



PROGRAM POLICY & STRATEGY COMMITTEE MEETING
October 25, 2011 3:30 p.m.
ELC Board Room

- | | |
|---------------------------------------|--|
| I. Welcome & Introductions | David Williams Jr., Co-Chair
The Hon. Cindy Lederman,
Co-Chair |
| II. Approval of Agenda | David Williams Jr., Co-Chair
The Hon. Cindy Lederman,
Co-Chair |
| III. Approval of September 27 Minutes | David Williams Jr., Co-Chair
The Hon. Cindy Lederman,
Co-Chair |
| IV. CEO Update | Evelio Torres |
| V. Monroe Performance Report | Mary Williams |
| VI. Miami-Dade Performance Report | Jackye Russell |
| VII. Feasibility Study | Chris Duggan |
| VIII. Old Business | |
| IX. New Business | |
| X. Public Comment | |
| XI. Adjourn | |

Mission: To promote high-quality school readiness, voluntary pre-kindergarten and after school programs, thus increasing all children's chances of achieving future educational success and becoming productive members of society. The Coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children with a priority toward the ages before birth through age 5.



Program Policy & Strategy Committee Meeting
September 27, 2011; 3:30 p.m. – 5:30 p.m.
Early Learning Coalition of Miami-Dade/Monroe
Board Room
2555 Ponce De Leon Blvd Suite 500
Coral Gables, FL 33134

Committee Attendees: The Hon. Cindy Lederman; David Williams, Jr.; Roderick Beasley; Lucy Piñeiro; Ann Karen Weller (via conference call)

Staff Attendees: Evelio Torres (CEO); Jackye Russell; Mary Williams (via conference call); Kristina Alonso; Milton Silvera; Leeana Pena; Blythe Robinson; Bethany Sands; Nicole Bardin

General Attendees: Linda Carmona-Sanchez (AECE); Evelyn Jordan (Miami-Dade County); Ardene Estrada (Miami-Dade County); Chris Duggan; Marie Woodson (Miami-Dade County); Angela Messina (Miami-Dade County); Suzette Frazier (Department of Children and Families)

I. Welcome and Introductions

- D. Williams, Jr. welcomed the committee and attendees.
- A quorum was established with five (5) voting members.

II. Approval of July 25th Minutes

- R. Beasley moved to approve the July 25, 2011 minutes.
- L. Piñeiro seconded the motion.
- Motion was unanimously passed.

III. CEO Update

- E. Torres shared the CEO Update.
 - We are still providing input for the Race to the Top application which is due on the 19th. The state is working in collaboration with a number of state partners in trying to put the application together so that Florida can have the best possible chance of having access to the \$100 million that are available through the federal government. If Florida receives these dollars we would be able to implement programs across the state, including enhancements to the quality rating improvement system. We should be hearing more information by the end of the year.
 - In regards to the number of children we are serving and the budget, we have still not disenrolled the six year olds from School Readiness. We are currently projecting a deficit and are hoping that continued attrition results in a balanced budget. If attrition slows down to a point where there is indeed a deficit, we will need to go back to the board and reconsider whether we maintain the six year olds in the program.



IV. Monroe Performance Report

- M. Williams shared highlights from the Monroe performance report.

V. Miami- Dade Performance Report

- J. Russell gave highlights from the Miami-Dade performance report.
 - D. Williams, Jr. asked why 98 parents would choose to decline services for children who have shown concerns on an ASQ.
 - J. Russell replied that many parents feel like following up with services is labeling their children, even though there is a lot of education given to the parents to help them understand this is an opportunity to identify early developmental delays and put an intervention in place. There were recommendations made to the inclusion team to work with the parents to make sure they understand the purpose of the assessment and follow-up and to work with parents on the cultural issues that might be interfering with the follow-through.
 - L. Piñero asked about the severity of the issues discovered with the assessments.
 - E. Jordan explained that this is not a psychological evaluation, but rather a screening process for potential developmental delays.
 - C. Lederman stated that the letter that goes to parents is very complex.
 - E. Jordan replied that the Inclusion and Assessment Task Force met this month to discuss improving the letter.
 - J. Russell stated that there is currently a freeze on the Child Care Executive Partnership (CCEP) Program as it is 63 children over target. We will be going back to the state in January to ask for additional dollars. If additional funding is received, we will open enrollment back up.
- E. Torres added that in regards to VPK, the Board of Education agreed to increase the percentage of children that must pass both the ECHOS and FAIR assessments to 70%. This means that based on this year's performance data, well over 60% of our providers would be considered Low Performing Providers (LPP's) next year. There would need to be a pre and a post test, and funding would need to be requested from the legislature for this. If a child comes into a program already far behind but the provider works with the child who makes a significant improvement, he/she might still be considered behind. If the child is not pre and post tested, there would be no way to determine this gain. We will have higher standards but still with a flawed assessment system.

VI. Feasibility Study

- C. Duggan shared the preliminary results of a feasibility study about setting minimum requirements for child care providers who provide School Readiness (SR) services.
 - Of the 30 coalitions surveyed, 70% had a requirement in the contract that their providers meet a standard level of quality and will conduct assessments to determine that the level of quality is met. Six coalitions have no assessment required. Three coalitions conduct quality assessments using the Environmental Rating Scale (ERS) but it is part of the improvement process and rather, not a requirement of the contract. Palm Beach County is currently in development to identify what the level of quality they will require is.
 - The tool the majority of the coalitions are using to assess quality is the ERS. Those scores range from 1-7. The minimum scores required by the



surveyed coalitions range from 3-5. Three coalitions are using a self-developed assessment tool.

- Four coalitions (Duval, Volusia/Flagler, Orange and Big Bend) were selected to discuss how they approach the process. The common theme among them was that the coalitions' Boards had the expectation that if a childcare program was going to serve SR children, the provider must be willing to ensure there is a level of quality in that center that meets or exceeds the level established by the coalition.
- It is absolutely critical to have the support of board members in order for this to be successful.
- It is important to promote the whole quality system as a parent education tool and not only as a provider accountability system.
- The current statewide contract contains elements that give coalitions the authority to implement quality standards.
- E. Torres stated that the reason a recommendation to put together a workgroup was made was based on not only what we heard from other coalitions, but also the work that we did with the provider contract that required a lot of important input from providers.
- C. Lederman moved to put together a workgroup to discuss the implementation and development of quality standards for School Readiness providers.
 - L. Piñeiro seconded the motion
 - Motion was unanimously passed.

VII. School Readiness Provider Suspension Policy

- J. Russell stated that the School Readiness suspension policy passed by the board is an excellent step in the direction of ensuring quality. We had the first test of that policy when the Provider Services Committee meeting took place, with providers who came before the committee grieving the intent to suspend letter that they received. Three of the providers received Class I violations and one of the providers had received three Class II violations. Basically, the committee heard the grievances and the providers had remedied whatever the violations were by the time they came before the committee. So the committee voted not to suspend any of the providers. We need to have some discussion as to what we should do with this policy moving forward, because we will never have a situation where a provider comes before the committee without having remedied the violations.
- L. Piñeiro asked J. Russell what the violations were.
- J. Russell responded that one provider was over capacity by 50%. One provider had an inadequate number of seat belts. The provider with the Class II violations were recordkeeping violations such as background screening information and employment history information missing. Two of the providers received fines.
- E. Torres stated that we should consider whether or not to amend the policy. This has proven to be a very expensive and time consuming process for the coalition, which required the board attorney to spend countless hours working in preparation leading up to the Provider Services Committee meeting.
- E. Torres recommends that instead of sending an intent to suspend letter, that we send a letter asking the provider to appear before the Provider Services Committee to explain the reason they received the violations. This will save a lot of time and expense. E. Torres added that this policy may well serve as a deterrent to providers that have these types of violations who will pay a lot more attention knowing that they may lose their main source of revenue from the SR program.



- L. Piñeiro asked about the severity and the imminent danger that Class I violations pose to a child.
- S. Frazier (DCF) explained that not all Class I violations pose an imminent threat to the child but are more serious in nature than Class II violations.
- L. Piñeiro stated that doing away with the policy is not the answer. There are some violations that are very serious in nature.
- E. Torres agreed that the policy should remain. However, we should consider that if the committee is not going to deem some of the violations to be ongoing issues and are satisfied with the explanations that the providers give, then we should not be putting providers through that sort of experience, if they are not going to be suspended. E. Torres suggests perhaps softening the letter that goes out to providers to invite those providers to come before the Provider Services Committee to explain what occurred. The process as it is, is very expensive and requires preparation as if it were going to trial.
- C. Lederman moved to develop a discretionary prerequisite as an amendment to the Provider Suspension Policy.
 - L. Piñeiro seconded the motion.
 - Motion was unanimously passed.

VIII. Change of Ownership

- J. Russell stated that the Board of Directors sent the Change of Ownership policy back to the Program and Strategy Committee for further discussion.
- E. Torres explained that the issue was when a change of ownership occurs with a center that has been suspended from SR or is in danger of having their license revoked by DCF, they sell their business to a relative or close family member, in order to start fresh and avoid the consequences of suspension or revocation of a license. Hillsborough County has a policy that addresses this particular issue.
- C. Lederman moved to adopt the Change of Ownership policy as is.
 - L. Piñeiro seconded the motion
 - Motion was unanimously passed.

IX. Public Comment

- L. Carmona stated that in regards to the VPK Low Performing Providers (LPP) it is important for the committee to understand that while the state board of education is looking at the possibility of getting funding for a pre and a post test, a lot of flaws that we currently have in the FLKRS assessment will also be applied to the pre and post test. There is no variation for applying the assessment to children that have special needs. There is also no ability to apply the assessment in a language other than English. In our community, that is a serious issue, not only for the children, but for the provider that is administering the assessment. When the state board of education went through this decision making process, they were originally presented with the recommendation of a 60% bar. They chose to go higher because they were dissatisfied to continue to accept mediocrity. However, if you continuously cut the budget for VPK as they have this year, you will get what you pay for.
- L. Carmona asked that of the coalitions in the feasibility study that have established minimum quality standards, how close are they to paying the recommended market rate as a reimbursement. Recently, AWI released the new fair market rates for Miami-Dade County, and in only the 0-12 month category, the recommendation is \$155 per week for the standard rate. In Miami-Dade County we choose to pay our providers \$117 a week. That is a significant difference in pay. How do we demand quality when we cannot pay our staff a



living wage? This is a serious question for the Board to consider as it moves forward. This is not to deter the Board from demanding quality or to say that children don't have the right to high quality.

- E. Torres stated that we have been working with a national expert on reimbursement rates and investments in quality and should have a report from her in the next four to six weeks which should answer some of L. Carmona's questions.

X. Adjourn.

- D. Williams adjourned the meeting.



Monroe County: 2011/2012 Performance Report – September 2011

<i>Outcome</i>	<i>Indicator</i>	<i>Target</i>	<i>Y-T-D Actual (7/11 – 6/12)</i>	<i>% Achieved Y-T-D</i>	<i>% Year Elapsed</i>	<i>Comments</i>	<i>Data Source</i>
I. Eligible children birth to five with parental consent are screened using the Ages and Stages Developmental Screening Questionnaire (ASQ)	Completion of ASQs (based on the child's date of entry and/or birthdate)	600	211	35%	25%		WHFS
	Percent of ASQs completed timely within 45 days of program entry	100%	28/59	47%	N/A	29- Late submittals 2- Terminations	
	Percent of children with "red flags" who receive an Individual Improvement Plan	100%	15/15	100%	N/A		
	Percent of children with valid "red flags" (with parental consent) who receive Battelle screen	100%	6	40%	N/A		
	Disposition of children with valid "red flags" where Battelle screen not completed		9			4- Moved 1- Went to public school 3- Already receiving services 1- Self-referral to Early Steps	
II. Eligible children birth to five years with agreement providers and parental consent are assessed at pre and post using Creative Curriculum Developmental Continuum Assessment (CCDA)	Completion of pre assessments (Sept – Nov)	450	0	0%	N/A	Pre assessment period is Sept – Nov	WHFS
	Completion of post assessments (March – May)	450	0	0%	N/A	Post assessment period is March – May	
III. Eligible children birth to five with parental consent received a comprehensive child health screening conducted by FKAHEC medical team	Completion of health screening results form	450	0	0	N/A	Fall screening period is Oct - Dec	FKAHEC
IV. School Readiness providers have submitted signed Provider Agreements	Percent of Signed Provider Agreement Forms	100%	20 centers 33 fchs 53	100%	N/A		ELC Monroe Office
V. Agreement providers, including centers and family child care homes, received a Coalition approved environmental assessment	Completion of environmental assessments	70%	19 center 26 fchs 45	0	N/A		WHFS
VI. Participating Monroe providers received available Coalition mentoring/inclusion services	Number of provider visits	600	167	28%	25%		ELC Monroe Office
	Number of provider trainings (individual, small or large group)	24	10	42%	25%		

<i>Outcome</i>	<i>Indicator</i>	<i>Target</i>	<i>Y-T-D Actual (7/11 - 6/12)</i>	<i>% Achieved Y-T-D</i>	<i>% Year Elapsed</i>	<i>Comments</i>	<i>Data Source</i>
VII. Participating VPK providers received a monitoring visit to verify enrollment ratios; confirm the teacher of record on the Form 11 is the current teacher, curriculum of record is being utilized, and Florida Standards are being incorporated	Completion of VPK monitoring tool	9 - District Sites	0	0%	25%		ELC Monroe Office
		15- Private Providers	0	0%	25%		WHFS
VIII. VPK enrollment increased 5% from the previous 10/11 School Year enrollment (447 unduplicated count)	Generation of Enrollment Report from EFS (Aug '11 - June '12)	469	459	98%	25%		WHFS

School Year 2011-201 VPK Certificates Issued as of 9/30/11- 515
Percent School Year 2011-2012 VPK Children Enrolled as of 9/30/11- 89%

School Readiness Child Enrollment as of 9/30/11- 641
School Readiness Child Wait List as of 9/30/11- 82
CCEP Enrollment as of 9/30/11- 16



Miami- Dade County: 11/12 Performance Report – September 2011

<i>Outcome</i>	<i>Indicator</i>	<i>Target</i>	<i>Y- T- D Actual</i>	<i>Percentage/ Difference</i>	<i>Comments</i>	<i>Data Source</i>
I. Eligible children birth to five with parental consent are screened using the Ages and Stages Developmental Screening Questionnaire (ASQ)	Completion of ASQs (based on the child's date of entry and/or birth date)	17,500 (annual estimate)	21,144	100%	On target to meet goal, year-end calculation of actual number enrolled during 2010-11. This contract has been extended until September 30, 2011.	CDS monthly reports
	Number of children with "red flags" who receive an Individual Improvement Plan	100% up to *1700 is reference # (Contract)	Confirmed: <ul style="list-style-type: none"> • 547 IIPs • 423 were provided follow up services • 211 ILSP • 104 declined by parent Total 1285 Unconfirmed: 185	76%	1700 is the number of children contracted to provide inclusion services. The number of children needing services is not a fixed number. This contract has been extended until September 30,2011.	
	Number of referrals		198	On-going		
II. Random sample of children with parental consent are assessed at pre and post using Learning Accomplishment Profile-Diagnostic (LAP-D) or the Early Learning Accomplishment Profile (E-LAP) depending on the age of the child.	Completion of pre assessments (Sept – Nov)	450	479	106%	Exceeded goal	CDS monthly reports
	Completion of post assessments (March – May)	450	424	94%	Meets mandate parameters for assessment	

<i>Outcome</i>	<i>Indicator</i>	<i>Target</i>	<i>Y- T- D Actual</i>	<i>Percentage/ Difference</i>	<i>Comments</i>	<i>Data Source</i>
III. Eligible children enrolled in services during managed open enrollment to meet enrollment target.	Number of children enrolled in care.	TBD	23,515		Currently all 6 year olds remain in care until their 7 th Birthday.	ELC Weekly Report
IV. Eligible children enrolled in CCEP billing category.	Number of children enrolled in CCEP	900	939		There is currently a hold on CCEP enrollments. New CCEP agreements will be placed on a waitlist.	ELC Weekly Report
V. School Readiness Providers have submitted signed Provider Agreements	Signed Provider Agreement form	100%	1543/1648	94%		ELC Provider Database
VI Participating Quality Counts providers have completed Performance Improvement Plans	Baseline Rating awarded and QIP entered into WELs system	100%	473 Total Providers 412 Baseline(All Rating types included) 409 QIP	99% of providers rated have a QIP		WELs system
VII Participating VPK providers who received a monitoring visit.	Completion of VPK monitoring tool	496	70 Private 8 MDCPS 78 Total	16%	Monitors were in the office from 8/3/11-9/6/11 assisting with provider certification.	ELC Monitoring Report
VIII. VPK enrollment	EFS Enrollment Report from EFS	22000	20,105	91%		EFS Enrollment Report

School Readiness Child Wait List as of 10/17/2011 - 16,252 (Increase of 613)

School Readiness Child Wait List- Ages Birth to 8 - 13,867 (85%)
Ages Birth to 5 11,862 (73%) (Increase of 420)

Early Learning Coalition of Miami-Dade and Monroe Counties

- Presentation to Program Policy and Strategy Committee– September 27, 2011
- Issue- Feasibility of requiring specified quality level for contracted School Readiness providers
- Chris Duggan- Consultant
- c.dugganconsulting@gmail.com



Coalition Survey

70% of the Coalitions are now requiring a standard level of quality for contracting purposes. The actual numbers are listed below:

Assessment Required--20

No Assessment Required--6

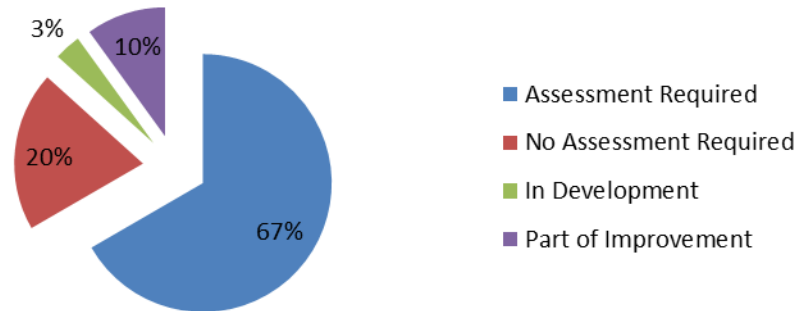
Improvement Process-- 3

In Development--1

Currently, the minimum scores required range from 3 to 5 on the Environmental Rating Scale with several of the Coalitions now considering increasing the current score by a percentage point or at least one -half a point.

Three of the Coalitions use a different tool than the ERS and the score required for each of these particular tools range from 85% to 100%.

Contract Requirements for Quality Assessment



Review of Other Coalition Models

Sampled Coalitions:

- Early Learning Coalition of Duval County
- Early Learning Coalition of Flagler and Volusia Counties
- Early Learning Coalition of Orange County
- Early Learning Coalition of the Big Bend (Leon, Gadsden, Liberty, Wakulla, Taylor, Jefferson and Madison).

While the models are very different in the implementation process, the overall goals were consistent.

- *Each Coalition has an expectation that if a child care program is going to serve SR children, the provider must be willing to ensure a level of quality that is established by the Coalition.*
- *This standard level of quality helps ensure that the children participating in the program are well taken care of and that the program offers developmentally appropriate programming.*



Lessons Learned

Flagler- Volusia:

- Board Chair and members' leadership is critical to success.
- Another critical factor is buy-in by the providers.
- This Coalition used a system of phasing in a couple of sub scales at a time for all the providers rather than phasing in a group of providers at a time.

Orange:

- Plan ahead!
- Contact other coalitions and use their lessons.

Big Bend

- Important to promote the whole quality system as a parent education tool rather than only a provider accountability system.
- Need to have adequate funding to implement well.
- Hard work for staff that do assessments so you need to focus on team development and training.
- Use innovative technology to speed up the record keeping and improvement plan process.



Lessons Learned, cont.

Duval:

- To implement a Quality Assessment correctly is a very expensive process especially if you do it universally.
- Be sure to take the time to do it well, developing provider and community buy-in and Board support.
- To maintain well trained staff with inter-rater reliability is challenging.
- A great deal of time is spent on team building between the assessment staff and the technical assistance staff.
- Be sure to establish effective communication systems and protocols.
- The providers, parents and community need to be educated about importance of improving quality and the Board needs to be informed about the results of the assessments and the efforts to improve.
- Be prepared for challenges and lawsuits. One of the best ways to be prepared for this is to have the Board Attorney involved from the beginning.



Florida's State CCDF* Plan

Part- 5.1, 6

Monitoring of Compliance with Licensing & Regulatory Requirements

The AWI Office of Early Learning, early learning coalitions, and the Florida Department of Children and Families (DCF) use Child Care and Development Fund resources to support quality activities that relate to monitoring and compliance with licensing and regulatory requirements.

Activities:

Early learning coalitions develop evaluation plans and monitor early learning programs. Many use Environment Rating Scales to assess programs, plan technical assistance and training, and evaluate improvements. In addition, local Early Learning Coalition Plans require the development of outcome measures for each plan element.

*** CCDF (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))**



Quality Care & Parental Choice

ACF has issued a Policy Interpretation Question (PIQ) document*, providing clarification on the issue of School Readiness agencies requiring child care providers meet a designated level of quality services .

The PIQ states that a top priority of the federal child care agency is to ensure that:

Parents receiving subsidies have access to high quality child care arrangements across different types of providers that foster healthy development and learning for children. In order to be meaningful, the parental choice requirement should give parents high quality child care options.

*CCDF-ACF-PIQ-2011-01



Quality Care & Parental Choice, cont.

Child care agencies should collect and disseminate to parents and the general public consumer education information that will promote informed child care choices across a range of providers. To the extent that quality improvement systems assess and rate the quality of child care settings, these systems provide an important mechanism for meeting this requirement

The PIQ goes on to state that an additional requirement is that the quality requirements may not have the effect of limiting parent choice for the families receiving child care subsidy.

The child care agency may utilize capacity studies to analyze the need for child care as a way ensuring adequate child care options across all types of care, including: different categories of care (center, group, family, and in-home) and types of providers (non-profit, for-profit, sectarian, and relatives.



School Readiness Act

The Coalition operates within the statutory authority that is established in F.S. 411.01- the School Readiness Act and the Voluntary Pre-Kindergarten legislation (s. 1002.52-1002.79, F.S.). The broad scope of responsibilities includes the oversight and delivery of local early education services including School Readiness and Voluntary Pre-Kindergarten programs. The specific statutory language follows:

F.S. 411.01 (5) (c) 2

Each Early Learning Coalition must implement a comprehensive program of school readiness services in accordance with the rules adopted by the office which enhance the cognitive, social, and physical development of children to achieve the performance standards and outcome measures.



School Readiness Act, cont.

At a minimum, these programs must contain the following system support service elements:

- *Developmentally appropriate curriculum designed to enhance the age-appropriate progress of children in attaining the performance standards adopted by the Office of Early Learning under subparagraph (4)(d)8.*
- *Character development program to develop basic values.*
- *Age-appropriate screening of each child's development Age-appropriate assessment administered to children when they leave the program.*
- *Appropriate staff-to-children ratio, pursuant to s. 402.305(4) or s. 402.302(8) or (11), as applicable, and as verified pursuant to s. 402.311.*
- *Healthy and safe environment pursuant to s. 401.305(5), (6), and (7), as applicable, and as verified pursuant to s. 402.311.*
- *Resource and referral network established under s. 411.0101 to assist parents in making an informed choice and a regional Warm-Line under s. 411.01015*



Child Care Licensing

The local agency that provides this service is the Child Care Licensing office of DCF serving Miami- Dade County.

Currently, the Coalition monitors the Class I and Class II licensing violations, because the policy requires the Coalition to suspend a SR provider if they receive at least 1 Class I or three or more Class II's (in the same substandard).

This policy went into effect July 1, so the first suspensions are now being addressed. The Policy is not retroactive, but is effective going forward from July 1, 2011.



School Readiness Contract

The School Readiness contract that is currently utilized by the Coalition is modeled after the statewide SR contract that the Association of Early Learning Coalitions approved this past year. In fact, elements of the Miami-Dade contract were incorporated into the statewide contract.

The current contract already has elements that would enable the Coalition to perform quality assessments as a requirement of the contracting process.

The authority to establish quality standards is provided to the Coalition through the F.S. 411. 02 and the Coalition has the responsibility to ensure quality standards as stated in the contract.



Relevant Contract Items

I (3)

Provider certifies that each location at which Provider offers the SR program meets all of the qualifications and requirements for offering the SR program established by statute, rule, and this Contract at all times Provider offers the SR program.

Provider agrees that failure to comply with all of the qualifications and requirements for offering the SR program at all times at any location at which Provider offers the SR program may result in ineligibility to offer the SR program at that location and termination of this Contract in whole or in part.



Relevant Contract Items, cont.

III (7)

The Coalition will ensure that all requirements of this Contract are met, providing information and assistance as specified in this Contract and monitoring the Provider for compliance.

The Coalition, its designee and its Contracted Service Provider will monitor the Provider for compliance with all federal, and state laws, federal regulations, Agency rules, regulations and policies, and Coalition policies and procedures.



Relevant Contract Items, cont.

III (9)

The Provider agrees to permit the Coalition, its designee, and AWI to enter the Provider's facility during hours of operation to verify the Provider's compliance with this contract, School Readiness procedures as set forth in federal and state law, and AWI policies and procedures. This paragraph does not authorize the Coalition to enforce licensing requirements under section 402.302-402.319 F.S. or impose any requirement beyond this contract

IV (20)

The Provider agrees to utilize an approved developmentally appropriate curriculum and an approved character development program that support the implementation of the Florida Early Learning and Developmental Standards.



Relevant Contract Item, cont.

VIII (50)

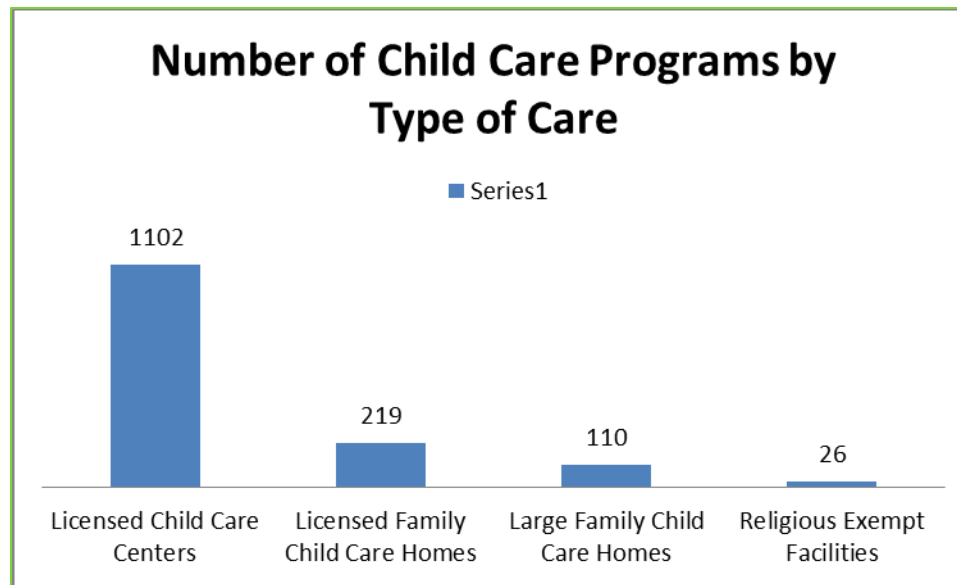
The Provider agrees that the Coalition may require corrective action if the Provider fails to comply with all federal and state laws, federal regulations, Agency rules, regulations, and policies, or this Contract.

The Coalition will notify the Provider in writing of the failure to comply with the preceding requirements, prior to requiring corrective action. The notice shall state the manner in which the Provider failed to comply with said requirements and state a date by which the corrective action must be completed. The Coalition may temporarily withhold funds until the Provider completes the corrective action.

If the Provider fails to complete the corrective action by the completion date, the Coalition may terminate this Contract or permanently withhold funds for the period the Provider was not in compliance, after notifying the Provider in writing by certified mail with return receipt requested at least 14 calendar days before the funds are withheld or before terminating this Contract. If the Provider refuses delivery of the notification, the Coalition shall document it and may terminate this Contract. Actions taken under this paragraph are subject to dispute resolution as described in the Contract.



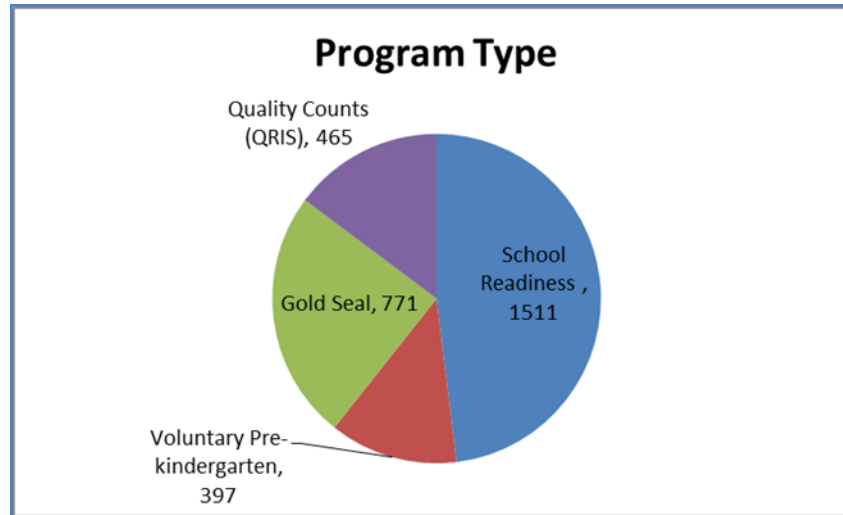
Child Care by Care Type



Number of informal providers: 16



Child Care by Program Type



Next Steps

- Form Quality Assessment Process Workgroup and hold initial planning meetings.
- Develop recommendation for assessment processes.
- Provide estimated cost of recommended process.
- Provide proposed project schedule, inclusive of pilot project period, evaluation of results and implementation schedule.



ELC- Miami Dade: Feasibility Study-- Proposed Approach

TASK #1: ESTABLISH THE LEVEL OF QUALITY REQUIRED FOR SCHOOL READINESS PROVIDERS	
Component A: Licensed Child Care Programs-- <ul style="list-style-type: none"> ▪ Child Care Centers ▪ Family Child Care Homes ▪ Large Family Child Care Homes ▪ Religious- exempt Child Care Centers ▪ Licensed School Age Care Programs 	Recommendation: 3.0 on the Environmental Rating Scale <ul style="list-style-type: none"> ▪ Infant/ Toddler Environmental Rating Scale ▪ Early Childhood Environmental Rating Scale ▪ Family Child Care Environmental Rating Scale ▪ School Age Environmental Rating Scale
Notes: <ul style="list-style-type: none"> ➤ <i>This level has been determined by the majority of the ELCs currently utilizing the ERS as the minimum level of quality that is acceptable and is aligned with Florida’s Health and Safety Licensing requirements as well as the Fl. Statutory School Readiness requirements.</i> <ul style="list-style-type: none"> ▪ <i>Pro: Providers currently participating in the Quality Counts program are familiar with the ERS assessment. These providers could serve as supporters and mentors for the programs that will need to become familiar with the tool.</i> ▪ <i>Con: There is a high cost to utilizing this tool. The process of maintaining inter-reliability for the assessors is intensive and costly.</i> 	
Component B: Informal Providers	Recommendation: ELC Approved Health and Safety Standards
Notes: <ul style="list-style-type: none"> ➤ <i>Utilize the Health and Safety Checklist that is currently utilized by the ELC in conjunction with the Curriculum Assessment for the Informal Providers.</i> ➤ <i>The ELC will review the Health and Safety Checklist to determine if any modifications are needed.</i> 	
Component C: School District School Readiness Programs, providing School Readiness After School Care	Recommendation: To be determined
Notes: The representative ELCs (Duval, Flagler/ Volusia, Orange and Big Bend) will be contacted to determine the process that they utilize to assurance quality level compliance for the school district programs.	
TASK #2 ESTABLISH ASSESSMENT PROCESS FOR CURRENT SCHOOL READINESS PROVIDERS	
Component A: Quality Counts	Recommendation: The ERS assessment that was utilized to determine their Quality Counts status will be utilized for the contract requirement of at least a Level 3.
Notes: <ul style="list-style-type: none"> ➤ <i>The ELC reserves the right to provide random, unscheduled monitoring of these programs as need indicates. If the program is found out of compliance with the Quality Level requirement, there will be a corrective action plan implemented at the ELCs discretion.</i> 	
Component B: Gold Seal	Recommendation: These providers are “grandfathered in” to the Quality Assessment requirement only for this first contract year.

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<p>Notes:</p> <ul style="list-style-type: none"> ➤ <i>During the first contract year, as the ELC is focusing on the current School Readiness providers that are not classified as Gold Seal, the ELC reserves the right to perform random, unscheduled monitoring of these programs as need indicates. If the program is found out of compliance with the Quality Level requirement, there will be a corrective action plan implemented at the ELCs discretion.</i> ➤ <i>After the first contract year, the Gold Seal providers will be required to meet the Quality Assessment requirement as specified in the contract. The contract requirements will be the same as any other School Readiness provider.</i> 	
<p>Component C: Current School Readiness Providers</p>	<p>Recommendation: Must meet the determined level of quality within the current contract year.</p>
<p>Notes:</p> <ul style="list-style-type: none"> ➤ <i>If they do not meet the standards, they will be provided a specific time period for improvements. Limited technical assistance is provided to these providers, e.g. - handouts and print materials.</i> ➤ <i>If the items not met are determined to be critical/serious nature- the time period should be relatively short in order to ensure the children's safety.</i> ➤ <i>If the items not met are less critical, then the time period can extend to 4 to 6 weeks.</i> ➤ <i>Recommended process for the current School Readiness Providers follows this chart.</i> 	
<p><i>TASK #3: ESTABLISH INITIAL CONTRACT REQUIREMENT AND ASSESSMENT PROCESSES</i></p>	
<p>Component A: Licensed Child Care Programs:</p> <ul style="list-style-type: none"> • Child Care • Family Child Care Homes • Large Family Child Care Homes • Religious- exempt Child Care Centers 	<p>Recommendation: These providers must meet the Score of 3 overall on the applicable ERS Assessment Tool before the contract is approved and signed by the ELC.</p>
<p>Component B: Informal providers</p>	<p>Recommendation: These providers must meet the standards that are listed on the Health and Safety Checklist. The required levels are: 100% on Critical Items; and 85-100% on Non-critical items</p>
<p>Notes:</p> <ul style="list-style-type: none"> ➤ <i>Limited technical assistance is provided to these providers is offered, e.g. - handouts and print materials. If they do not meet the standards, training opportunities, at their own expense, may be offered. A set amount of time must pass before they apply for a contract again.</i> ➤ <i>By requiring the program to meet the Quality Level requirement prior to contract completion, the ELC is assured that the children to be enrolled are attending a program that meets the expected quality standard, including Health and Safety Standards.</i> ➤ <i>Flow Chart detailing contract and assessment process is included at end of this document</i> 	
<p>Component C: School District School Readiness Programs</p>	<p>Recommendation: To be determined</p>
<p>Notes: The representative ELCs (Duval, Flagler/ Volusia, Orange and Big Bend) will be contacted to determine the process that they utilize to assurance quality level compliance for the school district programs that serve School Readiness children.</p>	

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RECOMMENDED PROCESS FOR THE CURRENT PROVIDERS:
Provider Orientation to the ERS Assessment Process, including:
➤ Review of the tools along with information demonstrating alignment to School Readiness Statute and State Licensing requirements
➤ Provider Self-Assessment process, including timeline of performance of self-assessment, program improvement plan and staff development opportunities
➤ Projected schedule of Program Assessments by ELC
Staff Development opportunities specific to ERS Component, including:
➤ Mentor and support meetings between providers already familiar with the tool and those providers desiring to connect with these providers
➤ Training sessions for Directors and staff
Program Assessment by ELC as detailed below
Note: <i>this is the same process that is utilized by the Quality Counts program. By utilizing the same system, the ELC will be establishing the message that all children deserve quality care, no matter which program they are in.</i>
➤ The recommended procedure is related to the size of the child care programs (number of classrooms) and number of School Readiness and VPK children in the program.
➤ If a classroom only has VPK children enrolled, then this classroom would not be considered as eligible for assessment, due to the VPK requirements that do not allow the ELC to assess the quality of these programs.
➤ Early care and education centers that possess at least one infant/toddler classroom will have an ITERS-R conducted in one-third (1/3) of applicable classrooms. Classrooms to assess shall be selected at random.
➤ Early care and education centers that possess at least one preschool (age 3-5 years) classroom will have an ECERS conducted in one-third (1/3) of applicable classrooms. Classroom to assess shall be selected at random.
➤ Family Child Care Homes will be assessed utilizing the FCCERS.
After Assessment Process, includes:
➤ Corrective Action Plan
➤ Resource materials - print and online
➤ Technical Assistance support- on a limited basis only
➤ Re-visit for programs out of compliance
RECOMMENDED PROCESS FOR THE PROVIDERS REQUESTING CONTRACTED PROVIDER STATUS:
Note: Upon review of the representative ELCs (Duval, Flagler/ Volusia, Big Bend and Orange) the Flagler/ Volusia process for Pre-contract assessment of Quality Level appears to be appropriate for the Miami-Dade ELC. The flowchart that was provided by the Flagler/Volusia ELC is placed within this document as a “good starting point” for the development process.

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