



**EARLY
CHILDHOOD
CARE & EDUCATION**

**RHODE ISLAND'S
PRENATAL TO FIVE
STRATEGIC PLAN**

2020-2023





STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF GOVERNOR GINA M. RAIMONDO

January 30, 2020

Throughout my time in office, I have firmly held that every child should have a chance for opportunity in Rhode Island, no matter their zip code or circumstance.

When I took office, Rhode Island ranked 31st in the nation in terms of overall child well-being and ranked last among New England states. Of Rhode Island's child population – then totaling more than 200,000 children – nearly 20% lived in households with incomes below the federal poverty threshold, and thousands more lived in households that depended on state intervention or assistance to meet basic needs. At the same time, only 37.4% of our third-grade students read at grade-level.

Over the past five years, we have refined and improved the services we provide in response to the needs of our youngest residents. We have implemented a shared governance structure, bringing together multiple agencies that contribute to this important work and ensuring that they operate in a system of shared understanding and mutual advocacy. In reflecting on this progress, I am proud – not only of the quantity of the services we provide in our state, but also of their quality. However, despite our progress, there is much work to do.

- We know that early child care and education supports both our children's learning and growth, and enables our parents to work and support their families; however, many families have difficulty finding and enrolling their children in high-quality early care and education programs, because they aren't available in their communities, don't have openings, or don't offer the hours parents need. In addition, many families cannot afford the cost of high-quality programs. *We must expand the quality of our program offerings, while also making them more accessible to our families and children.*
- In 2018, Rhode Island was one of three states to be recognized in the National Institute of Early Education Research (NIEER) as meeting all ten quality benchmarks for our state pre-kindergarten Program, RI Pre-K. And yet, enrollment in high-quality pre-k across our state is one of the lowest in the Nation. *Our commitment to providing high-quality pre-k to all 4-year-olds in Rhode Island remains unwavering – but we must do so in a way that maintains this high bar for quality.*
- Investments in our Early Childhood system must be diversified, and sustainable. Rhode Island has been awarded a three-year, \$27 million federal grant, in addition to \$4.19 million already received in 2019, to support statewide children's development and education initiatives. As we look ahead, *we must match this funding by further state investment while simultaneously applying rigorous, data-driven review of programs and services and redirecting funds when impact is not seen.*

With the input of more than 3,000 parents, early childhood professionals, and community stakeholders, alongside the contributions of our dedicated staff across contributing state agencies, we have defined a bold plan for improving the care, services, education, and supports that will get our kids off to the best start possible.

Please join us as we step forward for stronger governance, stronger children, and a stronger future for Rhode Island. Together, we will work to improve outcomes for our children and youth. It's the Rhode Island way.

Sincerely,

Gina M. Raimondo
Governor

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Building a Strong Foundation

Rapid Brain Development

Research shows that 90% of brain development occurs before the age of 5, establishing the architecture for future learning. Early childhood experiences are built into our bodies and they impact learning, behavior, and physical and mental health. Babies' brains require stable, caring, interactive relationships with adults to be healthy. Supportive relationships and positive learning experiences begin at home but can also be supported through a wide range of early learning services.

Community-Based Supports

Community-based supports, such as Family Home Visiting and Health Equity Zones, take a whole family approach to achieving healthy outcomes for children. They serve as a key link to other early childhood interventions and community supports, such as health care, mental health, Early Intervention, early care and education, and additional services that promote healthy child development. Collectively, they help families understand and navigate the services available, and make a critical difference in the lives of children and their families.

High-Quality Child Care

High-quality and developmentally-appropriate educational practices beginning at birth help children to acquire the academic and non-academic skills needed to achieve success in school and in life. With seven in ten mothers in the workforce today, affordable and accessible child care is an essential part of enabling economic success for Rhode Island's working families.

Access to Preschool and Pre-Kindergarten

Research has consistently shown that at-risk 3 and 4-year-olds who attend a high-quality preschool are more successful in kindergarten and beyond – both academically and socially – than peers who did not attend high-quality preschool. Rhode Island's commitment to a mixed delivery model engages community based organizations, local education agencies and Head Start programs in serving RI's 4- year olds, with a particular focus on providing access to comprehensive early learning and development opportunities for vulnerable populations.

Path to Reading Proficiency by Third Grade

Ensuring that all children are ready to learn when they enter kindergarten is the first step in a child's path to reading proficiently by the end of third grade, and a critical indicator of future academic success. Students who do not read on grade level in 3rd grade are four times more likely to drop out of high school than those who do, and competent readers are more likely to perform well in other subjects. These foundational years are essential to putting students on a path to success.

Young Children in Rhode Island

We believe that efforts to improve the prenatal through five (PN-5) system will improve longitudinal outcomes for all children. We also recognize that children facing adversity are most at risk for not being educationally, developmentally and socio-emotionally ready for kindergarten due to gaps in opportunity before entering school.

In the development of this Strategic Plan, particular focus was given to how services, supports, care and education would impact children of low-income families, families whose native language is not English and children who have experienced homelessness, children facing trauma – particularly victims of child abuse or neglect, and children with developmental delays, or who have behavioral or mental health challenges.

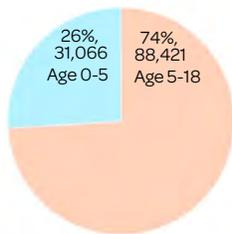
Rhode Island's children are diverse in race, ethnicity, language, and country of origin

Early Childhood focuses on the 31,066 young children, prenatal through age five, who live in households across RI.

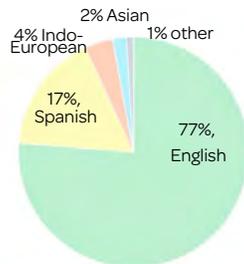
16% of RI children live in linguistically-isolated households, where no one age 14+ speaks only English or speaks English at an advanced level.

Fifty-five percent of RI children under age five identify as non-Hispanic White, compared with 66% of adults 25-44 and 89% age 65+.

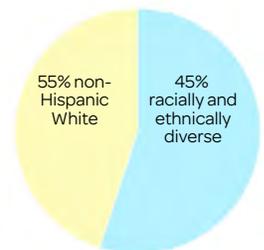
percent of RI children ages birth to 5



primary household language of children ages birth to 5



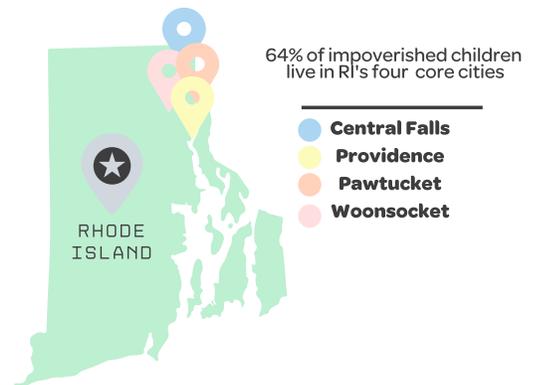
diversity of RI children ages birth to 5



Twenty-one percent of Rhode Island children under six live in poverty

Children living in poverty face an increased exposure to risk factors, including inadequate nutrition, environmental toxins, crowded and unstable housing, maternal depression, trauma and abuse, lower quality child care, and parental substance abuse. Each of these factors can interfere with young children's emotional, physical, and intellectual development.

While poverty exists in all of RI's thirty-nine cities and towns; almost two-thirds (64%) of impoverished children live in just four communities.

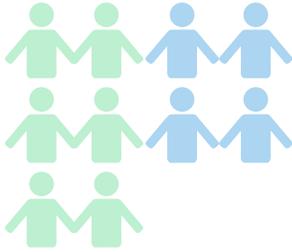


Forty-two percent of homeless children in Rhode Island are under the age of six

Compared with their peers, homeless children are more likely to become ill, develop mental health issues, experience significant educational disruption, and exhibit delinquent or aggressive behaviors. Homeless children experience food insecurity at twice the rate of other children and are also at a higher risk of abuse and exposure to violence. This trauma can lead to an increase in developmental delays and emotional distress and a decrease in academic achievement. Despite research which suggests early care and education mitigates the impacts of homelessness on children, studies show homeless families are less likely to receive child care assistance than other families. This further demonstrates the need to strengthen the access, availability and quality of RI's early childhood care and education system.

Sixty-four percent of babies born in Rhode Island screen positively for one or more risk factors

All babies born in Rhode Island are screened through the Department of Health’s Newborn Risk Assessment Program and connected to supports, services and programs to address their comprehensive family needs.



In 2018, 6,333 newborns, or 64% of all babies born, “screened positive,” indicating the presence of one or more risk factors associated with poor developmental outcomes



In 2018, 1,278 parents or caregivers participated in evidence-based home visiting programs including home-based Early Head Start, representing 12.8% of babies born in RI.

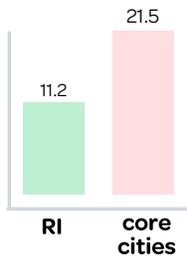


In 2018, 2,657 children received at least one First Connections home visit (49% lived in one of the four core cities and 51% in the remainder of the state).

Approximately five percent of children under the age of five in Rhode Island experience abuse or neglect

Experiencing abuse or neglect can have lifelong consequences for a child’s health, wellbeing, and relationships with others. Many vulnerable families can benefit from comprehensive family programs that enhance social supports and provide access to child care and other early learning programs. Evidence-based home visiting programs for families with multiple risk factors can also prevent the occurrence and recurrence of child abuse and neglect.

rate of child abuse and neglect per 1,000 children under age 18



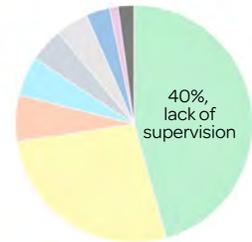
The rate of child abuse and neglect per 1,000 children under age 18 was almost two times higher in the four core cities than in the remainder of our state.

percent of child abuse or neglect cases for children under age six



About half (49%) of victims of child abuse or neglect were children under the age of six. Almost one-third, 32%, were ages three and younger.

percent of child abuse or neglect cases involving lack of supervision



40% of the 5,236 confirmed claims of neglect for children under age 18 involved lack of supervision - highlighting the importance of access to high-quality, affordable childcare.

Twenty-one percent of children in Rhode Island have one or more special health care need

Children with special needs are those who have a chronic disease or disability that requires educational services, health care, and/or related services of a type or amount beyond that required generally by children. Special needs can be physical, developmental, behavioral, and/or emotional. In 2018, there were 3,121 children ages three-five who received preschool special education services.

All Rhode Island children deserve the chance to reach their potential

Over the next three years, our Early Childhood Strategic Plan proposes a framework for how we will utilize investments to direct and coordinate resources and supports that better serve children facing the greatest challenges to kindergarten readiness.

Developing Our Early Childhood Strategic Plan

In January 2019, Governor Raimondo charged leaders across our state to design an action plan to achieve our vision for Early Childhood Care and Education (ECCE) in Rhode Island. To ensure that the plan developed reflected policy research, the needs of our constituents, and the priorities set forth for our state, Rhode Island convened a design team that mirrored the Children's Cabinet's birth to age eight team. This group was charged with driving coordination between agencies on the plan development.

Our Design Team

Our team included leadership from the Department of Human Services, the Department of Education, Department of Health, Department of Children, Youth and Families, Executive Office of Health and Human Services, and the Governor's Office, and included staff overseeing key prenatal to age five programs and services that support vulnerable children and families, including the state's Child Care and Development Fund, Head Start, Family Home Visiting, IDEA, and child welfare.

RI Early Learning Council

Key to the process was engagement with Rhode Island's Early Learning Council (RI ELC), the state's advisory body to the Governor and Children's Cabinet, whose membership includes leadership from all the sectors of the PN-grade 3 early learning and development field. Additionally, the RI Parent Information Network facilitated online and in-person feedback sessions with families of young children across the state to ensure family voice was central to the state's plan.

Determining Our State's Needs

Through the Preschool Development Grant Birth through Five (PDG B-5), RI engaged consultants to supplement the state's wealth of existing data with new needs assessment (NA) studies devoted to workforce, family, and facilities.

The comprehensive NA process included interviews with administrators and faculty from all of RI's 3 public post-secondary institutions' early childhood programs and the 5 major providers of ECCE professional development. The team facilitated 10 family focus groups in 3 communities, and 3 with family home childcare providers; an additional focus group focused on barriers to developing new ECCE spaces was held with local real estate developers. Lastly, the data collection included surveys from more than 700 parents and guardians of children 0-5; and 2,221 members of the state's PN-5 workforce including ECE, Early Intervention (EI), and Family Home Visiting (FHV) professionals. Additionally, the design team reviewed over a dozen RI ECCE state agency and stakeholder group Action Plans, including the ELC's 2016 Comprehensive Advisory Plan and Recommendations.

Throughout Fall 2019, these needs assessments findings were shared with and validated by stakeholders representing the five state agencies overseeing the PN-5 system. Additional sessions were held with the RI ELC members, with an opportunity to review the feedback and engage in discussions to identify key strategies and actions. Their feedback was incorporated into the final reports provided to the state in September of 2019.

Recommendations

The design team met over the course of 8 meetings through the summer of 2019 to develop a core set of strategic recommendations. In November 2019, the design team brought these recommendations to the RI ELC for input; members both validated the areas and shared suggestions for strengthening the plan and approach.

Family Engagement

The RI Parent Information Network (RIPIN) facilitated 5 state-wide focus groups and an online survey to gather families' feedback to the strategic recommendations. Specifically, they provided targeted feedback on how best to incorporate the needs of parents and families, as well as remain responsive to family needs on an ongoing basis.

Validating the Strategic Plan

The aggregated and rich feedback to both the needs assessment and subsequent state-developed strategic recommendations served as the basis for designing the comprehensive strategies and actions outlined in this Strategic Plan for Early Childhood Care and Education in Rhode Island.

Rhode Island's Children's Cabinet, which includes all of the RI state agencies that serve youth and families, established a subset of leaders who are charged with ensuring cross-agency collaboration and forward progress on initiatives pertaining to early childhood care and education for children PN-5. This ECCE Steering Committee and key leaders from DHS, RIDE, RIDOH, and EOHHS held final ownership over synthesizing the various inputs provided above and refining the specific objectives, strategies and actions to be included in our focused strategic plan.

2020-2023

Mission

Rhode Island’s comprehensive focus on Early Childhood Care and Education brings together providers, programs, advocates and families to ensure that our children prenatal through age five have equitable access to high-quality educational, health and developmental care, and services and supports needed in order to enter school healthy and ready to succeed.

Vision

All Rhode Island children enter kindergarten educationally, social-emotionally and developmentally ready to succeed, putting them on a path to read proficiently by 3rd grade.

Guiding Principles

Collaborative Leadership

We believe in the mutual alignment and advocacy of the Governor, her Cabinet, and those agencies representing the health, well-being and education of young children and families, from prenatal and maternal health through to school-aged services, education and support.

Commitment to a Mixed Delivery Model

We believe in providing child care and education through a diverse set of programs, services and providers so that young children and families can access the resources they need to thrive, in a setting that works best for them.

Inclusive and Diverse Engagement

We believe our work is best supported through strong, sustained partnerships with families, caregivers, community members, educational institutions and providers. Collectively, we can positively impact outcomes for children.

Focus on Vulnerable Populations

We believe in focusing our work. In doing so, we prioritize actions that will deliver outcomes for our highest-risk children to ensure kindergarten readiness, putting them on a path to reading proficiently by third grade.

Alignment of Funding with Impact

We believe in rigorously pursuing diverse and sustainable funding, while also assessing the impact of our investments against desired outcomes for children. RI commits to refining our strategies and actions based on those findings.

Workforce Advocacy and Support

We believe in, and support, the individuals caring for our youngest constituents and support the expansion of programs that help recruit, prepare and retain a high-quality early childhood care and education workforce.

Objective 1:

Rhode Island's early childhood programs meet high-quality standards for care and education as defined by our Quality Rating and Improvement System.

Why This Matters:

Research suggests that instructional quality has a positive impact on the social-emotional, developmental and educational readiness of students¹. As of January 2018, 78% of all early learning programs had a quality rating through Rhode Island's BrightStars quality rating and improvement system (QRIS).

While the percentage of early learning centers and public schools rated as high-quality has increased steadily since 2015² only sixty-four (20%) licensed early learning centers, six (1%) licensed family child care homes and 10 (20%) public schools had met the benchmarks for a high-quality rating of four or five stars³.

Our Action Plan:

Strategy 1:

Collect robust, quality data that supports ongoing self-assessment of service delivery, and better deployment of evidence-informed, intentional professional development and technical assistance.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Solidify a shared set of quality standards for use across all B-5 classrooms, with intentional linkages to national standards of preschool quality and RI early learning standards.	X	X				
Determine what changes, if any, to prioritize to better enable and enhance the depth and frequency of program- and classroom- level data collected by QRIS.		X	X	X	X	
Develop a comprehensive plan to assess feasibility, budget and operational needs to execute changes to the QRIS.		X	X	X	X	X
Provide recommendations for the data shared with partner agencies, as well as to support programs in their efforts to self-identify actions that improve quality.			X	X	X	X
Analyze data collected to determine common barriers and challenges faced by our providers, and to strengthen support in those areas through targeted technical assistance and expert consultation.		X	X	X	X	X

Strategy 2:

Provide programs with access to a range of data-informed initiatives, resources and supports that will improve their quality and better support the needs of families in the PN-5 system.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Establish needs and system requirements for a streamlined professional development platform that can be used to deliver content to all members of the early childhood workforce.	X					
Release request for proposals for platform development, inclusive of agreements of support and estimated financial contribution from partner agencies.	X					
Identify and contract with a vendor to develop a streamlined professional development platform.		X	X			

Strategy 2 cont'd.

	Q1	Q2	Q3	Q4	CY21	CY22
Articulate clear pre-service requirements for the PN-5 ECE workforce (including Family Home Visiting, Early Intervention, pre-k, and child care).	X	X	X	X	X	X
Launch streamlined professional development platform for early childhood workforce, with content aligned to RI quality standards, and with pathways for advancement.					X	X
Identify the requirements for facility planning grant submission and approval for planning grants; disseminate information to programs.		X				
Identify and procure vendor to administer facility improvement planning grants that will enable programs to improve facilities.			X	X	X	X
Award 8-20 facility planning grants to programs on a rolling basis.				X	X	X

Strategy 3:

Ensure the workforce of early childhood educators and care professionals are professionally prepared, fairly compensated and have meaningful pathways towards career advancement.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Establish a shared definition of preparation and development for early childhood educators and care professionals working in high-quality programs. Analyze existing workforce data to establish baseline and goals.	X	X				
Develop clear articulation of degree requirements across institutes of higher education.		X	X	X	X	X
Develop higher education partnerships, particularly among professional development and technical assistance vendors, and explore models that support flexible degree attainment.		X	X	X	X	X
Identify grant funding to support student loan repayment and/or supports for early childhood degrees.				X	X	X
Pilot an apprenticeship program that supports the recruitment, retention and advancement of the infant/toddler workforce.		X	X	X	X	X
Identify and evaluate additional strategies for supporting wage and compensation increases among early childhood professionals.				X		

Strategy 4:

Fully integrate child care licensing and business operations into the quality improvement efforts of RI's early childhood system.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Visit all licensed care providers. Determine priorities for improving health and safety of learning environments.		X	X			
Align health and safety priority areas to professional development and quality investments.				X	X	X
Establish data points and benchmarks for use in monitoring these efforts as part of formal governance.			X	X	X	
Prepare to implement the Early Learning Facilities fund in anticipation of the 2020 bond initiative.		X	X	X	X	X

Strategy 4 cont'd.

	Q1	Q2	Q3	Q4	CY21	CY22
Pilot, improve and implement a Universal Application for programs to become both child care subsidy eligible (CCAP) and DHS licensed.		X	X	X		
Analyze regulations and identify opportunities to reduce confusion and blockers to ensure the successful launch (and expansion) of licensed high-quality child care programs.	X	X	X	X	X	X

How We Will Measure Success:

Increase the percentage of early childhood programs that are rated high-quality as defined by the BrightStars QRIS scale (4- or 5-Stars.).

Baseline: 14.8% (116 4-5 star programs out of 784 total) as of December 2019.

¹ BrightStars Validation Study, Zaslow et al., 2016

² 2019 Rhode Island KidsCount Factbook p.122; 124-126

³ 2019 Rhode Island KidsCount Factbook / Education; Page 125

Objective 2:

Children and families can equitably access and participate in the early childhood care, services and supports that will help them reach their potential and enter school healthy and ready to succeed.

Why This Matters:

Over the years, Rhode Island has built a robust web of services to help families with young children in every community. Through our Needs Assessment process, only 50% of families surveyed reported receiving a sufficient level of support for both their children and their selves from the programs accessed¹. Vulnerable families are nearly twice as likely to report one or more barriers to accessing services and are nearly three times as likely to report multiple barriers. Families who identify English as their second language, as well as families with special needs children or foster children, stated they experienced language or cultural roadblocks when trying to access Rhode Island services and programs². These same families reported fewer benefits from these programs than other vulnerable families³.

Our goal is to help families understand, navigate and access the state’s services and supports. Family Home Visiting (FHV) is a comprehensive strategy, which uses evidence-based programming and takes a whole family approach to achieving healthy outcomes for children prenatal to age three. RI currently serves 1,444 families with Family Home Visiting however, there are many more families who will benefit from increased availability to meet demand. Expansion of this program, as well as the introduction of family navigators within RI's Health Equity Zones, are important avenues to support families’ understanding and navigation of critical safety net services for RI's children and families.

Separately, while Rhode Island has a high percentage of quality child care programs, only 78% percent of child care programs participate in the Child Care Assistance Program (CCAP); the remaining one-third declined to participate due to the perception that they will not be able to serve these children’s needs, reimbursement rates not being adequate enough to cover costs, and concerns about the administrative/paperwork burden⁴. Additional barriers include availability: 24 municipalities have 3 infant/toddlers for every one licensed space available, and 13 municipalities have 0 quality licensed slots for infants/toddlers. Current infrastructure holds space for 7,000 licensed pre-k slots, but fewer than 20% of these slots are quality⁵. Our state’s expanded Early Head Start-Child care Partnership Grant directly supports increased availability of quality care.

Our Action Plan:

Strategy 1:

Ensure that all families and children under age five involved with DCYF are provided with the option to access five-star child care programs that provide services through a trauma-informed approach.

ACTION STEPS	Jan 2020-Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Analyze the enrollment patterns of foster care children in child care (family and center based) and ensure all DCYF involved children under age five have access to five-star programs.	X	X				
Develop systems of data sharing and performance measurement to ensure children B-5 involved with DCYF are enrolled in five-star programs.			X	X		
Develop a system w/ RIDOH/DCYF/DHS to ensure that children in foster care have access to seats in high-quality child care centers or family child care homes.		X	X	X		
Develop a system w/ RIDOH/DCYF/DHS to ensure foster children enrolled in high-quality child care have access to mental health consultations.		X	X	X		

Strategy 1 cont'd.

	Q1	Q2	Q3	Q4	CY21	CY22
Prioritize children in foster care who are 4 years old in the RI Pre-K lottery, ensuring they are able to enroll in a high-quality publicly funded pre-k.	X	X	X	X	X	X
Identify barriers to increasing the number of CCAP subsidized seats in high-quality child care programs.		X	X			
Prioritize incentives, supports, and operational improvements that will increase the number of seats in high-quality programs, improve the quality of programs accepting CCAP subsidies and overcome barriers to increase the number of providers accepting CCAP through incentives or operational improvements.			X	X	X	X
Provide professional development for child care providers on trauma-informed care.			X	X	X	X

Strategy 2:

Create a system for connecting families PN-5 to appropriate services and programs, and for monitoring families' continued engagement in those services.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Refine definition of vulnerable populations, including baseline population demographics for children and families within the definition.	X	X				
Develop a shared understanding of the adverse factors that impact kindergarten readiness, as well as the mechanisms for identification of these factors and appropriate response.			X	X		
Advance our data systems to understand the enrollment and engagement levels of parents and families in services and supports that mitigate adversity and help children become ready for kindergarten.				X	X	X
Pilot a tiered system of referrals following initial screening of newborns. Refine based on year-one findings.	X	X	X	X		
Create more streamlined connections between programs through the development of a standard information flow, shared referral protocols and electronic information sharing. These transitions include, but are not limited to: DCYF to other services such as Early Intervention, family home visiting, and DCYF contracted services; Early Intervention to Special Education; Family Home Visiting to other programs such as Early Intervention, Early Head Start, child care, and Head Start; child care to Head Start/RI Pre-K; and pre-k to kindergarten.		X	X	X		
Improve the timeliness of data collection and monitoring of engagement and dosage within target populations.			X	X		

Strategy 3:

Leverage community-embedded resources to help parents understand, navigate and remain engaged in the comprehensive array of PN-5 opportunities, programs and services.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Analyze Health Equity Zone subgroups; determine the capacity needs of applicable programs and services in order to adequately serve those target populations.	X	X				
Expand Family Home Visiting to increase accessibility to all vulnerable families.		X	X	X	X	X
Work with each Health Equity Zone to identify the settings in which family navigators can work, and the supports that they will need to successfully connect families with services.		X	X	X	X	X

Strategy 3 cont'd.

	Q1	Q2	Q3	Q4	CY21	CY22
Develop and implement a model of family navigators tailored to each Health Equity Zone based on community needs assessment information.	X	X	X	X	X	X
Partner with Health Equity Zone community members and Family Home Visiting local implementation teams to determine the appropriate infrastructure needed to support family navigators within the Health Equity Zone.		X	X			

How We Will Measure Success:

% improvement of vulnerable population participation rates in high-quality programs between 2020-2023.

Baseline data to be determined.

¹ Rhode Island 2019 Family Needs Assessment; Pages 21-23

² Rhode Island 2019 Family Needs Assessment; Page 17

³ Rhode Island 2019 Family Needs Assessment; Page 21

⁴ Rhode Island 2019 Workforce Needs Assessment; Page 2

⁵ Rhode Island 2019 Facilities Needs Assessment, p. 22-25

Objective 3:

All four-year olds in Rhode Island have access to high-quality Pre-K, inclusive of parental choice and student needs.

Why This Matters:

Rhode Island has a goal to achieve universal access to high-quality pre-k for all 4-year-olds through a mixed-delivery model. This model engages community-based organizations, Local Education Agencies (LEAs) and Head Start programs in serving RI's four-year-old population, with a particular focus on providing comprehensive early learning and development programs that help children from low income families prepare for school.

Today, Rhode Island's high-quality state pre-k program, RI Pre-K, is one of only three state preschool programs in the country that meets or exceeds the nation's highest quality benchmarks as measured by the National Institute for Early Education Research (NIEER)¹ and has been a national leader in the development of high-quality mixed delivery preschool programs. RI Pre-K is currently serving children in 13 of the highest-need communities which have poverty rates between 38% and 87%. In the 2019-2020 school year, RI enrolled 1,420 children out of the 4,063 applications received, leaving 65% of children who applied unserved. RI has successfully prioritized enrollment for families with vulnerable children, and in the 2018-2019 school year 11.5% of the RI Pre-K students were children with disabilities, while the statewide average is 8%. English Language Learners made up 20% of the students in 2018-2019 compared to 7% state-wide².

While Rhode Island has made great strides in expanding access to high-quality programs, many families who would benefit from high-quality pre-k remain unable to access it. A specific finding from the family NA was that nearly half of families were unaware of how to access pre-k, and that vulnerable families faced barriers even when they were aware of and attempted to access quality services such as pre-k. RI will expand its efforts to ensure that vulnerable families are aware of and can access services through greater information, outreach and support.

As we look to expand to 7,000 pre-k seats within the state's existing infrastructure, two barriers remain: (1) ensuring there is a sufficient number of qualified educators to serve the pre-k need, and (2) high-quality facilities. Today, fewer than 20% of the pre-k seats are identified as "quality" by the state's QRIS, BrightStars. A lack of qualified educators and less suitable facilities can force difficult compromises between quality and access, trade-offs RI is not willing to make as it aims to expand access to high-quality early learning for all.

Our Action Plan:

Strategy 1:

Establish a diverse and sustainable funding structure across state agencies to support the expansion of high-quality pre-k for all 4-year old children in Rhode Island.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Finalize and release RI Pre-K Grant Application for SY 21 and determine prioritization of vulnerable populations in the lottery process.	X	X	X			
Work with LEAs to develop long term transition plan to move LEA Pre-K classrooms to receiving funding through the funding formula as well as local supplemented funding.			X	X	X	
Meet with LEAs to review impact of moving to Rhode Island's school funding formula and finalize a memorandum of understanding for moving to funding formula in FY 2021.	X	X	X			

Strategy 1 cont'd.

	Q1	Q2	Q3	Q4	CY21	CY22
Establish incentives and supports for school districts, alongside requirements for meeting and maintaining high-quality standards for classrooms			X	X	X	
Conduct short survey/focus group with Head Start programs to determine potential obstacles to meeting high-quality standards and utilizing multiple funding sources within their programs.		X				
Work with Head Start programs to address any potential obstacles to meet the state's established high-quality pre-k standards.			X	X	X	X
Evaluate the feasibility of supplementing pre-k seats through blended funding.		X	X	X		
Evaluate the non-program expenses associated with RI Pre-K to identify the non-program per student funding needed (for example, delivering professional development and technical assistance, monitoring/evaluating progress, delivering mental health consultations, etc.) and identify cost savings for existing contracts when scaled.		X	X			

Strategy 2:

Increase the number of classrooms that meet high-quality pre-k standards.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Analyze current needs and develop a plan for improving the quality of targeted programs serving the communities with our most vulnerable populations.		X	X		X	X
Establish and support requirements for LEA programs currently funded through the state funding formula to attain high-quality standards for pre-k.			X	X	X	X
Revise Comprehensive Early Childhood Education (CECE) regulations to ensure alignment with high-quality standards .		X	X			
Provide quality grants or seed money to help programs achieve and/or maintain quality once achieved.				X	X	X
Develop a model for assigning seats within a high-quality program through the lottery, as opposed to full classroom enrollment.					X	

Strategy 3:

Attract, develop and retain a strong workforce of qualified and well-supported educators to both build a pipeline for future expansion needs and support the current demand.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Establish a pathway for the current workforce that will lead to PreK-2 certification.			X	X	X	X
Coordinate with DHS, DOH and EOHHS to establish a streamlined professional development platform for early learning professionals.	X	X	X			
Create content that will provide synchronous and asynchronous opportunities for professional learning in areas aligned to the needs of pre-k classrooms.			X	X	X	

How We Will Measure Success:

7,000 seats are available in high-quality pre-k programs.

Baseline FY20: 1,420 in state-managed RI Pre-K as well as additional seats in other high-quality.

¹ Friedman-Krauss, A. H., Barnett, W. S., Garver, K. A., Hodges, K. S., Weisenfeld, G. G. & DiCrecchio, N. (2019). The State of Preschool 2018: State Preschool Yearbook. New Brunswick, NJ: National Institute for Early Education Research.

² Rhode Island 2019 Family Needs Assessment; Pages 32-33

Objective 4:

Secure the quality and delivery of early childhood care and education through increased and sustainable funding and operational improvements.

Why This Matters:

Over the next 3 years, Rhode Island will continue to improve system, family, provider and child-level outcomes for our most vulnerable populations through the alignment of our PN-5 systems. Our intent is to better align and optimize resources across our respective areas through shared governance and goals. By leveraging multiple funding streams, we are better poised to deliver a more unified and holistic PN-5 system.

Rhode Island must continue to pursue increased investment into our high-quality PN-5 system. To that end, in the FY21 proposed budget the state has included \$4.5M to expand RI Pre-K, to be combined with \$3M in additional federal funds from the PDG Renewal Grant in order to provide 750 new high-quality seats, for a total enrollment of 2,170 in RI Pre-K.

RI is also proposing \$3.9M to raise tiered reimbursement rates for infant/toddler and preschool child care centers (\$1.8M for infant/toddler rates and \$2.1M for preschool rates). This increase will ensure that infant/toddler centers will receive a minimum reimbursement at the 25th percentile of the market rate for 1-Star programs and up to the 75th percentile of the market rate for 5-Star programs.

Lastly, as part of the proposed Affordable Housing Bond, Rhode Island has also proposed an initial two-year bond to launch a facilities fund for the improvement of early learning facility quality across the state. Through this investment, RI can take steps to expand early learning facilities within a mixed delivery system by providing funding to capitalize on existing spaces, facilitate innovative partnerships and provide support for new construction projects.

Finally, RI must continue to identify opportunities to leverage new funding and make targeted investments to maximize high-quality early childhood care and education in our state.

Our Action Plan:

Strategy 1:

Drive an aligned and operationally efficient advocacy effort to accomplish legislative and budgetary priorities, as well as increase community awareness of early childhood priorities and options.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Establish a framework for mutually aligned advocacy for early childhood priorities, inclusive of role definitions and operational expectations.	X					
Share resources and information that enable stakeholder advocacy on research-based areas of impact for children and families PN-5.	X	X	X	X	X	X
Build a broad coalition of support for early childhood priorities, including legislators, advocates, families, educators and businesses.		X	X	X	X	X
Enhance video, web and print assets to increase awareness and utilization of care, services and supports.	X	X	X	X	X	X

Strategy 2:

Increase high-impact investments in the PN-5 system through innovative policy and financing levers and proactive sources of funding such as grants.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Continuously identify and secure outside funding streams to support early childhood priorities (i.e. grants, new revenue opportunities, new federal opportunities).	X	X	X	X	X	X
Use the Children’s Cabinet budget to develop a comprehensive review of funding available and allocated for early childhood care and education within supporting agencies.	X	X			X	
Identify programs that are not meeting objectives and recommend opportunities for reinvestment based on allowable use of funding.	X	X	X	X	X	X

Strategy 3:

Support interagency collaboration and coordination to optimize and streamline operations and use of funds.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Manage the Preschool Development Renewal Grant funds to support early childhood strategies and actions as defined by the Strategic Plan.	X	X	X	X	X	X
Identify opportunities for coordinated procurements and support execution of contracts.	X	X	X	X	X	X
Secure interagency memorandums of understanding (MOUs) as needed to support sharing of funds allocated to early childhood priorities.	X	X	X	X	X	X
Design and implement a shared governance model for PN-5 early childhood care and education, focused on clear decision making and accountability.	X					
Provide useful metrics, reports and tools that allow other objective areas to blend fiscal and program data in order to make informed budget and program decisions.		X	X	X	X	X

How We Will Measure Success:

Amount of new funding leveraged for early childhood priorities, inclusive of (1) grant funding; (2) state investment; and (3) re-allocated within early childhood care and education to support strategically aligned, high-impact strategies. Baseline: 2019 funding achievement in each of the three categories identified.

Objective 5:

Expand the depth and quality of family and child-level data accessible to and used by agencies, programs, and partners to drive decisions.

Why This Matters:

Many state agencies operate data systems unique to their individual program and have focal points beyond PN-5, which means each agency needs their own data system(s) to achieve independent goals related to research, policy, operations and public information needs. To achieve the goals of these plans, RI needs additional system integration to support provider coordination and facilitate family transitions among programs to ensure that no families fall through the cracks and provider accountability is clear. This additional level of oversight will allow policy makers, partners and families to analyze outcomes of investments and make longitudinal decisions related to participation in various state- supported ECCE programs. Additionally, the State will gather information about eligible children not engaged or awaiting services, use and outcomes of cross sector program participation, and analyze academic and later in life outcomes related to participation in services.

Our Action Plan:

Strategy 1:

Drive an aligned and embed data-informed program and performance evaluation as part of active contract management to ensure that programs and services funded are meeting their intended outcomes.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Establish baseline measurements, targets and progress indicators for programs within the strategic plan and PDG renewal grant; develop program performance evaluation (PPE) plan.	X	X				
Implement biweekly governance meetings to review and improve performance.		X	X	X	X	X
Align data questions for Hassenfeld Child Health Innovation Institute with ECCE Strategic Plan.	X					
Provide useful metrics, reports and tools that allow other objective areas to blend fiscal and program data to support informed budget and program decisions.		X	X	X	X	X

Strategy 2:

Deepen the person-level data collected and accessible in our early childhood system by enhancing current system capability and eventually developing a full Early Childhood Integrated Data System (ECIDS).

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Develop and operationalize data governance sub-committee with authority to recommend operational and programmatic changes to the early childhood Steering Committee.	X	X	X			
Create data-sharing agreements among agencies to integrate RIDE data into the EOHHS data ecosystem.		X	X			
Produce a maintenance agreement for Early Childhood Education Data System (ECEDS), including ownership, access and resourcing plans for future builds and system administration.		X	X	X	X	

Strategy 2 cont'd.

	Q1	Q2	Q3	Q4	CY21	CY22
Onboard new staff, including ECEDS Coder and ECE Performance Lead.		X	X			
Further develop ECEDS ability to identify which child is in which early learning program with which member of the workforce.			X	X	X	X
Develop a long-term plan for creating an ECEDS.				X	X	X
Determine the goals, strategy and resourcing for the ECEDS workforce registry, including use of the workforce registry by programs.				X	X	X

Strategy 3:

Improve and expand the use of state's ECCE data among users, including families and programs.

ACTION STEPS	Jan 2020- Dec 2020				CY21	CY22
	Q1	Q2	Q3	Q4		
Identify resources for data support dedicated to ECCE.	X	X				
Require all Head Start programs to use state data systems such as ECEDS and KidsNet.			X	X		
Explore the expansion of additional providers using KidsNet to track and monitor child-level health information such as immunizations.			X	X		
Utilize data governance subcommittee to provide oversight and support for research and data report requests from state agencies, users, families and programs.		X	X	X	X	X
Develop useful communication strategies, tools and reports that help families, students, and the community access and understand data on education, health and development.			X	X	X	X

How We Will Measure Success:

100% of appropriate ECCE program data, as identified through the assessment of existing data structures, are integrated at the child level in a sustainable, secure manner.

Baseline data will be provided following the finalization of the assessment of existing data structures.

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NAME	DEPARTMENT / AGENCY	ROLE
Libby Bunzli	Executive Office of Health & Human Services	Senior Policy Advisor to the Medicaid Program Director
Blythe Berger	Division of Community Health and Equity Department of Health	Chief, Perinatal and Early Childhood Health
Allison Comport	Department of Human Services	CCAP Administrator
Kristine Campagna	Division of Community Health and Equity Department of Health	Chief of the Office of FHV and Newborn Screening
Nicole Chiello	Department of Human Services	Administrator of Child Care Licensing
Ruth Gallucci	Office of Student, Community and Academic Supports - Department of Education	IDEA Part B 619 Coordinator
Cara Harrison	Governor's Office	Policy Advisor
Jennifer Kaufman	Executive Office of Health & Human Services	IDEA Part C Coordinator
Phyllis Lynch	Department of Education	Director of Instruction Assessment, and Curriculum
Zoe McGrath	Department of Education	Early Learning Coordinator
Caitlin Molina	Department of Human Services	Assistant Director of Child Care
Lisa Nugent	Department of Education	Early Learning Coordinator
Lawrence Pucciarelli	Department of Human Services	Head Start Collaboration Director
Sam Saltz	Department of Human Services	Preschool Development Grant Manager
Kayla Rosen	Children's Cabinet	Policy Director