

Consolidated List of Proposed Recommendations for Consideration by the CCCS

KEY:

Virginia Preschool Initiative

Access to and Quality of Child Care and Preschool

Early Elementary

Health and Well Being

Data and Governance

Multiple Groups

I. SCHOOL READINESS

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

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

II. HEALTH AND WELL BEING

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

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

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

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

III. DATA AND METRICS

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

IV. GOVERNANCE

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

V. PROFESSIONAL DEVELOPMENT

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

VI. ONGOING ROLE OF CCCS

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