PreSchool Development Grant

South Carolina Needs Assessment report 2019

DSS SOUTH CAROLINA DEPARTMENT of SOCIAL SERVICES | SC Child Care EARLY CARE & EDUCATION | FIRST STEPS Getting children ready for school. SOUTH CAROLINA | Head Start

Table of Contents

EXECUTIVE SUMMARY 3

- Determining Statewide Priorities 3
- Addressing Key Domains and Questions 4

PART 1: DETERMINING STATEWIDE PRIORITIES 8

- Regional Meetings 9
- Online Survey 11
- First Steps Focus Groups 11
- Regional Meeting Findings 12
- Survey Findings 36
- First Steps/Community Organization Focus Group Findings 65
- Considerations and Limitations 71

PART 2: NEEDS ASSESSMENT REQUIREMENTS-DOMAINS AND KEY QUESTIONS 74

- Definition of Terms 74
- Focal Populations 80
- Number of Children Being Served and Awaiting Services 82
- Quality and Availability 85
- Gaps in Research to Support Collaboration Between Programs/Services and Maximize Parental Choice 109
- Service use of families with children (both children and family members) in the ECCE system 109
- Quality and Availability of Programs and Supports 115
- Measurable Indicators of Progress 122
- ECCE Facilities 126
- Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education 127
- Transition Supports and Gaps 129
- Systems Integration and Interagency Collaboration 133

APPENDIX: PDG NEEDS ASSESSMENT AND STRATEGIC PLAN COLLABORATORS/FUNDING GRAPHIC 136

Executive Summary

South Carolina used a two-pronged approach for its needs assessment to 1) Determine State Priorities through a robust, and multi-faceted feedback approach facilitated by researchers from South Carolina colleges and universities and 2) Address Key Domains and Questions identified by the US Department of Health and Human Services through engaging organizational leaders and their stakeholders. The Early Childhood Advisory Council (ECAC) was updated related to the process and findings of Needs Assessment: Part 1 at multiple points during the process, but allowed the research team from South Carolina Institutions of Higher Education to lead the data collection and analysis process to encourage independent, stakeholder-driven input related to the needs and priorities. Members of the organizations represented on the ECAC were heavily engaged in Needs Assessment: Part 2 to address the key questions and domains.

Determining Statewide Priorities

To understand statewide priorities for young children and their families, the Institutions of Higher Education Collaborative was formed to lead the process. The IHE Collaborative included early childhood researchers and experts from Clemson University, College of Charleston, Francis Marion University, and the University of South Carolina. The Collaborative used standardized, research-based strategies to collect and analyze data to identify statewide priorities and barriers in reaching goals related to those priorities. Additional experts in the areas of equity and family studies critically reviewed the process, documents, and results to identify areas for improvement or clarification.

Three data collection strategies, which engaged more than 5,000 people, were used to determine statewide priorities (needs): 1) **15 regional meetings were held across the state with 440 participants** that were facilitated by the IHE Collaborative researchers using a standardized process to reduce facilitator bias and increase participant voice. At least three meetings were held in each South Carolina Department of Social Services Childcare Licensing region including three evening meetings, 2) **online survey that garnered 3,114 responses** focused on priorities of parents/caregivers, and 3**) approximately 130 focus groups engaging more 1,495 people** within each South Carolina county focused on engaging families/caregivers of young children.

Participants in the regional meetings provided input in the **development of four goals and related objectives in each of three areas: early learning and development, health and wellbeing, and family and community**. Surveys and focus groups allowed researchers to triangulate data within the same three areas to determine trends across data collection methods to inform the statewide priorities. In addition, demographic information provided by parents/caregivers who completed the survey allowed survey results to be disaggregated in five areas: age, race/ethnicity, education level, employment status, and number of young children to identify similarities and differences in priorities based on these factors.

Addressing Key Domains and Questions

To address the key domains and questions, organizational leaders, in collaboration with their colleagues and stakeholders, were engaged in a process to gather feedback on the key domains and questions. Fourteen responses were received and synthesized to report on the current status and future of the key domains and questions.

Definitions of key terms

South Carolina has working definitions of quality early childhood care and education, availability, and vulnerable and underserved children that drive its strategies and initiatives for B-5 children. These definitions will be continually revisited through a routine process engaging South Carolina organizations, the Early Childhood Advisory Council, and community stakeholders including families. As emerged during the Needs Assessment, we will focus on how differences in the conceptualization of these definitions are translated into practice at all levels (state, regional, local) valuing concerns, issues, and realities expressed by local-level stakeholders and using equity and family-focused lenses in this work.

Vulnerable and underserved children and children in rural areas

Almost half (138,000) of South Carolina's 293,653 children under 5 are considered vulnerable (≤ 200% of poverty) and 25% are highly vulnerable (≤100% of poverty). Nearly half of South Carolina's 46 counties are considered non-urban. South Carolina has programs and strategies in place to reach these populations and remains focused on understanding and meeting the needs of

these populations as well as understanding priorities and barriers that may be unique for these populations.

Quality of care and education

South Carolina has indicators and data about the quality of early care and education for participants in the quality rating improvement system (ABC Quality) as well as children enrolled in state-funded prekindergarten programs and Head Start. While indicators and measures are slightly different related to quality care and education within each of these programs, there is convergence in the overall dimensions of quality related to environments and interactions. In addition, collaboration is occurring across these sectors at the state-level and at the local level to varying degrees to develop shared strategies to increase quality in the mixed delivery system. There are also many programs and strategies, including quality care and education for children with special needs, that support South Carolina early care and education providers, children, and families. Fully understanding accessibility, affordability, and quality across the state's early childhood education programs, but particularly for vulnerable and underserved children in underserved areas is challenging based on the multiple early care and education programs for B-5 children. South Carolina is pursuing more effective collaborations and connection of data systems through its newly developed strategic plan. Data indicate differences in skills of children entering prekindergarten and kindergarten in our 46 counties with children in some counties demonstrating skills well below state and national averages.

Unduplicated number of children being served and awaiting served

There are approximately 299,147 unduplicated 0-5 year old South Carolina children receiving services through programs providing data to South Carolina Revenue and Fiscal Affairs (RFA) including Medicaid, SNAP, TANF, Child Protective Services, First Steps Home Visitation, Disabilities and Special Needs Services, SC Department of Education services, Child Care Vouchers, and Health-related services. These data are disaggregated by race/ethnicity, gender, and county, which we are using in our ongoing understanding of county-level needs. While South Carolina does not currently have effective methods to fully understand the number of unduplicated children awaiting services, South Carolina Revenue and Fiscal Affairs (longitudinal data system) is working with organizations to determine if there are feasible methods to gain this information

across programs. The strategic plan addresses work related to the improvement of the statewide, longitudinal data system to include additional data such as children eligible and awaiting services.

Gaps in data or research

South Carolina Revenue and Fiscal Affairs (SC RFA) is tasked as the state data warehouse, and data are maintained related to many publicly funded programs and services. Head Start data are not currently provided to SC RFA; however, Head Start provided data for the compilation of the South Carolina Early Childhood Profile, which was facilitated by SC RFA. Private child care/early education data are often not provided, other than those that voluntary choose to participate in ABC Quality. It is difficult to gain accurate counts of enrolled children in private childcare facilities (other than license capacity), waiting lists at these facilities, and connections between enrollment in these facilities and later prekindergarten and kindergarten enrollment. At prekindergarten and kindergarten entry, parents/caregivers are asked to provide information about prior experiences, which has allowed for additional understanding of children's trajectories, but issues have also been detected in reporting. South Carolina Department of Education is leading efforts to improve methods to accurately identify prior experiences of children when they enter school-based settings at prekindergarten or kindergarten or through other specialized programs.

Priority data needs

SC RFA must gain data agreements to provide data to any person or organization conducting evaluations or research in South Carolina, and organizations have the right to deny access to data if the research questions or inquiry are not considered appropriate or suitable for their data. Organizations also maintain additional data that are not included in the state data warehouse but may be critical to identifying issues or needs. Connecting data to fully explore B-5 needs and improvements over time is a priority, which must include increasing collaboration, reducing "turf" issues, improving data availability and quality, understanding time commitments/financial implications of data collection and reporting, and ensuring resource availability related to data quality, reporting, and analysis.

State's current measurable indicators of progress

South Carolina has developed potential indicators of progress through the strategic planning process that will be enhanced, in continued work. In addition, South Carolina will explore results by county on the Kindergarten Readiness Assessment that assesses four domains of development and prekindergarten assessment results in language and literacy based on state-approved 4K assessments used in public settings.

Early childhood facilities

The conceptualization and parameters of early childhood facilities are emerging. Based on the time frame and the level of focus needed to fully understand the multi-faceted aspects associated with the needs for and needs of early childhood facilities, this will be addressed in future years of the Needs Assessment as funded through the PDG renewal grant or through other sources. Plans are being discussed to identify aspects within early childhood facilities of most need in understanding such as physical facility, capacity, curriculum, materials, and other aspects that may be encompassed within early childhood facilities. In addition, the feasibility of addressing multiple dimensions related to the needs for and needs of early childhood facilities are being identified. It is anticipated that a survey, developed by researchers involved in this process, will be the first step once the conceptualization and parameters are identified. South Carolina will seek models from other states that have successfully identified needs related to early childhood facilities.

Transition supports

South Carolina has multiple initiatives focused on supporting children and families with effective transitions. Kindergarten transition continues to be a need based on the variety of services and programs that children are enrolled in prior to kindergarten as well as in rural areas where some children have not been enrolled in programs and services, despite eligibility. In addition, transitions related to services for younger children who are receiving specialized services and transition both within and across programs and systems for children across the B-5 age span are transition focus area based on initial needs assessment.

Part 1: Determining Statewide Priorities

The South Carolina Preschool Development Grant (PDG) Needs Assessment was guided by three overarching factors: 1) development and implementation of a research-informed structure and process to gain feedback from large numbers of stakeholders in differing geographic areas of the state; 2) focus on aspirations using elements of the Harwood Framework (Harwood Institute for Public Innovation, 2017) for young children and families to identify a common framework for South Carolina that will guide strategic planning to promote opportunities and reduce barriers related to these overarching aspirations; 3) acknowledge and explore sociocultural and econo-political contexts at the state and local level based on Sharon Lynn Kagan's (2019) seminal work related to understanding and synthesizing the highest-quality, most effective systems for young children.

Research-Informed Structure and Process

Four public Institutions of Higher Education (IHE Collaborative) along with thought leaders from other IHEs and state-level organizations developed a process to gain input from stakeholders including parents/caregivers of young children in all 46 South Carolina counties. The IHE Collaborative included faculty members from Clemson University, College of Charleston, Francis Marion University, and University of South Carolina. The IHE Collaborative met twice per month starting in February 2019 to develop and implement a process to gain information about aspirations without unduly influencing or biasing results. The IHE Collaborative developed a common PowerPoint presentation and data collection templates to be used at 15 feedback meetings held across the state. In March and April 2019, meetings were held in the border areas of each South Carolina Department of Social Services Childcare Licensing region to encourage participation. These meetings sought to gain a better understanding of aspirations for young children and their families by exploring overall and specific goals (objectives) within three focus areas: early learning and development, health and wellbeing, and family and community. The May meetings were held in central locations in each of the regions, often the largest city within the region, and these meetings focused on identifying any missing aspirations, prioritizing the aspirations developed in March and April, and exploring current barriers to those aspirations. All goals/aspirations and barriers represent the language used by participants to as great of an extent as possible. IHE Collaborative members made slight edits in the process of combining and synthesizing the information provided.

Focus on Aspirations for Young Children

The Harwood Framework (Harwood Institute for Public Innovation, 2017) for developing shared aspirations and visions was used to encourage a collaborative, inclusive process focused on the goals for all South Carolina children. One of the IHE Collaborative team members has been trained in the Harwood Framework. Aspects of the framework were incorporated in the process for engaging stakeholders and strategies used during the meetings. Emphasis was placed on approaching conversations through a strengths or desired state focus rather than a deficit focus.

Impact of Sociocultural and Econo-Political Contexts

According to Kagan (2019), the influence of sociocultural contexts and econo-political contexts must be considered in early childhood policy and practice. While South Carolina is influenced by the larger national contexts, it also functions within its own unique state-based values and beliefs as well as its political context and demographics. South Carolina's process sought to understand sociocultural and econo-political aspects that shape systems implementation at the state level and the local level.

Data Collection Methods

To identify priorities in the three focus areas, multiple methods were used to capture information from parents/caregivers, organizational representatives, community members, and other stakeholders.

Regional Meetings

- Regional meetings/sessions (n=15) were held in 13 different urban, suburban, or town/rural locations based on the four South Carolina Department of Social Services identified regions. Three meetings were held during evening hours.

- Facilitators used a PowerPoint presentation during the first portion of each two-hour meeting to explain the Preschool Development Grant, the needs assessment process, and set the agenda for the meeting. Facilitators then defined and provided examples of overarching goals and specific goals. In the March and April 2019 meetings, participants discussed and identified overarching goals and specific goals in small groups of choice in one of three focus areas. There was also an opportunity for individuals to provide feedback if the group did not agree with or include their overarching goals and specific goals in their small group's report. At the May meeting, participants received the synthesized overarching and specific goals developed in the March and April meetings, indicated priorities among these goals, and discussed current barriers in meeting the goals.

March Meetings

Date	Time	City	Location	# Registered	# Attended
March 21	10-12 pm	Spartanburg	Spartanburg First Steps	49	43
March 25	10 - 12 pm	Orangeburg	South Carolina State University	43	38
March 27	1 – 3 pm	Chesterfield	Northeastern Technical College	24	14
March 27	1 – 3 pm	Rock Hill	York County Public Library	27	21
ALL	**ALL**	**ALL**	**ALL**	**143**	**116**

April Meeting

Date	Time	City	Location	# Registered	# Attended
April 22	10-12 pm	Graniteville	Aiken Technical College	28	23
April 23	6-8 pm	Anderson	Anderson University	29	19
April 23	3:30 – 5 pm	Horry	SC Community Action/ Head Start Conference	*	24
April 24	9-11 am	Conway	Horry Georgetown Technical College	44	22
April 25	10-12 pm	Bluffton	Technical College of the Lowcountry	27	16
ALL	ALL	ALL	ALL	128	104

*no registration process, open meeting at conference

May Meetings

Date	Time	City	Location	# Registered	# Attended
May 20	1- 3 pm	Florence	Pee Dee Education Center	73	30
May 23	1 - 3 pm	Greenville	Furman University	143	70
May 23	5 - 7 pm	Greenville	Furman University		
May 29	2 - 4 pm	Columbia	Richland Library Northeast	136	73
May 29	5 - 7pm	Columbia	Richland Library Northeast		
May 29	10 am - 12 pm	North Charleston	College of Charleston-North Campus	101	47
ALL	**ALL**	**ALL**	**ALL**	**453**	**220**

Online Survey

An online survey was developed to gather feedback from parents/caregivers, representatives of organizations serving young children and parents, and community members. Each First Steps partnership was provided a customized link to the survey to enable tracking of responses by county. In addition, a general link was provided to other organizations and entities to promote completion of the survey. The survey included major factors related to the three overarching areas of focus: early learning and development, health and wellbeing, and family and community. These factors were determined through the IHE Collaborative, research literature, survey experts, and other needs assessments that identified common needs in particular areas. The survey was launched on April 1, 2019 and closed on May 10, 2019.

First Steps Focus Groups

To gain local-level feedback, First Steps partnerships conducted focus groups based on an implementation guide developed by the Research, Evaluation, and Measurement (REM) Center at the University of South Carolina. The implementation guide included a planning document, focus group protocol (five questions), and a reporting template. Focus groups were conducted between

late March and early May 2019. Focus group facilitators summarized the information received from each question and input the information in an on-line reporting template. REM Center evaluators analyzed the focus group data using qualitative coding software.

Regional Meeting Findings

Results from regional meetings were qualitatively analyzed for commonalities across regions. As shown in the table below, the analysis revealed a total of 12 overarching goals (four in each area) for young children and families across the state.

Early Learning and Development	Health and Well-Being	Family and Community
Overarching Goals: 1. Children are ready for kindergarten/Demonstrate kindergarten readiness in multiple domains 2. Promote high quality early care and education/ Promote professional culture and empowerment of childcare and early education providers 3. Increase general awareness of opportunities, programs, and services for young children and their families/Empower families to actively participate in development of their children 4. Address needs of families, early care and education providers, and others in supporting children with special needs and behavior challenges (with more children having mental health and behavior challenges)	Overarching Goals: 1. Increase access to early intervention for children ages birth to age 5/ Children with identified delays are referred early to Early Intervention and receive timely services and provide options for families who have needs but don't meet criteria for state services 2. All children are healthy both physically and mentally/ Ensure all children have medical home/Promote a system of care among existing services 3. Provide access to mental health services for children (and family members); Reduce societal belief that children don't have legitimate stress (trauma informed practice)/Child safety to prevent Adverse Childhood Experiences (ACES) 4. Modify our systems to support and promote self-sufficiency	Overarching Goals: 1. Communities are family friendly 2. Families are supported 3. Address/meet the needs of diverse families/Develop cultural sensitivity 4. Ensure legislators understand their impact and ability to influence families and prepare children for productive lives through policy

Once overarching goals were identified, the IHE team examined specific goals (or what was described to participants as the pathways to reach the overarching goals) recorded at each of the

March and April meetings. These specific goals were clustered under the overarching goals and used to drive discussions in the May meetings. Participants in May meetings evaluated and prioritized specific goals. Once participants in the May meetings prioritized specific goals, they worked to identify barriers that currently exist across all specific goals. Following the May meetings, the IHE team analyzed the prioritizing process to identify primary, secondary, and tertiary goals under each overarching goal. The results of this final analysis are displayed in the tables below. The language for each goal has not been substantively edited by the IHE Collaborative. It is directly representative of the participant voices in the regional meeting process.

Early Learning and Development Goals

Overarching Goal: Children are ready for kindergarten/Demonstrate kindergarten readiness in multiple domains

Primary Specific Goals

1. Encourage early development in multiple domains
    a. Promote the power of play (inquiry-based learning) in kindergarten, PreK, childcare with a focus on the early learning standards. Develop children's language and literacy skills; thinking creatively; problem solving skills; fine and gross motor skills; and social/emotional wellbeing
    b. Focus specifically on social emotional development
        - Parent education on structure, routine, self-regulation
        - Social emotional information provided through media
        - Outreach beginning prenatally or at birth on social emotional development (free-of-charge)
        - More quality childcare for social emotional development
    c. Ensure children have a strong understanding of phonemic awareness and other early literacy skills/language and literacy rich environments
        - Develop communication skills of young children
        - Provide effective resources/more resources for ELL students
        - Duplicate awareness campaigns and activities in counties and organizations (hospitals, OBGYNs, dental services, etc.) throughout SC using social media, networking, and modeling.
        - Encourage legislature to make policies to implement the awareness of improving young children's language environments beginning with high school aged parents
    d. Promote parent understanding of these domains

e. Examine community design-parks, public spaces, outdoor learning spaces

2. Improve collaboration and coordination between early childhood organizations
    a. Address barriers related to children who do not qualify or fit into a program to connect them with other resources or options
    b. Facilitate strong relationships between childcare facilities, First Steps, Head Start, and school districts for shared understandings of best practices and best care and education for young children.
    c. Standard messaging from the state
3. Increase recruitment/enrollment in high-quality early care and education including 4K
    a. Increase affordability and access of high-quality childcare/early education through vouchers and other supplements to childcare facilitates
    b. Provide universal 4K
    c. Funding of 4K slots for all 4K children in SC (public/private partnerships)

Secondary Specific Goals

1. Increase parent/guardian understanding of developmental milestones
    a. Increase strategies to improve parental/guardian awareness and understanding of developmental milestones and methods to ensure that they are ready to put strategies into practice effectively
2. Enhance professional knowledge and professional development targeted at school readiness
    a. Improve awareness and implementation of early learning standards for all preschool programs
    b. Ensure early education programs and centers know what is expected of children entering 5K

Tertiary Specific Goals

1. Understand and address access issues related to home, food, family, transportation, ability when putting rules/regulations/requirements in place
2. Develop and promote community-based services for young children
    a. Ensure parents and caregivers have access physically and financially to information and activities on emotional and developmental needs of infants and toddlers, particularly
    b. Engage community in providing educational and social opportunities for infants and toddlers and their caregiver
3. Ensure smooth transitions between early childhood care and education settings including 4K and 5K
    a. Provide better collaboration between providers and schools to ensure smooth transitions for children
    b. Promote collaborative training opportunities for all childcare providers and schools to effectively put into practice the early learning standards
    c. Develop standard practice between childcare and 4K/5K
4. Refine assessments such as Kindergarten Readiness Assessment (used in South Carolina public schools at kindergarten entry) to gain useful informational

Overarching Goal: Promote high quality early care and education/Promote professional culture and empowerment of childcare and early education providers

Primary Specific Goals

1. Recruit, support, and retain high quality teachers
    a. Provide coaching and mentoring
    b. Provide demonstration modules related to high quality early childhood education in classrooms/early education settings
        - Ensure directors/administrators understand what high quality education looks like in early education settings
    c. Include behavior management and technology training
    d. Provide childcare providers opportunities to grow professionally by giving them quality, well trained technical assistance on a regular basis (e.g., monthly/every 6 weeks)
    e. Train providers to recognize the emotional and behavioral needs of children and have accurate information and direction for meeting those needs
    f. Promote livable wages for the workforce providing care for children birth to five (without raising the price for families)
    g. Provide professional benefits (quality health insurance/paid time off)
    h. Professionalize the role of early childhood educators (support membership in ECE state organizations, public recognition for childcare providers' achievement, community business support--special discounts/sales/etc.)
    i. Develop a system to provide additional benefits to childcare workforce
    j. Include retention grants for staff longevity
    k. Determine methods to raise education level of teachers without losing older or experienced teachers
    l. Provide/allow state funds for training resources for ECE teachers
    m. Expand quality improvement initiatives or support services to improve quality
    n. Increase the number of males in the field of early childhood
        - Start recruiting males in high schools
        - Provide high school males some experience working in early childhood in high school to identify who might be good at this work
        - Change the perspective and make sure the larger public understands this work is not just for middle aged women

Secondary Specific Goals

1. Engage, educate, and assist parents in promoting/accessing high-quality early care and education and importance of family engagement in early care and education
    a. Ensure families and providers recognize the educational responsibility for providing more than 'babysitting' and educating children in ways that meet emotional needs
    b. Provide transportation to high quality centers to increase access
    c. Expand voucher program
    d. More available childcare 0-4
        - Tax breaks to childcare businesses (city, county, gov't)
        - Provide more funding
        - More support for early childcare providers (benefits)
        - Provide more professional learning opportunities for caregivers
        - Pay childcare providers a living wage so more caregivers will be qualified to provide high quality care
2. Engage the business community and the legislature on the importance of early childhood
    a. Help businesses find ways to support their employees who may need help paying for childcare

Tertiary Specific Goals

1. Address early care and education facility issues and curriculum support issues
    a. Focus on facility itself, supplies, maintenance, technology, making the facility accessible and inclusive
    b. Increase grant opportunities to improve facilities and buy materials to support curriculum
    c. Provide tax credits or bonuses to the childcare providers (centers/businesses), the teachers/staff, and directors that participate in quality improvement initiatives and increase education levels of staff
    d. Universal 4K/Broaden the requirements for 4K students to be accepted into the CERDEP program
        - Change regulations to also include academic need and social emotional factors
        - Identify and address disparities among districts with instructional supply funds for early education including 4K
2. Ensure best practice and latest research are used to inform practices and policies

Overarching Goal: Increase general awareness of opportunities, programs, and services for young children and their families/Empower families to actively participate in development of their children

Primary Specific Goals

1. Empower parents as child's first teacher
    a. Develop parenting curriculum to reinforce learning and awareness
    b. Provide ongoing funding for training for childcare facilities and schools (public, private, and homeschool) for parenting education/engagement
    c. Explore expansion needs of programs for parents
    d. Provide awareness, access, and resources (including use of social media) for families, childcare facilities, and churches (newborn hearing test, early intervention)
    e. Provide a safe space for parents if they struggle with areas of development
    f. Focus on support and strategies to increase literacy skills in the home
    g. Engage funding sources for services (Medicaid Part C)
    h. Partner with faith-based community to increase opportunities for parent education/training

Secondary Specific Goals

1. Promote collaboration/collaborative efforts between community resources, medical facilities, childcare facilities, churches, families
    a. Engage informal learning environments related to promoting early childhood education including public libraries, community centers, etc.
    b. Expand transitions support and programming and develop relationships with families served
    c. Hold parent night and include incentives for attendance, such as children performing, meal, parent training and tips

Overarching Goal: Address needs of families, early care and education providers, and others in supporting children with special needs and behavior challenges (with more children having mental health and behavior challenges)

Primary Specific Goals

1. Support families, childcare facilities/early education providers, and children in understanding of special needs and behaviors
    a. Train staff/teachers in childcare/early education settings on effectively supporting children with disabilities (in collaboration with state supports)
    b. Examine programs' policies on admitting children with disabilities
    c. Provide appropriate environments and supports for families of children with disabilities
    d. Promote services that help support children in classrooms, like one on one support for children
    e. Provide and promote mentor programs for families of children with disabilities

Secondary Specific Goals

1. Develop effective methods to communicate with families about children with behavioral and special needs
2. Provide more support/engage more agencies to access children to help them get the service they need/Collaborate with therapy providers, family, child-specific organizations, and public schools for early mental health services

Tertiary Specific Goals

1. Explore financing options that provide support for health, mental health, and behavioral services beyond Medicaid

Current Barriers Across all Early Learning and Development Goals

Perceptions of ECE

- Perception/definition of readiness- schools should be ready for children (not the other way around); lack of agreement on definition, no unified voice for early childhood
- Legislators who do not recognize early childhood education or the "return on investment"
- Lack of interest in ECE as a profession
- Accessibility to politicians
- Consistency from business collaborators
- Governmental issues/bureaucracy
- Not all county support is the same
- Lack of clarity from state leaders

Financial Concerns

- Lack of funding (for increasing compensation, retaining high quality teachers, smaller class sizes, compensation for professional development, expanding transition programs)—explore distribution issues
- Lack of time for teachers to engage in professional development, to coordinate programs
- Turnover among staff in early education settings
- Not all districts qualify for CERDEPP (even though parts of the district are clearly in need)
- Need for training directed to the type of provider (family, childcare facility), lack of knowledge on Early Learning Standards
- Disconnect between private, public, and Head Start, especially in areas of professional development

Logistical Concerns

- Lack of data and research from state DOE on children (who are we serving/where are they coming from?)
- Duplication/lack of coordination of services/programs targeted at school readiness, competition between agencies/lack of collaboration
- Need to expedite process for background checks; return time is interfering with ability to hire
- Transportation—access to childcare, health/mental health services, information

Teacher Related Concerns

- Education levels of providers

- Well-being and health concerns for teachers/caregivers (some have their own trauma to be worked through before they are able to appropriately care for children)
- Lack of qualified candidates (those that are qualified go to K-12)
- Limited early childhood education classroom space/infrastructure and high-quality curriculum materials
- Lack of knowledge and professional development opportunities related to developmental milestones
- Lack of professional courses in ECE (0-3)
- Assessments need to give useful information to teachers, schools, and community
- No standard timeline for assessments or release of data- districts sometimes don't get it until nine months later
- Caregiver understanding of importance of ECE/school readiness
- Lack of Incentives for teachers (i.e. student loan forgiveness)
- Minimum wage for early educators working in some settings
- Lack of early childhood education training options in some areas of state; need a pipeline from childcare provider to certified provider without incredible student loan debt
- Lack of buy-in from directors that trickles to teachers
- Lack of funding to employ better trained teachers and offer specialized services

Communication Concerns

- Lack of collaboration/gaps in communication between various community resources—medical, childcare, churches, and families
- Lack of understanding of services provided by different agencies
- Lack of a centralized information center
- Social workers not involved as needed

Parent Related Concerns

- School-parent relationships
- Ensure mental health support for children and families—lack of understanding of complexity of what this takes
- Knowledge of resources is limited
- Knowledge of developmental milestones is limited by parents
- Lack of transportation
- Parents/caregivers afraid to ask for assistance (deportation)
- Parent/caregiver schedules, interests, pride often preclude participation in parenting skills development
- Lack of parenting education

- Lack of parent involvement, understanding of child development needs/developmental milestones, knowledge of resources and/or services
- Parent denial/defensiveness about child development, fear of being labeled
- Lack of information in places where families naturally gather
- No family medical home
- Language/cultural differences that impede parent engagement and understandings

Perceptions of Children

- Increase circle of influence so ALL staff are trained to deal with challenging behavior and ACES, versus specialists
- Expectations of providers and educators often characterized by limited empathy
- Lens of judgment versus support/strengths

Health and Wellbeing Goals

Goal: Increase access to early intervention for children from birth to age 5/ Children with identified delays are referred early to Early Intervention and receive timely services and provide options for families who have needs but don't meet criteria for state services

Primary Specific Goals

1. Universal developmental screening/monitoring by parents with support from knowledgeable professionals
2. Wellness and mental health support for teachers who work with challenging populations
3. Health care professionals need greater awareness of developmental milestones that are not related to health and need to better support families in understanding these at well baby visits
4. Increase awareness of what services are available to families. Teach families how to find these services.

Secondary Specific Goals

1. Part C to improve process around receiving referrals and serving children; education and awareness to the public (anyone serving families/children); increased workforce (pediatric specialists, early intervention providers); having early intervention providers travel to all parts of the county/state
2. Ages & Stages Questionnaire (ASQ) 3 and ASQ 2 in all settings (childcare, MD, HV, community access)
3. Examine programs' policies on admitting children with disabilities
4. Provide greater mental health support for children, families, and teachers
5. Improve summer opportunities for social engagement for all children

Tertiary Specific Goals

1. Increase awareness and use of foreign language vouchers
2. Improve information dissemination when baby is born—given to parents before leaving any/all hospitals.
3. Alternatives to traditional well-visits- examine models where well visits are conducted at home (or in other settings/venues) for the first year
4. Centralized technical assistance, then fund and train case managers in each building

Overarching Goal: All children are healthy both physically and mentally; Ensure all children have medical home/Promote a system of care among existing services

Primary Specific Goals

1. Create and/or improve supports for parents and awareness on the part of practitioners about supports for parent and child mental health services
2. Improving healthy food access in preschool age children/families
    a. Increase healthy food education classes for families and providers
    b. Providing healthier options in facilities
    c. Policy updates/changes within facility
    d. Incentives- partnerships with community groups
    e. Parent education nights at schools- bingo nights to raise money
    f. Access to healthy foods- cost, location, transportation to community gardens, mobile truck with food
    g. Parent engagement, ensure that home cultures are incorporated in healthy foods
    h. Ensuring parents are educated and supported on breastfeeding practices
3. Connections to medical office early (prenatal)

Secondary Specific Goals

1. Increase the number of families who know about nutrition and the important role it plays in long- and short-term health and well-being
2. Early referral to early intervention
3. Make more community health care workers available
4. Improve the number of children receiving well-child checkups, vision care/diagnosis, access to care
5. Educate families on the importance of the medical home and components of well visits
6. Educate providers on AAP recommendations (Dental Home by 1, etc.)
7. Host community conversations -- What matters to patients? How do we connect them?
8. Create parent support groups and market them with positive messages
9. Improve funding, training, access to research-based social-emotional milestones and resources from age 3 through 4-year olds.
10. Promote system of care among existing services among professionals and families
    a. Single point of access for families to access services statewide
    b. Cabinet level position for early childhood
11. Ensure consistent practices (research-based) for supporting social emotional/mental health from birth to 5 years, starting with health care-birth/hospital to childcare to 4K to 5K
    a. Improve information dissemination when baby is born—given to parents before leaving any/all hospitals.

b. Improve funding, training, and access to research-based social-emotional milestones and resources from birth to age 2 and ages 3-4
c. Provide consistent state-led training and funding (all materials) for ALL state approved curriculum – curriculum must include social-emotional components
d. Improve summer opportunities for social engagement for all children
e. Provide monitoring/mentoring systems designed to improve use of evidence for continued support and needs for support.
f. Improve the awareness of Early Learning Standards (socio-emotional milestones and links to practice)

Tertiary Specific Goals

1. Conduct "speed dating" clinics where people can meet providers and receive free screenings
2. Conduct regular social and emotional, health, and vision screenings for all. Make these available in multiple locations where low income families may go for support
3. Develop positive messages about social and emotional development that are culturally sensitive and targeted to low-income families
4. Involve preschools and other early intervention programs in community awareness campaigns
5. Improve mental health in communities
6. Support from employers -- paid time for basic doctor's care
7. Provide professional development to teachers on SEL

Overarching Goal: Provide access to mental health services for children (and family members); Reduce societal belief that children don't have legitimate stress (trauma informed practice/Child safety to prevent Adverse Childhood Experiences (ACES)

Primary Specific Goal

1. Promote social/emotional screening at all well-child checkups
2. Educate on Adverse Childhood Experiences (ACEs) and protective factors/provide training in ECE PD/preservice teacher preparation program
3. Support ECE staff members' mental health
    a. Provide teachers/ECE staff with access to mental health providers (low/no cost)
    b. Provide PD for teachers about their own mental health and the social emotional development/health of young children
    c. Increase ECE teacher and staff pay in order to reduce worry/stress in personal lives
    d. Reduce teacher turnover
    e. Increase teacher morale
    f. Afford high quality food in schools

Secondary Specific Goals

1. Provide greater mental health support for children and teachers
2. Avoid Adverse Childhood Experiences- reduce the amount of children across the state who are experiencing ACEs
    a. Building resilience
    b. Connecting parents to resources
    c. Improving public transportation (access to jobs)
    d. Access to treatments/training for parents
    e. Support groups for parents taking care of aging family members and their kids
    f. Encouraging parent responsibility/prioritizing kids
3. Improve the physical wellbeing of all children (specifically re: their likelihood of being victimized by child sexual abuse
    a. Using/teaching correct anatomical terminology
    b. Training preservice/in-service teachers to effectively detect and report suspicions of child sexual abuse
    c. Helping children grow the confidence they need to self-report sexually abusive experiences
    d. Provide training regarding child sexual abuse statistics, signs, etc. and to families and mandated reporters
    e. Developing prevention factors

4. Focus on social emotional development as much as cognitive development

Tertiary Specific Goals

1. Help educate parents to identify their own stressors/stress
2. Promote wellness and mental health support for teachers who work with challenging populations
3. Focus on "why" for behavior instead of the behavior
4. Increase awareness for need of therapeutic childcare (TCC)
    a. Medicaid and private insurance pay for TCC
    b. Increased funding for TCC
    c. More TCC programs
    d. Educate more on the importance of social/emotional development

Goal: Modify our systems to support and promote self-sufficiency

Primary Specific Goals

1. Provide incentives for steps toward success, instead of a cut back or penalty. For example, often when a family member gets a job then they no longer qualify for services yet they aren't making enough money to feed their family so it ends up being the case that being employed (or married for that matter) actually hurts them instead of helps them
2. Form relationships with decision-makers to modify system requirements and regulations
3. Introduce life skills/home economics back into middle/high schools and include financial literacy in middle/high school

Secondary Specific Goals

1. Provide tax incentives to employers who support families and provide parent awareness/education

Tertiary Specific Goals

1. Provide greater access to job coaches through vocational rehab/unemployment office to promote continuing success

Current Barriers Across all Health and Wellbeing Goals

Logistical Concerns

- Timeliness of early intervention
- Continuity and appropriateness of early intervention services
- Referral and evaluation process too lengthy
- Redundancy in screenings
- Over use of Response to Intervention
- Fragmentation of services—no seamless process
- Lack of collaboration among statewide systems
- No clear definition for mental health problems to get medical access codes for children to permit treatment

Accessibility Concerns

- Lack of awareness of how to access services
- Lack of bilingual materials and staff
- Organizationally it is hard to reach all of these groups
- Lack of service availability (capacity) in rural areas/transient populations
- Lack of information given to families at hospital about child development
- Lack of access to multiple therapies—mental, physical, occupational, speech
- Lack of transportation
- Parents unable to take off work to access services

Financial Concerns and Perceptions of Need

- No dedicated funding for this
- Need to form relationships with lawmakers
- Lack of buy in from state and local leadership
- Lack of paid parental/maternity leave
- Availability of paid-time off for mental health support
- Values and perceptions of leaders (decision making authority)
- Lack of incentives to promote attendance at parental support groups

Perceptions of Health and Wellbeing

- Stigma of early intervention, abuse, and mental health services
- Parent dismiss issues/normalize issues
- Lack of broader view of whole child
- Lack of shared decision making among early educators and parents
- Adverse effects of technology on physical and mental development

- Lack of understanding that all behavior has meaning
- Cultural barriers- no community focus- we have lost “the village”
- Systems ignore the caregivers- no livable wages, no access to benefits
- Lack of collaboration with social service sector
- Biases of those in charge of programming

Retention and Quality Concerns

- Health care providers are already overworked
- Length of hiring process
- Lack of resources and work load of early childhood educators
- High turnover among teachers/caregivers of young children
- Lack of qualified staff to handle issues

Food Related Concerns

- Food is cost prohibitive, fresh food not available, people do not know how to cook
- Lack of knowledge about what is healthy

SNAP and WIC recruitment and retention, SNAP is often the sole provider of food for households

Family and Community Goals

Overarching Goal: Communities are family friendly

Primary Specific Goals

1. Help families overcome transportation barriers in order to provide enriching experiences outside of the home
    a. Expand public transportation
    b. Provide transportation to trainings/community gatherings
    c. Partner with churches/organizations to utilize their buses during the week
    d. Carpool network
    e. Expand programs that go into communities (i.e. library book mobiles)
    f. Provide transportation to medical facilities for free to increase well visits and access to health care for all family members
    g. Expand options for public meeting spaces (i.e. public parks)
    h. Wrap around services
2. Connect families to resources and events in all areas (everything from homework to housing)
    a. Develop a resource guide for parents that is widely accessible and available in many languages
    b. Develop a resource guide for providers (separate from the parent guide)
    c. Provide easy access to information, better marketing of services available (social media, print advertising, public relations, radio/TV)
    d. Individuals are trained/employed to support families to connect to services they need
3. Provide parent awareness/training on available community resources and activities to help with child development. Ensure work is culturally sensitive and current. Vary the format, use technology when appropriate, and assess needs to drive content.
    a. Create interagency council to meet quarterly; provide better coordination of resources
    b. Provide a variety of home visitation program options
    c. Create family training sites where parents can learn parenting skills
    d. Provide food and childcare at community gatherings
    e. Possible training topics include:
        - Disabilities and services available
        - How to handle difficult behaviors
        - How to help child develop by doing activities that promote learning
        - How to communicate with teachers about concerns (know the right questions to ask, what information to share)

Secondary Specific Goals

1. Meet basic needs of families-address barriers that prevent families from participation such as good transportation, wifi for online learning, access to technology and childcare

Tertiary Specific Goals

1. Increase programs for birth to three (so many are available for four and up)
2. Need for equitable play spaces
3. Provide greater opportunities for adult education for parents
4. Promote respect for all community members; Organize kindness projects and/or service projects/volunteer work
5. Make sure all children have access to Wi-Fi for online learning
6. Partner with libraries to support children and families who do not have access to technology in the home
7. Implement family friendly workforce strategies

Overarching Goal: Families are supported

Primary Specific Goals

1. Encourage collaboration between all community organizations to provide resources and goals
    a. Organize planning meetings with leaders from each organization
    b. Better connect higher ed and communities. If higher ed faculty need research ideas they should partner with local community members in need to provide services and then study their impact
    c. Don't leave private, for-profit childcare out of the conversation. Often these places also serve some children/families in need yet they get overlooked by most agencies and don't receive the same information/resources
2. Build relationships with families served
    a. Improve community, school, and program understanding of the struggles and circumstances of many families that they serve
    b. Educate providers about potential bias
3. Provide home visiting programs that connect families to resources in all areas
    a. Create a resource guide to combine information

Secondary Specific Goals

1. Improve community, school, and program understanding of the struggles and circumstances of many families that can impact how they provide and relate to families
2. Educate stakeholders about potential bias (i.e. assumption that parents are uneducated or “do not care” should be replaced by taking the time to find out what barriers the families may face)
3. Increase availability of programs that provide food, clothing, shelter

Tertiary Specific Goals

1. Survey the needs and barriers of community members through a variety of mechanisms
2. Action oriented collaborations- informing is not enough
3. Use social media to communicate with, support, and train families

Goal: Address/meet the needs of diverse families/Develop cultural sensitivity/ Overcome multicultural barriers

Primary Specific Goals

1. Support the development of dual language learners/Dedicate ESOL support for birth to four year olds in schools and childcare programs to serve children during critical language development periods
2. Provide greater outreach so resources are appropriate for and accessible to a variety of cultural groups (go to them)
3. Provide cultural diversity and non-biased sensitivity training to parents and teachers with an emphasis on family engagement
4. Partner with organizations that provide coordinated services

Secondary Specific Goals

1. Host "If my community only knew" parent panels (parents' perspective informs how services should be conducted-should be representative of the community they are addressing)
2. Provide support based on family needs to include individual culture and language development and learning style

Tertiary Specific Goals

1. Create localized resource book (printed and/or digital) to support multiculturalism
2. Provide more funding for high quality parenting support programs

Overarching Goal: Ensure legislators understand their impact and ability to influence families and prepare children for productive lives through policy.

Primary Specific Goals

1. Be intentional in building relationships with legislators so they see us as a trusted resource and expert
    a. Educate legislators on appropriate assessment tools and use of data
    b. Make sure legislators understand what measures are appropriate when compiling data pertaining to the outcomes of data
2. Host town hall meetings to let legislators hear from parents about their struggles
3. Increase legislator understanding of ECE
    a. Take legislators on tours of what is and isn't working in each district
    b. Ask legislators to participate in poverty simulations
    c. Conduct data sessions for legislators on kindergarten readiness in their districts

Secondary Specific Goals

1. Develop one-pager/video of “talking points” to ensure one voice when advocating for young children and families including testimonials (needs to represent all voices)

Tertiary Specific Goals

1. Utilize professional early childhood organizations in the state to help create materials and data- use members in these organizations as the voices to the legislation (e.g. SCAEYC, SCECA, etc.)

Current Barriers Across all Family and Community Goals

Equity Concerns

- Community events should be family friendly for ALL families (i.e. all family members can attend- What parents are being left out? How are we making all of this equitable?)
- Language barriers
- No navigators or communicators to connect families to services or opportunity (who do they listen to, who do they trust- we need more trained staff for this- more diversity more bi-lingual, etc.)
- Gaps in cultural expectations
- Time management of families
- Not enough ESOL services and they need to be broadened beyond Spanish
- No ESOL support for infants/toddlers
- Understanding of other cultures and cultural practices, specifically parents, teachers,
- Lack of livable wages for families
- Lack of parental awareness of resources
- Parents do not know who to connect with for support

Accessibility Concerns

- No one-stop shopping for resources or services
- Issues with location of services
- Lack of transportation
- Not all communities are safe
- Affordable and safe housing equipped with a common area
- Lack of identification of people in the community available for support
- Parents need options- not everyone wants a two-year program

Financial Concerns

- Funding barriers
- Unfunded mandates
- Funding spread too thin- too many priorities

Perceptions of Families

- Lack of understanding of what parents need

- Lack of awareness of family friendly business practices
- Lack of intentional and individualized services- lack of substantive programming (no more one shot workshops)
- Lack of advocates to support families and children
- Commonly understood definition of diverse families

Organizational Concerns

- Agencies do not coordinate paperwork and parents must duplicate forms/information
- Need to streamline services
- Competitions and territorialism—internal groups don't want outside groups to participate
- Lack of inclusivity in collaborations
- Home visitation programs need diverse staff
- Current laws and policies regarding family structure and impact on ABC voucher program
- Staff at specific programs may not be representational of diversity

Political Concerns

- Politicization of social issues
- Legislators lack of interest in children's issues/disconnection from issues
- Legislators lack of understanding of equity issues
- Turnover/transitions between legislators
- Legislators are not approachable
- Families do not want to be regulated
- Knee-jerk reaction to issues
- Laws/policies that are unfair to children

Survey Findings

An online survey was conducted to understand the perceptions of parents/caregivers, representatives of organizations that work with young children and families, and community members on the issues of preschool development of young children. The survey questions were aligned with three major domains: Early Learning and Development, Health and Wellbeing, and Family and Community. To understand priorities, respondents were asked to select the most important things (checking the top three among a list of issues or writing in another priority) within each domain. Demographic information was collected from parents/caregivers to better understand associations between demographic information and views on child development.

PDG Survey Priorities by Major Domain

Early Learning and Development

Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)
Knowing what to do for child/children to be ready for school
Having programs or services that promote learning in the community
Having resources or materials to promote learning at home
Being able to pay for high-quality childcare/early education programs
Knowing the expectations of school(s) related to being ready for school
Having time to play with child/children to promote learning
Knowing how to play with child/children to promote learning

Health and Wellbeing

Understanding child or children's development
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)
Being able to afford healthcare for child or children
Taking child or children to well-child visits (scheduling, transportation, convenient hours)
Having time to prepare healthy meals for child or children
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)
Finding healthcare providers for child or children
Being able to afford nutritious foods
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places
Having safe food and drinking water
Having mental health services for parents or caregivers
Having mental health services for child or children

Family and Community

Having enough family time to spend with child/children
Having strong relationships with child or children
Having a support system of friends and family members available
Having community resources and activities to support family life
Being in a family-friendly community
Feeling safe in the community
Having amenities in the community (sidewalks, playground area, community center, or a library)
Feeling safe at home
Having a voice/place in the community (fairness in community)
Having a community free of litter, rundown housing, and vandalism
Having role models in the community

The survey was launched on April 1, 2019 and closed on May 10, 2019. During that period, 3114 responses were received. We excluded 30 participants who did not identify themselves within one of three categories. We also excluded 404 participants who began the survey but did not respond to any questions within the three domains. Therefore, we had 2680 valid responses. Among them, 1216 (45.4%) were parents or caregivers, 1134 (42.3%) were representatives of organizations that work with children and families, and 330 (12.3%) were community members. Some participants had dual roles of being a parent/caregiver and an organizational representative, and we allowed them to complete the survey based on these different roles. Parents/caregivers were asked to complete a section seeking demographic information.

Parents/Caregivers' Information

	Demographic Variable	*N*	*%*
Ethnicity/Race	Black or African American	586	49.5
	White or Caucasian	526	44.4
	Other	73	6.2
Academic Degree	High School Diploma or Below	277	23.2
	Associate or Some College	432	36.2
	Bachelor's Degree	223	18.7
	Master's Degree or Ph.D.	262	21.9
Age	Under 18	84	7.0
	18-25	134	11.1
	26-30	225	18.6
	31-40	411	34.1

	41-50	240	19.9
	Above 50	113	9.4
Employment Status	Employed Full Time	749	63.3
	Employed Part Time	262	22.1
	Other	172	14.5
Number of Children	No Child 5 or Younger	248	20.4
Ages 0-5	1 Child 5 or Younger	473	38.9
	2 Children 5 or Younger	300	24.7
	3 or More Children 5 or Younger	194	16.0

Demographic information was collected for 1216 parents/caregivers from 44 counties in South Carolina. The numbers of participants varied based on their counties. Some counties (e.g., Anderson, Lee) had more than 100 participants, while others (e.g., Cherokee, Georgetown, Horry) had fewer than 10 participants. About 49.5% were Black or African American, 44.4% were White or Caucasian, and 6.2% were in the other ethnicity/race group. About 21.9% had a Master's degree or Ph.D., 18.7% had a Bachelor's degree, 36.2% had an Associate's Degree or some college, and 23.2% had High School Diploma or below. About 7% were under 18 years of age, 29.7% were between 18 and 30 years of age, 54% were between 30 and 50, and about 9.4% were older than 50. About 63.3% were employed and worked full time and 22.1% were employed and worked part time. About 20.4% had no children, 38.9% had one child, 24.7% had two children, and 16.0% had three or more children.

Children's Participation in Programs

PARTICIPATION	N	%
FULL-TIME PRIVATE CHILDCARE/EARLY EDUCATION PROGRAM	351	25.83
FOUR-YEAR-OLD PREKINDERGARTEN (4K) PROGRAM AT SCHOOL DISTRICT OR IN CHILDCARE/EARLY EDUCATION SETTING	217	15.97
KINDERGARTEN (5K)	143	10.52
HEAD START	109	8.02
EARLY HEAD START	99	7.28
PART-TIME PRIVATE CHILDCARE/EARLY EDUCATION PROGRAM	86	6.33

In the survey, parents/caregivers were asked to select the programs their children participated in at the time of the survey. About a quarter of the parents/caregivers indicated their children participated in full-time private childcare/early education program. About 16% of the parents/caregivers indicated their children participated in four-year-old prekindergarten (4K) program at school district or in childcare/early education setting. About 10% indicated their children participated in kindergarten, and more than 20% of the parents/caregivers indicated their children participated in other programs including Head Start, Early Head Start, and part-time private childcare/early education program.

Results

Survey results were disaggregated by role including parents/caregivers, representatives of organizations that work with children and families, and community members. Parent/caregiver responses were also analyzed based on demographic factors provided by the survey respondents.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children (N=1216)

Early Learning and Development	N	%
Finding high-quality childcare/early education programs (including childcare, Head Start 4K)	593	48.77
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	479	39.39
Knowing what to do for child/children to be ready for school	461	37.91
Having programs or services that promote learning in the community	446	36.68
Having resources or materials to promote learning at home	427	35.12
Being able to pay for high-quality childcare/early education programs	403	33.14
Knowing the expectations of school(s) related to being ready for school	382	31.41
Having time to play with child/children to promote learning	345	28.37
Knowing how to play with child/children to promote learning	276	22.70
Other (please specify)	20	1.64

Summary:

For parents/caregivers, the most important things (top three) related to the early learning and development of young children include finding high-quality childcare/early education programs, participating in high-quality childcare/early education programs, and knowing what to do in order for their child/children to be ready for school.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children (N=1216)

	N	%
Understanding child or children's development	593	48.77
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)	426	35.03
Being able to afford healthcare for child or children	393	32.32
Taking child or children to well-child visits (scheduling, transportation, convenient hours)	371	30.51
Having time to prepare healthy meals for child or children	358	29.44
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)	342	28.13
Finding healthcare providers for child or children	330	27.14
Being able to afford nutritious foods	280	23.03
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places	271	22.29
Having safe food and drinking water	268	22.04
Having mental health services for parents or caregivers	193	15.87
Having mental health services for child or children	179	14.72
Other (please specify)	14	1.15

Summary:

For parents/caregivers, the most important things (top three) related to the health and wellbeing of young children include understanding child or children's development, accessing services that meet the needs of their child(ren), and being able to afford healthcare.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children (N=1216)

Family and Community	N	%
Having enough family time to spend with child/children	657	54.03
Having strong relationships with child or children	611	50.25
Having a support system of friends and family members available	503	41.37
Having community resources and activities to support family life	470	38.65
Being in a family-friendly community	424	34.87
Feeling safe in the community	411	33.80
Having amenities in the community (sidewalks, playground area, community center, or a library)	395	32.48
Feeling safe at home	323	26.56
Having a voice/place in the community (fairness in community)	257	21.13
Having a community free of litter, rundown housing, and vandalism	201	16.53
Having role models in the community	195	16.04
Other (please specify)	14	1.15

Summary:

For parents/caregivers, the most important things (top three) related to the family and community of young children include having enough family time to spend with their child(ren), having strong relationships with their child(ren), and having a support system of friends and family members available.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children Based on Parent/Caregiver Age (%)

Early Learning and Development	<18 (N=84)	18-25 (N=134)	26-30 (N=225)	31-40 (N=411)	41-50 (N=240)	>50 (N=113)
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	60.7	47.8	45.3	49.6	45.0	51.3
Knowing what to do for child/children to be ready for school	47.6	42.5	40.0	33.6	35.4	41.6
Having programs or services that promote learning in the community	38.1	42.5	36.9	35.0	34.2	38.1
Having resources or materials to promote learning at home	35.7	47.8	37.8	30.9	32.1	36.3
Participating in high -quality childcare/early education programs (including childcare, Head Start, 4K)	35.7	33.6	40.0	40.9	41.3	38.9
Being able to pay for high-quality childcare/early education programs	33.3	35.1	35.1	34.3	29.2	31.9
Knowing the expectations of school(s) related to being ready for school	33.3	37.3	38.2	29.2	27.9	26.5
Knowing how to play with child/children to promote learning	23.8	24.6	26.7	22.9	19.6	18.6
Having time to play with child/children to promote learning	20.2	29.9	30.2	33.6	22.5	21.2
Other (please specify)	4.8	0.0	0.0	0.7	3.3	4.4

Summary:

Regardless of age, parents/caregivers report the most important thing related to the early learning and development of young children is finding high-quality childcare/early education programs.

For most parents/caregivers (except for the age group 31-40), the most important things related to the early learning and development of young children also include knowing what to do for child/children to be ready for school.

For parents/caregivers who are older than 25, the most important things related to the early learning and development of young children also include participating in high-quality childcare/early education programs.

For parents/caregivers who are younger than 25, the most important things related to the early learning and development of children also include having programs or services that promote learning in the community.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children Based on Parent/Caregiver Age (%)

Health and Wellbeing	<18 (N=84)	18-25 (N=134)	26-30 (N=225)	31-40 (N=411)	41-50 N=240)	> 50 (N=113)
Understanding child or children's development	46.4	59.7	50.7	44.8	48.3	50.4
Finding healthcare providers for child or children	44.0	28.4	28.0	26.0	23.8	23.0
Taking child or children to well-child visits (scheduling, transportation, convenient hours)	38.1	36.6	35.1	29.2	26.3	24.8
Being able to afford healthcare for child or children	35.7	29.1	35.6	31.9	31.3	30.1
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)	33.3	41.0	30.7	22.9	27.1	25.7
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)	32.1	37.3	34.7	33.8	36.7	35.4
Having time to prepare healthy meals for child or children	31.0	32.8	28.0	34.1	24.6	21.2
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places	27.4	29.9	28.0	20.0	12.9	25.7
Having safe food and drinking water	21.4	28.4	23.6	20.2	22.1	19.5
Being able to afford nutritious foods	20.2	20.9	31.6	22.9	19.6	19.5
Having mental health services for child or children	16.7	10.4	16.9	16.1	14.2	11.5
Having mental health services for parents or caregivers	13.1	17.2	19.1	16.1	12.9	15.9
Other (please specify)	0.0	0.0	0.9	1.0	1.7	2.7

Summary:

Regardless of age, parents/caregivers reported the most important thing related to the health and wellbeing of young children is understanding child and children's development.

For parents/caregivers who are older than 40, the most important things related to the health and wellbeing of children also include being able to afford healthcare and getting services that meet the needs of their child(ren).

For parents/caregivers who are under 18, the most important things related to the health and wellbeing of children also include finding healthcare providers for child(ren) and taking their child(ren) to well-child visits.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children Based on Parent/Caregiver Age (%)

Family and Community	<18 (N=84)	18-25 (N=134)	26-30 (N=225)	31-40 (N=411)	41-50 (N=240)	>50 (N=113)
Having enough family time to spend with child/children	73.8	50.0	57.3	58.2	46.7	38.1
Having strong relationships with child or children	50.0	50.7	44.4	54.7	50.0	47.8
Having a support system of friends and family members available	42.9	41.8	40.4	43.3	40.0	38.9
Being in a family-friendly community	41.7	32.1	34.2	35.3	34.2	32.7
Having community resources and activities to support family life	40.5	40.3	39.6	33.6	42.5	46.0
Feeling safe in the community	35.7	35.1	31.6	32.8	38.8	28.3
Feeling safe at home	35.7	29.1	29.3	27.0	23.8	15.9
Having a voice/place in the community (fairness in community)	26.2	29.1	23.6	16.3	18.3	25.7
Having amenities in the community (sidewalks, playground area, community center, or a library)	23.8	40.3	33.8	33.6	30.4	29.2
Having a community free of litter, rundown housing, and vandalism	21.4	14.9	12.9	18.5	16.7	15.0
Having role models in the community	17.9	22.4	18.7	13.9	15.0	13.3
Other (please specify)	1.2	1.5	0.9	0.2	1.3	4.4

Summary:

Regardless of age, parents/caregivers report the most important things related to the family and community include having strong relationships with their child(ren).

For parents/caregivers who are older than 40, the most important things related to the family and community also include having community resources and activities to support family life.

For parents/caregivers who are 40 or younger, the most important things related to the family and community also include having a support system of friends and family members available.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children Based on Academic Degree (%)

Early Learning and Development	High School Diploma or Below (N=277)	Assoc or Some College (N=432)	BA (N=223)	MA or Ph.D. (N=262)
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	44.0	43.5	54.7	56.9
Having resources or materials to promote learning at home	41.5	43.3	30.5	17.9
Knowing what to do for child/children to be ready for school	41.2	40.7	31.4	35.1
Having programs or services that promote learning in the community	36.8	40.3	37.2	30.9
Knowing the expectations of school(s) related to being ready for school	30.7	37.5	28.3	24.8
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	28.2	43.1	41.3	44.7
Knowing how to play with child/children to promote learning	26.7	21.5	20.6	22.9
Being able to pay for high-quality childcare/early education programs	26.0	31.5	37.2	38.9
Having time to play with child/children to promote learning	24.9	26.6	30.0	32.8
Other (please specify)	1.1	0.7	3.6	2.3

Summary:

Regardless of education level, parents/caregivers report the most important thing related to the early learning and development of children is finding high-quality childcare/early education programs.

For the parents/caregivers who have a Bachelor's, Master's or Ph.D. degree, important things also include participating in high-quality childcare/early education programs and being able to pay for high-quality childcare/early education programs.

For the parents/caregivers who have Associate's degree or some college education or have high school diploma or below, important thing also include having resources or materials to promote learning at home.

For the parents/caregivers who have high school diploma or below, important things also include knowing what to do for their child/children to be ready for school.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children Based on Academic Degree (%)

Health and Wellbeing	High School Diploma or Below (N=277)	Assoc. or Some College (N=432)	BA (N=223)	MA or Ph.D (N=262)
Understanding child or children's development	52.3	51.9	45.7	43.1
Being able to get to healthcare as needed for child or children (scheduling…)	35.4	27.1	22.0	27.1
Taking child or children to well-child visits (scheduling, transportation, ...)	31.8	32.2	23.3	32.4
Getting services for needs of child or children (early intervention)	31.0	36.6	31.8	39.3
Being able to afford healthcare for child or children	27.4	36.8	33.2	28.6
Having safe food and drinking water	27.1	25.5	17.9	13.7
Finding healthcare providers for child or children	26.7	27.3	27.4	26.7
Having time to prepare healthy meals for child or children	25.6	25.2	36.8	33.6
Being able to find nutritious foods in local grocery stores, farmer's markets…	22.7	25.9	26.9	12.2
Being able to afford nutritious foods	22.4	24.3	26.5	18.3
Having mental health services for child or children	13.0	15.3	14.3	16.8
Having mental health services for parents or caregivers	10.1	19.7	16.1	16,0
Other (please specify)	0.7	0.7	1.8	1.9

Summary:

Regardless of education level, parents/caregivers report the most important thing related to the health and wellbeing of children is understanding child or children's development.

For the parents/caregivers who have a Master's or Ph.D. degree, important things also include getting services that meet the needs of their child(ren) and having time to prepare healthy meals.

For the parents/caregivers who have a Bachelor's degree, important things also include having time to prepare healthy meals and being able to afford healthcare.

For the parents/caregivers who have an Associate's degree or some college education, important things also include getting services that meet the needs of their child(ren) and being able to afford healthcare.

For the parents/caregivers who have a high school diploma or below, important things also include being able to get to healthcare as needed and taking their child(ren) to well-child visits.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children Based on Academic Degree (%)

Family and Community	High School Diploma or Below (N=277)	Associate or Some College (N=432)	BA or (N=223)	Master or Ph.D. (N=262)
Having enough family time to spend with child/children	49.5	52.3	60.1	55.0
Having strong relationships with child or children	46.2	49.5	52.5	54.2
Having a support system of friends and family members available	37.9	44.4	40.4	41.6
Having community resources and activities to support family life	37.5	39.4	39.0	38.2
Being in a family-friendly community	33.9	32.4	37.7	37.8
Feeling safe in the community	32.9	33.8	34.1	34.0
Feeling safe at home	28.5	29.2	24.2	21.0
Having amenities in the community (sidewalks, playground area, community center, or a library)	25.6	34.0	36.8	34.4
Having a voice/place in the community (fairness in community)	22.4	24.5	22.9	12.6
Having role models in the community	15.2	20.1	17.9	9.2
Having a community free of litter, rundown housing, and vandalism	13.4	17.8	15.7	18.3
Other (please specify)	2.2	0.7	0.9	1.1

Summary:

Regardless of education level, parents/caregivers report the most important things related to family and community include having enough family time to spend with their child/children, having strong relationships with their child or children, and having a support system of friends and family members available.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children Based on Employment Status (%)

Early Learning and Development	Employed Full Time (N=749)	Employed Part Time (N=262)	Other (N=172)
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	54.6	32.4	47.7
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	39.4	42.4	33.1
Being able to pay for high-quality childcare/early education programs	37.8	22.5	28.5
Having programs or services that promote learning in the community	36.6	36.6	36.6
Knowing what to do for child/children to be ready for school	36.4	37.4	41.9
Having time to play with child/children to promote learning	29.5	25.2	28.5
Knowing the expectations of school(s) related to being ready for school	29.4	37.0	30.2
Having resources or materials to promote learning at home	29.1	50.4	37.8
Knowing how to play with child/children to promote learning	23.0	19.5	23.3
Other (please specify)	1.7	0.0	3.5

Note: Other includes "not employed looking for work," "not employed not looking for work," "retired," "disabled," "self-employed," and "stay at home and care for children"

Summary:

For the parents/caregivers who are employed and work full time, finding high-quality childcare/early education programs, participating in high-quality childcare/early education programs, and being able to pay for high-quality childcare/early education programs are the top three most important things.

For the parents/caregivers who are employed and work part time, having resources or materials to promote learning at home, participating in high-quality childcare/early education programs, and knowing what to do for child/children to be ready for school are the top three most important things.

For others, finding high-quality childcare/early education programs, knowing what to do for child/children to be ready for school, and having resources or materials to promote learning at home are the top three most important things.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children Based on Employment Status (%)

Health and Wellbeing	Employed Full Time (N=749)	Employed Part Time (N=262)	Other (N=172)
Understanding child or children's development	45.7	59.9	47.1
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)	35.0	33.2	37.8
Being able to afford healthcare for child or children	34.0	28.6	27.9
Having time to prepare healthy meals for child or children	32.2	22.1	27.3
Taking child or children to well-child visits (scheduling, transportation, convenient hours)	30.2	30.9	32.0
Finding healthcare providers for child or children	29.2	21.8	26.2
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)	28.4	23.7	33.7
Being able to afford nutritious foods	23.2	19.5	23.8
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places	19.9	25.2	26.7
Having safe food and drinking water	19.0	31.7	20.3
Having mental health services for parents or caregivers	4.8	14.9	18.6
Having mental health services for child or children	13.8	13.0	19.2
Other (please specify)	1.3	0.4	1.2

Note: Other includes "not employed looking for work," "not employed not looking for work," "retired," "disabled," "self-employed," and "stay at home and care for children"

Summary:

Regardless of employment status, parents/caregivers report understanding child development and getting services that meet their child's needs are very important.

For the parents/caregivers who are employed and work full time, being able to afford healthcare is also important.

For the parents/caregivers who are employed and work part time, having safe food and drinking water is important.

For others, being able to get to healthcare as needed is important.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children Based on Employment Status (%)

Family and Community	Employed Fu Time (N=749	Employed F Time (N=26	Other (N=17
Having enough family time to spend with child/children	60.5	38.2	50.0
Having strong relationships with child or children	53.1	46.6	42.4
Having a support system of friends and family members available	41.3	42.0	41.3
Having community resources and activities to support family life	36.0	45.4	38.4
Being in a family-friendly community	36.0	26.3	41.9
Feeling safe in the community	34.2	35.1	31.4
Having amenities in the community (sidewalks, playground area, community center, or a library)	32.7	32.8	30.2
Feeling safe at home	27.9	25.6	22.7
Having a voice/place in the community (fairness in community)	18.2	24.4	26.2
Having a community free of litter, rundown housing, and vandalism	17.1	13.4	19.2
Having role models in the community	16.8	16.4	11.6
Other (please specify)	1.1	1.1	1.7

Note: Other includes "not employed looking for work," "not employed not looking for work," "retired," "disabled," "self-employed," and "stay at home and care for children"

Summary:

Regardless of employment status, parents/caregivers report having strong relationships with their child(ren) among their top three priorities.

For the parents/caregivers who are employed and work full time, having enough family time to spend with their child(ren) and having a support system of friends and family members available are also considered to be very important.

For the parents/caregivers who are employed and work part time, having a support system of friends and family members available and having community resources and activities to support family life are also considered to be very important.

For others, having enough family time to spend with their child(ren) and being in a family-friendly community are important.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children based on the Number of Children Ages 0-5 They Have (%)

Early Learning and Development	Having no child (N=248)	Having 1 child (N=473)	Having 2 children (N=300)	Having 3 or more children (N=194)
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	50.4	51.6	48.0	40.7
Knowing what to do for child/children to be ready for school	41.1	38.1	38.7	32.0
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	39.1	40.2	37.0	41.8
Having programs or services that promote learning in the community	33.1	34.5	39.7	42.3
Being able to pay for high-quality childcare/early education programs	32.3	39.5	31.3	21.6
Having time to play with child/children to promote learning	29.8	27.9	31.0	23.7
Knowing the expectations of school(s) related to being ready for school	27.4	29.2	36.0	35.1
Having resources or materials to promote learning at home	25,4	30.2	41.0	50.0
Knowing how to play with child/children to promote learning	21.4	26.2	20.7	19.1
Other (please specify)	3.6	1.3	0.7	1.5

Summary:

For the parents/caregivers who have fewer than 3 children ages 0-5, finding high-quality childcare/early education programs is among their top priorities.

For the parents/caregivers who have 2 or more children ages 0-5, having programs or services that promote learning in the community and having resources or materials to promote learning at home are very important.

Participating in high-quality childcare/early education programs is also important to parents/caregivers regardless of how many children ages 0-5 they have.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children Based on the Number of Children Ages 0-5 They Have (%)

Health and Wellbeing	Having no child (N=248)	Having 1 child (N=473)	Having 2 children (N=300)	Having 3 or more children (N=194)
Understanding child or children's development	43.1	48.4	49.0	56.7
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)	35.9	30.2	39.7	38.7
Being able to afford healthcare for child or children	33.1	34.9	31.0	26.8
Having time to prepare healthy meals for child or children	31.0	29.8	31.0	23.7
Finding healthcare providers for child or children	29.8	26.0	27.3	26.3
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)	29.8	27.1	26.3	31.4
Taking child or children to well-child visits (scheduling, transportation, convenient hours)	29.0	31.3	32.0	28.4
Having mental health services for child or children	21.0	12.5	13.7	13.9
Being able to afford nutritious foods	21.0	24.5	25.0	18.6
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places	19.4	23.7	21.0	24.7
Having mental health services for parents or caregivers	19.0	16.1	13.3	15.5
Having safe food and drinking water	15.7	17.8	27.0	33.0
Other (please specify)	3.2	0.8	0.7	0.0

Summary:

Regardless of the number of children ages 0-5 they have parents/caregivers report understanding child or children's development to be very important (one of the top three things).

For the parents/caregivers who have 2 or more children ages 0-5, getting services that meet the needs of their child(ren) is also very important. Those without children who are currently ages 0-5 also reported this as important.

For the parents/caregivers who have 1 or 2 children ages 0-5, taking their child well-child visits is also very important.

For the parents/caregivers who have 3 or more children ages 0-5, having safe food and drinking water is also important.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children Based on the Number of Children Ages 0-5 They Have (%)

Family and Community	Having no child (N=248)	Having 1 child (N=473)	Having 2 children (N=300)	Having 3 or more children (N=194)
Having enough family time to spend with child/children	56.9	60.0	49.7	42.3
Having strong relationships with child or children	52.0	51.2	50.3	45.9
Having a support system of friends and family members available	42.7	41.0	43.0	38.1
Being in a family-friendly community	39.1	37.6	33.7	24.7
Having community resources and activities to support family life	34.7	35.7	40.7	47.9
Feeling safe in the community	32.7	31.7	40.7	29.9
Having amenities in the community (sidewalks, playground area, community center, or a library)	31.0	32.8	35.3	29.4
Feeling safe at home	26.6	26.0	27.0	27.3
Having a voice/place in the community (fairness in community)	17.3	20.7	22.3	25.3
Having a community free of litter, rundown housing, and vandalism	16.1	15.6	21.7	11.3
Having role models in the community	12.9	16.1	17.7	17.0
Other (please specify)	2.8	1.5	0.0	0.0

Summary:

Regardless of the number of children ages 0-5 they have, parents/caregivers report having enough family time to spend with their child/children and having strong relationships with them to be very important (two of the top three things).

For the parents/caregivers who have 1 to 2 children ages 0-5, having a support system of friends and family members available is also considered to be very important. Those without children ages 0-5 also reported this to be important.

For the parents/caregivers who have 3 or more children ages 0-5, having community resources and activities to support family life is also considered to be very important.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children Based on Ethnicity/Race (%)

Early Learning and Development	Black or African American (N=586)	White or Caucasian (N=526)	Other (N=73)
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	46.6	50.0	52.1
Having resources or materials to promote learning at home	46.2	24.0	27.4
Having programs or services that promote learning in the community	42.3	30.0	37.0
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	40.8	38.0	42.5
Knowing what to do for child/children to be ready for school	39.9	35.7	35.6
Knowing the expectations of school(s) related to being ready for school	35.5	26.6	32.9
Being able to pay for high-quality childcare/early education programs	31.2	34.8	39.7
Having time to play with child/children to promote learning	22.4	35.2	27.4
Knowing how to play with child/children to promote learning	20.3	24.5	28.8
Other (please specify)	0.9	2.3	1.4

Note: Other includes "American Indian or Alaska Native," "Asian or Asian American," "Hispanic/Latino," "Native Hawaiian or Other Pacific Islander," and "More than One Race"

Summary:

Regardless of ethnicity/race, parents/caregivers reported finding high-quality childcare/early education programs as very important (one of the top three things).

For the Black or African American parents/caregivers, having resources or materials to promote learning at home and having programs or services that promote learning in the community are also very important.

For the White or Caucasian parents/caregivers, participating in high-quality childcare/early education programs and knowing what to do for their child(ren) to be ready for school are considered to be very important.

For the other race or ethnicity parents/caregivers, participating in high-quality childcare/early education programs and being able to pay for high-quality childcare/early education programs are considered to be very important.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children Based on Ethnicity/Race (%)

Health and Wellbeing	Black or African American (N=586)	White or Caucasian (N=526)	Other (N=73)
Understanding child or children's development	53.1	44.3	47.9
Getting services for needs of child or children (early intervention such as speech…)	35.7	34.4	35.6
Being able to afford healthcare for child or children	34.1	29.5	34.2
Being able to get to healthcare as needed for child or children (scheduling…)	32.3	22.6	34.2
Having safe food and drinking water	31.1	12.9	16.4
Taking child or children to well-child visits (scheduling, transportation…)	30.2	30.2	31.5
Finding healthcare providers for child or children	29.2	24.0	32.9
Having time to prepare healthy meals for child or children	26.1	33.5	31.5
Being able to afford nutritious foods	24.1	22.2	26.0
Being able to find nutritious foods in local grocery stores, farmer's markets/stands…	23.7	20.5	23.3
Having mental health services for parents or caregivers	15.5	17.1	12.3
Having mental health services for child or children	13.3	15.6	23.3
Other (please specify)	0.5	1.7	0.0

Note: Other includes "American Indian or Alaska Native," "Asian or Asian American," "Hispanic/Latino," "Native Hawaiian or Other Pacific Islander," and "More than One Race"

Summary:

Regardless of ethnicity/race, parents/caregivers reported understanding child development and getting services that meet the needs of their child to be very important (two of the top three things).

For the Black or African American parents/caregivers and others, being able to afford healthcare for their child or children is very important.

For the White or Caucasian parent/caregivers, having time to prepare healthy meals is very important.

For the other race or ethnicity parents/caregivers, being able to get to healthcare as needed is very important.

Parents/Caregivers' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children Based on Ethnicity/Race (%)

Family and Community	Black or African American (N=586)	White or Caucasian (N=526)	Other (N=73)
Having community resources and activities to support family life	49.1	27.2	42.5
Having enough family time to spend with child/children	45.6	63.1	53.4
Having strong relationships with child or children	45.6	54.6	60.3
Having a support system of friends and family members available	41.0	42.0	45.2
Feeling safe in the community	36.0	31.6	35.6
Having amenities in the community (sidewalks, playground area, community center, or a library)	33.4	31.4	32.9
Being in a family-friendly community	29.4	39.5	45.2
Having a voice/place in the community (fairness in community)	28.0	12.0	27.4
Feeling safe at home	25.4	27.6	27.4
Having role models in the community	19.5	12.0	19.2
Having a community free of litter, rundown housing, and vandalism	16.2	15.6	21.9
Other (please specify)	1.9	0.4	0.0

Note: Other includes "American Indian or Alaska Native," "Asian or Asian American," "Hispanic/Latino," "Native Hawaiian or Other Pacific Islander," and "More than One Race"

Summary:

Regardless of ethnicity/race, parents/caregivers reported having enough family time to spend with children and having strong relationships with them to be very important (two of the top three things).

For the Black or African American parents/caregivers, having community resources and activities to support family life is also very important.

For the White or Caucasian and Other race or ethnicity parents/caregivers, having a support system of friends and family members available is very important.

For the other race or ethnicity parents/caregivers, being in a family-friendly community is very important.

Organizational Representatives' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children (N=1134)

Early Learning and Development	N	%
Knowing what to do for child/children to be ready for school	612	53.97
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	527	46.47
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	464	40.92
Being able to pay for high-quality childcare/early education programs	435	38.36
Having resources or materials to promote learning at home	368	32.45
Knowing how to play with child/children to promote learning	353	31.13
Knowing the expectations of school(s) related to being ready for school	338	29.81
Having programs or services that promote learning in the community	299	26.37
Having time to play with child/children to promote learning	192	16.93
Other (please specify)	32	2.82

Summary:

Among the representatives of organizations that work with children and families, the most important things (top three) for parents or caregivers related to the early learning and development of young children include knowing what to do for child/children to be ready for school, finding high-quality childcare/early education programs, and participating in high-quality childcare/early education programs.

Organizational Representatives' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children (N=1134)

Health and Wellbeing	N	%
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)	623	54.94
Understanding child or children's development	534	47.09
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)	451	39.77
Being able to afford healthcare for child or children	427	37.65
Having mental health services for child or children	323	28.48
Taking child or children to well-child visits (scheduling, transportation, convenient hours)	317	27.95
Having mental health services for parents or caregivers	272	23.99
Being able to afford nutritious foods	225	19.84
Finding healthcare providers for child or children	169	14.90
Having time to prepare healthy meals for child or children	155	13.67
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places	107	9.44
Having safe food and drinking water	100	8.82
Other (please specify)	31	2.73

Summary:

Among the representatives of organizations that work with children and families, the most important things (top three) for parents or caregivers related to the health and wellbeing of young children include getting services for needs of child or children, understanding child or children's development, and being able to get to healthcare as needed.

Organizational Representatives' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children (N=1134)

Family and Community	N	%
Having community resources and activities to support family life	557	49.12
Having a support system of friends and family members available	507	44.71
Having strong relationships with child or children	490	43.21
Having enough family time to spend with child/children	404	35.63
Feeling safe in the community	330	29.10
Feeling safe at home	325	28.66
Having amenities in the community (sidewalks, playground area community center, or a library)	309	27.25
Being in a family-friendly community	237	20.90
Having role models in the community	209	18.43
Having a voice/place in the community (fairness in community)	193	17.02
Having a community free of litter, rundown housing, and vandalism	142	12.52
Other (please specify)	11	0.97

Summary:

Among the representatives of organizations that work with children and families, the most important things (top three) for parents or caregivers related to the family and community include having community resources and activities to support family life, having a support system of friends and family members available, and having strong relationships with their children.

Community Members' Perceptions of the Most Important Things Related to the Early Learning and Development of Young Child or Children (N=330)

Early Learning and Development	N	%
Finding high-quality childcare/early education programs (including childcare, Head Start, 4K)	167	50.61
Knowing what to do for child/children to be ready for school	164	49.70
Being able to pay for high-quality childcare/early education programs	127	38.48
Participating in high-quality childcare/early education programs (including childcare, Head Start, 4K)	121	36.67
Having programs or services that promote learning in the community	120	36.36
Having resources or materials to promote learning at home	105	31.82
Knowing the expectations of school(s) related to being ready for school	97	29.39
Knowing how to play with child/children to promote learning	94	28.48
Having time to play with child/children to promote learning	57	17.27
Other (please specify)	8	2.42

Summary:

Among community members, the most important things (top three) for parents or caregivers related to the early learning and development of young children include finding high-quality childcare/early education programs, knowing what to do for their child to be ready for school, and being able to pay for high-quality childcare/early education programs.

Community Members' Perceptions of the Most Important Things Related to the Health and Wellbeing of Young Child or Children (N=330)

Health and Wellbeing	N	%
Being able to afford healthcare for child or children	162	49.09
Getting services for needs of child or children (early intervention such as speech therapy, physical therapy)	156	47.27
Being able to get to healthcare as needed for child or children (scheduling, transportation, convenient hours of healthcare)	130	39.39
Understanding child or children's development	121	36.67
Being able to afford nutritious foods	89	26.97
Taking child or children to well-child visits (scheduling, transportation, convenient hours)	81	24.55
Having mental health services for child or children	76	23.03
Having mental health services for parents or caregivers	69	20.91
Finding healthcare providers for child or children	66	20.00
Being able to find nutritious foods in local grocery stores, farmer's markets/stands, or other places	53	16.06
Having time to prepare healthy meals for child or children	51	15.45
Having safe food and drinking water	40	12.12
Other (please specify)	3	0.91

Summary:

Among community members, the most important things (top three) for parents or caregivers related to the health and wellbeing of young children include being able to afford healthcare, getting services for needs of child or children, and being able to get to healthcare as needed for child or children.

Community Members' Perceptions of the Most Important Things Related to the Family and Community of Young Child or Children (N=330)

Family and Community	N	%
Having community resources and activities to support family life	152	46.06
Having a support system of friends and family members available	126	38.18
Feeling safe in the community	124	37.58
Having enough family time to spend with child/children	119	36.06
Having strong relationships with child or children	113	34.24
Being in a family-friendly community	94	28.48
Having amenities in the community (sidewalks, playground area, community center, or a library)	90	27.27
Feeling safe at home	84	25.45
Having a voice/place in the community (fairness in community)	74	22.42
Having a community free of litter, rundown housing, and vandalism	68	20.61
Having role models in the community	60	18.18
Other (please specify)	5	1.52

Summary:

Among community members, the most important things (top three) for parents or caregivers related to family and community include having community resources and activities to support family life, having a support system of friends and family members available, and feeling safe in the community.

Comparing Views of Parents/Caregivers, Organizational Representatives, and Community Members (Top 3 Important Things)

	Parents/Caregivers	Organizational Representatives	Community Members
Early Learning and Development	1) Finding high-quality childcare/early education programs 2) Participating in high-quality childcare/early education programs 3) Knowing what to do for child/children to be ready for school	1) Knowing what to do for child/children to be ready for school 2) Finding high-quality childcare/early education programs 3) Participating in high-quality childcare/early education programs	1) Finding high-quality childcare/early education programs 2) Knowing what to do for child/children to be ready for school 3) Being able to pay for high-quality childcare/early education programs
Health and Wellbeing	1) Understanding child or children's development 2) Getting services for needs of child or children 3) Being able to afford healthcare for child or children	1) Getting services for needs of child or children 2) Understanding child or children's development 3) Being able to get to healthcare as needed for child or children	1) Being able to afford healthcare for child or children 2) Getting services for needs of child or children 3) Being able to get to healthcare as needed for child or children
Family and Community	1) Having enough family time to spend with child/children 2) Having strong relationships with child or children 3) Having a support system of friends and family members available	1) Having community resources and activities to support family life 2) Having a support system of friends and family members available 3) Having strong relationships with child or children	1) Having community resources and activities to support family life 2) Having a support system of friends and family members available 3) Feeling safe in the community

First Steps/Community Organization Focus Group Findings

The First Steps focus groups data were collected through SurveyMonkey. Focus groups were conducted within 46 counties in South Carolina. Among the 46 counties, 23 (50%) hosted between one and two focus groups, 18 (39%) hosted between three and four focus groups, and five counties (11%) hosted five or more focus groups. The focus groups consisted of 1495 participants, and 911 (61%) were parents and caregivers, 418 (28%) were organizational representatives, and 166 (11%) were others. Counties responded to the SurveyMonkey the summaries of their focus groups interviews. REM Center analyzed counties' summaries based on the five key questions. We used the R for Qualitative Data Analysis (RQDA) to analyze the qualitative data. The following findings were reported based on individual questions.

Results

Question 1: The first question is about the hopes (goals) for the child and young children in the community they live. The following major themes emerged from the coding of the responses: education, living and learning environment, systems/services/activities, and other aspirations.

Education: Many participants indicated that providing quality education to all children in the community is their hope (goal). They shared that education should be the priority and be accessible and affordable to all children. Children should have learning and development opportunities, and schools should be effective to provide programs, resources, and activities to children, especially those with special needs. In addition to intellectual skills, children should also be equipped with physical, social, and emotional skills/development, as well as problem-solving skills. Children should be well-prepared and ready for entering schools socially and intellectually. To facilitate children to learn, schools should provide parents with education/workshop about school readiness. One participant stated, "I believe every child is entitled to a sound basic education in their formative years because it serves as a foundation for kids to build upon as they go to higher learning and enter the workforce."

Living and Learning Environments: The second major goal that participants shared is providing safe living and learning environments for all children. They indicated that children deserve to live/grow up in a safe, nurturing, loving, inclusive, and healthy environment. Children should feel safe and accepted/included at home, at school, and in the community. They should have some positive role models made up of family, community, and school. Schools should provide a positive learning environment.

Systems and Services: The third goal focuses on providing solid supporting system and services for all children. Children should have access to comprehensive and individualized services (e.g., childcare, speech/occupational therapy counselors, after-school programs, summer programs). Services should be provided to children with disabilities and those living in poor areas. These supporting systems and services could be from school, home, and community.

Other Aspirations: Participants shared other goals that include quality childcare (more affordable childcare facilities that are close to home), health care (high-quality and affordable health care), and future successes (independent, positive, and successful life and be good citizens in the future).

Question 2: The second question is about how well the community is currently doing in ensuring the hopes (goals) are achieved. Regarding this question, participants shared mixed views. Some indicated that their communities are providing a variety of programs and services to help achieve the goals. Others indicated that their communities are not doing well or enough to help achieve the goals. Even within the same county, some expressed satisfaction with community programs and services, while others showed frustrations. The summaries are the areas that communities are doing well and the areas that communities need to improve.

Successful Areas: Some counties provide a variety of programs and services for families and children. Some programs focus on early literacy/childhood education, and others emphasize parenting skills. Communities build partnership and collaboration with community leaders, agencies, organizations, school districts, libraries, churches, medical professionals, and public officials to promote various opportunities for students and families, and to improve quality childcare and early childhood programs. Some counties mentioned that their libraries are “doing a great job.” To engage parents, some communities provide families with professional development/workshops or parenting programs to help with educational needs, and they organize events to assist with these needs. Communities have liaisons between families and schools and make parents aware of the school programs, activities, and services. For example, some school districts provide literacy program and summer programs/events that have no income restrictions. In addition, school districts are working hard to instill social emotional (“soft”) skills in their students and stress the importance of these skills in the workplace. Some counties emphasized their efforts with collaboration between schools and agencies, and they considered schools to be doing a good job in preparing children. They indicated that the programs have exceeded expectations, and the children are achieving academic successes.

Areas Needing to be Improved: Counties shared the areas that communities should improve. One area that was mentioned by many counties is the lack of parent involvement in programs. Parents are not involved for the following reasons: First, families are not aware of the potential programs and resources. Some parents would like to have more access to resources or be informed more about certain events. Communities need to improve advertising of resources and activities available for families. For example, they could establish partnerships with local school districts, library, and social media to advertise the resources that are available. Second, families are not able to participate in community program due to lack of money or transportation. One county mentioned that many families in rural areas are unable to get to service agencies. Third, some families often view agencies as adversarial and do not trust or are skeptical of their intentions. Some waiting lists for services/resources for families are long, and parents don't bother to put their names on the list. Therefore, it is important to establish trusting relationships with parents. Other areas that need to be improved include creating equal opportunities and enough resources for parents and children, creating safe communities, providing opportunities for adult literacy, mentoring program and parenting programs, providing more programs, and collaboration in the communities. In addition, communities should provide more affordable pre-school and childcare opportunities. In particular, communities should provide programs for children with special needs and/or those from diverse background.

Question 3: The third question is about the supports, programs, or other things within the community that help young children meet the hopes and goals. Based on the coding, supports and programs within the community are mainly in three areas: educational programs, family and children support services, and health care services.

Educational Programs: Participants shared that there are various educational programs that support families and children in achieving their hopes/goals. These programs and services are provided by school districts, libraries, organizations, and churches. Many different organizations/programs establish partnerships to make sure children and families are well served. The programs include First Steps, Head Start, Early Head Start, Libraries, BabyNet, ChildFind, childcare centers, etc. These programs and services focus on early education, literacy, parenting education, etc. They provide after school programs, summer reading programs, early childhood/family intervention, technology, and literacy. Multiple participants felt that the libraries offer excellent programs that support educational events for parents and children, and they also indicated that church programs are useful. Generally, the organizations and local school districts collaborate to help children related to school readiness.

Family and Children Support Services: Participants shared various programs and services that support families and children in achieving the hopes/goals. These programs and services are provided by school districts, libraries, local communities, agencies, churches or faith-based organizations. Parenting programs or trainings focus on teaching parenting skills and family literacy, and professional development is provided to childcare workers and parents. Churches give funds to support community and provide students with backpacks and other school supplies, and they also offer programs that are beneficial to children's education, life skills, and character. Agencies help children by providing financial assistance and shelter to families in need. Different types of home visitation programs offer help to struggling families. Neighborhood and community safety is another important aspect of support. For example, some counties shared that their law enforcement and Neighborhood Watch groups try to protect children/families in the community. Other supports to the families and children include field trips by programs (e.g., First Steps), activities by local county Recreation Departments, bilingual information for families, and emotional support and stress management for families and children.

Health Care Services: Participants shared a variety of health care programs and services for children. These programs and services are provided by local medical communities, hospitals and medical clinics, agencies, etc. The medical communities and non-profit agencies offer free programs to children that are income based. Programs (e.g., BabyNet, First Steps, Child Find, YMCA, Healthy Start) focus on children's physical, mental, behavioral, and social and emotional health support. For example, one county introduced that the service can help with quality of life, health and wellness, and access to healthy foods. The Recreation Department provides health services to children and families. The programs and services focus on developmental screenings, extracurricular activities (e.g., sports, dance, gymnastics, scouts), and nutrition. Some programs also help shape children's behaviors and positive mindsets. In addition, transportation services are provided to promote healthcare access and services.

Question 4: The fourth question is about the barriers that prevent young children from meeting these hopes (goals). Based on the coding, the barriers include but are not limited to: transportation, parents' knowledge and involvement, and availability and affordability of childcare.

Transportation: Many counties indicated that the rural areas do not have public transportation system. It has been a huge challenge and concern for the families to access many resources. Therefore, parents are reluctant to use the resources and services due to lack of transportation.

Parents' Knowledge and Involvement: Parents' knowledge and involvement is another barrier that prevents children from meeting the goals. Many parents are not involved in their children's early learning and development. Parents are unaware of the resources and services available that can benefit their children. They do not use effective parenting strategies/skills due to lack of knowledge about child development. Participants shared that parents with little to no education are most likely to face challenges. Parents' work schedules also keep them from having quality time with their children. In addition, there are other barriers including parents not providing discipline to their children, negative living environments, families' lack of nutritious food, and having a different culture/language background.

Availability and Affordability of Childcare: According to the participants, there are limited resources and services in the areas. There is lack of affordable quality childcare, health care, and educational programs. Some shared that they don't have youth areas where children can go, the services for children with special needs are limited or nonexistent, and there are low numbers of providers, especially for infants. They indicated that there is not enough funding for resources, programs, or quality childcare. In addition, many families in the areas come from high-poverty and low-income background. Parents do not have well-paid jobs, and it is hard to meet financial obligations. Therefore, families' financial restrictions and the cost of childcare, health care, educational programs, and healthy food prevent young children from meeting these goals.

Other Barriers: Participants also shared other barriers that prevent young children from meeting these hopes (goals). They include children having mental and social-emotional issues, lack of communication between parties, and challenges of identifying people who are in need.

Question 5: The fifth question is about the top priorities in promoting positive outcomes for young children in the community. The following major themes emerged from the coding of the responses: education, family and community involvement, safe environment, supporting systems, and other priorities.

Education: Many participants indicated that providing quality education to children is a priority. They shared that children should have equal learning opportunities that are not based on income and community, and education should be accessible and affordable to all children, Schools should hire qualified teachers. They emphasized the importance of early learning and literacy, preschool programs, afterschool programs, summer programs, and various learning activities. They shared that parents should have access to resources to promote learning and school readiness. Participants also indicated the importance of establishing a culture that values education.

Family and Community Involvement: According to participants, family and community involvement is another priority. They indicated the importance of positive parenting and considered parental resources as positive influences for their child's education. Communities should make sure that parents are aware of the resources available in the community and ensure parents are supported by the community. They emphasized the impact of strong and positive family relations, and that children need to feel loved and have their parents involved in their lives. To increase parental involvement, parent education should be provided. There should be mentoring and counseling programs available for all families, and families should have access to housing and transportation. In addition, communities should provide fun activities for families such as: community events, more outdoor spaces/activities, more playgrounds, and athletic areas.

Safe Environment: Providing safe living and learning environments for children is another priority. They indicated that safety is an important issue, and communities should provide children with safe living and learning environments. They shared that schools and community should be safe, and children should feel safe and loved. One county indicated that “When children have a loving environment, they tend to flourish.”

Supporting Systems (Childcare, Health care, Funding): Participants indicated that providing solid support system and services for children is a priority. They indicated that funding for services and programs should focus on children and families. Children need supportive households, communities, and organizations. Communities should provide affordable high-quality childcare services, health care services, mental health resources/support, transportation, and recreational and educational activities. Support systems also include parent education, job opportunities for parents, food banks, transportation, and information about childcare. Most importantly, communities should listen to family need, and provide corresponding support.

Other Priorities: Participants shared other priorities. They indicated the importance of communication and collaboration among the schools, families, communities, and organizations for mutual understanding about positive outcomes. Priorities also include building relationships, understanding cultural and ethnic diversities, identifying needs and resources for children, having good role models in the communities, and attracting businesses to the county. As one county indicated that “The top priorities in the community would be to not only have these conversations, but to create action plans that will bring change in the community.”

Considerations and Limitations

During regional meetings across South Carolina, IHE facilitators noted aspects related to working with young children and their families that were not included in the goals/aspiration developed but that may impact the strategic plan and future work. The IHE Collaborative summarized these trends.

- Participants in the regional meetings demonstrated passion and commitment to solve issues and make progress toward goals to improve conditions for young children and families.

- Many participants indicated that they were grateful to be included in the process, and they want to be continually involved in shaping ideas and strategies in South Carolina. Participants highlighted the importance of developing ongoing mechanisms to gain feedback from all stakeholders.

- While participants were passionate and committed to solving issues, there were differing conceptualizations of how to solve programs and a lack of shared understandings for definitions of terms such as school readiness, quality early care and education, and inclusion. In addition, mindsets varied related to "responsibility." For example, some participants focused on the responsibility of parents/caregivers in the role of preparing their children for school; whereas, others noted the responsibility of programs and organizations in their role in preparing children for school.

- In some cases, participants appeared to be posturing and positioning their programs, key services, or organizations. Some participants viewed the process and goal- setting work through their organizational lens only, which may have compromised their ability to set goals for the best interest of young children and families.

- Unfortunately, we had limited participation from people who speak languages other than English. This needs to be a priority moving forward to ensure all people are represented in the progress and plan for South Carolina.

- In some instances, factions stayed together at regional meetings (e.g., public school, childcare). This may be related to the posturing and positioning that was noted in some small groups and may contribute to siloed protectionism that emerged as a barrier to meeting goals or this may be based on people's familiarity with people and their desire to work with colleagues in this process.

- Disconnects between research and practice emerged during the meetings with some participants suggesting or using practices that are not aligned with the latest research literature. However, it is important to understand participants' logics and perceptions as they are often the leaders in the community who are shaping implementation and services. In addition, some participants have logics and perceptions that may not be swayed by research or policy, and it is important to understand and work from these perceptions as they are shaped by local contexts and experience.

- Moving forward, we noted the importance of listening to and seeking to understand differing perspectives, rather than discounting others' viewpoints and focusing on being right.

Comparing the Findings (Goals) Using Three Methods (Cross Checking)

	Regional Meeting Findings	Survey Findings	Focus Groups Findings
Early Learning and Development	• Children are ready for kindergarten/demonstrate kindergarten readiness in multiple domains • Promote high quality early care and education/Promote professional culture and empowerment of childcare and early education • Increase general awareness of opportunities, programs, and services for young children and their families/Empower families to actively participate in development of their children • Address needs of families, early care and education providers, and others in supporting children with special needs and behavior challenges (with more children having mental health and behavior challenges)	• Finding high-quality childcare/early education programs • Knowing what to do for child/children to be ready for school • Participating in high-quality childcare/early education programs • Being able to pay for high-quality childcare/early education programs	• Providing quality education to all children • Helping children be prepared and ready for school • Providing early intervention/learning/literacy • Providing transportation for the learning programs • Establishing a culture that values education
Health and Wellbeing	• Increase access to early intervention for children ages birth to 5/ Children with identified delays are referred early to early intervention and receive timely services and provide options for families who have needs but don't meet criteria for state services • All children are healthy both physically and mentally; Ensure all children have medical home/Promote a system of care among existing services • Provide access to mental health services for children (and family members); Reduce societal belief that children don't have legitimate stress (trauma informed practice/Child safety to	• Getting services for needs of child or children • Understanding child or children's development • Being able to afford healthcare for child or children • Being able to get to healthcare as needed for child or children	• Providing high-quality affordable health care programs and services to all children • Providing services to children with disabilities and those living in poor areas • Providing mental health services • Providing transportation for the services

	prevent Adverse Childhood Experiences (ACES) • Modify our systems to support and promote self-sufficiency		
Family and Community	• Communities are family friendly • Families are supported • Address/meet the needs of diverse families; Overcome multicultural barriers • Ensure legislators understand their impact and ability to influence families and prepare children for productive lives through policy	• Having community resources and activities to support family life • Having enough family time to spend with child/children • Having a support system of friends and family members available • Having strong relationships with child or children • Feeling safe in the community	• Providing resources/activities for families and children • Providing children a safe, loving, and inclusive environment • Children having role models • Providing parenting programs • Informing parents of the programs and services available • Communications and collaborations between all parties

Part 2: Needs Assessment Requirements-Domains and Key Questions

To gather information to address the domains and key questions, we worked with the Early Childhood Advisory Council, Preschool Development Grant leadership, and other organizational leaders to identify key stakeholders to respond to questions/areas of inquiry. The key stakeholders were asked to engage their colleagues and clients in the process of providing written responses to the questions/areas of inquiry. After responses were received (n=14), they were synthesized and compiled. Synthesized information by domain and key questions were then reviewed by stakeholders and revisions were made to accurately address each domain and key question.

Definition of Terms

Defining quality early childhood care and education

As noted in SC's Preschool Development Grant, SC utilizes the Division of Early Care and Education's - ABC Quality (the state's quality rating and improvement system) Level A and Level B program standards and associated indicators to define quality early care and education for parents, providers, and policy makers. The research-based indicators were established in areas critical to effective programming and encompass areas related to improved child outcomes and school readiness. ABC Quality's structural quality measures program administration, staff education and professional development, child well-being, family communication, engagement and cultural competency. Process quality indicators focused on intentional teaching practices include: responsive and sensitive care, language and communication, guidance, program structure, and early learning, and environment. These indicators as a whole, represent how SC defines quality in early care and education settings. A complete set of ABC Quality's Program Standards and Indicators can be found at https://scchildcare.org/library/abc-quality-documents.aspx.

Defining early childhood care and education availability

Early childhood care and education availability in SC is defined as the interplay between the location and supply of early care and education programs/options based on age range of children; fit based on needs of parents including preferred type of program, availability of transportation, hours of operation, languages spoken; availability of information related to early childhood options; and affordability for parents/caregivers (Child Trends). SC also recognizes the Child Trends' recent report on childcare access and their definition of access as "*when parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child's development and meets the parents' needs.*"

Defining vulnerable or underserved children

Defining vulnerable and underserved children in SC must be considered within the context of requirements for utilization of Childcare Development Funds (CCDF). SCDSS-DECE serves as the state's Lead Agency for the management and administration of the Childcare Development Funds (CCDF). CCDF is the primary federal funding provided to states to support low-income working families by improving access to affordable, high-quality early care and afterschool programs. CCDF regulations specify that priority shall be given to: 1) children of families with very low family income (considering family size), 2) children with special needs which may include any vulnerable populations as defined by the Lead Agency 3) children experiencing homelessness. Lead Agencies must prioritize increasing access to high-quality childcare and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have a sufficient number of such programs.

Support is provided for children and their families by paying for childcare that will fit their needs and will prepare children to succeed in school. Income standards for childcare are based on family size and income less than 55% of the State Median Income (SMI) upon entrance and allows a family to continue receiving childcare support until their income exceeds 85% of the SMI. CCDF also improves the quality of care to promote children's healthy development and learning by supporting childcare licensing, quality improvement systems to help programs meet higher standards, and training and education for the childcare workforce.

Within this context, SC currently defines vulnerable or "at-risk" children as children who are Medicaid eligible, and/or equivalent to 200% of poverty and below. This broad definition equates to approximately 47% of the state's 293,653 children under 5 years old (Kids Count) and is the eligibility criteria for the state's early learning program for at-risk four-year-olds, the Child Early Reading and Development Education Program (CERDEP). The state also defines at-risk children geographically by funding CERDEP only within school districts with a "poverty index" (essentially Medicaid eligibility) of 75% or greater.

SC further recognizes vulnerable children in SC in three categories:

1) Eligibility for state and federal programs serving "at-risk" children—includes children who meet the eligibility criteria set by other state and federal programs serving low income, "at-risk" children such as the child welfare system, Medicaid, Child Protective Services and Foster Care, WIC, Head Start or Migrant Education, Part B (IDEA-SCDE), Section 619 or Part C (DHHS), CERDEP (state 4K program), CCDF Tribal programs, and SC Voucher's categorical eligibility areas such as Homeless and Dual Language Learners who are low-income. Prioritizing services and limited resources in the state to "priority populations" identified in other programs such as Head Start and First Steps that include low birthweight and teen parents, will eliminate re-eligibility requirements and allow for better coordination of services among agencies serving ECE populations.

2) Characteristics of the geographical areas of residence—children would be defined as being vulnerable by the geographic area of residence that are underserved, low-opportunity areas with high concentrations of poverty as evidenced by the income levels of the community, and higher concentrations of minority populations such as Hispanic/Latino populations. This is especially important in SC as nearly 50% of the state is rural. Two indexes will be used by state leadership teams to help them identify geographic areas for intervention to define vulnerable children: 1) the Childcare Accessibility Index and; 2) the Palmetto Small Area Deprivation Index (SADI).

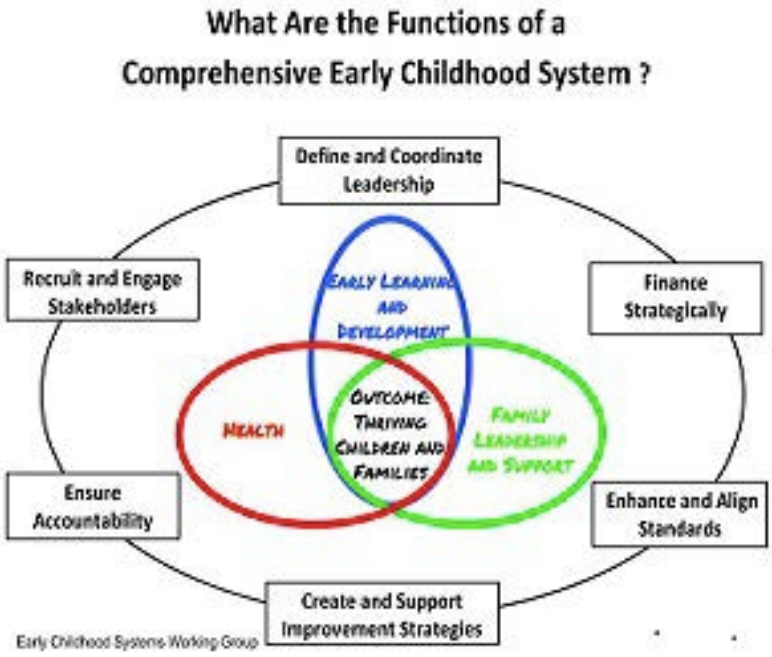
3) Minority populations facing disparities based on evidence of inequities—places an emphasis on SC's commitment to equity. SC's children under 5 are 56% White, 31.6% African American, and 10.1% Hispanic, with the state's Hispanic population growth rate being the highest in the nation

(148%). Nonwhite children are statistically poorer, have lower access to resources, and perform lower on virtually all indicators of health, development, and school readiness.

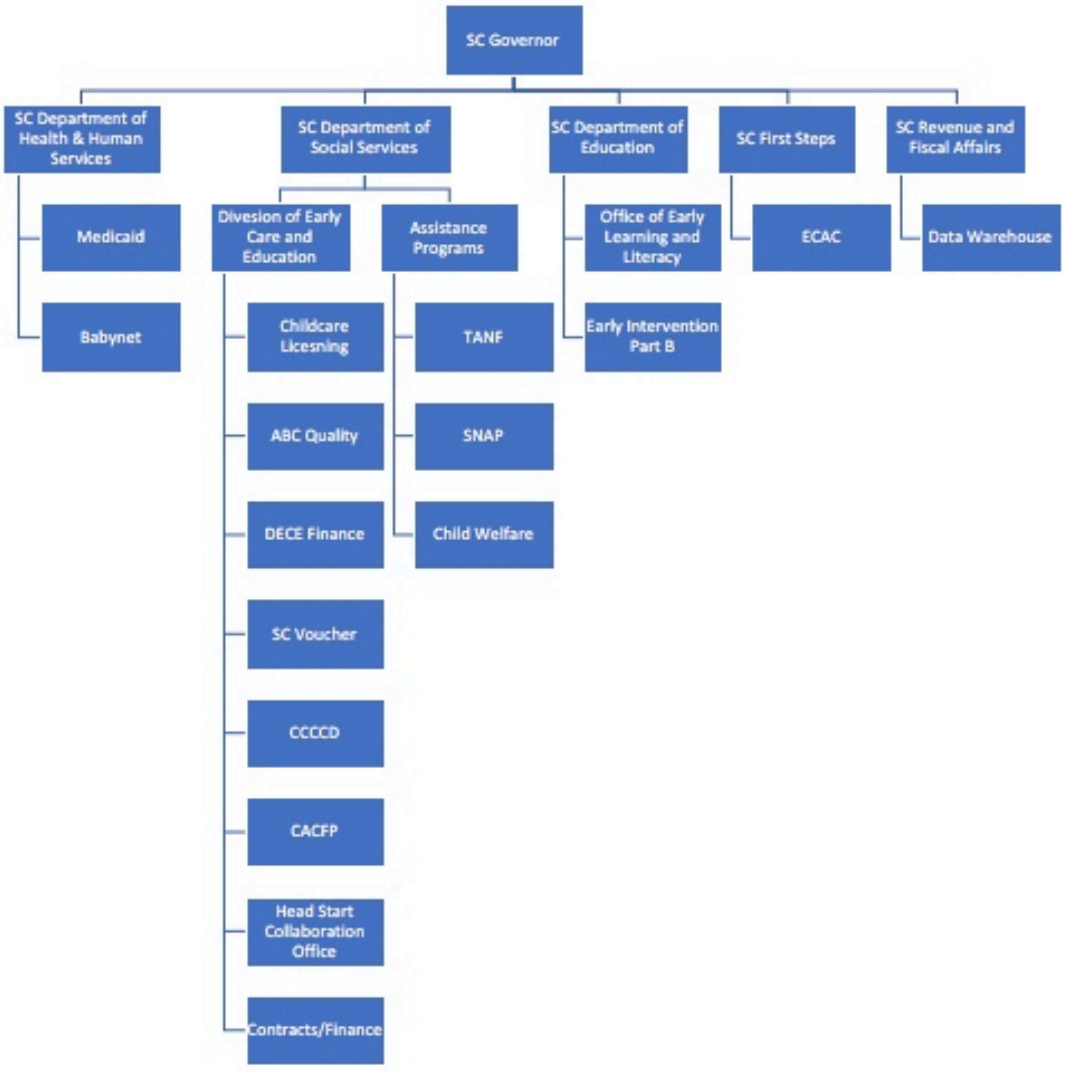
Defining Children in Rural Areas

SC is a rural state. Nearly half of its counties are designated as rural by the federal Office of Rural Health Policy, based on the 2010 Census. The state also has one designated Promise Zone, encompassing six rural southern counties. As of 2010, the Census Bureau defines urban and rural as follows: **Urbanized Areas**, areas of 50,000 or more people; **Urban Clusters**, areas with populations from 2,500 to 49,999; **Rural**, open countryside and places with fewer than 2,500 people. “Metropolitan” and “non-metropolitan” are classifications of counties defined by the U.S. Office of Management and Budget (OMB). Metropolitan or metro areas are broad labor-market areas that include central counties with one or more urbanized areas, meaning an area of 50,000 or more people that includes outlying counties which are economically tied to the central county. Nonmetropolitan or nonmetro areas are everything else—open countryside, rural towns with fewer than 2,500 people, and urban clusters with populations ranging from 2,500 to 49,000 people that are not part of a larger metro area. The definitions above are considerably broader than the definition provided by the PDG. The PDG recognizes a smaller geographic area that indicates either a completely rural county or a county with a very small urban population (less than 2500), as identified within the 2013 Rural-Urban Continuum Code listing, https://www.ers.usda.gov/data-products/rural-urban-continuum-codes/, issued by the U.S. Department of Agriculture. The relevant code for these rural areas is 8 or 9.SC will utilize our broader definition to support our efforts to improve access.

Defining SC's Early Childhood Care and Education System



SC utilizes the Early Childhood Working Groups definition of a comprehensive early childhood System as an inter-related system that includes early learning and development, health, and family leadership. The five major entities charged with supporting the comprehensive system include: SC Governor's Office, SC Department of Health and Human Services, SC Department of Social Services, SC Department of Education, and SC Revenue and Fiscal Affairs. Sub-projects that contribute to the system include but are not limited to those represented in the graphic below:



How definitions have changed over time

The largest change over time in these definitions is SC's intentional focus around inclusiveness and equity.

Challenges in using these definitions

One key challenge is found in SC's geographic definition of at-risk children within school districts with a "poverty index" (essentially Medicaid eligibility) of 75% or greater. This definition as it relates to SC's Pre-K program excludes thousands of vulnerable children living outside eligible districts (including the largest school districts in the state by population size).

Focal Populations

Vulnerable or Underserved Children in South Carolina?

Vulnerable and Underserved Children (who are they)

- Of the state's 293,653 children under 5, approximately 47%, or 138,000 are potentially vulnerable (≤ 200% of poverty) and 25%, or 73,400 are highly vulnerable (≤ 100% of poverty).

- SC's children under 5 are 56% White, 31.6% African American, and 10.1% Hispanic, with the state's Hispanic population growth rate being the highest in the nation (148%). Nonwhite children are statistically poorer, have lower access to resources, and perform lower on virtually all indicators of health, development, and school readiness.

Children in Rural Areas

- South Carolina: 35.2% Rural Child Poverty Rate (20.8% in Urban)
  (U.S. Census Bureau 2016 American Community Survey 1-Year Estimates)

Underserved Counties

Underserved counties in South Carolina were identified using the Childcare Accessibility Index (CCAI) (Rao, Knopf & Tester, 2015) which is a composite measure of three major indicators of childcare access – childcare capacity, quality childcare capacity and voucher utilization in the county. Childcare capacity index measures the availability of childcare to serve children [1]eligible for SC-Voucher in a county. Using state administrative data, licensed capacity of childcare facilities to compute availability since childcare enrollment information is a data gap in the state. Secondly, 'eligible children' is computed using DHEC birth certificate using Medicaid births as a proxy for children who meet income eligibility for SC-Voucher since the eligibility criteria for the two programs align.

---

[1] Rao, V., Knopf, H. T., & Tester, D. (2015). *Childcare Accessibility Index: Leveraging South Carolina Childcare Administrative Data to Inform State CCDBG Subsidy Policies*. University of South Carolina.

[2] Donabedian, A. (1972). Models for Organizing the Delivery of Personal Health Services and Criteria for Evaluating Them. *The Milbank Memorial Fund Quarterly, 50*(4), 103-154. doi:10.2307/3349436

In SC, QRIS participation is a mandatory requirement for regulated childcare facilities to serve childcare subsidy children. Therefore, an important indicator of child access is the county quality childcare capacity is part of the composite score. The third indicator in the composite CCAI score is the voucher utilization at the county level. Research in public health measures access through the utility of a service - "the proof of access is use of service, not simply the presence of a facility." [2]. Voucher utilization at the county level is the proof of access that has also been included in the final CCAI score to identify counties with the lowest childcare access.

Table 1 ranks the 46 counties in South Carolina on their CCAI score indicating Abbeville as the most underserved county and Richland as the county with the highest childcare access in the state.

Table 1 Ranking of Counties in South Carolina by CCAI score LOW to HIGH

County	Notes	County	Notes
Abbeville	Lowest Childcare Access	Berkeley	
Barnwell		Horry	
Fairfield		Laurens	
Edgefield		Anderson	
Jasper		Oconee	
Calhoun		Bamberg	
Clarendon		Aiken	Tied Ranks
Marlboro		Spartanburg	Tied Ranks
Hampton		Beaufort	
Chesterfield	Tied Ranks	Saluda	
Colleton	Tied Ranks	Greenwood	
Cherokee		Florence	
Darlington		Lancaster	
Lee		Georgetown	
McCormick		Greenville	
Newberry	Tied Ranks	Lexington	
Orangeburg	Tied Ranks	York	
Dillon		Pickens	
Dorchester		Marion	
Kershaw		Williamsburg	
Chester		Charleston	
Allendale		Sumter	
Union	Mid-point	Richland	Highest Childcare Access

Number of Children Being Served and Awaiting Services

Unduplicated Number of Children Currently Being Served in Existing Programs

There are approximately 299,147 unduplicated 0-5 year old South Carolina children receiving services through programs that provide data to the state's Data Warehouse housed at the SC Dept. of Revenue and Fiscal Affairs (RFA), including: Medicaid, SNAP, TANF, Child Protective Services, First Steps local partnership programs (home visitation, parent training, child care assistance, health, school transition), Disabilities and Special Needs Services, state-funded 4K and Part B 619 services, Child Care Vouchers, and Health-related services. These data are also disaggregated by race/ethnicity, gender, and county, which we are using in our ongoing understanding of county-level and state-level needs.

The current data **(see diagram on next page)** used to create the unduplicated number of children comes from the integrated data system housed at South Carolina Revenue and Fiscal Affairs Office (RFA), Health and Demographics Division. This integrated data system contains information about the use of programs and services by clients of state health, education, and human service agencies and the all payer hospital data system. Data availability varies by source and the release of information is under the control of the originating entity. Each entity has its own application process.

Weaknesses of the Data / Initiatives Underway to Improve Data.

Through proviso and statute, RFA is able to collect certain client information from various health, education, and human services agencies and through legislation. RFA receives all inpatient, emergency department, and hospital-based and freestanding ambulatory surgical data. With this information, there is a lot of data available on the children of our state. However, these systems are administrative and lack details on referrals to services, results from assessments and other tests, and details on those not currently receiving services through one of these entities.

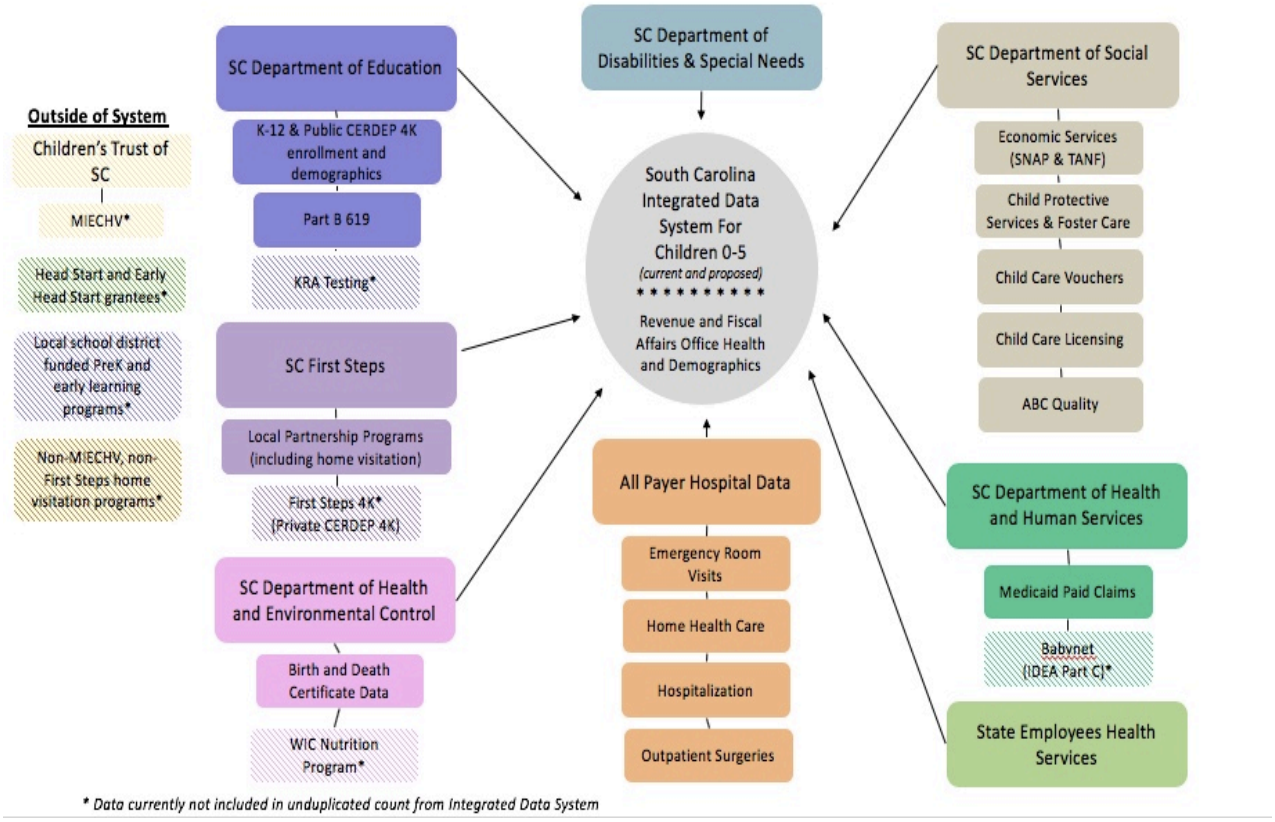
Unduplicated Number of Children Awaiting Service in Existing Programs

While South Carolina does not currently have effective methods to fully understand the number of unduplicated children awaiting services, South Carolina Revenue and Fiscal Affairs (longitudinal data system) is working with organizations to determine if there are feasible methods to gain this information across programs. The strategic plan addresses work related to the improvement of the statewide, longitudinal data system to include additional data such as children eligible and awaiting services.

Weaknesses of the Data / Initiatives Underway to Improve Data

The current data available at RFA is from the administrative systems that are utilized by the entities, therefore data on children awaiting services or entry into a system is not collected. These data are on individuals already enrolled in programs and/or receiving services. Since data come from administrative systems, it is based on services received or programs the individual is already enrolled in and does not contain information on individuals awaiting services or program enrollment. Currently SC does not maintain a waiting list. This presents a challenge in quickly identifying families in need when slots/dollars are available. Understanding availability and reacting to need more quickly will be addressed with the development of the wait list.

SC Integrated Data System



Quality and Availability

Early Childhood Care and Education (ECCE) Strengths: Quality Across Settings

The ultimate strength in SC related to the building and sustaining of a quality ECCE System is in our organizations and citizens. There are multiple organizations and supports related to quality early care and education. Through an ongoing commitment to coordination and collaboration we work to support provider needs and utilize data to support decision making and policy development.

Below is a list of organizations and their contributions to quality ECCE:

SCDSS-Division of Early Care and Education (DECE) The South Carolina Department of Social Services Director of the Division of Early Care and Education (DECE) is the state's designated Childcare Administrator for the Childcare and Development Fund (CCDF). This federal funding source accompanied by state match is the primary funding for early care and education services in South Carolina and provides for the widest range of services available to children birth through 5 years and beyond. The DECE provides the core services of the infrastructure for the early care and education system in South Carolina through this federal funding. These core services include: Childcare Licensing, ABC Quality, SC Voucher, Center for Childcare Career Development, Child and Adult Care Food Program (CACFP), and DECE Finance and Contracts. The DECE also hosts the state Head Start Collaboration Office.

- **Childcare Licensing** enforces the State Licensing law and regulations for childcare. It is the foundation for quality by establishing the minimum health and safety requirements for licensed and approved centers, licensed and registered churches, licensed and registered family childcare homes and licensed group homes in South Carolina. Over 2,500 facilities with a capacity of more than 188,000 children are regulated in South Carolina. Data are available by type of care and by county. Data on individual facilities are available on www.scchildcare.org website, including deficiencies.

- **ABC Quality** is the state's voluntary Quality Rating and Improvement System (QRIS). Enrollment in ABC Quality affords programs the opportunity to serve children and families who qualify to receive childcare funding assistance. Enrolled programs are assessed annually by assessors trained to reliability to determine their quality level. A 5-level system (A+, A, B+, B, and C) is determined by the provider's performance on structural quality indicators and process quality indicators that look at intentional teaching practices. The assessment utilizes one-tool for all quality levels which focuses on program strengths scored on a points-based system. Eligibility requirements are mandated for defined criteria related primarily to federal requirements. Enrollment in ABC Quality is required for legally operating providers who wish to participate in SC Voucher. Assessment data on process quality are maintained through the state's Revenue and Fiscal Affairs Office, which interfaces with SCDSS Information Technology and will interface with the new system housed with New World Now for eligibility, structural quality, and continuous quality improvement. Approximately 1,079 providers are enrolled in ABC Quality statewide. In addition, as of August 2019 ABC Quality monitors 38 non-related out of home providers.

- **SC Voucher** is the public subsidy program for low-income families who are working, in school or in training who meet eligibility criteria. All programs (with the exception of family, friends, and neighbors (179 FFNs) who provide childcare) participating in SC Voucher are enrolled in ABC Quality. Special populations such as Head Start wrap around, Temporary Assistance for Needy Families (TANF), and transitional Child Protective Services (CPS), as well as foster care, homeless, First Steps, dual language learners, domestic violence, family literacy, and children with special needs are targeted for subsidy services.

- **SC Center for Childcare Career Development (CCCD)** tracks professional development for all caregivers and directors statewide through a registry that certifies training in the state system. CCCCD also certifies technical assistance providers, approves training and conferences, administers the T.E.A.C.H. scholarship program for the childcare workforce. SC's T.E.A.C.H. program supports the ECE workforce as they work toward certificates and degrees in the statewide technical college system as well as colleges at the four-year level, and guides colleges toward articulation agreements to support smooth transitions for students seeking higher education. This system is launching a new data system effective November 2019 which will allow improved data access for professional development, education, and technical assistance reporting.

- **Child and Adult Care Food Program** provides USDA subsidy for eligible childcare providers to serve healthy meals and snacks. Eligible providers must apply to participate in this program and meet national standards for healthy meals and snacks. CACFP provides training and technical assistance on service of nutritional meals for all age children to childcare providers and perspective participants.
- **Head Start Collaboration Office** is hosted by DECE to assure collaboration of services in South Carolina. Head Start programs are funded directly from the federal to local level, serving 13,232 children in South Carolina as of May 2019. All Head Start programs in SC are licensed/approved and many participate in ABC Quality and some participate in SC Voucher to help parents needing before and/or after care beyond the Head Start hours. Head Start has a working relationship with ACF data researchers as well as the US Census Office allowing them to access stronger data.

- **SC Revenue and Fiscal Affairs (RFA)** South Carolina is unique in having a data warehouse that allows for linkages to 28 agencies (public, non-profit, and private entities). Through a series of statutes and agreements, agencies and organizations entrust their data systems to RFA while retaining control of their own data at all times. RFA houses data that are linked to persons across multiple service providers. Over time the capacity to collect and analyze data across public and private agencies has expanded, modernized, and become more efficient. The need to better understand disparities that exist in health, education, law enforcement, and social services is an ongoing driving force to integrate data from these systems. A series of algorithms have been developed using various combinations of personal identifiers to create its own unique identifier, enabling statistical staff to link across multiple providers and settings. Hence it allows for linkages while protecting confidentiality of the client. Requests to link data must be approved by all participating agencies and organizations.

- **DECE Contracts and Finance Departments**–support and facilitate DECE's ability to access a broad range of resources to fulfill the ACF federal requirements and provide services identified in the CCDF State Plan. Contracts are executed with vendors in accordance with state procurement code regulations and federal requirements.

  Current contracts and grants include:

- **South Carolina Resource and Referral Network** provided under contract with USC College of Education, includes statewide provision of 1) childcare referral and guidance for parents/caregivers when selecting a childcare provider. Information is provided regarding a range of key indicators that should be considered in order to make an informed decision about childcare services. Information is provided about the types of childcare available, key features of care offered (infant/toddler care, care for children with special needs, specialized curricula), hours of operation, state and federal childcare regulations, and the types of financial assistance available. Other critical issues addressed include health/safety requirements and ABC Quality levels. Various forms of communication (oral, written-electronic, and hard) are used to provide information in an understandable and thorough manner. 2) services to support the childcare workforce. Following the technical assistance model for the establishment of collaborative relationships with childcare providers, customized quality enhancement plans are instituted. Plans are based on provider's needs and interests and intensity of technical assistance is tailored to the objectives to be achieved. All CCRR quality coaches are state certified trainers and technical assistance providers. Quality coaches also work with local organizations to conduct training events for the childcare workforce. 3) services to the community. Partnerships have been successfully established to inform the broader community about CCRR services, provide opportunities to offer early care and education resources, engage in consumer education activities about quality childcare, and participation in community fairs/events.

- **South Carolina Program for Infant Toddler Care (SCPITC)** provided under contract with the Medical University of South Carolina (MUSC). SCPITC focuses on the birth to three-year-old period, and promotes a relationship-based, reflective, responsive, and respectful approach to infant and toddler care. At the core of SCPITC is SC's 12-member Infant/Toddler Specialist Network (ITSN), offering training, coaching, and other supports aligned to SC's QRIS, ABC Quality. SCPITC is also the home of Breastfeeding Friendly Childcare designation. The designation is earned by childcare programs who complete 10 steps to ensure they are knowledgeable about storage, handling, and preparation of breastmilk, and also engage in practices that encourage and support breastfeeding moms. SCPITC's strength has always been the provision of a relationship-focused, strengths-based, and reflective model of care for any program enrolled in ABC Quality, across all types of ECE programs (private, non-profit, faith-based, school-based, family childcare, Early Head Start, etc.) One Infant/Toddler Specialist (ITS) spends a full year with the same childcare programs in order to develop trust and help providers build responsive and sensitive relationships with young children and their families. A natural extension of SCPITC's core services is *Be Well Care Well,* a pilot initiative that supports childcare providers' well-being in public health's eight dimensions of wellness, so they are better equipped for the challenges of their daily work. The project is designed to improve child outcomes by strengthening adults' capacity to mitigate the effects of personal hardships and their own Adverse Childhood Experiences (ACEs). The project focuses on building social supports, improving physical health, attending to caregivers' sense of self-efficacy and executive functioning, and facilitating access to financial supports, in order to build teacher resiliency and buffer the effects of difficult and stressful life experiences. Services are provided by Well-Being Coaches in three regions of South Carolina: Lowcountry, Midlands, and PeeDee. This innovative pilot has been underwritten by the Kellogg Foundation and DECE. In addition, SCPITC continues to lead a state-wide multidisciplinary Infant-Early Childhood Mental Health Committee, looking at opportunities for workforce development strategies that enhance skills of all child- and family-serving professionals in SC.

- **Infant Early Childhood Mental Health** initiative was designed to address the need for positive social and emotional development for children 0-5, and to develop a cadre of trained mental-health specialists. This contract is provided through MUSC/SCPITC and was developed initially through a federal Impact Project with funding from DECE. With CCDBG funding, SC has licensed use of the *Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* from the Alliance for the Advancement of Infant Mental Health. This work has led to the launch of the South Carolina Infant Mental Health Association, (SCIMHA,) an independent non-profit organization responsible for oversight of the *Endorsement* system.

- **BUILD** provides South Carolina a membership in a 10-state consortium focused on early care and education issues with a strong focus on equity. Specialized staff are available for technical assistance and conduct learning tables for participant states. The SC Health and Safety Pre-service Certificate is housed under this contract.

- **USC College of Education** provides an education initiative for leaders and emerging leaders in the early care and education statewide community. An M.Ed. cohort of students is selected to earn a master's degree in early childhood education over a three-year period. Over 70 students across SC have successfully earned their M.Ed. through this program.

- **The South Carolina Inclusion Collaborative (SCIC)** provides training and coaching to childcare providers to support the inclusion of children with disabilities in childcare programs. Additionally, the collaborative offer training to individuals working at the system level of early care and education to understand the provisions of the Americans with Disabilities. Training and coaching activities include topics such as: inclusion, modifications and adaptations, accessing community resources, assessment and developmental screening, supporting social-emotional development of young children, and preventing and addressing challenging behavior. The SCIC has four inclusion specialists that cover the entire state of SC. All Inclusion Specialists are certified trainers and certified Technical Assistance Providers through the SC Center for Childcare Career Development. SCIC has worked to align training and coaching practices to evidence-based practice in early childhood special education and early intervention, as well as to the ABC Quality Structural Quality Standards and ABC Quality Intentional Teaching Tool. Through a subcontract with the SCIC, CCDF funds are being used to support the work of Beginnings SC for the provision of hearing screenings to be conducted as appropriate, of young children in state regulated childcare facilities. Priority is given to ABC Quality enrolled childcare facilities serving children who receive a SC Voucher and ABC Quality enrolled facilities serving children in foster care. Services also include work to identify and connect families to resources as needed. Technical assistance/specialized coaching and training to childcare providers to improve their knowledge of the needs of children who are deaf/experiencing hearing loss and appropriate practices that will facilitate their integration into daily practices. Beginnings also provides training and guidance to parents, as well as public awareness and outreach related to supporting young children with hearing loss in early care and education settings.

- **New World Now**—installation of a web-based comprehensive professional development management system with wide-range functionality, and will include quality-rating, improvement, and technical assistance modules. The system is designed with the capacity to fully capture, integrate, and analyze data across the three modules.

- **USC College of Education**—Child Development Research Center—provision of services to enhance the collection, analysis, and validation of childcare, administrative and programmatic data. In addition, service activities include further analysis and interpretation of key DECE studies that will help guide program and policy decisions, as well as overall management of CCDF funds. The contractor will support DECE's efforts to enhance mutually advantageous partnerships with ECE agencies to promote strategies for the exchange of information and data that will improve the quality of childcare services.

- **Anderson Interfaith Ministries (AIM)** —the DECE has been working in partnership with AIM to provide support participants in the Women and Children Succeeding (WACS) program. WACS is a college-support program for low-income parents with children. WACS is a holistic, supportive, service program designed to transition participants to self-sufficiency. As needed, services may include transportation, career counseling, financial planning, and life skills training. The centralized focus of the program is to provide quality childcare scholarships to WACS participants so that young mothers can return to school and increase their chances of future success. Beginning in 2011 the DECE begin providing support for the childcare component of the WACS program. Currently the DECE is working with AIM to assure that WACS participants begin receiving childcare assistance through the SC Voucher Program.

- **The United Way Association of South Carolina** has traditionally worked in partnership with public agencies in order to enhance and expand services, and to ensure maximum benefit of services in local communities. Funding is provided to local United Way agencies to support local community-based programs/initiatives that work to increase the availability and accessibility of childcare/childcare support services that meet the needs of young children and their families.

- **Help Me Grow**—DECE provides support to Help Me Grow SC for an initiative that focuses on providing families receiving SC Voucher subsidies access to developmental screenings, resource linkage and follow-up services, information on healthy child development and the importance of developmental screening, and monitoring. Information is included in all SC voucher eligibility packets about HMG services. HMG SC is establishing regional coalitions to work with community partners to improve the availability and quality of services that focus on implementing HMG system model of developmental screening and monitoring, referral, and linkage. HMG SC will also launch a digital marketing campaign in targeted counties to support outreach efforts to introduce families to healthy child development and developmental screenings.

- **SC Department of Health and Environmental Control Division of Nutrition, Physical Activity, and Obesity Prevention** (DNPAO) is charged to lead South Carolina's healthy eating and active living policy, systems, and environmental approaches to reduce obesity and obesity-related chronic conditions. Through a contract with DECE, DNPAO receives support for an Early Care and Education consultant position for the purpose of integrating child well-being support in the state's early care and early education system. Additionally, DNPAO provides best practice recommendations and guidance to the DECE health education staff on healthy eating, breastfeeding, physical activity, and scree time reduction to inform planning and implementation efforts. ABC Quality and DNPAO partnered to incorporate new and enhanced quality nutrition and physical activity-related standards for childcare centers into the existing statewide system.

The purpose of the nutrition and physical activity standards is to increase children's consumption of healthy foods and time spent being physically active while in childcare. An outdoor play and learning environments initiative is under development to support providers in meeting outdoor play requirements. In addition, DNPAO continues to provide professional development opportunities related to nutrition and physical activity for caregivers and state-level technical assistance networks.

DNPAO is also positioned to facilitate collaboration between DECE and internal DHEC partners in support of mutually identified efforts. These partners include the Women, Infants and Children (WIC) program, Supplemental Nutrition Assistance Program –Education program, Bureau of Maternal and Child Health, Bureau of Chronic Disease and Injury Prevention, and the Bureau of Health Improvement and Equity.

- **Southeastern Chapter National Safety Council (SCNSC)** —to support childcare providers' efforts to be compliant with newly implemented/expanded health/safety requirements initiated with the reauthorization of CCCDBG, DECE is contracting with SCNSC for the provision of First Aid/CPR training of all staff of providers serving children with CCDF-funded subsidies.

In addition to DECE sponsored programs, South Carolina has multiple organizations and supports related to quality early care and education.

The South Carolina Child Early Reading Development and Education Program (CERDEP) offers many of the state's at-risk four-year-olds the opportunity to attend a full-day education program. CERDEP began as the Child Development Education Pilot Program (CDEPP), which was established in an annual budget proviso starting in 2006 as a pilot program for children residing in the plaintiff districts in the school funding lawsuit Abbeville County School District et al. vs. South Carolina. On June 11, 2014, Governor Nikki Haley signed Act 284 (Read to Succeed); Section 2 of that act codified the Child Development Education Program (CDEP), now known as CERDEP. The CERDEP program is designed to serve four-year-old children eligible for free or reduced lunch and/or Medicaid in a full day, 180-day instructional program to prepare them to enter kindergarten ready to learn.

Over the past decade, the South Carolina General Assembly has expanded CERDEP funding to provide greater pre-K access to students in districts with high levels of poverty. In 2017–18, the 33 original districts entered the twelfth year since implementation in 2006; the 14 expansion districts of 2013 entered their sixth year; and the 14 districts added in 2014 entered their fourth year. Of the 64 districts who currently qualify for CERDEP, two have chosen to opt out of CERDEP participation (Horry, Union). The SCDE currently serves 61 CERDEP districts and three charter schools.

Section 59-156-110 mandates that in CERDEP classrooms districts will provide: (1) a comprehensive, systemic approach to reading that follows the State Reading Proficiency Plan and the district's comprehensive

annual reading proficiency plan, (2) successful administration of the readiness assessment; (3) the developmental and learning support that children must have to be ready for school; (4) parenting education, including educating the parents as to methods that may assist the child; and (5) identification of community and civic organizations that can support early literacy efforts.

SC First Steps Local Partnerships offer two programs to support childcare providers and help them to improve quality of care: Childcare Quality Enhancement (a childcare coaching model) and Childcare Training (training childcare directors and staff). The First Steps Childcare Quality Enhancement program is currently operating in 18 counties across the state and 36 counties have Childcare Training programs through their First Steps local partnerships. For Quality Enhancement programs, data is entered by the local partnership representative (the Technical Assistant or Executive Director) and includes information about the childcare provider, the staff, the technical assistance visits conducted, and Environment Rating Scale (ERS) scores. For Childcare Training programs, data is entered locally by the local partnership staff and includes information on the trainings conducted and the numbers of individuals trained. The majority of training funded by First Steps is required to be certified by the Center for Childcare Career Development and to be part of a comprehensive training plan to meet the needs specific to the community. Local First Steps partnerships exist in all 46 counties, almost every county in the state has a local system of support for childcare providers through these programs.

Key Gaps in Quality of Care Across Settings

- Access in all counties
- Lack of public understanding of quality
- Alignment of quality standards in place for the various settings (i.e. – education, terminology tied to management).
- Cross-walks between different standards
- Differential monitoring
- Enhanced marketing of the ABC Quality levels directed to families seeking childcare.
- Funding for different sectors of early care and education from Head Start which is most comprehensive to 4K (both First Steps and SDE) and then childcare. These gaps are most glaring in childcare programs with a 4K classroom where there are stark differences of resources and quality between the 4K classroom(s) and the birth-to-three classrooms. There is a need to upgrade the services provided for the birth-to-three classrooms to assure quality consistency in those programs across all ages served
- Lack of awareness and understanding related to the provisions of the Americans with Disabilities Act related to enrollment of children with disabilities. South Carolina has been working to increase awareness of the ADA since the inception of our program (2012). However, children with disabilities are still denied enrollment based on the disability alone. The SCIC developed online training courses for childcare providers and professionals working with childcare providers on the provision of the ADA and information about inclusion in general.

These modules are free to people in South Carolina and are available on the website www.scinclusion.org

- Although there are professional development opportunities widely available through the T.E.A.C.H. scholarships and other opportunities, many caregivers do not take the coursework offered through the technical colleges beyond ECD 101. There is a need to review this program for possible new strategies to entice caregivers to advance their skills to ensure best practices.
- Lack of access to environments that comprehensively support children's health and well-being. These child well-being supports aim to increase children's consumption of healthy foods, level of physical activity, healthy social-emotional development, and access to relevant screenings and referrals. There is a need to promote and provide child well-being focused initiatives and opportunities to ensure equitable access to healthy environments for all children.
- Lack of pediatric services in rural areas and lower than national average well-child visits among the 3-6 year old population to continue conversations about development and high quality early care and education.

Data Related to Quality and Initiatives to Improve Data

- ABC Quality relies on the ABC Quality (ABCQ) scores as an indication of quality, ABCQ is in the final phases of a major revisioning of its program standards with a move to one assessment instrument for all levels and a new continuous quality improvement system being implemented. The roll-out of these revised standards has already begun. These changes will allow measurement of incremental improvement in quality and measurement and the impact of technical assistance on improvement of quality. Enhancement of the basic New World Now data system is expected to be needed once the initial program is launched.

- SC First Steps uses the Environment Rating Scale pre- and post-data to determine growth for classrooms that are the focus of technical assistance support. The SC Program for Infant/Toddler Care is currently collecting self-reported data related to teachers' satisfaction with the learning experience, competence and confidence in implementing relationship-based care practices, measures of teacher resilience using the Devereux Adult Resilience Survey (DARS), pre-/post-measures to assess the teachers' risk of expelling children from childcare settings (Preschool Expulsion Risk Measure, Gilliam & Reyes, 2018), Adverse Childhood Experiences scores, childcare worker stress inventories, and job satisfaction measures.

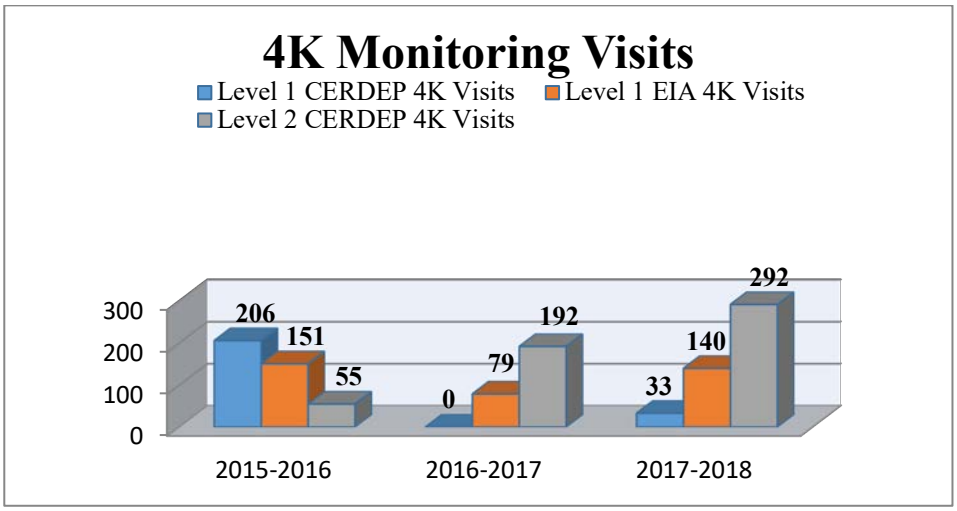
- Currently, there is no means of connecting workforce data to provider quality. There is also no direct child outcome data collected. Data are available regarding which programs are serving children with IFSPs or IEPs who receive childcare subsidy but there is no data source to determine if programs that are not receiving subsidies are serving children who have IFSPs or IEPs. In addition, access to suspension/ expulsion data across early childhood sectors is limited. This information would be helpful to plan support for programs to help to limit or eliminate these exclusionary practices. Once the New World Now Data System is launched in late 2019/early 2020, there may be more capacity in these areas. These data needs should be reviewed for possible modifications to the NWN data system.

- The **South Carolina Department of Education (SCDOE)** provides on-site support to CERDEP (4K) classrooms across the state and collects data through the monitoring process. We generate monitoring reports to provide to district and school staff. We also build out professional learning opportunities

based on areas of weakness from the data collected. Our staff is currently analyzing data from 18-19 to determine professional learning for 19-20. The biggest challenge our office faces is having enough staff to support all 4K (CERDEP and non-CERDEP) programs across the state.

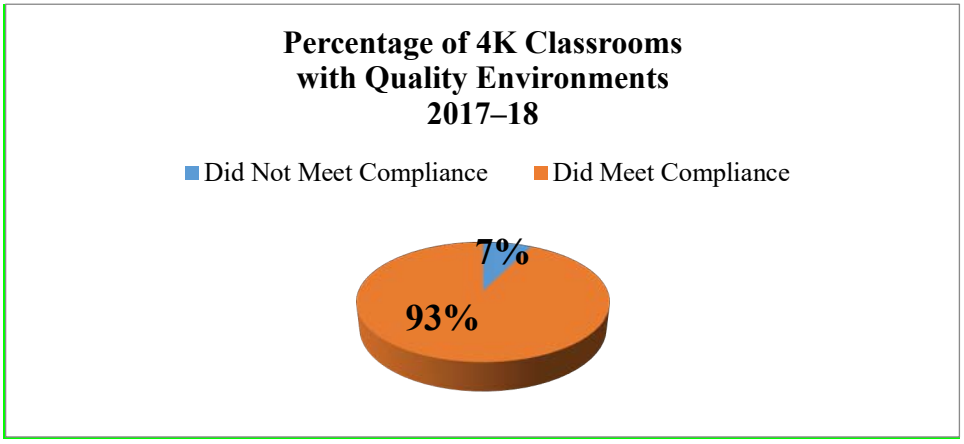
- **The Office of Early Learning and Literacy (OELL)** within SCDOE supports 4K quality through monitoring and provision of professional learning opportunities (PLOs) to districts. This section will outline the OELL's monitoring program, and the subsequent sections will detail provision and district participation in PLOs. In addition to the annual CERDEP monitoring visits to classrooms, the OELL generated a monitoring schedule that was followed during the extended year and summer programs in CERDEP districts. The OELL's structured classroom observation process was designed to provide support and immediate feedback to CERDEP teachers and site coordinators for program improvement. The Early Language and Literacy Classroom Observation (ELLCO) was used during all SCDE level one visits to provide feedback and support to 4K classroom teachers to ensure all classrooms were language- and literacy-rich. The ELLCO tool was used to conduct level two, more intensive monitoring visits in CERDEP classrooms. Level two on-site observations included verification that the teacher had implemented one of the four SCDE-approved curricula, as well as maintained a portfolio assessment on each child across all learning domains. Visits were conducted by a member of the OELL CERDEP team in CERDEP classrooms and by a SCDE Literacy Specialist or OELL Education Associate in EIA 4K classrooms. A monthly calendar of monitoring visits was developed at the start of the 2017–18 year with scheduling priority given to the 33 Abbeville plaintiff districts and to the 20 new CERDEP classrooms. Prior to monitoring visits, the OELL Early Learning (EL) Team Leader provided early childhood coordinators in each district with the ELLCO comprehensive observation criteria, including classroom structure, curriculum, language environment, use of books, quality of book reading, print-rich environment, and writing opportunities. After observations were completed, the observer conducted conferences with the teacher, school administrator, and/or the CERDEP district liaison or reading coach to provide post-observation feedback and set future goals. Findings from the observations were applied to a rating scale to determine an overall score. ELLCO scores and documentation from the classroom visits were submitted to the CERDEP Team Leader for review and fidelity checks before the scores were entered into the monitoring visit database. Following verification, notification of rating scores and future goals were sent to school administrators, teachers, and monitors. The chart below shows the 4K monitoring visits for the past three years. During the 2016–17 school year, a total of 271 four-year-old classrooms across 45 districts in 111 schools received monitoring visits from the SCDE, with 192 classrooms receiving the more intensive level two monitoring visits made by CERDEP Education Associates from the OELL. The chart below shows the increase of level two visits from 2015–16 to 2016–17. This figure shows an increase in level two monitoring visits from only 55 level two monitoring visits in 2015–16 to 192 level two monitoring visits in 2016–17. The reason for the increase in level two monitoring visits was due to a focus on the more intense level two visits in CERDEP classrooms to ensure that regulations were being followed. For 2017–18, a total of 465 4K visits across 78 districts and 242 schools were visited including: 33 level one CERDEP visits, 140 level one EIA visits, and 292 level two CERDEP visits. Additional level one CERDEP visits occurred during the summer program for FY 17-18.The 2016–17 OELL goal was to visit at least 40 percent of 599 CERDEP classrooms and 100 percent of CERDEP classrooms in Abbeville plaintiff districts. The OELL exceeded this goal and visited 43 percent of the CERDEP classrooms. In 2017–18, the goal was to conduct monitoring visits at least 60 percent of CERDEP classrooms. A total of 292 of the 602 CERDEP classrooms received level two visits during 2017–18, comprising 43 percent of the total CERDEP classrooms visited. Classroom observations did not begin until January 2018, due to changes in OELL staff. Five additional OELL

Education Associates were hired and began work in July 2018. The additional staff will not only assist with meeting the goal, but providing much needed support to districts.



Source of data: OELL Formstack survey

The pie chart below illustrates the percentage of CERDEP and EIA 4K classrooms that were in compliance as defined in the monitoring process in the preceding paragraphs. Ninety-three percent of classrooms exhibited the qualities of a literacy-rich environment based upon the ELLCO qualifications and followed CERDEP regulations as set forth in the R2S legislation and CERDEP guidelines. Meeting compliance was defined as having met the requirements for all except four items on the level one or level two monitoring tool. Did not meet compliance was defined as having failed to meet the requirements for more than four items on the level one or level two monitoring tool.



Source of data: OELL Formstack survey

The OELL provided immediate feedback to each district with an on-site conference where observations were discussed, goals were set, and strategies for improvement were offered. In addition, the OELL provided written feedback to all districts on all 4K classroom visits.

In addition to classroom visits during FY 17–18, the OELL monitored all CERDEP summer and extended year programs. Ninety-four classrooms across 34 CERDEP districts were visited during summer 2018. The table

below shows strengths and an area for growth to consider for future PLOs and supports. These areas were determined using the ELLCO checklist items.

ELLCO Checklist Strengths	Observed	Not Observed
Separate book reading area that is organized, welcoming and has soft, comfortable materials	93%	7%
Non-fiction books available	96%	4%
Available variety of writing tools	95%	5%
Area for Growth		
Variety of children's writing displayed (Goal of 6)	47%	53%

Source of data: OELL Formstack survey

Using this data, the EL team planned and delivered PLOs during the summer of 2018 and collaborated with the Literacy Specialists to provide assistance to districts.

During FY 17–18, the OELL provided support for quality improvements in the following ways:

- Provided South Carolina EL Standards (SC-ELS) roll out in a train-the-trainer model across the state;
- Provided PLOs on various topics, such as creating literacy rich environments, providing support for the new SC-ELS, promoting literacy in math instruction, supporting new curriculum training, building classroom libraries, and providing administrator support;
- Completed the curriculum approval process;
- Supported CERDEP districts with curriculum decision making;
- Provided funding for classroom libraries and curriculum purchases;
- Updated CERDEP guidelines;
- Supported social-emotional framework by collaborating with the Office of Special Education (OSES) in becoming a Pyramid state and implementing the Pyramid Framework;
- Promoted improvements in the South Carolina birth to school connections by serving on the BUILD initiative leadership team and task force; and
- Planned with the State Family Engagement Leadership to include internal and external stakeholder to build a more comprehensive statewide family engagement framework.

Strengths in Making Care Available Across Populations and Settings

The DECE has successfully established an ongoing partnership initiative with local First Steps County Partnerships to increase the availability of childcare slots across the state. Under this initiative county partnerships provide state funding that is used to increase the availability of childcare slots in their perspective county. County partnerships are provided with 20% (slots) over allocation and an additional 20% in replacement slots (both based on the amount of funds submitted). By submitting the funds to the DECE, this initiative facilitates the administration of making the slots available through the state system (SC Voucher), avoids duplication of administrative efforts, and increases the availability of childcare across the state. Eligibility requirements to receive an SC Voucher is based on income, and the parent(s)/caregiver(s) must be working, in school, or training, or have a verified disability. Most recent reports indicate that a total of 15 county partnerships participated in this initiative during SFY18-19 making a total of 194 slots available. In addition, the DECE has designated childcare slots for families caring for children with special needs, families experiencing homelessness, and Dual Language Learner(s) families. Childcare referral is a primary component of CCRR services and designated staff work closely with parents/caregivers to provide guidance and critically important information needed in order that they can make an informed decision that will best suit their childcare needs.

Strengths by initiative are highlighted below:

- **ABC Quality** is a statewide, voluntary, child-care-rating, and improvement system that serves as the gateway to subsidy for low-income families who are provided the widest range of childcare choice. Enrollment in ABC Quality impacts the quality of care for all children enrolled in that facility. There are five quality levels with varying payment rates based on the quality level. Choices include non-profit, for-profit, and faith-based licensed centers, Head Start, First Steps 4K, registered and licensed childcare homes, licensed group childcare homes, license-exempt centers, and family, friend and neighbor to allow families to choose the program that best meets their family's needs.

- The DECE has been working in partnership with **Anderson Interfaith Ministries (AIM)** to provide support for participants in the Women and Children Succeeding (WACS) program. WACS is a college-support program for low-income parents with children. The centralized focus of the program is to provide quality childcare scholarships to WACS participants so that young mothers can return to school and increase their chances of future success.

- **The SC CCR&R** is a statewide organization that offers families: information on the types of childcare available, indicators of a high-quality childcare program, financial assistance, referrals to childcare programs, and other resources that may be available to meet their family's needs. The CCR&R works with childcare programs to improve their level of quality through certified technical assistance and training. CCR&R works in collaboration with other state organizations including ABCQ, First Steps, and

Head Start to coordinate services statewide to reach various programs including rural areas where services are more difficult to locate.

- **SC First Steps Partnerships** has purchased SC vouchers in 16 counties (year to date) and offers private (local First Steps sponsored) childcare scholarships to families who qualify with specific risk-factor criteria. To receive the scholarships from SC First Steps Local Partnerships, the parents/guardian of the child must demonstrate that they are working or in school, and the provider must be ABC Quality rated B or above. This program's strength is its reach—it has enabled partnerships to offer assistance to families across the state in paying for childcare. Also, many families that are enrolled in SC First Steps childcare scholarships receive additional supports through the local First Steps partnership as a condition of receiving the scholarship, such as parenting support/home visitation programs (ex., Parents as Teachers). In addition, First Steps program standards require that scholarships must be used at centers that are Level B or above in the ABC Quality System, or be enrolled in a First Steps Quality Enhancement Program (unless a waiver is granted).

- The statewide reach of **Head Start** is a strength especially in more rural counties where quality programs are less available.

- The **South Carolina Inclusion Collaborative** (SCIC) works with SC Childcare Resource and Referral to provide care referral services to families seeking care. SCIC attempts to connect families of children with disabilities with care that meets their needs.

Gaps in Availability

Infant care is lacking in all areas of the state, and quality infant care is less available to families due to cost or a lack of available enrollment slots. Pilot projects are needed to explore possible solutions to this dilemma.

It is hard to empirically determine the gaps in availability for children with disabilities in SC because we don't know how many families with children with disabilities are seeking childcare (both receiving subsidy and not receiving subsidy). We also don't know the population of children who are denied enrollment related to their disability.

Currently SC does not maintain a waiting list. It is challenging to quickly identify families in need when slots/dollars become available. Understanding availability and reacting to need more quickly will be addressed with the development of the wait list.

Initiatives currently underway to ensure high-quality care is available to vulnerable or underserved children and children in rural areas in your state/territory

DECE is required to certify that CCDF payment rates for the provision of childcare services are sufficient and ensure equal access for eligible children to receive childcare services. These services must be comparable to other services in the state provided to children whose parents are not eligible to receive assistance. To that end, the DECE must conduct a market rate survey of the childcare market every three years. The survey captures the universe of providers in the priced childcare market using the childcare licensing database, along with the database of license-exempt providers enrolled in ABC Quality. It represents geographic variation by including providers from all areas of the state. A tiered reimbursement payment system was implemented decades ago to incentivize the opportunity for more children with childcare subsidies to have access to higher quality care. Payment rates are established to progressively compensate providers based on their performance in meeting increasing quality criteria that exceed regulatory requirements. Through SC Voucher, competitive payment rates for providers serving children with CCDF-funded subsidies range from the 75th (Level C providers) to the 90th (Level A+) percentile. Competitive rates help to ensure a range of choice of available childcare options for vulnerable or underserved children and children in rural areas. In addition, the DECE has assumed paying for the costs of many of the newly implemented/expanded health and safety requirements initiated with the reauthorization of CCDBG (pre-service health/safety training and First Aid/CPR training of all staff of providers serving children with CCDF-funded subsidies, along with background checks). CCDF-funded scholarships are made available to childcare providers serving children with a SC Voucher to participate in professional development opportunities through training, coursework, and conferences. The Head Start Collaboration Office is also funding professional development opportunities in conjunction with DECE. Better recruitment through a marketing campaign is needed to increase enrollment in ABC Quality.

ABC Quality and DNPAO have been tremendously successful in partnering together to integrate child well-being supports into the quality rating and improvement system. These supports aim to increase children's consumption of healthy foods and time spent physically active while in childcare. Primarily, the partnership has focused on standards related to child well-being including: nutrition, screen-time, opportunities for outdoor play in a naturalized environment, and the provision of training and technical assistance. This partnership has been successful due to the commitment of two state agencies working together to create healthy environments for children in childcare.

The SC CCR&R has 14 Quality Coaches (including a DLL Quality Coach and a Family Childcare Quality Coach) working statewide in coordination with ABCQ, DSS Childcare Licensing, and other partner agencies (including First Steps and Head Start) to provide on-site technical assistance and training at childcare

programs for maintenance and improvement. The SC CCR&R is looking to recruit 40 (36 centers and 4 family childcare programs) throughout the state to participate in an Early Learning Standards project. The Quality Coaches will identify programs not currently enrolled in the ABCQ but will work them to incorporate the SC Early Learning Standards into their program through training and on-site technical assistance. Upon completion of the program and successful enrollment into ABCQ, programs will be awarded an incentive to assist them in their enrollment process to ABCQ. Through this project and the recruitment process, the SC CCR&R has the opportunity to reach out to areas throughout the state that are underserved and to potentially increase the number of high-quality programs in those areas.

SC First Steps has several programs to ensure that high-quality care is available to vulnerable or underserved children and children in rural areas, including:

- Childcare Quality Enhancement**:** The First Steps Quality Enhancement strategy is intended to produce measurable improvements in the quality of care provided to young children. Through this strategy, childcare providers and teachers work individually with their Quality Enhancement Technical Assistants to set goals, review feedback, and improve their strategies and skills over time. A provider's progress and growth is measured by advancement within South Carolina's existing quality infrastructure (the ABC Quality Rating and Improvement System) and/or its improvement on an approved quality measure, including early childhood environment rating scales.

- Childcare Training**:** First Steps-sponsored training for childcare staff is certified through the SC Center for Childcare Career Development and includes topics in the areas of nutrition, health and safety, curriculum, child guidance, professional development and program administration. Best practices in training include not only the training itself, but follow-up in the classroom.

- Childcare Scholarships**:** The First Steps Childcare Scholarship provides financial assistance so children can attend quality-rated childcare providers while their parents work or attend school. In addition to regular monitoring of childcare providers that receive First Steps scholarships, First Steps conducts at least one developmental screening each year with scholarship children and connects families to needed services within the community.

- SC First Steps 4K provides high-quality, publicly funded, four-year-old kindergarten to the eligible students in 64 of the 81 school districts in SC. A research-based curriculum, qualified staff, and ongoing performance-based student assessments ensure hallmarks of quality. Professional development is offered throughout the year with strategic goals. Teachers receive on-site coaching visits at least monthly**.**

Head Start is a laboratory, designed to support quality outcomes for young children. Head Start centers are positioned in geographical areas focused on families at the 100% of poverty and below. In South Carolina, the rural areas have the highest percentage of the 100% poverty level residents. For example, Dillon County has 30.67% of its population at 100% of the poverty level. One way to acknowledge the quality settings of Head

Start is to offer reciprocity related to structural quality indicators to Head Start programs enrolled in ABC Quality.

The IDEA Part C regulations require that the **BabyNet program** (SC Department Health and Human Services) address the needs of all children including the ones outlined above. Services are required to be in the natural environment for the child and family.

SC Inclusion Collaboration's Inclusion Specialists have been implementing the CARA's Kit Professional Development Framework in Childcare in programs since October 2014. The framework was developed to provide an intensive professional development experience for directors and toddler-and-preschool teachers to identify opportunities for individualization and to learn how to make adaptations to routines and activities in order to ensure that all of the children in their environments are able to meaningfully participate.

SC Partnerships for Inclusion is focused on increasing inclusive opportunities and school readiness for preschool children with disabilities in South Carolina. The goal is for local education agencies (LEAs) to be better positioned to increase access to the general education curriculum for preschool children with disabilities. SC Partnerships for Inclusion supports school districts across the state who opt-in to become part of a community of practice. Participating districts receive tiered technical assistance to develop cross-sector leadership teams and create and execute a 5-year strategic plan to ensure that preschool children have access to, and are able meaningfully participate in, the general education curriculum alongside children without disabilities. Built on a foundation of collaboration, the team engages multiple stakeholders to guide this work and support our mission. This initiative's objective is to promote positive changes at the local level to expand inclusive opportunities for students with disabilities. To date, the initiative has worked with over 35 local districts.

South Carolina Infant Toddler Program provides intensive professional development services only to programs participating in ABC Quality, which ensures the support of teachers and directors serving families that receive SC Vouchers. The success lies in a relationship-focused, strengths-based, and reflective model wherein staff spend a full year providing technical assistance and training with the same childcare programs. This develops trust and helps providers build responsive and sensitive relationships with young children and their families. The program has had the most success with directors who are committed to quality care for infants and toddlers, and who have the structures in place to be able to delegate daily operational tasks in order to be spend time with teachers in reflective practice, and to support teachers using a strengths-based approach.

Initiatives to inform parents about what constitutes a high-quality childcare

DECE – At present, the primary point of contact to inform parents about what constitutes a high-quality childcare center is the ABC website www.abcquality.org. A Search option by zip code or facility name is highlighted. Providers are listed by name, are sorted by ABC Quality Level, type of license, and address. Nearby zip codes are listed as well. The user can click on a provider's row to see more detailed information about a specific provider including a location map, deficiency and status, and can click to view licensing report. Parents need additional information provided on this search regarding other services and designations available at the program (e.g., 4K, Head Start). An ABC video "Beyond Home" as well as TV commercials are found on the website. Information about the various types of care are provided. The more comprehensive website www.scchildcare.org provides more extensive information attuned to providers and other professionals. With the launch of the new ABC Quality program standards, a comprehensive marketing plan is needed to include a variety of consumer education strategies and distributions to include social media. The DECE shares information with parents, the general public, and childcare providers utilizing three media: 1) written materials, 2) in-person interactions, and 3) websites. The written materials are crafted for various audiences and are available in English and Spanish. The written information helps parents understand how to identify and select high-quality childcare. The information for the public is intended to increase awareness about the DECE and the state's quality rating and improvement system for childcare providers. Outreach staff attend statewide and local community events to discuss the importance of stable, accessible, and affordable high-quality childcare programs.

The SC CCR&R serves as an entry point for parents searching for childcare. Parents can utilize the online search option for referrals or speak directly with a parent referral specialist. Through CCR&R services, parents are provided information on the types of childcare, licensing requirements and ABCQ ratings, financial assistance programs, and information on how to identify a high-quality childcare program. Each parent receives referrals to programs that may meet their needs as well as information to other related resources that may assist the families in their search for childcare. The CCR&R is looking to further develop and expand their services to families by providing more customized referrals to childcare programs and track parent's satisfaction with the care that they choose through the development of a comprehensive parent/provider referral database. This system would work in coordination with the CCCCD's workforce registry system to collect parent search data and create more extensive provider search criteria. This type of system could provide customized searches for families that match their needs with what is offered by childcare programs and would be able to collect family data including types of care requested, type of care found, ages of children, and other search criteria. The collection of this data would be able to provide comprehensive information on the supply and demand of childcare statewide.

SC Inclusion Collaborative (DECE contractor) developed an online training course in collaboration with Family Connection of South Carolina (FCSC) entitled "ADA Basics for Families Making Childcare Decisions." This course is designed to provide an overview of the Americans with Disabilities Act, specifically the provisions related to childcare. Families will learn the benefits of inclusion for their child, how to communicate with childcare providers about their child's needs, how to recognize quality when selecting a provider, and gain access to a number of resources available in South Carolina to aid in their search. The target audience for this course is family members of children with disabilities or special healthcare needs looking for childcare. In addition, SCIC has worked with FCSC to develop print materials to share with parents about inclusion and selecting quality care.

Direct parent engagement is outside the scope of most **SC Program for Infant and Toddler Care initiatives (DECE contractor)**. The ITSN does provide participating programs with posters that encourage parents to ask how the teachers and director are working to support quality by participating in SCPITC services. The **South Carolina Program for Infant and Toddler Care's** website and Facebook pages include information about relationship-based care and the importance of quality care for young children. From time-to-time SCPITC staff participate in family-centered community events to share information about our services and how we help programs implement relationship-based care. At this time, SCPITC materials are presented solely in English, but we look to have them translated into other languages.

SC First Steps refers parents to the ABC Quality Program standards. SC First Steps posts the ABC Quality of First Steps centers on a contact list and encourages participation in this voluntary system. In the First Steps Program Standards, First Steps scholarship programs must include training for any parents receiving a scholarship about what is quality childcare and how to look for the best care for their children.

Head Start recruitment is most often carried out by way of one on one communication with families in the census tracks included in the income guidelines of the program. Families are contacted at settings where the families gather – church, beauty or barbershops, and community centers. Social media is an approach. The recruitment settings are culturally and linguistically appropriate. Program Family Advocates also visit neighborhoods as well as share materials in community health centers.

SC Department of Health and Human Services contracts with the SC Office of Rural Health (SCORH) to support rural practices in achieving the National Committee for Quality Assurance's (NCQA's) Patient-Centered Medical Home (PCMH) recognition. It helps in two ways – it brings money into the practices to support PCMH principles and guidelines, and it gives them a reason to bring a patient-centered focus into their rural practices.

Gaps/Needs for Improvement

At this time, SC initiatives are not consistent in providing information in multiple languages. This is a gap in information delivery that will be addressed in the upcoming year. In addition, a one stop portal is underdevelopment that will allow families to search for care across the full mixed delivery system. Currently childcare searches, Pre-K searches, and Head Start searches are hosted separately UNLESS they are participating in ABC Quality.

Initiatives to promote and increase involvement and engagement of parents and family members

The following initiatives are available statewide and are working well to support family engagement:

DECE makes available to parents, providers, and the general public information on research and best practices via their websites, blog articles, and social media platforms. DECE also makes information on best practices and research available for childcare providers on www.scchildcare.org in the form of a newsletter. Newsletters are created by DECE and include input from DHEC. ABCQ SC's workforce professional development program, CACFP, CCL, SC Voucher, and CCRR Network.

The SC CCR&R provides information though their website and social media outlets, consultation with parent referral specialists, educational materials, outreach events, initiatives of the DLL Voucher program, and lunch & learn seminars with parents on the importance of family involvement in the development and education of their children. While these methods to reach parents are working, the SC CCR&R would like to expand their services with parents to provide parent trainings on how to find childcare, identify high-quality programs and child development milestones, and engage in their child's learning process. Educating parents about the importance and need for high-quality childcare—across the state for all children—will in turn increase the demand for programs to increase their quality levels.

The Office of Early Learning and Literacy at **SC Department of Education** teamed with the Office of Virtual Education to create an online resource for families. *Supporting Early Literacy at Home: A Parents' Guide* is designed to provide information for parents and caregivers so that they can support their children's early literacy development. The guide provides information and strategies that will equip parents and caregivers with tools to support children from birth through the beginning years of school. Each module includes a video introduction, resources to view, resources to read, and a place to reflect and respond. University of South Carolina received a multi-year grant to create a statewide, family-engagement center. The Carolina Family

Engagement Center (CFEC) is being operated by the SC School Improvement Council and has partnered with the SCDE for its initiatives. Family Engagement:

- Defined family engagement collectively
- Established an internal Family Engagement roundtable
- Established a Family Engagement K-12 Framework and Toolkit
- Hosted 1st Annual FE Summit with keynote speakers: Molly M. Spearman, State Superintendent of Education and Dr. Joyce Epstein of the National Network of Partnership Schools at Johns Hopkins University
- Work closely with the Carolina Family Engagement Center (CFEC) – one of eleven states awarded the Statewide Family Engagement Center multi-year grant from USED
- Conduct regional trainings and technical assistance with schools on how to develop, implement, and sustain family engagement plans

SC First Steps 4K has procured licenses for all of our classrooms to freely share the use of "Ready Rosie" with our parents. Through the use of video modeling and mobile technology, partnerships are built between families and our teachers. Playlists are built by teachers to stand beside the curriculum objectives and SC Early Learning Standards for a time period. Active learning activities are modeled for parents on how to best support their children's development. Countdown To Kindergarten is offered in partnership with some school districts where the Kindergarten teacher visits with the family of a child who will soon enter Kindergarten in an effort to build a positive relationship with the parent/s and engage them in activities that will prepare their child for school success.

Federal legislation and **Head Start** Performance Standards require shared governance by and on behalf of a Head Start program. Fifty-one percent of the Head Start Policy Council must be present or former Head Start parents. A hallmark of Head Start programs is the strong partnership between the program and parents. The focus is the understanding of a quality offering as well as a lifting point to move parents up and out of poverty.

SC Department of Health and Human Services' BabyNet program delivers services to children and their families. Families must be involved and engaged in the process, and children do not receive services in isolation. The BabyNet data system is accessible to service providing professionals so that teaming and collaboration can occur.

ABC Quality interfaces primarily with parents through website materials, the childcare services offered by childcare providers and through its technical assistance contractors. The new ABC Quality has broadened the emphasis on structural quality standards to include a standard related to *Family Communication, Engagement and Cultural Competence.* This standard has 10 scored indicators that address gathering information and implementing practices on family preferences relating to routine care, social/emotional needs, special accommodations; planning to support families in their home language; supports for dual language learners;

engaging families based on cultural needs and interests; home visits to develop relationships with parents; maintaining a current list of resources to support children and families; daily communication between families and teachers; and provider self-assessments. This is an expanded assessment area. Providers need both training and technical assistance to strengthen their family involvement. Both the SCIC and SCPITC are DECE contractors charged to assist ABC Quality and Childcare Licensing.

The **South Carolina Inclusion Collaborative** has resources for parents on their website, including a searchable database with resources to support children's development. The online resource guide can be used by teachers and parents.

South Carolina Partnerships for Inclusion encourages school district teams to invite parents onto their team and include them in decision making processes. Additionally, a self-assessment tool (that teams utilize prior to planning to provide a framework for discussion that promotes partnerships to benefit young children with developmental delays/disabilities & their families) includes a section on collaboration. This section is comprised of targeted questions about families' involvement in the Individualized Education Program (IEP) process, agreed upon communication strategies for sharing relevant information & promoting consistency and reinforcement of learning, shared processes for coordinating transportation, establishing routines, & addressing scheduling issues, meeting attendance, and shared processes to resolve issues related to transportation, equipment & materials, and staffing.

The **South Carolina Program for Infant and Toddler Care** delivers services to childcare program staff, and not directly to families. Childcare teachers and directors who are willing to practice perspective-taking and empathy with families create the deepest engagement. SCPITC trainings and strengths-based, reflective coaching helps teachers and directors understand the importance of family involvement and implement practices that welcome and encourage families to be engaged with the childcare programs. Teachers and directors often report feeling parents are uninvolved but are not always self-aware enough to recognize that the actions of the childcare program staff can be alienating or exclusionary toward parents. Through several training sessions, the specialists deliver information on the importance of partnering with parents, valuing parents as their children's first teachers, and using individual coaching sessions to help teachers build their abilities to empathize, reflect, and take the perspective of families who bring their children to the childcare program. The coaching is individualized to each childcare program, but universally the specialists encourage and support teachers to form caring relationships with the families and to view them as partners in care. The Breast-Feeding Friendly designation is targeted to help moms successfully breast feed and feel comfortable in the care environment.

South Carolina Department of Health and Human Services' Quality Through Technology and Innovation in Pediatrics (QTIP) program works with a variety of practices across the state, including some of the major academic practices, FQHCs, and rural health centers. The QTIP program is a statewide pediatric ambulatory care quality improvement collaborative involving 30+ pediatric offices in South Carolina. It promotes social and emotional development, positive parenting, and the importance of the parent-child bond and parental mental health.

Need for Improvement /Gaps in Service?

SC continues to work on resources that are culturally and linguistically responsive to our families. Lack of materials in other languages and service providers who are bilingual represent a gap in service.

Initiatives to Address the Cultural and/or Linguistic Needs of Families?

ABC Quality interfaces primarily with parents through website materials, the childcare services offered by enrolled childcare providers, and technical assistance contractors. The new ABC Quality has broaden the emphasis on structural quality standards that now include a standard IV.A Family Communication, Engagement and Cultural Competence which has 10 scored indicators that address gathering information and implementing practices on family preferences relating to: routine care, planning to support families in their home language; supports for dual language learners; engaging families based on cultural needs and interests; maintaining a current list of resources to support children and families; and provider self-assessments. This is an expanded assessment area, and there is a need for both training and technical assistance for providers who are interested in focusing on the cultural and linguistic needs of families and children in their programs. Meeting the cultural and/or linguistic needs is a new expectation for many providers. There is a need for both training and technical assistance for providers who are interested in strengthening their family involvement. Both the SCIC and SCPITC are DECE contractors charged to assist ABC Quality and Childcare Licensing. An interagency task force led by DECE and the Department of Education that had oversight of the SC Early Learning Standards embedded the needs of dual language learners and children with special needs throughout the document. Supplementary parental resources are under development and need to address meeting parents/families cultural and/or linguistic needs.

The **SC Childcare Resource & Referral** works in collaboration with the DSS Division of Early Care and Education to provide the Dual Language Learner (DLL) Voucher Program to qualifying families. The SC CCR&R has a dedicated DLL Quality Coach that provides information and technical assistance to families, childcare programs, and organizations throughout the state on the availability of the DLL vouchers available through DSS. Over the past year through this initiative the SC CCR&R DLL Voucher Program was able to

assist 172 families in their search for childcare services including the voucher. While not all families were able to utilize the voucher due to not meeting the program's criteria, the CCR&R DLL Quality Coach was able to assist the families in identifying high-quality childcare programs that met their family's needs as well as provide information on other resources offered by partner agencies. The CCR&R DLL Quality Coach delivers technical assistance to childcare programs on incorporating bicultural and Dual Language Learning Standards into curriculum and policies. This effort works to maintain or improve the program's ABCQ level. The DLL Quality Coach also provides presentations to organizations that may work with dual language families to broaden the programs reach to more isolated families and programs.

Head Start Performance Standards require family engagement in and out of the class setting. The program is prescriptive with the opportunity for local design. Non-English-speaking families may not have easily accessible services. Head Start grantees are required to have bilingual staff, based on the locale of the service.

IDEA Part C works to deliver services in the native language of the child. There is a shortage of interpreters which impacts **SC Department of Health and Human Services** programs.

SC Program for Infant and Toddler Care provides training to help childcare providers recognize the influence of their own culture in their caregiving practices, build strategies to support the cultural diversity in families they serve, and engage in practices that are responsive to the individual needs of all children and families they serve.

Needs and Opportunities for Improving the Quality and Availability of Care for Vulnerable or Underserved Children and Those in Rural Areas

- Increased funding to expand existing local **First Steps** partnership programing.
- Increasing enrollment of childcare programs (licensed centers and family childcare homes) into **ABC Quality**, especially in underserved areas of the state.
- Reducing teacher turnover.
- Supporting informal care (Family, Friend and Neighbor) to licensure would enhance quality in this setting type. The pilot planned for the first year of the PDG includes home visitors working with family childcare providers and Family, Friend and Neighbor care providers.
- Embracing the opportunity to blend classrooms – meaning not segregating CERDEP children in a Head Start setting. We seem to get stuck in the idea that blending a Head Start, 4K, and/or childcare class is double dipping.

- ECD 101 should be seen as only a first step in professional development and as a gateway to a higher academic degree. The new ABC Structural Quality indicators for the standards on Staff Education and Professional Development have set the bar higher than ECD 101 alone. The T.E.A.C.H. scholarship program needs review to see how it can better be used to increase the professionalism of the workforce.

- Incentives for providers to further their education.

- Require that all childcare directors and providers take the ADA online course developed by SCIC. This will ensure that there is awareness of the provisions in this important Civil Rights law related to childcare.

- Provide a support structure of Early Childhood Mental Health Consultation to support programs to limit or eliminate the use of suspension and expulsion of infants, toddlers, and preschoolers due to behavior concerns. Focusing on social and emotional health, and wellness in young children will have benefits that extend beyond early childhood.

- Increase in infant/toddler classrooms/enrollment slots in quality settings to meet the needs of families.

- Contracted slots for infant/toddler classrooms in areas with significant needs for additional slots.

- Incentives to establish new infant/classrooms in programs to expand access.

- Teacher retention bonuses as part of ABC Quality but administered through TEACH.

Gaps in Research to Support Collaboration Between Programs/Services and Maximize Parental Choice

Service use of families with children (both children and family members) in the ECCE system

Families with children in South Carolina have several publicly-funded childcare options for their children from birth to five. South Carolina funds two preschool programs: the Education Improvement Act Child Development Program (EIA 4K) and the public-private Child Early Reading Development and Education Program (CERDEP). Both programs are delivered in public school settings via the South Carolina Department of Education's Office of Early Learning and Literacy (OELL). CERDEP is co-administered in private preschool settings by South Carolina First Steps to School Readiness (First Steps), the state's school readiness initiative. Table 1 indicates that about 39,347^ 3-4 year old children received early education in state pre-k, pre-k special education or Head Start.

^*Child count may include duplicates across programs.*

TABLE 1: 2017-2018 ENROLLMENT OF 3- AND 4-YEAR-OLDS IN SOUTH CAROLINA PRESCHOOL, PRESCHOOL SPECIAL EDUCATION, AND FEDERAL AND STATE HEAD START*

3-year old pre-k/pre-k special	**1,383**
% of population enrolled pre-k/pre-k special	2.30%
4-year olds pre-k/pre-k special	27,370
% of population enrolled pre-k/pre-k special	46.50%
3-year old served on pre-k/pre-k special/head start	8,015
% of population enrolled pre-k/pre-k special/ head start	13.60%
4-year olds pre-k/pre-k special/ head start	31,332
% of population enrolled pre-k/pre-k special/ head start	53.20%

* Friedman-Krauss, A., Barnett, W., Weisenfeld, G., Kasmin, R., DiCrecchio, N., & Horowitz, M. (2018). *The state of preschool 2017: State preschool yearbook*. New Brunswick, NJ: National Institute for Early Education Research. Retrieved from http://nieer.org/wp-content/uploads/2018/04/State-of-Preschool-2017-Full.pdf.

SC-Voucher, CCDF funded childcare subsidy program and Head Start/Early Head Start are two federally funded programs that offer additional childcare options to families. In addition to the data in Table 1, SC-Voucher childcare subsidy program served 20,474 children, ages 0-13 years in state fiscal year 2018-2019. ACF funded 10,876 Funded Head Start (HS) Slots and 2,019 Funded Early Head Start (EHS) Slots in South Carolina.

Data Gap on Availability

Childcare availability information is currently computed using secondary data from childcare licensing database. During the process of awarding a license, the capacity of a childcare is determined based on licensing regulations surrounding the structural elements of a facility as the maximum capacity of children. Licensing capacity does not equate to the enrollment capacity of the facility which depends on several other factors such as staff. Currently, South Carolina has no information on enrollment, vacancies and waiting lists in childcare facilities, Head Starts and school district pre-K programs. SC CCR&R is developing a database that will systematically capture, update and disseminate information on enrollment, availability and waiting lists to assist parents with updated information on ECE programs and services.

Data Gap on Vulnerable Communities

Minority communities, undocumented families, rural families are hard to reach communities with sparse outlets to receive and disseminate information about programs and services for children and their families. Publicly available data on these communities are estimates with higher degrees of standard error, as they are often based on decennial census data.

SC DECE's Dual Language Learner initiatives are building relationships and trust with these communities to allow access to information about their needs and supports. ECE data policies focused on equity is identifying underserved communities (at the Zip code level) that require additional interventions and data to understand their demand for ECE services and the available infrastructure to meet these demands.

Data Gaps on Transition between Child Serving Programs

Inter-agency data sharing is essential for successful transitions between agencies/programs/services. This is especially true in the early childhood field where services and programs are age-based and short-term. System navigators need a database of available programs and services to maintain updated information on availability of services to assist families with transitions between programs. As a first step on ECE data integration, one of the activities during the first year of the PDG B-5 grant, was to gather information from local partnerships and agencies on their current data systems. Information collected includes the purposes served by their current data systems, strengths and limitations, time spent on collecting data, analyzing the data and the type of data systems. In addition, to an inventory of the databases, information was collected on the met and unmet data needs of the agencies and their stakeholders. Results from interviews with more than 30 diverse organizations offering Head Start services, Home Visiting, etc. at the local level show that the average number of databases/software systems in an ECE organization is 5.5 and almost none of the software systems allow for

data integration. There were about 75 different programs (Table 2) used in these programs with varying levels of expertise within the organizations to harness the full potential of their data systems. In South Carolina, similar to other states, there is a need for data integration within agencies, and between agencies for an optimal use of funds to serve the most vulnerable children in the state.

List of software used in ECE organizations = 76

Types of Software used in ECE organizations	76.0
Software Utilized	Organization
ABE	1
APRICOT – SOCIAL SOLUTIONS PRODUCT	1
ASQ Online	1
Assessing Parenting.org	1
Bamboo	1
BlackBaud	2
Budget Pack	1
Cane Garden Bay	3
Charity Tracker	1
Child Plus	13
Class Dojo	1
Click and Pledge	1
Computer Software Innovations	1
Constant Contact	1
Core Advantage	1
Creative curriculum gold assessment	1
Data Say	2
Dial 4 through Q global/pearson	1
Easy Track Care	1
Enrich	1
ERS environment rating system	1
eThority	3

Event Brite	2
Excel	5
Expense watch	2
First Steps Data collection	1
First Steps Data Collection System	3
First Steps Data Systems	1
Fred Rogers Integration tool	1
Google classroom	1
Google Drive	1
Google forms	1
Head Start Enterprise System	1
HSES	1
Identikey system	1
Kinder Charts	1
Kindergarten Readiness Assessment	1
Mosaic	1
PALS Assessment	1
Penelope	3
Performance payroll	1
PHP Web Based via RFA	1
PMS	1
Power BI	1
Powerschool	1
Proliant	1
Python	1
Quickbooks	2
R	2
Ready Rosy	1
Ready Set Grow	1

SACERS - School age care environment rating scale	1
Sales Force	1
SAS	2
SentricHR	1
Shoretel	1
Skis	1
Snap assist will be an app for Thrive Hub	1
SQL	1
Standardized form for assessment WORD	1
Star early literacy	1
Survey Monkey	1
Tableau	3
Tableau Prep	1
Tadpoles	1
Teaching Strategies Gold	9
The MEDI	1
Thrive Hub	1
Thrive Hub app	1
UMS	1
USC McVie	1
Versai	1
Visit Tracker	1
Work Sampling	1
XIMA	1
Grand Total	116

There are several important steps in SC underway to integrate the data. Several agencies expressed concerns that they are collection data on the *output* of their programs such as the number of visits to a home, number of hours of training, etc. and not *outcomes* data on the impact of their programs on

the children. A major step in this direction is a collaborative agreement with the Department of Education to get a unique student identification number for children birth to five that will be their unique ID in the K-12 system. This agreement was a result of State Department of Education (SC SDE), DECE, First Steps and Head Start on a collaborative grant submission to create a state longitudinal data system (SLDS) from pre-K to pre-college.

Gaps in data or research related to maximizing parental choice

Information on a wide variety of childcare programs available for families in South Carolina is scattered over several websites nested within the websites of different agencies. Maximizing parental choice require parents to be presented with information on all programs/services without overwhelming them. Families with young children need assistance to find out about this essential resource but also need guidance to navigate the policies and procedures surrounding different eligibility criteria, children's age restrictions, additional requirements for parental activities. Their need for ECE services for their children depends upon a complex set of conditions including supports or lack of supports in their lives, their employment conditions, and logistics. Currently, SC Childcare Resource & Referral Network provides this service of connecting families with ECE resources but is an under-utilized service in the state. Also, there is no single portal of information on all ECCE services that empowers a parent with self-navigation tools. The new single portal will launch in SC in 2020

SC CCR&R is undergoing an internal reorganization, developing an SC CCR&R database to maximize impact in the communities and helping parents with information on ECE services in their community. The development of a workforce registry in South Carolina in the next year will capture updated information on childcare programs.

ECE Services Utilization Gap

In a recent drive to screen all children on developmental delays in a county, it was discovered that 22% of the children who were screened for developmental delays did not have a medical home. Secondary administrative data in the state contains information on families and children who are aware of the services, learn the policies and procedures and access the services. However, there is no information on families who have not accessed any of the ECE services in the state. This is a difficult data gap to fill, and any attempt to collect this data is going to be imperfect. However, it is important to collect because it will help policy makers understand the barriers to accessing services and programs for families.

SC DECE has invested in supporting Childcare Research Team (CCRT) at the Child Development Research Center at the University of South Carolina to assist in data collection, analyses of secondary data for research and reports and bring research to practice. Data collection from

families who did not access childcare services through focus groups, interviews, site visits and other forums will give a voice to families without access.

Quality and Availability of Programs and Supports

Programs or Supports Available to Connect Children to Appropriate, High-Quality ECCE

The South Carolina Department of Social Services Director of the Division of Early Care and Education (DECE) is the state's designated Childcare Administrator for the Childcare and Development Fund (CCDF). This federal funding source accompanied by a state matching fund is the primary funding for early care and education services in South Carolina. These funds provide services available to children birth through 12 years, and up to 19 years old for children with special needs and foster children. **DECE** makes available to parents, providers, and the general public information on research and best practices on websites, through writing blog articles, and expert-author posts shared on social media platforms or the DECE and CCRR Network. Articles are intended to keep families engaged in their children's learning outside of a childcare setting, and to provide information on social and emotional development, nutrition, activity, and general early child development. DECE makes info on best practices and research available and general early child development. DECE also makes information on best practices and research available for childcare providers on www.scchildcare.org in the form of a newsletter. Newsletter is created by DECE and include input from DHEC. ABCQ SC's workforce professional development program, CACFP, CCL, SC Voucher, and CCRR Network.

SC Voucher is the public subsidy program for low-income families who are working, in school or in training and meet eligibility criteria. All programs (with the exception of Family, Friends and Neighbors (179 FFNs) who provide childcare) participating in SC Voucher are enrolled in ABC Quality. Special populations such as Head Start wrap around, Temporary Assistance for Needy Families (TANF) and transitional, Child Protective Services (CPS) and foster care, homeless, First Steps, dual language learners, domestic violence, family literacy, and children with special needs are also targeted for subsidy services.

The **SC CCR&R** serves as an entry point for parents searching for childcare. Through CCR&R services parents are provided information on the types of childcare, licensing requirements and the

ABCQ ratings, financial assistance programs, and information on how to identify a high-quality childcare program. Each parent receives referrals to programs that may meet their needs as well as information to other related resources that will assist in their search for childcare. In addition, SC CCR&R provides targeted initiatives to dual language families and families experiencing homelessness to the childcare referral process, and assistance on expanded services to utilize a SC voucher if eligible.

Per legislation, **First Steps Local Partnerships** serve as a portal for families to childcare services within their communities. Local Partnerships implement several programs, mentioned previously, that entail working with childcare providers within their counties to improve quality (Childcare Training and Quality Enhancement), as well as connect families in need to quality childcare and provide them financial assistance to attend (Childcare Scholarships). What works well about these programs is the local connection to and knowledge of Local Partnership staff of the childcare services available within their communities.

The **Head Start Family Engagement Framework,** along with robust recruiting, assists in making connections with families. In addition, a focus on fatherhood assists in providing services to and for the "whole" child.

Early Intervention staff work with families to identify high-quality providers to serve the children on their caseloads, and to make referrals whenever necessary. Access to interpretation is a challenge. Finding high-quality centers that are willing to work with children with special needs can be difficult at times.

Programs or Supports to Make Sure that Children of Parents Who are Employed, Looking for Work, or in Training are able to Access Childcare That is Compatible with their Employment Or Training Situation

The **SC CCR&R** works closely with parents to provide customized childcare referrals that meet the needs of families including programs with schedules that correspond with employment or training, and are conveniently located to home, school, or work. The CCR&R referral specialist will provide information on financial assistance programs they may qualify for, including SC Voucher, and refer them to the appropriate agency. SC CCR&R works with the SC Voucher staff to connect families in need of financial assistance, while also helping families identify a childcare program if needed.

First Steps Childcare Scholarship strategy provides financial assistance for children to attend ABC Quality childcare providers so that their parents can work or attend school. Executive Directors for First Steps Local Partnerships work with families to ensure they find childcare that is compatible with their employment or training situations. This program is effective in that it provides quality care (programs must be rating a B or above in ABC Quality) to parents who might not be able to afford childcare, also enabling them to continue working or pursuing their educational goals. Shortcomings of this program include a lack of access to quality childcare settings in some areas of the state and a need that exceeds the availability of scholarships. The SC legislature has supported student tuitions for four-year-old kindergarten in licensed childcare to lengthen the school day to 8 hours and the number of days to 220. Students must be income and age eligible. This has been a tremendous boon to working families and those in school. The gap is that this is only for the 4K program and only in approved centers.

Head Start and CCDF have partnered for over 20 years to assist in full-working-day services for parents with jobs or in school. The partnership assists providers and state government staff in understanding the "rules" of the funding services in the partnership. Head Start Performance Standards require screenings within 45 days of enrollment. Challenges are mounting in accessing the Part B evaluation within 90 days. This delay not only hinders Head Start programs in their requirement of enrolling at least 10% of their children with an identified need, but the development delay may mount. Note that programs often access therapeutic services outside of Part B, but this approach cannot count toward the 10%. On the front end, the state 619 Office is working with Head Start to assist in consistent screenings. Sadly, some LEA's do not acknowledge Head Start's screenings and will screen a second time, causing another kind of delay.

Programs and Supports Available to Identify Children who are Developmentally Delayed and Connect them to Services

Help Me Grow www.HelpmegrowSC.org is a program that links families to existing, community-based resources and services for children at-risk for developmental, behavioral, or learning problems. It is a free resource that is available to parents of children birth to five years old who reside in Anderson, Greenville, Laurens, Oconee, Pickens, Spartanburg, Charleston, Berkeley, Dorchester, Beaufort, Jasper, and Colleton counties. Help Me Grow services are available in English and Spanish to support parents by offering the following services: information on general child development and parenting topics; referrals to community resources, such as early intervention agencies, family

therapy providers, parenting classes, speech, occupational, or physical therapy; developmental screening for children ages one month to five and a half years; and developmental activities for parents to do at home in order to enhance their child's developmental progress.

Head Start is a comprehensive service provider who is required to have bilingual staff. By definition, all Head Start children are vulnerable and Head Start works to support access to medical and dental homes and nutrition services (partnerships are in place with SNAPED, CACFP as required, and WIC). In addition, most programs partner with Community Action Agencies to access services such as housing, energy assistance, and food for the family. The income guidelines are different from other support programs. The South Carolina Head Start Collaboration Office assists in updating Head Start grantees on the income guidelines of partner programs.

The **SC Inclusion Collaborative** provides training to childcare programs on how to: conduct the Ages and Stages Questionnaire (a widely used developmental screening tool), talk to families about the results, and make referrals to BabyNet (for children under three) or Child Find (for children over the age of three). The SCIC offers support for both online and hard copy completion of the questionnaires, and has developed online training courses on the implantation of both online and hard copy completion. See http://www.scinclusion.org/child-care-providers/developmental-screening/ for more information. Support for conducting developmental screening is open to all programs participating in the ABC Quality system. There is also training available that focuses on communicating with families about development and provides information and resources related to developmental monitoring. Currently, our developmental screening resources are in English only. The Inclusion Collaborative trains teachers in observational techniques that help them document child developmental milestones. Through use of the CDC's checklists, and taking informal notes of what they notice on a regular basis, teachers can then talk with every parent about their child's development. We recommend teachers and directors ask parents to complete Ages & Stages Questionnaires (ASQ) on each child through Help Me Grow.

ABC Quality broadened the emphasis on structural quality standards to include a standard III.D Child Screening and Referrals. This new standard has five scored indicators that address: gathering information and implementing practices on conducting child assessments, making appropriate referrals, conducting child screenings, sharing assessment results/information, and collaborating with professionals and/or resources/agencies.

Through the **SC Department of Health and Human Services** QTIP program, pediatricians have increased the use of early developmental screenings for children with autism and developmental delays, which has helped to connect them to necessary resources and programs. In addition, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program is a Medicaid benefit that provides all enrollees under age 21 with a comprehensive set of prevention, screening, diagnostic, and treatment services. Through EPSDT, all Medicaid beneficiaries have access to needed screenings and additional follow-up services. The BabyNet program serves these children and the population of children served has increased over the last year and a half by several hundred children.

Programs or Supports Available to Ensure that ECCE Settings are Helping Vulnerable or Underserved Children Access Needed Support Services

First Steps Local Partnerships in all 46 counties provide these connections to some extent. Some provide more of these connections than others and there is room for improvement and expansion.

Head Start grantees have bilingual staff and have a partnership with services based on the home languages of children and their families. Note that program support includes home visits by family advocate staff persons. See above responses noting partner programs and the income requirements of Head Start. Note that families over income can only be served **if** all in the 100% of poverty category in the service area have been given an opportunity to be in the program. By request and approval, some 130% can be served.

The **SC Inclusion Collaborative** referral and outreach coordinator has information to share with families related to accessing needed support outside of childcare referral.

SC Partnership for Inclusion promotes positive changes at the local level to expand inclusive opportunities for children with disabilities, working with more than 35 South Carolina school districts.

Often the children of childcare workers themselves are in a vulnerable state. **Be Well Care Well** supports the overall well-being of the childcare program staff, including financial stability supports, the program is connected to local resources for families and children. Be Well Care Well Coaches offer assistance to teachers in accessing services through the SC Thrive Benefits Bank. SCPITC also encourage programs to call SC 211 for assistance and/or connect parents with SC 211. Resources are often scant in rural areas, or families can't access the available resources due to the lack of transportation.

Need for Improvement

SC should leverage the resources and systems of SC Thrive. **SC Thrive** is a statewide nonprofit organization that offers solutions to South Carolinians who need resources but face a multitude of barriers. SC Thrive focuses on food security, healthcare resources, and financial wellness through work supports such as SNAP, Medicaid, and tax credits (such as the Earned Income Tax Credit and Child Tax Credits).

Programs and Supports Available to Support Children who are Non-English speaking or Reflect Different Cultures that Connect Them to Services

The **SC CCR&R** DLL Quality Coach provides information and technical assistance to families, childcare programs, and organizations throughout the state on the availability of the DLL vouchers available through DSS. The CCR&R DLL Quality Coach assists families navigating the childcare voucher process, assistance in identifying high-quality childcare programs that met their family's needs as well as providing information on other resources offered by partner agencies throughout the state.

Each **Head Start** program maintains family support staff persons. In addition, domestic violence and opioid issues are addressed by way of professional development as well as mandated partnerships with service providers. All Head Start programs employ a mental health specialist and by way of federal policy, a formal relationship is in place with the State Department of Mental Health to access mental health observation in the classroom setting.

SC Program for Infant and Toddler Care provides professional development and coaching supports to ECCE staff related to culturally responsive practices.

ABC Quality has broaden the emphasis on structural quality standards that now include a standard IV.A Family Communication, Engagement and Cultural Competence which has 10 scored indicators that address gathering information and implementing practices on family preferences relating to routine care, planning to support families in their home language; supports for dual language learners; engaging families based on cultural needs and interests; maintaining a current list of resources to support children and families; and provider self-assessments.

What Programs or Supports Do You Have Available That Help Ensure That Early Care and Education Settings are Able to Connect Families in Crisis to Needed Programs or Services?

The **SC Childcare Resource & Referral** works in collaboration with the DSS Division of Early Care and Education and the South Carolina Coalition for the Homeless to provide the Homeless Initiative Childcare Voucher Program to qualifying families meeting the McKinney Vento Act definition of homeless. The SC CCR&R has a dedicated Homeless Initiative Specialist that is certified in the assessment of the program's application process, provides information about the program to childcare providers, and works directly with families to complete the application process. This program serves the entire state and the Homeless Initiative Specialist works with other organizations statewide to provide information and increase knowledge of the program to reach these isolated families experiencing homelessness due to economic hardship or other crisis situations.

Each **Head Start** program maintains family support staff persons. In addition, domestic violence and opioid issues are addressed by way of professional development as well as mandated partnerships with service providers. All Head Start programs employ a mental health specialist and by way of federal policy, a formal relationship is in place with the State Department of Mental Health to access mental health observation in the classroom setting.

The **SCIC referral and outreach coordinator** has information to share with families related to accessing needed support outside of childcare referral.

Measurable Indicators of Progress

Measurable Indicators Used to Track Progress in Achieving the Goals of this Grant and Strategic Plan

As per our strategic plan, the following indicators have been developed to indicate progress in achieving our goals. As available indicators will be tracked at the County and state level and will be disaggregated to understand equity.

Goal 1: South Carolina's children are ready for kindergarten.

Objective 1.1: Increase access to high quality early care and education for families.

- Increased percentage of children (birth to age 5), including low income children and children with disabilities, accessing high quality ECE programs (Public Schools, Centers, FCC, HS/EHS)
- Increased number of high-quality child care and early education programs in areas designated as having insufficient high-quality programs available to families (i.e., child care deserts). .

Objective 1.2: Increase access to educational/career pathways for the early care and education workforce.

- Increased percentage of early care and education teachers completing post-secondary education programs.
- Availability and accessibility of the Workforce Registry to document educational/career progress and compensation levels of teachers and directors.
- Increased number of high schools and community colleges with ECE dual credit programs.

Objective 1.3: Expand resources available to strengthen families' ability to more fully participate in development of their children.

- Full implementation of a single point of entry, central web portal for early care and education services for families, early care and education programs and organizations and agencies that support both (First Five South Carolina, comprehensive early childhood portal).
- Increasing number of families and programs using the First Five South Carolina portal, a new central web portal for early care and education services for families, early care and education programs and organizations and agencies that support both.
- Materials developed for or provided to early care and education programs and system navigators to use with families that connect daily program activities (curriculum) with family activities that support children's development, including information on resources to address concerns about development.

- Increased number of families participating in evidence-based home visitation and parent support services, with a priority given to communities with concentrations of premature birth, low-birth weight infants and infant mortality.

Objective 1.4: Increase the availability of information and supports that help families and ECE program and services providers to nurture the success of children with disabilities and children with behavior challenges.

- All Technical Assistance (TA) and training materials used with early care and education programs will use evidence-based models/frameworks to address the support of children with disabilities and practices that reduce suspension and expulsion.
- Infant early care mental health consultation will be available statewide.

Objective 1.5: Increase support for successful transitions for children from home to ECE programs, from classroom to classroom, across ECE programs and into kindergarten.

- Increase number of families participating in Countdown to Kindergarten and other programs that support successful transition of children from home to ECE programs, across programs and into kindergarten.
- All TA consultation and training material will teach practices that support successful transition of all children in their early care and education journey.
- Increase number of young children with disabilities transitioning from Part C to Part B 619 that are served in inclusive environments without disruption of services.

Goal 2: South Carolina's youngest children are safe and healthy, both physically and mentally.

Objective 2.1: Ensure all children have a medical home and dental care.

- Increase in the number of children with an identified medical home and utilization of dental care. (How do we measure baseline?) DHHS and BC/BS

Objective 2.2: Increase access to early intervention for children, ages birth through age 5, so that children with identified delays are referred early and receive services.

- Increase in the number of children screened, identified and accessing early intervention services via Part C, B619 (Birth Through Five). (Identification of base #)

Objective 2.3: Increase mental health promotion, prevention and intervention services and supports for children, birth through five, and their families.

- An increase in qualified mental health service providers that support children birth through five and families. (increased endorsement)
- Number of children served by a mental health service provider
- Increase in number of providers receiving pre-service and in-service preparation programs related to: trauma informed care and responsiveness, social emotional development and infant mental health, positive child guidance, caregiver well-being, Adverse Childhood Experiences (ACES), Strengthening Families Protective Factors

Objective 2.4: Increase education and resources for families and ECE providers that address nutrition and physical activity, and child safety.

- Increase the number of early care and education programs who meet nutrition and physical activity standards (ABC Quality)
- Increase in utilization of WIC, SNAP and other public supports for nutrition and wellness for children birth through five
- Increase enrollment of ECE program in the CACFP (Child and Adult Care Food Program)
- Identification of measures for family access to physical activity
- Increase in the number of early care and education programs that provide information to families on child safety, including abuse and neglect, environmental hazards, physical environment, safe sleep, and car seats (ABC Quality)

Goal 3: South Carolina's families with young children are supported by communities and organizations that are family friendly and are culturally responsive, inclusive and linguistically accessible.

Objective 3.1: Expand transportation services for families so they can access services and enriching experiences.

- Revised Medicaid transportation policy that allows families to bring all children to medical visits.
- Increased usage of Medicaid transportation supports.

Objective 3.2: Enhance information available to families, ECE programs and all organizations providing services to families with children, birth through 5 years, to support young children and their families' needs related to self-sufficiency, physical health, mental health and early education.

- Fully launched First Five South Carolina with marketing to families and service providers.
- Available navigators to help both English speaking and non-English speaking families and families with disabilities access information on First Five South Carolina.
- Identified system of navigators to assist families in accessing services.

Objective 3.3: Coordinate and align services to families to make them more comprehensive and inclusive.

- Families are included in the design and evaluation of resources and delivery systems for services.
- Services are targeted to identified geographic areas and demographic groups that lack specific services.

Goal 4: South Carolina's ECE stakeholders practice coordination, communication, and collaborative strategies that encourage shared goals, effective use of resources and aligned policies and practices to create unified targeted efforts to support children and families.

Objective 4.1: Create ongoing feedback loops between the state sectors and communities to improve communication, policy implementation, and collaboration, and address barriers in order to make progress toward the plan's goals.

- Reports from Leads for each strategic plan objective include reports on feedback loops and successes at communication and collaboration.

Objective 4.2: Support legislators and other policy makers in understanding the impact of policy on families and ECE programs as they prepare children to meet their individual potential.

- Reports from the Leads for this objective include copies of information provided to legislators and any resulting actions by legislators.

Objective 4.3: Provide legislators and other policy makers with information on programs and initiatives that are producing results in supporting children being ready for kindergarten.

- Reports from the Leads for this objective include copies of information provided to legislators.
- Orientation guide for key messengers on how to deliver a common, consistent message to legislators about shared goals and objectives within the state's birth through five system's high-quality programs and evidence-based initiatives.
- Orientation guide for practitioners and families who can share their stories on the value of early childhood programs and supports to their legislators.

Objective 4.4: Increase authentic input of family voice in the design and implementation of state policy and programming that welcomes all families..

- Reports from Leads for this objective to include evidence of input from formal family focus groups.

Objective 4.5: Strengthen SCs coordinated longitudinal data systems to allow opportunities for ECE stakeholders to share data and communicate analyzed results.

- Reports from Leads for this objective to include information on progress to create a data dashboard and its use by partners.

ECCE Facilities

The conceptualization and parameters of early childhood facilities are emerging. Based on the time frame and the level of focus needed to fully understand the multi-faceted aspects associated with the needs for and needs of early childhood facilities, this will be addressed in future years of the Needs Assessment as funded through the PDG renewal grant or through other sources. Plans are being discussed to identify aspects within early childhood facilities of most need in understanding such as physical facility, capacity, curriculum, materials, and other aspects that may be encompassed within early childhood facilities. In addition, the feasibility of addressing multiple dimensions related to the needs for and needs of early childhood facilities are being identified. It is anticipated that a survey, developed by researchers involved in this process, will be the first step once the conceptualization and parameters are identified. South Carolina will seek models from other states that have successfully identified needs related to early childhood facilities.

Based on Needs Assessment: Part 1: facilities were identified as a tertiary priority under the following Early Learning and Development Overarching Goal: “Promote high quality early care and education/Promote professional culture and empowerment of childcare and early education providers.” Work groups identified the following priority: “Increase grant opportunities to improve facilities and buy materials to support curriculum.” In addition, in the First Steps focus groups, a key theme was around “quality childcare (more affordable childcare facilities that are close to home).”

Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education

Barriers that currently exist to the funding and provision of high-quality early childhood care and education supports

Currently there are 16 cabinet agencies in the state. However, the glaring omissions to the cabinet include SCDHEC, State Department of Education (elected leader), SC Department of Disabilities and Special Needs, and the SCDMH all of which serve young children at some level. There is a lack of data integration and mapping of eligibility across funding streams to identify families who could utilize available resources that may be underutilized.

There have been numerous state level attempts to establish interagency collaborative and funding initiatives designed to support ECC and education. Appendix A includes a graphic that depicts funding streams and has been used in conversations related to blending and braiding of funding streams related to high-quality early childhood care and education supports. A major challenge continues to be agencies' limited ability to adequately address and provide for essential services to their mission. Each child-serving agency/organization has a core mission to address specific issues and/or provide specific services according to the terms and conditions of their funders which include eligibility criteria. Subsequently there is a reluctance for public and private organizations to commit to agreeing to long term solutions that will include use of limited resources for activities that aren't viewed as crucial to their goals and objectives. Concerted efforts by state and private leadership focused on demonstrating the diverse benefits of a high quality ECC and education system are needed. This helps to assure ongoing commitment and accountability from other organizations and funders.

In the process of conducting a statewide needs assessment, SC's PDG team discussed the idea of convening all child-serving agencies'/organizations' leaders to describe their core mission, eligibility requirements, funding terms and conditions, and service capacity and/or limitations. From this, efforts to identify commonalities across agencies/organizations could be undertaken with an intent to blend resources where possible to improve the efficiency of service delivery, without compromising quality or the terms and conditions of funders. It was recognized that this would not be possible to accomplish this during the first-year term of the PDG but would be advisable during following years.

Better Efficiency in Utilization of Resources

Through the work of the PDG, efforts are being made to establish, expand, or enhance several initiatives that will lead to more and better blending and efficient use of resources that foster opportunities to enhance the quality of the ECC and education system. Examples being considered include:

1. Assessment of the current landscape of services to identify potential space in Head Start facilities that could be used for contracted slots to provide high quality child care.

2. Leverage investment in child care programs which have partnered with SC First Steps to provide 4K services that meet state criteria. Contracted slots and quality improvement for birth-3 classrooms within a population of 190 or more centers will equalize the quality across the entire program instead of isolating quality within 1 or 2 classrooms per center.

3. A marketing campaign highlighting the benefits of ABC Quality participation is needed to increase the number of high-quality programs in the system to enable families a more robust level of high-quality child care choices.

4. Better identification of the population in need of services. This need can be addressed through the implementation of a waiting list of eligible families in need of child care.

5. Need for a unified eligibility system with a common application across agencies to place children based on their families' needs and in order to maximize resources. A robust statewide partnership with SC Thrive would allow SC to help determine eligibility to SC's quality ECCE settings and best utilize our funding streams in a more efficient manner. The goal of a unified eligibility system would be to place all children into settings based on their eligibility in this order: Head Start/Early Head Start, PreK, SC Voucher.

Transition Supports and Gaps

Strengths and Weaknesses of Transition Supports

Strengths

- School system staff serve on school readiness committee, transition visits to schools, children and parent, principals meet with parents during transition visit.
- Individual programs that use portfolios or other means of sharing information on child development and progress encourage parents to share this information with their child's K5 teacher so that the teacher has some information about the child and his or her experiences prior to elementary school. Some local communities provide transition supports, but they vary widely.
- Through PDG we are expanding intensive home visitation transition program (Countdown to Kindergarten – CTK) that pairs child's soon-to-be kindergarten teacher with eligible (at least one "risk factor") children and their parents/caregivers (about 1500 children in Summer 2019), other, less intensive supports are in place throughout the state

Weaknesses

- Lack of understanding of Head Start by LEA.

- There is no consistent way for information about children's development, experiences, etc. to be shared with their K5 (or K4) teachers. Many childcare programs do not monitor child development or assess potential risk of developmental delays, so children may arrive at K5 without ever having been assessed for a developmental delay, or received any early intervention services to support them.
- The weakness of a transition process from Head Start to another setting, especially public schools, is the sudden drop in the comprehensive service approach. In addition, Head Start programs have for a long time requested unique identification numbers for Head Start children, allowing the sending entity to track the progress of their children as well as assisting the receiving entity with full recognition of gaps. All Head Start programs must have a transition plan for each child. In addition, all programs must maintain a comprehensive LEA MOA, though not always acknowledged. A strength is a somewhat prescribed Head Start transition process inclusive of, at a minimum, a field trip to the receiving school. Supports for undeserved children could be strengthened by way of reviewing and strengthening the transportation option in all early care settings the receiving school that allows children and families to see the place where a child will begin "big school". Parents are also made aware of basic skills children will need to embrace kindergarten-inclusive of a readiness checklist and indicators.

- Countdown To Kindergarten—not enough funding to support all eligible children throughout the state, difficult to recruit all eligible families and (in some areas) kindergarten teachers, to date, other transition supports throughout the state have not been centrally identified, effect of any

current transition supports is not known (no research on effectiveness).

- Cultural gaps in transitions based on lack of understanding or training related to cultural differences and best practices. More training and understanding of diverse cultures and effective practices to engage families are needed.

Targeted Transition Supports for Vulnerable or Underserved Children and Children in Rural Areas

For Summer 2019, **Countdown to Kindergarten** is provided in 33 of SC's 46 counties. Most of these have rural areas. SC First Steps, the implementer of the program, does not gather data on whether families are in rural areas, but reports that there are some in rural areas. As a home visitation program, Countdown to Kindergarten can provide services to families in rural areas with transportation programs; however, the program is not reaching all families in rural areas or other areas in which, for whatever reason, families are isolated.

Targeted supports are embedded in the **Head Start** service. In as much as Head Start centers are in areas specific to the 100% poverty level, rural areas are covered, or transportation is available.

BabyNet and the Part B 619 coordinator at the SC SDE have been working on materials for parents around the transition from BabyNet and Part B 619 at the age of three.

Need for Improvement:

Assisting parents in obtaining needed kindergarten enrollment information and assisting parents in obtaining vouchers to enroll into ABC Quality programming.

Early Intervention Transition Supports

Transition supports occur most frequently when children are transferred from IDEA Part C to Part B. Children with developmental delays or disabilities should be included in any school or district level kindergarten transition program/strategy.

South Carolina Department of Education is completing a suite of services to support local education agencies (LEAs) and local early intervention agencies (LEIAs) in smooth transitions from Part C to Part B.

- Preschool Parent Guide: This parent guide is designed specifically for parents of young children (ages two through five) to alert parents to the differences between Part C and Part B

of the IDEA, how service delivery will differ, what to expect during transition and eligibility determinations, and frequently asked questions. This document also has answers to frequently asked questions and provides contact information for additional supports and resources. This guide was developed in partnership with Part C and the Parent Training Initiative for SC.

- Part C to Part B Transition Module: This brief online module, intended for all audiences, provides an overview of what the transition process from Part C to Part B should look like, the timeline and process activities that should occur, and general information about the differences between Part C and Part B.

- Technical Assistance via Parent Navigators: The OSES is partnering with Family Connection SC (FCSC) to field test the "Transition Teammates" initiative. This work will include a trained parent navigator in the Part C to B transition process to inform parents about: what to expect, how and when things should happen, and how Part B is different from Part C, as well as to provide information and resources so the parents are prepared for transition, eligibility determination, and development of the first IEP for their child (should the child be eligible). The transition teammate will help to reduce the parents' stress and uncertainty before and during the transition timeline. Districts identified through collaboration of the Part B 619 Coordinator, Part C Director, and FCSC will be invited to participate. A maximum of six districts will be included in this field test selected by Part B Indicator 12 data and Part C Indicator 8 data. The trained parent navigator from FCSC will be responsible for: preparing the family for the transition conference, providing transition resources developed by the state (parent guide book), notifying the family of rights under IDEA, preparing the family for activities relating to eligibility, and the IEP development (as applicable). When requested by the family, the transition teammate will attend meetings. During meetings, the transition teammate will function to make the process smooth, clear, and amenable to continued teamwork between the family and school personnel. This may require identified procedures for handling disagreements between families and school personnel.

- Policies and Procedures Manual: The OSES and Part C leadership are developing a policies and procedures manual for practitioners so that LEAs and LEIAs across the state have a shared understanding of responsibilities and timelines when serving children transitioning from Parts C to B. This document will provide the framework for trainings of both Parts C and B personnel relating to transition practices.

- ENRICH Policies and Procedures Manual: This document will be available to Part B practitioners to support data entry in the ENRICH IEP system and to facilitate data linking and correct process and procedure during transition.

Providing Parents with Information about Transitions

This summer, a media campaign released tips to help parents and caregivers get children ready for kindergarten. Other efforts are handled individually by school districts. Some programs including

Head Start programs and school districts provide parents information about transitions via handbooks, conferences, phone contacts, visits to schools, and letters.

Need for Improvement Parents need one place to go that makes them aware of transition supports and services that are responsive to their needs. The new integrated parent portal will address this need.

Innovative Efforts to Improve Transitions

Even though Countdown to Kindergarten has been in place since 2003, it is innovative in that there is no other known program in the country that is a similarly intensive, relationship-based, home visitation program with the child's soon-to-be kindergarten teacher. Perceptions of the program (parents, teachers, other stakeholders) indicate effectiveness.

CTK is available to children/families from any provider, if the program is available in their area, has not yet reached capacity, and the family meets eligibility criteria. Other transition supports are handled either by early care provider and/or individual school district/building.

Gaps in Communication Between ECCE Providers and School Systems

Communication varies widely by the community, but often there is little or no communication between the ECCE providers and school systems. Efforts are now underway to encourage ECCE providers to make connections with schools (and vice versa) so that providers know how to prepare children and families for this critical transition. Since most transitions are fragmented and administered locally, the current level of effective communication is not known. In Countdown to Kindergarten, focus is on communication between school and parents/caregivers, not between early care and education providers and the school system.

Systems Integration and Interagency Collaboration

Policies and Practices that Support or Hinder Interagency Collaboration

The **Early Childhood Advisory Council (ECAC)** provides the ideal forum for improved interagency collaboration. By law the ECAC includes eight state agency level members: SC First Steps, SC Department of Social Services, SC Department of Health and Human Services, SC Department of Disabilities and Special Needs, SC Department of Education, SC Department of Health and Environmental Control, the Children's Trust, and the Head Start Collaboration Office. Along with other statewide community leaders, the ECAC is hosted by SC First Steps to ensure there is communication and a focused, shared goal among early childhood serving agencies. In addition to the mandated agencies, the ECAC also includes other key agencies such as the SC Department of Mental Health, the State Library, and the Commission on Higher Education. The Preschool Development Grant has enabled the ECAC to expand its reach even further by including stakeholders from various constituencies and nonprofits to ensure that all sectors are included in plans for future interagency collaboration. A lack of funding for the ECAC and its activities has been a hindrance in past years, but the ECAC is committed to sustaining its work after PDG grant funding has ended. The PDG team, which included members from across systems and organizations is provided in the Appendix, includes people who attended community-based full PDG meeting and/or workgroup meetings.

The SC Department of Social Services Division of Early Care and Education has a long-standing partnership with the SC Department of Health and Environmental Control Division of Nutrition, Physical Activity, and Obesity Prevention that has resulted in the successful implementation of several child well-being focused initiatives. Through a contract with DECE, DNPAO receives support for an Early Care and Education Consultant position. The Division of Nutrition, Physical Activity, and Obesity Prevention has recently been re-located to the Bureau of Community Nutrition Services, which oversees the SC WIC program. The existing contract and the recent re-organization with DHEC will provide DSS DECE increased access to and collaboration with the SC WIC program.

SC Statewide Pyramid Partnership includes: SC Department of Education in partnership with the Childcare Administration of the Department of Social Services, Head Start, the Office of Early Learning and Literacy, the University of South Carolina, The System of Care at the Department of Health and Human Services, The Department of Mental Health, Part C of IDEA, the Medical

University of South Carolina, the Education Oversight Committee, the Children's Trust of South Carolina, the Department of Disabilities and Special Needs, Help Me Grow SC, and Family Connection SC.

SCIMHA (SC Infant Mental Health Association) is a multidisciplinary association of professionals working to promote nurturing relationships for South Carolina's infants, young children and their families through resources, policies, and practices that foster healthy social-emotional development and well-being. Partners include: SC Department of Education,
Institute for Child Success, The Medical University of SC, USC School of Medicine, Winthrop College, Spartanburg Methodist College, Midlands Technical College, USC Institute for Families in Society, College of Charleston, First Steps, Children's Trust, CCCCD, SC Thrive, Help Me Grow, HS Collaboration Office
DSS ECEC, and ABC Quality.

Funding Policies and Practices that Support or Hinder Interagency Collaboration

The ECAC was mandated by executive order in 2010 but there was no funding appropriated for this purpose. First Steps applied for and won a federal grant that would have provided staffing for the Council, but the Governor at the time denied the funding. Without financial support, the ECAC floundered. In 2018, SC First Steps hired a new executive director who advocated for dedicated funding to support the ECAC work. The PDG allotted funding support for the ECAC and South Carolina First Steps has committed to continued staff support after the grant ends.

Practices that Reflect Effective and Supportive Interagency Collaboration to Support Young Children and Families

Prior to the awarding of the PDG, many First Steps local partnerships had (and continue to have) strong relationships with school districts, ABC Quality, WIC offices, health departments, and nonprofits. However, this collaboration varies widely from county to county. The hope is that through the work of the ECAC and with support from the PDG, we will significantly strengthen and expand these activities and perhaps create new avenues of collaboration. The PDG Needs Assessment helped SC to tap into the needs and desires of parents and families of young children and those who serve them locally, while also pulling together a current review of the efforts of the serving state agencies. This information will allow us to develop a statewide strategic plan that is informed from the

bottom up and the top down and one which all participants in the early childhood space can take ownership in because all of their voices are reflected in it. Work on the PDG and the convening of the ECAC has engendered positive feelings and a new excitement about collaboration around early childhood in South Carolina. Local participants in focus groups, surveys, and regional meetings were anxious to share their needs and desires, and expressed gratitude also for the opportunity to network with one another. State agency leaders, in a new spirit of collaboration, have already developed and implemented a first-ever, joint, professional-development opportunity for any interested 4K teacher in the state—for free. This is just the beginning of what we can expect in South Carolina's early childhood space.

With support from the SC DSS Division of Early Care and Education, and a five-year TA grant from ICF, SCPITC continues to lead the state-wide multidisciplinary Infant-Early Childhood Mental Health Committee. With CCDBG funding, SC has licensed use of the *Competency Guidelines and Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health* from the Alliance for the Advancement of Infant Mental Health. This work launched the South Carolina Infant Mental Health Association, (SCIMHA,) an independent non-profit responsible for oversight of the *Endorsement* system.

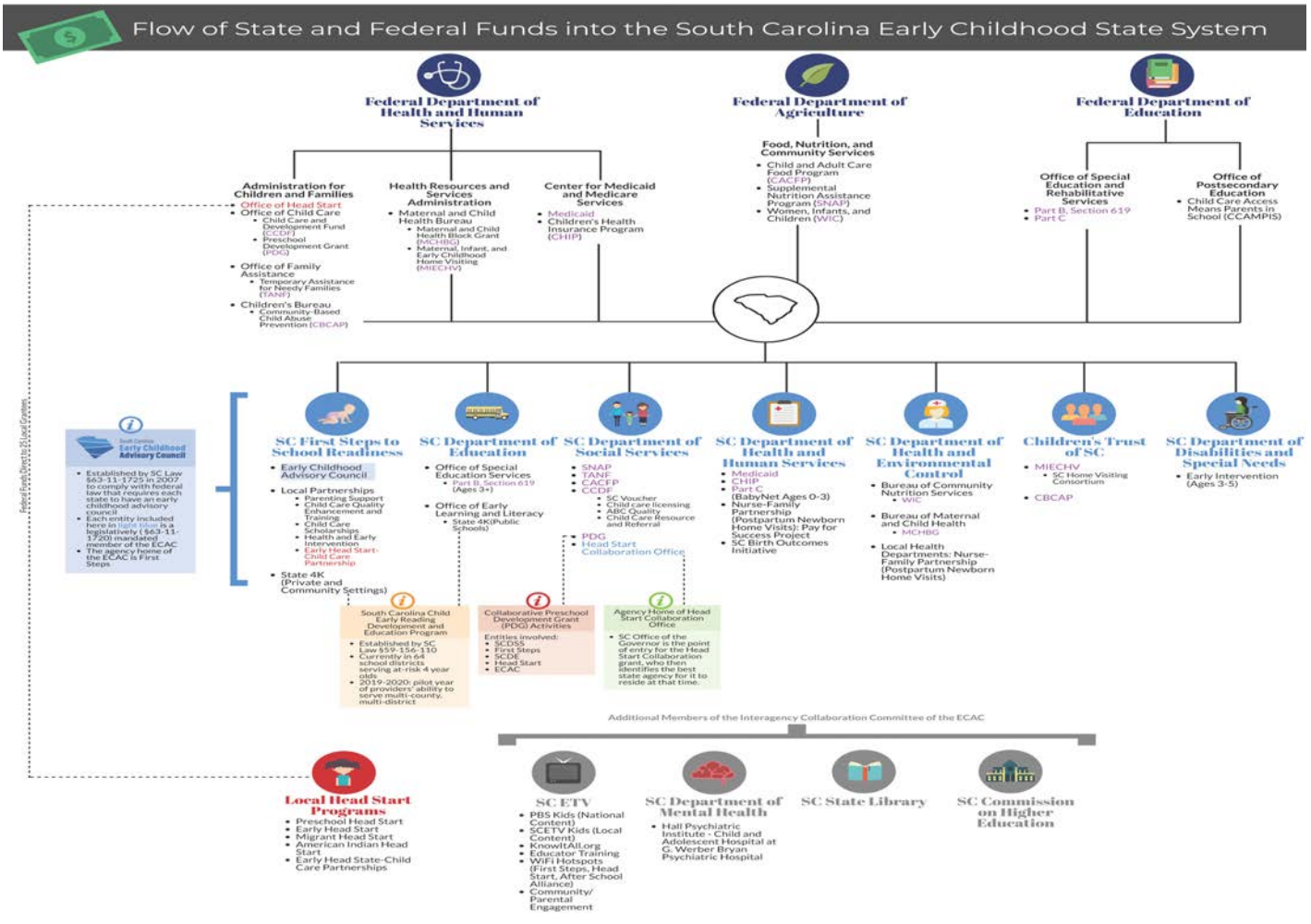
Appendix: PDG Needs Assessment and Strategic Plan Collaborators/Funding Graphic

Name	Organization	Name	Organization
Abney-Young, Mary	SC Department of Social Services	Kilburn, Janice, Ph.D	SC First Steps
Allison, Rep. Rita	SC House of Representatives	Kimrey, Joyce	SC Disabilities and Special Needs
Antill, Rebecca	SC State Library	Kovacs, Cathy, M.Ed.	ABC Quality
Artz, Jon	SC First Steps	Lara, Cynthia	Director of Child Care Licensing
Atkinson, Patrick	SC DSS	Legette, Cassandra	SC First Steps
Baker, Laura	SC First Steps	Lett, Naomi	United Way Association of SC
Baldwin, Icelynn	Children's Trust of SC	Lisk, David	York County First Steps
Ball, Peggy	Propulsion Squared	Lucas, Melody	Services
Barber, Cassie	SC First Steps	Manoski, Barbara	Spartanburg County First Steps
Barnes, Mark	SC First Steps	Martin, Maria	PASOs
Barton, Wendy	Education Oversight Committee	May, Jenny	SC Department of Education
Bellamy, Eric	Children's Trust of SC	Mazur, Joy	SC First Steps
Bergin, Anne	SC Program for Infant/Toddler Care	McClellan, Sally	SCAEYC
Bishop, Chris	Nurse-Family Partnership	McDonald, Melissa	SC Center for Child Care Career
Blanton, Lisa	Cherokee County School District	McGuire, Stephanie	SC Thrive
Boroughs, Bryan	Institute for Child Success	McInerney, Noelle	SC Department of Social Services
Bowden, Neely Hart	Fairfield County School District	McMoore, Jessica	SC Community Action Partnership
Bowers, Michele	SC Department of Social Services	Mitchell, Doris	Barnwell First Steps
Brewton, Arthur, Ed.D.	SC Head Start Association	Mjartan, Georgia	SC First Steps
Bryson, Lora	Lancaster County First Steps	Moseley, Amy	Children's Trust of SC
Buckner, Amity	Pickens County First Steps	Nash, Marcia	Aiken County First Steps
Buffalo, Karen, Ed.S	Sumter School District EHS	Nesbitt Burgess, Toshia	Author
Burgess, Wendy	SC Department of Education	Newman, Virginia	Calhoun First Steps
Buster, Jennifer	SC Health and Human Services	Nixon, David, PhD	Anderson School District

Campbell, Crystal	Dorchester County First Steps	Pasley, James	Waccamaw EOC, Inc.
Canright, Shelley, Ph.D.	SC First Steps	Patterson, David, Ph.D.	Revenue and Fiscal Affairs
Carpenter, Laurey	SC Thrive	Pearson, Misty, M.Ed.	S.C. Dept. of Health & Environmental
Carter, Gina	Richland One Early Childhood	Powell, Dana	Children's Trust of SC
Ciaramitaro, Paul	Save the Children Action Network	Priester, Dorothy	Cherokee County First Steps
Corley, Jazmyn	Family Connection of SC	Pruitt, Angela	Abbeville County First Steps
Corning, Lisa L.	SCAEYC / Midlands Tech College	Pryor Jr., Roger	Montessori (HS Gov Council)
Cothran, Wyatt	SC Department of Education	Rao, Vasanthi	USC Child Development Research
Crawford, Sarah	SC Revenue and Fiscal Affairs	Richard, Chelsea	SC First Steps
Cunningham, Prolan	SC First Steps	Richardson, Tricia	SC Thrive
D'Amico, Leigh	Research Evaluation Measurement	Riddle, Jim	Lexington County First Steps
DePaoli, Deborah	Save the Children Action Network	Roach, Kate	SC First Steps
Dickenson,Tammie,	Research Evaluation Measurement	Robertson, Debbie	SC First Steps
Diggs, Mary Lynne	SC Head Start Collaboration Office	Robertson, Monty	SC First Steps
Drews, Marc	EdVenture Children's Museum	Sanders, LaMyra	Orange County First Steps
Dueno, Sherrie	SC DSS-DECE (ABC/Lic)	Schnake, Kerrie	SC Program for Infant/Toddler Care
Dunn, Melissa	United Way of the Midlands	Seale, Taylor	SC Department of Education
Durham, Patty	Coastal Community Foundation	Seals, Kimberly, MSPH, MPA	SC Health and Environmental
Felks, Stephanie	SC State University	Session, Debra	SC Department of Social Services
Flemming, Walter	Head Start	Shapiro, Cheri, Ph.D.	Institute for Families in Society
Foster, Rick	Alliance for a Healthier SC	Smithwick, Julie	PASOs
Gardiner, Betty	SC First Steps	Spigener, Kim	SC Department of Education
Gaskin, Michael	Greenwood County First Steps	Srivastav, Aditi	Children's Trust of SC
Gass.Sonia	Save the Children	Stanley, Chip	SC First Steps Board Chair
Giese, BZ	ED of BQI	Starker, Melissa	SC-CCCCD
Gillum, Amber	SC DSS	Stephens, Alexa	Berkeley First Steps
Googe, Heather, Ph.D.	SC Child Care Inclusion	Still, Ellen	Family Engagement Center

Hall, Patricia	Allendale County First Steps	Strickland, Laurie	Family Connection of South Carolina
Hanna, Ablean B.	SCDE - Office of Early Learning	Strickland, Martha	SC First Steps
Harris, Melissa	ISWA Head Start	Teer, Debbie	Lexington County First Steps
Haselden, Catherine	SC Department of Social Services	Tucker, Sharon	SC Department of Social Services
Hinson, Bridget	SC DSS-DECE ABCQ	Utter, Karen	SC School Improvement Council
Holbert, Amy	Family Connection of South Carolina	Wall, Paige, MHRD	Anderson County First Steps
Howard, Tiffany	Help Me Grow SC/Prisma Health	Ward, Bunnie	Education Oversight Committee

Name	Organization	Name	Organization
Hudson, Tom	SC School Improvement Council	Werner, Chris	SC Thrive
Hunter, Beverly, M.S.	SC Department of Social Services	West, Pat	LCFS
Hussey, Julie	SC First Steps Board of Trustees	Wilkes, Patti	Fairfield County First Steps
Ingram, Samantha	SC First Steps	Williams, Bett	Children's Trust
Irvin, Matt	USC Child Development Research	Williams, Lovetta	SC DSS
Jeffcoat, Christi	SC Department of Social Services	Williams, Sue	Children's Trust of SC
Jeter, Shunna Vance,	Commission, Inc.	Witowski, Jane	Help Me Grow South Carolina
Johnson-Brebner, Angel	Coastal Community Foundation	Woodle, Elissa	Creative Beginnings, CDC
Johnson, John	Tree, LLC	Woods Kathy	Head Start
Johnson, Louise	Department of Mental Health	Young, Mike	PASOs
Jones, Morgan	SC Department of Social Services		



IMAGES: South Carolina icon from: https://www.onlinewebfonts.com/icon/467320; other icons from Piktochart; **INFOGRAPHIC:** Developed by the Early Childhood Advisory Council in consultation with our partners; **LAST UPDATED:** October 25, 2019