



Compendium of Notes from Large and Small Group Discussions

Tri-County Cradle to Career Collaborative
Inaugural Early Childhood Symposium
November 10, 2014

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Introduction

Thank you to everyone who helped make the Tri-County Cradle to Career Collaborative Inaugural Early Childhood Convening Symposium a success. Over 200 registered participants representing early care and education, school districts, early intervention programs, health and mental health, family support and home visiting programs, community agencies, libraries, government, businesses, and institutes of higher education in the tri-county region and greater South Carolina area came together to share perspectives about a common agenda for early childhood (birth – age 5). Other non-advanced registration participants also joined the conversation, leading to a community convening of approximately 250 participants.

This convening was the beginning of a process that will extend over the next several years focusing on improving kindergarten readiness in the tri-county region. Through these initial conversations, we were able to build awareness and knowledge about each other's key roles in supporting our community's youngest children and how we can mobilize our efforts to improve outcomes from cradle to career. Symposium participants engaged in large- and small-group discussions led by expert moderators and facilitators during breakout sessions focused on six topics relevant to early childhood: (1) Providing high quality early childhood programs, (2) Assessing young children for school readiness, (3) Supporting families with young children, (4) Providing health and mental health services to young children, (5) Providing services to children with disabilities, and (6) The role of government, higher education, community agencies, and businesses in supporting young children and their families. Discussions centered on programs and initiatives currently underway in the tri-county region, gaps perceived to exist at the present time, issues related to improving coordination and collaboration, and ways the community can come together around a common agenda to move the dial on early childhood indicators through the use of data-based processes.

Themes arising from session discussions are summarized in this document. These themes were derived from large-group discussions, small-group discussions, and individual participants' notes. Transcriptions of these notes are included in the Appendices. Additional notes recorded by University of Florida faculty, post-doctoral fellows, and students who observed breakout session discussions were also examined to identify themes that were not otherwise captured. Taken together, this information will serve as a guide for an early childhood collaborative network of early childhood experts and practitioners who will prioritize the work and resulting recommendations for action.

Procedures Used to Gather Perspectives

Symposium participants had the opportunity to self-select three of six breakout sessions offered during the convening symposium based on their area of experience and interest. Each session lasted 1 hour and 15 minutes.

A moderator and facilitator for each session were identified by the symposium planning committee. These individuals were selected based on their expertise and experience in the break-out session topic. Leadership of TCCC extended invitations to identified moderators/facilitators. Once moderators/facilitators agreed to participate, they were provided information via electronic mail about the collective impact framework guiding TCCC, the purposes and desired outcomes for the convening symposium, and the symposium agenda. In addition, moderators and facilitators met for 2 ½ hours with key leadership of TCCC and several members of the planning committee the day before the convening symposium. The purposes of this meeting were to review the moderator/facilitator guides that had been prepared by the symposium planning committee and to discuss procedures to be used in the breakout sessions to gather participants' perspectives.

On the day of the convening symposium, upon entering each of the breakout session rooms, participants were given a numbered card corresponding to one of twelve round tables, seating eight to 10 participants each. The number system was implemented to encourage participants to interact and become acquainted with stakeholders from diverse experiential backgrounds and perspectives. The small circular tables served as participant discussion groups; this structure enhanced the collective wisdom gained in each session by ensuring all participants had an opportunity to contribute perspectives and hear perspectives of others.

Following a brief introduction by session moderators with expertise in the breakout session topic, four guiding questions were posed to participants. Guiding questions focused on four organizing concepts that were tailored to address the foci of each breakout session. The organizing concepts were: (1) *Current State*, to gather perspectives about the current status of programs, services, and initiatives in the tri-county region; (2) *Indicators*, to identify key markers that can be used to signal whether the dial is being moved in the promotion of early childhood outcomes; (3) *Data*, to identify the information currently being collected and information needed to determine which programs, services, and initiatives are having impact and demonstrating measurable outcomes; and (4) *Mobilizing Around a Common Goal*, to pinpoint areas to address and measure that would have the biggest needle-moving impact in the promotion of early childhood outcomes.

Following the moderator's introduction, a three-pronged procedure was employed during each breakout session to gather symposium participants' individual and collective perspectives in response to each guiding question. First, small-group discussion groups were instructed to elect a person to facilitate the table discussion, a person to keep time, a person to take notes representative of the table discussion, and a representative to report verbally key ideas during the large group share-back conversation. In an effort to elicit perspectives from each participant, groups were asked to keep the following "process rules" in mind: (a) We will allow everyone the opportunity to speak; (b) We will actively

listen to each other's ideas and opinions; (c) We will welcome differing perspectives; (d) We will suspend judgment when views are presented; (e) We will remain focused on the topic and keep time; and (f) We will record individual ideas on “sticky notes” so all voices are heard.

Participants were provided approximately 4 minutes to reflect on and record their individual responses on sticky notes to each of the four questions. Participants were then given approximately 10 minutes to respond to and discuss each question with others seated at their table. Participants were encouraged to gather additional perspectives arising from the small group discussion on flip chart paper, as well. The collective ideas gained from individual participants and small-group discussions were recorded on large chart paper by the elected note takers at each table.

After small-group discussion, moderators asked each group to share a summary of responses to each of the four questions with the large group in a round-robin fashion (i.e., each table shared 1-2 summary ideas for each question) within a 20-minute time frame. Support staff from the University of Florida recorded the perspectives shared during the large group discussion on chart paper situated on easels in the four corners of the room. All chart paper from the small- and large-group discussions and individual sticky notes were collected and later transcribed to aid in a thematic analysis conducted by representatives from the Anita Zucker Center for Excellence in Early Childhood Studies at the University of Florida (see Appendices for transcriptions).

Overarching Symposium Themes

Several overarching themes emerged across symposium sessions. These are described briefly below under the four pillars of the *Strive Together* framework.

Pillar 1: Shared Community Vision

The need to gather additional information about programs focused directly or indirectly on supporting school readiness as well as the current penetration of these programs was a prevalent theme. The perspective of many participants was that a number of programs exist, but penetration of each program might be limited, and often programs or agencies operate in separate silos. Another theme was the need for transparency about the shared vision and exchange of information about existing programs and services, perhaps through a centralized clearinghouse. Programs should commit to the shared vision, be able to describe their specific contributions to the shared vision, be able to demonstrate how they are collaborating or coordinating efforts with other programs, and be explicit about how they are contributing to the measurement of indicators and outcomes. A third overarching theme focused on ensuring the shared community vision included attention to access, quality, equity, and accountability. Finally, many participants commented that a shared community vision should include not only universal Pre-K, but also a commitment to strengthen services, programs, and practices focused on prenatal/birth to age 3. The importance of timing and investments in promotion and prevention programs rather than remediation alone was emphasized repeatedly.

Pillar 2: Evidence-based Decision Making

Data that exist currently in the tri-county region need to be validated and additional data about key indicators and related outcomes to inform evidence-based decision making need to be gathered. Participants emphasized across several sessions the need for common indicators and outcomes and the use of common assessments, whenever feasible and appropriate. Another theme emerged related to the need to share data, perhaps through a data warehouse. A related theme focused on exploring how existing data systems might be linked from early childhood through school-entry at kindergarten and beyond. Another overarching theme was the need to ensure data would be shared when evidence-informed practices or programs were implemented to facilitate evidence-based decision making about the return-on-investments in these practices or programs.

Pillar 3: Collaborative Action

One overarching theme under this pillar focused on ensuring ongoing and continuous improvement activities would be in place related to how school readiness and program quality are *currently* defined, measured, and evaluated and how they *will be* defined, measured, and evaluated in the future. Another theme concentrated on ongoing and continuous improvement activities focused on supports and resources for the implementation of evidence-based programs and practices. Specifically, professional development/practitioner training, technical and adaptive leadership, and organizational policies and structures, including wage structures, were identified as necessary implementation supports and resources.

Pillar 4: Investment and Sustainability

Across sessions, a theme emerged related to the need for an anchor entity, such as TCCC. Many participants expressed the importance of convergent and targeted investments rather than trying to do too much and not achieving intended outcomes (“small early wins” was a commonly used phrase across sessions). A theme related to sustainability was that programs or practices targeted for investments should be those that not only are evidence-based, but socially valid from the perspective of intended recipients (e.g., acceptable, feasible, useful, culturally relevant, adaptive). A final theme related to further exploration of existing and future-funding structures, including mechanisms for “incentivizing” shared vision, data-based decision making, and collective action and impact.

Themes Derived from Group Discussions

Several early childhood programs and services are currently available in the tri-county region (e.g., public and private child care, early intervention services, and home visiting programs). Participants' highlighted initiatives at the federal-, state-, and local-provider level currently being implemented in an effort to ensure children and families have access to high quality early childhood programs; however, they identified that gaps persist. For example, local Head Start grantees use federal funds to provide prenatal care, Early Head Start, and Head Start services. To ensure tri-county caregivers are aware of available Head Start services, providers go door-to-door distributing literature and recruiting families. This is just one example of the innovative recruitment methods shared. In addition, South Carolina's ABC Child Care Voucher program was established at the state level to improve access for eligible families by providing financial assistance for children to attend quality child care while parents remain in school or the workforce. Programs eligible to accept vouchers participate in the voluntary ABC Quality Program, South Carolina's Quality Rating and Improvement System (QRIS). The QRIS is one example of a systematic approach for addressing quality, which encourages families to make data-based decisions about child care programs and providers. Participating QRIS programs/providers undergo program assessments and may receive training and technical assistance to improve quality. Outside of QRIS, other training and technical assistance providers exist in the tri-county region to support quality improvement initiatives; and some of these initiatives offer incentives such as continuing education credits, which acknowledge the child care workforce as professionals.

Collective discussion pointed to several current and future indicators of (a) equitable access to early childhood programs and (b) program quality. Current indicators of equity and access include overall program enrollment, such as the capacity of the child care system to meet population demands, and the number of programs serving children and families with more intensive needs (e.g., children with disabilities, dual language learners, and children from families with multiple-risk factors). In addition, geographic distribution of high quality providers and associated transportation systems required to connect children and families to services are also indicators of access. Participants suggested there is a need for more systematic data collection on the frequency of referrals made among providers and the number of vouchers being used as indicators of access. Drawing across the aforementioned equity and access indicators, culturally relevant and readily accessible forms of information sharing (e.g., availability of family navigators, home visits, and translated materials) regarding quality ratings, staff qualifications, and child care accreditation are also critical.

Current program quality indicators describe environments, interactional and instructional practices, and systems-level supports. According to participants, indicators of environmental quality are the physical structure of the classroom, availability of instructional materials, and staff-to-child ratios. Quality indicators of interactional and instructional practices include positive provider-child-family and teacher-child relationships, as well as knowledgeable staff that have access to evidenced-based, developmentally appropriate curricula and ongoing support. Finally, participants

expressed that state-level systems with aligned local implementation should be in place to ensure the workforce is adequately prepared to cultivate and sustain the indicators of quality through formal monitoring, compliance, and state licensing that are explicitly linked to these or other agreed-upon indicators of quality.

Participants also identified future indicators of access and quality in early childhood programs, reiterating their strong belief that thriving in early childhood has the potential to impact long-term outcomes. Identified indicators of longitudinal impact with the potential to be meaningfully linked to high quality early childhood programs and system capacity include: (a) ensuring services do not lapse as children and families transition between programs from birth to high school completion, (b) demonstrating academic and behavioral progress in kindergarten and throughout school, (c) providing adequate slots in high quality programs to meet population demands, (d) eliminating cultural stigma associated with the use of vouchers, and (e) increasing participation in a state-level evaluation system.

Data regarding child outcomes are currently being collected for most federal- and state-funded programs and some individual child care providers in the tri-county area. In addition, the state has collected data on teacher certification and the location and total number of licensed child care facilities. Information regarding the quality and location of licensed programs that have volunteered to participate in the QRIS has also been compiled into an interactive mapping system. It is important to note, however, that for more comprehensive data analysis and to establish where there is a discrepancy between available slots and the population being served, data concerning the location and quality of unlicensed providers are needed. Gap analysis data also need to be used to determine if all child care workers have access to high quality training and technical assistance throughout the year, which will prepare them to make their facilities “ready for all children” regardless of the child’s level of school readiness at entry. Another significant component of the data discussion included the inconsistency of readily available data depicting child level experience including: (a) common formative and summative child outcome assessments; (b) data on cross-sector referrals to ensure there is not a lapse in services, which help to prepare children and families for school; (c) workforce evaluations; (d) program quality (i.e., QRIS); and (e) community partnerships designed specifically for children at each age group. Overall, the evidence suggested a desire to create a more comprehensive and cohesive data management system to accurately capture what is currently taking place and to more effectively allocate the limited resources available.

Several promising ideas were put forth for ensuring children have access to high quality child care including continuity of care through cross-sector collaboration, a data management system to house accessible information on common measures of quality for making data-based decisions, and the development of system capacity, including the number of slots and the knowledge of the workforce to effectively meet the demands of an increasingly diverse population of children and families through use of culturally relevant practices. Cross-sector collaboration is needed to use resources more effectively. This collaborative effort may begin with additional symposia and increased

awareness of available services and providers to more effectively link community resources with child care providers who have established relationships with children and families (e.g., business partners, wrap-around supports). Cross-sector collaboration also has the potential to lead to a more unified approach to advocacy for systems change, such as increasingly systematic and intentional data-based decision making over time. In order to achieve a longitudinal perspective regarding the effectiveness of high quality child care, a common definition of quality, aligned with common reliable and valid measures, will be needed. In addition, incentives and support to facilitate full participation in the QRIS and ongoing progress monitoring at the teacher- and child-level should be implemented to achieve collective goals. Finally, and perhaps most pivotal in ensuring access to high quality care systems, ongoing support for the workforce is needed (e.g., continuing education credits, pay/incentives, time for training and technical assistance, and benefits) to ensure early childhood professionals are able to facilitate the development of child care environments, interactions, and instruction that will enhance outcomes for all children, including those with the most intensive needs.

Themes Derived from Group Discussions

Dr. William Brown catalyzed the conversation by presenting the definition of school readiness recognized by South Carolina First Steps in the School Readiness Initiative (2014):

the level of child development necessary to ensure early school success as measured in the following domains: physical health and motor skills; emotional and social competence; language and literacy development; and mathematical thinking and cognitive skills. School readiness is supported by the knowledge and practices of families, caregivers, healthcare providers, educators, and communities.

In the tri-county region, several programs exist that promote children's school readiness and provide services to families for supporting their children's readiness. Programs include state and federally funded child care, private and home-based child care, community programs (e.g., faith-based, library-based), early intervention for children with disabilities, home visiting (e.g., nurse-family programs), healthcare, mental health, family support, and child-family counseling.

Symposium participants identified several key indicators of school readiness. Among them were children's attainment of developmental milestones and progress across developmental domains. Specific areas of development noted as critical for children prenatally to age 5 were physical development and health, cognitive development including language and early academics, and social-emotional development. The importance of parent-child interactions and provider-parent-child interactions was emphasized. Also identified as essential in the promotion of school readiness was the expectation that schools are prepared to meet the individual needs of children and families in a culturally relevant and developmentally appropriate manner. In other words, children must not only be ready for school, but schools must be ready for children.

Group discussions highlighted a variety of child screening and assessment measures administered within early childhood programs in the tri-county region. Whereas screening tools are used to measure risk level, school readiness assessments are intended to measure a child's likelihood of later academic success. These types of assessments are also distinct from diagnostic approaches designed to more comprehensively identify a problem and determine its potential cause. In the tri-county region, assessment use is inconsistent across providers, and the specific assessments administered also vary by program. However, with regard to school readiness assessment, beginning this year, all children entering a publicly-funded prekindergarten or public kindergarten must be administered an assessment focused on early language and literacy development in order to comply with Proviso 1A.76 of the 2014-2015 General Appropriation Act. The school readiness assessment adopted for 2014-2015 was the paper-based CIRCLE or electronic-based mCLASS: CIRCLE. As such, these data will be available for children attending state or federally funded programs. Above and

beyond CIRCLE and mCLASS: CIRCLE data, some providers utilize supplementary screening and assessment tools while others do not administer any assessments.

Consistent themes emerging from collective group discussion were: (a) the absence of a data management system, (b) the narrow focus on pre-academic data in lieu of a more comprehensive approach to child development, and (c) the need for intentional alignment between early childhood and primary school datasets. Participants noted several assessments are given across service providers; however, there is not currently a platform by which to share data that have been collected. Data regarding physician screenings and number of referrals to early intervention or community-based resources are insufficient and would benefit from a more systematic approach to ensure continuity of care. Furthermore, participants indicated a desire to adopt a more expansive approach to school readiness data, which recognizes the importance of measuring academic gains in conjunction with adult-child interactions and social-emotional development. Similarly, data are not currently collected regarding the number of available child care placements with the capacity to meet the needs of individual children and families with the most intensive needs (e.g., children who are homeless, children with significant disabilities).

Symposium participants agreed that a more unified system of school readiness assessment and readiness promotion is needed. In addition to adopting common, reliable, valid, and developmentally appropriate assessments in the areas of physical, cognitive, and social-emotional development for children from birth to age 5, assessment data must be linked to early childhood standards and should be used to inform personnel preparation, training, and technical assistance decisions. Fidelity of assessment administration was described as essential and will require concurrent training for staff to administer, score, and interpret results within a data-based decision-making framework. Participants recommended that individual child, program-specific, and community-level data from assessments be compiled in a format that is accessible and understandable by parents, providers, and community stakeholders. Finally, many participants maintained that a data management system that tracks child data longitudinally across program transitions (i.e., from early childhood through high school graduation) would be beneficial as it would allow for the examination of long-term outcomes, reduce redundancy in assessment for children receiving services through multiple agencies, and potentially enhance the use of limited human and fiscal resources.

Breakout Session 1.3 and 3.3

Supporting Families with Young Children

Moderator: Karen Warren, Program Manager, Maternal Child Health, South Carolina Department of Health & Environmental Control

Facilitator: Adrienne Troy-Frazier, Executive Director, Berkeley County First Steps

Guiding Questions for Group Discussions

Current State: What early childhood family support and home visiting programs are currently in place in the tri-county region? How are we currently ensuring that young children in the tri-county region have access to needed family support and home visiting services?

Indicators: What do we believe are key indicator(s) measuring the effectiveness of family support/home visiting programs?

Data: What data do we have related to family support/home visiting? What data do we believe are missing?

Mobilizing Around A Common Goal: Where do we think we would have the biggest impact if we chose something to address and measure related to supporting families with young children?



Themes Derived from Group Discussions

Several family support agencies and evidence-based programs are currently in place in the tri-county region (e.g., Nurse-Family Partnership, PASOS, Justice Works, Family Corps, faith-based outreach services). Community services such as health clinics, food security programs, and temporary housing are also available. According to symposium participants, these programs are supported by various funding sources and frequently use a voucher system for participation.

A key indicator of the effectiveness of family support services and home visiting programs identified by participants was the capacity of programs to meet the needs of the community (e.g., availability, affordability, and convenience). Additional indicators of program effectiveness identified by participants included families' food and housing security, employment and financial self-sufficiency, and ability to access and navigate services. Furthermore, participants emphasized that services should be accessible to all expectant mothers and families with young children, especially health and mental health services, and these services should be coordinated so that referrals and transitions between providers are seamless. In addition, participants noted the significance of providers engaging in culturally responsive practices, which honor the unique knowledge and experience of each family unit when working toward mutually defined and acceptable goals.

Currently, data related to family support services and home visiting programs are agency-specific. Some data – primarily for those providers funded by federal or state initiatives – are available regarding enrollment in specific programs and the number of families referred for additional services. For programs focusing on expectant mothers, birth weight and other data regarding prenatal care may be accessible, but are currently not being used in a systematic way. According to participants, formal needs assessment and gap analysis data are not currently available to support the identification of geographic areas in the tri-county region where access to resources and service providers may be limited. Furthermore, participants emphasized the need for enhanced collection and reporting of data. For example, potential areas for enhanced data collection and analyses include the frequency and duration of services, family characteristics and outcomes (e.g., parents' continuation of education and work, family perspectives on services), and health and safety variables (e.g., medical home, domestic violence, abuse and neglect rates).

Group discussions established two areas as critical for moving the dial on child outcomes: (a) building cross-sector collaboration among providers and (b) establishing a more systematic approach to matching family needs with available services. The use of common assessment tools and a centralized agency for collecting longitudinal data and making referrals were recommended as one mechanism for encouraging cross-sector collaboration. In addition, participants called for increased investment in programming to expand coverage to all expectant mothers and families with young children, with a particular focus on identifying and supporting individuals experiencing multiple risk factors. Finally, there was a call for more culturally-relevant parent education and family

planning services to ensure recommended practices are perceived by families as worthwhile; thereby, increasing the likelihood they will be implemented as intended and sustained over time.

Breakout Session 2.1

Providing Health and Mental Health Services for Young Children

Moderator: Janice Key, M.D., Professor of Pediatrics, Medical University of South Carolina

Facilitator: Laura Zucker, Active Child Health Advocate

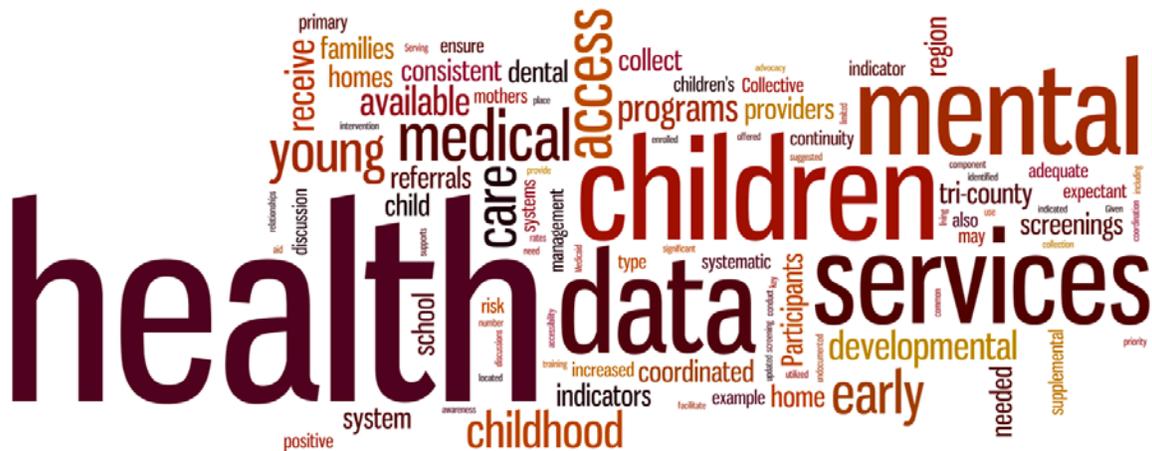
Guiding Questions for Group Discussions

Current State: How are we currently ensuring all children in the tri-county region have access to necessary health and mental health services?

Indicators: What do we believe are key health and mental health indicator(s)?

Data: What data are early childhood programs currently gathering about young children's health and mental health outcomes? What data do we believe are missing?

Mobilizing Around A Common Goal: Where do we think we would have the biggest impact if we chose something to address and measure related to providing health and mental health services for young children?



Themes Derived from Group Discussions

Several programs are in place in the tri-county region to ensure families and young children have access to health and mental health services. For example, children receive health and mental health services through medical and dental homes, community health clinics, and through wraparound supports coordinated by early childhood service providers. Public-school nurses offer health services to enrolled children, and many collect and input data into a health and mental health data management system. Furthermore, medical homes and some early childhood programs conduct developmental screenings to identify young children who may be at increased risk for developmental delays and provide referrals to needed supplemental services.

Collective discussion pointed to a number of key health and mental health indicators relevant to the early childhood years. Participants prioritized adequate prenatal care for expectant mothers, children's birth weight, and access to consistent medical and dental homes for all children. Other identified indicators included up-to-date immunizations, child obesity rates, and awareness of developmental milestones among providers and families. In addition, participants suggested positive interactions and environmental stability indicators, including living in a secure home environment under the care of adults who have adequate medical and mental health services to ensure they have the capacity to form positive relationships with their young children.

According to participants, most health and mental health data are organization-specific. For example, health screening and other medical data are available for children who receive consistent services within a medical home and for children attending state or federally funded child care programs, though these data are often not utilized in a systematic or coordinated way. In addition, economic markers of access such as Medicaid claims or supplemental security income data are available. Serving as a long-term indicator of children's mental health and social-emotional development, primary schools collect data on referrals, suspensions, and expulsions; however, early childhood programs do not generally collect this type of information for use as an immediate indicator of behavioral health. Given the disparity in available health and mental health data, another significant component of the data discussion centered on improving the collection and accessibility of data regarding access to and outcomes of mental health services. In addition, data are more limited for underserved populations such as those who are undocumented, more transient, or located in rural areas; thus, improved data systems for serving and tracking these young children and their family members are needed.

Several ideas were offered to improve health and mental health services for young children in the tri-county region. Collective discussions indicated an updated directory of health and mental health services available in the tri-county region is a high priority action step for enhancing access and coordination of services. Participants also called for cross-sector collaboration, a more coordinated referral system, and the implementation of a common data management system to track the type, frequency, and duration of services children receive and from whom to achieve continuity of care. One area where

continuity may be initiated is through systematic alignment of early childhood and primary school data systems to aid in transitions. Participants also emphasized the need for all children to have access to a medical and dental home where they can receive consistent services and universal developmental screenings. In addition to physician screenings, training for school and child care providers to increase the identification of children and families at risk for or experiencing health and mental health concerns are needed to effectively facilitate referrals for additional support. Finally, participants called for increased advocacy and access to services for expectant mothers and young children, highlighting a desire to shift to a prevention, promotion, and early intervention approach to health and mental health care.

Themes Derived from Group Discussions

As mandated by the Individuals with Disabilities Education Act (IDEA), states are required to identify, locate, and evaluate children with or at risk for disabilities and provide early intervention (Part C) or early childhood special education (Part B) services for eligible children. In South Carolina, young children are referred through (a) BabyNet, an interagency early intervention system managed by South Carolina's First Steps to School Readiness for children birth to age 3, and (b) Child Find, a program managed by local education agencies that serve individuals ages 3 to 21. Referrals to these agencies can be made by families, child care providers, and medical professionals, and if eligible, children may receive services through the following service delivery models: home visiting, child care, clinic-based, or school-based. Individualized Family Service Plans (IFSP) are developed for children eligible for Part C services and Individualized Education Programs (IEP) are developed for those eligible for Part B services to document individuals' present levels of performance, developmental or educational goals and progress, and which services to be provided and in what settings or environments.

Indicators related to the identification and provision of services for young children with disabilities and their families include the number of referrals made to BabyNet and Child Find and subsequent follow-up actions such as the completion of a comprehensive evaluation and enrollment in an early intervention or early childhood special education program. Symposium participants emphasized that services to preschool-age children with delays or disabilities need to be provided in the least restrictive environment (LRE) as required by IDEA; that is, educated in inclusive settings serving children with and without disabilities to the extent appropriate as described in federal law as part of the LRE provisions. As such, schools and child care providers must be adequately equipped with the knowledge and resources to serve all children and to foster collaborative partnerships with their families. With regard to kindergarten readiness, symposium participants maintained that readiness indicators for young children with delays and disabilities are the same as those for children without disabilities and include physical, cognitive, and social-emotional development.

A significant number of data are available related to providing services to young children with disabilities and measuring their outcomes. For example, data on the number of children receiving early intervention and early childhood special education services and data regarding children's progress toward their ISFP and IEP goals are updated and reported on a consistent basis. In addition, as a marker of access to appropriate services and improved child outcomes, early intervention and early childhood special education programs are required to complete the Child Outcome Summary Process annually and report the percent of children demonstrating development in the following areas: (a) positive social-emotional skills, (b) acquisition and use of knowledge and skills, and (c) use of appropriate behaviors to meet their needs. In addition, given the family-centered focus of Part C, early intervention programs are required to report the percent of families who indicate early intervention services have helped the family know their rights, effectively communicate their children's needs, and help their children to develop and learn. However, child and family outcome data are not collected for late

entry program participants who receive less than 6 months of services. Other data gaps also exist, particularly regarding families. For example, limited data are available describing the characteristics and total counts of families who refuse services and families' perspectives about the services they receive. Furthermore, participants reported there is not an efficient way to track children whose services are discontinued because they no longer meet eligibility criteria but who subsequently re-qualify for special education services.

Many recommendations for moving the dial on early childhood indicators for young children with disabilities were offered. Participants suggested a high priority action should be improved continuity of care through the coordination of Part C and Part B systems. For example, being assigned to a consistent caseworker, sharing data, and establishing common goals across service providers for individual children and families were recommended. A shared data management system to house and analyze data, with the potential to inform action was also emphasized in order to aid in seamless service delivery and facilitate children's transitions across programs.

Symposium participants voiced that public awareness of BabyNet and Child Find needs to be improved and developmental screenings conducted in a more coordinated manner across early intervention and physicians to aid in early identification. In addition to screenings by physicians, training and technical assistance for child care providers and community agencies were recommended to support the identification of children with or at risk for disabilities, as well as enhance their capacity to support children impacted by delays or disabilities in child care and community settings. Participants also recommended additional supports for children who demonstrate multiple risk factors, but fall short of meeting eligible criteria for early intervention or special education services. Finally, participants recommended enhancing public awareness of the number of providers within various geographic areas that are capable of providing high quality services for children with or at risk for disabilities so children and families are able to receive timely and effective support.

Themes Derived from Group Discussions

Government, higher education, community agencies, and businesses play an integral role in supporting young children and early childhood programs in the tri-county region. Although there is overlap in the undertakings of these various systems, some defined areas of responsibility were highlighted. Participants noted that government agencies are primarily responsible for financing early childhood programs, establishing program regulations and standards, and monitoring compliance. The South Carolina state government has defined “school readiness” and determined the school readiness assessment to be used by publicly funded programs. Institutes for higher education are responsible for personnel preparation, training, and technical assistance, while also serving as the main conduit for conducting and disseminating research. Wraparound services and additional programmatic resources to support young children and families are provided by a variety of community agencies in the tri-county region. For example, many libraries offer parent education courses, early literacy, and educational opportunities for young children and their families. Finally, businesses supply critical investments in early childhood and help shape public policy. Although symposium participants indicated system fragmentation currently makes it difficult to understand how these various organizations can work cohesively and systematically to support early childhood initiatives, general consensus suggested the need for improved community partnerships to streamline efforts.

Discussions centered on the ways in which these organizations can promote positive child development, learning, and outcomes and highlighted the need to engage in collective impact and creative partnership approaches that promote ongoing communication and transparency among entities. Participants called for increased investment in and advocacy for quality early childhood initiatives, underscoring the desire for early childhood education to be considered part of the community infrastructure. For example, incentives for businesses to foster collaborations and invest in early childhood programs were recommended. In addition, participants indicated government agencies should increase attention to and support for policies focused on scaling up evidenced-based programs that support healthy child development, quality early learning, and family stability.

In order for agencies to align their efforts and measure their collective impact, centralized information and data sharing were recommended. Although some data exist related to enrollment and program-specific measurements (e.g., school readiness assessments, ABC quality ratings), symposium participants indicated the data should be better utilized. Echoing themes that emerged during other breakout sessions, participants suggested the need for an open source data management system to house information that is accessible and understandable by all stakeholders. Above and beyond data accessibility, participants voiced that the data collected need to be reliable, valid, up-to-date, and longitudinal. Comprehensive longitudinal datasets would enable stakeholders to link early child outcomes to long-term community and workforce outcomes, such as evaluating the later economic impact of high quality early childhood programs in the tri-county region.

Taken together, group discussions highlighted that government, higher education, community agencies, and businesses can support educational and workforce outcomes by prioritizing early childhood education and family services. That is, instead of investing predominantly in remediation efforts in primary and secondary school, organizations should shift to a preventative orientation by investing proactively in the early childhood years when developmental trajectories are more amendable to change. In order to engage in collective impact focusing on early childhood, shared goals and action targets are needed. For example, participants called for the expansion of family-focused programming to better support prenatal and postnatal development to age 3. Participants also emphasized the need to increase accessibility and affordability of high quality early childhood education for 3- and 4-year-olds, with many participants calling for universal preschool. Finally, to enhance the quality of early childhood programs, workforce supports (e.g., salary, benefits, and ongoing professional development) are necessary to recruit and maintain highly qualified early childhood professionals who demonstrate the ability to effectively work with families to support child development.

APPENDIX A

Breakout Session 1.1 and 3.1

Providing High Quality Early Childhood Programs for Young Children in the Tri-County Region

Moderator: Herman Knopf, Ph.D., Research Director, Yvonne & Schuyler Moore Child Development Research Center and Associate Professor, Early Childhood Education, USC

Facilitator: Jane Farrell, Community Volunteer and Education Consultant

CURRENT STATE: How are we currently ensuring children in the tri-county region have access to high quality early childhood programs?

SESSION 1.1

- **Large Group Sharing of Key Ideas**
 - We are not assuring access due to the patchwork of public and private services
 - There is no systematic approach in place
 - We are operating in silos
 - Training and technical assistance
 - Teacher credits for continuing education to improve quality
 - Department of Social Services (DSS) credits and coordination are key
 - Head Start goes door-to-door to find children
 - Head Start and other child care providers partner with libraries
 - Developmental screenings (e.g., Ages and Stages Questionnaire)
 - Provide vouchers for ABC child care facilities

- **Small Group Table Discussion**
 - Programs/Services:
 - BabyNet and Baby Steps
 - First Steps (e.g., Bright Beginnings literacy program)
 - Early Head Start and Head Start
 - 4K
 - Child Development Education Pilot Program (CDEPP)
 - Home visiting
 - Child care programs
 - T.E.A.C.H. Early Childhood South Carolina program
 - Referral services
 - Pediatricians
 - Support/Technical Assistance
 - South Carolina Program for Infant/Toddler Care
 - Child Care Resource and Referral
 - First Steps
 - ABC Quality

- Baby Steps
 - Trident United Way
- No systematic approach in place
- There are too many systems and centers
- Patchwork of public and private programs/services
- Trying to move to centralized system
- Not adequately addressing access
- Capacity does not match need
- ABC Quality and the Center for Child Care Career Development (CCCCD) increase education and professional development of early care providers
- South Carolina Child Care Resource and Referral Network (USC R&R) collections information across community and state
- Head Start and Child Care Center partnerships with libraries to promote early literacy
- First Steps provides free DSS credits to both ABC programs and non-participating preschools
- Higher quality level programs do not have incentives to obtain vouchers and serve children with lower level needs
- Accessibility is an issue (e.g., not enough programs for needier rural areas)
- Improve awareness of programs offered
- Eligibility based on need
- Assess quality through rating systems
- Program size and types of programs
- Assess quality through child outcome assessments (beginning, middle, and end of year) - literacy, social/emotional development
- Ages and Stages Questionnaire
- Professional development for best services and quality (*repeated by 2 tables*)
- Scholarship program for continuing development for best services and quality
- Efforts among the tri-counties need to be more collaborative
- Need all systems on the same page
- Need a “Quality Rating System” or policy for ALL children
- Increase participation in quality ratings across the state at the legislative level
- Need to recruit for rating system participation
- Monetize participation
- Funnel voucher program into high quality rating system
- Need more 3K and 4K in local school districts
- Work with and train providers and parents to improve quality
- Help programs with low quality with curriculum development
- Reallocate resources to areas with a proven track record
- Look to marketing to increase awareness
- Advertisement (e.g., parent sources, newspaper, phone calls)
- Need direct advertising for parents, community involvement
- Phone calls for awareness, recruitment, and availability

- Problem with children aging-out of programs at 3 years old
- Community engagement
- **Individually Recorded Notes**
 - Head Start in Charleston and Berkeley/Dorchester (*repeated by multiple individuals*)
 - First Steps (*repeated by multiple individuals*)
 - 4K/CDEPP (*repeated by multiple individuals*)
 - BabyNet (*repeated by multiple individuals*)
 - 5K Programs
 - Nurse-Family Partnerships
 - Programs through libraries
 - Home visits
 - Child Find
 - Child Care Resource and Referral Network
 - T.E.A.C.H. Early Childhood Scholarships
 - ABC Vouchers (*repeated by multiple individuals*)
 - Recruitment efforts (*repeated by two individuals*)
 - Referral services
 - Referral agency collaboration
 - Awareness and identification of children pre-birth
 - Special needs screenings and collaboration with doctors' offices
 - About to roll out a consumer awareness campaign for parents to be more aware of quality levels
 - Talking with other parents
 - Talking with professional educators
 - Talking with church pastors
 - Talking with musicians
 - Awareness of programs
 - Look at marketing to different socio-economic groups to increase awareness
 - Community engagement
 - Head Start programs are now in the public schools (providing broader access)
 - Transportation to and from Early Head Start and Head Start centers
 - Additional funding from Staff Development for Educators (SDE)
 - Common curriculum between Head Start (federal program) and CDEPP (state program)
 - State structure in place
 - Charleston County School District at age 3+
 - ABC provides information on levels and programs available for early childhood
 - ABC systems do not include child assessment
 - Low bar for directors of early childhood centers
 - Training and professional development for providers
 - Rating system
 - All care providers need rating system (*repeated by multiple individuals*)
 - ABC incentives for participation

- Kindergarten readiness
- DIAL 3
- Providing Pre-K assessment in literacy: mCLASS: CIRCLE
 - Social-Emotional
 - Math
 - Social Studies
 - Science
- Concern about what assessment can mean (parent involvement, etc.)
- Need systematic approach
- Working in uncoordinated limited impact way (not scaled)
- Making sure the high quality programs are affordable for evening and weekends
- Charleston County School District has both a Head Start and Early Head Start grant (only 245 seats)
- Charleston County School District increased professional development for early childhood educators and invited private providers to attend
- Working with low-income schools
- Legislation
- State standards
- Early Childhood Expansions
- Evidence-based practices
- First Steps provides DSS credits
- Agencies' credentials
- Certificate program
- Technical college certificate programs (e.g., Early Care and Education certificates, Associate degrees)
- Library has training for degree
- Library goes to daycare
- Information about 4 year old programs from physicians and practitioners
- Home school population
- Daycare vs. babysitting
- Home-school partnerships - Follow up and follow through with what done at home

SESSION 3.1

- **Large Group Sharing of Key Ideas**
 - We need to educate parents
 - We are not currently ensuring access
 - We need to define high quality
 - Individuals use website information
- **Small Group Table Discussion**
 - Most daycares do not participate in rating system
 - Not all centers participate in voucher program
 - Providers need to be aware of the benefits of ABC participation

- Educate parents on quality levels (e.g., DSS website)
 - Need to make families aware of standards
 - No way to evaluate licensed centers
 - Quality care enhancement centers
 - We can combine funding sources for families
 - Very little in this area
- **Individually Recorded Notes**
 - Inform owners and supporters of program benefits
 - How do we increase the awareness of the programs and benefits of participation (e.g., “what’s in it for me”)?

INDICATORS: What do we believe are key access and quality indicator(s)?

SESSION 1.1

- **Large Group Sharing of Key Ideas**
 - Teacher-child relationships
 - Child performance
 - School readiness
 - Teacher-student ratios
 - Staff training
 - Information available for parents
 - Language translation
 - Transportation
 - Continuity of care and curriculum
 - Family navigators
 - Development of trust in the community
 - Improve access/availability in high-poverty areas
 - Access in rural areas
 - Measure content of professional development and progression of ABC quality
 - Utilize medical home to disseminate information
 - Increase centers in high need areas
 - Need more data on needs of community
 - Need to assess gap between subsidy and true access

- **Small Group Table Discussion**
 - Readiness
 - Use of assessment tools for quality (e.g., ECERS, CLASS)
 - Number of centers participating vs. not participating
 - Number and percent of children enrolled in programs
 - Active engagement
 - School-family partnerships
 - Relationships between child care providers and children
 - Affordability
 - Level of staff qualifications

- Access to quality professional development
- Taking services to children and families
- Evidence base for curriculum choices
- NAEYC accreditation (not within reach)
- Long-term standardized testing results (e.g., 3rd grade)
- Healthcare (Medicaid, developmental delays, special needs)
- Prenatal care
- Transition (teachers and children)
- Community support (e.g., libraries, businesses)
- Getting people to go to hard to serve areas
- Ability to capture data that shows impact (challenge for after-school programs for example)
- Birth – 3 programming is woefully inadequate (e.g., regulations, quality of teachers)
- Lack of corporate involvement
- Lack of data on private schools and home care
- Programs fear ABC system
- Non-participating programs may still meet quality standards
- Take politicians out of early childhood decision making
- Transportation issues (*repeated by two participants*)
- Cost and regulations (poor regulations)
- DSS lab schools/child care lack capacity (e.g., understaffed)
- Rural access deficit (professionals pay for mileage)
- Location, Transportation, Availability (limited)
- Neighborhood analysis by zip code - Target where most needed

- **Individually Recorded Notes**

- Access
 - Transportation (*repeated by multiple participants*)
 - Travel distance to programs
 - Home visiting services (*repeated by two participants*)
 - Language services
 - Financial (*repeated by two participants*)
 - By Zip Code (more permeation in low income areas and rural areas needed) (*repeated by multiple participants*)
- High quality, prepared teachers
- Strong parent relationship
- Culturally-responsive learning
- Responsive relationships
- Core values of honesty and responsibility
- Positive guidance
- Effective early learning strategies
- Low ratios and group sizes (*repeated by multiple participants*)
- Rich environment
- Teacher, staff, and director training and background (*repeated by multiple participants*)

- Teacher professional development to increase quality
- Rigor of curriculum
- Professional development for educators (*repeated by multiple participants*)
- Child performance
- School readiness (*repeated by multiple participants*)
- Universal school readiness assessment
- Child Outcomes Survey Form (for children with disabilities)
- mCLASS and CIRCLE assessments measure Literacy, Social-Emotional, Science, Social Studies (*repeated by multiple participants*)
- Work Sampling (*repeated by two participants*)
- Child-specific outcomes
- Path to achieve outcomes
- Social interaction indicators
- Adaptive testing of children
- Early literacy
- Closing word gap
- Vocabulary
- Communication and language skills
- Math development and understanding of numerical values
- Socialization (ability to function within a group environment)
- Ability to work independently on simple tasks
- Ten-point rating scales: social, emotional, behavioral, and academic development
- Healthy birth weight
- Access to medical home
- Prenatal care
- Health and safety issues (e.g., obesity, nutrition) (*repeated by multiple participants*)
- Number of Centers (with and without quality rating)
- Identify centers (what do centers need to be quality?)
- Number of young children
- Certifications of providers
- Evidence-based programs
- Times spend in hands on learning
- Gives children opportunities to interact and ask questions (not just be talked at)
- Physical activity especially outside
- Social-emotional curriculum
- Positive nurturing environment
- Family focus
- Child care for teen mothers
- Information for parents
- Parent understanding of quality
- Parent education and learning
- Educating parents on services available
- Family navigators/ambassadors

- Parent knowledge of systems within state (e.g., how to navigate)
- Distributing information at hospitals
- Parent awareness through doctors' offices
- Connecting families to available services (awareness)
- Trust
- Make sure the community knows about what quality is and how to find these centers
- Making sure available programs are known about and available to those interested
- Allowing parents in depth information about local schools
- Increase access by providing vouchers to family
- Vouchers have stigma that is associated with income
- Quality ABC Rating System
- Mandated QRIS
- Mandated professional development
- Blue ribbon (standard) excellence
- Identified reasons for A+ location success (best practices)
- Common universal rating system
- Universal access to A and B programs
- Standardization of standards in early childhood education
- Quality indicators
- Encourage more providers to become ABC providers
- ABC mandatory components (regulatory observations)
- Improve quality in existing centers
- Progressive development in centers in ratings (upward mobility of ratings)
- Access to quality and specialty training
- Make sure quality is available and work towards increasing numbers
- Changing the culture (e.g., Baby College, Harlem, NY)
- Monitoring and observations
- State investment and simpler funding

SESSION 3.1

- **Large Group Sharing of Key Ideas**
 - Equity of access
 - Appropriate developmental materials
 - Transportation
 - Affordability
 - Staff certification
 - Transparency for parents
 - Consistency of staff (building relationships)
 - It will be different for different people

- **Small Group Table Discussion**
 - Evidence-based curriculum
 - Appropriate developmental materials

- Developmentally-appropriate instruction
 - Alignment of curriculum across centers and schools
 - Teacher-child and teacher-family relationships (continuity of care)
 - Environment (e.g., set up of rooms, materials, use of space)
 - Quality nutrition and physical activity
 - Equity of access (not enough slots, especially for infants) (*repeated by two participants*)
 - Safe, economical, and convenient for families
 - Transportation
 - Affordability
 - Open access (transparency)
 - Staff-child ratio
 - Staff quality (compensation/wage implications) (*repeated by multiple participants*)
 - Staff development
 - Consistency of staff (implications for wages)
 - Professional development plan for teachers and center
 - Certifications (monitoring)
 - Incentives
- **Individually Recorded Notes**
 - Could not distinguish individual notes of 3.1 from 1.1 (Refer to 1.1 notes)

DATA: What data do we have related to access and quality? What data do we believe are missing?

SESSION 1.1

- **Large Group Sharing of Key Ideas**
 - Demographic data
 - Several types of teacher evaluations
 - Need big picture of how measures fit together to plan to meet needs
 - Need follow up to track children over time and across schools
 - Academic levels
 - High school graduation rates
 - Need information on how well subsidies increase access
 - Need common kindergarten assessment
 - Need data on non-regulated programs
 - How resources are being used and how they can be used
 - Survey program directors to see what is being used and what qualifications are required for each program
- **Small Group Table Discussion**
 - Participation rates
 - Assessments
 - mCLASS scores (*repeated by multiple participants*)

- Work sampling
 - Standards and curriculum information
 - Program, educator, and parent surveys
 - Teacher qualifications and education (*repeated by multiple participants*)
 - Training
 - Program size
 - Types of programs
 - Family and medical information
 - Poverty levels
 - Have data from Trident United Way, Public School/CD 4, First Steps, Baby Net, and Head Start
 - Quality is a moving target
 - Data on children in voucher system (*repeated by multiple participants*)
 - ABC data (e.g., current enrollment) (*repeated by multiple participants*)
 - ABC voucher payment program reports
 - Need rubric/self assessment for interest in ABC
 - South Carolina licensing data
 - Use beginning of year assessment to see what gets best enrollment
 - Need data on home-based care providers (*repeated by multiple participants*)
 - Need data on private (independent) providers
 - Need quality data for non-ABC providers and unregulated child care programs (*repeated by multiple participants*)
 - NAEYC centers may or may not be in system
 - No current linking or tracking of child outcome data
 - Disconnect between programs working independently of each other (e.g., home school, virtual school, dad's program)
 - Need number of established partnerships
 - Trying to move to centralized system
 - Mentor webinars
 - Technical assistance professionals
 - Need to know why children are not being enrolled in high quality programs
 - Do not rely solely on technology for dissemination (use posters, flyers, word of mouth)
 - Promote and market what we already have
 - Incentives for corporations
 - Need to develop trust (Promise Neighborhood health choices under utilized)
 - Incentives to breakdown barriers
 - Where are funds currently being spent?
 - What programs are showing strong outcomes?
 - Use caution and analyze data appropriately (need longitudinal data)
 - Parent knowledge
 - Need mutually reinforcing programs for collective impact
 - Child care should be considered part of infrastructure
- **Individually Recorded Notes**
 - Siloed data systems

- Number of programs available
- State level preschool attendance
- QRIS numbers
- Soon we will have data on mCLASS: CIRCLE assessment
- Have data on Head Start
- Have data on resource and referral programs
- Have ABC ratings and voucher data (*repeated by multiple participants*)
- How many students are non-ABC? How many are unlicensed?
- Survey monkey
- Community assessments
- Households with working parents
- Kids Count data (*repeated by two participants*)
- Data on high school completion
- Have data related to incarceration (e.g., rates, incarceration of minorities)
- Social data on minorities/poverty outcomes
- Lower reading skills
- Best practices results
- Differences between families
- Data from research from universities look at EBD
- Where South Carolina is ranked
- State standardized test scores
- Data about people in system
- Program reports
- Some not disseminated down to parents/providers
- What do parents want?
- Number of kids and potential total demand
- Day care accessibility and affordability
- Elementary school requirement
- Lack data on high school completion (*repeated by two participants*)
- Missing data on community partners
- Missing data related to libraries (e.g., visits from library for staff and/or kids)
- Missing data on the number in need, the number of programs not rated, the number without education/teaching certification, and evidence-based programs
- Missing collaborative data
- Missing best practices in data from other states/organizations (Landscape analysis)
- Missing a common language
- Competition for funding barrier
- What services does each center actually use
- What centers would like/need (i.e., what would make them more likely to participate in ABC?)
- Is ABC data being collected and just not shared?
- Data missing on outcomes from high quality versus low
- Missing information about impact of rating on positive outcomes
- Missing data from non-licensed family or neighborhood providers

- Missing data from daycare providers that don't participate in ABC ratings
- Data from families participating to include attitudes and beliefs about early childhood education
- How do they find out the ABC voucher and ABC quality
- What is lifetime impact of attending each level of ABC program?
- Knowledge of how children do when they get to kindergarten
- How many students are ready at kindergarten and what kinds of care they received
- Need to know what child care and what kinds of kids access going into kindergarten (marketplace)
- Where do preschool "graduates" go? (What elementary schools?)
- Missing data on the impact of school readiness
- Want to know the outcome of students is high avg. to scores
- College or workforce
- Need implementation of the best of the best
- Need longitudinal data of best practices
- Need data on the importance of parental involvement
- Don't have barriers to monitor students long term 3-30 years old

SESSION 3.1

- **Large Group Sharing of Key Ideas**
 - What about non-participating centers?
 - Licensing data: Inspection findings
 - Where are the children not in centers?
 - Data on programs like libraries
 - Number of children enrolled versus number who want children enrolled
 - Are there better outcomes for children at higher rated centers?

- **Small Group Table Discussion**
 - Have ABC Quality data
 - Some data available on inspection, licensing, ratings on criteria (e.g., materials, space)
 - DSS data (*repeated by two groups*)
 - Kids Count data (*repeated by two groups*)
 - Public library early childhood programs
 - Surveys
 - Lack of data
 - Missing data on non-participants in ABC
 - Any data on home call?
 - Population versus available spots in child care
 - Is quality related to outcomes?

- **Individually Recorded Notes**
 - Could not distinguish individual notes of 3.1 from 1.1 (Refer to 1.1 notes)

MOBILIZING AROUND A COMMON GOAL: Where do we think we would have the biggest impact if we chose something to address and measure related to providing high quality early childhood programs?

SESSION 1.1

- **Large Group Sharing of Key Ideas**
 - Study opportunities for access to child care
 - Public/private partnerships
 - Include business community
 - Palmetto Stars
 - Continue conversation
 - Expectations
 - Culture serving ALL children
 - Context
 - Use data to differentiate for each child
 - Deep and sustained conversation
 - Multicultural
 - Include faith communities
 - Professionalizing field
 - Wages – low
 - Increase pay and education

- **Small Group Table Discussion**
 - Educational standards
 - Teacher training (systematic, regulated, continuity)
 - More funds for providers and staff to keep quality providers to keep programs great!
 - Increase numbers of well qualified teachers
 - Professionalize the field
 - Pay appropriately including benefits
 - Professional development for teachers
 - Provide professional development tracks
 - Workforce support for child care workers
 - Recognize experience
 - Parent Education
 - Caregiver support training
 - Have parents understand the importance of early childhood education and beyond
 - Educating families on what quality child care looks like and how to make a choice (considering location, affordability, transportation)
 - We have to let people know what's out there for our families
 - Being able to access information on what families need
 - Every child of working student/parent should have a high quality center to attend

- Teachers can be best in the world but families need to be on board and carry over at home (require participation)
 - Parents' participation in long-term assessment
 - Make part of community
 - Community involvement
 - Target lower socioeconomic groups
 - Increase awareness of policymakers of the crucial development from Birth-5
 - Marshaling support from corporate community to create more adequate capacity
 - Comprehensive analysis of barriers
 - Current programs in system
 - Complex system
 - Understand market
 - Partnerships with higher education
 - Child care considered part of infrastructure
 - Massive research/needs assessment of capacity versus need
 - Quality (mandatory) rating system
 - Educating current centers (non-ABC)
 - Data in ABC programs impact – A versus C education in the long run?
 - Why is ABC system voluntary? Best infrastructure
 - Support (resources) for ABC centers
 - Promoting and educating child care providers to participate with QRIS
 - Incentive
 - Renovate existing buildings to meet accreditation
 - Programs that have accountability
 - Don't want to be told how to run program (regulations)
 - Money to regulate
 - TD quality centers/engage in professional development for other centers (substandard)
 - How do we know what happens between 3-4 with some programs?
 - Unique student identification number to track outcomes for all types of programs
 - Pick up state identifier early
 - Measure across all relationships (family, providers, pediatricians)
 - Social-emotional-behavioral skills are important for school readiness
 - State inclusion
 - National Association for the Education of Young Children (NAEYC)
 - National Early Childhood Program Accreditation (NECPA)
 - Research and referral network
- **Individually Recorded Notes**
 - Affordable day care services
 - Number of seats available
 - Legislation to make early childhood education accessible and required for 4 year olds
 - Reaching and involving parents early

- Parent education make part of community
- Caregiver support training
- Parenting programs for teenagers as retreats for middle schoolers
- Where do you send child? Information needs to be available for parents (leads to less diverse school population)
- Importance of teaching families and how to involve them
- Get the parent first. Evaluate the parent on the importance of their child's development from birth on up because parents have the first chance at molding young mind
- Reading to the child while in the womb, nurturing a love of learning, reinforce what school is teaching, it takes a village
- Increasing community awareness and parent understanding
- Community involvement
- Awareness of high quality program
- Lower economic groups
- Low-income neighborhoods
- Need to confront racism and classism in our communities
- Can have resources available but community must trust source
- Developing trust
- Religious community partnership
- Where to get information
- One website "hub" to connect ALL resources and services for young children and families
- "One Stop Shop" approach – similar to South Carolina Information Highway (SCIWAY) concept
- Direct link to search engine for centers/ programs inspected by DSS
- Providers links for all agencies such as United Way and South Carolina Center for Child Care Career Development (Credentialing system)
- Resources/services
- Articles on quality parental care
- SCDSS Links
- DHEC links
- State inclusion
- MUSC infant/toddler network (*repeated by two participants*)
- Research and referral network (*repeated by two participants*)
- National Association for the Education of Young Children (NAEYC)
- National Administration Credential (NAC) National Early Childhood Program Accreditation (NAECP)
- Statewide system could be created (ratings) – Had attempted "Palmetto Stars" but did not get picked up due to political issues
- All First Steps agencies providers
- Teacher education
- More teachers trained to handle the multi-faceted elements of early childhood education
- Teachers who are trained and developed to build relationships
- Higher Education + Professional Development + Pay

- Professionalizing the field to recognize early childhood educators' impact on the crucial development of birth to 5 years
- Professional development trainings
- Need talented and committed staff/educators
- Need to be comfortable with change and innovation
- Teacher/director quality and rigor
- Increase educational requirements for child care directors
- High quality staff development for teachers and directors
- Greater opportunities for introductory, intermediate, advanced trainings for directors/teachers
- Staff development with different levels
- All colleges offering child development, child care trainings, assoc. certifications, credentials
- Create a scholarship application process for directors first and teaching staff in their areas
- Minimum wage issues for child care teachers
- ABC Quality Care rating level centers
- At state level, DSS is working to increase access by increasing parental awareness & participation by providers in Quality Rating and Improvement System (QRIS)
- State legislated QRIS –mandatory program for all children
- Require participation by all publicly funded early care programs in QRIS/ABC rating
- Regulating QRIS –Creating consistency among providers
- If each center could have a mentor that works intensely with center until level rises (more than once a month)
- Invites to participate in quality rating system (QRS)
- Can go to website for information
- Establishing incentives for centers to improve and join
- Give child care centers an incentive to participate such as promoting higher ranking center
- Programs that have accountability
- Educational standards
- Legislation to standardize quality in child education
- B or better
- Exceed minimum standards
- Mindset change for centers: “It’s ok to just meet standards”
- Ratios information
- Make public the training records (yearly) of each center (not employer names)
- Accreditation of centers
- School readiness
- Child readiness
- Behavior affects all aspects of development
- Social emotional development Pre-literacy skills
- Increased enrollment leads to increase in readiness for school
- Common pre-K readiness assessment will help make case

- United vision for ALL students
- What do all of our communities have in common?
- Need a voice and grow awareness
 - Early childhood education is critical for ALL future success
 - Make connections with STEM
- Celebrate small wins
- Communities of practice → communication systems, libraries
- Asset mapping - resources mapping - coordinating resources
- Competition for funding
- Business community involved
- Business community leadership
- Business needs to get involve with child care
- Business, corporations
- Other entities

SESSION 3.1

- **Large Group Sharing of Key Ideas**
 - Public investment
 - Adequate training
 - Compensation for staff
 - Public awareness
 - Raise parent expectations

- **Small Group Table Discussion**
 - Mandatory participation in rating system or raise the standards for licensing-
best practices
 - Exposure to high quality settings
 - Public investment to move centers to next level
 - Increased regulation
 - Adequate training for child care staff
 - Adequate compensation for child care staff
 - Birth to 5 certification
 - Public awareness
 - Parent education and expectations

- **Individually Recorded Notes**
 - Mandatory quality rating system
 - More teeth to ABC

APPENDIX B

Breakout Session 1.2 and 3.2

Assessing Young Children for School Readiness in the Tri-County Region

Moderator: William Brown, Ph.D., Professor, Department of Educational Studies, Early Childhood, USC, and Senior Fellow, Institute for Child Success

Facilitator: Kim Foxworth, Director, Child Development, Charleston County School District

CURRENT STATE: What school readiness programs are currently in place in the tri-county region?

SESSION 1.2

- **Large Group Sharing of Key Ideas**
 - Private child care centers
 - Head Start
 - Migrant and Seasonal Head Start
 - At-risk programs
 - Parent/teacher programs
 - Library programs (not a comprehensive information source 0-5 years)
 - Nurse-Family programs (0-5 years)
 - Many programs but minimal penetration (not coherent, leadership vacuum)

- **Small Group Table Discussion**
 - First Steps
 - Early Head Start
 - Head Start (*repeated by multiple groups*)
 - Migrant and Seasonal Head Start
 - Child Development Programs (*repeated by multiple groups*)
 - Parent University
 - Charleston County School District – 4 year
 - Charleston County Public Library – Preschool Zone
 - Local daycares
 - Child care centers – 63 are in ABC (QRIS)
 - Home-based daycare (license is voluntary)
 - Even Start
 - Trident United Way
 - PreK Programs
 - Library programs
 - Parents as Teachers (PAT)
 - Parent Child Home (PCH)
 - Nurse-Family Partnership (NFP) (*repeated by another small group*)

- Early Intervention (EI) programs
- BabyNet
- First Steps (state funded)
- Child Find
- Family Connections
- Pro Parents
- Abrazos Family Support
- Child care resource and referral
- Child Development Education Pilot Program (CDEPP)
- Non-profit programs
- Ready to Read
- Reach Out and Read (*repeated by multiple groups*)
- Early Care and Education
- Literacy in the Library
- Begin with Books (*repeated by two groups*)
- MUSC Family Literacy Program
- Talk With Me Baby program
- Fedderer Clinic
- Interactive Literacy
- Public/Private 4K school districts,
- YMCA
- Church programs
- Dolly Parton Imagination Library
- A bilingual family literacy program
- MUSC Pediatrics Northwoods
- Do we have a directory?
- Many programs, but many small programs
- Minimal penetration
- Not to scale
- No strategy
- Lack of community leadership to bring about collaboration and strategy
- Do not reach those who would benefit

- **Individually Recorded Notes**

- First Steps
- Early Head Start
- Head Start
- Migrant and Seasonal Head Start
- Child Development Programs
- Parent University
- Charleston County School District – 4 year
- Charleston County Public Library – Preschool Zone
- Local daycares
- Even Start
- Trident United Way
- PreK Programs

- Library programs
- PAT (Parents as Teachers) *(repeated by two participants)*
- PCH (Parent Child Home)
- Early Intervention programs
- Child Care Resource and Referral
- Non-profit programs
- Ready to Read
- Reach Out and Read
- Early Care and Education
- Nurse Family Partnership *(repeated by multiple participants)*
- Literacy in the Library
- Begin with Books
- MUSC Family Literacy Program
- Talk With Me Baby program
- Federer Clinic
- Family Connections
- Pro Parents
- Abrazos
- Interactive Literacy
- Public/Private 4K school districts,
- Child Find *(repeated by multiple participants)*
- BabyNet *(repeated by multiple participants)*
- Group family home
- Success by Six
- Success by Six director approved
- No clear Tri-county strategy
- Programs not at scale
- Weak point for the region
- Some Early Head Start programs but not deep penetration
- Not sufficient for need
- Waiting list from 6 weeks to 3 years
- Absence of strategic initiative to tackle early childhood
- Get message out about Birth-3 and 3-5
- Berkeley County – biggest CDEPP in state
- 4 NAEYC accredited child care centers
- SC Readiness Assessment
- Assess in first 45 days upon entering K

SESSION 3.2

- **Large Group Sharing of Key Ideas**
 - Early Head Start
 - Head Start
 - Migrant Head Start
 - First Steps
 - PreK

- Private daycare
 - Child Development – 4 year olds
 - Faith-based programs
 - Child Find
 - BabyNet
 - Parent Child Home
 - Family Literacy
 - Nurse Family Partnership
 - English for Speakers of Other Languages (ESOL) programs
 - State curricula:
 - High Scope
 - Creative Curriculum/Teaching Strategies Gold
 - Project approach
 - Montessori
- **Small Group Table Discussion**
 - School readiness programs
 - School-based Child Development programs
 - 4K
 - Head Start
 - Private school preschool programs (e.g., Pattison’s Academy, etc.) (*repeated by two groups*)
 - First Steps
 - BabyNet (*repeated by two groups*)
 - Babygarten
 - English for Speakers of Other Languages (ESOL) programs
 - Parents as Teachers
 - Parent Child Home
 - Reach Out and Read
 - Storytime at Title 1 parent centers
 - Family Literacy
 - Interactive Family Literacy
 - Wings for Kids
 - Nurse-Family Partnership
 - Medical University of South Carolina (MUSC)
 - MUSC Family Literacy
 - Curricula: Creative Curriculum, Montessori, Project Approach, High Scope (OWLS), Every Child Ready to Read,
- **Individually Recorded Notes**
 - First Steps (Charleston County and South Carolina)
 - Parents as Teachers (*repeated by two participants*)
 - Head Start (*repeated by multiple participants*)
 - PHS
 - Babygarten
 - General library (start times, outreach, visits)

- First Steps
- Library programs
- Daycares
- PreK
- School district programs
- Private South Carolina programs
- Child Find
- BabyNet
- Parent as Teachers
- English for Speakers of Other Languages (ESOL) programs (e.g., Trident Literacy Community Outreach)
- Faith-based programs
- Family child care (*repeated by multiple participants*)
- Missing data from non-ABC schools
- Lack of collaboration between early childhood programs and schools
- How do we connect public and private sectors?
- Parents lack of education and knowledge of systems
- Road blocks

INDICATORS: What do we believe are key school readiness indicator(s)?

SESSION 1.2

- **Large Group Sharing of Key Ideas**
 - Developmental model (traditional domains)
 - Child wellness (e.g., nutrition, sleep) (*repeated by two groups*)
 - Brain development
 - Communication skills
 - All surrounded by social-emotional skills
 - Social skills (e.g., character education)
 - Parent interactions
 - Family relationships
 - Things that can be assessed
 - mCLASS: CIRCLE – everything ties in

- **Small Group Table Discussion**
 - Developmental milestones
 - Social, academic, and physical indicators
 - Brain development
 - Health and physical development (*repeated by multiple groups*)
 - Physical health
 - Motor skills
 - Cognition
 - Literacy and Language (*repeated by multiple groups*) - Charleston has a quickly growing Spanish-speaking population
 - Numeracy (*repeated by multiple groups*)

- Self help skills and approaches to learning (independence, adaptive skills) (*repeated by two groups*)
- Social and emotional development (*repeated by multiple groups*)
- Social skills
- Curiosity
- Parallel and reciprocal play
- Engagement
- Character education
- Conflict negotiation
- Artistic expression
- Discrete skills: colors, numbers, alphabet, vocabulary, ability to listen and follow directions, pre-literacy (phonological awareness), book and print concepts
- Balance is key

- **Individually Recorded Notes**
 - Social and emotional skills (*repeated by multiple participants*)
 - Social interactions
 - Coping
 - Adapting
 - Emotional well-being
 - Self-regulating
 - Identify feelings
 - Following routines
 - Problem-solving
 - Parallel and reciprocal play
 - Getting along with others
 - Communication (*repeated by multiple participants*)
 - Speaking
 - Listening
 - Conversation
 - Meet needs
 - Vocabulary
 - Follow directions
 - Asking questions
 - Comprehension
 - Academics
 - Literacy and pre-reading skills (*repeated by multiple participants*)
 - Letter recognition, letter-sound correspondence, conventions of reading, listen to stories, love of books and rhymes)
 - Math (*repeated by multiple participants*)
 - Counting, one-to-one correspondence, numbers, patterns, shapes)
 - Science
 - Social Studies

- Cognitive processes (*repeated by multiple participants*)
 - Problem-solving
 - Attention
 - Engagement
 - Curiosity
- Physical (*repeated by multiple participants*)
 - Gross motor
 - Fine motor
 - Coordination
 - Senses
- Safety
- Relationships (parents, children, schools)
- Parental knowledge about child development
- Parental interaction and involvement
- Interaction with community
- Enrichment opportunities

SESSION 3.2

- **Large Group Sharing of Key Ideas**

- Developmental milestones
- Cognitive development
- Executive functions
- Math
- Social-emotional development
- Self-regulation
- Approaches to learning
- Self-help skills
- Language/literacy
- Print awareness
- Health, wellness, and nutrition
- Physical development
- Readiness and competencies of schools and providers
- Prenatal development
- Parent/family
- Parent advocacy

- **Small Group Table Discussion**

- Track major milestones of developmental domains (physical health and motor development, cognitive and math, social and emotional, approaches to learning, language and literacy, parent and family)
- Social-emotional competencies (*repeated by two groups*)
- Problem-solving
- Academic competencies
- Physical development
- Health and wellness (*repeated by two groups*)

- Nutrition
 - Good parent-teacher-child relationships
 - Prenatal care
 - Parental skills
 - Parent training availability
 - Parent advocacy
 - Need to understand the development of the child, not solely focused on academic indicators
 - Look at readiness indicators that start earlier than 4-5 years (start at prenatal)
 - Would like to see indicators and assessments of school environment and teachers
 - Are schools ready for the children after they have been assessed?
- **Individually Recorded Notes**
 - 5 developmental domains (prenatal – 4)
 - Basic development domains on target: 1. Child 2. School 3. Community
 - Physical/motor skills (*repeated by two participants*)
 - Social-emotional skills and social competence (*repeated by two participants*)
 - Self regulation
 - Self-help/adaptive skills
 - Ability to follow basic instructions
 - Participate
 - Early literacy standard domains
 - Print awareness
 - Letter recognition
 - Math
 - Every Child Ready to Read
 - Babygarten
 - Programs are full
 - Transportation lacking
 - Measures:
 - Developmental Indicators for the Assessment of Learning (DIAL-4)
 - Classroom Assessment Scoring System (CLASS)
 - Ages and Stages Questionnaire (ASQ-3)

DATA: How are we measuring school readiness? What data do we have related to school readiness? What data do we believe are missing?

SESSION 1.2

- **Large Group Sharing of Key Ideas**
 - Measure is not consistent around school readiness – instruments also measure differently
 - CIRCLE assessment
 - Developmental Indicators for the Assessment of Learning (DIAL-4)

- Family data is missing
- Data collected sometimes cannot be shared or used
- **Small Group Table Discussion**
 - Measures
 - mCLASS: CIRCLE (*repeated by multiple groups*)
 - Completed by kindergarten teachers in public schools; also in 4,000+ publicly-funded child care centers
 - Individual Growth and Development Indicators (myIGDIs)
 - Ages and Stages Questionnaire (ASQ-3) (*repeated by two groups*)
 - Developmental Indicators for the Assessment of Learning (DIAL-4) (*repeated by two groups*)
 - Hawaii Early Learning Profile (HELP)
 - Peabody Picture Vocabulary Test (PPVT)
 - Battelle
 - Teaching Strategies Gold assessment
 - Lack of assessment data
 - Various measures
 - No continuity
 - Different assessments
 - Agencies cannot share data
 - State funded 4K includes DIAL 3 assessment done at the beginning of 4K and then again in spring
 - Head Start is required to screen children
 - Data from private centers
 - Montessori data (Level A centers do assessments)
 - There are state standards for ages 3-5: Can we use this to determine what to use?
 - Teacher observations in some environments
 - Parental input
 - Kindergarten assessment
 - SCRA defunct 2011
 - Common goal: Birth-5 quality program
 - Center improving readiness of child
 - Missing data on family, background information, and home life (Teachers only have the family information disclosed on child's medical form)
 - Missing data on parental relationship throughout services (surveys)
- **Individually Recorded Notes**
 - No standardized measurement in recent years
 - School districts use varying methods and it varies school to school
 - Each district may have had their own
 - No consistent data available
 - Assessments are inadequate (not developmentally appropriate, measure skills only)
 - Some program monitoring tools

- Upstate uses mostly DIAL, work sampling, and teacher made assessments
- Early Learning Accomplishment Profile (ELAP)
- Learning Accomplishment Profile (LAP-3)
- Creative Curriculum
- DIAL-4 for screening only
- Ages and Stages Questionnaire
- Individual Growth Development Indicators (myIGDIs)
- Dynamic Indicators of Basic Early Literacy Skills (DIBELS);
- Concepts about print report cards (developing, proficient)
- CIRCLE
- Teaching Strategies Gold
- Teacher created assessments/screens
- Physician checklists (*repeated by two participants*)
- Report cards
- Graduation rates
- Ready, Set, Grow – no standardized data, not consistent across the state
- Missing data on families
- Missing home stability data
- Missing data on longitudinal outcomes
- Need physician involvement with schools

SESSION 3.2

- **Large Group Sharing of Key Ideas**
 - Developmental Indicators for the Assessment of Learning (DIAL-4)
 - Learning Accomplishment Profile (LAP-3)
 - Teaching Strategies Gold assessment
 - Ages and Stages Questionnaire (ASQ-3)
 - Anecdotal and qualitative data
 - English as Second Language (ESL) assessments
 - Parenting assessments (used in Parents as Teachers)
 - Adult/Child Interactive Reading Inventory
 - Data gap between child care programs that do or do not assess children
 - Need common assessment
 - Common goals and language
 - Need measures that assess non-academic areas
 - Developmentally-appropriate practices in relation to standards
 - Consider time it takes to assess
 - Missing fidelity data
 - More data exists on at-risk children
- **Small Group Table Discussion**
 - Developmental Indicators for the Assessment of Learning (DIAL-4) screening to identify “most need” (*repeated by two groups*)
 - Learning Accomplishment Profile (LAP-3) and Early Learning Accomplishment Profile (ELAP)

- Teaching Strategies Gold
 - mCLASS: CIRCLE
 - Ages and Stages Questionnaire (ASQ-3)
 - New ASQ-3 Social-Emotional
 - Adult/Child Interactive Reading Inventory
 - Keys to Interactive Parenting (KIP) - parent/child interaction
 - Anecdotal/qualitative data should be included
 - Screenings for admission to programs
 - We are not measuring school readiness. Assessments happen, but are not formal or standard
 - Missing data regarding the whole child (e.g., home care)
 - Need data regarding health
 - Need universal assessments to allow comparable data
 - More data exists on at-risk children than the whole population of children
 - We are losing the importance of developmentally-appropriate practice in relation to accountability standards
 - Assessments are best used to assist the developmental range of the class
 - Where kids are developmentally (fine/gross motor, etc.) across the domains?
- **Individually Recorded Notes**
 - Data not consistent across programs
 - No programmatic measures in place (for standardization) across the state
 - Very haphazard and very subjective
 - Too often based on academic skills
 - Missing common goals and language
 - Fragmented, no comprehensive data
 - Kindergarten readiness state test
 - Social/emotional
 - Physical/gross motor
 - Language/literacy
 - Math thinking (critical thinking skills)
 - Health
 - Assessment of English as a second language
 - Creative Curriculum (Southern Early Childhood Association (SECA) recommends)
 - Private centers, family child care, private/family sitters
 - Charleston County – AEPSI (for children with disabilities), assessment prior to starting
 - How can we measure if schools are ready for children?

MOBILIZING AROUND A COMMON GOAL: Where do we think we would have the biggest impact if we chose something to address and measure related to assessing young children for school readiness?

SESSION 1.2

• Small Group Table Discussion

- Unified approaches
- Create aligned strategy
- Evidence-based programs
- Model approach
- Funding
- Proper training
- Nurse-Family Partnerships
- Increased access to a program for Birth – 5 (We spend a lot on remediation, which is expensive)
- Access to affordable, high quality programs
- Birth – 4 program (*repeated by two groups*)
- Access to a quality program – need to require QRIS assessment
- Need to incentivize higher quality ratings (maybe tax break for higher quality rating)
- How do we measure high quality? Rating that would include measuring child progress (at least for 3 and 4 year olds)
- Need a gold standard for assessment to use to inform programs
- 3-5 year commitment to measurement
- DSS working on revising standards
- Implement a campaign – like seatbelts for public education?
- Library outreach programs and parent outreach programs
- Need programs that are supporting families
- Have schools work with churches
- Charleston Promise Neighborhood
- Social Impact Bonds – “Promise Neighborhoods, Nurse-Family Partnership
- Community by Community

• Individually Recorded Notes

- Access and quality
- Universal 3 and 4K programs (mobilizing politicians, parents, etc.)
- Convening and strengthening organizations working on early childhood
- Involving families
- Family awareness and role in preparedness
- Parent involvement
- Parent training
- Nurturing
- Routines
- Nurse-Family Partnerships
- Build strong Nurse-Family Partnerships in tri-county - Couple it with evidence-based programs for 2 year olds - Build toward 3 and 4 year old preschool - Create an aligned strategy
- Bookmobiles to get books to children, families and daycares

- Libraries are free – open to everyone, have flexible hours, open weekends, have programs for Birth on up (e.g., Babygarten, Wee Reads, Time for Twos, Preschool Story, Family Storytime, Preschool Zone (based on standards), Summer reading)
- Meeting children’s needs at his/her individual level
- Physical development
- Nutrition
- Wellness checks
- Social and emotional development (*repeated by two participants*)
- Interactions with other children
- Vocabulary
- Number of books in home (Birth – 3)
- PR campaign (e.g., seatbelts)
- Assessment measures would be common
- Longitudinal evidence of home and community programming

SESSION 3.2

- **Large Group Sharing of Key Ideas**

- Universal PreK
- Family medical home for everyone
- Universal approach to assessment statewide
- Common language and understanding of school readiness
- All staff trained to give assessment
- Pediatricians do quick screening
- Scale up Nurse-Family Partnership
- Early care and learning through Department of Education
- Executive function assessment – come to Kindergarten with these skills
- Data management system
- Using data to make informed decisions

- **Small Group Table Discussion**

- Universal approach in Birth to 5 housed in central office of Early Learning
- Universal 4K
- Data management systems
- Use data to inform practice
- Requirement for staff to be trained and equipped in the same way and understand child development
- Put a standard in place for assessing all children (mCLASS)
- Way to communicate assessment data to parents effectively
- Family medical home
- Pediatricians provide a quick screener for development (connect to shot record needed at 4)
- Reach Out and Read at pediatric clinics
- Scale up Nurse-Family Partnership

- **Individually Recorded Notes**
 - Common understanding of what school readiness looks like across all types of providers
 - Standardization of terminology and systems
 - Common way to assess prior to school entry
 - Biggest impact to school readiness would be focus on executive functions (“soft skills”)
 - Address soft skill development (e.g., social-emotional skills)
 - Bridge ECH to SC standards/guidelines
 - Educate the family what it means to be school ready
 - Frame partnerships with families
 - One sheet of music

APPENDIX C

Breakout Session 1.3 and 3.3

Supporting Families with Young Children

Moderator: Karen Warren, Program Manager, Maternal Child Health, South Carolina Department of Health & Environmental Control

Facilitator: Adrienne Troy-Frazier, Executive Director, Berkeley County First Steps

CURRENT STATE: What early childhood family support and home visiting programs are currently in place in the tri-county region? How are we currently ensuring that young children in the tri-county region have access to needed family support and home visiting services?

SESSION 1.3

- **Large Group Sharing of Key Ideas**
 - There are many agencies but we lack a cooperative
 - Programs exist but are fragmented
 - Not ensuring all young children have access
 - Access differs across counties
 - Central place to call to support access
 - Challenge: How do parents learn about and access programs?
 - Need training about other agencies and cross-disciplinary training
 - Do not know if activities across programs are reinforcing
 - Identified list of funding streams
 - Identified evidence-based programs

- **Small Group Table Discussion**
 - Head Start
 - Prenatal Care Programs
 - Reach Out and Reach
 - Medical/Wellness Visits
 - ABC Vouchers/Child Care
 - First Steps
 - Parent-Child Home program
 - Parent-Teacher Initiatives
 - Family/Neighborhood recruiting
 - Challenges and barriers
 - Limits on space
 - Access and awareness of programs
 - Funding

- **Individually Recorded Notes**
 - There are a lot of programs but space is limited
 - Funding and slots are limited
 - Some programs have criteria that limit participation
 - We can not ensure families get what they need
 - Access through referrals and word of mouth (big challenge)
 - Parents may be challenged by application process
 - Head Start and Early Head Start (*repeated by three participants*)
 - Charleston County School District Parent-Child Home program
 - Family Corps (was Parents Anonymous)
 - Justice Works (South Carolina program to respond to abuse and neglect) (*repeated by two participants*)
 - Father to Father program
 - Department of Social Services (*repeated by three participants*)
 - Carolina Youth Development
 - Nurse-Family Partnership (*repeated by five participants*)
 - Home visitation programs (e.g., Nurse-Family Partnership, Parents as Teachers, Programs within Berkeley and Dorchester, Our Lady of Mercy Outreach, Tri-County Family Ministries, Charleston County Library)
 - Countdown to Kindergarten program
 - 125 local First Steps Partnerships
 - Charleston and Dorchester Mental Health has MOA with BabyNet (role to develop parents)
 - MUSC Healthy Steps (*repeated by three participants*)
 - Parent Child Interaction Therapy (PCIT - mental health)
 - Parents as Teachers program (*repeated by three participants*)
 - Parent-Child Home
 - BabyNet and First Steps (*repeated by three participants*)
 - Early identification programs (referrals) (*repeated by two participants*)
 - Help Me Grow federal program
 - Food banks
 - Communities in Schools
 - Charleston County School District support
 - Dee Norton Low Country Children's Center
 - PASOS: Our Lady of Mercy and MUSC
 - DM Health
 - East Cooper Community Outreach

SESSION 3.3

- **Large Group Sharing of Key Ideas**
 - Pockets of services but need more awareness
 - Need community trust and awareness
 - Legislation to expand programs
 - Need QRIS systems
 - Baby Steps

- Trident United Way
- Bring in arts and community parks
- Word of mouth about good programs
- **Small Group Table Discussion**
 - BabyNet screening followed by home visiting for Birth – 3 children with disabilities
 - Nurse-Family Partnership through First Steps (though not very available in tri-county region)
 - Parents as Teachers provides support to parents
 - Head Start does home visiting
 - Department of Social Services provides information about these programs
 - Prosperity Centers (e.g., United Way, Goodwill, Child Protective Services)
 - Offered through various sectors and models
 - Issue with trust (families need to trust providers)
 - Need to increase awareness of programs (e.g., Head Start goes door to door)
 - Legislation to expand current programs
- **Individually Recorded Notes**
 - Head Start (*repeated by four participants*)
 - Head Start family services workers, teachers, mental health counselors, school-based social workers, family support specialists
 - Nurse-Family Partnerships (*repeated by four participants*)
 - Charleston County School District home visitation
 - BabyNet/Child Find for children with disabilities (*repeated by two participants*)
 - First Steps: Physical and Emotional Health (*repeated by two participants*)
 - Parents as Teachers (*repeated by two participants*)
 - Mother Read – Father Read
 - Reach Out and Read
 - Library story time
 - Parent Cafes
 - Hispanic Outreach (MUSC Healthy Steps)
 - Lack of awareness and information
 - Pediatricians
 - Human Services Department
 - Indirect family support via libraries and other organizations
 - Teen pregnancy organizations in high school
 - Outreach (flyers, door to door at apartment complexes, radio, word of mouth)
 - Meet at alternative locations outside home
 - Churches
 - Trident United Way Medical Home Initiative to collect medical records of those that are transient or do not use regular family doctors (utilize ERs)
 - Too little Trident United Way funding in early childhood due to limited applications

- Think broadly to include other community resources (e.g., arts organizations, festival networks, bring county parks to the table)

INDICATORS: What do we believe are key indicator(s) measuring the effectiveness of family support/home visiting programs?

SESSION 1.3

- **Large Group Sharing of Key Ideas**
 - Developmental milestones beyond literacy
 - Readiness (*repeated by two groups*)
 - Readiness tools that align across state, county, and agency
 - Data collected across agencies and age
 - Outcomes not just number served
 - Quality of parent-child interactions
 - Fragmented services so we don't look at whole child and family
 - Family goal setting – Evidence of implementation – Notes from provider regarding how far family has come
 - Assessments of family and quality of services
 - Family self-sufficiency
 - Domestic violence
 - Mental health resources
 - Health and Nutrition
 - Social-emotional development
 - Sustainability
 - Health birth weight
 - Reduced referrals
 - Life skills
 - Evidence of collaboration and efficiency
- **Small Group Table Discussion**
 - Parent-Child Interaction
 - Kindergarten readiness
 - Health and nutrition
 - Social-emotional-behavioral development
- **Individually Recorded Notes**
 - Every indicator is globally linked to others (integrated not singular)
 - Outcomes not input
 - State readiness tool will help
 - School Readiness
 - Number of enrollees
 - Number of families participating
 - Pre- and post-test assessments
 - Can admission criteria be standardized?
 - Progress in child development domains

- Meeting developmental milestones (*repeated by two participants*)
- Has a medical home (*repeated by two participants*)
- Healthy babies and birth rates
- Low birth weight
- Percent of children with insurance
- Safety indicators
- Basic needs met
- Supportive family environment
- Abuse/neglect rates
- Teen pregnancy rates
- Reduction in crisis situations
- Family goal setting (integrating the whole family)
- Mental health resources for parents
- Quality parent-child relationships
- Engagement in family educational literacy
- Financial fitness
- Social economic data
- Education levels of parents
- Quality assessment (value to families)
- Sustainability
- Best indicators for a home visit
 - Basic needs and financial stability
 - Health indicators (growth and development)
 - Literacy, language, and cognitive development
 - Social-emotional development
 - Safety and nutrition
 - Parent-child relationship
- Increase levels of education, work skills, and readiness
- Retention in an evidence-based program
- Life skills improvement
- Reduction in requests
- Parents as Teachers program has multiple indicators
- Head Start has available reports
- State programs (e.g., through DSS) have some tracking data
- We need to refine follow-up for families in need of access

SESSION 3.3

- **Large Group Sharing of Key Ideas**
 - Benchmarks
 - Family and adult outcomes and participation
 - Education
 - Health indicators
 - Economic mobility
 - Teen pregnancy
 - Teen moms who stay in school

- Getting data from parents in home education
- **Small Group Table Discussion**
 - Ultimate outcome is school readiness
 - Development of child
 - Participation
 - Education
 - Economic stability
 - Physical and mental health of mother and child
 - Infant mortality
 - Dosage
 - Data from BabyNet, Head Start, etc.
 - Faith-based participation
 - Home services are underfunded and are not reaching the number of families who may be eligible
 - Multi-sector funding levels
- **Individually Recorded Notes**
 - Infant mortality
 - Enrollment of child in quality child care center
 - Resource accessibility
 - Kindergarten readiness
 - Literacy outcomes (*repeated by two participants*)
 - Health/Nutrition (*repeated by two participants*)
 - Not using ER for medical visits
 - Teen parent staying in school and furthers education
 - No second unplanned pregnancy
 - No indicator to assess effectiveness of programs from parent or family perspective
 - Reflect cultural values of communities served
 - Goal setting and are they reaching goals? (Child Plus Software System)
 - Set program goals for child outcomes
 - Repetitive contact and face-to-face visits over time
 - Need to link Child Plus with Power School
 - Flag children in Power School
 - Meeting of administrators from Head start and public and private 4K

DATA: What data do we have related to family support/home visiting? What data do we believe are missing?

SESSION 1.3

- **Large Group Sharing of Key Ideas**
 - Need more information on who is doing what and how they are measuring it
 - All are using different assessment tools
 - Collected data independently, but do not dovetail information

- Interest in how data we do collect are shared
 - Lack of centralization of data
 - Need central database of family data so families do not have to repeat story multiple times
 - Need county and zip code level data to find out who is being served and what services are provided to prevent duplication and identification of what is needed
 - Data missing on domestic violence
 - Data missing on prenatal care
 - Not asking comprehensive questions
 - Concern about data for families who are not served
- **Small Group Table Discussion**
 - Have:
 - Ages and Stages Questionnaire (ASQ-3)
 - Adult-Child Interactive Reading Inventory (ACIRI)
 - Number of families visited
 - Family education history
 - Workshop evaluations from families
 - Need:
 - Mental health of parents
 - Maternal depression
 - Data about family violence and environment
 - Total services family received
 - Prenatal health of child
 - Data across agencies
 - Interdisciplinary sharing of data
- **Individually Recorded Notes**
 - Lack of uniformity
 - All different assessment tools
 - Lack of centralization of data
 - Making sure connections have been made
 - Missing shared information
 - Sharing of data across programs (*repeated by two participants*)
 - Shared data system
 - Need a statewide centralized system for keeping data that can be shared and is relevant
 - Get data from different agencies and how they are tracking the data
 - Knowledge about what programs are doing what, what they are measuring, and how they are funded
 - Zip code level data (what is offered and where)
 - Ability to get county level data
 - Longevity of data
 - Ongoing monitoring
 - Linking early childhood outcomes to school achievement

- No data on families who are falling through the cracks
- Underserved families
- 211 hotline
- DHEC
- Fetter Clinics
- Benefit bank or charity tracker
- More information on prenatal care

SESSION 3.3

- **Large Group Sharing of Key Ideas**
 - Centralized data system plus track families that choose not to participate in programs
 - Link Child Plus with Power School data system for longitudinal tracking
 - Use centers from community to provide information about what child was doing before school
 - Get family perspectives about programs
 - First Steps monitors programs' progress

- **Small Group Table Discussion**
 - Child assessment
 - Health
 - Literacy
 - Numeracy
 - Other indicators such as home environment
 - Practical goal setting
 - We know: How many served? For how long? What services? – But we don't have outcomes
 - All data being results-oriented – Need to show success and data need to be understandable by all
 - Need mandatory QRIS systems - Standards need to apply to everyone
 - Tracking non-participants
 - Centralized data center that crosses all sectors
 - Buy-in

- **Individually Recorded Notes**
 - Have:
 - Enrollment numbers in early childhood centers
 - Demographics of enrollment in quality child care centers
 - Child Plus for migrant workers
 - Number of children served and families miles traveled
 - Number of visits
 - Program utilization data and effectiveness
 - MCV agencies under ACA
 - Need

- Can we track children moving around communities before entering school?
- Link school district systems to know what programs children are participating in before school begins (Need program participation)
- Funding
- Mandatory participation in MCV
- Community-based centers/events and faith-based communities to help provide data (to include non-English speaking families)
- Families and students that are succeeding: What are they doing well?
- Need data on parents' and families' perspectives on program effectiveness
- Need quality of life data

MOBILIZING AROUND A COMMON GOAL: Where do we think we would have the biggest impact if we chose something to address and measure related to supporting families with young children?

SESSION 1.3

- **Large Group Sharing of Key Ideas**
 - Build a collaborative of providers
 - Central organization and system to match people with needs (Need public access to help)
 - Central organization for information to get big picture (e.g., United Way)
 - Resource mapping
 - Identify gaps in services
 - Cultural Diversity (need to share data)
 - Better education for parents
 - Family planning and improvement resources
 - Improve parent-child interaction
 - Positive parenting
 - Provide Security – Need to educate parents through trusted parent source (e.g., churches, community)
 - Basic services: food, shelter, getting to school
 - Transportation to services
 - Look at cost-benefit – Meeting identified criteria

- **Small Group Table Discussion**
 - Mentors for Parents as Educators
 - Improved collaboration among services
 - Improved 211 services
 - Family planning for the future

- **Individually Recorded Notes**

- Collaboration of services
- Consortium/collaboration of early care providers
- Centralized database system or clearinghouse measuring the same thing
- Charity Tracker
- Create a more coordinated system to address needs
- Resource mapping – Population access/gaps and services providers (zip code level to identify pockets) (repeated 1 time)
- We need to work more on advocacy (things that are working – provider resources)
- Address cultural diversity and necessary training – Poverty simulations to assist (Latino, Black poverty in general)
- Find natural leaders in communities
- Include schools
- Connecting through churches
- Positive parenting and parental relationships
- Certificates for parents are not enough – We need evidence of changed behavior
- Security with shelter

SESSION 3.3

- **Large Group Sharing of Key Ideas**

- Cross-sector collaboration
- Investment in early childhood
- Quality early childhood
- Mandatory QRIS
- Parent involvement – understand critical importance
- Family mentoring
- Validity parents' roles
- Teach providers how to honor and work with families
- Alumni stories
- Focus on broad experiences, not specific populations
- Asking communities how to help everyone hear lived experiences and stories of all children

- **Small Group Table Discussion**

- High quality and affordable early childhood programs rather than remedial programs in elementary school
- Creating a high quality program in tri-county area
- Mandatory QRIS systems
- Educational success
- First Steps does training for ECRS and ITERS for preschools, but we need to monitor quality of home visitor programs
- Increased community trust
- Economic stability
- Families and children not needing social services in the future

- Pay for Success: Investors invest in programs in order to get program started
- **Individually Recorded Notes**
 - Cross-sector collaboration
 - Developing partnerships through accurate data
 - Funding – Reallocate resources to reflect priorities
 - Providing quality child care from cradle on
 - Access to quality child care or bring child care to those that can't reach it
 - Access to quality home visitation and family support
 - Awareness of the importance of quality child care
 - Empowering the voice of parents and families
 - Validate and respect parents' roles
 - Family mentoring (“alumni” stories)
 - Peer support for parents
 - Empower parents
 - Family involvement is key: Lottery for participation to motivate parents
 - Non-threatening environment
 - Focus on child
 - High standards for home visitors and professional development
 - Training teachers in cultural competency, honoring differences, and dual language learning
 - Parents as Teachers Home Visiting Program

APPENDIX D

Breakout Session 2.1

Providing Health and Mental Health Services for Young Children

Moderator: Janice Key, M.D., Professor of Pediatrics, Medical University of South Carolina

Facilitator: Laura Zucker, Active Child Health Advocate

CURRENT STATE: How are we currently ensuring all children in the tri-county region have access to necessary health and mental health services?

- **Large Group Sharing of Key Ideas**
 - Have developmental and mental health screenings but system is not unified
 - There are pockets of good work but several gaps
 - Multiple instruments
 - Multiple datasets
 - Emergency clinics are fragmented
 - Different counties have different programs
 - School nurses have tracking system on health/mental health services
 - We are not reaching home-schooled or home-based child care, and the problem is greater for Birth – 3

- **Small Group Table Discussion**
 - While programs exist, access is lacking (especially around infant and child mental health)
 - Need a directory of services
 - Health care access state wide available, but mental health disparity
 - Need public service announcements (Bring 211 up to date)
 - Hospitals, schools, medical homes are providing services
 - Nurse-Family Partnership and Migrant Head Start uses ASQ-3 and ASQ-SE
 - Migrant Head Start contracts with mental health
 - Referral System to BabyNet
 - BabyNet and Child Find for young children with disabilities
 - Telemedicine to MUSC for some schools (like Skype)
 - Dee Norton Lowcountry Children’s Center
 - Dorchester Children’s Center
 - Callen-Lacey Center for Children
 - DHEC Teen Pregnancy Program
 - Charleston-Dorchester Community Health
 - School-based Clinics
 - Child’s care (e.g., MUSC North Charleston)
 - MUSC provides service to Charleston Promise Neighborhood
 - Family literacy/navigator

- **Individually Recorded Notes**

- We are not #1
- Lack of knowledge and access
- Limited knowledge and access (*repeated by two participants*)
- Limited resources with respect to service providers
- No coordinated efforts
- Not enough mental health providers
- Need communication to reach families (print, TV, radio, internet)
- Through hospitals, schools, and medical homes
- Not sure if there is a comprehensive approach/strategy to ensure population's health/mental health (not captured until primary school)
- Through pediatricians
- Medical and dental homes
- Schools (e.g., guidance, teachers)
- School Nurse (*repeated by three participants*)
- Child care centers
- Education programs for families
- Community Health Clinics
- Department of Social Services (*repeated by two participants*)
- DHEC
- Head Start/Early Head Start (*repeated by two participants*)
- Head Start does medical assessments to ensure families have children in a medical and dental home
- Mental health evaluation in Head Start classrooms
- First Steps (*repeated by two participants*)
- BabyNet (repeated 3 times)
- Dee Norton Lowcountry Children's Center (*repeated by two participants*)
- Medical University of South Carolina (MUSC) - how to get there is unclear
- Communities in Schools
- Teen Pregnancy Prevention
- Collaboration agreements – Networking – Follow-ups
- Tracking system of health starters – Community partnerships
- Grant for health care community services in school site

INDICATORS: What do we believe are key health and mental health indicator(s)?

- **Large Group Sharing of Key Ideas**

- Medical Home
- Low Birth Weight
- Developmental Milestones
- Up-to-Date Immunization Record
- Social and Developmental Skills
- Social Interactions
- Emotional Regulation
- Family-Pediatrician Relationship

- Reciprocity in Relationship
 - Obesity
 - Sleep Patterns
 - Rates of Suspensions
 - Train staff to understand culture and gender differences
 - Link data to health and mental health
 - Assess the Environment (e.g., stressors, role models)
 - Acute Care (e.g., ER visits)
 - Domestic Abuse
- **Small Group Table Discussion**
 - Attendance to well child visits
 - Health Metrics/Milestones (Already in place)
 - Measure effectiveness of medical home (reason for visit)
 - Vaccination rates
 - Disability checks (Behavior, Medication, Suspensions, Special Needs)
 - Mental health indicators (culture based)
 - Behavioral indicators
 - Assessment of child social development
 - Teen issues (e.g., drugs, pregnancy, graduation rates)
 - It is important to look at the child, but it we cannot forget the child's environment (e.g., parents/family, teachers/care providers, physical environment)
 - Indicators of strong positive family relationships (Physicians/pediatricians used to check on this but it is not happening much now)
 - Providers learning how to listen to families across cultures
 - Ages and Stages Questionnaire Social-Emotional (ASQ-SE) utilization
- **Individually Recorded Notes**
 - Medical/health indicators (birth weight, perinatal programs, medical homes)
 - Prenatal Care
 - Low birth weight
 - Development (social, brain, physical) (*repeated by two participants*)
 - Nutrition
 - Lack of food
 - Environment
 - Sleep
 - Physical activity
 - Toxic stress
 - Parental health and mental health (*repeated by two participants*)
 - Home environment
 - Strong positive family relationships
 - Role models at home
 - Domestic abuse
 - Connection between home and school

- Helping teachers and families see connection between health and school readiness
- Teacher quality
- Teacher-child interactions
- Teacher understanding and knowledge of child background and impact on learning
- Schools, hospitals, public programs for children and families
- Community churches
- Pediatricians
- School readiness
- Social-emotional development and foundations for early learning (*repeated by four participants*)
- Vocabulary
- Mental health (*repeated by two participants*)
- Social risk
- Developmental delays

DATA: What data are early childhood programs currently gathering about young children's health and mental health outcomes? What data do we believe are missing?

- **Large Group Sharing of Key Ideas**
 - We are not doing enough to collect bottom-up data
 - Lack of coordination across sectors
 - Need increased communication across sectors
 - Need a universal assessment
 - Can we trust the data we are collecting?
 - Medicaid claims
 - Economic indicators
 - Head Start may be collecting more data than others
 - Data missing on rural families and families without transportation
 - Data are missing on children who are undocumented or receiving home care
 - Ages and Stages Questionnaire data
- **Small Group Table Discussion**
 - DSS/DHEC collected data
 - Data gathered by organization-specific system
 - Public school databases
 - Medicaid Claims
 - Zip Code/Economic Indicators
 - Head Start data
 - Child Development data
 - Parental Health/Risk Data
 - Substance Abuse
 - No collective data known for mental health issues
 - Screening of children (Pediatricians aren't doing this as much)

- More children being diagnosed with ADHD and treated with medication
- Missing data on undocumented workers and services needed and received
- **Individually Recorded Notes**
 - Lack of coordination across sectors
 - Not enough is done – Typically measured annually
 - Need interagency information sharing of participants and outcomes
 - Developmental assessment
 - Need a universal assessment tool that measures the outcomes with continuity
 - mCLASS assesses social/developmental domains but data has to be collected, analyzed, and used appropriately
 - Referral data from screening and referral/follow-up (*repeated by two participants*)
 - More data in Head Start than other places
 - Less mental health data than health data
 - PRI
 - Missing data on undocumented workers
 - Missing data on private children care
 - Need communication between parents and physicians
 - Need consistent service
 - Need mental health workers in schools
 - Program planning (needed supplies, equipment)
 - Nursing School
 - MUSC/underinsured

MOBLIZING AROUND A COMMON GOAL: Where do we think we would have the biggest impact if we chose something to address and measure related to providing health and mental health services for young children?

- **Large Group Sharing of Key Ideas**
 - Universal system
 - Maximize resources available
 - Communicate better and talk to each other
 - Aggregate data
 - Educate the leaders, emphasizing starting early
 - Personnel preparation
 - College and university prepare better
 - Identify successful cases and implement those practices
- **Small Group Table Discussion**
 - Early childhood screenings
 - Teacher education
 - Community awareness and engagement that maximizes resources available – Targeted, preventative, family-oriented mental health
 - Universal services and data collection improvement
 - Bring political attention to the needs for early intervention

- Advocacy
- Issues with recent requirement for assessment in PreK (e.g., teacher preparation). Why only public school programs?
- Need more communication with parents when child is born
 - More family-practitioner programs might help from birth
 - Could state direct resources here?
 - Need to inform legislators
 - Business community can push
 - Insurance companies should be proactive
- **Individually Recorded Notes**
 - Break down silos
 - Need clearinghouse/central place (*repeated by two participants*)
 - Increase knowledge about available resources
 - Discrepancy in public/private providers
 - Different access to services between rural and urban settings
 - Happens but not consistently
 - Early childhood programs try but lack resources
 - Home visitors or organizations try to access resources but we are limited to what is out there
 - Programs/home visitors try but there are limited resources
 - Parent education
 - Start at beginning of prenatal period to assess and identify and intervention (mental health services)
 - Good relationship from day one for supporting families
 - First Steps tracks parent mental health if they share it (selective data)
 - Prenatal care lack measures for health by ob-gyn (“baby readiness”)
 - Parent-child relationships
 - Prenatal ability to measure specific touch points of material readiness/referral
 - Do caregivers, teachers, and home visitors have needed training to identify indicators?
 - Parents not engaging (afraid/cultural); People don’t accept services of self select into programs
 - Families self select out of programs
 - Need interagency collaborative regarding child find, referrals, transitions between programs
 - Catching mental health/behavioral problems before they intensify
 - Built on working programs to facilitate collaboration regarding child find, services, etc.
 - Child Plus database for all kids
 - Available resources
 - Money and education

APPENDIX E

Breakout Session 2.2

Providing Services for Young Children with Disabilities in the Tri-County Region

Moderator: Heather Googe, Ph.D., Program Director, South Carolina Child Care Inclusion Collaborative

Facilitator: Amanda Lawrence, Vice President of Community Impact, Trident United Way

CURRENT STATE: How are we currently ensuring all children with disabilities and their families in the tri-county region are receiving necessary early childhood services?

- **Large Group Sharing of Key Ideas**
 - Public awareness of BabyNet and Child Find
 - Doctor mandated referrals – Include those without access to medical care
 - Break down the stigmas that exist

- **Small Group Table Discussion**
 - Referral to BabyNet and/or Child Find
 - Public awareness of BabyNet and Child Find
 - Working relationships with Early Intervention agencies
 - Doctor mandated referrals to BabyNet
 - Parent referrals to BabyNet
 - Need to consider those families who do not have access to regular medical care
 - Child Find (LEA-local education agency) determines eligibility under the Individuals with Disabilities Education Act (IDEA)

- **Individually Recorded Notes**
 - How we are ensuring we are drawing children and families into our services?
 - Need to break down silos
 - Part C and Part B are patchwork systems
 - Coordination with Early Intervention agencies
 - BabyNet, Child Find, First Steps referrals (*repeated by two participants*)
 - School teams refer
 - Kids can be referred by parents, teachers, pediatricians, etc.
 - Through pediatric, parent, and child care providers
 - Transitions meetings to explain the continuum moving from BabyNet to school services if eligible
 - Helping parents accept the child's disability and advocate for them
 - Libraries try to service children with disability and make them feel welcome
 - Need to ensure receipt of least restrictive environment for 0-3 and 3-5

- Make the time to be sure the school system is providing the services to meet children's needs

INDICATORS: What do we believe are key areas to measure in order to ensure children with disabilities are ready for kindergarten?

- **Large Group Sharing of Key Ideas**
 - Same for children with disabilities as what we would want for all kids
 - Developmental milestones
 - Healthy beginnings across all domains
 - Language and communication
 - Social-emotional development
 - Vision and hearing
 - Are teachers ready to receive children with special needs?
 - Background and knowledge of those working with children with disabilities
 - Are kids receiving services in the least restrictive environment?
- **Small Group Table Discussion**
 - Language and communication (*repeated by two groups*)
 - Social-emotional development (*repeated by two groups*)
 - Vision and hearing
 - Early literacy skills
 - Individual indicators on Individual Family Service Plan (IFSP)
 - Parents' understanding of developmental milestones and available support services
- **Individually Recorded Notes**
 - Social-emotional development
 - Communication skills
 - Need for quality indicators for ensuring services and supplementary aids are being provided to ensure least restrictive environment (*repeated by two participants*)
 - How to achieve least restrictive environments for all children
 - Training and professional development of practitioners (*repeated by two participants*)
 - Staff training to help teachers feel comfortable with IEP, IFSP, etc.
 - True picture data of kindergarten readiness in SC – Define and measure who gets accommodations and who opts children out of services

DATA: What data do we have related to providing services to and measuring outcomes of children with disabilities? What data do we believe are missing?

- **Large Group Sharing of Key Ideas**
 - Family and caregiver related data (perceptions of development)
 - Part C/B data: Systematic analysis to use the data to inform action

- Child care component
 - Bridges: referral source/follow-up?
 - Child Outcome Survey Form (COSF) is often missing for those late entry participants)
 - Parents who refuse services
- **Small Group Table Discussion**
 - Child Outcome Survey Form (COSF) (*repeated by two participants*)
 - AEPS (Assessment, Evaluation, and Programming System for Infants and Children)
 - Evaluations every 3 years
 - Missing families' perspective
 - Missing data on the child care component and those who refuse services
 - Missing data on late entries (after 36 months)
 - Need mCLASS: CIRCLE assessment data
- **Individually Recorded Notes**
 - Child Outcome Survey Form (COSF)
 - AEPS Individual Data
 - Missing family attitudes and beliefs
 - Monitoring data and outcome data under RDA now
 - How are we responding to the data in a systematic way?
 - Bridges data entry hold early intervention providers accountable for assessment and time frame data

MOBILIZING AROUND A COMMON GOAL: Where do we think we would have the biggest impact if we chose something to address and measure related to providing services for young children with disabilities in the tri-county region?

- **Large Group Sharing of Key Ideas**
 - Seamless system of services
 - Pipeline – Don't want to worry who is funding
 - Raising awareness of how to identify what to look for to make the first step
 - Child Find
 - Are we finding children early enough? Are we looking in the right place?
 - Finding children in rural areas and who are non-English speakers
 - Offer services for families about what to look for
- **Small Group Table Discussion**
 - Coordination of services is currently missing
 - What is the continuity of services for children with disabilities? Seamless?
 - Need collaboration at BabyNet, Child Find, and TEFRA services
 - Find out why we are not meeting the expected numbers for Part C
 - Preschool training on awareness of identifying
 - Offer training opportunities for community partners to provide individualized services to children with special needs

- Professional Development
 - Need to ensure services in rural areas, services to non-English speaking populations, transient populations, providers to rural areas
 - Services for children without regular medical care
 - Services without labels
 - Support and understanding for parents
 - Need more service centers for young children with needs
- **Individually Recorded Notes**
 - Why more enrolled in Child Find and not BabyNet? Need to determine why BabyNet is not serving the expected number of cases. Is it education and public awareness or is it the BabyNet office itself?
 - Social-emotional growth
 - Teacher attitudes and training

APPENDIX E

Breakout Session 2.3

The Role of Government, Higher Education, Community Agencies, and Business in Supporting Young Children and Their Families

Moderator: Bryan Boroughs, Director of Strategic Communications and Legislative Affairs, Institute for Child Success

Facilitator: Eileen Rossler, Development Consultant: Growing Together Early Care and Education Initiative; Owner, Exponential Evaluation and Development Services

CURRENT STATE: What is the current role of government, higher education, community agencies, and businesses in supporting young children and early childhood programs in the tri-county region?

- **Large Group Sharing of Key Ideas**
 - Agencies are not connected (fragmented, scattered)
 - Each have defined areas of responsibility
 - Government: regulates quality standards; makes early childhood education accessible and affordable; serves as a portal for what is available; selects instrument to assess school readiness
 - Businesses: are the missing link; shape policy; invest in programs that show tangible returns; need tax credit for investing in early childhood
 - Higher education: personnel preparation; training; research
 - Libraries: awareness of available resources, programs, and initiatives
 - Funding, monitoring, assessment
 - Need to streamline what is out there

- **Small Group Table Discussion**
 - Government:
 - Provide funding to states or agencies (*repeated by four groups*)
 - Regulates (*repeated by two groups*)
 - Standards development
 - Provides incentives
 - Gathers data
 - Seeks to be supportive of evidence-based programs
 - Mandatory evaluation of child care
 - Voluntary participation - Majority do not participate – 1% participation in ACV system
 - Disconnect between policy makers and implementation
 - Need more government funding and focus on early childhood as is focused on primary/secondary education
 - State programs (funding issues)

- DSS, Department of Health, and Department of Education fund programs for families and young children
 - Selected readiness tool (mCLASS)
- Businesses:
 - Investment and funding (*repeated by three groups*)
 - Shape public policy
 - Increase awareness of early childhood
 - Support programs that support families
 - Workforce pipeline
 - Infrastructure
 - Help support and provide centers in the community
 - Business community is missing link
 - Can provide political pressure
 - What does high quality early childhood do for them? – Long-term benefit to bottom line and employee wellness
 - Tax credit for businesses who support employees who need child care (available but no one knows about it)
- Higher Education:
 - Teacher training and education (*repeated by three groups*)
 - Job training and education (*repeated by two groups*)
 - Educates work force
 - Provides models of high quality
 - Conducts research
 - Best practices
 - Technical schools educating early care providers
 - Community convenings
- Community Agencies:
 - Identifies and fills gaps
 - Creates partnerships (creative problem solving)
 - Collects data
 - Donates money and time
 - Provide resources
 - Support services and wraparound services
 - Grants and resources
- Libraries:
 - Early learning
 - Community engagement
 - Programs and opportunities that bring families together
 - Use evidence-based curriculum
 - Book mobiles
 - Reach out visits
 - Babygarten provided through local libraries works both on sit and off site at child care providers
- Insufficient, scattered, disconnected
- Need systematic connection between the groups
- Provide oversight

- Act as a connector
 - Currently there is no holistic, overarching approach
 - Need to support prenatal to age 2 (first 1000 days)
 - Support Birth – 5
 - Advocacy
 - Prenatal care
 - Parents don't know what they don't know
 - Give template to businesses (national PTA RIF)
 - Industry grants (Google, Bosch, etc)
 - Maintain research and disseminate
 - Early childhood centers affiliated with higher education
 - Placement of higher education students in facilities for work-based experiences
 - United Way contributions (211)
 - Military in late 80s were committed to education; Need to work from military child model
 - Early childhood classes offered at local high schools
 - Need to strengthen accountability and regulatory framework
 - Some overlap of different goals and measures but lack of cross sector interaction
 - Role is partnership – Creating and maintain at the local level
 - First Steps tries to partner with every county
 - Services are not equitable
 - Lack accessibility
 - Uneven availability of services and programs
 - Collaboration not actively encouraged
 - No vision of what is possible for early childhood programs
- **Individually Recorded Notes**
 - Currently all sectors have individual roles and there is no coordinating entity to pull it together
 - Higher education:
 - Teacher training and education (*repeated by three participants*)
 - Research of best practices
 - Professional development (*repeated by two participants*)
 - Pipeline of educators
 - Grant funding
 - Research dissemination through conferences and papers
 - Promoting policy
 - Support legislation
 - Creating and implementing interventions
 - Develop and support programs that teach early childhood education
 - Can help with data
 - Create best practices for the community to put in place and support

- Government:
 - Tends to stay out of early childhood, but not they are responsible for “school readiness” definition
 - Needs to treat early child care as “infrastructure”
 - Regulates and provides support services
 - Should fully fund mandated programs
 - Provides money to states
 -
- Businesses:
 - Direct and guide others to related needs
 - Sponsorship funding
 - Coordinating investments
 - Investment in centers for early childhood
 - School-business partnerships should be encouraged
 - Do not seem to be playing a large role currently
 - Fuel efforts
 - Provide centers in communities
 -
- Community agencies
 - Provide early care and education services
- Currently all sectors have individual roles and there is no coordinating entity to pull it together
- Collaboration is not actively encouraged due to resource allocation
- Some overlap, but different goals and lack of cross sector interaction
- No strategically aligned efforts
- Lack of alignment
- Uncoordinated
- Fragmented
- Isolation (*repeated by two participants*)
- Need to be advocates
- Funds often temporary
- Missing efforts in Birth – 3
- Current state is lacking for different ages and sectors, but especially related to the early ages
- There is no vision about what is possible in early childhood programs
- No vision for what could happen if every child had high quality access to services
- There needs to be a partnership
- Few public-private partnerships
- Everyone has a role and contribution to make
- Need coordination among all programs – no more silos
- Need to move from individual goals and measures to collective impact
- Feedback loops
- Uneven and disproportionate services
- Provide equitable services
- Service delivery needs to be more equitable

- Lacking accessibility
- No commonly held vision of what early childhood education could be
- Intentions may be to make themselves look good – May not be focused on true long-term goals
- Current focus is school age
- Funding, monitoring, assessment, program delivery
- Funding (*repeated by six participants*)
- Distribute federal money at state level (*repeated by two participants*)
- Need to figure out the business model
- Need to identify programs with greatest impact and find out if scaling is possible
- Scalability
- Data should drive investments, not politics
- Leading policy
- Collecting relevant data
- Service delivery
- Volunteer
- Advocating for quality preschool programs
- Advocating for children and families
- Family support
- Education of parents and the community (*repeated by two participants*)
- Family friendly policies
- Support families through programs or funding
- Faith-based agencies can be used to distribute information about resources
- Create partnerships at local level
- Their role is partnership: Creating and maintaining at the local level
- Facilitate access to programs to support families
- Learning and development for staff
- Having a child care center at higher education institutions should be required
- First Steps tries to partner with every county
- Public Library Literacy Programs
- Some non-profit and faith-based programs
- Some federal, state, and county-level programs
- Children’s Museum of the Lowcountry completed strategic planning in 2013 and realized there were very few informal learning opportunities for Birth –3. They created a program for adults and children to promote meaningful interactions and connections

INDICATORS: What do we believe are key ways in which government, higher education, community agencies, and businesses can promote positive child development, learning, and outcomes?

- **Large Group Sharing of Key Ideas**
 - Creative partnerships
 - Everyone needs to get together to be on the same page
 - Different entities coming together for a common project

- Transparent communication
 - Common understanding of developmental domains
 - Focus efforts around evidence-based programs
 - Centralized availability
 - Mandated Quality Rating and Improvement System (QRIS)
 - Quality standards and programs for businesses to look at
 - Advocate for business involvement
 - Look at how military provides services
 - Start with child care professionals meeting with businesses
 - Data to the programs to educate providers
 - Who is accountable?
- **Small Group Table Discussion**
 - Collective Impact – Change culture in South Carolina
 - Incentives for collaboration
 - More collaboration
 - Organize events to increase collaboration
 - Integration, coordination, valuing education, communication, collaboration
 - Promoting consistency
 - Consistent indicators
 - Consistency in measurement
 - Partner and collaborate – reduce redundancy
 - Creative partnerships
 - Transparent communication
 - Open dialogue and communication
 - Common language and goals
 - Feedback loops
 - Communication/promotion to foster an environment where all stakeholders can share and grow
 - Openness and transparency
 - Trust other organizations and confidence in resources/abilities all stakeholders have to offer
 - Work together to centralize service information to better mobilize
 - Central data collection system
 - Share information – Data (*repeated by two groups*)
 - Community awareness and access
 - Community engagement around resource needs
 - Need for focus and priority setting
 - Needs assessment within stakeholder community
 - Promote cultural diversity, understanding, and competency
 - Increase education
 - Increase awareness
 - Increase knowledge and resources
 - Common awareness of developmental domains
 - Demand evidence-based programs
 - Put into effect positive public programs

- Family support
 - Identify families in need and serve those families
 - Resources, manpower, education staff, money
 - Funding (private or government)
 - Align funding around evidence-based initiatives
 - Return on investment always points to early childhood (Birth – 3) (*repeated by two groups*)
 - Businesses invest in employee quality child care
 - Advocate for more investment in early childhood education
 - Increase opportunities for more funding – public and private
 - Businesses have finances to offer support
 - Business influence on legislation
 - Articulate the business case for early childhood investment
 - Government must increase funding for teacher salaries
 - Political process is dysfunctional
 - Mandatory QRIS evaluation of child care centers
 - Government needs to insist on and provide standards
 - Quality control
 - Identify and promote best practices
 - Consistent message between early childhood providers
 - Support public policies
 - Connect higher education research with those who actually interact with young children
 - Link research with Center for Child Care Career Development so information can be shared
 - Public service announcements
- **Individually Recorded Notes**
 - We need more collaboration
 - Recognition that each entity has a role
 - We need trust between organizations regarding what resources and abilities each has to offer
 - Work with people of different views to find common points of agreement to jointly serve the community
 - Transparency (*repeated by three participants*)
 - Coalition building
 - Open dialogue and networking
 - Communicate and share
 - Willingness to share
 - Feedback loop (*repeated by two participants*)
 - Funding
 - Long-term economic investment – Connection between prepared children and high quality workforce)
 - Government can choose to put more money into state for early childhood education quality; Advertise quality
 - Barriers: Current lobby blocking universal early childhood education

- Businesses can use the resources around them to make quality early childhood education possible
- Businesses investing in early childhood education
- Articulate the business case for early childhood
- Align funding around evidence-based initiatives
- Build awareness – Voice to key policy makers
- Effect and support positive public policy (*repeated by two participants*)
- Coordinate and align investments
- Providing funding, volunteers, and advocates
- Invest in common goals and vision (*repeated by two participants*)
- Fund effective programs
- Supporters, sponsors, and investors understanding of the return for future business
- Public-private partnerships
- What would a meeting with businesses and child care providers look like?
- Centralized data collection
- Share data and research to provide support for additional funding sources
- Same metrics
- Indicators to push policy
- Developing systems and instruments to acquire data
- Provide measurements
- Shifting resources to programs that work – Quality measurements
- Providing quality curriculum to education providers, teachers, and staff
- Increase awareness of quality indicators
- Provide systems analysis and continue research
- Insist on evidence-based or outcomes-based programs
- Provide training
- Community awareness and access (*repeated by two participants*)
- Knowledge of resources
- Publicize programs
- Launch programs to support the awareness of the cause
- Common understanding and commitment to how children learn and meeting children where they are
- Community committed to the support of young children
- Develop a common vision (be proactive)
- What are the baby steps along with way to make us feel we are accomplishing something?
- Improved family friendly policies
- Identify families in need and serve those families
- Social programs lessen
- Societal measures improve

DATA: What data do government, higher education, community agencies, and businesses have to measure their collective impact? What data do they need to measure their collective impact?

- **Large Group Sharing of Key Ideas**
 - Need data on access, especially in unregulated settings
 - Need to understand the data we already have
 - May need to gather data from places where children get immunized

- **Small Group Table Discussion**
 - No common set of goals and guidelines (collective impact)
 - Need defined collective targets
 - “Collective” is key
 - Common initiative agenda
 - Need a common language
 - We do not have centralized data (fragmented, silos)
 - No set portal to grab collective data
 - Need open source (raw) data – available, searchable, publicly accessible, current
 - Need data clearinghouse
 - Need to streamline data
 - Long-term impact data (local)
 - No data to measure collective impact
 - No need for more data; Need for my accessibility and digestability
 - What data will speak to stakeholders and how do you get them all to the table?
 - What data does government have on preschool?
 - Population data
 - Quality data
 - Free or reduced lunch data
 - Enrollment data and demographics (*repeated by three groups*)
 - Have a new school readiness assessment (*repeated by two groups*)
 - Have state assessments in primary grades
 - Have Head Start outcomes
 - Have local school data
 - Have ABC child care center ratings
 - Financial resources available in the system
 - Need consistency in assessment across the state
 - Sustained commitment to quality
 - Quality opportunities
 - Identify quality and identify gaps
 - What is needed to grow programs
 - Measure centers’ health (e.g., staffing, training, opportunities to mitigate cost)
 - Capacity/ability for growth (What can be offered without decreasing service and quality?)
 - Inequity: How to have quality programs and choices for all
 - What data do families need to measure quality?
 - Pay for Success: Corporations invest in researched programs (e.g., Nurse-Family Partnership)
 - Tracking system related to families, providers, and children
 - Need connection of preschool to elementary school to high school

- Prep for college is given money
- Exposure and access
- Need quality rating system for all child care centers with support to improve quality
- **Individually Recorded Notes**
 - There is some data out there but no clearinghouse (*repeated by two participants*)
 - So many agencies can help but educations do not have a central database to connect families to these resources
 - We have agency-specific data
 - Quality of data is questionable
 - Data accessibility
 - Ease of tracking data
 - Merge data between non-profit institutions
 - Identify holes
 - Awareness can shape effects and data
 - Penetration and sorted demographically
 - Balance programs across mediums
 - Understand that this is a process that needs to be tracked over time
 - No data to tie early childhood directly to high school graduation or competency
 - Need early childhood link to 3rd grade, 8th grade, and high school graduation
 - Need data on downstream cost avoidance
 - Track children and programs over time; Learn about improvement measures
 - We do not have long-term data regarding the effectiveness of programs
 - What is the bottom line? Are these kids learning?
 - Greater educational attainment
 - Graduation rates, standardized testing, grades
 - Outcomes are needed
 - Impact of statewide 4K
 - Need data about kids not in the system
 - Family, child, systems, provider effectiveness data
 - Number of hours volunteering (directly or on the board) (*repeated by two participants*)
 - Higher Education: Teacher quality measures
 - Immunizations (ability to track)
 - Survey information around child care at immunization phase
 - Currently have data on impact of kids from individual government agencies and school districts, but there is no bigger picture context or follow-up
 - Population level data (*repeated by two participants*)
 - Enrollment (*repeated by two participants*)
 - Quality ratings (*repeated by two participants*)
 - We need quality programs and choices
 - Teacher quality
 - Early childhood treated as professionalized field

- Compile a database of child care services and make available
- Greater access to and use of quality early childhood education
- Sustained commitment to quality
- Shared commitment to quality
- Measure centers' health (e.g., staffing, training, opportunities to mitigate cost)
- Capacity along with quality
- Need vs. Capacity
- Funding streams
- Money spent in supporting local efforts
- Need to know what is available financially
- Need to know about non-financial resources that are available
- Financial data (current investment)
- Programs that invest where employees volunteer

MOBILIZING AROUND A COMMON GOAL: Where would we have the biggest collective impact if we chose to ensure that both children are ready for school and schools are ready for children?

- **Large Group Sharing of Key Ideas**
 - Ran out of time to share due to the size of the group

- **Small Group Table Discussion**
 - Focus on first 1,000 days
 - Support Birth – 5
 - Shared awareness
 - Common vision about services and programs
 - Continuity
 - Affordable child care
 - All 3 and 4 year olds attend quality early care
 - More access to Head Start
 - Increased educational requirements for early childhood teachers and staff
 - Make sure options and avenues are available for kids. It's not just schools that need all community resources
 - Prenatal care
 - Invest in prenatal care
 - Educate pediatric doctors
 - Medical home with social services
 - Doctors support Reach Out and Read and Begin with Books
 - Who is held accountable?
 - Bipartisan effort
 - All partners drive the government
 - Group issue to prioritize
 - Statewide measures, goals, and objectives
 - Children's cabinet
 - Building infrastructure of the system

- Pay for Success: gives money to projects that are monitored, end up spending less, money goes back to businesses
 - Community coordinator who has access to an access map; works with public and private partners
 - Educate business
 - Increase involvement of business
 - Business investment in early childhood education programs
 - Ultimate outcomes:
 - Better prepared workforce
 - Reduce state budget related to correctional facilities and unemployment
 - More empathy
 - Expand Birth – 5 programs that work directly with families and child care programs
 - Focus on family services
 - Educate parents and share resources with parents, caregivers, and teachers
 - Enable the home setting
 - Home and provider training
 - Home visiting
 - Increase print in home
 - Funding support for schools and families
- **Individually Recorded Notes**
 - Common vision
 - Building a model Birth – Career
 - Proactive not reactive
 - Collaborating to create a common vision and goals
 - More collaborative programs and less competition for funding
 - Coalition building at the community level
 - Stop working in isolation
 - It takes all parties to ensure schools are ready
 - Continuity
 - Centralization of information and common language to discuss it
 - Identifying a portal
 - Awareness and access
 - Build infrastructure and system
 - Universal preschool
 - Invest in 3 and 4 year old early education
 - Invest in robust programs like Nurse Family Partnership
 - Driving the business case for funding
 - Government subsidies
 - More qualified applications
 - Social Impact Models backed by government
 - Government players constantly change – Partnerships must be fostered
 - Mitigating cost
 - Legacies in place that impede change (despite evidence of effectiveness)

- Empathy
- Outreach is important – We need to be reaching out and talking about it at community evaluations, especially in communities of people of color
- Focus on poverty is important – Though generational poverty has changed, there is still a struggle.
- Reduction in poverty
- Medical home with social services
- Social services via the medical home
- Don't delay in identifying services – Early intervention is useful
- Support for high quality wraparound programming
- Parental involvement in education
- Education parents and share resources
- We should talk about family values. We need to support families holistically.
- More one-on-one programs for parents
- Give families support and tools to better prepare kids
- Transportation for families
- Parent, caregiver, and teachers' knowledge
- Working on including life skills and home economics courses – Teaches responsibility and leads to more stable homes
- More educated and ready workforce for higher level jobs
- College ready and career ready (*repeated by two participants*)
- Training
- Ongoing training about new practices and techniques
- Consistent evaluation