North Carolina B-5 Strategic Plan Early Childhood Professionals Input Results

December 2019

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In Collaboration with:

NC Division of Child Development and Early Education
North Carolina Partnership for Children

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Executive Summary

In Fall 2019, community agencies in nine sites across North Carolina convened early childhood professionals to discuss and provide input on development of the state's Preschool Development Grant Birth-Five strategic plan. The input will also inform the operationalizing of the North Carolina Early Childhood Foundation's Pathways Action Framework. More specifically, input session participants were asked to select and provide feedback on strategies in four areas:

- Increase Access to Early Learning
- Improve Quality of Early Learning Programs
- Supported and Supportive Families and Communities
- Social and Emotional Health and Resilience

Participating sites were chosen by RFP to host and facilitate these community input sessions. Sites received guidance and materials in the form of an Early Childhood Professionals Input Toolkit with facilitation guide and Webinar. The facilitated sessions lasted 3.5 hours and included strategy prioritization, small group discussion, and large group consensus building. After identifying strategies for discussion, each small group responded to the following questions:

- What would our community need to implement this strategy?
- What are the action steps that need to happen to implement this strategy at the **local** and **state** level?

At each site, following the small group work, the large group reconvened to report out on the above questions. The large group was then asked to identify action steps the state should consider first in strategy implementation.

Participating sites were asked to ensure diverse representation among invited participants. Suggested participants included:

- Early educators and administrators of early education services for children birth through five
- Teachers and principals working with kindergarten through third grade
- Informal caregivers
- Providers of other early childhood services for children ages birth through eight, including:
  - Pediatricians
  - Home visiting services providers
  - Early intervention services providers
- Head Start
- Smart Start local partnership
- Think Babies (if applicable in their community)
- Local Education Agency – Title I Director and/or Preschool Coordinator
- County Department of Social Services
- County Department of Public Health
- Local Management Entity-Managed Care Organization (LME-MCO)

Ensuring a Racial Equity Lens

The input sessions were designed to include and promote a racial equity lens. Activities undertaken to ensure this included:

- Working to ensure that the request for proposals was accessible and the grantmaking process was brief and simple, ensuring ease for all organizations, and particularly those who have direct access to the intended audiences.
- Awarding financial resources and support to organizations to provide a stipend for participation, particularly for individual parents being interviewed.
- Inviting child caregivers to prioritize strategies most important to them, note their needs and define barriers to effectively implementing prioritized strategies, and suggest particular action items to effectively move forward.
- Shaping questions to explore not only the barriers faced by children and families but the strengths that marginalized children and families bring to challenge traditional ideas about what is "best" for children and families.

In total, nine early childhood professionals input sessions were convened and 204 professionals participated, representing the 16 counties shown below.
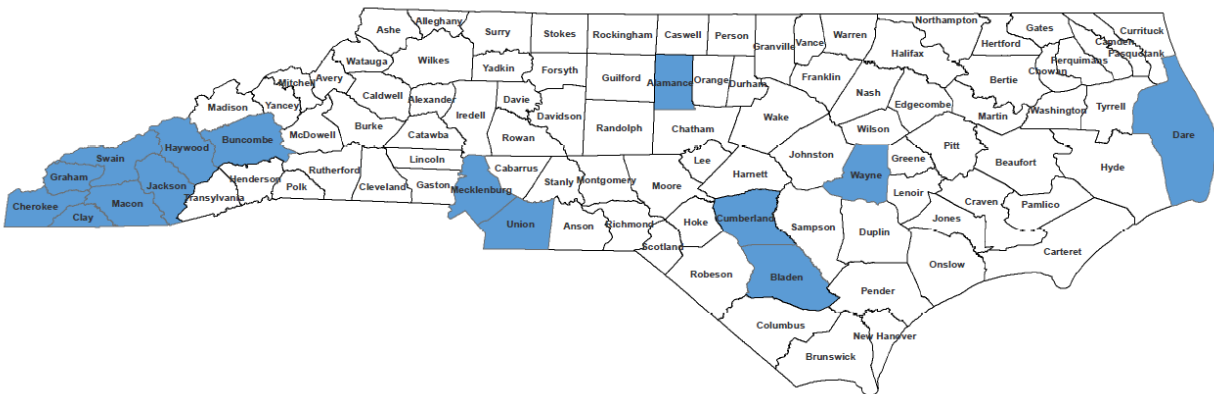
Results

Participating sites received materials that contained 15 strategies across four goal areas, as shown below. As part of the input session process, participants at each site decided which one strategy in each goal area would be addressed. **Some strategies received more attention than others**; three strategies were not addressed at all. The two strategies that were addressed in six sites included:

A4. Improve access to and quality of infant and toddler classrooms.

Q2. Raise wages to attract, recruit and retain highly qualified teachers.

    a) Promote wage supplement programs like Child Care WAGE$ and Infant-Toddler Educator AWARD$ programs.

    b) Work with NC Pre-K contractors to promote site adherence to wage scales for educators.

    c) Provide supplemental funds for NC Pre-K teacher compensation to achieve parity between private centers and public schools.

The choice and the popularity of different strategies is of interest and may itself inform a sense of which topics are of greatest interest or need in communities across the state. In addition, the fact that three strategies that name specific inequities were not selected for attention by any of the groups – supports for children with disabilities, ensuring learning environments that are free of systemic racism, and eliminating the use of suspension/expulsion (which disproportionately impacts children of color and children with disabilities) – suggests that leadership on these areas will need to come more from the state, since local groups are not choosing to lead on those areas.

Goal Areas and Strategies	Number of Input Sessions
Goal Area 1: Increase Access to Early Learning (A)	
A1. Strategize with counties and communities identified as child care deserts to determine how best to create new or expand existing child care facilities (homes and centers), including holding local convenings and allocating funding for capacity building.	3
A2. Increase access to high-quality early childhood programs for children who are homeless, in foster care, or from immigrant families.	1
A3. Expand access to high-quality early learning programs and ongoing classroom supports for young children with disabilities and other special health care needs.	0
A4. Improve access to and quality of infant and toddler classrooms.	6
Goal Area 2: Improve quality of early learning programs (Q)	
Q1. Work with Smart Start Network, CCR&R and other programs to provide ongoing technical assistance and professional development opportunities to help early learning providers keep up-to-date in best practices in trauma-informed care, racial equity, cultural competence, family engagement and building resiliency.	2
Q2. Raise wages to attract, recruit and retain highly qualified teachers. a) Promote wage supplement programs like Child Care WAGE$ and Infant-Toddler Educator AWARD$ programs. b) Work with NC Pre-K contractors to promote site adherence to wage scales for educators. c) Provide supplemental funds for NC Pre-K teacher compensation to achieve parity between private centers and public schools.	6
Q3. Prepare teachers to build specific student skills needed for success. a) Create collaborative professional development opportunities between private, Head Start, and public providers of birth through five-year-old care and education. b) Provide research-informed professional development. c) Require specific educator and administrator professional development for building positive climates.	1
Q4. Promote learning environments for young children that are free from systematic racism and implicit bias.	0
Goal Area 3: Supported and Supportive Families and Communities (FC)	
FC 1. Make transitions – including from toddler programs to preschool, and from Pre-K to kindergarten, across centers, and between programs – easier for children, families, and teachers.	1

	a) Connect the data systems for birth through age five programs to data systems for public schools to support vertical alignment and transitions. b) Require local education agency (LEA) decision makers to coordinate with child care providers and families to set up plans for more successful transitions.	
FC2.	Provide support to local communities to improve and promote family engagement across systems including training, technical assistance, and coaching, along with grants to improve and promote family engagement to serve as a model for statewide dissemination.	3
FC3.	Provide increased access to research-based mental health services in early education settings to children and parents who need them.	5
Goal Area 4: Social and Emotional Health and Resilience (SE)		
SE1.	Collect and analyze reliable data on young children's mental health, physical health, well-being, social-emotional development, housing status, academic performance, and other factors in order to track children's progress across multiple years, and then use that data to make better policy decisions for their care.	2
SE2.	Using different assessment tools, provide coaching and technical assistance through statewide special initiatives to early educators and administrators to ensure classroom practices, equipment, and materials are developmentally appropriate and support social-emotional health.	4
SE3.	Infuse infant and early childhood mental health competencies in provider education and professional development.	3
SE4.	Eliminate or minimize the use of suspension and expulsion in birth through five-year-old classrooms.	0

Eight response categories were created to analyze findings for the questions (a) What would our community need to implement this strategy? and (b) What are the action steps that need to happen to implement this strategy at the local and state level? These response categories included:

Policy development, enhancement, or revision

Policy development, as a category, referred to the review, revision, enhancement, or development of policies, rules, or regulations around programs or funding. It typically requires an authorized group or individual who can enact changes to code or statutory requirements such that programs can be implemented in new or different ways, including the identification or development of funding streams to support the implementation. This category of response also included governance of professional requirements or expectations, such as requirements to achieve an education degree or certification.

Community awareness or education

This category of response included needs or action steps focused on building awareness around the importance of the early childhood period and the programs that are designed to support children, families, and caregivers. This category included education for different types of stakeholders (such as parents, early care and education professionals, elected representatives, and the general public). This category also included advocacy, especially among elected representatives or decision-makers, for the purposes of enhancing investment in or support for different strategies.

<u>Increase or provide funding</u>

It will be challenging to implement any of participant recommendations without new, additional, or refocused funding—this was acknowledged in the materials provided to participants. Still, funding emerged as a specific suggestion or need across strategies. This category included references to the need to increase funding to support the full implementation or expansion of an existing program. This category also included references to provide funding so that a program or service could be implemented.

<u>Develop partnerships or collaborations</u>

Partnerships and collaborations can be effective and efficient tools for meeting community needs and achieving strategic plan goals. Partnerships can take the form of working across community agencies to develop and provide services. Partnerships also can take the form of agreements to work collaboratively to promote, educate, or advocate on a particular issue or topic.

<u>Enhance, expand, or implement programming</u>

In some cases, to make progress in goal areas or strategies, new programs or services are necessary. In other cases, existing services need expansion or enhancements (e.g., expanding to serve new or different populations, enhancing quality or some aspect of service delivery). This category of response captured suggestions or requests to implement, expand, or enhance programming, including the provision of specialists, new programs or facilities, or specific types of personnel. This category did not, however, include items targeting training, technical assistance, professional development, or education of the workforce, as these are captured in another response category.

<u>Ensure or enhance quality through Training, Technical Assistance, Professional Development, Education</u>

Achieving the plan's goals or strategies may require ongoing development and supports for the professional workforce. This may come in the form of training (such as shorter-term, multi-session group courses or workshops), technical assistance (such as onsite guidance or feedback conducted with administrators or teachers), mentoring or coaching, other forms of professional development, or formal education (such as coursework in support of a degree, certification, or other credentials).

<u>Provide secondary supports to families or professionals</u>

This response category includes the secondary supports, such as child care, transportation, or translation services, that families or professionals at times need in order to take advantage of programs or services.

<u>Enhance understanding of the issue by investing in data or information</u>

The final response category reflected the need to collect data or information or in other ways further understanding of a particular need or topic (noting that one or more of the strategies focused on data as well).

Community Implementation Needs

In response to the question "What would our community need to implement this strategy?" the most prevalent (wherein prevalence indicates this type of response would be appropriate across multiple strategies) suggestions included (a) community awareness, (b) data and information, and (c) programming. These were common needs suggested for the 12 strategies.

What would our community need to implement this strategy?

Number of strategies (out of 12) that included this type of suggested response.

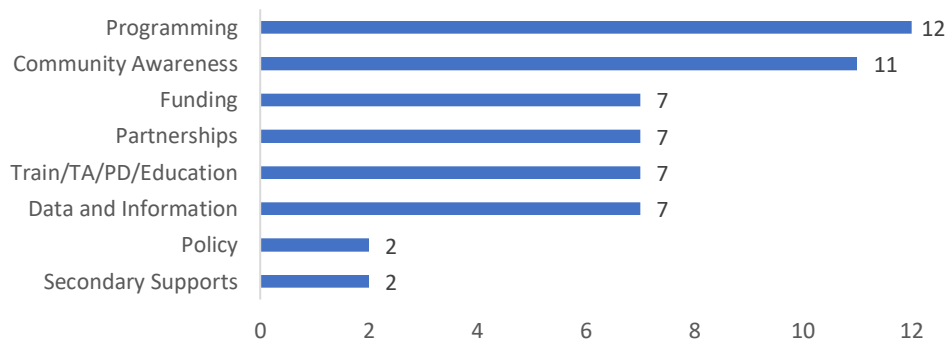| Category	Value
Community Awareness	11
Data and Information	10
Programming	9
Secondary Supports	6
Funding	5
Partnerships	5
Train/TA/PD/Education	5
Policy	3
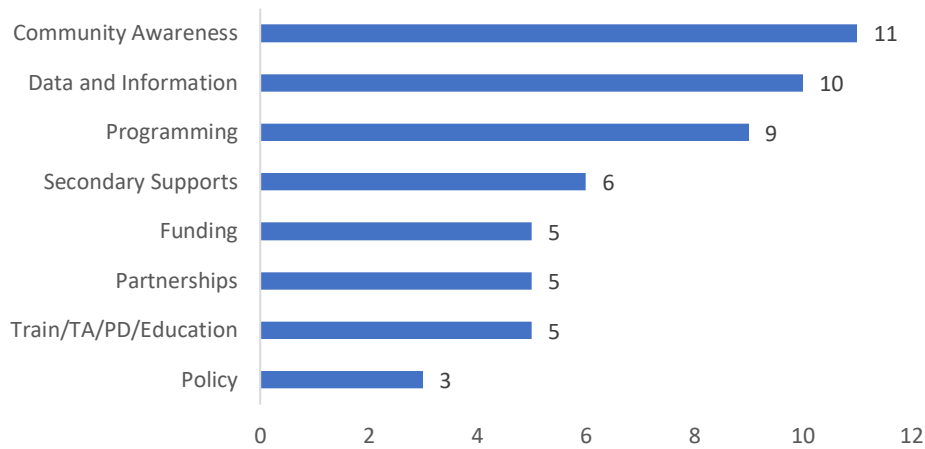
Local Action Steps

In response to the question "What are the action steps that need to happen to implement this strategy at the local level?" programming of some form or extent was identified for each of the 12 strategies, followed by community awareness and education.

What are the action steps that need to happen to implement this strategy at the local level?

Number of strategies (out of 12) that included this type of suggested response.

| Category	Value
Programming	12
Community Awareness	11
Funding	7
Partnerships	7
Train/TA/PD/Education	7
Data and Information	7
Policy	2
Secondary Supports	2

State-Level Action Steps

As regards the third topic for discussion, "What are the action steps that need to happen to implement this strategy at the state level?" policy was noted in nine of the 12 strategies while funding and community awareness and education were noted for eight of the 12 strategies.

What are the action steps that need to happen to implement this strategy at the state level?

Number of strategies (out of 12) that included this type of suggested response.
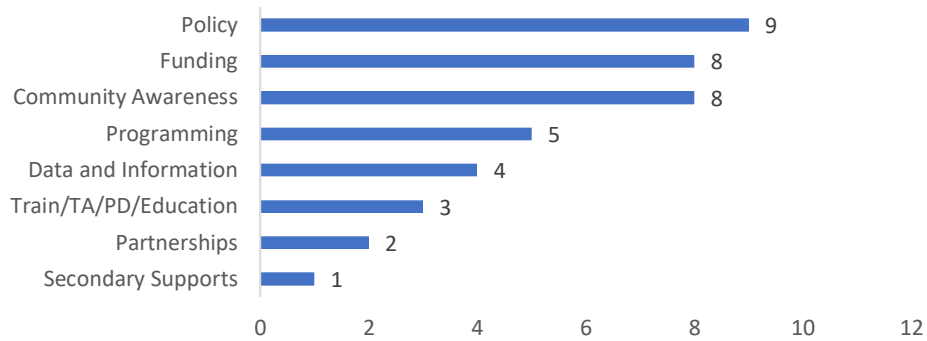
Altogether, participant feedback suggests that some types of responses are more popular and necessary. They were noted for at least nine of the 12 strategies that were examined, across different questions:

- Community awareness or education, especially as a community need or local action step
- Programming, especially as a community need or local action step
- Data and information, especially as a community need
- Policy development, especially as a state action step

This analysis may be helpful for different stakeholders in identifying next steps and priorities for investment at the state and local levels.

Introduction

Acknowledging the importance of community voice in guiding and informing state planning for early childhood systems building, the Division of Child Development and Early Education in partnership with the North Carolina Early Childhood Foundation identified the need to collect feedback from families and local early childhood professionals in the development of NC's B-5 Strategic Plan. The Preschool Development Grant Birth - Five (PDG B-5) provided an opportunity for the development of a strategic plan which would build upon robust needs assessment and planning efforts already underway. As draft strategic plan documents were being created, the NC Early Childhood Foundation developed a community stakeholder engagement process to gain meaningful input from families and early childhood professionals on the strategies identified in the draft strategic plan, including community needs and barriers as well as action steps. This community stakeholder engagement process was grounded in an intentional focus on equity through seeking diverse representation and inclusive stakeholder strategies.

Background

In December 2018, North Carolina received funding from the federal Administration of Children and Families for a Preschool Development Grant (Birth-Five). The grant was designed to support state early learning system planning efforts. One aspect of the grant's work is developing a statewide strategic plan for the birth-five system. To this end, North Carolina was able to build upon two significant statewide planning efforts, the Pathways to Grade Level Reading Initiative and the Early Childhood Action Plan.

Pathways to Grade Level Reading

Founded in 2015, Pathways to Grade Level Reading (an initiative of the North Carolina Early Childhood Foundation, in partnership with NC Child, the North Carolina Partnership for Children, and BEST NC) has developed shared measures of success on the pathway to ensuring that every child is reading on grade-level by third grade and prioritized policy action areas to achieve that goal. The Pathways vision is that *all North Carolina children, regardless of race, ethnicity or socioeconomic status, are reading on grade-level by the end of third grade, so that they have the greatest opportunity for life success.*

Pathways recognizes that literacy is rooted in birth-through-age-eight child development, and includes:

- Health and Development on Track Beginning at Birth

- Supported and Supportive Families and Communities

- High Quality Birth-through-Age-Eight Learning Environments, with Regular Attendance
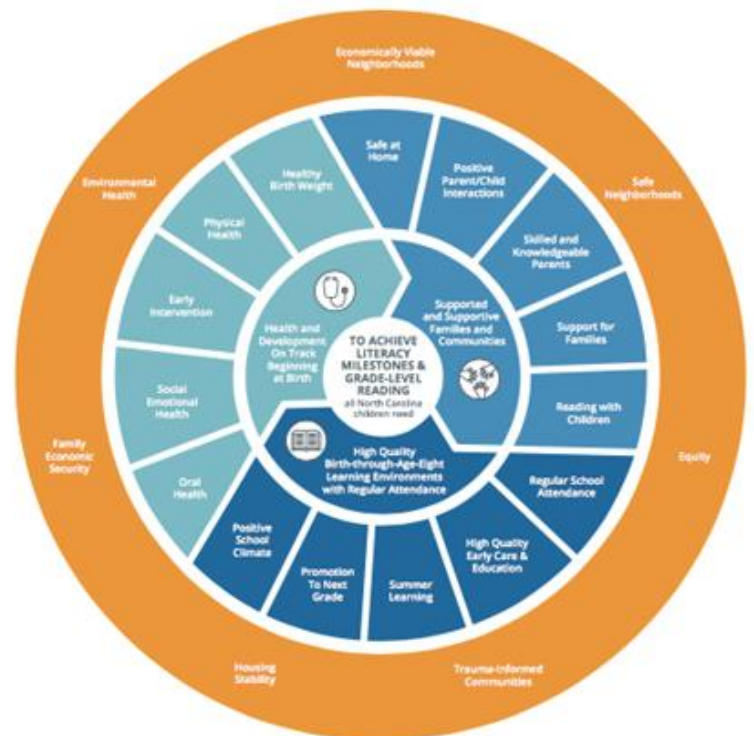
Pathways brings diverse state and local stakeholders and leaders together, across health, family support, and early learning and education disciplines; across government, policy, private sector and nonprofit actors; across birth-through-age-five and kindergarten-through-third-grade systems; and across political identities. These stakeholders have co-created a common vision, shared measures of success and coordinated strategies that support children's optimal development beginning at birth.

The NC Pathways to Grade-Level Reading Action Framework lays out a series of expectations for the state's child and family serving systems and actions to support children's social-emotional health, ensure high quality birth-through-age-eight early learning environments, and create the conditions for every child to be in school every day. The Framework uses a racial equity lens, is grounded in family, and is informed by community input.

The Pathways process, frameworks and associated metrics have been foundational in setting the strategic direction for a comprehensive early childhood system in North Carolina.

Early Childhood Action Plan

In February 2019, the North Carolina Department of Health and Human Services published its Early Childhood Action Plan.[1] This plan established NCDHHS' vision that all North Carolina children will get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities. The Early Childhood Action Plan builds off the foundation laid by the Pathways Initiative. It sets benchmarks for impact by the year 2025 and establishes shared stakeholder accountability to achieve statewide goals for young children from birth through age 8. The plan provides a framework for coordinated action across public and private stakeholders and centers around making measurable changes in early childhood outcomes.

Preschool Development Grant Birth through Five (PDG)

The Division of Child Development and Early Education (DCDEE) was awarded funding through the federal Preschool Development Grant Birth-Five (PDG) for activities to strengthen its early childhood system. The PDG requires states to develop a B-5 strategic plan to improve the quality and access of services for children and families across programs through coordination and collaboration among state and local agencies, early childhood partners, and stakeholders. NC's draft B-5 strategic plan was developed by DCDEE, in partnership with NCECF, and was based on the NC Early Childhood Action Plan. Many local communities and organizations contributed input to the three-year Pathways planning process and/or the subsequent development of DHHS' Early Childhood Action Plan. That input is reflected in the draft B-5 plan for the PDG.

North Carolina B-5 Strategic Plan

The North Carolina B-5 Strategic Plan focuses on strategies led by DCDEE for children ages zero to five and builds upon all previous work to improve the North Carolina early childhood education system with a focus on gaps in access and quality for those facing the most structural barriers to opportunity. While the Early Childhood Action Plan (ECAP) laid out a strong plan for the entire early childhood system, DCDEE and collaborative partner North Carolina Early Childhood Foundation (NCECF) used the strategic planning process from the Preschool Development Grant to drill down into more specific strategies.

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[1] https://www.ncdhhs.gov/about/department-initiatives/early-childhood/early-childhood-action-plan

The Early Childhood Action Plan includes overarching commitments, targets, and progress indicators for North Carolina's entire early childhood system. For this Strategic Plan, DCDEE included the relevant commitments and targets, along with more specific goals for the Division where applicable.

>**Goal 1: High-Quality Early Learning** - Babies, toddlers, and young children will be able to participate in high-quality early learning programs.

>**Goal 2: On Track for School Success -** Young children will reach their developmental goals by the time they enter kindergarten.

>**Goal 3: Supportive and Supported Families and Communities** - Families with babies and toddlers feel supported, are engaged in early learning, and are connected to the resources they need.

>**Goal 4: Social-Emotional Health and Resilience -** Babies, toddlers, and young children will express, recognize, and manage their emotions in a healthy way, especially under stress.

Study Purpose

The purpose of this project is to collect input from early childhood professionals to inform the development of the final B-5 strategic plan and operationalization of the Pathways Action Framework. Early Childhood Professionals were asked to share information on the following areas:

- Increase Access to Early Learning
- Improve Quality of Early Learning Programs
- Supported and Supportive Families and Communities
- Social and Emotional Health and Resilience

Methodology

In response to an RFP, community groups were selected to partner with NCECF on collecting early childhood professionals' input and received funding, technical assistance and materials.

To collect input from early childhood professionals directly on the draft B-5 strategic plan, NCECF provided cost reimbursement to community-based agencies to host and facilitate community input sessions with cross-sector groups of early childhood professionals. During these half-day sessions, early childhood professionals provided feedback on the NC B-5 strategic plan and how these strategies could be implemented in their communities.

An Early Childhood Professionals Input Toolkit and Webinar provided communities with a facilitation guide in order to standardize data collection tools and procedures across sites.

> ### Input Session Format
>
> 3.5 hour session with facilitated small group activities and large group discussion. Activities include:
>
> - Strategy prioritization
> - Small group discussion on community needs and local and state action steps
> - Large group consensus on 3-5 action steps

For each of the goal areas and strategies that were identified for the participating sites,[2] small groups were asked to prioritize one strategy that is both very critical to their community and is one that they would like to spend time as a group working on to provide feedback to the state. The Strategy Prioritization Activity handout is provided in Appendix C.

After the group prioritized strategies by goal area, each small group worked on the identified strategy to provide input on:
- What would our community need to implement this strategy?
- What are the action steps that need to happen to implement this strategy at the **local** and **state** level?

Following the small group work, the large group reconvened to report out on the above questions. The large group was then asked to identify action steps the state should consider first in strategy implementation.

Meeting Participants
Grantees were asked to ensure diverse representation among invited participants for these input sessions. The following were suggested participants:
- Early educators and administrators of early education services for children birth through five
- Teachers and principals working with kindergarten through third grade
- Informal caregivers
- Providers of other early childhood services for children ages birth through eight, including:
  - Pediatricians
  - Home visiting services providers
  - Early intervention services providers
- Head Start
- Smart Start local partnership
- Think Babies (if applicable in their community)
- Local Education Agency – Title I Director and/or Preschool Coordinator
- County Department of Social Services
- County Department of Public Health
- Local Management Entity-Managed Care Organization (LME-MCO)

Ensuring a Racial Equity Lens
Ensuring that direct input from parents and community providers is not only collected but amplified to influence the North Carolina birth to five strategic plan is in itself an interruption to the status quo to increase racial equity. Too often, data is mined from sources who have direct experience only as an exercise to be inclusive, and not to challenge traditional ways of thinking and being.

Bringing a racial equity lens to the creation and holding of both Family and Community Input groups

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[2] A subset of strategic plan goals and strategies was pre-selected for community feedback, given the nature of feedback desired.

included several activities:
- Working to ensure that the request for proposals was accessible and the grantmaking process was brief and simple, ensuring ease for all organizations, and particularly those who have direct access to the intended audiences.
- Awarding financial resources and support to organizations to provide a stipend for participation, particularly for individual parents being interviewed.
- Inviting childhood caregivers to prioritize strategies most important to them, note their needs and define barriers to effectively implementing prioritized strategies, and suggest particular action items to effectively move forward.
- Shaping questions to explore not only the barriers faced by children and families but the strengths that marginalized children and families bring to challenge traditional ideas about what is "best" for children and families.

Response and Participation Rates

Nine early childhood professionals input sessions were convened and 204 professionals participated, representing 16 counties. Participating organizations and locations are presented in Exhibits 2 and 3.

Exhibit 2. Early Childhood Professionals Participating Locations

Organization	County(ies)	Participants
Alamance Achieves	Alamance	23 Early Childhood professionals, including representation from Hispanic professionals
Bladen County Smart Start	Bladen	11 Early Childhood education professionals
Buncombe Partnership for Children	Buncombe	20 Early Childhood education professionals including representation from Hispanic professionals
Children and Youth Partnership of Dare County	Dare	14 Early Childhood education professionals
Partnership for Children of Cumberland County	Cumberland	28 Early Childhood education professionals
Partnership for Children of Wayne County	Wayne	27 Early Childhood education professionals
Region A Partnership for Children	Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, Qualla Boundary	42 Early Childhood professionals and other professionals from local agencies including religious and community organizations
Smart Start of Mecklenburg County	Mecklenburg	21 Early Childhood professionals
The Alliance for Children	Union	18 Early Childhood professionals

Exhibit 3.   Map of Early Childhood Professionals Input Session Locations
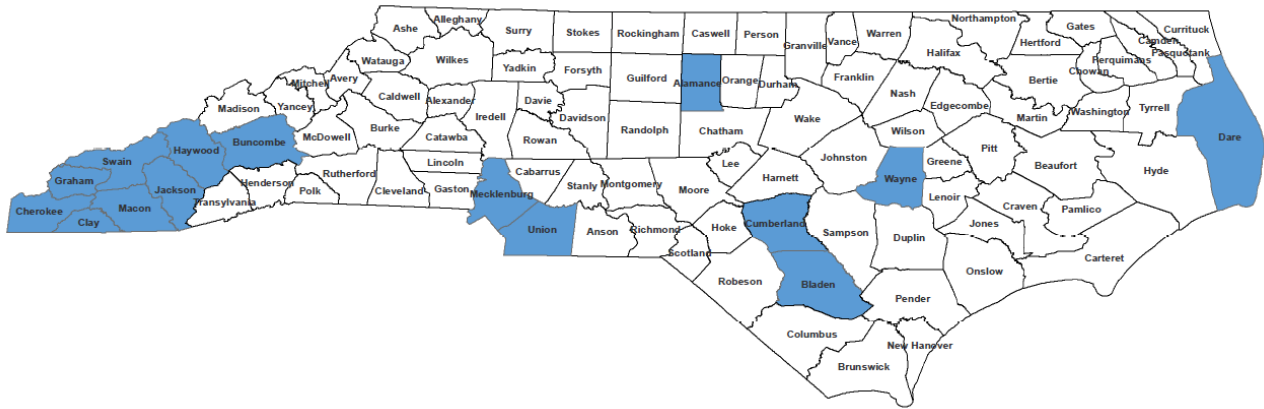
Findings

In each session, a note-taker recorded feedback from the small and large group discussions. The note-takers' reports were analyzed to create the findings in this section. Of note, participants in each input session chose the strategy from each goal area (Exhibit 4) that they would discuss. Thus there was variety in the strategies that received feedback, as is shown in Exhibit 4.

Exhibit 4.   Goal Areas and Strategies Addressed in Input Sessions

Goal Areas and Strategies	Number of Input Sessions
Goal Area 1: Increase Access to Early Learning (A)	
A1. Strategize with counties and communities identified as child care deserts to determine how best to create new or expand existing child care facilities (homes and centers), including holding local convenings and allocating funding for capacity building.	3
A2. Increase access to high-quality early childhood programs for children who are homeless, in foster care, or from immigrant families.	1
A3. Expand access to high-quality early learning programs and ongoing classroom supports for young children with disabilities and other special health care needs.	0
A4. Improve access to and quality of infant and toddler classrooms.	6
Goal Area 2: Improve quality of early learning programs (Q)	
Q1. Work with Smart Start Network, CCR&R and other programs to provide ongoing technical assistance and professional development opportunities to help early learning providers keep up-to-date in best practices in trauma-informed care, racial equity, cultural competence, family engagement and building resiliency.	2
Q2. Raise wages to attract, recruit and retain highly qualified teachers. a) Promote wage supplement programs like Child Care WAGE$ and Infant-Toddler Educator AWARD$ programs. b) Work with NC Pre-K contractors to promote site adherence to wage scales for educators. c) Provide supplemental funds for NC Pre-K teacher compensation to achieve parity between private centers and public schools.	6
Q3. Prepare teachers to build specific student skills needed for success.	1

	a) Create collaborative professional development opportunities between private, Head Start, and public providers of birth through five-year-old care and education. b) Provide research-informed professional development. c) Require specific educator and administrator professional development for building positive climates.	
Q4.	Promote learning environments for young children that are free from systematic racism and implicit bias.	0
Goal Area 3: Supported and Supportive Families and Communities (FC)		
FC 1.	Make transitions – including from toddler programs to preschool, and from Pre-K to kindergarten, across centers, and between programs – easier for children, families, and teachers. a) Connect the data systems for birth through age five programs to data systems for public schools to support vertical alignment and transitions. b) Require local education agency (LEA) decision makers to coordinate with child care providers and families to set up plans for more successful transitions.	1
FC2.	Provide support to local communities to improve and promote family engagement across systems including training, technical assistance, and coaching, along with grants to improve and promote family engagement to serve as a model for statewide dissemination.	3
FC3.	Provide increased access to research-based mental health services in early education settings to children and parents who need them.	5
Goal Area 4: Social and Emotional Health and Resilience (SE)		
SE1.	Collect and analyze reliable data on young children's mental health, physical health, well-being, social-emotional development, housing status, academic performance, and other factors in order to track children's progress across multiple years, and then use that data to make better policy decisions for their care.	2
SE2.	Using different assessment tools, provide coaching and technical assistance through statewide special initiatives to early educators and administrators to ensure classroom practices, equipment, and materials are developmentally appropriate and support social-emotional health.	4
SE3.	Infuse infant and early childhood mental health competencies in provider education and professional development.	3
SE4.	Eliminate or minimize the use of suspension and expulsion in birth through five-year-old classrooms.	0

Analysis of Responses Across Strategies

For the questions (1) *What would our community need to implement this strategy?* and (2) *What are the action steps that need to happen to implement this strategy at the local and state level?* analysis focused on the prevalence of different types of needs and action steps, across the different strategies. The following categories were used to group responses across the 12 strategies that were addressed in input sessions.

Policy development, enhancement, or revision

Policy development, as a category, referred to the review, revision, enhancement, or development of policies, rules, or regulations around programs or funding. It typically requires an authorized group or individual who can enact changes to code or statutory requirements such that programs can be

implemented in new or different ways, including the identification or development of funding streams to support the implementation. This category of response also included governance of professional requirements or expectations, such as requirements to achieve an education degree or certification.

As noted in Exhibit 5, policy development was suggested as a **state action step** for nine of the 12 strategies (A1, A2, A4, Q1, Q2, FC2, FC3, SE2, and SE3) that were addressed in the input sessions. Less frequently was policy development reported as a **community need to support implementation** of a strategy (A4, Q1, and SE3) or a **local action step** (A1 and SE3).

Exhibit 5.   Prevalence of policy development as a need or action step.
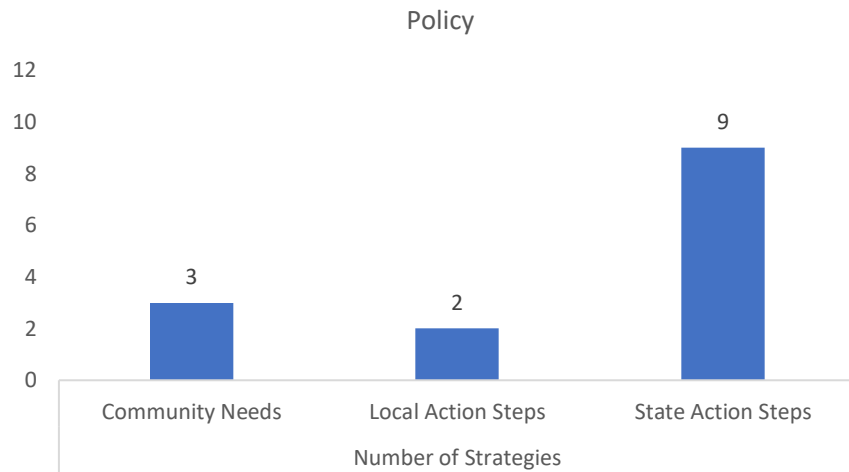
Policy

Number of Strategies	
Community Needs	3
Local Action Steps	2
State Action Steps	9

Community awareness or education

This category of response included needs or action steps focused on building awareness around the importance of the early childhood period and the programs that are designed to support children, families, and caregivers. This category included education for different types of stakeholders (such as parents, early care and education professionals, elected representatives, and the general public). This category also included advocacy, especially among elected representatives or decision-makers, for the purposes of enhancing investment in or support for different strategies.

Community awareness or education was a common need or action step. It was identified as a **community need** in 11 of the 12 strategies (A1, A2, A4, Q1, Q2, FC1, FC2, FC3, SE1, SE2, and SE3), a **local action step** for 11 of the 12 strategies (A1, A2, A4, Q1, Q2, Q3, FC2, FC3, SE1, SE2, and SE3), and a **state action step** for 8 of the 12 strategies (A1, A4, Q2, Q3, FC2, FC3, SE2, and SE3), as shown in Exhibit 6.

Exhibit 6.   Prevalence of community awareness or education as a need or action step.

Community Awareness

Increase or provide funding

It will be challenging to implement any of participant recommendations without new, additional, or refocused funding—this was acknowledged in the materials provided to participants. Still, funding emerged as a specific suggestion or need across strategies. This category included references to the need to increase funding to support the full implementation or expansion of an existing program. This category also included references to provide funding so that a program or service could be implemented.

Funding was referenced as a **state action step** for eight strategies (A1, A2, A4, Q1, Q2, FC2, FC3, and SE2), a **local action step** for seven strategies (A1, A4, Q2, Q3, FC3, SE2, and SE3), and a **community need** for five strategies (A1, A4, Q2, Q3, and SE2), as shown in Exhibit 7.

Exhibit 7.   Prevalence of funding as a need or action step.

Funding

Develop partnerships or collaborations

Partnerships and collaborations can be effective and efficient tools for meeting community needs and achieving strategic plan goals. Partnerships can take the form of working across community agencies to develop and provide services. Partnerships also can take the form of agreements to work collaboratively to promote, educate, or advocate on a particular issue or topic.

In the input sessions, partnerships were noted as **local action steps** for seven strategies (A1, A4, Q1, Q2, FC2, FC3, and SE2), **community needs** for five strategies (Q1, Q2, FC2, FC3, and SE3), and as **state action steps** for two strategies (A1 and SE3; Exhibit 8).

Exhibit 8.   Prevalence of partnerships or collaborations as a need or action step.
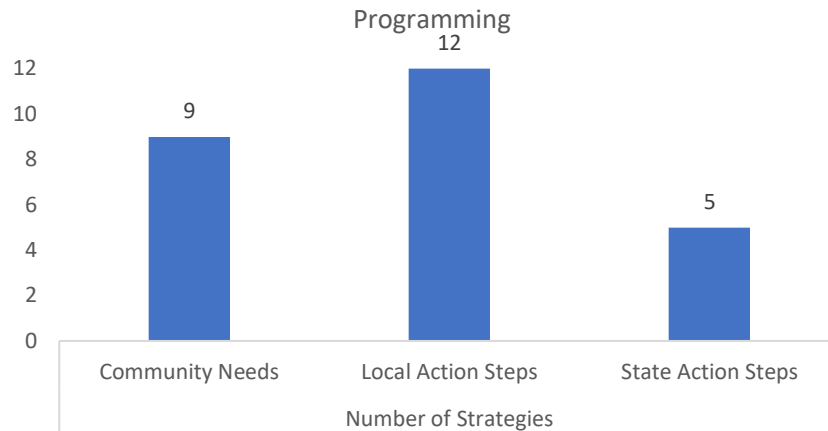

Enhance, expand, or implement programming

In some cases, to make progress in goal areas or strategies, new programs or services are necessary. In other cases, existing services need expansion or enhancements (e.g., expanding to serve new or different populations, enhancing quality or some aspect of service delivery). This category of response captured suggestions or requests to implement, expand, or enhance programming, including the provision of specialists, new programs or facilities, or specific types of personnel. This category did not, however, include items targeting training, technical assistance, professional development, or education of the workforce, as these are captured in another response category.

Programming was identified as a **local action step** for all 12 of the strategies that were addressed in input sessions. Programming also was addressed as a **community need** for nine strategies (A1, A4, Q1, Q2, FC2, FC3, SE1, SE2, and SE3) and as a **state action step** for five strategies (A1, FC2, FC3, SE2, and SE3; Exhibit 9).

Exhibit 9. Prevalence of programming as a need or action step.

Programming

| Category	Value
Community Needs	9
Local Action Steps	12
State Action Steps	5

Number of Strategies

<u>Ensure or enhance quality through Training, Technical Assistance, Professional Development, Education</u>
Achieving the plan's goals or strategies may require ongoing development and supports for the professional workforce. This may come in the form of training (such as shorter-term, multi-session group courses or workshops), technical assistance (such as onsite guidance or feedback conducted with administrators or teachers), mentoring or coaching, other forms of professional development, or formal education (such as coursework in support of a degree, certification, or other credentials).

The need to support the professional workforce through training, technical assistance, and other supports was identified as a **local action step** for seven strategies (A1, A4, Q1, Q3, FC3, SE2, and SE3), a **community need** for five strategies (Q1, Q3, FC3, SE2, and SE3), and a **state action step** for three strategies (Q2, SE2, and SE3; Exhibit 10).

Exhibit 10. Prevalence of training, technical assistance, professional development, or education as a need or action step.
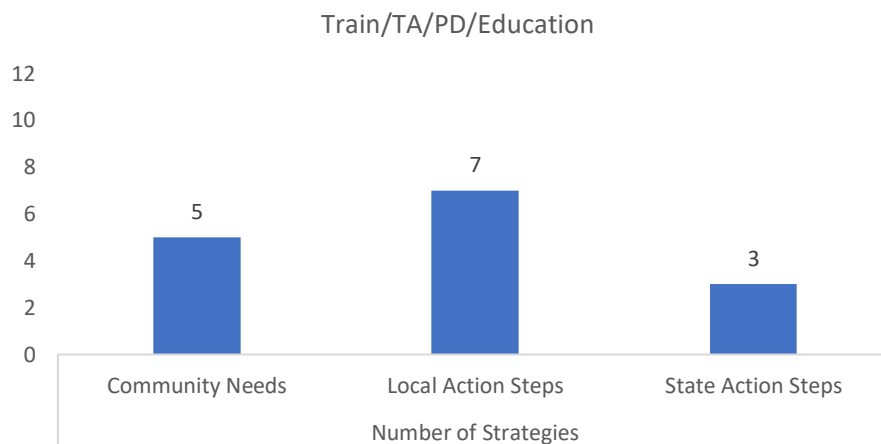
Train/TA/PD/Education

| Category	Value
Community Needs	5
Local Action Steps	7
State Action Steps	3

Number of Strategies

Provide secondary supports to families or professionals

This response category includes the secondary supports, such as child care, transportation, or translation services, that families or professionals at times need in order to take advantage of programs or services.

Secondary supports were identified as **community needs** for six strategies (A1, A2, A4, Q3, FC2, and FC3), **local action steps** for two strategies (A2 and A4), and **state action steps** for one strategy (A4; Exhibit 11).

Exhibit 11.   Prevalence of secondary supports as a need or action step.
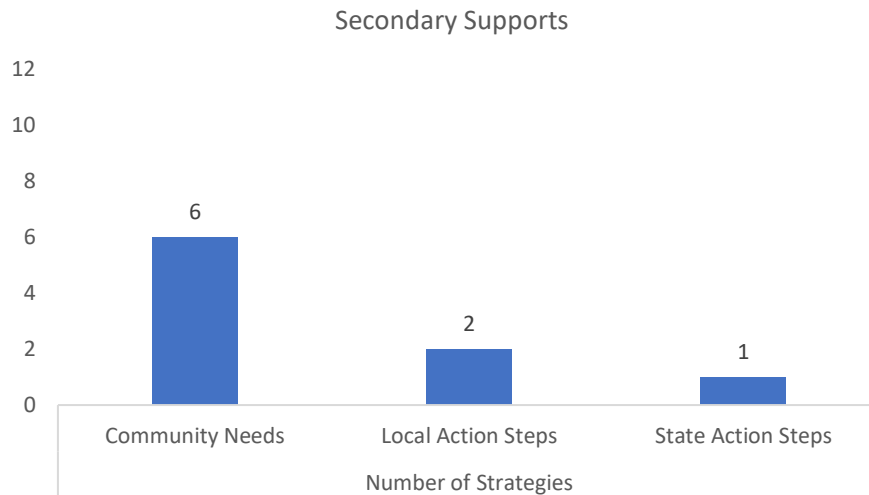
Secondary Supports

Enhance understanding of the issue by investing in data or information

The final response category reflected the need to collect data or information or in other ways further understanding of a particular need or topic (noting that one or more of the strategies focused on data as well).

This type of response was identified as a **community need** for 10 strategies (A1, A4, Q2, Q3, FC1, FC2, FC3, SE1, SE2, and SE3), as a **local action step** for seven strategies (A1, A4, Q2, FC1, FC2, SE1, SE2, and SE3), and as a **state action step** for four strategies (A1, A2, A4, Q1, Q2, Q3, FC1, FC2, FC3, SE1, and SE3; Exhibit 12).

Exhibit 12.   Prevalence of data and information as a need or action step.

Data and Information

The bar chart shows "Number of Strategies" on the x-axis and values from 0 to 12 on the y-axis:
- Community Needs: 10
- Local Action Steps: 7
- State Action Steps: 4
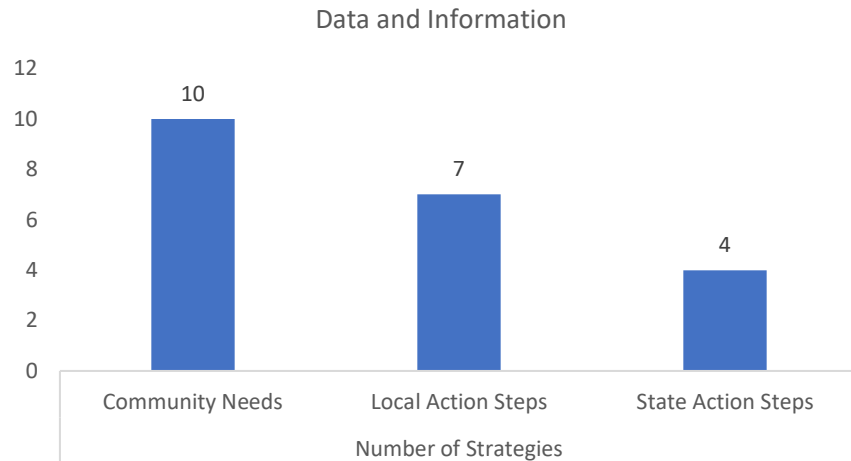
Summary of Responses for Individual Strategies

Goal Area 1: Increase Access to Early Learning (A)

A1.   Strategize with counties and communities identified as child care deserts to determine how best to create new or expand existing child care facilities (homes and centers), including holding local convenings and allocating funding for capacity building.

Child care deserts are defined by the Center for American Progress as "*a ZIP code with at least 30 children under the age of 5 and either no child care centers or so few centers that there are more than three times as many children under age 5 as there are spaces in centers.*"[3] These deserts are an escalating concern in many states, as communities struggle to ensure adequate, high-quality, and affordable early care and education programs are available to parents with young children. Many states are working to identify sustainable solutions to deserts, with possible strategies including the incubation or expansion of new facilities or programs.

This strategy was directly addressed in input sessions with participants in Alamance, Bladen, and Dare counties. Session participants in these communities indicated five major areas that need attention, as described below.

Community Awareness and Education
Input session participants noted the importance of community voice in this discussion, such as asking community members what they need from early care and education programming. Participants also recommended involving a wide range of community members in the discussion so that the community at large can understand the costs of child care deserts. Examples of community members or stakeholders included decision-makers, government, education, hospital, large employers, and business representatives.

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[3] https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/

<u>Funding</u>

Participants reported a need for funding for providers, perhaps in the form of loans to support their programs. Another aspect of funding is the provision of child care subsidies, which directly support families in mitigating the cost of care. Participants noted the need for strategic planning around subsidies. The prevalence or need for subsidies is discussed in more detail later in this section.

<u>Programming</u>

Of note, participants did not always report on the need to expand or enhance early care and education programming, suggesting instead that there may be a need to provide alternate programming or resources for children and families. Examples included (a) pop-up literacy programs (e.g., Bookmobile); and (b) family engagement programs (e.g., North Carolina Family United).[4]

<u>Secondary Supports</u>

There is a need for "secondary supports" or programs and resources that facilitate the use of existing early care and education programs. Two examples provided during the input sessions were (a) the need for wrap-around services, such as for children enrolled in NC Pre-K programs in elementary schools, and (b) transportation.

<u>Data and Information</u>

Input session participants indicated the need for several types of data or information that could assist their communities in responding to child care deserts. These included: (a) Geographic Information Systems (GIS) mapping to help visualize the proximity of the child population with existing facilities, along with coding to indicate type of facility, star rating, shifts, and ages of children enrolled; (b) learning more about care circumstances for children who are not enrolled in licensed and regulated care (such as family, friend, and neighbor accommodations); and (c) asset mapping to determine the location of community resources, which can include early care and education as well as other resources.

Participants recommended using available or new data to analyze key areas of need, such as geographic location or need by child age. Further, participants reported it is important to assess barriers to providing care by talking with private child care providers who are struggling to stay in business or who have gone out of business. It also may be of interest to learn more about why potential child care providers do not move forward with (a) opening a facility or program or (b) offering services to a wider range of child ages.

Other analyses that may be of interest, which also can link to community awareness and education campaigns, include the costs of not resolving child care deserts. In addition, it may be helpful to report to policy- and decision-makers on alternate models for funding child care programs.

Specific Action Steps

When asked what action steps could be taken **locally**, participants responses clustered into seven areas:

1. **Conduct community awareness and education**. Participants reported a need to raise awareness and conduct more advocacy; strategies included educating community stakeholders and

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[4] While not explicitly noted by participants, future discussion also may benefit from consideration of informal, or family, friend, and neighbor (FFN) care.

lobbying elected representatives on the issue. Other suggestions included: (a) implement a resiliency campaign; (b) connect or align the issue with affordable housing (and how the provision of supports such as child care and affordable housing, or other necessary infrastructure, contribute to the recruitment and retention of educators, for example); and (c) educating the public on the costs of not resolving this issue.

2. **Address policies relevant to the issue.** Participants suggested addressing policies and regulations that facilitate or challenge the ability to provide care. In particular, participants discussed local covenants or zoning laws that may present challenges for the development of family child care programs and regulations on the use of green space or outdoor play. Another aspect of policy is the use of available resources; one participant suggestion was to identify new taxes that could support the development of new facilities.

3. **Develop partnerships.** Partnerships and collaborations can be inclusive of employers or the private sector (to promote ideas such as work-site child care) and communities of faith. For example, local communities can work with religious-affiliated care providers to become licensed or expand to full-day programs to provide more access to families. There also are partnerships that may be developed for the purposes of exchanging supports within the community. Participants also suggested local communities can identify buildings that could be re-purposed for child care programs.

4. **Increase or provide funding.** Participants reported that the affordability of providing or using care is a critical concern. Affordability is a complex issue, affecting both the supply and demand of high-quality care. Participants suggested several specific, local, action steps that included:
   - Create a local infant/toddler supplement to assist with the cost of care.
   - Develop plans for affordable and equitable care for all children.
   - Develop new taxes that could be deployed to support programs.

5. **Enhance or expand programs.** With regard to improving existing programs, recommendations included attending to the accessibility and scheduling of care to meet parent needs. In one community, participants suggested "re-booting" a model classroom operated at the community college, tailored to meet community needs. As regards the development of new programs, recommendations included (a) incubating more family child care homes (e.g., as a more affordable solution for infant and toddler care) and (b) developing partnerships to explore alternative models of child care. Alternative models may include:
   - Community-supported center, which may be specific to infant and toddler care.
   - Care co-operative in which families operate the program.
   - Consider the use of alternate programs such as home visitation as a way to meet child and family needs.

6. **Provide training or technical assistance**. Participants suggested providing training and support for (formal and informal) care providers to better understand child needs and improve cultural awareness and engagement.

7. **Further develop understanding of the issue.** Finally, participants in some cases recognized the need for more data, such as data generated from a local needs assessment, and understanding of needs, so that a good model can be developed.

When asked what action steps could be taken at the **state level**, participants responses could be grouped into six categories:

1. **Conduct community outreach and awareness.** Participants recommended the state consider an early learning awareness campaign. In addition, participants suggested that elected

representatives need more or better education about local needs. Further, there needs to be bipartisan buy-in or support from political representatives regarding the need for early care and education programs.

2. **Develop or enhance partnerships.** Participants recommended building strong partnerships between organizations. Further, there needs to be a shared vision inclusive of goals and measurement strategies.

3. **Improve or expand funding.** Recommendations for funding fell into two categories: improving the affordability of care, and using funding to improve the sustainability of the profession.
   - Improving affordability of care: Participants noted the need to transition children off of the subsidy waiting list and into care. This may be especially challenging in communities where there are child care deserts. Participants also discussed the potential for alternative funding approaches, using a mix of state and local funds, for example.
   - Improving the sustainability of the profession: Participants discussed ideas such as livable wages for professionals and incentives for qualified providers. Overall, participants noted the need for long-term, sustainable funding. They also discussed the need to prioritize state funding over local funding and the need to research alternate funding models.

4. **Revise or develop policy.** Participants identified a need to simplify the rules "that are really needed," which could include rules related to safety, health, and quality. This could include licensing rules or regulations that affect both family child care homes and child care centers. Participants also discussed the need for communities to have more control over resources such as child care subsidies, to better meet the needs of individual communities.

5. **Enhance or expand programs.** Participants identified several ways to enhance or expand programming, including universal child care, more accessible training and support for family child care homes, and localized trainings.

6. **Further develop understanding of the issue.** To help support the understanding of this topic, participants recommended developing an inventory of education levels for potential teachers, developing an increased awareness of needs at the state-level, and conducting a needs assessment on this issue, at the state-level.

Overall, the strategies that stood out as action steps that should be considered included:
- Funding made available to communities to respond to needs and increase the opportunity to provide (equitable access to) care.
- Improved awareness, engagement, and investment by elected representatives or legislators.
- Local, community, control of subsidy dollars (perhaps to ensure the children and areas in greatest need can be locally identified and served).
- More information on this topic using strategies such as a state-supported needs assessment or research into alternate models.
- State-supported grants to support program start-ups and quality enhancement.

A2.	Increase access to high-quality early childhood programs for children who are homeless, in foster care, or from immigrant families.

It is critically important to provide high-quality and responsive care to the children facing the most barriers to success, including children who are homeless, in foster care, and in immigrant families.

Participants in one input session (Region A, which represents multiple counties) provided insight into this strategy. Participants reported that, to provide high-quality programs, there needs to be an increased awareness of these vulnerable populations in the community as well as supports such as transportation or translation services. In addition, migrant families may need reassurance that early care and education programs are safe for their families (e.g., law enforcement would not target programs as a way to identify migrant families). Locally, the community could work to gain the trust of migrant populations, to help provide resources and raise awareness of the services that are available. The local community also can work to improve access to child care programs, as well as supports like transportation services—noting that costs can be prohibitive. Finally, the local community can work to educate local politicians on this issue.

At the state-level, participants suggested expanded funding to provide more classrooms and support services such as transportation. Participants also recommended passing a healthy budget and addressing policies and laws that affect immigrants.

A4.   Improve access to and quality of infant and toddler classrooms.

Like many other states, North Carolina faces significant challenges with both the availability and quality of infant and toddler classrooms. Think Babies NC and other state partners have been working to raise awareness and develop strategies to meet this need.[5]

This topic was addressed in six input sessions, including groups in Buncombe, Cumberland, Mecklenburg, Wayne, and Union counties and the Region A Smart Start partnership area. Session participants in these communities indicated six major areas that need attention, as described below.

Community Awareness and Understanding
Participants noted the need to increase awareness and promotion of the importance of early care and education. This could include topics such as the infant and toddler period (ages birth through three) or the system of care. An awareness and education campaign should be inclusive of parents, with education on the use of play for learning, and may work to explain that early care and education for children ages birth to three is comparable in need or urgency to prekindergarten.

For some, there was a need to "re-brand" early childhood education, to become more focused on "birth to three care." Other needs include specific data, such as a database of available slots for infants and toddlers that parents can use, or ensuring community partners (such as Department of Social Services, agencies, or parents) are aware of available programs or resources.

Funding
Increased funding can be used in multiple ways. One suggestion was to use funding to provide incentives to programs, to provide infant/toddler care. Another suggestion was to increase the funding available for infant/toddler subsidies, to help compensate for smaller ratios of children to educators in infant/toddler classrooms. Participants also noted the need to increase funding for subsidies in general, to help transition children from the waiting list into care. Funding also could be used to support the

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[5] See, for example, https://buildthefoundation.org/2019/03/new-policy-briefs-on-access-to-high-quality-early-education-for-babies-and-toddlers-in-north-carolina/

profession, either by increasing the resources available for caregivers, increasing professional compensation, providing more opportunities for infant/toddler teachers, or supporting more training or education. Finally, funding could be used to expand the number of facilities or availability of programming, as discussed below.

Programming

One primary concern is the number of facilities that provide infant and toddler care, with participants noting the need for more facilities, more family child care homes, more individuals willing to open centers, and more infant/toddler classrooms.

Participants also suggested the expansion or enhancement of employer-supported or -based care and family-friendly workplaces or practices. One suggestion was to incentivize employers to provide access to high quality programs.

Facilities also can enhance their services, such as with increased hours of care, improving access, or co-locating with other community resources such as Parks and Recreation. Facilities can invest in improving their quality, through the recruitment and support of qualified staff (noting that qualified or educated staff should be adequately compensated), ensuring culturally-competent environments and practices, and ensuring healthy nutrition, activity, and safe and healthy sleep. One way to support staff is through training and technical assistance. Specific recommendations included (a) increasing trainings, for both mainstream and special needs topics; (b) make some trainings required; (c) ensure informal care providers have access to trainings; and (d) provide technical assistance to facilities to help them meet state requirements.

Policy

Participants reported an opportunity to examine how policies and regulations affect this issue. In particular, participants noted a need for local control of requirements, zoning, trained staff, or building or permit fees. Participants also discussed a review of funding related to child: educator ratios (noting that ratios are lower in infant/toddler classrooms), star ratings, and increased professional development requirements for teachers working with children ages birth through three.

Secondary Supports

Participants discussed the need for infrastructure assistance, including transportation services, staffing, and language diversity. Participants also suggested investigating alternate models or supportive services, such as family, friend, and neighbor care options (and ensure informal care providers have access to training and supports for quality), obstetricians, prenatal, and pediatric care providers, home visitation programs, and expanding education for teen mothers and for fathers.

Data and Information

Some participants noted the need to continue to gather data and information on this issue. Suggestions included an assessment of current knowledge relevant for improving quality and focus groups to assess family preferences and needs related to infant/toddler care. Focus groups should ensure that families in groups that are not traditionally included in community conversations (e.g., Latinx) are included.

Specific Action Steps

When asked what action steps could be taken **locally**, participants responses clustered into eight areas:

1. Participants noted the need for a **platform that "unifies the system"** affecting this issue (inclusive of communications, government rules and regulations, sanitation, licensing, start-up, funding, and collaborations). One aspect of system development may be a consideration of funding for infant/toddler classrooms, given the lower teacher/child ratios in such classrooms and the related expense to private facilities. Another aspect may be consideration of universal access to four-year-old education, such as might be provided in public school settings.

2. **Conduct community awareness and education campaign**. A comprehensive campaign would be inclusive of parents (e.g., educate parents of children with special needs regarding paperwork and diagnoses; providing education onsite at centers; enhancing awareness of the issue among parents); businesses (e.g., provisions of the Family Medical Leave Act); general public (e.g., importance of the first 2000 days, standards of quality and developmentally appropriate practices and expectations, impact of high-quality infant/toddler care, transportation options, and safety); and elected representatives and decision-makers (e.g., importance of the early years and the early childhood education profession, need for increased early child care). There also may be a need to "re-brand" early education, build support for education, and to conduct advocacy (such as advocacy conducted by child care center representatives, on factors that impact care and how the state can be made more aware).

3. **Expand and enhance partnerships.** Participants noted that child care centers can come together and have more discussion about issues that impact their ability to provide care. There also may be an opportunity to work with prenatal care providers to help expectant families enroll early on subsidy waitlists.

4. **Increase or provide funding.** Local communities can explore funding options, which can include grants. Grants can be targeted for supportive services such as professional development activities or for direct services such as subsidies for families to help make care more affordable (and, in return, families could be asked or required to participate in parent groups, etc.). There is a need for committed and recurring funding, including committed funding for supportive activities such as technical assistance in support of home-based child care or transportation. Funding also can be used to support the profession, in the form of stipends to individuals in recognition of professional development, salary supplements or enhanced compensation, or awards programs available to a wide range of educators (across wage or salary levels).

5. **Enhance or expand programming.** Some participants noted the need for more facilities in their communities. Participants also noted the need to enhance or explore alternate models, such as school-based infant care for teen parents and care during non-traditional schedules (e.g., third shift care, emergency child care). Communities also may explore shared services programming, inclusive of social workers, family advocates, and service liaisons who have a foundation in principles such as the social determinants of health.

6. **Provide training and technical assistance.** Participants noted that local communities can work to enhance and improve the quality of programs through the use of training and technical assistance.

   - Training suggestions included (a) making Foundations training required; (b) making trainings free and accessible to educators; (c) providing more trauma-informed training; (d) training providers and parents in developmentally-appropriate practices or the Ages and Stages Questionnaire; and e) collaborating with local community colleges on trainings.
   - Technical assistance: A suggestion was to ensure there was funding to provide technical

assistance to family child care providers. Participants also discussed the need to provide coaches or mentors to educators and to make sure that professional development opportunities are open to caregivers and the community and free or low cost.

7. **Ensure secondary supports are in place.** Communities also can work to ensure important "secondary supports" are in place for programs. These include (a) ways to share resources and materials across programs and (b) transportation. Some participants also noted a need for supports such as an attachment-focused curriculum or information-sharing or support for potential family child care providers.

8. **Provide data and information on the issue.** Participants suggested local communities invest in (a) understanding local resources and gaps; (b) collecting information from parents (such as the costs of child care); (c) town halls, forums, and surveys, with policy makers invited, to generate awareness; and (d) assessing the current landscape of infant/toddler classrooms inclusive of number, quality, and outcomes.

When asked what action steps could be taken at the **state level**, the majority of participants responses could be grouped into four categories:

1. **Address policies affecting this issue.** Participants discussed how, at the state-level, policies and regulations could be developed, revised, or refined to respond to the need for high-quality infant and toddler care. Suggestions included:
   - Revising Division of Child Development and Early Education rules, especially for family child care homes.
   - Review B-K licensing with attention to salary parity for teachers in infant/toddler classrooms.
   - Revise the star rating system to include an equity focus.
   - Making interactive updates available.
   - Ensuring parental leave policies include teen parents.
   - Making professional development mandatory, possibly facilitated through the use of webinars.
   - Review teacher/child ratios with attention to affordability of providing care.
   - Review of practices that tie star rating to funding.
   - Revise Medicaid to allow funds to be used for planning or paying for early education.
   - Creating a license for early educators, with attention to adequate compensation.
   - Creating and funding a compensation scale for early childhood educators.

2. **Raise awareness about the issue.** Local communities can work to increase community awareness of the issue with attention to topics such as children with special needs, benefits for early childhood educators and staff, and the nature and importance of early learning experiences. Local communities also can contact elected representatives to provide education and raise awareness of topics such as the importance of high-quality care and its impact on the workforce. Participants also noted the need to develop skills for and conduct advocacy, especially by parents and educators.

3. **Increase funding.** Participants noted the need for increased funding, noting for example the need for more subsidies, subsidies for middle class families, and subsidies that reflect local traditions or context. Participants also discussed the need to revise the state subsidy system, inclusive, perhaps, of market rate increases (or, as discussed earlier, increases for infant/toddler classrooms that reflect the costs of providing care for these age groups). Increased funds also

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could be used to provide more financial support for facilities and professionals (including supports or incentives for continuing education or professional development) or support for employer-based child care.

4. There also were some needs identified for **secondary support services**, such as clarity and support for teachers in the Early Educator Support Unit, integrated databases, and transportation.

Additional strategies included:
- Partnership with the Child Care Commission on this topic.
- Increasing the number of facilities or placements.
- Creation or support of school-based child care, to help teen parents remain in school.
- Providing technical support and training in NCFAST.
- Increasing literacy support.
- Focusing on the fiscal impact or implications of high-quality care.
- Soliciting feedback on what it takes to provide care, given existing guidelines and compliance requirements.

Overall, the strategies that stood out as action steps to be considered included:
- Clearly identify quality for Infant/Toddler classrooms, similar to expectations or statements established for NCPK or Developmental Day classrooms.
- Establish a professionalization and compensation scale, in support of educator quality.
- Overhaul the state's subsidy (and market rate) system and ensure integrated databases.
- Increase committed and recurring funding devoted to this issue, to be allocated for:
  - Increased subsidy funding and making subsidies available to those who qualify.
  - Training and education for early care and education professionals.
  - Educator compensation with attention to salary parity.
  - Quality supports.
  - Increasing the number of placements or classrooms available for infant/toddler care.
- Engage Medicaid Transformation to allow for childcare to be covered under Medicaid.
- Develop a comprehensive program to improve quality in unlicensed family child care homes or other locations and provide liability protections for the program.
- Provide incentives and coaches at lower-quality facilities to improve quality.
- Require or mandate Foundations training.

Goal Area 2: Improve quality of early learning programs (Q)

Q1. Work with Smart Start Network, Child Care Resources & Referral, and other programs to provide ongoing technical assistance and professional development opportunities to help early learning providers keep up to date in best practices in trauma-informed care, racial equity, cultural competence, family engagement and building resiliency.

This strategy focuses on the use of technical assistance and professional development to promote and support care that is responsive to highly vulnerable or marginalized populations. As noted, there are

existing resources that North Carolina can draw on to provide technical assistance and professional development, including its networks of Smart Start local partnerships and regional Child Care Resource and Referral agencies, which are charged with the development and implementation of technical assistance and professional development with the early childhood professional workforce.

This strategy was addressed in input sessions in Alamance and Union counties. As regards **policy development**, one suggestion was to review or consider the rules, regulations, and best practices that child care centers follow, especially as regards these topics. Participants also discussed a need for social media campaigns, community events, and general **awareness building** about these issues and attendant resources.

As regards **programming**, participants suggested making sure there was widespread or universal adoption of a trauma-informed approach (noting the differences between trauma-educated and trauma-informed, and the need to implement techniques effectively) while partnerships could include collaboration meetings across (and inclusive of all) centers.

Most comments focused specifically on the need for **training, technical assistance, or professional development**. Suggestions included:
- Work with specialized trainers.
- Volunteer program for staff so that trainings can be conducted during work hours (or otherwise providing time for providers to engage in trainings).
- In-house training webinars (on topics such as Conscious Discipline, for example).
- Education or access to educational opportunities or programs.
- Incentives to participate in trainings.
- Hands-on coaching to facilitate the integration of trainings with practice.

Other suggestions focused on how trainings and support should be provided. For example, in one group participants noted the need to "meet people where they are." In another, participants noted the reality of staff turnover and that it can be challenging to get staff to show up for training. Other comments identified the importance of:
- The integration and sustainability of training, which may be facilitated through the use of Continuing Education Unit requirements.
- Differentiating between teacher problems and student problems.
- A center's cultural context, especially with regard to classroom management.
- Inclusive trainings.
- Building the topic or subject matter into the curriculum.

Specific Action Steps

Actions steps that communities can invest in **locally** included:
1. **Conduct community awareness and education campaign.** Participants noted the need for community education on typical versus atypical behaviors and the need to build community capacity for cultural competency, racial equity, or related topics. In addition, participants suggested parent advocacy, informed by knowledge of appropriate developmental behaviors.
2. **Develop partnerships.** Participants suggested talking among local agencies about shared

funding opportunities, such as funding for local consultants.

3. **Enhance or expand programming.** There is a need for more mental health professionals who can work with families. Further, there is a need to enhance the integration of prevention strategies into professional practice (e.g., use the Pyramid Model), rather than reactive strategies.

4. **Provide training or technical assistance.** There is a need for free or low/reduced cost, collaborative, education opportunities (and free trainings, when the topic or content is required). Participants noted that it is important to start "where teachers are," building on teacher supports while also identifying limitations. Another suggestion was to develop coordinated professional development opportunities, inclusive of peer learning. Finally, local communities can develop systems that facilitate the use of state-directed competencies or standards in professional development opportunities.

State-level action steps included:

1. **Develop policies and requirements.** Participants reported that there are opportunities for policy development, including a focus on best practices for trauma-informed care and racial equity. This could include policies that regulate trainings or require bilingual trainings. Trainings could be integrated into curricula at the community-college level or included in the state-mandated early education curricula. Alternately, at least five to eight hours of training could be required, with a focus on best practices, trauma-informed care, racial equity, cultural competencies and building resiliency. Other suggestions for state-level action included:
   - Adopt early childhood competencies, and
   - Establish equitable policies that provide resources for providers that don't have many resources.

2. **Increase and provide funding.** As in other strategies, funding could be used in multiple ways:
   - Consultants and experts, who could determine or provide guidance on best practices.
   - Professional development or capacity-building among staff.
   - Direct fiscal support to educators and centers.
   - Free or reduced/low cost training.
   - Provide for other resources and support on this topic.

Overall, participants identified the following actions as important for consideration:
- Policy-making that benefits care providers, focused on racial equity and including best practices in training.
- Funding directed to consulting experts to determine best practices, professional development, and capacity building for staff.
- Streamlined or required trainings.
- Increased and improved technical assistance.

| Q2. | Raise wages to attract, recruit and retain highly qualified teachers. |

- Promote wage supplement programs like Child Care WAGE$ and Infant-Toddler Educator AWARD$ programs.
- Work with NC Pre-K contractors to promote site adherence to wage scales for educators.

- Provide supplemental funds for NC Pre-K teacher compensation to achieve parity between private centers and public schools.

An educated and highly-qualified professional workforce is the foundation of quality. This strategy addresses the need to use compensation (e.g., wages) to attract and retain this type of workforce. There are several strategies for doing so, including the use of statewide salary support and parity programs and wage scales.

This strategy was discussed in full by input sessions in Bladen, Dare, Buncombe, Cumberland, and Mecklenburg counties and in part by the input session in the Region A Smart Start partnership (in which participants targeted strategy Q2c). Session participants in these communities indicated five major areas that need attention, as described below.

Community Awareness and Education
Participants noted the need for community education (and advocacy) on why early childhood education is important, why teachers should be paid more (and the value of increased compensation), and the need for increased funding for early care and education. Another suggestion was for more education or exposure about the WAGE$ program, which provides salary supplements (and incentivizes enhanced education) to eligible educators.

Partnerships
Participants discussed the possibilities of collaborating with higher education. Participants also suggested engaging with the business community (e.g., on the topic of investment in early education).

Funding
Participants discussed several topics related to funding, including the need for access to funding, the need for committed and recurring funding, and the need for additional funding. Participants also noted the relation of this topic to sustaining the profession, noting the need to "focus on recruitment and retention (value the profession)." Further, participants commented that "early childhood professionals should be looked at as teachers." Specific suggestions for funding included:
- Increase educator compensation.
- Develop a tool to create funding that could be used to increase wages (e.g., help identify where to find fiscal resources).
- Identify local funding streams that could be tapped to support added benefits, supplements, etc.
- Provide equitable health insurance and other benefits.
- Provide collaborative health insurance benefits, to offset business or personal expenses.
- Eliminate wage rate caps on wage supplement programs.
- Provide early educator supplements to ensure that early childhood teachers earn at least average salary for a professional with a two-year degree.

Programming
Participants noted the need for more behavioral supports for educators and classrooms. Participants also noted the need to improve the quality of educators and professionals.

<u>Data and Information</u>

Participants identified a need for greater awareness of the difference in wages across educators, to better understand how to plan for improvements.

Specific Action Steps

Participants suggested that **local** communities can:

1. **Conduct community awareness and education campaigns.** Local communities can:
   - Continue to educate their communities about WAGE$ and TEACH.
   - Ensure that the community and local policymakers are aware that early care and educator professional wages are an issue.
   - Use grant funding to develop and implement an advocacy campaign.
   - Invest in a community-level media campaign.
   - Provide education for taxpayers and voters.
   - Attend county Commissioner meetings.
   - Ensure foundation development for early childhood.

2. **Develop partnerships.** Local communities can partner with or help companies and organizations provide high-quality early care and education programs for their employees.

3. **Increase or provide funding.** As regards developing funds for local use, local communities can conduct fundraising for WAGE$ and Infant/Toddler awards or determine how to use resources like the Prepared Food and Beverage Tax to support infant/toddler programs and salaries. As regards the uses of funding, communities can provide a supplement to assist professionals in accessing educational opportunities, fund supplements to hire B-K certified teachers and pay a competitive wage, or provide health care benefits/insurance.
   Local communities also can support and sustain the profession in ways that don't require the direct fiscal support of educators or facilities. Suggestions included:
   - Invest in a campaign to make early care and education professionals feel valued.
   - Research alternative benefits or supports such as:
     - Affordable or subsidized housing
     - Child care vouchers or free placements
     - BOSS benefits for school employees
   - Develop a minimum wage scale inclusive of entry-level positions, with references to years of experience and education.
   - Improve perceptions of the professional stature of the early care and education industry.
   - Ensure there is a support system or framework in place when recruiting into the profession (e.g., mentors).
   - Promote the positives of a career in early care and education.
   - Ensure compliance with existing wage scales.
   - Solicit investments in the profession by using social media and marketing techniques and reinforcing that "it's not daycare or babysitting."

4. **Provide or support programming**. Local communities can ensure local implementation of state qualifications and ensure access to continued educational opportunities. Communities also can provide or support behavioral supports for children (through training for teachers)

and peer mentoring.
5. **Enhance understanding of the issue.** Local communities can provide real-life or realistic examples of the impact of increased wages, which then can be used to inform and support advocacy.

At the **state-level**, steps could include:
1. **Revise or develop policy.** There are a number of steps that could be taken at the state-level, including:
   - Review of state qualifications.
   - Advocacy targeting state laws on group rates for health benefits.
   - Consideration of how different taxes (e.g., occupancy tax, value-added tax, use of special tax district) could be used to support infant and toddler programs and educator salaries.
   - Support for paid family leave for all workers.
   - Increasing the NC Pre-K subsidy reimbursement rate.
   - Establish and require set salary levels/parity in order to participate in NC Pre-K.
   - Support or increase wages (e.g., infant/toddler programs; programs funded through Smart Start) or consider a state-level wage scale that strives for compensation parity between early educators and other professionals with two-year and four-year degrees.
   - Reinstate longevity and Master's degree pay.
   - Ensure early care and education is part of the conversation when policy is suggested or under discussion.
2. **Support awareness and education.** At the state-level, steps include the development and promotion of messaging regarding the costs and savings of increasing wages, earmarking of education days that focus on how and why this topic matters, conduct education and presentations (informed by research or studies) with elected representatives, and advocate (e.g., laws or policies that allow affiliate groups to provide reduced group rates for health benefits).
3. **Increase or provide funding.** There is a need for WAGE$ funding, and to open WAGE$ to private funding so that more professionals can access the program. Funding also can be used to support a state-level program that provides supplements and benefits. This aligns with a suggestion to establish a centralized, state-level, program that gathers private funding and redirects it to local communities. Funding can be used to provide universal health care (or other benefits) or incentives to professionals (e.g., in the form of child care vouchers, housing), especially educators of color and male educators. As in communities, there are other ways that the state can support the sustainability of the profession:
   - Assess available supports for recruiting highly qualified educators.
   - Provide human resources training focused on retaining professionals of color.
   - Support shared services for health insurance, inclusive of family child care providers.
   - Develop or provide a framework for support when recruiting, such as mentors.
   - Provide access to subsidized, licensed education.
   - Provide tuition reimbursement for teachers who complete degrees and teach in early childhood classrooms.

4. **Support professional development.** Participants noted that at the state level, steps can include providing diverse opportunities for early childhood professionals to attend/complete higher education or professional development and trainings in support of their professional knowledge.

5. **Enhance understanding of the issue.** Participants noted several steps that can be taken to provide data and information, including studies of:

   - The relation between increased WAGE$ and retention.
   - How other states used private dollars to support early childhood education.
   - Appropriate wage caps for salary supplement programs, related to the cost of living.

   In addition, there can be research into alternative supplements and grants that could be used to fund recruitment efforts and increases to WAGE$.

Overall, participants identified the following actions as important for consideration:

- Consider flexibility in tax revenue streams (e.g., special tax district, occupancy tax, Prepared Food & Beverage tax) for use in early childhood education.
- Define "Qualified Teacher" using multiple criteria (not just education).
- Create a framework for the legislature that is aligned with state studies completed to support increased funding.
- Ensure early care and education professionals are part of the conversation when decisions are being made.
- Get early childhood professionals to advocate more aggressively for increased wages.
- Increase state-level funding for WAGE$.
- Increase funding to raise NC Pre-K rates and supplements (WAGE$ and AWARDS) and support benefit packages for small businesses.
- Change the law to allow group health benefits for more groups (e.g., non-profit, affiliate industries, etc.) or support initiatives to provide shared/group rates for small centers/ homes.
- Provide centralized state benefits.
- Provide housing vouchers, child care vouchers, etc.
- Provide health insurance for all early child educators and staff (including family child care providers).
- Ensure equal pay for teachers across grade levels.
- Subsidize or reimburse educational costs for educators, or otherwise incentivize pursuit of educational opportunities.
- Value early education professionals at the same level as other education professionals (at elementary, middle, and high school levels).
- Address teacher burn-out and turnover by providing extra support staff for additional training in behavioral supports and extra support staff to reduce ratios.
- Continue to support and study the relation of increases to WAGE$ and teacher retention.

Q3. Prepare teachers to build specific student skills needed for success.

- Create collaborative professional development opportunities between private, Head Start, and public providers of birth through five-year-old care and education.
- Provide research-informed professional development.
- Require specific educator and administrator professional development for building positive climates.

This topic acknowledges an opportunity to work across Head Start, private child care, and public programs to support high-quality professional development, and it was addressed by the input session in Wayne County. Participants noted that, in Wayne County, needs included (a) the collection of county-specific data; (b) trainings (e.g., evidence-based, crisis prevention, ACES, Foundations); (c) mentorships; (d) incentives to participate in Saturday trainings; e) substitutes; and (f) more professional development learning communities. In general, participants noted that more funding was needed, and that trainings or professional development need to use layman terms to encourage accessibility (across public, private, and religious-based programs, all of which should be included). Suggestions also included knowledge increases related to cultural competency and ensuring teachers hold some form of qualifications.

Locally, the community can work to incorporate sensitivity, promote inclusivity, and provide (a) trainings on expulsion and suspension (inclusive of administrators and educators) and (b) more behavior specialists who can work in classrooms. The local community also can recognize learning differences, increase funding (e.g., for training), and provide avenues for obtaining education such as weekend classes or hybrid classes. At the state- and local-levels, participants suggested increased advocacy, such as on the de-politization of early childhood funding.

Goal Area 3: Supported and Supportive Families and Communities (FC)

FC1. Make transitions – including from toddler programs to preschool, and from preschool to kindergarten, across centers, and between programs – easier for children, families, and teachers.

- Connect the data systems for birth through age five programs to data systems for public schools to support vertical alignment and transitions.
- Require local education agency (LEA) decision makers to coordinate with child care providers and families to set up plans for more successful transitions

There are multiple transitions that occur and are meaningful in the early childhood period—including the transitions noted in this strategy. States and local communities may benefit from guidance and support for facilitating transitions—ensuring that parents and children have their needs identified and addressed during these times.

This strategy was addressed in Alamance county. Participants noted several needs, including: (a) **meaningful data** (the nature of the data has yet to be determined, however. Decisions on this should include individuals involved in transitions.); (b) **buy-in** for early education; (c) **re-framing** the issue to emphasize that schools should be ready for children (and not children ready for schools); and (d) some **structure** around the topic. **Local** action steps could include:

- Taking transition resources to stakeholders; participants suggested the county diminish its use of "transition fairs."
- Using existing resources.
- Deploying a coordinator (or coordinating role), who can work go out and work with families.
- Developing and using consistent measurement, which can be applied across implemented data systems.

At the **state-level**, action steps might include:

- Developing statewide data systems or databases that local (education) agencies can use.

Related to this topic, the state also can:
- o Provide training on the database for teachers.
- o Include social-emotional measurements in the database or system.
- Ensuring teachers are included in discussions around the design of the system and what the system measures, and ensuring this discussion is informed by best practices.
- Ensuring schools are ready to receive children.

Overall, participants noted that the state-level actions should be considered first for implementing this strategy. Further, participants reported that it is important to encourage the use of data that can track students across schools or counties and that an investment in data would help teachers use more informed practices.

FC2. Provide support to local communities to improve and promote family engagement across systems, including training, technical assistance, and coaching, along with grants to improve and promote family engagement to serve as a model for statewide dissemination.

Meaningful family engagement ensures parents can function as their children's first and best teachers, with an awareness of child development and the resources and services from which their children may benefit. Local communities can connect with families through a number of programs and services, ranging from universal awareness building or educational programs to more targeted or intensive services that provide support for identified needs or challenges.

This strategy was addressed in Cumberland and Mecklenburg counties and by participants in the Region A partnership of counties. Session participants in these communities indicated five major areas that need attention, as described below.

Community Awareness and Education
Participants reported on the importance of setting and widely disseminating community-wide expectations for children ages birth through five, noting that expectations influence behavior. Participants also suggested a marketing campaign on the importance of early brain development and early childhood education.

Partnerships
Participants noted the importance of community champions, from the community, who could work to promote family engagement in early childhood education. In addition, faith communities may be important partners for promoting both family engagement and the importance of high-quality early childhood education.

There may be opportunities to promote private-public partnerships within communities. For example, community agencies may consider inviting other community services into their agency or programs to conduct screenings, provide education programs, etc., thus making use of available facility spaces and resources. Another example may be engaging with primary care for children, as an opportunity to ask questions about early childhood education and then provide follow-up (with appropriate resources, etc.)

<u>Programming</u>

Participants suggested programming ideas, which included (a) resource fairs, and (b) services that promote basic life skills for parents. In addition, participants noted the challenge and importance of filling (program) positions according to established guidelines.

<u>Secondary Supports</u>

Transportation was identified as a needed support for families. Alternately, consider programming that works with families within their homes.

<u>Data and Information</u>

Participants suggested two ways to collect more data or information: (a) conduct stakeholder groups to determine what stakeholders want, and (b) re-evaluate existing organizations that provide parenting services.

Specific Action Steps

As regards action steps that can occur **locally**, participants recommended:

1. **Conduct community awareness and education campaign.** As noted earlier, participants suggested raising awareness as to community-wide expectations for children ages birth through five. This could include a campaign on the importance of early brain development and early childhood education. Specific to parents, participants noted the need to make sure parents are aware of available resources (including, possibly, better use of 211 services) and how to access or use them. As regards elected representatives, participants suggested asking parents what their needs are and then taking this information to state policymakers.

2. **Develop partnerships.** Participants identified faith communities and primary care as possible partners. Faith communities, for example, could be engaged in resource development or distribution (e.g., food, small housing construction needs), the promotion of family engagement, or raising awareness about the importance of early childhood education programs. Primary care could be more fully engaged in asking about early childhood education and then conducting follow-up. Participants noted that there are too few community champions who promote family engagement in early childhood education and that there is a need to create or expand private-public partnerships on this issue.

3. **Develop or implement programs.** There were a number of program ideas, including:
   - Parent cafes and breastfeeding support groups, noting that parents should lead the conversation.
   - Connect with high schools and their curricula, especially for parent and life science classes. In these cases, make sure curricula or classes are valid and current.
   - Promote existing group opportunities for parents to engage with each other and engage in educational opportunities (e.g., churches offer small groups with children).
   - Family-based education.
   - Conduct community events that support all families and provide opportunities for families to access things they need.
   - Enhance ability to offer parents greater training in life skills.

   In general, when working with parents, such as with parenting classes, participants noted the importance of making sure parents have the resources to take care of themselves.

4. **Further understanding of the issue.** Local communities can continue to gather data and information on this issue by (a) asking parents what they need (and ensuring stakeholders such as state policymakers receive the findings); (b) evaluating or re-evaluating existing organizations that work with parents (and potentially re-aligning funding in response to what is working or not working); and (c) convening local support groups, who then come together and report on what was learned, ensuring a broader audience receives findings.

At the **state-level**, action steps could include:

1. **Develop policy or regulations.** Participants discussed the need for requirements for family collaboration, suggesting for example that parents serve on Boards of Directors. Participants also suggested the development of policies that are driven less by "numbers" and more by impact for families. Finally, participants noted the need to support family-friendly workplaces, perhaps through broader policy or funding initiatives.
2. **Conduct community awareness and education campaign.** Participants reported the need to advocate for more funding so that organizations can fund vacant positions.
3. **Increase or provide funding.** In addition to increased funding that can be used to fill or support vacant positions, participants noted that funding could be used to provide grants with a family engagement component or to incentivize family-friendly workplaces at businesses.
4. **Develop or implement programs.** Participants suggested including a family collaboration requirement in programs (or, working with local agencies to require family engagement in their programs) or implementing programs in response to what parents indicate they want or need. Participants also suggested increasing the number of parent advocates and social workers in schools and child care programs. There also may be opportunities to develop alternate participation models for parents who cannot typically attend programs, such as technology-driven models that connect families and facilitate remote participation.

Overall, the action steps that emerged as priorities for the state included:

- Require family collaboration.
- Ensure parents serve on boards.
- Develop a broader awareness of the issues surrounding families and early childhood.
- Engage communities of faith fully in helping with resources (e.g., food, small housing construction needs).
- Incentivize family-friendly workplace policies.
- Check on parenting classes at high school and make sure they are valid and current.
- Develop family support and engagement in early childhood.
- Develop alternative participation modes to include those are not able to attend.
- Re-evaluate existing organizations that work with parents, look at where they work or don't work, and re-align funding for activities that are working.

FC3. Provide increased access to research-based mental health services in early education settings to children and parents who need them.

There is increasing awareness of the nature and prevalence of mental health concerns in young children, starting in the infant and toddler period. Concerns include children exposed to trauma or adverse

circumstances or experiences, who may benefit from evidence-supported care (including direct mental health services). Thus, communities may benefit from planning on how to identify children (and families) in need and ensure they are connected with appropriate services that are responsive to their needs.

Input sessions in Union, Bladen, Dare, Buncombe, and Wayne counties addressed this strategy. Session participants in these communities indicated six major areas that need attention, as described below.

<u>Community Awareness and Education</u>
Participants noted a need to raise awareness or provide education to parents and early care and education professionals. Participants also noted a need for increased family engagement and education on mental health services, in general.

<u>Partnerships</u>
Participants suggested collaborating with mental health advisors.

<u>Programming</u>
Participants noted a need to ensure access to resources and, in particular, affordable or subsidized mental health services. There were a number of program ideas, which could be clustered into (a) **developing new or expanding existing programs** (such as through increased numbers of specialists focused on behavioral needs, increased home visitation services, increased numbers of mental health providers in early childhood or schools, access to maternal mental health services); or (b) **enhancing programs** (such as ensuring a prevention focus for all staff and children, ensuring training and services are accessible in different languages, revisiting basic socio-emotional support for children and families, or providing supports such as child care or transportation).

<u>Training and Technical Assistance</u>
Training and technical assistance help develop and maintain high-quality practices. On this topic, participants noted a need to increase the number of opportunities and improve access to these services. Further, participants noted that both parents and early care and education professionals needed to receive training and education (on topics such as recognizing when mental health services are needed, especially for infants and toddlers) and that services should be available in different languages. In addition to providing professional development on this topic, participants discussed the need to decrease stigma associated with mental health care.

<u>Secondary Support</u>
As noted above, supports such as child care and transportation may facilitate participation in services.

<u>Data and Information</u>
Participants suggested an opportunity to gather more information to inform a determination of need.

Specific Action Steps
As regards action steps that can occur **locally**, participants recommended:
1. **Conduct community awareness and education campaign.** Local communities can educate within their community about services that are offered and work to remove stigma attached to

mental health care (such as using terms like "mental wellness"). The NCCare360 initiative may be a tool in this respect, for helping connect children and families to services. Existing services also can be marketed to licensed programs. In general, participants noted a need to talk about both mental and behavioral health and to improve understanding (among parents and early care and education professionals) of developmental milestones in childhood.

2. **Develop partnerships.** Participants suggested mental health providers, Early Head Start, and Head Start could be helpful partners.
3. **Increase or provide funding.** There is a need to increase accessibility to mental health providers, perhaps by increasing funding in this arena. There also is a need to increase funding available for specialists and "Circle of Security" groups.
4. **Develop programs.** As noted earlier, programming suggestions fell into two categories:
    - **Develop or expand programs**, including increasing the number of mental health providers or specialists, providing an independent social worker for the birth through age five population, expanding Parents as Teachers to serve more families, expanding BabyLinks to provide longer-term visitation and communication, developing a shared services pool of mental health providers, providing outpatient hotline services, providing telemedicine services, providing a transitional program for children exposed to extreme trauma, conducting parent outreach, or exploring a peer-based model to help families navigate the system).
    - **Enhance programs**, such as providing mental health screenings at all levels, using best practices, or developing/using an evidence-based mental health program or curricula.
5. **Provide professional development.** As regards professional development, participants suggested local communities:
    - Educate teachers or provide professional development regarding two-way family engagement practices.
    - Identify and support the provision of mental health services.
    - Teach staff to recognize and distinguish things like behaviors versus something that needs intervention services.

Action steps for consideration at the **state-level** included:

1. **Develop policy.** Participants suggested a re-instatement of "old" Child Development Services Agency (CDSA) eligibility guidelines to address more developmental needs and to establish statewide protocols for mental health issues and treatment.
2. **Conduct community awareness and education campaign.** Participants discussed the need to ensure the conversation is on both mental and behavioral health and to (a) provide bi-partisan education on topics such as ACES and trauma-informed decisions; (b) work to de-stigmatize mental health; and (c) ensure professionals are prepared to advocate for trauma-informed practices and policies.
3. **Increase or provide funding.** Participants suggested that, at the state-level, steps could include (a) making funding for mental health services a priority, and (b) ensuring special or increased funding for mental health is available.
4. **Develop programs.** There were a number of programming suggestions, which included:
    - Conduct mental health screenings.
    - Increase the time specialists have for serving in early childhood programs, including the amount of time onsite and working with teachers, students, and directors.

- Provide communities with a list of providers.
- Provide help for the billing of mental or behavioral health services (e.g., paperwork, phone calls, etc. that are necessary additional costs of these types of services).
- Increase home visitation programs (e.g., Parents as Teachers).
- Increase nurse home visitation programs.
- Increase Care Coordination for Children (CC4C).
- Create or ensure there are Child Care Health Consultants statewide.
- Use research-based assessments or approaches for mental health in classrooms.
- Allow public school social workers to work with child care families.
- Ensure that required child care courses are offered in languages other than English.
- Provide trauma-based training for providers and parents that is consistent across the state.
- Ensure that North Carolina Institutes of Higher Education are including ACEs education across the board.

Overall, participants recommended that the following ideas and suggestions be considered first for implementation:

- Widen CDSA eligibility & services.
- Develop a unified system for 0-5, and integrate with K-12.
- Educate the community on best practices and early intervention.
- Increase education on trauma informed practices.
- Include mental health screenings in wellness checks and ensure more access to mental health services.
- Provide a list of providers.
- Increase home visiting (home-visiting nurses, Parents as Teachers).
- Allow for billing of alternative service delivery (e.g., phone, office time and online services). Further, increase the scope of activities that are covered to increase rates of services and attract more mental health providers.
- Provide more developmental and behavioral supports for children and families as early as possible.
- Provide more support for attachment-based (vs. behavioral based) parenting programs.

Goal Area 4: Social and Emotional Health and Resilience (SE)

SE1. Collect and analyze reliable data on young children's mental health, physical health, well-being, social-emotional development, housing status, academic performance, and other factors in order to track children's progress across multiple years, and then use that data to make better policy decisions for their care.

This strategy addresses the importance of system-integrated data that tracks multiple aspects of child development and welfare. The goal of compiling and analyzing these data is the generation of better policy and solutions, in the long-run. This strategy was addressed in Alamance and Bladen counties. Participants in these groups noted that their communities needed to:

- Increase buy-in and use (e.g., NCCARE360, school system, DSS, stakeholders).

- Ensure there are more care providers.
- Develop and use an integrated data system that provides meaningful individual and cohort data.
- Conduct a needs assessment.
- Develop a user-friendly data tool.
- Collect "honest" data.

Locally, communities could:
- Increase buy-in through promotion or marketing efforts.
- Follow-through with what is promised to community (e.g., talk to those affected and ask what they want and actually follow through with that).
- Highlight what is already being done well.
- Develop an early identification/recognition system for social and emotional health for children.
- Develop or use a comprehensive data system to address and identify social and emotional health.
- Use existing data to strengthen areas that have already been identified (e.g., tracking students in a non-harmful way).

At the **state-level**, steps could include:
- Use community level data to inform state-level policy makers.
- Ensure qualified personnel implement a data tool (which may need to be created) to collect and distribute data.

Overall, participants suggested the following as steps the state should consider first:
- Use community level data to inform state-level policy makers.
- Create and distribute a user-friendly tool to collect honest data.

SE2. Using different assessment tools, provide coaching and technical assistance through statewide special initiatives to early educators and administrators to ensure classroom practices, equipment, and materials are developmentally appropriate and support social-emotional health.

Social-emotional development is one of the major domains of child development. Thus, early care and education professionals should be well-prepared to respond to child needs in this domain, in ways that are developmentally appropriate and designed to support health and well-being. While some preparation occurs during the formal (i.e., post-secondary) degree-granting process, ongoing support also is needed from and provided through the state's pool of coaches and technical assistance providers.

This strategy was addressed in Dare, Buncombe, Cumberland, and Wayne counties. Session participants in these communities indicated five major areas that need attention, as described below.

Community Awareness and Education
Participants reported the need to increase advocacy at both the local and state level.

Funding
Participants noted that coaching can be time-intensive and requires funding. Participants also noted that additional funding is needed for local partnerships to provide training and technical assistance services.

Programming
Program ideas included the development or use of (a) access to interventionists, tools, and education; (b) in-center screening as approved by parents; (c) parent-to-parent mentoring or coaching; (d) library storytime supports for families and children; and e) alternative models to current professional development. In addition, participants noted the importance of knowing about assessment and ensuring that each facility has a point of contact for specializations.

Participants recommended:
- Local and on-the-ground provider input in development of initiatives.
- Local context with specific supports (i.e., opioid exposure & related family separation is a particular issue here for children in early care and education—we need the flexibility to tailor efforts to those local contextual contributors).

Training and Technical Assistance
Participants reported the need for (a) ACEs training, (b) more onsite technical assistance, (c) continued relationship building between early childhood educators and TA providers, (d) embedding coaches or mentors in classrooms, and, as noted above, e) alternative models to current professional development.

Data and Information
Participants reported on the need to conduct community needs assessment and collect data on the specifics of the county.

Specific Action Steps
The action steps that could happen **locally** to implement the strategy included:
1. **Conduct a community awareness and education campaign.** Local communities could ensure trauma-informed trainings are available in communities, distribute parent information (e.g., on activities to support socio-emotional development), promote attachment or relationship-based care for children ages birth through five, or distribute fact sheets or surveys among the community, educators, or parents on socio-emotional supports in classrooms. With specific regard to parents, local communities could address parent education and especially for parents whose children are not in child care.
2. **Develop partnerships.** Participants suggested local communities collaborate with agencies that offer free screening, and that this information could be placed in center handbooks.
3. **Increase or provide funding.** Participants reported that funding could be used to (a) support trainings and materials on socio-emotional health; (b) support grant submissions; and (c) incentivize technical assistance and professional development for directors around social-emotional development.
4. **Develop programs.** Program ideas included (a) incorporate the Pyramid Model in higher education and expand on this with (more) teachers and (b) provide library reading programs by age level. In addition, participants noted the need to ensure all providers, across sectors, are

invited to the table.

5. **Provide training and technical assistance.** There were a number of suggestions for training and technical assistance, including:
   - Implement more technical assistance or coaching in all early childhood education settings.
   - Build trust – coaching, etc. delivered by local agencies already known to the early childhood education provider.
   - Model early learning classrooms and technical assistance provided to observe appropriate practices.
   - Provide training for mentors and coaches and training on social/emotional health materials shared by funders.
   - Build on, but do not duplicate, training.
   - Build relationships between technical assistance providers and leadership in the centers.
   - More on-site technical assistance combined with a professional learning community model.
   - Increase joint-professional development opportunities across public, private, licensed, unlicensed early care and education sectors.
   - Increase opportunities for online professional development.

Actions steps at the **state-level** included:
1. **Raise awareness** of the need for mentors.
2. **Develop policy**. Participants suggested (a) developing standards for coaching practices; (b) requiring trauma or socio-emotional classes for an education degree; (c) educating and enforcing laws regarding the expulsion of children with Intellectual and Developmental Disabilities (IDD); and (d) funding (or tax breaks) for counties that have added social and emotional supports and programs.
3. **Increase or provide funding.** Participants noted that funding could be used for (a) non-licensing related technical assistance or coaching (i.e. Smart Start)/incentives, coaches, materials and equipment, and (b) mentors.
4. **Develop programs.** Program ideas included: (a) increased opportunities for online professional development; (b) attachment/relationship-based care and parenting programs; (c) healthy social/emotional behavioral specialists; and (d) ensuring each region has staff at each level of the continuum of care, including B-K trained child care health consultants; B-K trained (plus extra training) healthy social behavior specialists; and early care and education mental health consultants or psychologists.
5. **Provide training and technical assistance**. At the state-level, steps could be taken to ensure training is available in all communities. Further, participants suggested that trainings should be open statewide to non-targeted communities.

Overall, the action steps that participants suggested the state consider first included:
- Provide parent or family education on continuity of care.
- Allow for more funding for non-licensing related technical assistance or coaching.
- Develop and implement standard, evidence-based, trauma-informed practices in early care and education.

- Provide more programs and tools to engage families in building social-emotional health at home.
- Fund healthy social/emotional behavioral specialists.
- Ensure each region has staff at each level of the continuum of care (B-K trained child care health consultants; B-K trained (plus extra training) healthy social behavior specialists; and early care and education mental health consultants or psychologists.
- Ensure that training is available across agencies (Department of Public Instruction and Child Care Resource and Referral, for example), to ensure alignment in technical assistance or coaching services across settings.
- Open trainings statewide to non-targeted communities.
- Professional development can be difficult to access for rural areas of the state early childhood system. Increased opportunities for online professional development at the state level will help create more access.

SE3.	Infuse infant and early childhood mental health competencies in provider education and professional development.

Similar to other strategies in this goal area, this strategy targets the preparation of the early care and education professional workforce with the knowledge, education, and professional supports needed to ensure child mental health can be assessed and safeguarded. Early care and education professionals across a range of program types (prekindergarten programs, child care centers, or family child care homes) need support.

This strategy was addressed in Union and Mecklenburg counties and participants from the Region A Smart Start partnership counties. Session participants in these communities indicated six major areas that need attention, as described below.

Policy
Participants noted that there is a need to increase the presence of infant/toddler mental health education in AAS ECE and BK programs. Participants also noted the need to identify recommended level of competencies around infant/childhood mental health.

Community Awareness and Education
Participants noted the need to involve parents, professionals, and others on this topic. Participants reported that it might be helpful to have more information that was available or accessible in the community about infant mental health concerns.

Partnerships
Participants suggested developing partnerships among educators, families, and mental health professionals.

Programs
Participants reported several programming needs or opportunities that included:
- Add family education component.

- Pull target groups from subsidy list.
- Incorporate homeless families.
- Administer ACEs assessment.
- Embed an initiative such as the Infant Toddler Trauma Informed Care (ITTI) in high-quality services.
- Use social workers to meet the needs of children.

Training and Technical Assistance

Participants suggested there was a need to increase teacher capacity to work with children with exceptionality.

Data and Information

Participants reported on two "data and information" needs: (a) understand current training—what it is, how good it is, how old it is; and (b) understand the landscape of birth through five mental health services.

Specific Action Steps

Locally, communities could:

1. **Develop policy.** Local communities could work to resolve barriers to ACEs screening and communicating back to early care and education programs.
2. **Conduct community awareness and education campaigns.** Local communities can provide education and increase awareness of mental health. Communication channels should be multi-sector: education, health, public benefits agencies. In particular, local communities could work to provide more opportunities for parents to learn, be supported, and understand their next steps (noting that child care and food may need to be provided to facilitate parent participation).
3. **Increase or provide funding.** Local communities can learn more about grant opportunities and pursue, as appropriate. Local communities also can access resources to determine which grant activities are most appropriate.
4. **Develop programs.** Program ideas included:
   - Administer ACEs screens.
   - Provide "ID-free," low cost resources to families.
   - Employ infant and toddler specialists.
   - Coordinate peer and parent support systems.
   - Consider more inter-generational approaches to mental health.
5. **Provide training and technical assistance.** Participants noted that local communities could work to ensure more pediatricians have training on ACEs and there is more trauma-informed training for early care and education programs.
6. **Enhance understanding of the issue.** Participants suggested a needs assessment on infant/early childhood mental health services.

Action steps at the **state-level** could include:

1. **Develop policy.** Participants suggested (a) state-mandated ACEs screening (citing California as an example), and (b) state-mandated graduation requirement for infant/child mental health

(with high standards of requirements).

2. **Conduct a community awareness and education campaign.** Participants reported a need to recognize that there are infant mental health needs.

3. **Develop partnerships.** Starting at the local level, build and enhance partnerships, making sure to involve mental health professionals. Another suggestion was to utilize community groups like Great by Eight (Haywood County) to act as funnels for funding (wherein the state could provide training and possible funding, oversight, linkages, etc.).

4. **Develop programs.** Participants noted the need for services to start with pregnant mothers or in the pre-conception period. Program ideas included:
   - Increase the presence of trained mental health professionals available to address infant/toddler mental health needs in remote areas.
   - NC trauma-informed communities project (systems of care coordination).
   - Develop a state-wide source to measure young children's social emotional and resilience skills.
   - Fund post-partum depression/anxiety services.
   - Fund home visitation programs like Family Connects and Nurse Family Partnership.
   - Provide a resource navigator who knows the landscape of services.

5. **Provide training and technical assistance.** As regards trainings, participants suggested bringing "intention" to all trainings and especially those trainings that are required. Participants also suggested making mental health training and awareness part of the Pro Solutions suite of trainings.

**Overall**, the action steps that stood out for state considered included:
- Identify a means of enhancing curricula for AAS ECE and BK students to incorporate infant/toddler mental health.
- Provide a way for pediatricians to share information with child care facilities.
- Ensure infant toddler mental health is a primary concern.
- Build awareness of ACEs and other mental health issues.
- Provide better training on and screening for ACEs.
- Make parents aware of mental health issues, how to build resiliency, and of the services available.
- Use of existing partnerships, provider training, funding, better marketing their resources to local communities.
- Make ACEs a priority at the state-level.
- Find low-cost community resources.
- Provide visitation services to help parents.
- Director and principals should have ACEs training.

Discussion

After reviewing all of the reporting submitted by participating sites, the study team identified eight major categories of response or investment. These categories, explored in this report, included (a) policy development or enhancement, (b) community awareness or education, (c) funding, (d) development of partnerships, e) expand or enhance programming, (f) training, technical assistance, or other forms of professional support, (g) secondary supports, and (h) data and information. These major categories provided the framework for further analysis and reporting.

The findings contained in this report document that some responses are more prevalent, across the 12 strategic plan strategies that were addressed in the input sessions, and across the questions the participants were asked to answer. As regards the question **What would our community need to implement this strategy?**, two categories of response were most prevalent across input sessions: Community Awareness and Education, and Data and Information (Exhibit 13). In other words, across the 12 strategies and nine input sessions, responses, suggestions, and feedback related to Community Awareness and Education and Data and Information were identified for 11 and 10 of the 12 strategies,[6] respectively.
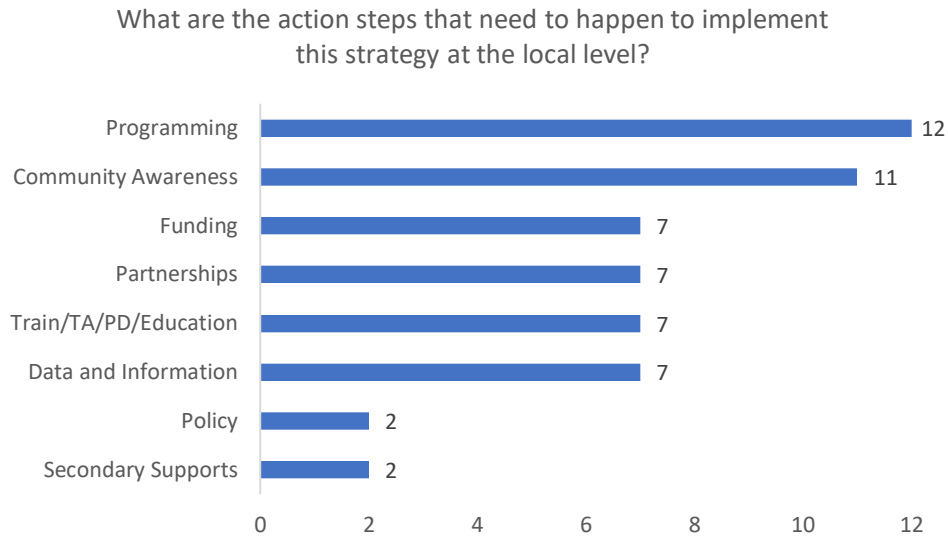
Exhibit 13.   Cross-Strategy Identified Community Needs

What would our community need to implement this strategy?
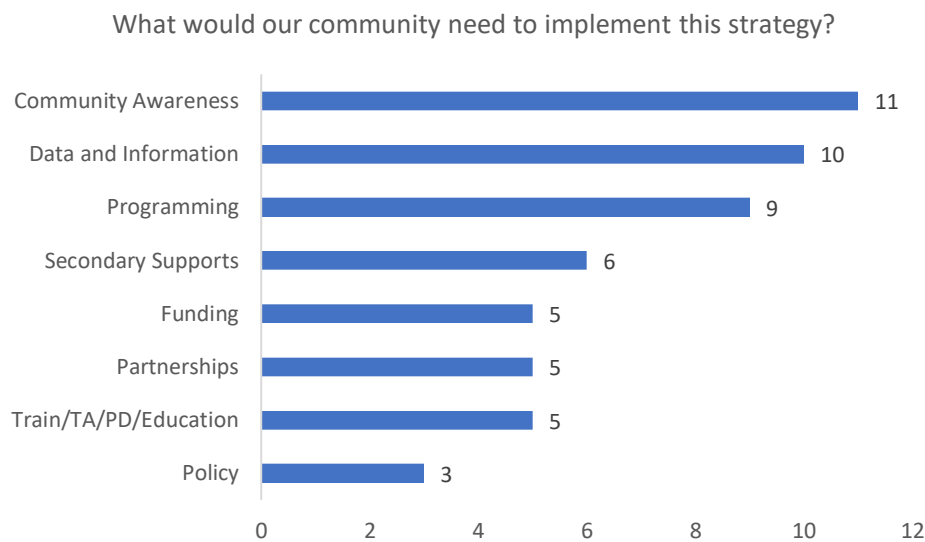
As regards the second topic for discussion, **What are the action steps that need to happen to implement this strategy at the local level?**, programming of some form or extent was identified for each of the 12 strategies, followed by community awareness and education (11 of the 12 strategies that were addressed; Exhibit 14).
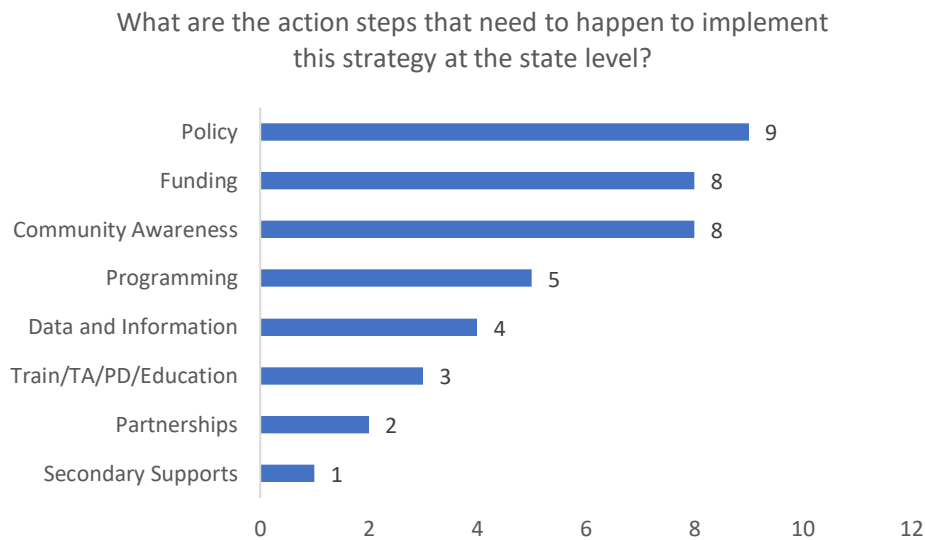
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[6] Note: prevalence does not reflect the total number of responses or mentions, as the data from the input sessions did not support quantification of the unique number of participants supporting different responses (e.g., the number of participants who reported an increase in funding was needed, or there was a need for more data). Therefore, the charts in this section reflect at least one mention or suggestion in each category.

Exhibit 14.   Cross-Strategy Recommended Local Action Steps

What are the action steps that need to happen to implement this strategy at the local level?

Category	Value
Programming	12
Community Awareness	11
Funding	7
Partnerships	7
Train/TA/PD/Education	7
Data and Information	7
Policy	2
Secondary Supports	2

As regards the third topic for discussion, **What are the action steps that need to happen to implement this strategy at the state level?**, policy was noted in nine of the 12 strategies while funding and community awareness and education were noted for eight of the 12 strategies (Exhibit 15).

Exhibit 15.   Cross-Strategy Recommended State Action Steps

What are the action steps that need to happen to implement this strategy at the state level?

Category	Value
Policy	9
Funding	8
Community Awareness	8
Programming	5
Data and Information	4
Train/TA/PD/Education	3
Partnerships	2
Secondary Supports	1

Altogether, participant feedback suggests that some types of responses are more popular and necessary. They were noted for at least nine of the 12 strategies that were examined, across different questions.

- Community awareness or education, especially as a community need or local action step.
- Programming, especially as a community need or local action step.

- Data and information, especially as a community need.
- Policy development, especially as a state action step.

This analysis may be helpful for different stakeholders in identifying next steps and priorities for investment at the state and local levels.

Limitations

Participants provided rich feedback as to local needs and priorities, in responding to strategic plan goals and strategies. The data were qualitative in nature and reflect the discussion that occurred in the small groups and input sessions. The data did not support, however, a quantification of the total number of participants who supported different responses or suggestions. Further, it is unclear from the reporting template submitted by participating sites, how many unique participants are reflected in the notes (this is to say, it is unclear whether the notes that were reported represent all participants, equally, or a subset of participants). With this in mind, the study team did not attempt to quantify, across participating sites or strategies, the amount of support for different responses.

Appendix A: Input Session Evaluation Results

EC Professionals Evaluation Findings

Participants in each input session were asked to complete a survey of the process and experience. Surveys were received from 150 participants (or, 74% of participants; Exhibit A1).
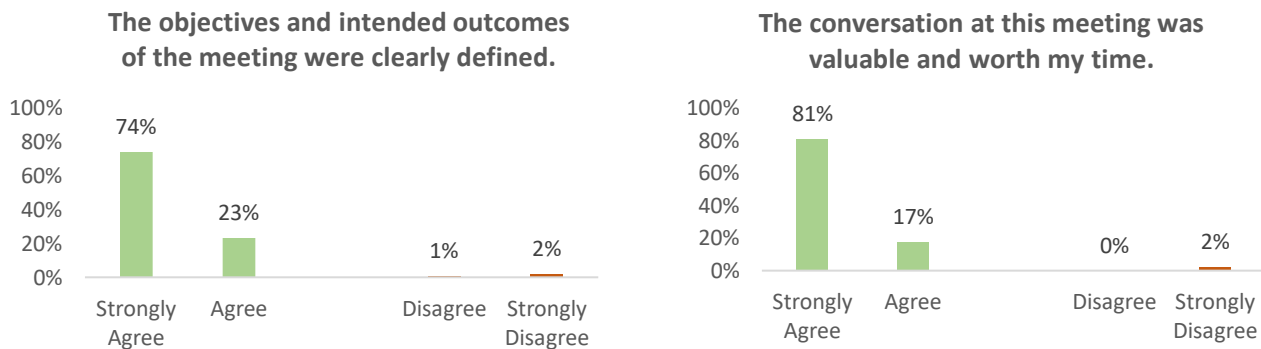
Exhibit A1. Survey Responses by Site

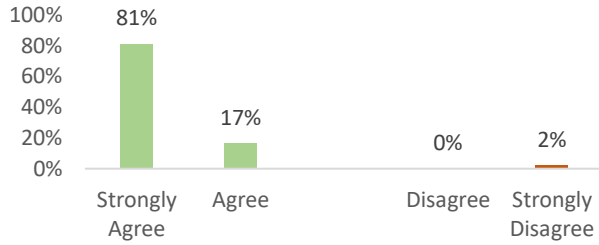Number of Participants and Survey Responses, by Site
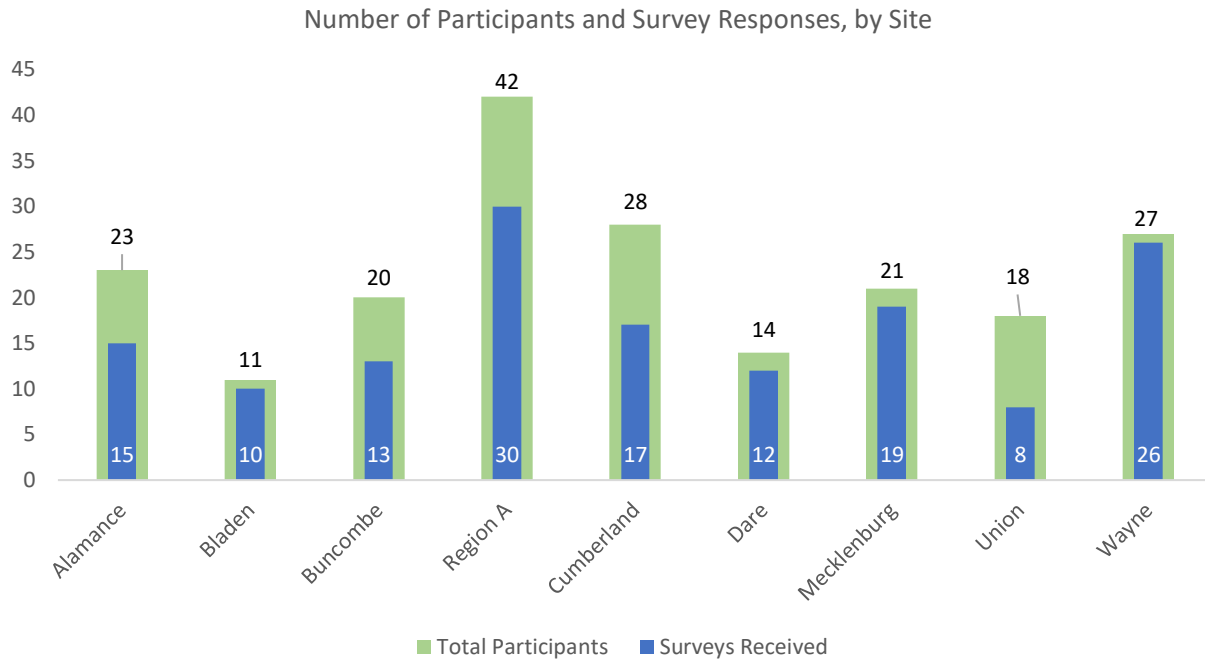
Findings

There were eight evaluation questions. The first six asked participants to rate their level of agreement with evaluation statements. Results, which show satisfaction with the input session process, are shown in Exhibit A2.
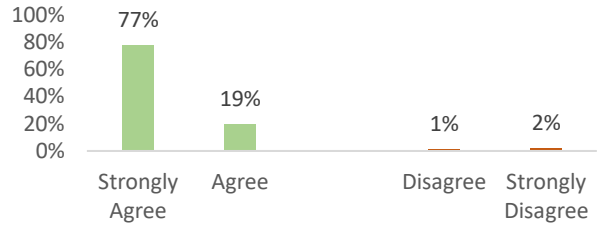
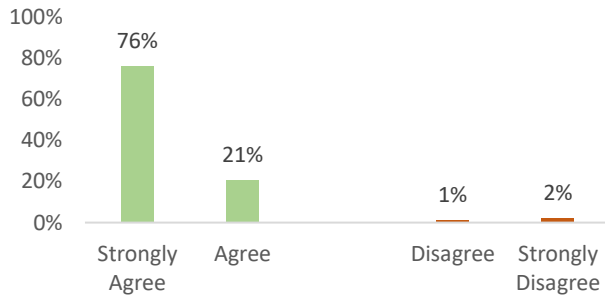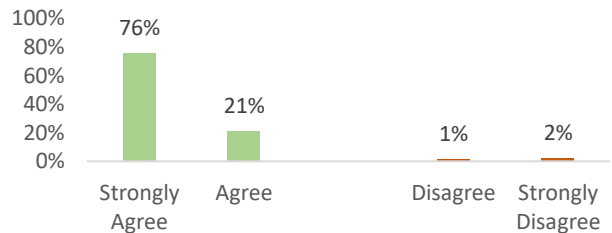Exhibit A2.   Participants Survey Ratings

The objectives and intended outcomes of the meeting were clearly defined.

The conversation at this meeting was valuable and worth my time.

I feel my voice was heard during this meeting.

Strongly Agree: 81%
Agree: 17%
Disagree: 0%
Strongly Disagree: 2%

The meeting was well-planned and executed.

Strongly Agree: 77%
Agree: 19%
Disagree: 1%
Strongly Disagree: 2%

Time was used effectively and efficiently.

Strongly Agree: 76%
Agree: 21%
Disagree: 1%
Strongly Disagree: 2%

I believe this was a valuable process for providing feedback on the B-5 Strategic Plan.

Strongly Agree: 76%
Agree: 21%
Disagree: 1%
Strongly Disagree: 2%

What suggestions do you have for how we could have improved this meeting?

- Give more time to dig into goals - too many goals needed to only choose one or two - all goals listed or themes should be addressed by the state
- 2 days and give feedback on all
- Action steps - combine as one task and have participants note as "S" (state) or "L" (local) or "S/L" since there was much overlap
- allow a bit more time for discussion
- Background
- Better time management slightly
- Continued conversation
- Everything was great!
- Everything was so well coordinated and put together--no improvements needed
- Explain activities better
- Focus on sharing information with each other and other service providers. Too many great ideas. Maybe pick one at a time and set goals for one great idea as a large group. Clearly define roles in action.
- Great meeting
- great meeting!

- I believe some of the things I would have suggested were implemented later in the meeting. There was simply not enough time allocated for the process as intended.
- I feel like the "What would your community need to make this strategy work?" and the local action steps were very similar across the board for all the goals...maybe just do local action steps.
- I found the 2 confusing
- I honestly think more time would have been great given the conversations, but setting up another meeting will be good.
- I thought it was great - a good group of engaged professionals.
- I wish more private center directors and teachers could have attended.
- I would have liked more time to talk to other tables
- It was a great meeting and the food was wonderful. Great collaboration with our community partners
- It was great! New partnerships are forming.
- Learned a lot, would like to learn more
- Looking forward to getting together to discuss strategies for Union County.
- May need to be a little longer
- Maybe invite politician's
- Maybe too much at one time
- Meeting was very well organized.
- Meeting was well planned, but the heightened feelings and opinions in the room took time to discuss and the execution of the agenda fell off pace, making it hard to talk about all items, which were also very important. While the speakers did try to keep the small group discussions on a timeline, the sharing of the feedback was very lengthy, which also threw off the agenda. This was a very worthwhile topic/I just wish we had been able to cover more area.
- More brainstorming as a large group. Does anyone have an immediate problem/concern that group could assist with? Make sure that the focus is not on getting data back to someone but actually helping each other and solving each other's problems.
- More ec professionals needed to attend.
- more input from early childhood professionals, directors/teachers.
- More participants
- More representation from child care professionals.
- More support from early childhood educators
- More time
- More time for discussion
- More time to collaborate in small groups
- More time to dive into specific goals and more education for whole group to make sure we are aware of current systems and practices
- More time!
- Need childcare provider at table
- Not sure. Maybe pre-assigned groups to decrease time moving around. Not really a major issue.
- Outlined some of the givens. Example, funding availability and limitations.

- Please share out the findings/input from session in some way with today's participants.
- Provide a follow up gathering
- Set agreements or ground rules to have a productive and non-offensive dialogue.
- Shorten; divide goals more
- Since this was a large group, I initially thought when we broke into 4 groups, we would discuss Goal Area 1 and the next group would focus on a different goal area. Then we would present to the whole group and allow for input if someone had something to add => similar to what we did when we ran out of time.
- Start w/ rules of engagement.
- Started to wear out in the last 30 mins; shorten the meeting by 30 minutes
- The feedback being limited to one area for each standard was too narrow. A vehicle for providing feedback on other areas should be made available.
- The meeting was well executed. I think we needed more time, the ideas and discussions were great.
- The meeting was well-run and well-attended.
- This was great! Maybe another 1/2 hr...?
- To stay on track
- Try to engage director/teachers from ec centers. Possibly make an evening meeting time.
- Unclear how feedback is getting to the foundation - never mind - it was explained :)
- Use power point
- Was a good session - possibly slow down the slides but great conversation
- We need more participation from private early childhood educators. Incentives?
- Would there be any way to subsidize participation if folks are not already reimbursed for their time/presence?

Do you have any additional comments or feedback?

- Can't wait to see strategic plan!
- Clarification of directions for activities
- Comprehensive data collections has too many institutional obstacles
- Continue the conversation; maybe ask parents or their feedback
- Continue with what the Partnership is doing!
- XXX did a great job leading the meeting and assisting to keep the team focused.
- XXX was great. She did a great job getting feedback within three hours. We need more time to discuss all of the goals. Having people who are very knowledgeable and passionate at the table (Jenny) was great and needed. Thank you.
- Enjoyed video explaining process
- Excellent
- excellent facilitation and defined expectations.
- Excellent job today! Great Group!
- Final form was a little broad and difficult to narrow down in order to be effective

- Food was awesome
- For the level of feedback expected, I believe this would have been more helpful if materials were sent out in advance.
- FTCC would love to be a model site for quality of infant & toddler care! :)
- Good to think through
- Great conversation.
- Great conversations among area professionals!
- Great facilitators, group work, and instructions. I do feel like this session was worth my time.
- Great Food!
- Great gathering--thank you for sponsoring and planning this wonderful listening session and collaborating with so many other agency representatives
- -great group with active participation -would participate in future meetings
- Great job
- Great meeting
- great opportunity to meet with others in the community together to discuss these matters.
- Great use of time. Love the opportunity to collaborate and expand services
- great work accomplished by all who attended.
- I believe this was a great opportunity for community partners to have a voice on an important issue
- I love the diversity of the group. We were able to bring ideas/suggestions from our own different perspectives.
- I would love updates as it is compiled.
- Invite me again!
- Loved the discussion. Thank you for inviting me!
- More time needed, great conversation, valuable feedback
- Please share local & community feedback w/us so we can establish next steps.
- Presenters speak slower
- Thank you
- thank you for all your planning (including time management) and for the clarity of your communications: your capacity for being well-organized increased our productivity.
- Thank you for the opportunity to participate.
- Thank you! Great discussion and facilitation.
- Thank you! Wonderfully organized, great information!
- Thanks for growing while we were going through the process to ensure we completed our task.
- Thanks!
- Thanks! This was very helpful!
- Thanks, Great Job!
- The conversations in this meeting were so helpful and engaging! It was great to get to talk with people who I don't normally talk with regularly about topics we are all passionate about!
- Very challenging for those outside of the EVE field to participate at a meaningful level.
- Very good meeting and excellent strategies were offered.

- Very grateful for the invitation to share ideas and hear what the local and state government are doing to improve the educational system. Very informative
- well done.
- Wish there were alternative ways to hear voices of providers in the field other than attending a meeting.
- Wonderful meeting!
- Would like to see a follow up session in order to know what action plans will be taken.
- Would love to see the entire write up to be given to state

Appendix B: North Carolina B-5 Strategic Plan – Draft

Overview

August 2019

The North Carolina B-5 Strategic Plan focuses on strategies led by DCDEE for children ages zero to five and builds upon all previous work to improve the North Carolina ECE system with a focus on gaps in access and quality for the most vulnerable.

While the Early Childhood Action Plan (ECAP) laid out a strong plan for the entire early childhood system, DCDEE and collaborative partner North Carolina Early Childhood Foundation (NCECF) utilized the strategic planning process from the Preschool Development Grant to drill down into more specific strategies. They looked at how the division will collaborate and coordinate with partners throughout the mixed delivery system and engage community leaders to accomplish targets for early learning for all children.

The ECAP includes overarching commitments, targets, and progress indicators for North Carolina's entire early childhood system. For this Strategic Plan, DCDEE included the relevant ECAP commitments and targets along with more specific goals for the Division where applicable.

Goal 1: High-Quality Early Learning

Babies, toddlers, and young children across North Carolina will be able to participate in high-quality early learning programs.
- Increase access to early learning programs
- Improve quality of early learning programs

Goal 2: On Track for School Success

Young children across North Carolina will reach their developmental goals by the time they enter kindergarten.

Goal 3: Supportive and Supported Families and Communities

Families with babies and toddlers across North Carolina feel supported, are engaged in early learning, and are connected to the resources they need.
- Family engagement and leadership
- Providing resources to families in need

Goal 4: Social-Emotional Health and Resilience

Babies, toddlers, and young children across North Carolina will express, recognize, and manage their emotions in a healthy way, especially under stress.

Steps to Finalize Strategic Plan

DCDEE will continue to develop this strategic plan with more information from a statewide needs assessment, family engagement project and stakeholder input. The strategies and associated timelines will be developed. The final strategic plan is scheduled for completion by the end of 2019.

Collaborators

Hundreds of organizations and individuals supported the development of the NC Pathways to Grade Level Reading initiative and the Early Childhood Action Plan – and thereby supported the development of this strategic plan.

Appendix C: Strategy Prioritization Activity Handout

Instructions:

For each of the B-5 strategic plan goal areas below, please identify one strategy that is both critical to your community and is one that you would like to spend time today as a group working on to provide feedback to the state.

After you have identified one strategy in each area, please use your four sticker dots to select those strategies on the white strategy sheets posted on the walls.

Goal Area 1: Increase Access to Early Learning (A)

A1.   Strategize with counties and communities identified as child care deserts to determine how best to create new or expand existing child care facilities (homes and centers), including holding local convenings and allocating funding for capacity building.

A2.   Increase access to high-quality early childhood programs for children who are homeless, in foster care, or from immigrant families.

A3.   Expand access to high-quality early learning programs and ongoing classroom supports for young children with disabilities and other special health care needs.

A4.   Improve access to and quality of infant and toddler classrooms.

Goal Area 2: Improve quality of early learning programs (Q)

Q1.   Work with Smart Start Network, CCRR and other programs to provide ongoing technical assistance and professional development opportunities to help early learning providers keep up to date in best practices in trauma-informed care, racial equity, cultural competence, family engagement and building resiliency.

Q2.   Raise wages to attract, recruit and retain highly qualified teachers.

    c)   Promote wage supplement programs like Child Care WAGE$ and Infant-Toddler Educator AWARD$ programs.

    d)   Work with NC Pre-K contractors to promote site adherence to wage scales for educators.

    e)   Provide supplemental funds for NC Pre-K teacher compensation to achieve parity between private centers and public schools.

Q3.   Prepare teachers to build specific student skills needed for success.

    f)   Create collaborative professional development opportunities between private, Head Start, and public providers of birth through five-year-old care and education.

    g)   Provide research-informed professional development.

    h)   Require specific educator and administrator professional development for building positive climates.

Q4.   Promote learning environments for young children that are free from systematic racism and implicit bias.

Goal Area 3: Supported and Supportive Families and Communities (FC)

FC 1. Make transitions – including from toddler programs to preschool, and from Pre-K to kindergarten, across centers, and between programs – easier for children, families, and teachers.

    i) Connect the data systems for birth through age five programs to data systems for public schools to support vertical alignment and transitions.

    j) Require local education agency (LEA) decision makers to coordinate with child care providers and families to set up plans for more successful transitions.

FC2. Provide support to local communities to improve and promote family engagement across systems including training, technical assistance, and coaching, along with grants to improve and promote family engagement to serve as a model for statewide dissemination.

FC3. Provide increased access to research-based mental health services in early education settings to children and parents who need them.

Goal Area 4: Social and Emotional Health and Resilience (SE)

SE1. Collect and analyze reliable data on young children's mental health, physical health, well-being, social-emotional development, housing status, academic performance, and other factors in order to track children's progress across multiple years, and then use that data to make better policy decisions for their care.

SE2. Using different assessment tools, provide coaching and technical assistance through statewide special initiatives to early educators and administrators to ensure classroom practices, equipment, and materials are developmentally appropriate and support social-emotional health.

SE3. Infuse infant and early childhood mental health competencies in provider education and professional development.

SE4. Eliminate or minimize the use of suspension and expulsion in birth through five-year-old classrooms.