I. Welcome & Introductions Dr. Judy Schaechter

II. Approval of Minutes Dr. Judy Schaechter

III. Quality Counts Fiorella Altare

IV. Early Head Start Update Lidia Clarke

V. Professional Development Institute Lidia Clarke

VI. Inclusion/Assessments Dr. Anabel Espinosa

VII. Discussion: Health Priorities
   - Obesity Will Ayala
   - E-Cigarettes Will Ayala
   - Medical Homes Dr. Chemika Burkhalter
   - Vision/Hearing Dr. Chemika Burkhalter
   - Dental Dr. Chemika Burkhalter
   - Safe Sleep Dr. Chemika Burkhalter

VIII. Public Comments Dr. Judy Schaechter

IX. Adjourn Dr. Judy Schaechter

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.
Committee Attendees: Dr. Judy Schaechter and Imran Ali (via conference call)

Staff Attendees: Anabel Espinosa, Kerry Allen, Fiorella Altare, Lisa Sanabria, Lidia Clarke, Wilfredo Ayala, Lucy Shrack, Belkis Torres, Rachel Spector

I. Welcome and Introductions  Dr. Judy Schaechter

II. Minutes  Dr. Judy Schaechter
   a. Quorum was not established, minutes were not approved

III. Early Head Start  Belkis Torres
   - The topic of discussion was in reference to the current enrollment which is now 604 children
   - The referrals made to Jackson are a total of 670, 404 are children enrolled in EHS and 270 are the parents or siblings of EHS children.
   - The Parent Committee has been established and the first meeting was held 01/11/16. Policy council meeting held a meeting on 01/28/16.
   - EHS partnership interagency meeting, meets with MDCPS and United Way:
     o Presentation on School Readiness determination and eligibility model
     o The ELC’s expansion of the Providers Assessment Portal to include EHS children
     o Transition options for children
     o Meet and greet activities for EHS staff across partnerships
     o Possible unified placement and waitlist for EHS children

IV. Quality Counts  Fiorella Altare
   - Quality Counts currently has 422 providers in the program, out of those being served 343 are priority and 79 are non-priority.
   - Out of the accredited providers: 227 are centers, 18 are family homes, 7 are Head Start and 6 are RCMA.
   - The waitlist is currently at 0.
Star rating will be established again and the requirement of teachers having a high-school diploma will be removed hence increasing the star ratings. QC will continue to offer scholarships for teachers to obtain their High School diploma.

V. Professional Development Institute

This division of the Early Learning Coalition of Miami-Dade/Monroe encompasses all types of facilitated learning opportunities. They incorporate a variety of approaches to professional development. The Professional Development Institute serves as a clearinghouse for, speakers, educators, and advocates to promote trainings on our community training calendar.

Florida laws require all private and public VPK providers to administer pre- and post-assessments to all children attending a VPK program. PDI has held 13 trainings and had a total of 140 attendees.

The HIPPY program in Monroe County has a funding level $110,000 blended, the fiscal cycle runs July-June and there are 50 TANF/SR eligible children. The HIPPY program in Collier County has a funding level of $80,000, the fiscal cycle runs July-June and there are 45 TANF eligible children.

The trainings PDI offer included new hire orientation, BG 1, 3, 5, and income fee schedules /care levels respectively. All department new hires were invited to attend as well as any support specialist identified by their supervisor. Twenty (20) staff attended the trainings which included 3 new hires. Each training was observed by a Family Support Lead. Participants demonstrated through assessment and scores over 90% indicate that learning gains were made. 100% of the training evaluations report that learning objectives were met.

VI. Screening/Inclusion/ASQ’s/Warm Line

Dr. Espinosa reported that the amount of past due ASQ’s is down 201, children past due is 521. The Inclusion team has hired someone who is calling all providers that are past due to help them correct any issue they may have. Withholding payments for past due ASQ’s will begin in February.

The Warm Line is a telephone number to provide assistance and consultation about the inclusion of children with developmental delays and children who are at risk for disabilities. A service to assist providers and parents concerned about a child’s development. The Warm line assists School Readiness children as follows:

- Citrus Health Network provides ASQ-3 follow-up inclusion services to children (birth to kindergarten eligibility) enrolled in School Readiness whose ASQ-3 results indicate a concern or risk for developmental delay. Referral to Help Me Grow children enrolled in School Readiness who are Kindergarten eligible or older.

Non-School Readiness children are assisted as follows:

- The Inclusion Team provides follow-up inclusion services to all children (birth to kindergarten eligibility) enrolled in early care settings whose parents or providers indicate a concern or risk for developmental delay via the ELC Warm Line. Referral to Help Me Grow if the child is between the ages of birth to Kindergarten eligibility not in early care setting for children who are Kindergarten eligible or older.

OEL Reporting Requirements for the Warm line are as follows:

- Reporting Templates come directly from OEL, Activity Log, Technical Assistance, Calls, and emails, on site follow up, Trainings, Internal and external trainings categories by
VII. Community Health & Wellness

- A Childhood Obesity Prevention Project has been established and reports that nearly 1/3 of U.S children and adolescents are overweight or obese, and 1 in 3 Miami-Dade County preschool children in subsidized childcare are overweight. Research has found that many preschoolers in childcare settings are not meeting the recommended guidelines of 2 hours of unstructured and structured physical activity daily. This project will Coordinated Approach to Child Health (CATCH) Train-the-Trainer Academy in techniques of structured physical play, Portable play equipment for each site, Onsite technical assistance, Family activities to promote structured physical activity. The funder of this project is the Health Foundation of South Florida. The grant was awarded on December 24, 2015, it will run for 2 years and the funded amount is $160,069 ($90,034.50 yearly). The expected launch Date is March 01, 2016 and the target service recipients are 165 ECE centers, 4,950 preschoolers and families in the locations of Miami-Dade North & South, Greater Miami and Broward
- The Sunbeatables project was also discussed but was tabled for the time being as an analyses of future projects must be discussed.

VIII. Adjourn

Dr. Judy Schaechter
Inclusion Work Group  
February 12th, 2016; 10:00 AM  
Early Learning Coalition Board Room

Board Attendees: Mara Zapata, Abilio Rodriguez, Alex Soto (via conference call), and Dr. Tina Carrol-Scott

Staff Attendees: Anabel Espinosa, Lisa Sanabria, Pamela Hollingsworth, Lucy Schrack, Paloma Lopez-Barcena

General Attendees: Jackie Romillo (Citrus), Rachel Spector (The Children’s Trust), Lily Gomez (Help Me Grow)

I. Welcome and Introductions

II. Approval of Minutes  
Dr. Tina Carrol-Scott

- Dr. Tina Carrol-Scott called for the approval of the meeting minutes from October 13th, 2015.
  - A. Rodriguez moved to approve the minutes.
  - M. Zapata seconded the motion.
  - Motion was passed unanimously.

III. Inclusion Work Group  
Dr. Tina Carrol-Scott

- A. Espinosa stated that the Inclusion Workgroup met on October, 2015 and recommended that ELCMDM begin to route and respond to internal requests for assistance, via the ‘Family Needs Assessment’, completed by families during the Eligibility and Redetermination stages.

  - In response to this recommendation the Coalition’s Child Care Resource and Referral (CCR&R) Department has started sorting and routing Family Needs Assessments. The CCR&R Department began sharing all Family Needs Assessments, where a family identified a concern regarding their child’s development and/or behavior, with the Warm-Line. The Warm-Line Specialist is following the protocol below to link families with needed supports
    - Concerns about children who are enrolled in School Readiness are being confirmed and referred to Citrus Health Network.
    - Concerns about children who did not qualify for School Readiness and who are currently enrolled as a Private Pay child in an early care settings are being staffed for supports by the Inclusion Team
• Concerns about children who did not qualify for School Readiness and are not in care or over the age of 5 are being referred to Help Me Grow for additional supports.

- A. Espinosa stated that the workgroup also recommended that ELCMDM and Citrus Health Network work collaboratively through the ‘Developmental Follow Up’ contract to identify all children who may have been diagnosed with a disability/delay while enrolled in School Readiness.
  - In response to this recommendation Citrus Health Network has shared a report identifying children who were both consented and eligible for services, as per Early Steps/FDLRS from July 2014-July 2015.
    • The Warm Line Specialist identified a child’s current enrollment status in EFS
    • The Warm Line Specialist reached out to providers to confirm child enrollment with EFS enrollment status.
  - Reports from Citrus Health Network for August 2015-December 2015 will include
    • 1) children who are eligible for services Early Steps/FDLRS and parent accepts
    • 2) Children who are eligible for services as per Early Steps/FDLRS and parents declines
    • 3) Children whose parents declined the ISP process and referral to Early Steps/FDLRS.

- A. Espinosa stated that another recommendation made by the workgroup was that families have a means by which they can report their child’s disability status. In addition, the Inclusion Work Group recommended that values be developed in EFS to track a child’s disability status. In response to this recommendation the ELCMDM’s MIS department has developed two additional custom columns that allow the designation of either Documented Disability/Delay (DDD) or Parent Concern (PC) and corresponding History Notes.
  - Full implementation of the improved documentation and tracking system is in progress. The ‘Family Needs Assessment’ has been revised to capture information needed to use custom columns in EFS. (January, 2016)
  - Once the ‘Family Needs Assessment’ is fully revised, Staff Eligibility Specialists must be trained in order to implement the process with fidelity to the desired process. (target completion date: May, 2016)

1. During the January 20, 2016 meeting state and local affiliates from Help Me Grow and met with several members of the Executive Leadership Team and discussed ways to improve and strengthen collaboration.

2. On February 3, 2016 state and local affiliates from Help Me Grow met with several members of the Program Leadership and Eligibility to evaluate current workflow and discussed ways to improve current referral practices.

- A. Espinosa stated that Child Care Resource and Referral (CCR&R) shares Family Needs Assessments with Parent Concerns (development and behavior). The following is the data received from December 2015 thru January 2016
  - Families confirmed a need - 15
  - Families confirmed and referred - 15
  - Families that declined need - 55
  - Families that are pending - 10
  - Unable to Contact - 2

  Family Referral Data
  - Help Me Grow - 1
  - Citrus Health Network - 7
  - Parent to Parent - 1
  - FDLRS/Child Find - 1
  - Inclusion Strategy Share - 5

- J. Romillo suggested that the Warm-Line follow up with all families who identify any concerns on the Family Needs Assessment rather than just concerns about child behavior or child development. Her rationale for this suggestion was that family needs or concerns regarding housing, mental health, relationships and finances could impact child development.

- A. Rodriguez suggested that additional follow-up attempts be conducted with families who declined need during follow up, after having expressed need on the Family Needs Assessment. The reason for this suggestion is that families may not feel comfortable discussing the topic of child development at that particular time.

- A. Espinosa stated that the ELC Warm-Line followed-up on the current enrollment status of children who consented and completed the ISP phase of short term interventions with Citrus Health Network. The following are the results from July 2014 thru July 2015.
  - Children that exceed the age of eligibility - 4
  - Children no longer receiving School Readiness - 18
  - Children pending transfer - 1
  - Children receiving SR & in attendance with Provider -110
  - Total 133

- A. Espinosa stated that management and Information Systems (MIS) added values in EFS that allows for documentation of Parent Concern (PC) data and Documented Disability or Delay (DDD).
T. Scott inquired how these disabilities are identified.

A. Espinosa stated that the thirteen (13) disability categories established by the Florida Department of Education used to determine eligibility for an Individualized Education Plan (IEP) or an Individualized Family Support Plan (IFSP) would be honored. Additionally developmental delays diagnosed by a physician or a specialized service provider would also be included.

A. Espinosa elaborated that parents would self-report their child’s disability status using the Special Needs Assessment Form. A child with an Individualized Education Plan (IEP), an Individualized Family Support Plan (IFSP) or a diagnosed delay from a physician or specialized service provider (i.e. Speech/Language Pathologist, Physical Therapist, etc.) would be given the DDD code in EFS for data collection purposes. Children receiving specialized services (i.e. Speech Therapy, Occupational Therapy, Behavioral Therapy, Physical Therapy or Mental Health Counseling) would also give the DDD code in EFS.

T. Scott stated that in her practice she sees children who are affected by social/emotional disorders. A. Espinosa stated that while the Emotional Behavioral Disorder category is included amongst the 13 disability categories identified by the FLDOE the likelihood of children under 5 being identified or diagnosed with an emotional/behavioral disorder is small.

T. Scott stated that she finds a lack of support in the area of emotional disorders. Inclusion Work Group members from Help Me Grow (HMG) and Citrus Health Network (CHN) shared information regarding the supports their respective agencies provide for children needed social emotional/mental health supports.

R. Spector added that Early Discovery, funded through a grant from the University of Miami, offers therapy and developmental supports for children that do not qualify for services through Early Steps.

A. Rodriguez recommended that children with conditions that would make them eligible for a 504 Plan or Health Plan should also be considered as DDD for data tracking purposes.

A. Rodriguez requested data on the children who complete the Developmental Screening and Follow up Intervention Program. He would specifically like additional data on the total number of children screened in the School Readiness Program and the outcomes of those screenings.

A. Espinosa repeated all the suggestions and recommendations made by the Inclusion Work Group and agreed to work towards making these changes.

IV. Adjourn
PROGRAMS & POLICY COMMITTEE MEETING

February 24th, 2016
Fiorella Altare Christie, Director
Participants: Who is part of QC?

421 early care & education programs and 26,148 children as of January 31, 2016
Priority Programs: Who are we serving?

n = 421 as of January 31, 2016

Priority Program = those serving 30% or more children receiving subsidized care or located in a low-income census tract.
Participants: Who is Accredited?

Percentage of QC Gold Seal Accredited Programs as of January 31, 2016

Total number of QC Gold Seal Programs = 259

- Centers: 225/360 (62.5%)
- Family Homes: 20/47 (42.5%)
- Head Start: 8/8 (100%)
- RCMA: 6/6 (100%)

Gold Seal Accredited
QC Waitlist

(TCT Year 9: July 2015 – June 2016)

Programs on the waitlist for QC as of January 31, 2016 = 6
QC Assessment Levels

Distribution of Learning Environment Levels
n=380 as of January 31, 2016

*41 programs are in some stage of their Self-Study process.
# QC Assessment Levels

How are Learning Environment Levels calculated?

<table>
<thead>
<tr>
<th>CENTERS</th>
<th>CLASS Pre-K Emotional Support</th>
<th>CLASS Pre-K Classroom Organization</th>
<th>CLASS Pre-K Instructional Support</th>
<th>ECERS-R Provisions for Learning factor</th>
<th>ITERS-R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>At least 4.0</td>
<td>At least 3.0</td>
<td>At least 1.0</td>
<td>At least 3.0</td>
<td>At least 2.5</td>
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<tr>
<td>Level 2</td>
<td>At least 4.5</td>
<td>At least 3.5</td>
<td>At least 1.5</td>
<td>At least 3.5</td>
<td>At least 3.0</td>
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<tr>
<td>Level 3</td>
<td>At least 5.0</td>
<td>At least 4.0</td>
<td>At least 2.0</td>
<td>At least 4.0</td>
<td>At least 3.5</td>
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<tr>
<td>Level 4</td>
<td>At least 5.5</td>
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<td>At least 2.5</td>
<td>At least 4.5</td>
<td>At least 4.0</td>
</tr>
<tr>
<td>Level 5</td>
<td>At least 6.0</td>
<td>At least 5.0</td>
<td>At least 3.0</td>
<td>At least 5.0</td>
<td>At least 4.5</td>
</tr>
</tbody>
</table>
QC Staff Qualifications Levels

Distribution of Staff Qualifications Levels
n=380 as of January 31, 2016

*41 programs are in some stage of their Self-Study process.
QC Staff Qualifications Levels

How are Staff Qualifications Levels calculated?

<table>
<thead>
<tr>
<th>CENTERS</th>
<th>Formal Education</th>
</tr>
</thead>
</table>
| Level 1 | Lead Teachers: 75% have high school diploma or GED  
Assistant Teachers: 25% have high school diploma or GED |
| Level 2 | Lead Teachers: 100% have high school diploma or GED  
Assistant Teachers: 50% have high school diploma or GED |
| Level 3 | Lead Teachers: 100% have 9 credits or 13.5 CEUs or a combination of the two in EC/CD  
Assistant Teachers: 75% have high school diploma or GED AND 50% have 6 credits or 9.0 CEUs or a combination of the two in EC/CD |
| Level 4 | Lead Teachers: 100% have 15 credits or 22.5 CEUs or a combination of the two in EC/CD or AA+/60 college credits with 12 credits in EC/CD  
Assistant Teachers: 100% have high school diploma or GED AND 50% have 9 credits or 13.5 CEUs or a combination of the two in EC/CD |
| Level 5 | Lead Teachers: 75% have AA/AS Degree with at least 18 credits in EC/CD  
Assistant Teachers: 50% have 12 credits or 18.0 CEUs or a combination of the two in EC/CD or AA+/60 college credits with 6 credits in EC/CD |

Please note: This table is a simplified version of the Staff Qualifications standards requirement.
Belkis Torres, Vice President
# Enrollment

<table>
<thead>
<tr>
<th>Month</th>
<th>EHS Slots</th>
<th>Enrollment</th>
<th>Dually Enrolled</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2015</td>
<td>616</td>
<td>539</td>
<td>239</td>
<td>44%</td>
</tr>
<tr>
<td>December 2015</td>
<td>616</td>
<td>585</td>
<td>309</td>
<td>52%</td>
</tr>
<tr>
<td>January 2016</td>
<td>656</td>
<td>604</td>
<td>294</td>
<td>49%</td>
</tr>
<tr>
<td>February 2016</td>
<td>688*</td>
<td>636</td>
<td>331</td>
<td>52%</td>
</tr>
</tbody>
</table>

*Partnership agreements are pending.*
Jackson Health System

EHS/JHS Referrals
Total Referrals 713*

- EHS Children Referred: 298
- Parents and/or Siblings Referred: 415

*YTD: 7/15 – 2/16
Program Governance

- Policy Council Board elected on January 28th, 2016

- Special Call Meeting was held on February 12, 2016
  - Action Items approved:
    - Balance of Funds
    - Training and Technical Assistance Plan

- Next Meeting February 25, 2016
  - Action Items will be:
    - Election for Community Representatives
    - Review and discussion of bylaws
Interagency Meeting

February 12, 2016 Meeting Discussion:

- The Early Learning Coalition of Miami-Dade/Monroe, United Way of Miami-Dade, Miami Dade County participated.
- Coordinated referrals from Early Steps will be done with all three agencies.
- Extra Points will be issued for Early Head Start children transitioning to Head Start.
- Coordinated activities will be done for Early Head Start to Head Start transitions.
- Last day of open enrollment for Miami-Dade County Head Start will be May 9.
- Better Beginnings Baby Fair scheduled for Saturday, February 20, 2016 from 9:00 a.m. – 1:00 p.m. at the Betty T. Ferguson Recreational Complex
"If you’re not willing to learn then no one can help you. If you’re determined to learn, no one can stop you."

Zig Ziglar
VPK GOLD Instructor Led Training

January 2016
130 registered VPK Gold Training
104 attended VPK GOLD Training
30 No show/Incomplete

<table>
<thead>
<tr>
<th>Date</th>
<th>Registered</th>
<th>Attended</th>
<th>No Show/Incomplete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 11-14</td>
<td>30</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Jan. 16, 23</td>
<td>25</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Jan. 23, 30</td>
<td>25</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Jan. 25-29</td>
<td>30</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Jan. 12 - Feb. 2</td>
<td>20</td>
<td>17</td>
<td>3</td>
</tr>
</tbody>
</table>

Registered | Attended | No Show/Incomplete
VPK Core Courses

January 2016

206 Registered VPK Core Training
168 Attended VPK Core Trainings
43 No show

How to Administer the FL VPK

53 REGISTERED
18 ATTENDED
18 NO SHOW

VPK Instructional Implications

63 REGISTERED
22 ATTENDED
22 NO SHOW

Integrating Standards: Phonological Awareness

52 REGISTERED
3 ATTENDED
3 NO SHOW
STATEWIDE INITIATIVES

EARLY LEARNING PERFORMANCE FUNDING PILOT

Making the Most of Class Interactions

| # of participants attending course | 53 |
| # of sites represented             | 14 |

EARLY LEARNING FLORIDA

<table>
<thead>
<tr>
<th></th>
<th>December Enrolled</th>
<th>December Mastered</th>
<th>January Enrollment</th>
<th>January Mastered</th>
</tr>
</thead>
<tbody>
<tr>
<td># of practitioners</td>
<td>72</td>
<td>55</td>
<td>178/155</td>
<td>Pending</td>
</tr>
<tr>
<td>Coalition/ Provider Stipends</td>
<td>$3600</td>
<td>$6425</td>
<td>Pending</td>
<td>Pending</td>
</tr>
</tbody>
</table>
BUILDING INTERNAL CAPACITY
Learning Language and Loving It™
The Hanen Program® for Early Childhood Educators

- January 21-23, 2016 (Train the Trainer)
- 13 Newly Certified Hanen Program Leaders

Learning Language and Loving It has a three-pronged, comprehensive approach aimed at children birth to three (3):

1. Decreasing the word gap, and increasing access to language development in everyday social routines

2. Prevention of Language Delays for children at risk and second-language learners;

2. Early Language Intervention for children with language delays.
Internal (ELCMDM)-OEL VPK Family Portal Training

48 staff attended across all sites

- Central: 19
- North: 18
- REDE: 2
- Monroe: 4
- Compliance: 3
- South: 2
Overall Provider/Staff Impact

- VPK GOLD: 104
- VPK Trainings: 168
- MMCI: 55
- LLLL: 13
- VPK Portal Training: 48

388 served
185 training hours
Research and Evaluation
Assessment and Inclusion

Dr. Anabel Espinosa, Director
Inclusion

Warm-Line and Inclusion Services
1002.84  Early learning coalitions; school readiness powers and duties.—Each early learning coalition shall:

(4)  Establish a regional Warm-Line as directed by the office pursuant to s. 1002.82(2)(r). Regional Warm-Line staff shall provide onsite technical assistance, when requested, to assist child care facilities and family day care homes with inquiries relating to the strategies, curriculum, and environmental adaptations the child care facilities and family day care homes may need as they serve children with disabilities and other special needs.
Warm-Line

Do you have concerns about a child in your program?

Call the Warm-Line

Call the Warm-Line if you are worried about a child’s...

- Speech or language
- Behavior
- Development or growth
- Health or nutrition

The Warm-Line assists early learning programs in supporting children with developmental concerns, as well as classroom management, curriculum support, environmental adaptations, and referral assistance.

Call 786-433-3095 or email warmline@elcmdm.org

Sponsored by

Warm-Line # 786-433-3095
Inclusion Workgroup

Recommendations & Status Updates

Early Learning Coalition of Miami-Dade/Monroe
Inclusion Work Group

Recommendations

- REVISED INTAKE (FORMS & ASSESSMENTS)
- IMPROVED DATA TRACKING
- IMPROVED REFERRAL LOOPS
- STAFF TRAINING
Status Updates

REVISED INTAKE
- “Family Needs Assessment” form revised (1/16)
- “Special Needs Assessment” form created (1/16)

IMPROVED DATA TRACKING
- Create/Customized fields in EFS to capture information. 11/15

IMPROVED REFERRAL LOOPS
- CCR&R refers to Warm-Line flagged data collected from the Family Needs Assessment and Special Needs Assessment forms
- Follow up for children receiving secondary services

STAFF TRAINING
- Training to fully implement new process
- ALL ELC-MDM Eligibility Staff
- Obtaining and entering information in custom columns
Screening

Ages & Stages Questionnaire, 3\textsuperscript{rd} Edition (ASQ-3) Compliance
Past Due ASQ-3
(FY 2015-2016)

Providers Past Due ASQ-3

<table>
<thead>
<tr>
<th>Month</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-15</td>
<td>370</td>
</tr>
<tr>
<td>Nov-15</td>
<td>316</td>
</tr>
<tr>
<td>Dec-15</td>
<td>354</td>
</tr>
<tr>
<td>Jan-16</td>
<td>150</td>
</tr>
<tr>
<td>Feb-16</td>
<td>92</td>
</tr>
</tbody>
</table>
Past Due ASQ-3
(FY 2015-2016)

Children with Past Due ASQ-3

<table>
<thead>
<tr>
<th>Month</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct-15</td>
<td>746</td>
</tr>
<tr>
<td>Nov-15</td>
<td>642</td>
</tr>
<tr>
<td>Dec-15</td>
<td>823</td>
</tr>
<tr>
<td>Jan-16</td>
<td>445</td>
</tr>
<tr>
<td>Feb-16</td>
<td>284</td>
</tr>
</tbody>
</table>
**Action Plan: February 2016**

**Withholding Provider Payments**

| Provider Portal Report  
( Jan. 15) | Daily Review of Compliance  
( Jan. 15th – Jan. 31st) | Site Visits  
( Feb. 4th-2nd) | Withholding of Payment  
( Feb. 15th) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>65 Providers identified with ASQ-3 &gt; 70 days Past Due</td>
<td>Non-compliance reviewed and confirmed daily.</td>
<td>On-Site Technical Assistance: 35 Providers</td>
<td>Payment Department withheld payment for 1(one) provider. Feb. 20th</td>
</tr>
</tbody>
</table>

- Providers identified with ASQ-3 > 70 days Past Due
- Non-compliance reviewed and confirmed daily
- On-Site Technical Assistance: 35 Providers
- Compliance due date 2.15.16
- Withholding of Payment: Feb. 15th
- Payment Department withheld payment for 1(one) provider
- Feb. 20th
Action Plan: March 2016

Withholding Provider Payments

**Provider Portal Report**  
*(Feb. 14)*
- 76 Providers identified with ASQ-3 > 70 days Past Due

**Daily Review of Compliance**  
*(Feb. 16th – March 1st)*
- Non-compliance reviewed and confirmed daily.

**Site Visits**  
*(March 2nd-4th)*
- On-Site Technical Assistance: 22 Providers
- Compliance due date 3.15.16

**Withholding of Payment**  
*(March 15th)*
- Payment Department notified to withhold payment Mar. 20th
Health Priorities

Wilfredo Ayala, Director
Dr. Chemika Burkhalter, Director
Nearly 1/3 of U.S. children and adolescents are overweight or obese, and 1 in 3 Miami-Dade County preschool children in subsidized childcare are overweight.

(The Children’s Trust, 2009)
LET’S MOVE! INITIATIVE

SINCE 2013 WE HAVE EDUCATED 218 CHILD CARE CENTERS IN MIAMI-DADE & BROWARD COUNTIES ON HOW TO CREATE HEALTHIER ENVIRONMENTS IN THE FOLLOWING ARENAS:

- **Physical Activity**
- **Nutrition**
- **Reduced Screen Time**
- **Breastfeeding Support**
- **Family-Style Dining**

Through Let’s Move! we have served over 10,000 children.

EARLY CHILDHOOD EDUCATION STRUCTURED PHYSICAL ACTIVITY (ECESPA) PROJECT

- **From 2016 – 2018 we will educate 165 centers in Miami-Dade & Broward counties on how to conduct at least 60 minutes of structured physical activity with preschoolers.**

- **Structured Physical Activity is a guided play technique with proven success in preventing excess weight and obesity, developing gross motor skills, and fostering self-confidence.**
Electronic Cigarettes are battery-powered vaporizers that simulate the feeling of smoking, but without tobacco. The user inhales an aerosol, commonly called vapor, typically released by a heating element that atomizes a liquid solution known as e-liquid.
According the CDC, e-cigarette use among middle and high school students tripled from 2013 to 2014. E-cigarette stores and bars have popped up in malls across Miami-Dade County, and in TV and magazine advertisements. The market is growing faster than the research.
In an effort to get ahead of the potential health threat e-cigarettes may pose, President Obama recently signed legislation that will protect children from swallowing the liquid nicotine used in electronic cigarettes.
Six Key Elements of the Primary Health Care Model

- Environment
- Health Services
  - Immunization to prevent common childhood infections
  - Vitamin A supplementation in children
  - Treatment of disease in children, adolescents, and adults
- Education and communication
- Politics
- Economics
- Agriculture and nutrition

(Maurer & Smith, 2013; World Health Organization, 2015)
Early and Periodic Screening, Diagnostic, and Treatment

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.

<table>
<thead>
<tr>
<th>Early</th>
<th>Assessing and identifying problems early</th>
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<tbody>
<tr>
<td>Periodic</td>
<td>Checking children's health at periodic, age-appropriate intervals</td>
</tr>
<tr>
<td>Screening</td>
<td>Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</td>
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<tr>
<td>Diagnostic</td>
<td>Performing diagnostic tests to follow up when a risk is identified</td>
</tr>
<tr>
<td>Treatment</td>
<td>Control, correct or reduce health problems found</td>
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</tbody>
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(Centers for Medicare & Medicaid Services, 2015)
Healthy Vision Contributes to...

- Healthy Development
- Ability to Learn
- Child’s self esteem and confidence
- Athletic ability
- Improved behavior

- Up to 1 in 20 preschool-aged children is estimated to have a vision problem that can interfere with literacy, social development, and education

(National Center for Children’s Vision and Eye Health at Prevent Blindness, 2013)
Sudden Unexpected Infant Deaths (SUID)

- Each year in the United States, there are about 3,500 Sudden Unexpected Infant Deaths (SUID).
- SUID is divided into three categories to depict how an infant may have died.
  - Of SUID that occurred in 2014:
    - 44% were categorized as Sudden Infant Death Syndrome (SIDS)
    - 31% were an unknown cause
    - 25% were accidental suffocation and strangulation in bed
- SIDS is the leading cause of death in infants 1 to 12 months old.
- According to the Florida Vital Statistics Annual Report for 2014, a total of 56 babies under the age of 12 months died from SIDS.
  
  (National Institute of Child Health and Human Development, 2015)
Health and the Family

There is a gap between children in poverty and those from moderate to high income households when assessing a child’s school readiness. Isaacs (2012) asserts the view the gap happens due to parental characteristics. The family does not have the resources or knowledge about the importance of healthy development, nutritious meals, high quality child care, and the need for a medical home.

Health not only effects the school readiness outcomes of children, but it also effects the child mortality rate. Children living in low income are dying earlier due to poor housing conditions, diets deficient in essential micronutrients, and from an increased exposure to risk for disease (Victoria et al., 2003).
References


