 How many child care programs received coaching or technical assistance to improve their understanding and adherence to CCDF health and safety standards (as a result of an inspection or violation) during October 1, 2021 to September 30, 2022?

a. Licensed center-based programs **114**
b. License-exempt center-based programs **0**
c. Licensed family child care homes **3**
d. License-exempt family child care homes (care in providers' home) **0**

e. In-home (care in the child's own home) **0**

f. **[ ]** N/A   Describe:

7.5 Spending:

7.5.1 Did the lead agency spend funds from any of the following sources on facilitating compliance with lead agency requirements for inspections, monitoring, health and safety standards and training, and lead agency licensing standards during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	**[x]** Yes Amount spent $ **1462155.00** If yes, describe how funds were used: **This funding is the total amount of the contract with EDC/CELP. This funding provides the personnel, data system, materials and day to day costs of implementing and updating the PD and TA associated with health and safety monitoring, as well as supporting providers in moving up the quality continuum.** [ ] No [ ] N/A Describe:
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	**[x]** Yes Amount spent: $ **264496.00** If yes, describe source(s) of funding and how funds were used: **Rhode Island's Preschool Development Grant work on pre-service training directly correlated to compliance with health and safety standards.** [ ] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[ ] Yes Amount spent $ If yes, describe how funds were used: **[x]** No [ ] N/A Describe:

Funding source	Was this funding source used?
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ]Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

7.6 Progress Update: Using the measures identified in section 7.6.3 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to facilitating compliance with lead agency requirements for inspection, monitoring, health and safety standards and training, and lead agency licensing standards. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. Quality funds are used to support child care licensing and monitoring as well as professional development and technical assistance resources aimed at supporting program compliance with licensing regulations and monitoring. The Center for Early Learning Professionals facilitates the mandatory family child care related professional development series called First Steps. This training is required for all new family child care providers and includes the required Health and Safety training that providers can access online. Additionally, in 2021 the lead agency implemented a new comprehensive eighteen-hour preservice training. This updated training was developed in alignment with   ACF required health and safety

trainings. It is now required for all new members of the early childhood workforce. Any ECE staff currently working in the field when the training went live were also strongly encouraged to participate. During the reporting period, six hundred and eighteen (618) individual participants completed these required online health and safety Training modules.   In addition, the Center for Early Learning Professionals and SEIU 1199 /ESF work with all programs and providers referred by the lead agency's licensing unit for compliance related and/or health and safety related professional development and/or technical assistance. Specifically, The Center for Early Learning Professionals provided technical assistance to fourteen (14) providers specific to health and safety violations observed during a monitoring visits. Topics include administrative systems, appropriate interactions, and basic health and safety such as safe sleep. This technical assistance included both virtual and onsite modalities aimed at supporting the provider in sustained compliance. Four (4) providers, who were initially placed on a probationary status due to the noncompliance observed, were able to return to a regular approved license through the support of the direct technical assistance provided by the Center.

8) Evaluating and assessing the quality of child care programs in the state or territory, including evaluating how programs positively impact children

Goal: Lead agency investment in effective quality improvement strategies using reliable data from evaluation and assessment

8.1 What measure(s) or tool(s) and studies did the lead agency use to evaluate and assess the quality of programs and effective practice in center-based programs during October 1, 2021 to September 30, 2022?

[x] To measure program quality, describe: **Program Quality is measured through RI's QRIS framework, BrightStars. BrightStars uses a combination of standardized assessment tools and a formalized review of staff qualifications and credentials to award programs with a quality rating. Child care licensing (health and safety regulatory requirements as governed by the DHS) represent he first, foundational, building block of the state's QRIS. Providers may then increase their quality rating by meeting benchmarks found within a six-domain framework. For Family Child Care and Center providers, those domains are Health & Safety; Enrollment & Staffing; Staff Qualifications & Ongoing Professional Development; Administration, Early Learning and Development, and Family Engagement. For School Age programs, the domains vary slightly due to the nuances of this population. Those domains are Child's Daily Experience, Teaching and Learning, Staff-Child Ratio & Group Size, Family Communication, Staff Qualifications and Program Management. For all provider types, BrightStars uses a one through five numeric star-rating system. A program is considered high-quality when they achieve a four- or five-star**

rating.

Programs that are approved to offer child care services through the Starting Right ChildCare program (CCAP) are required to enroll in the QRIS. The Environment Rating Scales(ERS) are embedded in the framework at star ratings three through five, starting with a requirement for training on the scales then progressing to specific score requirements at ratings for levels 3, 4 and 5. The CLASS tool is also used at the fifth star rating to assist programs in identifying additional training and professional development topics to continue to improve overall quality. State Pre-K and Kindergarten classrooms can applyf or Comprehensive Early Childhood Education Program Standards for Approval of Preschool and Kindergarten Programs (CECE) Approval.

[x] To measure effective practice, describe: **The ERS and CLASS tools are used to measure effective classroom environment and interactions. The State closely monitors the progress made across the quality continuum.27% of CCAP children were enrolled in high-quality (4 and 5-star rated programs) child care centers during FY 2022. The percentage of CCAP enrolled children attending 4- and 5-star programs has more than doubled since 2018 when the tiered system was first implemented. Additionally, BrightStars works closely with the national leaders and authors of the ERS and CLASS to ensure that Rhode Island's practices align to current recommended best practice. Additionally, the LearnERS work includes both a pre and a post ERS assessment for participants. This will allow for effective data collection related to the outcomes of improving quality using this model.**

[x] To measure age appropriate child development, describe: **The Rhode Island Early Learning and Development Standards (RIELDS) are the standards which represent what children should know, understand and be able to do. The Rhode Island Department of Human Services and the Department of Education collaborated with the Region 2 Comprehensive Center to engage in a revision of the Rhode Island Early Learning and Development Standards (RIELDS). The RIELDS were extended and significantly reworked in 2013 as part of the state's Race to the Top ⬚ Early Learning Challenge Grant. Beginning in October 2021, RIDE collected feedback from the field to inform revisions to the RIELDS, ensuring that they continue to: reflect the latest research on child development and learning, meet or exceed nationally recognized criteria, reflect the needs of children and families in the state, strengthen developmentally appropriate experiences for young children in programs, and support the development of high-quality and standards-aligned curriculum, instruction, and assessment. Feedback on the RIELDS was collected in multiple ways.**

At this time, the state does not have a kindergarten readiness assessment used to monitor development. However, the state does invest is a data system called KidsNet, which tracks children medically for any health-related determinants and uses this system for developmental screening. Early Intervention and Child Outreach both use this system to track developmental

screening results. The Rhode Island Department of Education uses Teaching Strategies Gold (TSG) for State Pre-K. This tool (TSG) has been aligned to the RIELDS.

[ ] Other, describe:
[ ] N/A. Describe:

8.2 What measure(s) or tool(s) and studies did the lead agency use to evaluate and assess the quality of programs and effective practice in family child care programs during October 1, 2021 to September 30, 2022?

[x] To measure program quality, describe: **Program quality is measured through RI's QRIS framework, BrightStars. For Family Child Care and Center providers, those domains are Health & Safety; Enrollment & Staffing; Staff Qualifications & Ongoing Professional Development; Administration, Early Learning and Development, and Family Engagement. BrightStars uses a one through five numeric star-rating system across all of these standards. A program is considered high-quality with a star rating of 4 or 5. For Family Child Care providers, a Family Child Care Environmental Rating Scale (FCCERS-3) assessment must be completed at the third star level. This is an updated version of the FCCERS-R.**

[x] To measure effective practice, describe: **The ERS (FCCRs for Family Child Care Program) and CLASS tools are used to measure effective classroom environment and interactions. The CLASS tool is not required as part of the Family Child Care quality framework, but it is used as a professional development tool to demonstrate evidence-based quality interactions between caregivers and children. Similar to the Center LearnERS model, the LearnERS work targeted to FCCs includes both a pre and a post ERS assessment for participants. This will allow for effective data collection related to the outcomes of improving quality using this model.**

[x] To measure age appropriate child development, describe: **The Rhode Island Early Learning and Development Standards (RIELDS) are the standards which represent what children should know, understand and be able to do RIELDS training is included in the professional development component of the FCC registered apprenticeship program as well as the Infant Toddler registered apprenticeship program. Additional technical assistance has been developed through the Center for Early Learning Professionals related to curriculum development and child assessment specific to this provider type, recognizing the nuances that occur in a mixed age group program.**

[ ] Other, describe:
[ ] N/A. Describe:

8.3 Spending:

8.3.1 Did the lead agency spend funds from any of the following sources on **evaluating and assessing the quality of child care programs, practice, or child development** during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[x] Yes Amount spent $ **1422546.00** If yes, describe how funds were used: **These funds were used to support and staff the states QRIS. In addition, While RIELDS is not an assessment tool, it does guide programs towards appropriate curriculum development and how to assess children's development within that curriculum.** [ ] No [ ] N/A Describe:
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[ ] Yes Amount spent: $ If yes, describe source(s) of funding and how funds were used: [x] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

Funding source	Was this funding source used?
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

8.4 Progress Update: Using the measures identified in section 7.7.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to evaluating and assessing the quality of child care programs in the state or territory, including evaluating how programs positively impact children. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. Program Quality is measured through RI's QRIS framework, BrightStars. Bright Stars uses a combination of standardized assessment tools and a formalized review of staff qualifications and credentials to award programs with a quality rating. Child care licensing (health and safety regulatory requirements as governed by the DHS) represent the first, foundational, building block of the state's QRIS. A program is considered high-quality with a star rating of 4 or 5.

During this reporting period, the governance structure outlined previously resulted in three updates to both the framework and BrightStars policies. The first was a framework update related to Teacher Qualifications. In response to the current workforce crisis, and in conjunction with a review of other state's QRIS policy, the requirement for teacher qualifications was reduced from 75% of lead teaching staff meeting qualifications to 50% of lead teachers. The research leading up to this temporary reduction (through December 2023) found that Rhode Island had one of the highest requirements for education when assessing quality. The reduction is temporary, through the life of the LearnERS funding. The goal is to use data collected during the LearnERS work to determine if the connection

between higher educational attainment and quality interactions/experiences is significant enough to raise the percentage back to 75%. The second update was in response to feedback received from the field regarding regulatory roles. The previous requirement stated that both a program administrator and an education coordinator were required to have a specific amount of ECE credits. However, many programs reported that the administrator is the one who completes paperwork, manages regulatory compliance such as renewals etc. The requirement was changed to allow either the Program Administrator or the Education Coordinator meeting certain educational attainment. The third change was a policy change allowing for ERS to be scheduled upon receipt of 3-to-5-star rating application as opposed to the completion of the application. This will allow additional data to be collected on ERS results compared with staff education, retention etc.

Programs that are approved to offer child care services through the Starting Right ChildCare program (CCAP) continue to be required to enroll in the QRIS. The Environment Rating Scales (ERS) are embedded in the framework at star ratings three through five, starting with a requirement for training on the scales then progressing to specific score requirements at ratings for levels 3, 4 and 5. During this reporting period, both Family Child Care and Center based programs transitioned to the ERS-3. The School Age ERS-3 was released and will be reflected in next year's reporting. The CLASS tool is also used at the fifth star rating to assist programs in identifying additional training and professional development topics to continue to improve overall quality. State Pre-K and Kindergarten classrooms can apply for Comprehensive Early Childhood Education Program Standards for Approval of Preschool and Kindergarten Programs (CECE) Approval.

9) Supporting providers in the voluntary pursuit of accreditation

Goal: Support child care programs and FCCs in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of quality

9.1 How many providers did the lead agency support in their pursuit of accreditation during October 1, 2021 to September 30, 2022?

[ ] Yes, providers were supported in their pursuit of accreditation
  a. Licensed center-based programs
  b. License-exempt center-based programs
  c. Licensed family child care homes
  d. License-exempt family child care homes (care in providers' home)
  e. Programs serving children who receive CCDF subsidy

[x] No lead agency support given to providers in their pursuit of accreditation.

[ ] N/A. Describe:

9.2 Spending

9.2.1 Did the lead agency spend funds from any of the following sources on **accreditation** during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[ ] Yes Amount spent: $ If yes, describe source(s) of funding and how funds were used: [x] No [ ] N/A Describe:

Funding source	Was this funding source used?
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

9.3 Progress Update: Using the measures identified in section 7.8.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to supporting providers in the voluntary pursuit of accreditation. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. The lead agency does not have a mechanism to support voluntary pursuit of accreditation at this time.

10) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

Goal: Assist programs to meet high-quality comprehensive program standards relating to health, mental health, nutrition, physical activity, and physical development

10.1 Quality Indicators: Does the lead agency have quality improvement standards that include indicators covering the following areas beyond what is required for licensing?

[x] Yes, check which indicators the lead agency has established:

[x] Health, nutrition, and safety of child care settings

[x] Physical activity and physical development in child care settings

[ ] Mental health of children

[ ] Mental health for staff/employees

[x] Learning environment and curriculum

[x] Ratios and group size

[x] Staff/provider qualifications and professional development

[x] Teacher/provider-child relationships

[x] Teacher/provider instructional practices

[x] Family partnerships and family strengthening

[ ] Other. Describe:

[ ] No

10.2 Spending

10.2.1 Did the lead agency spend funds from any of the following sources on supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[x] Yes Amount spent $ **1267030.00** If yes, describe how funds were used: **These funds were used to support and staff the States QRIS.** [ ] No [ ] N/A Describe:

Funding source	Was this funding source used?
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[x] Yes Amount spent: $ **353746.00** If yes, describe source(s) of funding and how funds were used: **Rhode Island's Preschool Development Grant work included pre-service training and work with a child care health consultant, both to support the development of high-quality programming.** [ ] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[x] Yes Amount spent $ **4612.00** If yes, describe how funds were used: **These funds were used to support a test to stay model for child care programs. This was a collaboration between the lead agency, the Rhode Island Department of Health and BrightStars.** [ ] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[x] Yes Amount spent $ **138593.00** If yes, describe how funds were used: **Funds were used to supplement the state's IECMHCM, adding onsite large and small group professional development and technical assistance to support teachers and staff as they returned to in program services; initiatives included implementation of community of practice opportunities, PD and TA supporting reflective practice and supervision and expanding the consultation model to serve our home care providers.** [ ] No [ ] N/A Describe:

Funding source	Was this funding source used?
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

10.3 Progress Update: Using the measures identified in section 7.9.2 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. Program Quality is measured through RI's QRIS framework, BrightStars. BrightStars uses a combination of standardized assessment tools and a formalized review of staff qualifications and credentials to award programs with a quality rating. Child care licensing (health and safety regulatory requirements as governed by the DHS) represent he first, foundational, building block of the state's QRIS. Providers may then increase their quality rating by meeting benchmarks found within a six-domain framework. For Family Child Care and Center providers, those domains are Health & Safety; Enrollment & Staffing; Staff Qualifications & Ongoing Professional Development; Administration, Early Learning and Development, and Family Engagement. For School Age programs, the domains vary slightly due to the nuances of this population. Those domains are Child's Daily Experience, Teaching and Learning, Staff-Child Ratio & Group Size, Family Communication, Staff Qualifications and Program Management. For all provider types, BrightStars uses a one through five numeric star-rating system. A program is considered high-quality when they achieve a four- or five-star rating.

In addition to the quality indicators outlined in the ERS tool, which are highlighted throughout the QPR, the lead agency collaborated with the Rhode Island Department of Health to prop up a test to stay program for child care programs. This program aligned with the Rhode Island Department of Education's response to trying to keep children in school while also monitoring for and responding to COVID-19 cases. Through additional CARES funds, BrightStars was able to support a system in which providers ordered the number of tests they needed. BrightStars acquired the tests from a RIDOH warehouse and hand

delivered the tests to each provider. This supported not only the health and safety of the program but also reduced unnecessary absences for the child and the family member who was employed.

11) Other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry

Goal: To improve the quality of child care programs and services related to outcomes measuring improved provider preparedness, child safety, child well-being, or kindergarten-entry

11.1 **Did the state or territory set up a grant program (NOT including American Rescue Plan Act stabilization grants) designed to sustain the child care supply or provide sustainability funding to child care providers due to the COVID-19 pandemic during October 1, 2021 to September 30, 2022?**

[ ] Yes. If yes, describe and check which types of providers were eligible and number served.

> [ ] Licensed center-based programs $
> [ ] License-exempt center-based programs
> [ ] Licensed family child care homes
> [ ] License-exempt family child care homes (care in providers' home)
> [ ] In-home (care in the child's own home)
> [ ] Other (explain)

[x] No.
[ ] N/A.   Describe:

11.2 **Did the lead agency provide supports and resources in response to any of the following emergent health and safety needs of children and/or providers either through funding or directly in-kind during October 1, 2021 to September 30, 2022 (check all that apply)?**

[ ] COVID-19 vaccinations. Describe:

[x] COVID-19 testing. Describe: **The lead agency collaborated with the Rhode Island Department of Health to prop up a test to stay program for child care programs. This program aligned with the Rhode Island Department of Education's response to trying to keep children in school while also monitoring for and responding to COVID-19 cases. Through additional CARES funds, BrightStars was able to support a system in which providers ordered the number of tests they needed. BrightStars acquired the tests from a RIDOH warehouse and hand delivered the tests to each provider. This supported not only the health and safety of the program but also reduced unnecessary absences for the child and the family member who was employed. Two hundred and forty-five (245) providers (centers and family child care homes) utilized this service during the reporting period.**

[ ] Access to infant formula. Describe:

[ ] Cleaning supplies and/or personal protective equipment (PPE). Describe:

[ ] Post-disaster recovery efforts. Describe:

[ ] Other. Describe:

[ ] N/A. Describe:

11.3　Did the state/territory invest in data systems to support equitable access to child care (e.g., modernizing and maintaining systems; technology upgrades and data governance improvements to provide more transparent and updated information to parents; a workforce registry; updated QRIS systems; CCR&R updates; monitoring systems) from October 1, 2021 to September 30, 2022?

[x] Yes. Describe: **During this reporting period, the lead agency designed, tested and launched a fully online monitoring and inspection platform that allows licensors to more efficiently complete monitoring visits while also ensuring providers receive more accurate, easier to read versions of their monitoring reports in real time. This new platform also allowed the lead agency to post monitoring inspections within ninety-days of inspection, putting the lead agency in compliance with CCDF regulations.**

Additionally, as mentioned above, during the reporting period an RFP was developed for a new data system (RISES) that will allow for all the early childhood data systems to either be created under one platform and/or allow for interfacing of the various data systems currently in use. While this RFP had not been awarded during the reporting period, it is anticipated that several phases of the work will be completed during the next reporting period.

[ ] No

11.4　Did the state/territory conduct an analysis of supply and demand or other needs assessment to identify areas of focus to build supply or target funding from October 1, 2021 to September 30, 2022?

[ ] Yes. Describe findings:

[x] No

11.5　Did the state/territory fund initiatives designed to address supply and demand issues related to child care deserts and/or vulnerable populations (such as infants and toddlers, children with disabilities, English language learners, and children who need child care during non-traditional hours) during October 1, 2021 to September 30, 2022? Check all that apply.

[x] Child care deserts

[x] Infants/toddlers

[ ] Children with disabilities

[ ] English language learners

[ ] Children who need child care during non-traditional hours

[ ] Other. Describe:

11.6 Did the state/territory integrate Diversity, Equity, and Inclusion (DEI) practices into quality initiatives during October 1, 2021 to September 30, 2022? Check all that apply.

[ ] Reviewing policies/program design using DEI assessment tools

[ ] Development of DEI assessment tools

[ ] Incorporate into QRIS

[x] Incorporate into PD Framework

[x] Strategic planning

[ ] Supply building efforts

[ ] Strengthened outreach/communication to better understand diverse community needs and assets

[ ] Other. Describe:

11.7 How many providers received the following from October 1, 2021 to September 30, 2022?

	Total	Licensed or registered center-based programs	License-exempt center-based programs	Licensed or registered family child care	License-exempt family child care (care in providers' home)	In-home (care in the child's own home)
a) Increased rates	342	342	0	0	0	0
b) Increased wages	81	81	0	0	0	0
c) Benefits: health insurance	0	0	0	0	0	0
d) Mental health supports	0	0	0	0	0	0
e) Start-up funds	36	0	0	36	0	0
f) Other:						

11.8   Spending:

11.8.1 Did the lead agency spend funds from any of the following sources on **other activities to improve the quality of child care services** during October 1, 2021 to September 30, 2022?

Funding source	Was this funding source used?
a. CCDF quality set aside (from all available appropriation years that were spent during the fiscal year)	[x] Yes Amount spent $ **343592.00** If yes, describe how funds were used: **A portion of the CBA negotiated ESF fund was used to support the development of DEI practices within PD framework and the development of a strategic plan.** [ ] No [ ] N/A Describe:
b. Non-CCDF funds (e.g., TANF funds spent directly on quality, Preschool Development Funds, state or local funds, etc.)	[ ] Yes Amount spent: $ If yes, describe source(s) of funding and how funds were used: [x] No [ ] N/A Describe:
c. Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020	[x] Yes Amount spent $ **4612.00** If yes, describe how funds were used: **These funds were used to support a test to stay model for child care programs. This was a collaboration between the lead agency, the Rhode Island Department of Health and BrightStars.** [ ] No [ ] N/A Describe:
d. Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act, 2021	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

Funding source	Was this funding source used?
e. American Rescue Plan (ARP) Act, 2021 Supplemental funding	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:
f. ARP Act, 2021 Stabilization Grant set-aside ONLY (As a reminder 10% of the ARP Stabilization Grants could be set-aside for administrative expenses, supply building, and technical assistance. This question refers only to this 10%.)	[ ] Yes Amount spent $ If yes, describe how funds were used: [x] No [ ] N/A Describe:

11.9 **Progress Update:** Using the measures identified in section 7.10.1 of the CCDF Plan, report on the progress made during October 1, 2021 to September 30, 2022 on activities related to other activities to improve the quality of child care services supported by outcome measures that improve provider preparedness, child safety, child well-being, or kindergarten-entry. In addition, describe outcomes achieved, including examples and numeric targets where possible. If progress was not made, describe barriers toward achieving measurable outcomes. **Due to the recognized importance of high-quality infant/toddler care as well as the awareness of childcare deserts within the state, RI DHS worked closely with LISC to develop the rules and regulations for the recently approved, 15M Early Education and Care Capital Fund in order to address these issues. The fund will be utilized for facility improvements and expansions that will increase childcare slots in the state, with a specific priority given to infant/toddler spots, as well as increase the availability of care in the known childcare deserts within the state. This funding was through a state issued bond, so there was no quality funds specfic to this work used during the reporting period. However, it is important to note given the significance the work is expected to have on the expansion of quality care for all children.**

DHS, in accordance with the CBA negotiated between the State of Rhode Island and SEIU1199, provided funds for an education and support fund (ESF) for developing and implementing professional development, technical assistance and program supports such as mentor programs, a substitute pool and network development for family child care providers who are enrolled in the state's CCAP program. Diversity, equity, and inclusion

(DEI) practices are embedded in ESF's mission and in the PDTA they provide to the Family Child Care community. During this reporting period they delivered the following trainings specific to DEI practices. "I Am an Educator", "Race and Racism in Early Childhood Education" and "Anti-Racism in Early Childhood Education." This coursework engaged participants in reflection and growth around their identities, roles, and responsibilities as educators, and understanding language development, culture and diversity. Providers also examined unconscious and conscious biases and the historical contexts that influence these biases as well as anti-racist pedagogy. ESF's provider driven PDTA are specifically developed to support FCC educators in some of the most under-served communities and sectors.

12) Lead agencies must submit an annual report, as required at 45 CFR § 98.53(f) (4), describing any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on an annual review and assessment of serious child injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible.

12.1   Describe the annual review and assessment of serious injuries and any deaths occurring in child care programs receiving CCDF, and in other regulated and unregulated child care centers and family child care homes, to the extent possible. The annual review of this data cross references the list of all inquiries called into the Child Abuse and Neglect Hotline that were associated with a child care license along with which of these calls resulted in an indicated child abuse or neglect investigation. Also included in this review is any licensing-based data (in the licensing system of record) that is identified as critical information. The data on programs that may be operating without a license are submitted to the RI DHS Licensing Unit and are also reviewed for potential serious injuries and deaths. Unregulated child care injury or death is not tracked through licensing and/or regulatory review. Instead, it is tracked by the Department of Children, Youth and Families who oversee the Child Abuse and Neglect Hotline.

12.2   Describe any changes to lead agency regulations, enforcement mechanisms, or other lead agency policies addressing health and safety based on the annual review and assessment. There were no changes made to regulations or enforcement mechanisms specific to serious injury or death during this reporting period. The Lead Agency continues to regularly review all noncompliance identified during monitoring visits in an attempt to proactively identify areas where targeted technical assistance or professional development may be needed to prevent a serious injury or death from occurring. There were updates to regulations promulgated in November 2022 that included updates based on injuries received on playground equipment. These will be reflected in the 2023 QPR.

13) American Rescue Plan (ARP) Act Child Care Stabilization Grants

Goal: To ensure the lead agency implements an equitable stabilization grant program. The American Rescue Plan (ARP) Act included approximately $24 billion for child care stabilization grants, representing an important opportunity to stabilize the child care sector and do so in a way that builds back a stronger child care system that supports the developmental and learning needs of children, meets parents' needs and preferences with equal access to high-quality child care, and supports a professionalized workforce that is fairly and appropriately compensated for the essential skilled work that they do. Lead agencies must spend most stabilization funds as subgrants to qualified child care providers to support the stability of the child care sector during and after the COVID-19 public health emergency. Section 13 should be used to report on ARP Stabilization Grants ONLY.

13.1   Did you run more than one grant program? If so, list the number of separate grant programs and describe their uses.

[ ] Yes. Describe:
[x] No

13.2   Which of the following methods were used to support workforce compensation (e.g., bonuses, stipends, increased base wages, or employee benefits) with stabilization grants? (check all that apply)

[ ] Targeted grants to support workforce compensation (no other allowable uses)
[x] Providing bonus funds to providers that increased child care staff compensation through stabilization grants
[ ] Requiring a specific percentage or amount of stabilization grant funding go toward child care staff compensation increases. Percent or amount for staff compensation:
[ ] Other (Describe):

13.3   Describe the methods used to eliminate fraud, waste, and abuse when providing stabilization grants (e.g., validated identity through the lead agency licensing system or conducted identity verification through a data match with state tax records):

At the beginning of the program, and monthly thereafter, our fiscal intermediary for this project, Public Consulting Group (PCG) received current program licensing data from DHS to create a database of eligible programs. This information included program name; address; email address; name of licensee, program administrator (Center only), and Education Coordinator (center only); licensed capacity; license status and expiration date.
As part of the grant application process, providers were required to consent to a series of attestations, the following of which focused upon the contingency that funds were intended to

supplement, not supplant existing funding:

(1) The child care provider agrees that it may receive CCDF payments while simultaneously receiving funding from other sources, including but not limited to federal or state programs. But the child care provider agrees that it cannot use the CCDF payments for expenses that are reimbursed or paid for by other federal or state programs or agencies. As a result, the child care provider is solely and exclusively responsible for abiding by all applicable terms, conditions, rules, and regulations concerning the receipt of federal or state payments. In addition, the child care provider will not hold the State of Rhode Island, DHS, or PCG, responsible in any way if the receipt of CCDF payments is prohibited or restricted as a result of other funding that the child care provider has received.

Per the application review workflow, only authorized applicants may apply. An authorized applicant was defined as the individual whose email was on file with DHS Licensing and listed as the licensee. For Center-based programs, this could also include the program administrator or education coordinator if they were using the email on file with DHS. For Center-based programs only, the authorized applicant may provide a written notice of approval from the email address on file and the licensee, administrator, or education coordinator authorizing the applicant is eligible to apply on behalf of the program.

In addition, applicants were required to submit a signed W-9 form and a valid DUNS number. When collecting payment information, personal bank accounts were only allowable for use by Family Child Care Home programs; Center-based programs were required to list a business bank account. To verify this requirement for Center-based programs, PCG reviewed the bank account holder names to ensure the accounts were in the name of the business, not the individual owners.

PCG conducted 2 reviews per application by 2 unique application reviewers, to have multiple sets of eyes reviewing submitted information. Where the second reviewer noted a discrepancy, project supervisors were notified for an additional review and potential escalation to DHS.

Upon PCG reviews of applications, PCG developed a decision workbook for DHS to review summarized information to make final application approval or declination decisions. Before this workbook was sent to DHS, PCG conducted quality assurance review of data file, by randomly selecting 10% of applicants on each tab, and reviewed the source applications and application review forms to ensure application reviewers' fidelity throughout the review process.

The decision workbook included: Provider Name, Provider ID, Self-reported Count of Classrooms, by Center-based programs only (which determined award size), PCG calculated count of classrooms based on licensed capacity, for Center-based programs only, The recommended award amount and any ⬚flags' identified throughout the processes for further review by DHS staff, such as a large discrepancy between self-reported and calculated classrooms, a failure to agree with attestations and program commitments, or if their license was no longer active.

Once DHS approved or denied applicants, PCG updated the status of the application in the application portal, notified applicants, updated the internal Master Award Tracker, and ran an additional report to confirm all awards had been accurately captured.

In issuing and tracking payments:
(1) A member of the PCG Finance Team created banking files (both ACH and check) to be submitted to the bank. This bank file was then reviewed by a different member of the PCG Finance Team reviewed the bank file, Master Award Tracker, and the application system to confirm accuracy of the payment files, ensuring the correct award was set to be issued to the correct program and no duplicate payments existed.
(2) Once reviewed, the PCG Finance Team released the payments (which requires 2 unique individuals to submit and release payments) and notified the awardee by email.
(3) PCG began contacting awardees with outstanding checks to ensure receipt of funds after each application window closed.
(4) Where an awardee desired to update their bank account information or method of payment, PCG required a written statement to be received from the email on file with DHS from the authorized applicant. Prior to allowing an applicant to make any payment changes, PCG escalated to DHS for review and approval.

Our Internal Controls included:
(1) PCG's Master Award Tracker was password protected and only accessible to members of the PCG Finance Team and key project leads.
(2) Monthly, PCG prepared bank reconciliations detailing all transactions and the monthly balance of the bank account. These reports were provided to DHS monthly.
(3) PCG maintained a 'data dashboard' documenting application counts and awards, updated weekly for DHS review.