RHODE ISLAND PRESCHOOL DEVELOPMENT GRANT BIRTH-FIVE COMPREHENSIVE NEEDS ASSESSMENT

2019-2020

INTRODUCTION

Rhode Island's (RI) comprehensive focus on Early Childhood Care and Education (ECCE) brings together providers, programs, advocates, and families to ensure that all RI children, prenatal through age five, have equitable access to the high-quality, educational, health and developmental care, services and supports needed to enter school healthy and ready for success. Through the Preschool Development Grant Birth through Five (PDG), RI engaged a number of consultants with varied expertise to complement the state's wealth of existing data with new needs assessment (NA) studies devoted to workforce, family, and facilities, (see table 1 below.) In addition, the state has engaged with Abt Associates to conduct a complete heuristic analysis of the state's Early Childhood Education Data System (ECEDS.) RI, with support from Abt Associates, then developed a Data System Needs Assessment and Strategic Plan providing strategic direction for ongoing data utilization and governance.

These needs assessments have helped the state to define and refine a set of strategic priorities to ensure that all children in the state enter kindergarten educationally, social-emotionally, and developmentally ready to succeed, putting them on a path to read proficiently by 3rd grade. This is in alignment with Governor Raimondo's Third Grade Reading Challenge, which is focused on doubling the number of students who can read proficiently by the third grade by the year 2025. Grounded in these needs assessment findings and supported, in part, by the state's recently awarded PDG Renewal grant, the state has identified a set of key priorities for improving early childhood outcomes including:

- Prioritizing Rate Enhancements to the Child Care Assistance Program (CCAP) RI's subsidized child care program which supports low-income, working families access quality child care.
- Increasing the quality and availability of quality child care and supports through an expansion of Family Home Visiting (FHV) programs, State Early Head Start partnerships and State funded mixed delivery high-quality Pre-K.
- Establishing Universal Pre-Service Training for RI's ECCE workforce.
- Coordinating across state agencies to develop a PDTA hub for the ECCE workforce.
- In cooperation with the state's Department of Labor and Training (DLT), piloting an Early Childhood Registered Apprenticeship model with three employers, tied to wage enhancements aimed at stabilizing and increasing the Infant/Toddler workforce.
- Development of a Family Navigator role to support families in accessing appropriate care and services.
- The launch of a state ECCE facilities general obligation bond to expand, strengthen and improve upon the number of high-quality early learning facilities in the state.
- The transition of the Child Care Licensing Unit from the state's child welfare agency (DCYF) to RI Department of Human Services (DHS). By aligning key services and supports for the early childhood workforce, RI can strengthen its foundation for quality improvement among early learning programs.

These actions will be supported by continued ongoing needs assessments as strategic priorities surface new considerations, beginning in 2020 with a focused study on the particular needs of families involved with the state's child welfare system.

I.   Stakeholder Engagement and Input

Through the NA process the RI Department of Human Services (DHS), Department of Education (RIDE), Department of Health (RIDOH), Department of Children Youth and Families (DCYF), Executive Office of Health and Human Services (EOHHS), and the Governor's Office, in partnership with the State Advisory Council, known as the Early Learning Council (ELC), helped to develop the research questions and data collection instruments utilized in RI's NAs. Our consultants collaborated with stakeholders across RI's Prenatal-5 system to collect data. The process included: *Interviews:* Administrators and faculty from all of RI's 3 public post-secondary institutions' early childhood programs; Five major providers of ECCE professional development. *Focus groups:* 10 family focus groups in 3 communities conducted in 2 languages; 3 family home childcare provider focus groups, and 1 local real estate developer's focus group targeted on barriers to developing new ECCE space. *Surveys:* More than 700 parents and guardians of children 0-5; 2,221 members of the state's B-5 workforce including ECE, Early Intervention (EI), and Family Home Visiting (FHV). In order to complete the NA requirements, 5 state agencies have coordinated the analyses of extant data. Thirty local agencies and providers across the Prenatal-5 mixed delivery system assisted in data collection through dissemination through varied communication streams. We shared initial findings for review and feedback across the five state agencies overseeing the Prenatal-5 system and through formal presentation to the ELC. For additional information on study methodologies and participants please refer to table 1, below.

Table 1: Overview of PDG Needs Assessments

Study	Description	Methodology and Participants
Rhode Island PDG B-5 Workforce Needs Assessment Final Report, 2019	Conducted by Abt Associates, the **Workforce Needs Assessment** is an analysis of the current state of Rhode Island Birth-5 workforce to identify existing barriers to recruiting and retaining a qualified workforce and opportunities to support the current workforce.	p.1-5
Rhode Island PDG B-5 Family Needs Assessment Final Report, 2019	Also led by Abt Associates, **the Family Needs Assessment** is an analysis of Rhode Island families' greatest concerns/barriers in accessing ECE programs and comprehensive services, as well as transitions between home and school, across programs, and into elementary school.	p.4-5
Rhode Island PDG B-5 Early Learning Facilities Needs Assessment, 2019	The Local Initiatives Support Corporation (LISC) conducted a statewide **Early Learning Facilities Needs Assessment**, working collaboratively with state agencies, community partners and early learning providers across RI to describe facility conditions, capacity, and challenges.	p.11-19

In addition to the commissioned studies outlined in table 1, annually released in the Spring, **RI Kids Count Factbook** compiles state and federal data from multiple systems to provide counts of child and family enrollment by community and program, in many cases disaggregated by population and program type.[1]

II.   Definitions and Key Terms

Rhode Island operates under an expansive definition of Early Childhood Care and Education (ECCE) first developed under Rhode Island's Race to the Top - Early Learning Challenge grant (RTT-ELC). This system definition encompasses key programs that serve families with young children, Prenatal through age 5, including Family Home Visiting programs, Early Head Start, Head Start, family-based and center-based child care and early learning programs, state-funded mixed-delivery high-quality Pre-K and Early Childhood IDEA Programs (Early Intervention services and Special Education Preschool), state-funded full-day Kindergarten, and public benefit programs and health services that support young children and their families. This definition has facilitated RI's ongoing development of systems and structures to support coordination and collaboration in support of young children and their families (see table 2, definition of key terms, below).

Table 2: Definition of Key Terms

Key Term	Definition
Quality ECE	3 Stars or above on RI's BrightStars Quality Rating and Improvement System (QRIS) (175 programs)
High Quality ECE	4 or 5 stars on Bright Stars QRIS (111 programs)
Availability	Through the ongoing strategic planning, RI is developing a state definition of availability for each sector of the B-5 space. With a goal of 7000 high quality seats for the state's mixed delivery Pre-K.
Vulnerable or Underserved (See table 3 of this report for additional details)	Children at-risk of not being educationally or developmentally ready for Kindergarten. The following subgroups were the target populations of the PDG needs assessments (which are not mutually exclusive): ● Children in low-income families (under 200% FPL) ● Infants and toddlers ● Children with developmental delays and disabilities ● Children with behavioral or mental health challenges ● Children facing trauma—with a focus on victims of child abuse or neglect ● Children in non-English speaking families ● Children who have experienced homelessness
Children in Rural Areas	RI has no "rural areas" as identified within the 2013 Rural-Urban Continuum code listing.

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[1] Data from the RI Kids Count Factbook are compiled from both state and federal sources. For further description of the state data sources used see section IV and V, below.

Although RI has adjusted these system definitions slightly from their introduction under RTT-ELC in response to changes in Federal regulation and national best practice, the overarching principles behind the state's definitions and their use have not changed: High-quality child care, preschool, mixed delivery State Pre-K, and after-school programs are essential for children's learning and growth, for parents to work and support their families, and for our state's economic success. Children who attend high-quality programs are more likely to start school with strong language, cognitive, and social skills -- with these benefits following children through their K-12 education and into adulthood. As described above, key federal and state program leads, along with the state's ELC have been heavily involved in the defining of the system parameters displayed in Table 2, with the ongoing performance management structure being developed through the state's strategic planning serving as a means to coordinate consistent use of definitions across programs and, as necessary, their ongoing refinement.

RI's work under RTT-ELC to define the parameters of its ECCE system has facilitated ongoing development of systems to support enhanced interagency coordination and collaboration. At the state level, the Children's Cabinet's B-8 team (formerly the Third Grade Reading Team), which includes program leads from DHS, RIDE, RIDOH, DCYF, EOHHS, and the Governor's Office, drives coordination between agencies and was utilized as the interagency Project Team for PDG. By design, the team includes key staff who oversee the Prenatal-5 programs and services that support vulnerable children and families, including the state's CCDF Administrator, Head Start Collaboration Director, Family Home Visiting Lead, IDEA Part C Coordinator and IDEA Part B, 619 Coordinator. Under PDG, Rhode Island has utilized this definition to target the assessment of the State's Prenatal-5 system needs by commissioning studies of the current state of the workforce, early childhood care and education facilities, and family needs referenced in this report.

III. Governance and Coordination across Rhode Island's ECCE System in Support of Key System Objectives

In alignment with RI's definition of a Prenatal-5 system that encompasses a full vision of the state's comprehensive system of care, services, and supports, the state has leveraged PDG grant funds to further develop and formalize a coordinated governance structure across the above agencies including an Early Childhood Care and Education Steering Committee, comprised of leadership from key ECCE agencies - RIDOH, DHS, EOHHS, and RIDE - and chaired by Governor Raimondo's Senior Deputy Chief of Staff. With PDG Renewal Grant funding, this definition, along with the key definitions of its components (see table 2, above), will continue to drive governance, coordination and collaboration through ongoing implementation, management, and assessment of the state's comprehensive Prenatal-5 strategic plan.

Under Phase I of the PDG B-5, RI convened an interagency Design Team – comprised of the leaders who oversee CCDF, FHV, Medicaid, EI, ECSE, mixed deliver State Pre-K, TANF, and child welfare, as well as the Governor's Office and Children's Cabinet – to develop a

comprehensive strategic plan that encompasses education, development, behavioral health, and health. As previously mentioned, in alignment with the state's commitment to the full spectrum of early childhood development, education and care the state has chosen to focus its planning on the coordination of services and supports Prenatal through Five. As a result, all goals, strategies, and activities are being developed to incorporate early childhood education, development, behavioral health, and physical health. The PDG work was well integrated into existing work streams in the Health space; for example, a grant application for the First 1000 Days Initiative cited the PDG B-5 strategic planning process as the foundation for the state's B-5 system coordination efforts. Currently, having solicited feedback from a range of stakeholders on the state's needs assessment reports and initial strategic recommendations, RI has identified 5 primary strategic objectives for the Early Childhood Care and Education (ECCE) Steering Committee to lead during the PDG B-5 Renewal Grant period and beyond:

- **Workforce Enablement and Quality Improvement:** Rhode Island's early childhood programs meet high-quality standards for care and education as defined by our QRIS.
- **Equitable Access to Care, Services and Supports:** Children and families can equitably access and participate in the early childhood care, services and supports that will help them reach their potential and enter school healthy and ready to succeed.
- **Expanded Pre-K through a Mixed Delivery Model:** Provide access to high-quality Pre-Kindergarten for all four-year-olds in Rhode Island, inclusive of parental choice and student needs.
- **Operational Efficiency and Sustainability:** Expand the quality and delivery of early childhood care and supports through increased and sustainable funding and operational improvements.
- **Data Access, Utilization, and Literacy:** Expand the depth and quality of child-level outcome data accessible to and used by agencies, programs and partners to drive decision making.

IV: Focal Populations for the Grant

For PDG, RI's definition of children who are vulnerable and underserved draws on the target population groups identified in RI's ELC strategic plan, which, in turn, were informed by the definitions which guided work under RTT-ELC. Preserving these definitions in ongoing PDG needs assessments and strategic planning has preserved continuity in how the state prioritizes investments to support the state's vulnerable populations identified in Table 3 below.

Table 3: Target Population definitions*

Key Term	Definition	RI Data
Children in low-income families	< 200% FPL	Between 2012 and 2017, 43% of RI Children below the age of 6, see 2019 Family Needs Assessment; p.2
Infants & toddlers	Age 0-3	Approximately 33,788. For distribution by community see the 2019 Rhode Island Kids Count Factbook - Table 33
Children with developmental delays and disabilities	Enrolled in early childhood special education (Early Intervention and IDEA Part B, Section 619)	Approx. 6,000 children B-5. For EI see 2019 Rhode Island Kids Count Factbook - Education - Table 33 For IDEA Part B, Section 619 see IDEA Part B Table #1 Number of Children and Students served under IDEA, Part B by Age group and state
Children who have behavioral or mental health (MH) challenges:	Visited the emergency room with a primary diagnosis of a mental disorder	Approx. 100 children B-5[2]
Children facing trauma	Victims of maltreatment	Approx. 1,500 children B-5 see 2019 Rhode Island Kids Count Factbook - Safety - p.106 "Child Abuse and Neglect, Rhode Island, 2018
Children in non-English speaking families	Born to a mother who does not speak English	Approx. 5,800 children B-5[3]
Children who have experienced homelessness	Children ages 6 or younger who stayed with their families at an emergency homeless shelter, domestic violence shelter, or transitional housing facility.	In 2018, 403 families with 653 children; 42% under the age of 6 see the 2019 Rhode Island KIDS COUNT Factbook; p. 28.

*Rhode Island has no "rural areas" as identified within the 2013 Rural-Urban Continuum code listing. That said, the state selected Washington County as one of the focal communities in its commissioned family needs assessment since, although not technically a rural area, it represents a lower population density and greater geographic spread with possible consequences for family access to programs and services (See 2019 Family Needs Assessment, p.4).

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[2] Rhode Island Department of Health, Hospital Discharge Database, 2007-2017.

[3] Rhode Island Department of Health, 2018

Quality Data on Vulnerable Populations and Program Enrollment: RI maintains a number of robust data systems across programs and agencies that provide rich and accurate data on the state's ECCE system. Rhode Island has worked to integrate these systems since 2011 and has established a rich ecosystem of databases: RIDOH's **KIDSNET** aggregates data about children's health and development to improve coordination of care and access to services, providing every child who is born in RI or seeks pediatric services in the state with a unique identifier and, crucially ties KIDSNET identifiers with RIDE State Assigned Student Identifiers (SASIDS). Key data in KIDSNET include: newborn screening, vital records, immunizations, developmental screening, WIC, lead poisoning, Early Intervention (EI), and FHV; RIDE's Early Care and Education Data System (**ECEDS**) is designed to centralize data about the early care and education system in Rhode Island and houses data (including BrightStars quality ratings) about licensed centers, licensed family child care homes, public schools that operate preschool classrooms, and information about the early care and education workforce. EOHHS's **Data Ecosystem** shares data across state health and human service agencies to make decisions, manage performance, and make continuous quality improvements. DCYF's automated information system, Rhode Island Children's Information System (**RICHIST**) maintains records of the agency's service management, provider management, finances and staff. DHS's **RI Bridges** database serves as the primary system for subsidized child care, early learning, after school and summer programs for low-income working families.

Annually updated and released in the Spring, the **RI Kids Count Factbook,** which compiles state and federal data from multiple systems, including the systems identified above, and provides counts of enrollment by community and program -- including the number of programs rated high quality on the QRIS, the number of available slots in ECCE programs by age, and the number of children in B-5 programs (including EI, IDEA Part B, Head Start, Mixed Delivery State Pre-K, Early Head Start, FHV, and Medicaid). The Factbook also includes data on the number of young children who are victims of child abuse and neglect and homeless children. These counts provide a ready source of data for Rhode Island to understand the state of access, quality, and availability. For information on enrollment by community and ECCE program see *(2019 Rhode Island KIDS COUNT Factbook* p. 116-133).

While RI has data on enrollment by program, it is pursuing cross-agency system improvements to improve the integration of that data to operationalize analytical and research capacity. An integrated system will enable RI to make data-driven key policy decisions. Under PDG Phase I, RI has identified a need for its integrated data system to disaggregate data on focal populations to ensure agencies are able to answer key policy questions.

IV.   Unduplicated Count of Children Being Served and Awaiting Service
RI does not currently have the capability to provide an unduplicated count of children being served and awaiting services on an ongoing basis. However, it has piloted the implementation of this intersystem work through The Hassenfeld Child Health Innovation Institute at Brown

University, a partnership between RI and Brown University to conduct a longitudinal single cohort study of RI children. The cohort includes approximately 30,000 children. The researchers have integrated child-level data from the RIDE, DHS, DCYF, RIDOH, EOHHS and three urban school districts to track child engagement in RI's B-5 programs and the impact of this enrollment in their third-grade reading scores. This study will provide RI with an understanding of how engagement in various programs impact a child's third grade reading proficiency. From this analysis, we can better understand how to link programs across the B-5 system to support a seamless transition across quality services and ensure that vulnerable children are engaged in the highest impact programming. The state's next steps are focused on operationalizing this work at scale within the EOHHS Data Ecosystem.

EOHHS, a state agency created in 2005 to better coordinate departments providing state health and social services, has built the Data Ecosystem which has data sharing agreements with most major agency data systems that touch the state's ECCE programs, and the children in them (with the notable exception of RIDE). Through the RI Ecosystem, the state is developing a data tool to track the unduplicated counts of vulnerable children eligible and enrolled in existing state programs. The Ecosystem integrates individual-level data from EOHHS agencies (Medicaid, DHS, DCYF, BHDDH and RIDOH) and provides anonymous aggregate-level data products for operational support, continuous quality improvement, and policy and program evaluations. The tool will include a series of dashboards detailing program eligibility and enrollment within defined risk groups of children, including children of low-income families, children with developmental delays, children who have behavioral or mental health challenges, children facing maltreatment, children facing homelessness, and children in non-English speaking families.

Improving Data Integration in Pursuit of an Unduplicated Count of Children: RI is rich in B-5 data, and already has the capacity to integrate across data sets. That work is being done at EOHHS's Ecosystem, DOH's Kidsnet, and URI DataSpark's Datahub. RI is in the process of leveraging these systems in pursuit of a true **ECIDS**, Early Childhood Integrated Data System, in order to easily access and analyze data for specific individuals from a collection of B-5 data sets. Through the PDG strategic planning process we have identified data access, utilization and literacy as a key strategy for driving system improvement. RI has identified an immediate need for developing a cross-agency ECCE Data Governance Board to establish a formal governance structure that will outline a process for coordinating internal and external requests for data, normalize data definitions across agencies, and assign ownership and accountability for key data elements.

Improving the functionality of ECEDS: Originally developed under RI's RTT-ELC grant, ECEDS development initially focused on creating a Workforce Registry as a centralized resource for the early care workforce, constructing a program portal used by program staff to facilitate approval and licensing, and providing program information in a searchable form by families. Part of the original design was to import data on children from Birth to age 5 (B-5) from other state

agencies, including RIDE's Statewide Longitudinal Data System (SLDS) creating a data system that matched individual records across the different partner data sets. This would make it possible, for instance, to compare the outcomes of different programs on children grouped by various attributes. However, this part of ECEDS was never fully completed.

In addition to improving the current functionality of ECEDS, RI is simultaneously working to integrate ECEDS and other education data within the Ecosystem at EOHHS. The governance team will be made up of the agencies owning this data as well as key members from Kidsnet, DataSpark and the Ecosystem, all of which are experienced in implementing record matching across these data sets. Kidsnet, the Data Ecosystem and DataSpark all have matching algorithms. Due to the capabilities of RI's data systems, with Renewal Grant funding, RI is well positioned to produce an unduplicated count of children being served and awaiting service in existing programs. Since RI assigns children their K-12 student assigned school ID at birth, these children can be tracked in ECEDS, matched with health and development records in KIDSNET, and analyzed holistically by the EOHHS Data Ecosystem.

Informed by the NAs, RI's goals under PDG Renewal Grant include; (1) Improving and expanding the use of State's integrated data system among users (increasing digital literacy); (2) Integrating data not currently connected to the Ecosystem (RIDE, Head Start), (3) Planning to finish and fully fix operations of ECEDS, (4) Outlining and operationalizing a cross-agency Data Governance Board tasked with creating a series of key policy and research questions the Ecosystem team can evaluate; and (5) Designating a designated EC Data Governance Coordinator with expertise in Data Management Systems and Program/User Needs and a designated ECEDS Developer/IT Manager. These enhancements will allow policy makers to analyze outcomes of investments and make longitudinal decisions related to participation in various state supported ECCE programs. Supported by the governance and management recommendations outlined above -- this work will move RI toward operationalizing the production of consistent unduplicated counts of children being served and awaiting services in our ECCE system.

VI. Strengthening the Quality and Availability of ECCE Programming
The RI ECCE system demonstrates several strengths when it comes to providing high quality care across settings. In RI, 98% of children are enrolled in health insurance, 64% of eligible families are enrolled in an evidence-based home visiting program, and approximately 27% of children (including 44% of low-income children) are enrolled in Head Start or mixed delivery high-quality State Pre-Kindergarten before entering Kindergarten. RI's mixed delivery state Pre-K is one of three in the nation to meet all 10 of the National Institute for Early Education Research Quality Standards. In terms of availability, RI is committed to expanding its mixed-delivery model to serve children in high quality early learning environments through a multi-pronged approach: Tiered reimbursement rates for providers serving children in the Child Care Assistance Program (CCAP) to incentivize quality improvement and increase enrollment of

subsidized children into high quality programs; State Pre-K lottery weighted to meet population needs; Supporting Head Start grantees in meeting duration requirements (moving from four hour days to six hour days.)

Expanding RI's State Pre-K mixed delivery model to serve more children in high-quality learning environments: Across the state, Pre-K funds are targeted to communities with a high proportion of low-income families, using the percentage of children participating in the local school district's free and reduced-price lunch program as a guideline. Children are selected to participate in the previously mentioned State Pre-K program through a lottery, with children from low-income families prioritized for enrollment based on the proportion of low-income children in the local school district but maintaining a mixed income model in-line with national best practice. RI continues its expansion plans to meet its goal of universal access to state Pre-K utilizing Head Start, PDG Renewal, and state funds to expand seats while addressing barriers faced by our most vulnerable populations (*See 2019 Family Needs Assessment; p.32)*

Capacity to meet State Pre-K goals: In addition, a key task of the 2019 Early Learning Facilities Needs Assessment, conducted by Local Initiatives Support Corporation (LISC), was to examine and understand the current capacity of Rhode Island's early learning facilities to seat the state's Prenatal-5 children. **LISC found that there is in fact already enough licensed physical space to house the state's entire four-year-old population in a preschool program.** However, this space comes with several limitations to ensuring safety and quality (*See 2019 LISC Facilities Needs Assessment*; p.*6*). The Workforce Needs Assessment also found that **Rhode Island appears to be positioned, in terms of educator supply, to roll out the expansion of State Pre-K to serve 7,000 young children by 2024.** Over 400 qualified (PK-2 certified) teachers are currently employed in non-Head Start community-based preschool classrooms and about 70 PK-2 certified teachers are produced annually by RI's existing higher education institutions (*See 2019 Workforce Needs Assessment*; *p.31*). It is important to keep in mind that increased demand for certified Pre-K teachers might also create shortages or unmet need in other sectors of the B-5 workforce. To mitigate these challenges, RI will likely need to monitor impacts of Pre-K expansion on childcare centers and access for 3-year-olds, as well as staffing needs of K-2 schools, and explore additional strategies to address compensation and working conditions for the entire child care workforce (*See 2019 Workforce Needs Assessment*; *p. 37*).

RI's Quality Improvement Rating System leverages funding for improvement: Designed and implemented using RI RTT-ELC funds, BrightStars, RI's Early Childhood Quality Rating and Improvement System (QRIS), provides a robust picture of quality within the state, with over 78% of all early learning programs in RI having a quality rating as of January 2019. With the percentage of early learning centers and public schools rated as high quality increasing steadily since 2015 (2019 Rhode Island Kids Count Factbook p.122; 124-126). Currently, there are 175 programs with 3 Stars or above on the BrightStars QRIS and 111 programs with 4 or 5 Stars.

Since all programs receiving CCDF child care subsidies or house State Pre-K classrooms through RI's mixed delivery system are required to participate in BrightStars, RI can ensure accurate data on the quality of care received by many of our most vulnerable children. The state's CCAP program subsidizes the cost of child care for approximately 6,000 RI children 0-5 with 56% of those children living in the state's four core cities of Providence, Pawtucket, Woonsocket and Central Falls (see *(2019 Rhode Island KIDS COUNT Factbook; p.122-123* for enrollment by community and current rates.) In July of 2018, RI introduced tiered child care subsidy reimbursement rates further leveraging the state's QRIS to support quality improvement. Indeed, since RI introduced tiered reimbursement rates, the state has seen more than 150 programs increase their BrightStars rating. As of July 2018, the rates paid for infants and toddlers in centers with a five-star quality rating meet the federal benchmark enabling equal access, but base rates remain below the benchmark for providing equal access to high quality childcare. In response to this, RI is proposing legislation to increase infant/toddler base rates to the 25th percentile.

The BrightStars Think Tank which convened in 2017, in anticipation of the introduction of tiered reimbursement rates, resulted in several revisions to the framework to ensure stronger alignment between licensing regulations and quality standards (see BrightStars Thinktank report, p.7-8). Building on these, in December of 2019, RI shifted its Child Care Licensing Unit from DCYF to DHS with the transition supported by PDG grant funds. This transition will directly link licensing data to QRIS data to promote coordinated monitoring and improved state-level understanding of factors contributing to quality improvement.

The ECCE Workforce is experienced and committed to long-term growth and sustainability: Center-based program directors have on average 19 years of experience working in the early childhood field, and lead teachers have on average 15 years of experience. Family Visiting Staff have on average 11 years of experience and Early Intervention Staff have on average 8 years of relevant experience. Family child care providers who participated in focus groups report an average of 12.5 years of experience caring for children (*See 2019 Workforce Needs Assessment; p.8*). On average, the Workforce Needs Assessment found that **child care lead teachers reported receiving 21 hours of training per year, Family Visiting staff reported receiving 31 hours, and Early Intervention staff reported receiving 15 hours per year** and that when asked about the helpfulness of various training topics received in the past 12 months, center-based teachers indicated that trainings on interactions with children (71% of teachers), curriculum use (72% of teachers), and social-emotional learning (68%) are the most helpful in improving their classroom practices (*See Workforce Needs Assessment; p. 19*). Family child care providers valued the trainings on financial management, although generally reported concerns about the relevance of some trainings they attended for their setting type.

RI has organized a centralized Hub for PDTA which streamlines and coordinates the PDTA which is made available to the ECCE workforce: The state, through DHS and RIDE,

funds the Center for Early Learning Professionals (CELP), operated by the Education Development Center (EDC), to deliver professional development (PD) and technical assistance (TA) services to several sectors of the B-5 workforce in order to engage in and advance them along the Bright Stars quality continuum (*See 2019 [Workforce Needs Assessment](#)*; *p.17-20*). Using PDG Renewal Grant funding, state agencies will coordinate to fund one centralized PDTA Hub for the entire ECCE workforce with uniform pre-service expectations.

Institutions of higher education have engaged broadly in the delivery of evidence-informed PDTA for the ECCE workforce; including scholarship/compensation strategies such as T.E.A.C.H.: Several financial supports exist to help current and prospective early childhood educators in Rhode Island access postsecondary education as well. For example, DHS uses CCDF quality funds to fund higher education institutions, The Community College of Rhode Island (CCRI) and Rhode Island College (RIC), to support certificate and entry-level college coursework to the early childhood workforce at no/low-cost to participants. This includes funding for the CDA and 12-credit Human Services Credential programs at CCRI and the RI-BEST program offered by RIC (which provides Early Childhood workforce development in Spanish, coupled with ESL instruction), T.E.A.C.H. Early Childhood® which provides scholarships that individuals currently working in child care programs in RI can use to take courses at CCRI or RIC. RI also implemented the Rhode Island Promise initiative which provides all recent high school graduates with the opportunity to complete their first two years of coursework for free at CCRI (*See 2019 [Workforce Needs Assessment](#)*; *p.25-30*).

Gaps in Quality and Availability: While RI has much to be proud of, RI recognizes that it faces significant challenges in making quality ECCE services available to its most vulnerable children and their families, with families and childcare providers contending with prohibitive costs, the state recognizes a deficit in the availability of quality infant/toddler child care options for working families and, with 8% of all four-year-old's enrolled, RI ranks near the bottom of the 40 states for access to the State's mixed delivery Pre-K. The state's challenge remains increasing availability while maintaining the high levels of quality present in many of its programs.

Current child care costs do not cover the cost of delivering quality care: Neither public nor family payments are adequate to cover the cost of high-quality services, particularly the costs associated with ensuring reasonable compensation to attract, develop, and retain qualified and effective teaching staff (*See 2019 [Workforce Needs Assessment](#); p.11-16*). Many children continue to face gaps in supports and services. RI plans to pilot compensation strategies such as Registered Apprenticeship under the PDG Renewal Grant period to respond to these findings.

Multiple sources of instability currently face all sectors of the B-5 workforce: These include substantial staff attrition, compensation gaps, level of job stress/burnout, a desire for additional professional support, and limited supports and opportunities for upward movement. These factors impact program quality and availability of services for children B-5 in RI. B-5 teacher

and front-line staff salaries are low in RI, as is the case nationwide. The Workforce Needs Assessment found that many teachers and staff have financial worries, which likely contribute to turnover, stress, and attrition. Although RI provides State Pre-K teachers in both school- and community-based settings salary parity with public school teachers through its mixed delivery model, there are notable disparities in compensation between State Pre-K teachers and other parts of the B-5 workforce, particularly infant and toddler teachers in child care settings. In fact, one-third of child care programs do not participate in CCAP for fear they will not be able to serve these children's needs due to reimbursement rates not being adequate to cover costs. (*See 2019 Workforce Needs Assessment*; *p.2*). The 2019 Workforce Needs Assessment garnered information on key gaps in the availability of care across ECCE settings as well. For example, the assessment found that **staff absenteeism is relatively high in Rhode Island**. Almost one-fifth of center-based program directors report that at least one teacher is absent in their programs between 5 and 10 days in a month. Staff absenteeism is most likely attributable to the poor wages and benefits packages for the ECCE workforce.

Using PDG Renewal Grant funds, RI intends to address instability in its ECCE workforce it's through multiple levers and strategies to increase and provide a more equitable compensation to the Prenatal-5 workforce such as higher subsidy rates, compensation incentives through registered apprenticeship programs, and refining the state's articulation agreements so that ECCE credentials "stack," leading to recognized degree progression and increased workforce capacity. Key strategies include: standardizing preservice training across the ECCE workforce; increasing subsidy rates to providers through the state budget, implementing a shared PDTA hub across state agencies, that will pool resources to provide comprehensive support; launching a registered apprenticeship model to offer paid on-the-job learning that results in a credential (and in some cases a higher degree) to break down barriers to accessing higher education. Crucially, this model will incorporate the state-wide target wage scale proposed by the recently released recommendations of the Moving the Needle on Compensation Task Force.

Teachers across the ECE system report minimal planning time to support their classroom instruction: Among center-based teachers, the Workforce Needs Assessment found that **lead teachers reported having only about 1.5 hours per week of planning time and assistant teachers reported having less than one hour per week**. Over half (59%) of assistant teachers and 29% of lead teachers reported not having any paid planning time during the week when they are not responsible for children (*See 2019 Workforce Needs Assessment*; *p.18*). RI's mixed delivery state Pre-K model, through the dissemination of classroom grants, provides a model for how we incentivize (and ultimately require) planning time for our high-quality programs/classrooms.

VII. Quality and Availability of Programs and Supports for Children and Families
Families report benefitting from the B-5 programs they receive: The 2019 Family Needs Assessment conducted by Abt asked parents of B-5 children if they felt RI programs and services

helped to boost their confidence, assisted them in supporting their child(ren), and/or assisted in their child(ren)'s growth. Overall, **about half of the families (50-60%) felt they receive "a lot" of benefits from the programs for their children and themselves. In fact, 62% of surveyed vulnerable families reported receiving "a lot" of benefits to their child's development** (*See 2019 [Family Needs Assessment](); p. 21-23*).

There are not enough seats (quality or otherwise) to serve the existing population: Many families have difficulty finding and enrolling their children in high-quality early care and education programs, because they aren't available in their communities, don't have openings for specific ages of children (especially infants and toddlers), and/or don't offer the hours parents need. In addition, many families cannot afford the cost of high-quality programs (*See 2019 [Family Needs Assessment](); p. 17-20).* Indeed, 24 municipalities have 3 infant/toddlers for every one licensed space available, 13 municipalities have 0 quality licensed slots for infants/toddlers and, while current infrastructure holds space for 7,000 licensed Pre-K slots; however, fewer than 20% of these slots are quality (*2019 [Facilities Needs Assessment](), p. 22-25).* RI's recently completed family NA focused on assessing vulnerable populations; over 75% of the study's participants were families with vulnerable children. Building on this, the state will replicate its current methodology for assessing access to health insurance to conduct a population level survey of child care access in RI. RI will conduct a full resident survey to broaden the scope of our findings and assess the availability and program participation among a robust and representative state sample of families with a deeper dive on families involved with child welfare.

Programs like Early Head Start serve low-income infants and toddlers up to age three and their families. The program is available in some RI communities, but there are not enough spaces to serve everyone who is eligible. Therefore, children and families are prioritized for enrollment based on risk factors. Similarly, Head Start offers preschool to low-income children who are ages 3 and 4. The program is statewide and is free, however, there are not enough spaces to serve everyone who is eligible. Therefore, children and families are prioritized for enrollment based on risk factors. Additionally, using PDG Renewal Grant funds, Rhode Island plans to expand access to family home visiting services as well as early head start-child care partnership grants.

There is a need for greater attention to specific vulnerable populations: Although over half of all families surveyed in the Family Needs Assessment cited that they felt they received "a lot" of benefits from programs for their children and themselves, **families with special needs children (ages 0-5) and families with foster children (ages 0-3) reported fewer benefits from these programs than other vulnerable families.** (*See 2019 [Family Needs Assessment](); p. 21*). Families with special needs children or foster children were less likely to report benefits from their participation in B-5 programming; and reported experiencing greater barriers to accessing programs, while childcare providers report feeling disincentivized to serve these populations given low subsidy rates and lack of programmatic support. Together, these concerns suggest a

need for additional research in order to prioritize thoughtful policy action in response. RI will use PDG Renewal Grant funds to conduct a more detailed needs assessment focused on improving outcomes for children involved in child welfare as well as those with special needs. The goal of this assessment is to increase coordination among all levels of care and programs, address workforce and service delivery systems issues and further investigate the barriers experienced by this subset of families.

The 2019 Family Needs Assessment found that **vulnerable families are nearly twice as likely to report one or more barriers to accessing services and are nearly three times as likely to report multiple barriers.** For instance, families who are **non-English-speaking, as well as families with special needs children or foster children, stated they experienced language or cultural roadblocks** when trying to access RI services and programs (*See 2019 [Family Needs Assessment](); p. 17*). That said, it is unsurprising that non-English-speaking families were found to also have lower participation rates in family visiting programs, Early Head Start, Early Intervention services, and SNAP compared to other vulnerable groups. This gap in access among non-English-speaking families is especially prevalent among families with infants and toddlers (*See 2019 [Family Needs Assessment](); p.14*).

The 2019 Family Needs Assessment found that **half of vulnerable families using child care say that it was hard or very hard for them to find, with the primary reasons being there were no available slots in programs they liked or could afford.** Half of the parents of preschoolers also said that accessibility, especially transportation, was a barrier. Among preschool children, all the subgroups of vulnerable families had difficulty finding child care, but more than 75% of families of foster children and non-English-speaking families said it was hard or very hard to find care. (*See 2019 [Family Needs Assessment](); p.30*).

In terms of family knowledge and use of RI's mixed delivery state Pre-K, the Family Needs Assessment found that families who were offered a slot in the **State Pre-K lottery** but turned it down generally reported that they either **did not know about the program, "did not like" the program offered, or the transportation barriers were too high**. Although families of children with special needs were the most likely to be aware of the State Pre-K lottery, they were also the most likely to refuse a slot if offered (*See 2019 [Family Needs Assessment](); p.32*).

There is a clear need to engage more families in the programs, services and supports available to RI B-5 families. RI aims to increase program participation rates among certain subgroups of vulnerable families (for some programs, participation rates are less than 30%) by considering an expansion of funding to support relevant and impactful services for targeted families. Additionally, the state plans to consider additional efforts to engage with non-English speaking families to connect them to early childhood programs, including FHV, Early Head Start, Early Intervention services, and SNAP. (*See 2019 [Family Needs Assessment](); p.16*).

The Family Needs Assessment found that 51% of vulnerable families surveyed were told they were ineligible when trying to access RI services and programs. 35% of all vulnerable families had no transportation to get to a program onsite, 29% felt overwhelmed or confused, 22% experienced a language or cultural barrier, 16% felt there was no one to help them, and another 16% felt as though they were not welcome. Of particular import, nearly half of families defined as vulnerable in the same study indicated friends or family as their source for information on available programming and supports. (*See 2019 Family Needs Assessment; p.15*).

As previously explained, the 2019 Family Needs Assessment shows that, overall, **a significant percentage of vulnerable families across Rhode Island (89%) participate in one or more publicly- funded program.** For example, over 60% of eligible families are enrolled in an evidence-based home visiting program and 70% of vulnerable families across the state participate in the Special Supplemental Nutrition Program (SNAP) for Women, Infants, and Children (WIC). Focus group participants in the Family Needs Assessment also reported high use of programs, especially WIC, but lower use of family visiting programs. (*See 2019 Family Needs Assessment*; *p.14*).

In response to these findings, the state is developing various approaches that facilitate family navigation and utilization of the Prenatal-5 system. These findings display a clear need for both enhanced cross-agency enrollment efforts and increased family navigation efforts to disseminate information on available programs and services. Efforts moving forward will include a focus on developing protocols or agreements across systems that reduce barriers for coordinating services, referrals and eligibility through coordinated enrollment.

Recognizing RI's need to better align ECCE programs and ensure cross-enrollment, the state will continue to increase family participation in the programs listed above with PDG Renewal Grant funding. Building awareness through a continued marketing campaign and implementation of a family navigator program embedded in the community to help families access services.

With PDG Renewal Grant funds, RI plans to enhance its existing community-based infrastructure of its Health Equity Zones with Family Navigators (FNs) to support vulnerable families with existing resources, services, and programs. The HEZs provide a unique framework for addressing this need because - through a collaborative, community-led process - each HEZ has developed essential, local partnerships within communities and also with statewide systems to support families. Through PDG Renewal Grant funding, RI will embed FNs who will be accessible at the community level and will assist families in ensuring that they are aware of, understand, and can access needed services, in a culturally and linguistically appropriate way. These FNs will support all families in the community but focus outreach to families who have children with disabilities, and those facing cultural and linguistic barriers. To ensure that all the FNs have comprehensive information and can support a two-generation approach, they will participate in a learning collaborative (the structure of which is already in place) about a safety

net and other services, including housing, food, training/employment, income support, health, mental health, and child care as well as participate in the pre-service training.

Finally, a key component of assisting families to access and engage in supportive services is streamlining the process for both families and service providers. To improve the availability and usability of information for families, as well as support coordinated referrals systematically, the state has been developing an electronic referral system for social service providers to use to help families connect with services and resources, and to enable service providers to monitor the outcome of a referral and understand whether the family accessed a service or might need something additional or different. RI will expand this work so that the system is available to more types of providers, including child care, Head Start, and mixed-delivery Pre-K providers. This will enable FNs and others to more easily refer families to services in real time, if the family wishes, and to close the referral loop.

VIII. Transition Supports and Gaps

More children are accessing quality ECCE programs due to RI's commitment to serve four-year-olds in a mixed delivery high-quality State Pre-K model. RI's investments in integrated data support a critical B-5 infrastructure that aims to help promote identification, timely intervention, and transitions across programs. RI is investing in a marketing campaign to increase awareness of the various B-5 programs available to RI families, specifically the RI Pre-K lottery. The state also has local teams that support families as they transition between programs for prenatal to age 3, such as FHV and EI , and programs for 4- to 5-year-olds, such as special education. For transitions from Pre-K to elementary, RI is providing professional development to Kindergarten teachers on Teaching Strategies Gold (TSG), the assessment used in Pre-K classes, and developing an annual "Transitions to K" summit where ECCE stakeholders (inclusive of community-based organizations in addition to public school programs) can share best practices related to transitions. In the longer-term, the state hopes to require districts to develop transition plans for students and to provide all elementary schools with transition files for all entering students with data from the B-5 data system. The state also hopes to utilize this data in our longitudinal study with the Hassenfeld Institute in order to determine the effects of transition planning on student outcomes.

There is a need for a more comprehensive approach to transitions between programs: The Workforce Needs Assessment found that while communications about the transition to kindergarten does take place between teachers and preschool families, a notable proportion of lead teachers report **never communicating with preschool families about kindergarten**. In order to help working parents better navigate their child's transition into Kindergarten, the state is currently identifying transition supports and gaps to improve children's transitions between ECCE programs, supports and school entry. Less than half of RI preschool teachers report communicating with families about the transition to Kindergarten (K) consistently and about 20% report never communicating with families about K *(See 2019 Workforce Needs Assessment;*

p.7, Exhibit 5).. This indicates a need for additional school entry support within the state. Building on this finding, RI is using PDG B-5 funds to conduct a statewide "Transition to K" survey of all public-school K teachers to better understand the current status of Pre-K to K transition planning activities. The same team is participating in an Office of Head Start transition series, aimed at supporting key action steps between Head Start and their LEA's. Under the state's EI program, children B-3 are self-referred (parent) or pediatrician-referred to an EI provider for a comprehensive evaluation which determines the type and frequency of services delivered. Services are detailed for a family in an Individualized Family Service Plan (IFSP.) This IFSP follows the child as they enter school.

RI recognizes that the transition to Kindergarten is not the only opportunity to strengthen system coordination for families with children B-5. RI will prioritize additional system integration to support provider coordination to enable smooth transitions across all B-5 systems -- such as from a home-visitor to a Head Start provider -- to ensure that all families receive continuous support throughout their involvement with state programs. RI recognizes that providers benefit from guided structure on how to educate and support families during transitions.

Through the state's consumer website, exceed.ri.gov (Exceed), families can search for programs by location and rating level and find information on child development services and supports. **However**, while Exceed provides information to support key aspects of the early care and education system, **RI needs additional system integration to support provider coordination and facilitate family transitions among programs** - such as from a home-visitor to a Head Start provider - to ensure that no families fall through the cracks and provider accountability is clear. Transitions among other ECCE programs will be further analyzed in the PDG Renewal Grant period, supported by the data system improvements discussed above.

The programs and supports for children with developmental delays or other special needs in Rhode Island are plentiful and widespread. For example, the **Title I Preschool in Local Education Authorities (or LEAs)** are public school-based preschool programs that occur in school facilities across the state. Every school district in RI serves children 3-5 who have developmental delays. The program is free and may include typically developing children.

IX. Building Capacity Through Facilities

In a state that is only 1,214 square miles, space is a precious commodity. To expand access and improve quality across programs, PDG Leadership recognizes the importance of identifying the current state, availability, and geographic distribution of facilities designed for children B-5. Existing needs assessments demonstrate that the state has insufficient capacity in key programs needed to achieve its system vision. Specifically, Rhode Island lacks infant and toddler childcare slots (there are currently 3,199 licensed child care slots for children under age 3 for approximately 30,000 children under age 3) and slots for 4-year old's in its mixed delivery Pre-K

system (there are currently 2,267 4- year old's enrolled in State Pre-K or Head Start, and approximately 10,000 children age 4). LISC's report highlighted the following issues (see 2019 Facilities Needs Assessment, p.7-10):

- Lack of adequate ECCE facilities, particularly in some communities and particularly for infants and toddlers (mapping of actual slots against estimated number of children requiring care)
- Majority of facilities are aging with significant deferred maintenance (data from 2014 and 2017 studies coupled with 2019 visits)
- Real estate and construction are expensive in Rhode Island and providers generally lack sufficient financial resources to acquire or build the space needed to expand much needed quality programming.

Rhode Island has a nationally recognized child care facilities fund that embraces a public:private partnership model – the fund offers financing, technical support, training and best practice resources – financial supports are prioritized for high needs populations and programs demonstrating a commitment to quality programming and have benefited programs and children in 38 of Rhode Island's 39 municipalities.

With PDG Renewal grant funds, Rhode Island plans to launch a facilities planning and pre-development fund to offer mini-grants for providers to navigate the financial and regulatory barriers identified in the LISC's 2019 Facilities Needs Assessment (p. 50-51). The state is also pursuing a general obligation bond to support the expansion and development of ECCE facilities

X. Measurable Indicators of Progress that Align with the State/Territory's Vision and Desired Outcomes for the Project

Rhode Island is currently developing enhanced progress indicators that align with the state's above vision and desired outcomes as defined in the Prenatal-5 Action Plan and help assess progress and outcomes at the systems, provider, family, and child levels using criteria such as the ability to disaggregate data, the frequency of data availability, and the research literature on predictive indicators. The process of gathering information, tracking progress and using data to analyze program effectiveness is key to understanding whether children with disabilities, for example, have benefited from the services provided to them. For example, the Office of Special Education Programs (OSEP), within the U.S. Department of Education, requires that outcomes are reported annually for all children receiving EI and ECSE services.

The outcomes of the Needs Assessments will be leveraged, in addition to existing data systems, to identify regularly available data, as well as recommend new data collection methods to assess progress and inform needed revisions to the strategic plan over time. Rhode Island's Third Grade Reading Action Plan, which collects data on over 18 B-5 metrics at the agency level on a yearly basis and tracks over 30 associated action items on a quarterly basis, will serve as the basis for refining additional measurable indicators in the State's Prenatal-5 action plan.

Indicators defined in the action plan include:

- Assess the progress that programs are making toward meeting identified quality standards and target outcomes, and identify gaps in reaching goals
- Track RI's progress in implementing key workstreams and initiatives within its ECCE system, and make informed decisions on redirections of funding, staff resources, and strategy based on performance monitoring
- Ensure that PDG sub-recipients have the existing internal controls needed to prevent fraud, waste, abuse, and that funds are spent on appropriate activities, aligned with approved budgets; to promote efficiencies, and achieve compliance with all applicable statutory and regulatory requirements
- Identify existing, effective practices and resources within collaborating state agencies, and enable peer-to-peer learning to improve implementation of the ECCE initiatives identified in the State's strategic plan.

Included in the B-5 PDG Governance framework is a focus on strategic outcomes, as well as the implementation of quality improvement strategies for services, care, education and supports. Performance evaluations will be conducted regularly with Agency leads responsible for programmatic oversight.

To ensure continuous quality improvement and that this plan is data-driven, every goal, strategy, and activity will, again, have associated indicators that are reviewed regularly. The Early Childhood Care and Education Steering Committee will meet regularly with cross agency strategy teams to analyze and discuss implementation and performance against progress indicators on an ongoing, frequent basis through the enhanced governance framework. If progress indicators are positive but the outcome indicator is static or moving in the wrong direction, the team will re-assess whether the activities and strategies provide the right path forward to achieving the desired outcomes. The team will review all NA findings, which will serve as leading indicators, on a frequent basis for insight on possible alternative strategies to better address barriers or challenges. To ensure that data is available, accurate, and timely, the state's plan focuses on establishing clearer ECCE Data Governance and establishes an EC Data Governance lead.

XI. Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources
In addition to working to address the several funding barriers regarding ECCE services and programs, facilities, and workforce previously outlined in this document, as part of its strategic planning activities, the state is conducting a **funding stream and cost analysis** for the expansion of RI's mixed delivery State Pre-K. The report will provide cost model analyses and projections, recommendations for leveraging existing federal, state and local funding streams, and the identification of new potential revenue streams, which will serve as a model for broader system-wide efficiencies. In addition to the funding stream analysis, the governance framework being

codified through the state's ongoing strategic planning process supports the efficient use of resources to provide comprehensive Prenatal-5 services for families through the integration of Head Start, Child Care Assistance Program (CCAP) and state-provided early childhood services.

RI has prioritized the identification of efficiencies through shared resources. The cross-agency compilation, ongoing analysis and utilization of a state children's budget has decreased budget redundancies and helped ensure a cohesive vision for resource investment in support of the state's ECCE system. In the current fiscal year this interagency work has been extended with the issuance of a shared RFP among RIDOH, DHS, and RIDE for the implementation of the ECE PDTA hub. These efforts serve as examples of the state's commitment to leveraging purchasing power and decreasing operating costs through coordinated governance.

The state has demonstrated several illustrative project examples of successful efforts across the state that have demonstrated efficient use of resources in pursuit of facilities development. From the ***Children's Workshop*** in Lincoln, to the ***Beautiful Beginnings Child Care Center*** in Providence, several organizations have implemented various remodeling efforts that better utilize existing ECCE space, capitalize on existing infrastructure to oblige ECCE facility requirements, and create entirely new ECCE space. In LISC's Facilities Needs Assessment, over ten efforts are outlined detailing partnership efforts that have led to creation of new ECCE shared spaces, reallocation of resources that create safe, higher child-care capacity spaces (*See 2019 LISC Facilities Needs Assessment; p. 55-97*).

Rhode Island is well poised to take on this next round of funding to respond to and improve upon the findings of these Needs Assessments. With cross-agency coordination and collaboration, the state will prioritize increased access to quality B-5 programs for all RI families.