

Discussion Draft for October ELC Meeting

Early Learning Council Strategic Plan 2018.10.22

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Discussion Draft

Introduction

Oregon has the opportunity to change how it supports young children and their families, and, in doing so, put Oregon on the path to an even brighter future. The research confirms that when you impact young children and their families, you can make a lasting, positive difference across their lifetime. The lives of young children and families are influenced by so many different things – stable housing; consistent health care; affordable, quality child care – and because of this, early care and education, education, health, housing, human services, housing—together with families, communities, and the public and private sectors, must work together in a concerted fashion during this critical period of a child’s life. The purpose of this five-year Early Learning System Plan is to share a vision for where we as a state want to go and to identify actionable, concrete strategies for working together across traditional boundaries to make this vision a reality.

Economic and racial disparities emerge very early on – they are present in the birth outcomes data, present in access to early care and education opportunities, and present again at kindergarten entry. If Oregon is going to change the story for children as a state, we need to start early. If we are going to break the link between zip code and life outcomes, it can only happen if we change that trajectory in the early years, if we change the distribution of opportunities in the early years. If we are going to do better for our youngest children and families, it can only happen if we do better for the early childhood workforce. That means doing business differently not only as a state, but in how we work with community partners and – particularly – communities of color. That means adequately funding programs in our state that are designed to support these communities and those who have been historically marginalized and underserved.

In order to make a difference for young children and their families, we need to approach the early years in a different way. No one sector can change the lives of young children and their families by itself. Oregon needs to bring everyone to the table so that all sectors are working together in the early learning system to make the impact. The Early Learning Council spent a year working with cross-agency partners and hearing from communities, partners, parents and providers. This plan aligns with the plans of cross-agency state partners and the governor’s office; and serves as an opportunity to intervene early and be more successful in the individual missions of each agency. This plan reflects what we have learned from families, communities and partners from across the state about it represents our best thinking about how Oregon can most strategically positively impact families across the different systems.

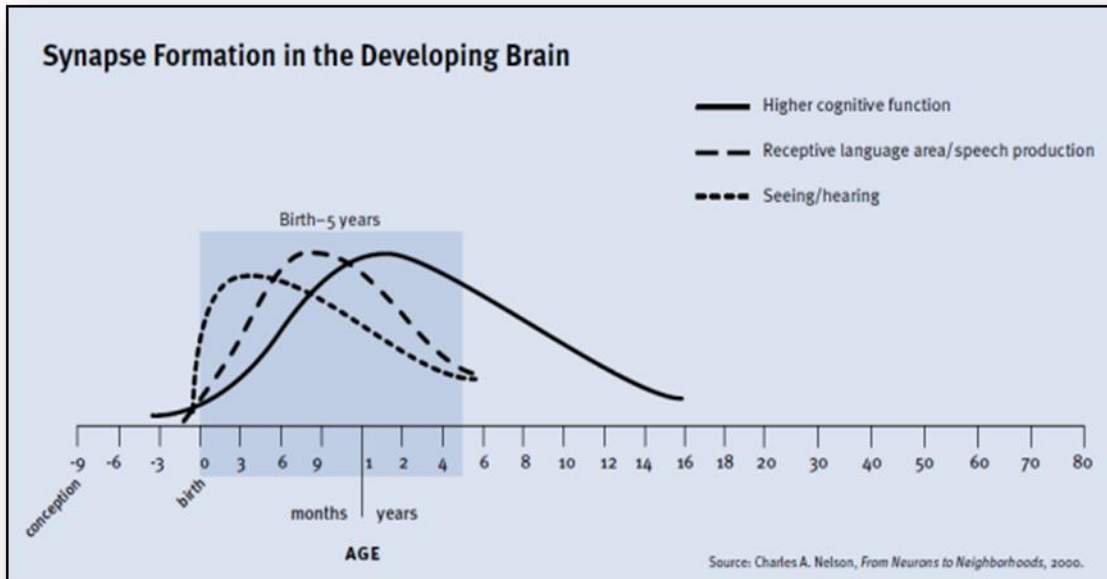
The Importance of Investing in Oregon’s Early Learning System

The Critical Early Years

Children’s early years of life are marked by rapid growth across multiple domains of development. These domains include physiology, cognition, language, self-regulation, and social relationships, just to name a few. From birth to age three, a child’s brain makes one million new neural connections every second, reaching 80% of its adult size by age three, and 90% by age five. The rapid pace of synapse formation in

the brain makes the first five years of life an extremely sensitive period of development for receptive and expressive language, seeing, hearing, and other higher cognitive functions.

Figure 1. Synapse Formation in the Developing Brain



Source: Nelson, C. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: The National Academies Press

Yet child development does not occur in isolation. As the brain is developing, for example, children are establishing critical attachment to caregivers, learning to communicate with others, and regulating their emotions. Decades of research have established that development unfolds through the complex interactions of biology and environment within interrelated individual, family, and community systems. These interactions during the early years present tremendous opportunity for rapid and healthy growth. This sensitive period, however, also makes children extremely vulnerable to lasting harm. How these complex interactions play out during early childhood will exert powerful influence on children's readiness to learn, success in school, and general life course.

Just as domains of development do not occur in isolation, neither do effective developmental supports. Far too often, and for far too long, organizations and agencies have approached complex issues with [piecemeal and even siloed solutions](#), and with efforts that aren't sufficient to address the problems at the scale at which they exist. While isolated approaches may produce some specific benefits, these benefits tend to be short-term and limited in scope. In order to create transformative change in a complex developmental system, stakeholders must embrace a collective impact model in which efforts and supports occur across multiple sectors in a coordinated and continuous fashion. The early learning system five-year strategic plan is an ambitious strategy to coordinate various supports across the sectors of early care and education, health, human services, housing, and K-12 that holds the potential to transform Oregon's system of services and supports and produce lasting, meaningful change for young children and families.

The Early Impact of Social and Economic Disadvantage

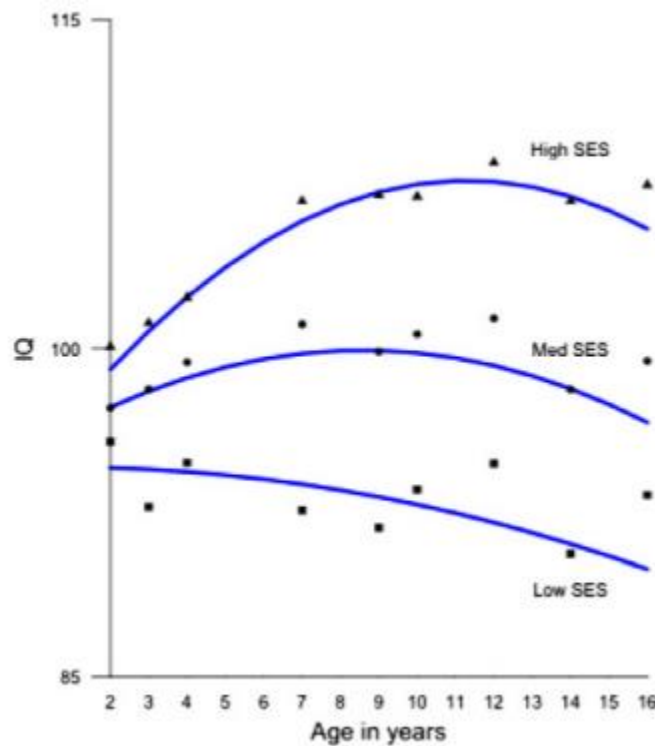
Over 45,000 children are born in Oregon each year. While many families in Oregon are able to provide the necessary experiences and supports for their children, many endure economic and social stressors that hinder their ability to provide the best care. In 2017, approximately 43% of young children in the state, or 115,000 children under the age of six, lived in families that earned below 200% of the federal poverty level, while nearly 50,000 (19%) lived in families below 100% of the federal poverty level. In addition, non-white families and single women with children are much more likely to live in poverty. For example, 14% of white families with young children live in poverty, compared to 24% of Hispanic families and 34% of African-American families. And for single women with children, the poverty rate is a staggering 42%.

It is well documented that economic disadvantage, and more broadly, social disadvantage, affects children's development as early as infancy. Children raised in low-income families, as well as children who are children from racial/ethnic minority groups, whose home language is not English, and/or who have mothers with low maternal education show disparities in child outcomes by 9 months and these grow larger by 24 months of age. These disparities exist across cognitive, social, behavioral, and health outcomes.¹ For example, language disparities begin to appear as early as 18 months, and by two years of age children in disadvantaged are already six months behind children from more advantaged families.² And recent research on Oregon's Kindergarten Assessment indicates that while children with social disadvantage (based on race/ethnicity) or economic disadvantage name, on average, one-third fewer letter names at kindergarten entry, the combination of social and economic disadvantage resulted in children naming just 40% of the letter names compared to their more advantaged peers.

¹ Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B). Executive Summary. Washington, DC: Child Trends.

² Fernald, A., Marchman, V., & Weisleder, A. (2012). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, v.16(2), pp. 234-248.

Figure 2. The Achievement Gap Starts Early



Source: von Stumm, S., & Plomin, R. (2015). Socioeconomic status and the growth of intelligence from infancy through adolescence. *Intelligence*, v.48, pp. 30-36.

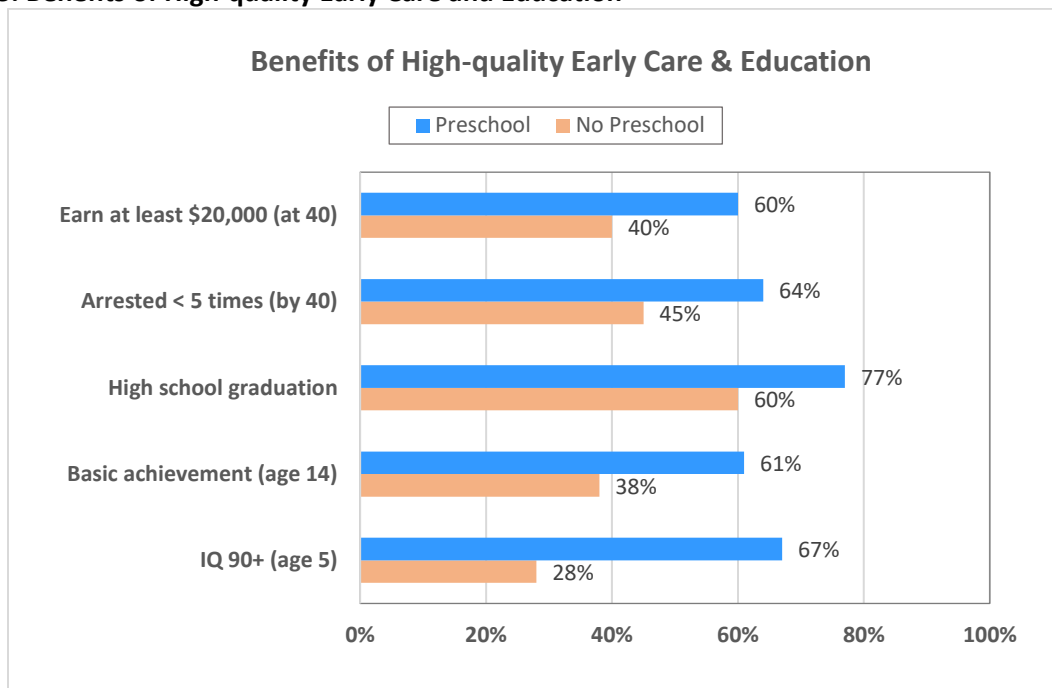
When disadvantage continues, and school readiness is compromised, the consequences can be significant and long lasting. A lack of school readiness has been shown to increase the likelihood of reading below grade level in the third grade, high school failure, economic difficulties, health problems, and adult criminality. As renowned economist James Heckman notes, “Gaps in knowledge and ability between disadvantaged children and their more advantaged peers open up long before kindergarten, tend to persist throughout life, and are difficult and costly to close. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families.”

Early Investments Pay Off

One investment proven to be an effective and cost-efficient way of reducing these socio-economic disparities is increasing access to high-quality early care and education programs. Numerous studies have demonstrated the beneficial effects of comprehensive, high-quality programs involving early care and education, home visiting, and parent education, both in the short and long-term. Two of the most well-known studies are the Perry Preschool Project and the Abecedarian Project. The Perry Preschool Project, launched in the 1960s, provided two years of high-quality part-day preschool and weekly home visiting as an intervention for a group of three- and four-year-old African American children living in poverty and at risk of high school failure. Each teacher served 5-6 children, had a bachelor’s degree in education, and also conducted the home visits. The children have since been followed into adulthood.

Compared to the control group, the children who attended high-quality preschool had higher educational achievement, home ownership, and income, as well as fewer arrests and births out of wedlock and less reliance on public assistance. The positive effects of high-quality preschool have lasted well into adulthood (see Figure 3).

Figure 3. Benefits of High-quality Early Care and Education



Source: Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2005). *Lifetime effects: The High/Scope Perry Preschool study through age 40*. Ypsilanti, MI: High/Scope Press.

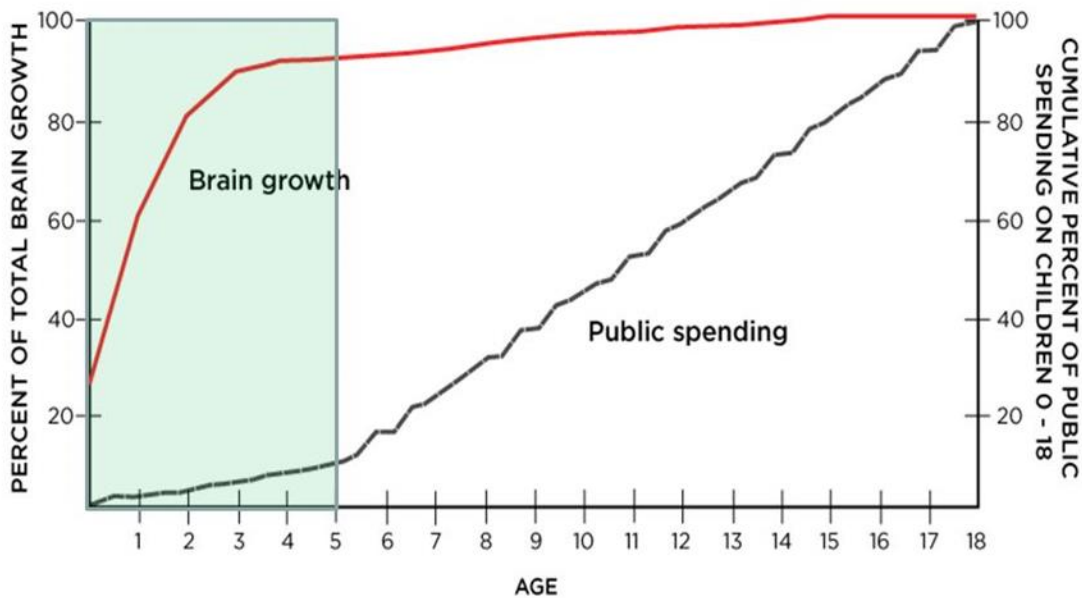
The Abecedarian Project was an even more comprehensive multisector intervention involving socially and economically disadvantaged families. The program provided intensive, full-day, high-quality early care and education services to low-income, primarily African American mothers and children throughout the entire first five years of life. Staff were highly trained teachers and professionals, and provided educational services, pediatric health, and family social services. Similar to the Perry Preschool Project, participants were followed into adulthood, and outcomes were similar as well. During the first few years, participants evidenced greater social confidence and goal-directed behavior, and higher IQ scores, than the control group. These children then went on to have higher academic achievement and intellectual abilities in high school, with the advantages of early intervention persisting into adulthood. At age 21, the treated group was more likely to attend college and/or have a job, and less likely to be a teen parent, report depressive symptoms, and smoke marijuana. Social-economic advantages continued through age 30, and by 35, many health benefits were evident as well.³

³ Ramey, C. (2017). *Supporting adaptive brain and behavior: The Abecedarian approach to social, educational, and health disparities*. Paper presented at the Symposium on Adaptive Brain and Behavior: Advancing the Human Condition, Virginia Tech.

The major conclusion of both studies is that high-quality early childhood programs for young children living in poverty improve their intellectual and social development in childhood, academic achievement in high school, and economic, social, and physical functioning through adulthood.

A recent comprehensive review of rigorous evaluations of early childhood programs by scientists at the RAND Corporation goes well beyond the scope of the famous Perry Preschool and Abecedarian programs, and confirms that there have been many early childhood programs put into place that have improved an important range of outcomes for children. Of the 115 programs reviewed, 102- or nearly 90%-- had a positive effect on at least one child outcome, such as behavior and emotion, cognitive achievement, developmental delay, child health, child welfare, crime, educational attainment, adult outcomes. The RAND review showed that among programs with an economic evaluation, the typical return is \$2 to \$4 for every dollar invested.⁴

Yet despite the research and recognition of the benefits of investing in high-quality early childhood programs (including early care and education, home visiting, and family support) for individual children, families, and society, these programs receive relatively little public investment. Figure X compares the trajectory showing the rapid development of children’s brains with the overall public investment trajectory.



Source: Brain Growth and Public Investment, A Mismatch (Children Now) 2010

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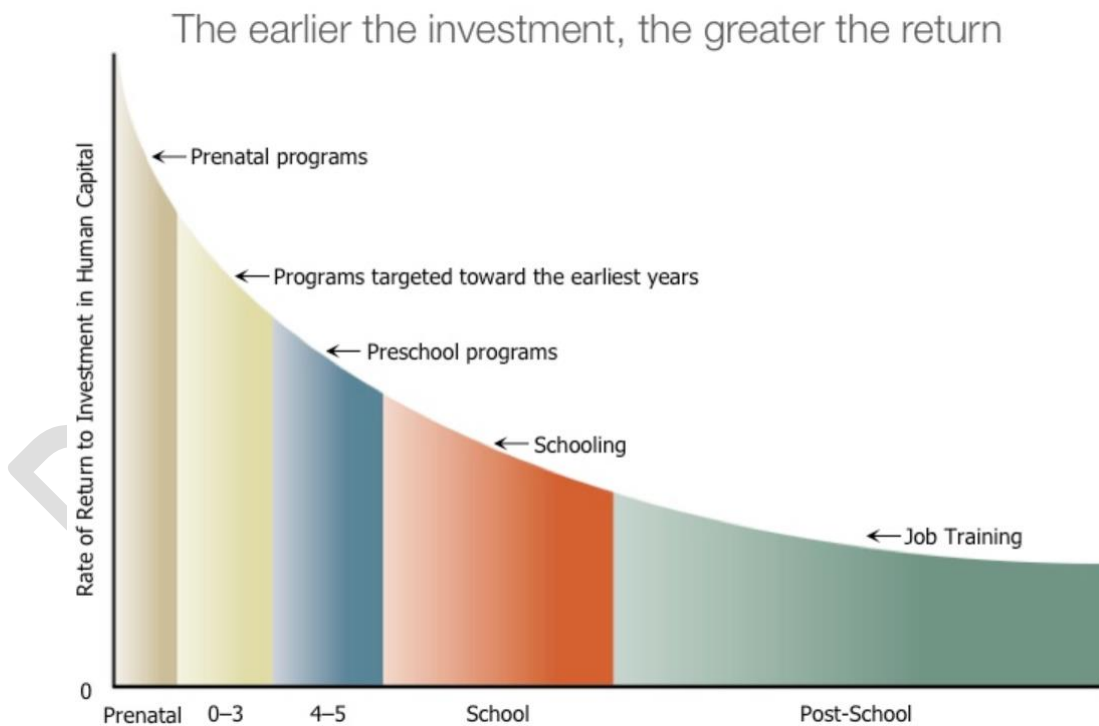
Source: TO BE ADDED; Figure number to be added; placement to be determined

⁴ Cannon, J.S., Kilburn, M.R., Karoly, L.A., Mattox, T., Muchow, A.N., Buenaventura, M. (2017). *Decades of Evidence Demonstrate That Early Childhood Programs Can Benefit Children and Provide Economic Returns*. Santa Monica, CA: RAND Corporation. Retrieved from https://www.rand.org/pubs/research_briefs/RB9993.html

For example, comparing per capita expenditures for K-12 versus pre-kindergarten is illustrative. There is a seven-fold difference.⁵ Thus, it is not surprising that less than 16% of three and four year-olds in Oregon attend publicly funded preschool. Rather than focusing on developing and implementing high-quality care and education programs to promote social competence and school readiness, educational systems often direct their resources to reducing the disparities among children already enrolled in school and trying to divert them from the school to prison pipeline.

From a cost-benefit perspective, the return on investment in early care and education is positive and substantial. One study by Nobel laureate James Heckman and colleagues that stands out for its rigor found that for every dollar spent on the Perry Preschool program, the benefits totaled \$7 to \$10, with a baseline estimate of \$8.60. An economic study of the economic benefits of the Abecedarian Project found that for every \$1 spent, \$3 in benefits were generated. The new RAND study provides this information across the wide swath of effective programs as well. While studies have found that the amount of benefit varies by program, the majority agree that benefits generated by these programs will exceed the costs. These benefits include higher levels of education, increased earnings in adulthood, improved health, reduced need for special education placements and remedial education, reduced crime, increased tax revenue, and lower spending for anti-poverty programs.⁶

Figure X. The Earlier the Investment, the Greater the Return



⁵ FOOTNOTE TO BE ADDED< CONFIRM IF THIS IS FEDERAL OR FEDERAL AND STATE Data.

⁶ Heckman, J. J., S. H. Moon, R. Pinto, P. A. Savelyev, and A. Q. Yavitz (2010). The rate of return to the HighScope Perry Preschool Program. *Journal of Public Economics* 94 (1-2), 114–128.

Source: Doyle, O., Harmon, C., Heckman, J., & Tremblay, R. (2009). Investing in Early Human Development: Timing and Economic Efficiency. *Economics & Human Biology*, v.7(1), pp 1-6.

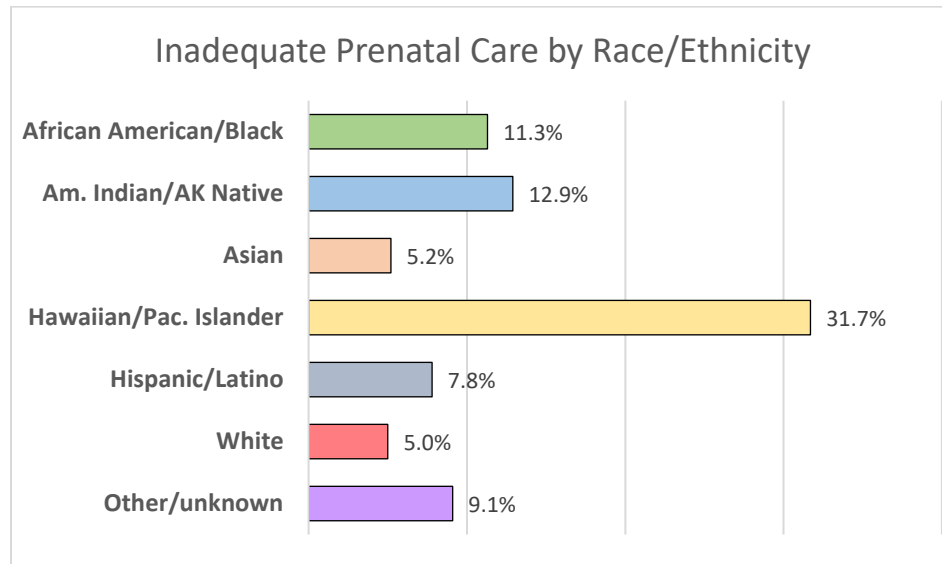
The Interrelated Nature of Physical and Cognitive Development

Just as accessible, high-quality preschool plays a critical role in reducing disparities in children's school readiness and beyond, accessible, high-quality, comprehensive health care is critical in reducing child and parental health disparities. Racial and ethnic disparities exist prior to birth, and continue through the childhood years. For example, in 2017, African-American mothers in Oregon were more than twice as likely to receive inadequate prenatal care than White mothers (11.3% vs. 5.0%), and Hawaiian and Pacific Islander mothers were more than six times as likely (31.7%; see **Figure X**). With respect to birthweight, 6.4% of White infants had low birthweight, compared to 9.7% of American Indian and 8.9% of African-American infants. Low birthweight, in turn, has been associated with decreased cognitive functioning, low academic achievement, internalizing behaviors, and attention problems that persist into young adulthood. When low birthweight occurs in combination with social and economic disadvantage, cognitive problems are likely to become more pronounced as the child ages. Fortunately, health programs for low birthweight children have been found to be most effective for disadvantaged families.⁷

However, health disparities continue throughout childhood. Low income, non-white children in Oregon tend to have fewer well-child visits, are less likely to receive a developmental screening, and are more likely to be overweight. Children absent from early educational settings due to chronic health conditions risk developmental delays, are unable to engage with peers, and place additional stress on the families. Children with untreated vision problems cannot track printed letters and words across a page and learn to read. Poor oral health can lead to poor nutrition and less physical and social activity, as well as missed educational opportunities. Additional research clearly demonstrates the interrelated nature of physical, cognitive, and social-emotional development and underscores the need for a coordinated system of supports that includes accessible, high-quality, comprehensive health care and other health services.

⁷ Hack, M., Klein, N., & Taylor, H.G. (1995). Long-Term Developmental Outcomes of Low Birth Weight Infants. *The Future of Children*, v. 5(1), pp. 176-196.

Figure X. Health Disparities Exist Prior to Birth



Source: Oregon Health Authority (2018). Table 2-18, Prenatal care by mother’s race and ethnicity, Oregon residents, 2017. *2017 Vital Statistics Annual Report, v.1.*

Oregon’s Housing Crisis Disproportionately Impacts Young Children and Families

Housing is another key sector that impacts the early development of children and families. The high cost of housing in Oregon (#6 nationally) combined with relatively low earnings (#27 nationally) makes even the rental market unaffordable for many families, especially those with young children.⁸ In 2017, approximately 48,000 low-income families with children in Oregon paid more than half their income for rent.⁹ And research indicates that the percentage of income paid in rent is related to fewer resources spent on children and poorer performance on reading and math tests.¹⁰ The housing that is affordable for low-income families is often of poor quality. Unhealthy conditions, dangerous physical features, overcrowding, food deserts, and neighborhood crime are some aspects that can negatively affect child and family health and well-being.

Housing instability among poor families with children under six is also associated with children’s lower attention, as well as social-emotional and behavioral problems. When conditions reach the point of homelessness, children are even more susceptible to further disadvantage. Homeless children are less likely to receive adequate medical and dental care, are more likely to have developmental delays, tend to have poor attention and social skills in preschool and kindergarten, and have lower school readiness scores.¹¹ Nearly 20,000 children under the age of six in Oregon are homeless which translate into 1 in 14 (7%). And only a fraction of these children, approximately 3,300 or 17%, are engaged in early learning

⁸ Insert citation here.

⁹ Insert citation here.

¹⁰ Chien, N., & Mistry, R. (2013). Geographic variations in cost of living. Associations with family and child well-being. *Child Development*, 84(1), pp. 209-225.

¹¹ Fantuzzo, J., LeBoeuf, W., Chen, C., Rouse, H., & Culhane, D. (2012). The unique and combined effects of homelessness and school mobility on the educational outcomes of young children. *Educational Researcher*, v. 41(9), pp. 393–402.

programs.¹² Integrating housing supports with early care and education and health supports will enhance the benefits of all sectors and increase the likelihood of healthy developmental outcomes.

Supporting Parent-Child Relationships Reduces Trauma and Improves Family Functioning

In 2017, there were 11,077 children in the state found to be victims of abuse and neglect.¹³ Almost half of these children were younger than age six and more than a quarter of them under the age of three. Oregon has one of the highest out-of-home foster care placement rates in the country. Yet despite the good intentions of keeping children safe, the act of removal may further traumatize young children during their critical period of development. Research indicates that children who are removed from the home and separated from parents are more likely to have persistent emotional and behavior problems and develop poor relationships, compounding over time into increased likelihood of future substance use, school failure, and criminality.¹⁴ Ensuring supports for children in the child welfare system, including engagement in early learning programs, is imperative for promoting physical, cognitive, and social-emotional well-being. More importantly, early learning services should support families with multiple risk factors to prevent children from becoming involved in the welfare system at all.

Rigorous evaluations have demonstrated that a diverse set of home visiting models can improve outcomes for at-risk children and parents.¹⁵ Home visiting programs focus on important outcomes, and depending on the model used, they promote healthy parent-child interactions, reduce child maltreatment, improve maternal and child health, improve physical home environments, provide needed respite, promote linkages and referrals to services, and improve family economic self-sufficiency. An evaluation of Healthy Family Oregon (HFO) found that children whose families were engaged in the program were two-and-a-half times less likely to experience maltreatment than children whose families did not participate in the program. In addition, HFO families were significantly more likely to read to their young children frequently, to provide developmentally supportive activities, and to report lower parenting-related stress.¹⁶ Similarly, Relief Nurseries, which also incorporate home visiting into a system of cross-sector supports, have been found to improve family functioning, reduce risk factors for maltreatment, and improve economic stability.¹⁷ High-quality home visiting programs have the potential to improve important short- and long-term child and family outcomes. In addition, evidence-based home visiting for at-risk families has been found to have a \$5.70 return on investment from reduced health care and welfare service spending.¹⁸

¹² Insert citation here.

¹³ Source: Office of Reporting, Research, Analytics, and Implementation, Oregon Department of Human Services (2018). 2017 Child Welfare Data Book. Retrieved from <https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx>.

¹⁴ Lawrence, C., Carlson, E., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology*, v18(1), pp. 57 – 76.

¹⁵ Administration for Children & Families, Dept. of Health and Human Services (2018). Home visiting evidence of effectiveness. Available at <https://homvee.acf.hhs.gov/models.aspx>.

¹⁶ Green, B., Tarte, J., Sanders, M., & Waller, M. Testing the effectiveness of Healthy Start-Healthy Families Oregon: Outcomes and cost-benefits (2016). *Child Abuse & Neglect Prevention*, v2.

¹⁷ Gandhi, E.V., Esswein, J., & Speth, T. (2015). Evaluation of the Oregon Relief Nurseries: July 1, 2012 – June 30, 2014. Portland, OR: Education Northwest.

¹⁸ Karoly, L., Kilburn, M., & Cannon, J. (2005). *Early childhood interventions: Proven results, future promise*. Santa Monica, CA: RAND Corporation.

Parenting education and family engagement are additional activities that play an important role in fostering child development throughout the early years and during the transition into kindergarten and the K-12 system. Parenting education programs, either alone or in combination with home visiting and other supports, teach parents to build strong, positive relationships with their children and to prepare them for school, in addition to reducing family stress, increasing parent confidence, and reducing isolation. Other outcomes associated with effective parent education programs include decreased rates of child abuse and neglect; increased parental knowledge of child development and parenting skills; improved parent-child communication; better physical, cognitive and emotional development in children; reduced substance abuse among youth; and improved parental monitoring and discipline.¹⁹

The research evidence is clear that a variety of supports for young children and families will likely yield beneficial outcomes. Programs or services that focus on a specific area, sector, or age-group while ignoring the larger system will likely be more limited in supporting a strong trajectory for young children. The power of early learning programs comes from a system of integrated, coordinated, and consistent cross-sector supports that acknowledges the multifaceted nature of development and addresses health and development in a holistic manner. Programs which take a more holistic approach have proven their value. Integrating these approaches within a larger, more accessible, and more affordable system of coordinated, high-quality supports has the potential to be transformative.

Why the Early Learning Council Developed this Plan

The Early Learning Council is statutorily charged with overseeing the early learning system and the services it delivers, which are defined as “programs and services for children ages 0 through 6 years of age that address language and literacy development, cognition and general knowledge and learning approaches, physical health and well-being, motor development and social and emotional development.”²⁰ In order to meet this statutory charge, the Council serves as a policy leader and convener for all cross-sector partners within the early learning system and is responsible for providing a strategic vision and policy priorities of the early learning system and for evaluating the success of these strategic efforts.

This plan follows on the successful implementation of the Council’s initial strategic plan. Following the 2011 establishment of the Early Learning Division²¹, the Early Learning Council created and adopted a five-year strategic plan in 2014. This initial strategic plan focused on the work of the Early Learning Division and supporting the newly-established Early Learning Hubs. In October 2016, Governor Brown appointed a new Chair of the Early Learning Council. This prompted a review of the Council’s 2015-2020 Strategic Plan, which found that the majority of the plan had been implemented. Thus, the Council elected to begin a new strategic planning process in 2017 that broadly engaged with all sectors of the early learning system, including Health, Human Services & Family Supports, K-12 and Housing alongside Early Care and Education. All of these sectors offer a continuum of supports and services intending to meet the needs of Oregon families with young children. This cross-sector approach is consistent with the broad goals of the early learning that the Early Learning Council is charged with overseeing:

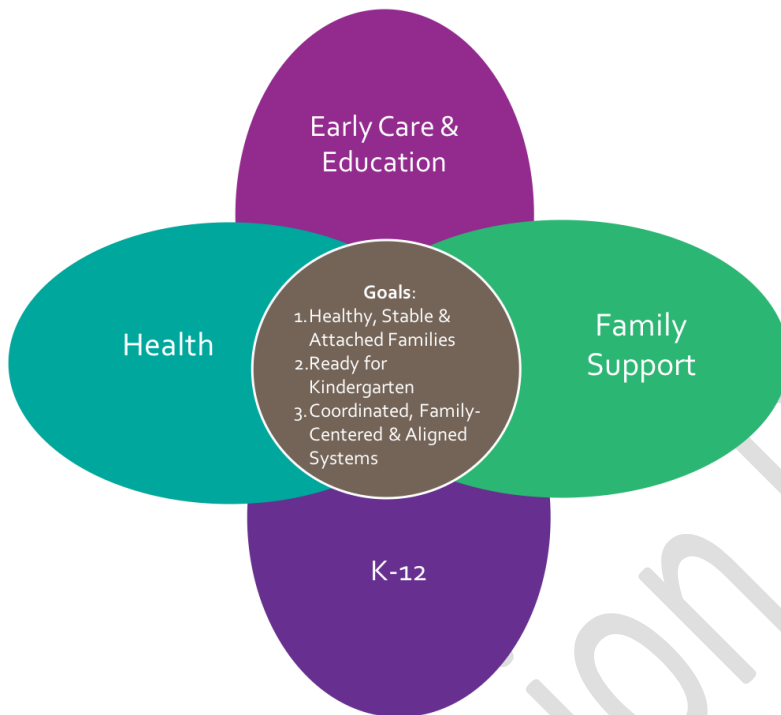
- preventing child abuse and neglect;

¹⁹ McGroger, S., & Hyra, A. (2009). Developmental and economic effects of parenting programs for expectant parents and parents of preschool-age children. Partnership for America’s Economic Success, Issue Paper #10.

²⁰ Add in statutory citation here

²¹ Cite HB 3234/statute

- improving the health and development of young children;
- promoting bonding and attachment in the early years of a child’s life;
- supporting parents in providing the optimum environment for their young children;
- linking and integrating services and supports;
- ensuring that children are entering school ready to learn; and
- ensuring that parents have access to affordable, quality child care.²²



In 2012, the Council sought to simplify its goals, and adopted the following three cross-sector system goals:

1. Children enter kindergarten ready to succeed.
2. Children are raised in healthy, stable and attached families.
3. The Early Learning System is aligned, coordinated and family-centered.

These three goals make it apparent that key cross-sector partners with shared populations, interests and outcomes for young children and their families must work together. This includes the Department of Human Services, Oregon Health Authority, Oregon Department of Education and the Oregon Housing and Community Services agency in addition to the Early Learning Division. The Council began planning for this strategic plan in the fall of 2017 with a cross-sector systems lens.

By taking a systems approach to the strategic plan, all sectors within the early learning system will be working in coordination toward the same system goals and outcomes. This will ultimately ensure that children and families are receiving the services and supports they need to ensure that children enter kindergarten learning, thriving and healthy.

Principles and Values

The Early Learning Council adopted a series of principles and values to guide its work. This includes principles for rule adoption, funding formulas, and waiver requirements, as well as those that direct the Council’s approach to the work of the early learning system as a whole.

²² Cite Chapter 417

Equity is a dominant principle. In 2014 the Council adopted the Oregon Equity Lens, which was developed by the Oregon Education Investment Board, the public body charged with overseeing the full P-20 from birth to college and career. The Equity Lens outlines a series of beliefs and commitments that

“clearly articulate the shared goals we have for our state, the intentional investments we will make to reach our goals of an equitable educational system, and to create clear accountability structures to ensure that we are actively making progress and correcting where there is not progress.”²³

In addition to setting these intentions, the Equity Lens also includes a set of questions that any state governing body should answer when considering policies, funding opportunities, or other strategies. The questions include reflections about impact on priority populations, strategies to decrease and eliminate disparities, tackling barriers that prevent equitable outcomes, involvement of key stakeholders, collecting data, etc.

The Early Learning Council adopted guiding principles in March 2017 to further accompany the Oregon Equity Lens. These [guiding principles](#), along with operational questions, are designed to help ensure that the Council’s core values, principles and goals are represented through the work they conduct. The principles are rooted in equity, community and family engagement and evidence-based practices to further the Equity Lens in all decision-making processes within the early learning system. These principles and values continue to guide the work and decision-making of the Early Learning Council and are integral to the design and execution of the 2019-2024 Strategic Plan.

In addition to the guiding principles the Council established to guide all work, the Council identified core values for what the strategic plan needs to accomplish. The Council sought to integrate these core values in this plan’s objectives and strategies, and they include:

- Have equity embedded throughout;
- Represent all sectors that support children prenatal to age five and their families within the early learning system;
- Provide comprehensive objectives and strategies that meet the needs of young children and families in Oregon;
- Address the whole child, nested in family and nested in community; and
- Focus on outcomes – working to support Oregon’s young children and families;

Additionally, the Early Learning Council wanted to ensure that the strategic plan capitalizes on the momentum of existing work within all sectors and identified shared interests and opportunities for sectors to work together.

ELC Engagement Approach to Develop the Plan

The Early Learning Council consulted with critical stakeholders to develop the plan, focusing on the most strategic ways to making progress over the next five years (2019-2024) toward the vision embodied by

²³ *Oregon Equity Lens*. July 2013. education.oregon.gov/wp-content/uploads/2016/07/Equity-Lens_CEdO_March_16_2016.pdf.

these three system goals: (1) children are raised in healthy, stable & attached families; (2) children arrive ready for kindergarten; and (3) the Early Learning System is aligned, coordinated, and family-centered. Since the early learning system incorporates the coordination and alignment across key sectors, including Early Care and Education, Health, K-12, Human Services, Housing, and Community Services, stakeholders from these sectors were engaged in the planning process.

A series of engagement sessions took place in 2018 with stakeholders from each of the key sectors. Using the Equity Lens and the Council's guiding principles, sector by sector meetings maximized the number of perspectives. Invitations were sent to partners and providers representing children and families who are historically underserved with a focus on engaging diverse voices throughout the state. Individuals who were not able to attend in-person meetings were invited to provide their ideas in other ways.

Over 100 people, beyond the members of the Early Learning Council, contributed to the plan:

- Six Early Learning Council meetings with presentations from state agency and division leadership, program administrators, Early Learning Hubs and other regional entities, providers, and families from the following sectors: Human Services, Early Care and Education, K-12, Health, Public Health, Housing, and Community Supports
- Two parent engagement sessions held at the Oregon Head Start Association conference and at the Washington Early Learning Hub
- 16 sessions with each of the Early Learning Hub Governance Boards across the state
- All four committees of the Early Learning Council provided input: Best Beginnings, Equity Implementation, Child Care and Education, and Measuring Success.
- 4 meetings were held with top leadership of Department of Human Services, Oregon Department of Education, Oregon Health Authority and Oregon Housing and Community Services involving the chair of the Council and the Early Learning System Director.

Within state government, due to the cross sector nature of the plan, engagement included review and endorsement of this plan throughout the development process. This strategic plan capitalizes on work captured in the Oregon Health Authority's CCO 2.0 plan the Oregon Housing and Community Services' Statewide Housing Plan and addresses social determinants of health and two-generation strategies.

During plan development, the Council was particularly interested in:

- Parents and providers experiences with services during the early childhood years;
- Each sector's key goals and priorities for children prenatal to five and their families;
- Strengths and barriers for reaching those goals and priorities; and
- Opportunities for shared interests and work across sectors related to the three systems goals.

Throughout, Early Learning Council members probed for what would be most strategic for the next five years in order to advance an early learning system that has the capacity to support the development and well-being of children prenatal to age five nested in their families and communities across Oregon.

Note: The 🧒 is used to denote strategies that are specific to infants and toddlers. Strategies are designed to benefit infants, toddlers and preschoolers in general.

SYSTEM GOAL 1: CHILDREN ARRIVE READY FOR KINDERGARTEN

Objective 1: Engage and support families as first teachers.

Families are children’s first and lifelong teachers: parent-child interactions are an important and consistent predictor of children’s cognitive and social development in the earliest years. Yet, early care and education programs do not always have the resources, guidance, or support to engage families meaningfully as part of their child’s learning and development. Furthermore, there is only sufficient parenting education to reach 3% of families and there is an insufficient supply of supports that are culturally-responsive and -specific in order to honor and support the diverse cultural and linguistic context of families across Oregon. Culturally-specific community-based organization have some of the strongest and most trusting relationships with parents, but often lack access to the public resources needed to fully serve their communities.

Strategy 1. Build capacity to engage families as key partners in children’s learning and development.

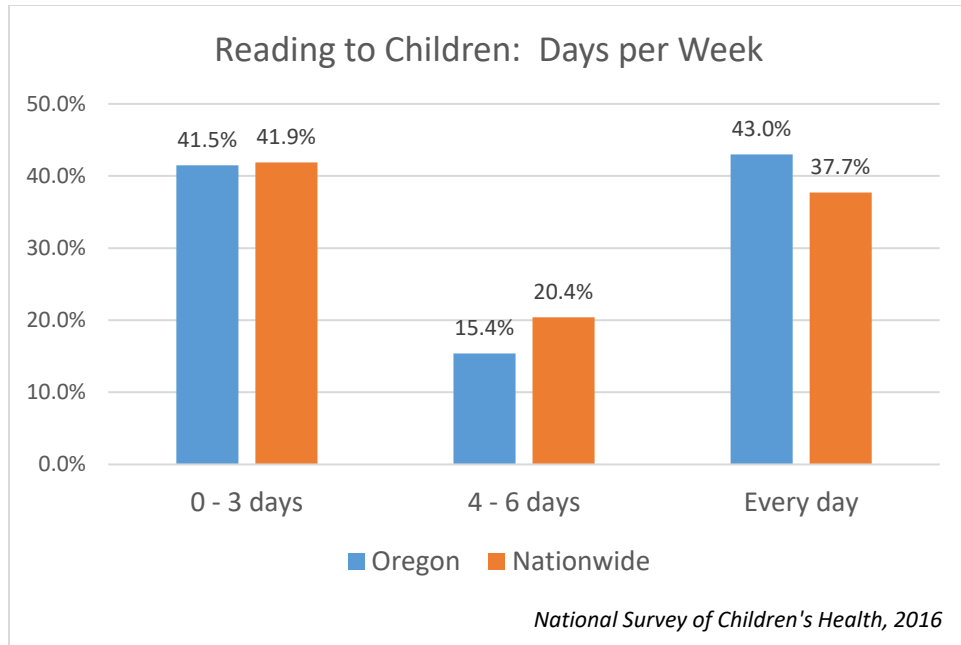
- Develop a P-3 family engagement framework to articulate a statewide vision for best practice in effective, culturally responsive family engagement in early care and education and K-12 settings, including highlighting current promising practice across the state.
- Support regional implementation of the family engagement framework, which will highlight promising practices, identify opportunities for training and provide targeted technical assistance to support local communities—through Early Learning Hubs, providers of early learning services, school districts, and elementary schools-- to deepen and improve their practice in relation to systemic and culturally responsive family engagement.
- Leverage state K-12 policy to ensure that effective, culturally responsive family engagement practices are taking place at the local level.

Strategy 2. Empower families as partners in inclusive, affordable, high-quality, culturally-responsive ECE.

- Ensure communities have resources to support family choice in selecting high-quality care that meets their needs.
- Provide clear expectations and supports across ECE settings to implement authentic, two-way family engagement.
- Foster partnerships between ECE programs and community organizations to offer culturally- and linguistically-relevant supports to families.

Strategy 3. Expand parenting education and family supports.

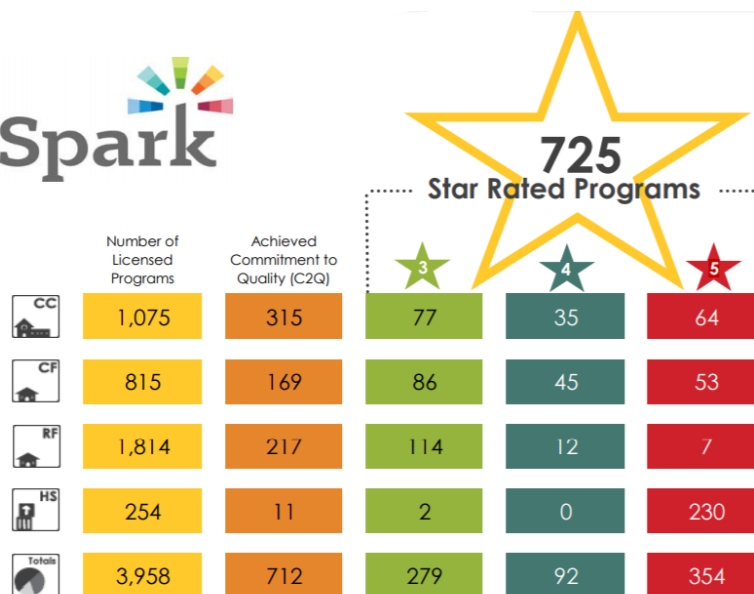
- Expand availability and access to community-based parenting education by building off of the philanthropic investment in the Oregon Parenting Education Collaborative (OPEC).
- Create an Equity Fund to support community-based cultural-specific organization to extend their reach in providing cultural-specific parenting and early learning supports in their communities.



Source: *National Survey of Children's Health, 2016*. Available at <http://childhealthdata.org/learn-about-the-nsch/NSCH>

Objective 2: Families have access to inclusive, affordable, high-quality, culturally-responsive early care and education that meets their needs.

Children who attend high-quality early care and education (ECE) are more likely to enter kindergarten ready to succeed and to thrive through their school career and into adulthood. Yet, there are significant barriers to accessing ECE for families who are economically disadvantaged – including finding programs that are affordable and meet their scheduling needs – and for families of color – including culturally-responsive or specific care or care that supports the home language. Achieving a supply of accessible, high-quality ECE takes sound policy, resources, and the engagement of families. Oregon has made a number of improvements and investments to increase families' access to high-quality ECE; however, we must do more work to ensure that the early care and education sector is built on a strong foundation (i.e., child care licensing), supports and finances programs to progress toward higher quality practices, and ensures communities have resources to scale in a way that supports the different needs of families and children.



CC = Certified Center; CF = Certified Family; RF = Registered Family; HS = Head Start

Source: Oregon's QRIS Data Facts and County Data Facts for August, 2018. Available from <http://trouw.org/pages/show/qr-is-data-facts>

Strategy 1. Expand access to, and build the supply of, high-quality, (culturally-responsive, inclusive, developmentally appropriate) affordable infant toddler early care and education that meets the needs of families.

- Create, scale and sustain a state-wide high-quality infant and toddler child care program with a focus on children who are historically underserved. ♿
- Create a regional plan for expanding access and supply of high-quality infant and toddler early care and education, especially to historically underserved infants and toddlers, under the leadership of the Early Learning Hubs. ♿
- Create shared service networks within rural and urban communities to better scale infant and toddler care. ♿

Strategy 2. Expand access to, and build the supply of, high-quality, (culturally-responsive, inclusive, developmentally appropriate) affordable preschool that meets the needs of families.

- Expand preschool programs (i.e., Oregon Prekindergarten, Preschool Promise, Early Childhood Special Education) to serve more children, especially those who are historically underserved.
- Create a regional plan for expanding access and supply of high-quality preschool early care and education, especially to historically underserved preschoolers, under the leadership of the Early Learning Hubs.

Strategy 3. Expand access to, and build the supply of high-quality, (culturally-responsive, inclusive, developmentally appropriate) affordable ECE that meets the needs of families.

- Increase the quality of existing programs that serve children birth-to-five who have been historically underserved.

- Use Early Learning Hubs to create community capacity to expand supply by using housing, K-12, and human services programs and public-private partnerships to improve and provide new ECE facilities.
- Facilitate the opening of high-quality family child care and child care centers within affordable housing units and housing developments.
- Improve the state’s licensing program and Spark to support pathways to licensure for informal settings and new programs, including business education.
- Enable integration of Early Intervention and Early Childhood Special Education with other funding streams so that children are served in inclusive ECE settings.
- Define quality (i.e. Spark, Preschool Promise) across ECE settings, incorporating cultural and linguistic considerations, and use these definitions in program standards and implementation.
- Ensure that resources that incorporate the cultural and linguistic needs of families are incorporated in provider recruitment and support as well as through training and technical assistance.
- Ensure that ECE program standards promote and support programs to meet the scheduling needs of families.

Strategy 4. Strengthen Child Care Assistance programs.

- Ensure policymaking for all child care assistance programs (i.e., ERDC, TANF child care and contracted child care assistance) is unified.
- Increase resources for child care assistance programs.
- Ensure child care assistance is structured to support families’ access to a wide-array of child care programs by structuring reimbursement rates to better meet the cost of delivering quality care.
- Ensure child care assistance program policy ensures that options for families meet their scheduling needs and provides strong developmental experiences for the children of families receiving assistance.
- Ensure subsidy policy results in continuity of care for infants and toddlers. ♿

Strategy 5. Build the state’s capacity to ensure children are healthy and safe in child care.

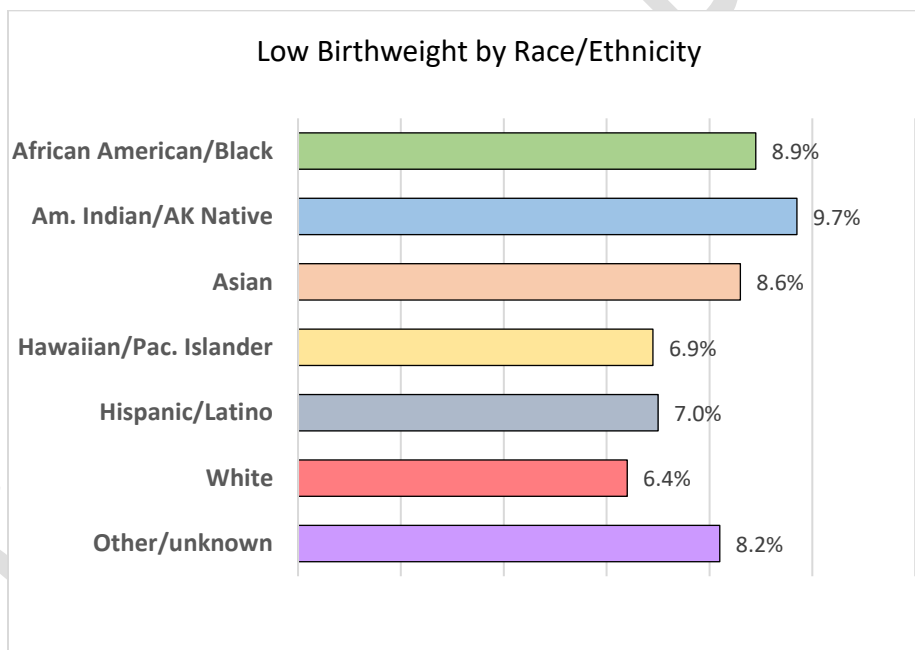
- Improve child care licensing standards (including risk-assessed rules)
- Improve implementation by strengthening technical assistance and monitoring.
- Coordinate investigations into serious violations in child care at the state and local level.
- Identify and address gaps in current licensing authority, including who is subject to licensing.

Strategy 6. Address racial and gender disparities in exclusionary practices and develop a state approach to preventing expulsions and suspensions in early care and education that addresses the multiple drivers of suspension and expulsion.

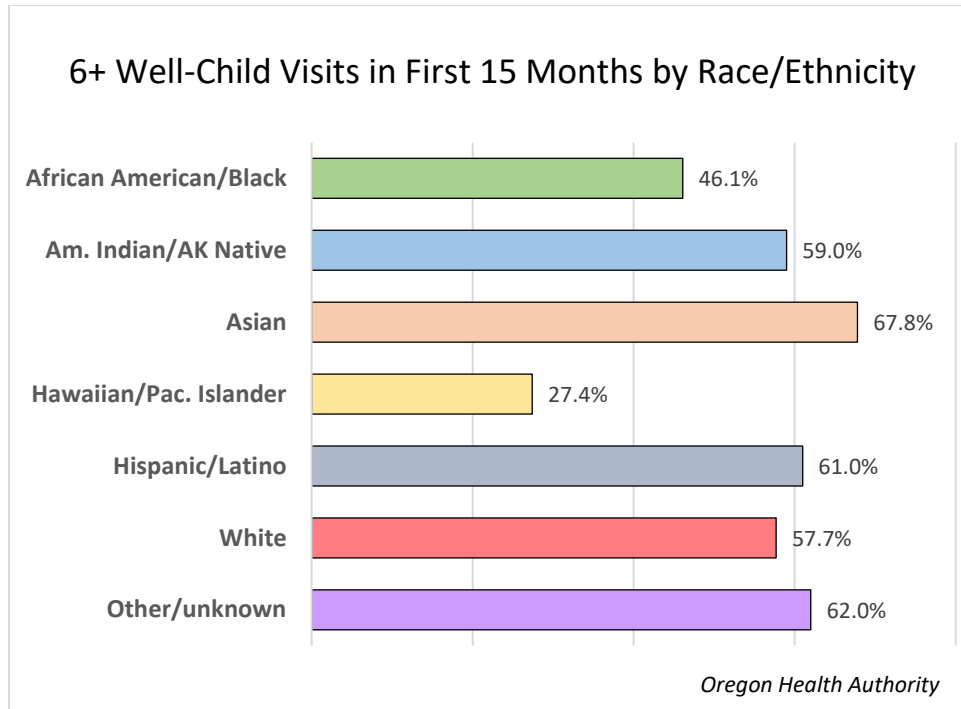
- Strengthen state policies, guidance and technical assistance supports to early care and education to prevent expulsion and suspension in the early years.

Objective 3: Increase physical and social-emotional health promotion and prevention in early childhood.

Children rapidly grow in the first five years of life. Their development is a dynamic process that is fostered within nurturing relationships and interactions with parents and caregivers. The important skills gained during this period become the foundation for all development that follows, including physical, perceptual and motor development, social-emotional well-being, approaches to learning, and cognitive, language, and literacy development. Oregon is a leader in providing health care coverage for children; however, it is estimated that 40% of Oregon’s children, birth through kindergarten entry, will face socioeconomic, physical, or relational risk factors that could compromise their healthy development, school readiness, and future academic success. In addition, 52% of children ages 6-9 in Oregon have tooth decay; one of the most prevalent chronic conditions of childhood and can lead to having problems with eating, speaking, playing, and learning. The infant mortality rate, while slightly lower than the national average and decreasing in recent years, still indicates significant racial disparities with Native Americans and African Americans being nearly twice as likely to die before their first birthday than other children. The focus of the work for the next five years will be on improving the quality of early childhood health care, increasing access to oral health, and expanding the capacity to support young children’s health and development overall.



Source: Oregon Health Authority (2017). Table 2-29, Race of mother and birthweight, Oregon residents. *2017 Vital Statistics Annual Report, v.1*



Source: Oregon Health Authority (2018). *Oregon Health System Transformation: CCO Metrics 2017 Final Report*, p. 109.

Strategy 1. Ensure prenatal to age five health care services are comprehensive, accessible, high-quality and culturally and linguistically responsive.

- Improve access to patient-center primary care homes for all young children.
- Strengthen the early childhood focus of Coordinating Care Organizations (CCO) by adding Early Learning Hub representation on CCO’s governing board or using other tools to improve relationships and coordination.
- Increase the integration of physical, behavioral and oral health for young children.
- Incentivize high quality, evidence-based pediatric care, including rural communities.

Strategy 2. Increase the capacity to provide culturally-responsive social-emotional supports for young children and their families.

- Increase the focus on promoting social emotional health across the Early Learning System.
- Provide culturally-responsive mental health consultation to early care and education to increase their capacity to address the health and social emotional development of young children.
- Improve access to community-based resources for children at risk for developmental delays.
- Increase access to a spectrum of culturally responsive early childhood mental health services and providers who can serve eligible children from birth through age five.
- Ensure a focus on children whose families are affected by substance abuse.
- Train home visitors, mental health professionals and early care and education providers in a relationship-based infant mental health and equity approach. ☺

Strategy 3. Increase and improve equitable access to early childhood oral health.

- Increase access and address disparities in prevention and treatment dental services for young children.
- Advance provider trainings such as First Tooth and Maternity Teeth for Two. 🦷
- Continued integration of oral health services in early care and education settings.

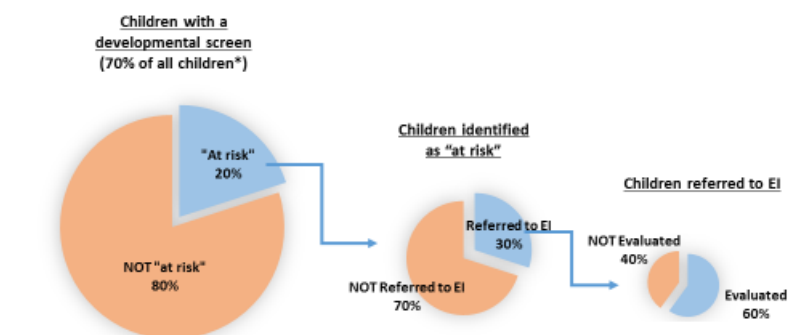
Strategy 4. Improve critical health and safety conditions and practices requiring collaboration and shared accountability across and between state and local early care and education, health and housing agencies.

- Provide health consultation across ECE settings.
- Collaborate to promote safe sleep practices for families and across early care and education settings. 🛏
- Identify annually critical health and safety conditions and practices requiring state and local collaboration due to shared accountability, e.g. environmental health, injury prevention and safety, physical activity, food access, nutrition, etc.

Objective 4: Children with special needs have access to inclusive, affordable, high-quality, culturally-responsive services.

All children deserve the opportunity to develop to their full potential. For children with special needs, this means assuring accessibility, providing additional targeted supports and access to the same full range of early care and education settings as their typically developing peers. Because programs and providers often lack the training and resources to support children with special needs or who do or are perceived to have behavioral challenges, children can be excluded from early care and education settings. Research also demonstrates that earlier developmental delays are detected, the more readily they can be remediated. Building local community-based systems that ensure early learning detection and a family-friendly process of referral to the supports that best address the needs of the individual child and family is essential to achieving that end. Once children are identified, there also need to be a broad range of services to be available in a community to adequately address those needs. Low levels of funding and narrow eligibility requirements mean that children either receive too little supports or are not able to access early intervention/early childhood special education services at all.

From Developmental Screening to Early Intervention Services



* Publically insured children 0 - 3

Source: Reuland, C. (2017). *Ensuring young children identified on developmental screening receive follow-up: Lessons from a community-based approach engaging primary care, early intervention, and early learning system providers*. Presentation at the National Conference of the American Academy of Pediatrics.

Strategy 1. Ensure ECE settings support all children.

- Grow existing training, technical assistance and supports to early care and education programs and identify gaps in current system of professional development for providers so that they can meet the needs of all children in inclusive early care and education settings.

Strategy 2. Ensure adequate funding of and access to a range of regional and community-based services, including Early Intervention/Early Childhood Special Education services.

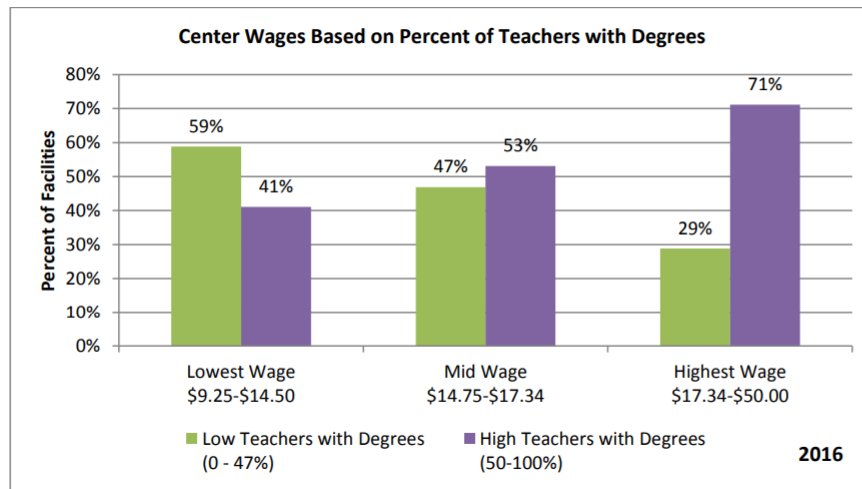
- Increase funding so that that Early Intervention/Early Childhood Special Education services are at an adequate level to support the positive development of children with special needs as defined by the 2010 report to the Oregon Legislature.
- Review the criteria used to determine whether a child is eligible for EI/ECSE services and make and implement recommendations around the appropriate eligibility thresholds to ensure that all children needing these services are able to access them.
- Provide resources for communities to expand the array of services available to infants and toddler and their families that need additional supports. ♿

Strategy 3. Provide pathways from screening to a range of community-based services.

- Identify gaps in current community-based referral systems from screening to services and create pathways that address those gaps so that children’s developmental needs are addressed and that families receive timely and useful information. ♿

Objective 5: Build and retain a high-quality, culturally-responsive and diverse early care and education workforce.

Responsive caregiver-child relationships serve as the foundation for brain development in the earliest years of life. The early care and education (ECE) workforce serve this critical role for children in child care and preschool programs, and are the single most important ingredient toward high-quality care. Yet, Oregon’s early childhood educators typically make between \$25,000 and \$35,000 annually. The state has made some progress by requiring compensation parity for educators in its Preschool Promise program, but this is the only program with compensation standards for educators. In addition, we know that professional compensation is a necessary but insufficient condition: educators also need ongoing professional learning supports and positive, supportive work environments in order to implement best practice. As we seek to improve the conditions for the ECE workforce, we must ensure that we maintain and build upon the racial/ethnic and linguistic diversity of the current field and honor the often decades of work that our current educators have contributed toward making the lives of Oregon’s youngest children better.



Source: Oregon Center for Career Development in Childhood Care and Education, Portland State University & Oregon Child Care Research Partnership, Oregon State University (2018). *Oregon Early Learning Workforce: Four Years Beyond Baseline Comparison of 2012 and 2016*. Available at <https://health.oregonstate.edu/early-learners/workforce>.

Strategy 1. Improve professional learning opportunities for the full diversity of the ECE workforce.

- Implement a competency-based professional learning system that is culturally and linguistically relevant for educators, educational leaders, professional development and training personnel.
- Tailor and scale supports for Family, Friend and Neighbor caregivers.
- Create competencies and professional learning opportunities that speak to the unique role of infant and toddler educators. 🧑🏻‍🎓
- Ensure communities have data needed to design and evaluate effectiveness of professional learning for the diversity of the workforce – including across different settings.
- Increase the relevance and effectiveness of professional learning through job-embedded supports.

- Create better two-way communication between the full diversity of the ECE workforce and policymakers.

Strategy 2. Build pathways to credentials and degrees that recruit and retain a diverse ECE workforce.

- Partner with higher education institutions to ensure degree programs reduce barriers to higher education and meet the needs of the current workforce, equitably addressing cultural, language, learning, and access needs, and curriculum addressing the prenatal-to-5 continuum.
- Improve connectedness between credentials, trainings, and degrees.
- Build upon existing scholarship programs to support more educators to enter the field and existing educators to attain AA and BA degrees in early childhood.
- Increase the number of educators entering the field by expanding opportunities for ECE preparation in high school that can be leveraged in higher education.

Strategy 3. Compensate early childhood educators as professionals.

- Create educator compensation requirements that align with kindergarten educator compensation across all publicly-funded ECE programs (i.e. Oregon Pre-K Program, Preschool Promise, ERDC child care, TANF child care, contracted slots).
- Increase public investment, including through Child Care Assistance programs, to impact the compensation of more early childhood educators.

Strategy 4. Improve state policy to ensure ECE work environments guarantee professional supports.

- Create competencies and professional learning supports for program leadership.
- Ensure ECE program standards address program structures associated with better retention and quality of a culturally and linguistically diverse workforce.
- Collect and use data to improve professional supports (e.g., paid planning time, paid professional development time, compensation, wellness and health benefits).

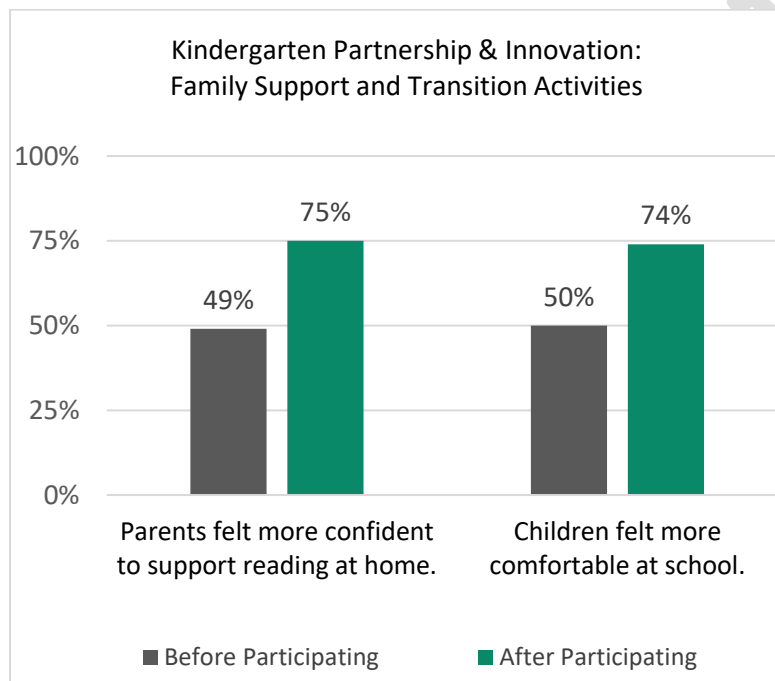
Strategy 5. Increase understanding of the value of ECE educators.

- Articulate a statewide vision for a linguistic and culturally diverse ECE workforce in partnership with early childhood educators.
- In collaboration with Early Learning Hubs and other partners, create understanding of the role and impact of early childhood educators among policymakers and the public.
- Increase the ability of the business community to promote and support the role of ECE educators.

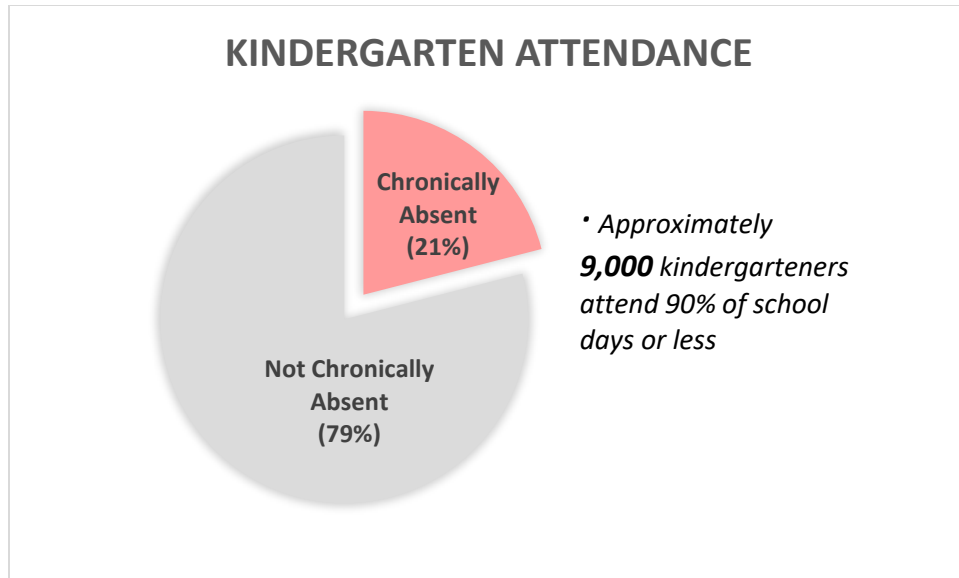
Objective 6: Children and families are well supported as they transition from early care and education settings into K-12.

Supporting successful transitions from early care and education (ECE) into K-12 systems is critical for ensuring that all children, particularly children furthest from opportunity, are able to enter kindergarten ready to succeed and experience a strong start in school. Oregon has made meaningful strides to support kindergarten transitions over last several years, particularly in relation to the implementation of

summertime transition camps and parenting education programs. However, there remains significant work to be done to strengthen and align local practices related to culturally responsive, developmentally appropriate practices in settings in which child learn and grow. The Oregon Kindergarten Assessment continues to be an under-utilized resource for helping policymakers and local early learning and K-12 practitioners gain a deeper understanding of the types of experiences that children have before they arrive at school. Kindergarten transitions, which related to both specific programs and the prenatal-grade 3 systems as a whole, continue to be treated as discrete programs, rather than a holistic set of practices that support seamless alignment between early learning and K-3 for children, families, and professionals. Furthermore, when Oregon rolled out funding for full day kindergarten in 2015, the State provided limited guidance or support to school districts on how to effectively scale up effective practices for full day kindergarten classrooms.



Source: Green, B., Patterson, L., & Reid, D. (2018). *Kindergarten Readiness Partnership & Innovation (KRPI) Funds: 2016-17 Key Findings, Family Engagement Strategies*. Available at <https://www.pdx.edu/ccf/current-research-projects-0#currentearlychildhood>.



Source: Oregon Early Learning Division, Department of Education (2018). *Internal data analyses of the Oregon Kindergarten Assessment.*

Strategy 1. Establish shared professional culture and practice between ECE and K-3 that supports all domains, including social-emotional learning.

- Implement P-3 Professional Learning Teams (PLT's), consisting of both early learning and K-3 educators, with participation in shared statewide and regional professional development activities on the part of both early learning and K-3 educators, including elementary school principals and ECE directors.
- Support school districts to align curriculum, instructional and assessment practices across the P-3 continuum with a focus on high-quality (culturally-responsive, inclusive, developmentally appropriate), affordable.
- Scale and expand the work of Early Learning Hubs and local communities through the Early Learning Kindergarten Readiness Partnership & Innovation program (KPI) and local funding sources, to support social-emotional learning across the P-3 continuum.

Strategy 2. Provide guidance and support to school districts on effective practices for full day kindergarten.

- Through collaboration between ELD and ODE, work directly with school districts to provide on-the-ground coaching and technical supports to strengthen high-quality (culturally-responsive, inclusive, developmentally appropriate), including an emphasis on social-emotional practices in full-day kindergarten classrooms.

Strategy 3. Improve the Oregon Kindergarten Assessment (KA) to better support decision-making between early learning and K-12 stakeholders.

- Update the KA to include culturally appropriate and language/literacy measures for children whose home language is not English and who are dual language learners, starting with Spanish.
- Through ODE's Assessment Unit, provide sufficient support to school districts to ensure that the assessment is administered properly and in ways that are developmentally appropriate.

- Improve the communications and data analysis/interpretation tools for the KA so that that policymakers, Early Learning Hubs, providers of early learning services, school districts, and elementary schools have access to timely, accessible, and actionable data that supports regional and local decision-making.
- Develop a Kindergarten Entry Family Survey that enables families to provide information about their children’s experiences and provides a more holistic picture of children’s development.

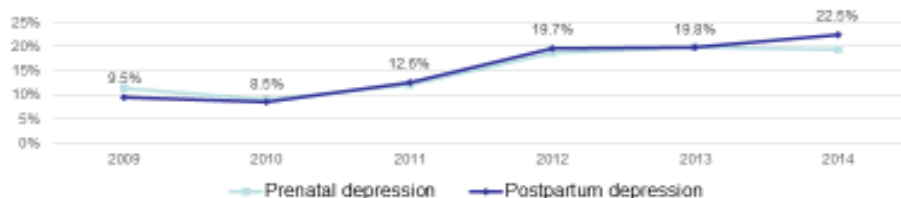
SYSTEM GOAL 2: CHILDREN ARE RAISED IN HEALTHY, STABLE AND ATTACHED FAMILIES

Objective 1: Reduce disparities in the physical and social-emotional health of parents and caregivers.

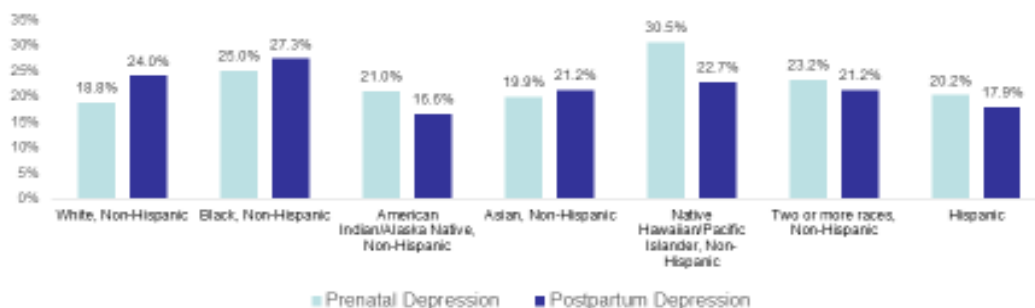
Children’s healthy development depends to a large extent on the health and well-being of their parents and caregivers. Oregon has had recent successes in improving access to preconception, reproductive and timely prenatal care services that support healthier birth outcomes, but disparities in access persist. In addition, one in seven women suffer from postpartum depression, and adoptive parents have similar rates as birth parents. Optimizing parental mental health can break the transgenerational impact of maternal depression, and can help to improve children’s social emotional development, secure attachments, and kindergarten readiness. There is also an increasing concern about the impacts of adverse childhood experiences (ACES). 46% of Oregon adults have experienced two or more such experiences, and 22% have experienced four or more. ACES are often a root cause of many social, emotional, physical and cognitive impairments in childhood, and persist into adulthood with increased rates of chronic diseases, mental illness, disability, and premature mortality. In addition to ACES, societal and systemic racism is a form of trauma that can create a kind of physiological stress that contribute to the disparities being seen in health outcomes. Supporting parents’ health and mental health means they are able to provide nurturing relationships and the important parent-child interactions needed for children’s health, growth and development, which could lead to improved outcomes, reduced health costs over time, and improved health equity. In addition, covering parents’ health care helps create financial stability for the family and increases children’s participation in preventative health care.

Maternal Depression

Statewide:



By race/ethnicity (2014):



30

Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Source: Kleinschmit, S., Wilcox, C., and Ness, M. (2018). *Oregon Health Authority presentation to the Measuring Success Committee of the Early Learning Council.*

Strategy 1. Increase equitable access to reproductive, maternal, and prenatal health services.

- Reduce maternal and child health mortality and disparities.
- Increase access to traditional health workers (i.e., doulas) and home visiting services.
- Address the needs of women impacted by substance use disorder, such as through integrated prenatal care and SUD treatment, as well as infants affected by neonatal abstinence syndrome.

Strategy 2. Improve access to culturally and linguistically responsive multi-generational approaches to physical and social-emotional health.

- Reduce families' financial burden of healthcare costs.
- Expand accessible and culturally responsive systems that support family unity while addressing parent co-occurring health, mental health, addiction, and/or parenting strategies. 🧑🏻
- Improve access to health care for families who are pregnant or with young children. 🧑🏻
- Ensure a continuum of services for children and their caregivers when families are affected by mental health conditions and substance use disorders.
- Address the cross-generational transmission of trauma by identifying and addressing adverse childhood experiences.
- Increase partnerships between CCOs and community health workers to enable access.

Objective 2: Families have access to supports for healthy parent-child relationships.

The warm, supportive relationship between a caregiver and child is the most important ingredient for positive child development, and the bond formed between parent and child during the first few months of a child's life provide its foundation. Parents want the best for their children. Parenting is challenging regardless of socio-economic circumstances, and difficulties in parenting can be exacerbated by lack of economic resources or opportunity. The birth of a new child can be a particularly stressful moment for families, when families need some support and someone to help them know what resources are available to them. Almost all communities in Oregon lack a universal connection point to support families at this critical moment. Economic necessity often forces parents to return to work shortly after the birth or adoption of child when critical bonds and attachments are being developed. Oregon has a strong array of community-based family supports that offer non-stigmatizing parenting supports. However, their reach is too limited: only 15% of currently eligible families have access to its evidence-based home visiting programs.

By the time children reach age 2, home visiting created:



BETTER MATERNAL MENTAL HEALTH



MORE POSITIVE PARENTING ATTITUDES



HEALTHIER HOME ENVIRONMENTS

Maternal investment and early health matter.

Source: Heckman, J., Holland, M., Makino, K., Pinto, R., Rosales-Rueda, M. (2017). *An analysis of the Memphis Nurse-Family Partnership Program*. National Bureau of Economic Research Working Paper 23610. Available at <https://www.nber.org/papers/w23610.pdf>

Strategy 1. Create a universal family touch point.

- Build, in partnership with local communities, Early Learning Hubs, CCO's and public health agencies, a system to deliver home visits for all families with newborn children that provides parenting information and that helps families with deeper needs connect to additional services. ☸

Strategy 2. Scale culturally-responsive home visiting.

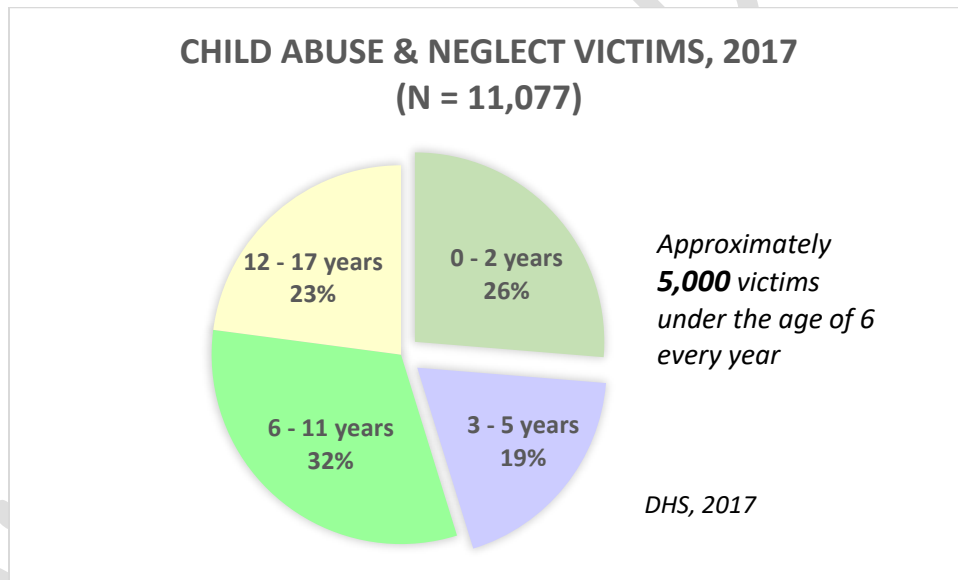
- Expand access to Oregon's current array of evidenced-based and evidence-informed targeted home visiting programs so that more families have access to these supports. ☸
- Expand access to professional learning opportunities and address compensation for home visitors in order to build a strong, culturally diverse workforce and increase retention.

Strategy 3. Provide paid family leave for families.

- Provide Paid Family Leave to all families with a new born or newly adopted child to support the development of bonding and attachment during this critical window. 🙏

Objective 3: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.

Housing, food, and employment instability often creates an environment of desperation and household turmoil that adversely affects the life trajectory of our youngest children. In 2017, Oregon had the second highest rate of homelessness among people in households with children in the United States. 31% of all renter household families with children under age five spend more than half of their incomes on rent and are considered severely housing cost-burdened. These factors coupled with the high cost of child care are placing families in a complex, insurmountable situation that they are unable to traverse alone. The stresses placed on families with young children contribute to their high rates of involvement with the child welfare system: over 40% of the children in foster care are age five and under. Working with families to increase individualized, relational strategies, Oregon has the opportunity to address what has been increasingly compounded for families over time and put an end to this cycle of inequity.



Source: Office of Reporting, Research, Analytics, and Implementation, Oregon Department of Human Services (2018). 2017 Child Welfare Data Book. Available at <https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx>.

**TOTAL CHILDREN
POPULATION UNDER 6
in 2013:**

269,072¹

**ESTIMATED NUMBER OF
CHILDREN UNDER AGE 6
IDENTIFIED as HOMELESS:**

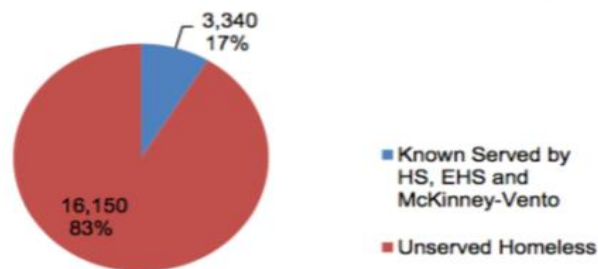
19,490²

**CHILDREN UNDER AGE 6
EXPERIENCING
HOMELESSNESS:**



Source: Administration for Children & Families, Department of Health and Human Services, USA. (2016) Early Childhood Homelessness in the United States: 50-State Profile. Available at <https://www.acf.hhs.gov>.

CHILDREN IN EARLY LEARNING PROGRAMS



Source: To be added

Strategy 1. Expand and prioritize access to housing assistance and supports for families with young children.

- Prioritize housing subsidy for families with young children, starting with families with children prenatally to 12 months of age that are experiencing unsheltered homelessness. 🏠
- Expand the supply of affordable housing and rental assistance for families with children by exploring new programs and working with providers to establish priorities for assisting families with young children.

Strategy 2. Provide preventive parenting support services to reduce family engagement in the child welfare system.

- Increase access to evidence-based early learning programs such as Relief Nurseries, Early Head Start, parenting education and home visiting programs proven to reduce abuse and neglect for families at imminent risk of entering into the child welfare system.

- Strengthen collaboration between Early Learning Hubs and DHS field offices to increase access to community supports for families at risk for entering into the child welfare system and to develop community-based child abuse and maltreatment prevention strategies.
- Expand access to Family Coaches to local community-based parenting organizations.

Strategy 3. Link high-quality ECE programs such as Early Head Start, Head Start, Preschool Promise and Spark rated programs, with other publicly-funded programs such as self-sufficiency and housing assistance.

- Strengthen partnership, and align priorities to include strategies such as waitlist prioritizations and incentives to enable better linkage between high-quality early care and education programs and families served in self-sufficiency and housing assistance programs.
- Develop innovative child care networks, connected to affordable housing complexes, focused on equipping early learning providers to deliver relational, trauma informed care so children and their families can leave shelters, exit homelessness, and enter safe and healthy homes, with quality enriched early learning opportunities as their foundation.

SYSTEM GOAL 3: THE EARLY LEARNING SYSTEM IS ALIGNED, COORDINATED, AND FAMILY-CENTERED

Objective 1: Increase capacity to collect, integrate, disaggregate, analyze and disseminate data to improve systems, services and outcomes for young children and their families, particularly from communities historically excluded from opportunity.

Oregon is committed to using data-based decision-making to drive positive outcomes for children prenatal to five and their families. This commitment to data-based decision-making is also a strong part of its commitment to equity as Oregon uses disaggregated data to assess impacts of policies and investments on children who are historically underserved. In order to live up to this commitment, Oregon needs to increase its capacity to collect, integrate, analyze and disseminate data across the early learning system and at the state, local and programmatic levels. The state needs to increase its capacity to collect accurate and meaningful data from early care and education programs and share the data back with programs in ways that support on-going quality improvement. As the state's ability to collect solid data from early care and education programs improves, data from these programs needs to be integrated into longitudinal data systems and with data from other systems, so that the impacts of investment and strategies can be accurately assessed. The state also needs to increase the Early Learning Hubs access to data from across all sectors and invest in their capacity to use this data, so that local communities are empowered to make the most effective decisions about how to direct local resources. In addition to better tracking how children and families that have connected with programs and services are doing, Oregon also need to be able to track the well-being of children and families as a whole, information that is best provide through a population level survey.

Strategy 1. Build state and program capacity to collect, monitor and analyze data from early care and education programs to support quality improvements in the delivery of early care and education services and programs for children pre-natal to five and their families.

- Specifically incorporate data on children of color and children from families historically underserved.

Strategy 2. Strengthen data-driven community planning.

- Increases access to state and local data, as well as resources, to improve Hub capacity to use data in its planning to ensure the highest needs are met and that the greatest impact for children and families is achieved.
- Address data sharing and data governance barriers, while protecting family privacy, that limit community access to data need for decision-making.
- Specifically incorporate data on children of color and children from families historically farthest from opportunity.
- Bring state and community leaders together to better understand data in order to track the well-being of children and families in communities, guide a process of continuous quality improvement, and facilitate collaboration across sectors and partners.

Strategy 3. Integrate early learning data into the Statewide Longitudinal Data System.

- Use integrated data from State Longitudinal Data System to determine impacts of early childhood investment and identify the most effective strategies for supporting positive outcomes for children and their families.
- Specifically incorporate data on children of color and children from families historically farthest from opportunity.

Strategy 4. Develop and implement a population survey to track the well-being of children and families across

- Work across state agencies to finance, develop and implement a population survey of Oregon families with young children that provides holistic information on their well-being.
- Ensure that the survey is developed and implement so as to provide accurate and holistic information on the well-being of families from historically underserved populations.

Strategy 5. Create and use an early learning system dashboard to create shared cross-sector accountability for outcomes for young children and their families.

- Create and regularly monitor an Early Learning System Dashboard that fosters collective impact and shared cross-sector, cross-agency accountability for population level outcomes for children prenatal to five and their families.
- Specifically incorporate data on children of color and children from families historically farthest from opportunity.

Objective 2: Improve the alignment and capacity of the cross-sector early learning workforce to support young children and their families across the system.

Despite working in different settings, the early learning (EL) workforce – consisting of health, human services, K-12, and the early care and education sector – serves young children and their families largely toward the same end: ensuring children’s health and development is on track. This also requires some common knowledge and skills, as well as partnerships with one another. In order to support families and children in a consistent way, key areas of shared knowledge and competency must be identified and supported in a way that is shared across the entire system.

Strategy 1. Support consistent, high-quality practice among all professionals in the family- and child-serving early learning workforce.

- Analyze existing core knowledge and competency frameworks or standards across disciplines for the family- and child-serving workforce to identify commonalities and gaps across sectors.
- Address gaps in core knowledge through professional learning, including creating shared, cross-sector professional learning.
- Create and implement opportunities for shared professional learning across sectors in established areas of need (e.g., trauma-informed practices and family-centered referral pathways).
- Collaborate with higher education and professional learning partners to incorporate identified areas of shared knowledge into curriculum.

Strategy 2. Improve cross-sector recruitment and retention.

- Through the Children’s Cabinet, require state agencies to report on the diversity of race/ethnicity, language, compensation and working conditions of front-line staff within each sector.
- Analyze data across the early learning workforce to determine common strengths and shared challenges regarding diversity, compensation, turnover, qualifications and professional learning pathways in each sector.
- Use data analysis to create and implement a plan based on the common strengths and shared challenges.

Objective 3: Prioritize investments to achieve equitable outcomes for families and their young children.

Oregon has demonstrated a commitment to establishing equitable outcomes for children and their families in the state. This means taking action to address the avoidable conditions that impact those who have experienced socioeconomic disadvantage or historical injustices and that children’s outcomes are no longer predicted by race, where they live, or economic status. With the adoption of the Oregon Equity Lens in 2011, Oregon identified the need to improve its collection mechanisms for identifying and collecting data for children and families that are the most vulnerable and underserved in the state and directed more funding to meeting the needs of these families. This work highlighted the need to ensure that families are provided with access to high-quality education, health, housing, and the social services needed to ensure that they could reap the full benefits of an aligned and coordinated system of support. This includes increasing opportunities for continuous feedback between state systems and families. However, the disparate access to these combined services for families of color, dual language learners’

families, low-income families, and other families who are historically underserved highlights systemic gaps of services that must be interrupted so that Oregon can service all families.

Strategy 1. Equitably distribute resources.

- Annually review all funding and services entering into the early learning system through the Oregon Equity Lens.
- Use the findings to enhance or shift funding priorities to ensure that exponential progress is made toward eliminating disparities in access and outcomes, and supporting children and families who are historically underserved.

Strategy 2. Align and expand funding opportunities for culturally specific organizations.

- Develop a coordinated state approach to increasing the capacity of culturally specific organizations to scale and seed promising culturally-responsive practices and programs in early childhood.
- Expand funding of culturally specific organizations to implement early childhood programming and build partnerships with other programs.

Objective 4: Strengthen state-community connections to create streamlined local systems that are aligned, coordinated, and family-centered.

Oregon has programs and resources addressing the different needs of families across the state. However, many do not work together. Vulnerable families who have been historically underserved may become overwhelmed in understanding what they qualify for and accessing those supports successfully. Early Learning Hubs' unique role, in partnership with the other sectors, is to build coherent local systems where families can easily connect with needed supports and services. Each sector has local structures to support the delivery of specific services and programs. However, the Early Learning Hubs are a significant vehicle for how the sectors can come together and have shared impact in improving outcomes for children, families and communities. Over the next five years, the focus of this work is to advance the three system goals at the local level and ensure a shared vision and expectation for improving the outcomes of young children and their families through developing, strengthening and streamlining local systems and developing feedback loops between the state and communities to improve service delivery, address gaps, and tailor resources to the different needs of communities across Oregon.

Strategy 1. Further develop the local Early Learning Hub system.

- Ensure all sectors are committed to the role of the Early Learning Hubs as the infrastructure of local efforts needed for building the state early learning system and making progress toward the three system goals.
- Require all sectors be represented on the Early Learning Hub Governance Boards to ensure shared goals, policy and programming are invested in and implementation is coordinated across a region.
- Strengthen the Early Learning Hub role in providing community needs assessments that meet the requirements of each sector, and supporting coordinated and aligned community planning and shared problem solving.
- Develop a continuous quality improvement process that Early Learning Hubs and their partners can use to identify ongoing learning, to improve local system development, and to identify and adapt to emerging shifts in community trends over time.

- Create ongoing feedback loops between the state sectors and communities to improve communication, policy implementation, collaboration, and addressing barriers in order to make progress toward the three systems goals.

Strategy 2. Ensure family voice in systems design and implementation.

- Increase authentic input of family voice in the design and implementation of state policy and programming that welcomes all families.
- Work with Early Learning Hubs and their partners in developing local capacity to facilitate culturally responsive family engagement activities across their communities, prioritizing communities that have not yet been engaged.
- Build new and connect with existing regional parent and community stakeholder groups to create venues to seek ongoing feedback on current and future work of the system, ensuring they meet the cultural, linguistic, and scheduling needs of families.
- Create a parent compensation model for their cost of attendance to these meetings so that parents and their families can attend for zero out of pocket cost.

Strategy 3. Ensure family friendly referrals.

- Develop centralized systems locally to coordinate eligibility of services across sectors.
- Develop shared principles for building community level, family friendly, respectful and easy to navigate referral system so that families can easily access services and supports.

Appendix A: Synthesis of Input Received

The Early Learning Council conducted a series of engagement sessions from January to September 2018 to host stakeholders from each of the key sectors: Human Services, Early Care and Education, K-12, Health, Public Health, Housing and Community Supports. Using the Equity Lens and the Council’s guiding principles, each sector meeting was constructed to maximize the number of perspectives included in the information-gathering stage. During these sessions Council members debriefed and captured their ideas regarding what could be the most strategic in advancing the Oregon early learning system. These initial debriefs were then organized into themes. The following list summarizes the themes:

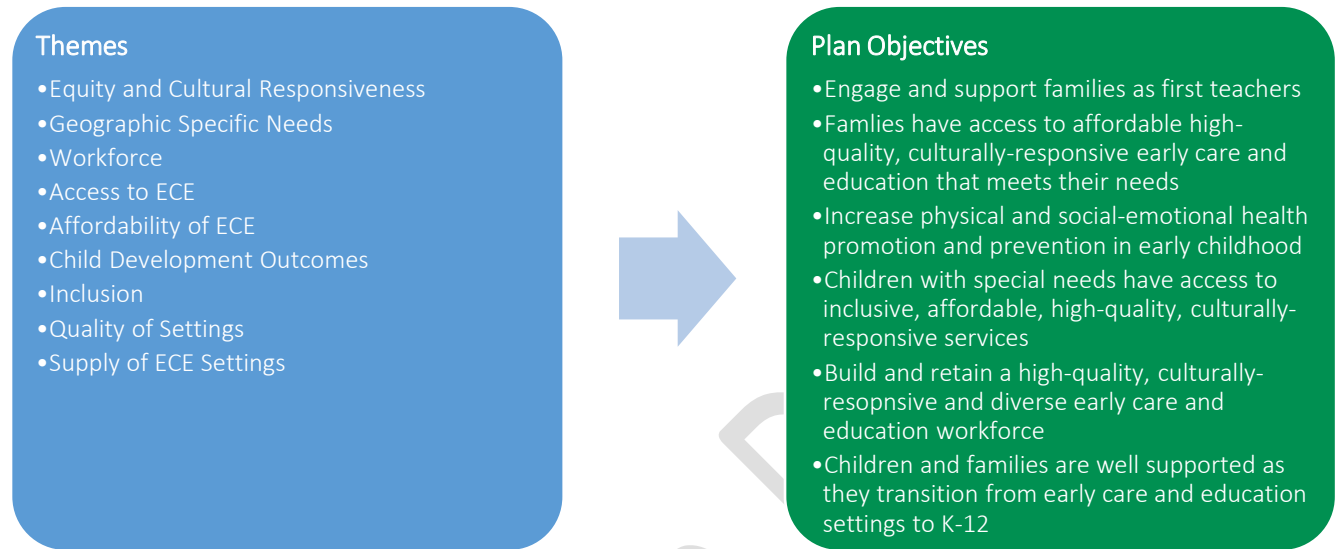
1. Access to Early Care and Education
2. Affordability of Early Care and Education
3. Building a Systems Approach
4. Child Development Outcomes
5. Community Context
6. Connecting with Business
7. Cultural Responsiveness & Equity
8. Data
9. Family-Centered Systems
10. Financing & Leveraging Resources
11. Geographic Specific Needs
12. Inclusion
13. Quality of Settings
14. Role of Early Learning Council
15. Standards/Regulations Alignment
16. State-Community Connections
17. Supply of Early Care and Education Settings
18. Supporting Families
19. Trauma-Informed Care
20. Workforce

Issues that cut across and throughout the strategic plan include equity and geographic context/specific needs across Oregon. To start the process of developing a strategic plan, the themes were reviewed and organized by the three system goals. Some themes have content that fell into more than one goal.

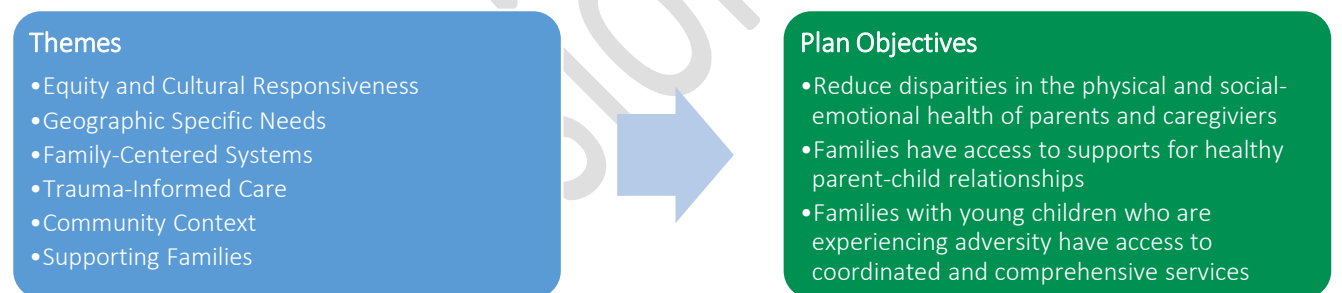
Children arrive ready for kindergarten	Children are raised in healthy, stable & attached families	The Early Learning System is aligned, coordinated, and family-centered
Equity and Cultural Responsiveness	Equity and Cultural Responsiveness	Equity and Cultural Responsiveness
Geographic Specific Needs	Geographic Specific Needs	Geographic Specific Needs
	Family-Centered Systems	Family-Centered Systems
Workforce		Workforce
	Trauma-Informed Care	Trauma-Informed Care
Access to ECE	Community Context	Building a Systems Approach
Affordability of ECE	Supporting Families	Connecting with Business
Child Development Outcomes		Data
Inclusion		Financing & Leveraging Resources
Quality of Settings		Role of Early Learning Council
Supply of ECE Settings		Standards/Regulations Alignment
		State-Community Connections

The following charts demonstrate how the themes were transitioned to objectives for the strategic plan.

SYSTEM GOAL 1: Children arrive ready for kindergarten



SYSTEM GOAL 2: Children are raised in healthy, stable and attached families



SYSTEM GOAL 3: The Early Learning System is aligned, coordinated and family-centered.

Themes

- Equity and Cultural Responsiveness
- Geographic Specific Needs
- Family-Centered Systems
- Workforce
- Trauma-Informed Care
- Building a Systems Approach
- Connecting with Business
- Data
- Financing & Leveraging Resources
- Role of Early Learning Council
- Standards/Regulations Alignment
- State-Community Connections



Plan Objectives

- Increase capacity to collect, integrate, disaggregate, analyze and disseminate data to improve systems, services and outcomes for young children and their families, particularly from communities historically excluded from opportunity
- Improve the alignment and capacity of the cross-sector early learning workforce to support young children and their families across the system
- Prioritize investments to achieve equitable outcomes for families and their young children
- Strengthen state-community connections to create streamlined local systems that are aligned, coordinated and family-centered

Discussion Document

Appendix B: Glossary

The following glossary was originally published by the Oregon Child Care Research Partnership, Corvallis, Oregon, August, 2016 and updated by the Early Learning Division, October, 2018. This glossary presents a list of terminology and definitions used to discuss state support, regulation, and involvement in early care and education services in the State of Oregon. Interspersed with Oregon-specific terms are terms both used within Oregon and nationally, which can also be found on [Research Connections Child Care and Early Education Glossary](#).

Early Learning Terms	Definition
Affordability	The degree to which the price of child care is a reasonable or feasible family expense. States maintain different definitions of "affordable" child care, taking various factors into consideration, such as family income, child care Market Rates, and Subsidy acceptance, among others.
Approaches to Learning	Refers to the ways in which children learn, including children's openness and curiosity to tasks and challenges, task persistence, imagination, attentiveness, and cognitive learning style.
At-Risk	A term used to describe children who are considered to have a higher probability of non-optimal Child Development and learning.
Attachment	The emotional and psychological bond between a child and adult, typically a parent or caregiver, that contributes to the child's sense of security and safety. It is believed that secure attachment leads to psychological well-being and Resilience throughout the child's lifetime and is considered a key predictor of positive Child Development and learning.
Child Care Access	Refers to the ability for families to find quality Child Care Arrangements that satisfy their preferences, with reasonable effort and at an affordable price. See related: Child Care Availability.
Child Care Assistance	Any public or private financial assistance intended to lower the cost of child care for families. See related: Child Care Subsidy.
Child Care Availability	Any public or private financial assistance intended to lower the cost of child care for families. See related: Child Care Subsidy.
Child Care Provider	An organization or individual that provides early care and education services.
Child Care Resource & Referral (CCR&R)	Local and statewide entities, usually funded by CCDF , that provide a range of services to the community, such as guidance and referrals to parents seeking child care; professional development and trainings for early childhood professionals; as well as parenting and other educational resources for families. Some CCR&R agencies also administer child care Subsidies .
Child Care Slots	The number of openings that a child care setting has available as dictated by its Licensed Capacity . Child care slots may be filled or unfilled.

Child Care Subsidy	A type of Child Care Assistance primarily funded by the federal CCDF program. See related: Employment Related Day Care (ERDC).
Child Development	The process by which children acquire skills in the areas of social, emotional, intellectual, speech and language, and physical development, including fine and gross motor skills. Developmental stages describe the expected, sequential order of gaining skills and competencies that children typically acquire. See related: Developmental Milestones; Approaches to Learning.
Children of Incarcerated Parents	Refers to a child that has a parent or parental figure(s) involved in the criminal justice system from arrest through parole.
Coaching	A relationship-based process led by an expert with specialized knowledge and adult learning Competencies that is designed to build capacity for or enhance specific professional dispositions, skills and behaviors. Coaching is typically offered to teaching and administrative staff, either by in-house or outside coaches, and focuses on goal-setting and achievement. See related: Consultation; Technical Assistance.
Collective Impact	A commitment to a common agenda for solving a complex social problem by a group of actors from different sectors. A collective impact model provides a foundation for the work of Oregon’s Early Learning Hubs.
Communities of Color	Four communities are traditionally recognized as being of color – Native American, African American, Asian and Latino. Additional groups that have been impacted by racism in a given community can be added.
Community-Based Child Care/Community-Based Organization (CBO)	A nonprofit organization that provides educational or related services to children and families within their local community. CBOs that provide child care may be associated with faith-based organizations or other nonprofit organizations. CBOs are subject to section 501(c)(3) of the Internal Revenue Code. See related: Center-based Child Care.
Competencies [refers to Workforce Knowledge or Core Competencies]	Refers to the range of knowledge and observable skills that early childhood practitioners need to provide effective services to children and families. Competencies, sometimes referred to as "core competencies," are typically linked with states' early learning guidelines and provide a framework for Professional Development at various career stages.
Comprehensive Services	An array of coordinated services that meet the holistic needs of children and families enrolled in a given program, from health and developmental screenings to family literacy trainings and parent education.
Continuity of Care	Refers to the provision of care to children by consistent caregivers in consistent environments over a period of time to ensure stable and nurturing environments. Research shows that maintaining continuity and limiting transitions in a child's first few years of life promotes the

	type of deep human connections that young children need for optimal early brain development, emotional regulation, and learning.
Core Body of Knowledge	The Core Body of Knowledge for Oregon’s Childhood Care and Education Profession is the basis for training and education essential for on-going professional development in the childhood care and education profession; a foundation for both the Oregon Registry and the Oregon Registry Trainer Program. It embodies what professionals should know and be able to do to effectively care for and educate Oregon’s young children, ages 0-8, with special consideration for children 9-12 years old. Ten core knowledge categories make up the Core Body of Knowledge. Three sets of knowledge constitute a progression of increased depth and breadth of knowledge within each core knowledge category.
Cost of Care	The monetary cost of providing early care and education services. Major contributors to the cost of care include staff wages and salaries, benefits, rent, supplies, Professional Development and training. The cost of care can be different from the actual price of care charged by the provider.
Cultural Responsiveness	A term that describes what happens when special knowledge about individuals and groups of people is incorporated into standards, policies, and practices. Cultural responsiveness fosters an appreciation of families and their unique backgrounds and has been shown to increase the quality and effectiveness of services to children.
Curriculum	A written plan that includes goals for children's development and learning; the experiences through which they will achieve the goals; what staff and parents should do to help children achieve the goals; and the materials needed to support the implementation of the curriculum.
Department of Human Services (DHS)	DHS is Oregon’s principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, respect choice and preserve dignity, especially for those who are least able to help themselves. DHS manages ERDC, Oregon’s major child care subsidy program.
Developmental Screening and Assessment	The practice of systematically measuring a child's development across multiple domains and looking for signs of developmental delays. Screening and assessment tools are typically administered by professionals in healthcare, community, or school settings with children and families and can consist of formal questionnaires or checklists that ask targeted questions about a child’s development.
Developmentally Appropriate	Practices, behaviors, activities and settings that are adapted to match the age, characteristics and developmental progress of a specific group of children. Developmentally Appropriate Practice (DAP) in early learning settings reflects knowledge of Child Development and

	an understanding of the unique personality, learning style and family background of each child.
Dual Language Learners (DLL)	Refers to children under the age of five who have at least one parent or guardian that speaks a language other than English at home and who are mastering their native language while learning English simultaneously. See related: English Language Learners (ELL); Limited English Speaking/Limited English Proficiency (LEP); Bilingual.
Early Childhood Mental Health Consultation	A strategic intervention geared towards building the capacity of early childhood staff, programs, families, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age six. In a child-focused consultation, the consultant may facilitate the development of an individualized plan for the child; In a classroom-focused consultation, the consultant may work with the teacher/caregiver to increase the level of Social-Emotional support for all the children in the class through observations, modeling, and sharing of resources and information; In a program-focused consultation, the consultant may help administrators address policies and procedures that benefit all children and adults in the program.
Early Childhood Special Education (ECSE)	Specialized instruction that is provided by trained early childhood Special Education professionals to young children with disabilities in various early childhood settings such as Preschool , child care, Prekindergarten and Head Start , among others. ECSE is mandated by the federal Part B of the IDEA.
Early Head Start	A federally funded program that serves low-income pregnant women and families with infants and toddlers to support optimal child development while helping parents/families move toward economic independence. EHS programs generally offer the following core services: (1) High Quality early education in and out of the home; (2) family support services, home visits and parent education; (3) comprehensive health and mental health services, including services for pregnant and postpartum women; (4) nutrition; (5) child care, and, (6) ongoing support for parents through case management and peer support. Programs have a broad range of flexibility in how they provide these services.
Early Intervention	Services that are designed to address the developmental needs of infants and toddlers with disabilities, ages birth to three years, and their families. Early intervention services are generally administered by qualified personnel and require the development of an Individualized Family Service Plan (IFSP) . Early intervention is authorized by the federal Individuals with Disabilities Education Act (IDEA), Part C.
Early Learning Council (ELC)	In 2011 the Oregon Legislature created the ELC to provide policy direction and oversee Oregon’s early learning system. Council members are appointed by the Governor and provide policy guidance to the Early Learning Division.

<p>Early Learning Division (ELD)</p>	<p>In 2013 the Oregon Legislature created the Early Learning Division within the Oregon Department of Education to oversee the early learning system including policies and programs that support stable and attached families and school readiness. The Division is overseen by the Early Learning Council.</p>
<p>Early Learning Hubs</p>	<p>The 2013 Legislature authorized creation of 16 regional and community –based Early Learning Hubs to make support more available, accessible, and effective for children and families, particularly those who are historically underserved. Hubs bring together the following sectors in order to improve outcomes for young children and their families: early education, k-12, health, human services, and business.</p>
<p>Early Literacy</p>	<p>Refers to what children know about and are able to do as it relates to communication, language, reading, and writing before they can actually read and write. Children's experiences with conversation, books, print and stories (oral and written) all contribute to their early literacy skills.</p>
<p>Employment-Related Day Care (ERDC)</p>	<p>Oregon’s major form of financial assistance for child care for low-income families is funded by a combination of federal Child Care and Development Fund and Oregon General Fund dollars. The program is managed by DHS.</p>
<p>Equity</p>	<p>Equity is the notion that each and every person will receive the necessary resources they need individually to thrive no matter what their national origin, race, gender, sexual orientation, differently abled, first language, or other distinguishing characteristics.</p>
<p>Equity Lens</p>	<p>Oregon’s Chief Education Office (formerly, the Oregon Education and Investment Board) adopted and works to ensure that its Equity Lens guides education policy. The Lens articulates a set of beliefs, a “lens” intended to “clearly articulate the shared goals we have for our state, the intentional investments we will make to reach our goals of an equitable educational system, and to create clear accountability structures to ensure that we are actively making progress and correcting where there is not progress. This lens was created to propel the educational system into action to shift policies, procedures, and practices in order to move our committee to an equitable system into actively pursuing an equitable system.”</p>
<p>Evidence-Based Practice</p>	<p>A practice, regimen or service that is grounded in evidence and can demonstrate that it improves outcomes. Elements of evidence-based practice are standardized, replicable and effective within a given setting and for a particular group of participants. See related: Best Practices.</p>
<p>Family (Parent Engagement)</p>	<p>Refers to an interactive process of relationship-building between early childhood professionals and families that is mutual, respectful, and responsive to the family’s language and culture. Engagement in the early years prepares families to support their children's learning throughout their school years and support parent/family-child</p>

	relationships that are key to healthy Child Development, School Readiness , and well-being. See related: Parent/Family Involvement.
Head Start	A federal program that provides comprehensive early childhood education, health, nutrition, and parent involvement services to low-income families. The program is designed to foster stable family relationships, enhance children's physical and emotional well-being and support children's cognitive skills so they are ready to succeed in school. Federal grants are awarded to local public or private agencies, referred to as "grantees" to provide Head Start services. Head Start began in 1965 and is administered by the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS). See related: Oregon PreKindergarten
High Quality	Refers to the characteristics of early learning and development programs and settings that research has demonstrated are associated with positive child outcomes. These programs identify and support the needs of children from diverse cultures, children who speak a language other than English, and children with emerging and diagnosed special needs. These programs and settings seek out and use their resources in an equitable manner to ensure developmentally appropriate, culturally and linguistically responsive communication, activities, and parent engagement. They create a dynamic relationship between the family and the educator that works to define what the physical, social, emotional, and cognitive needs are for that child to ensure an optimal learning environment for that individual.
Historically Underserved	Refers to communities that the Early Learning Council Equity Implementation Committee identified as African American, Asian and Pacific Islander, Children with disabilities, English language learners, Economic Disparities, Geographic Isolation, Immigrants and Refugees, Latino, Tribal Communities, and children of Incarcerated Parents/parental figures.
Home Visiting Programs	Programs that aim to improve child outcomes by helping high-risk parents who are pregnant or have young children to enhance their parenting skills. Most home visiting programs match trained professionals and/or paraprofessionals with families to provide a variety of services in families' home settings. Examples of home visiting services can include health check-ups, developmental screenings, referrals, parenting advice, and guidance with navigating community services.
Inclusion	The principle of enabling all children, regardless of their diverse backgrounds or abilities, to participate actively in natural settings within their learning environments and larger communities.
Individualized Education Program (IEP)	The IEP, Individualized Education Program, is a written document that's developed for each public school child who is eligible for special education services. The IEP is created through a team effort and reviewed at least once a year. See related: IEP Team.

Individualized Education Program (IEP) Team	The members of the multidisciplinary team who write a child’s IEP.
Individualized Family Services Plan (IFSP)	A written plan that outlines the special services children ages birth through two years and their families will receive if found eligible for early intervention services. The plan is mandated by the federal Individuals with Disabilities Education Act (IDEA), Part C. See related: Early Intervention.
Infant Toddler Mental Health (ITMH)	Defined as the healthy social and emotional development of young children, birth to three years of age. ITMH builds on responsive relationships with primary caregivers (parents, family, child care) that build healthy attachment and foundations for life.
Kindergarten Assessment (KA)	Assessment developed by Oregon and aligned with the state’s early learning and development standards to assess what children know and are able to do as they enter kindergarten.
Kindergarten Transition	Refers to a process or milestone in which a child moves from a Preschool setting to kindergarten.
Mentoring	A form of Professional Development characterized by an ongoing relationship between a novice and an experienced teacher or provider to deliver personalized instruction and feedback. Mentoring is intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness. See related: Coaching, Consultation.
Monitoring	The process used to enforce child care providers' compliance with licensing rules and regulations. States use "differential monitoring" as a regulatory method for determining the frequency or depth of monitoring based on an assessment of the child care facility's compliance history and other quality indicators.
Office of Child Care	A public office located within the Early Learning Division responsible for child care licensing, compliance, background checks and monitoring.
Oregon Department of Education (ODE)	ODE is responsible for implementing the state’s public education policies. The department is overseen by the Governor acting as State Superintendent of Public Instruction with an appointed Deputy Superintendent acting as chief administrator.
Oregon Health Authority (OHA)	OHA is the state agency at the forefront of working to improve the lifelong health of Oregonians through partnerships, prevention and access to quality, affordable health care. It includes most of the state’s health and prevention programs such as Public Health, Oregon Health Plan, and Healthy Kids, as well as public-private partnerships.
Oregon PreKindergarten and Early Head Start	Oregon Head Start Pre-K (OHSPK) and Early Head Start (EHS) are comprehensive high quality early childhood development programs offering integrated services. OHSPK and EHS programs receive funding from the Federal Office of Head Start, the Oregon Department of Education , or both. All OHSPK programs follow the same guidelines for providing services.

Parent Choice	Refers to families' ability to access Child Care Arrangements of their choosing. The term is often used to refer to the CCDF stipulation that parents receiving Subsidies should be able to use all legal forms of care, even if a form of child care would be otherwise unregulated by the state.
Parenting Education	Instruction or information directed toward parents and families to increase effective parenting skills.
Preschool	Programs that provide early education and care to children before they enter kindergarten, typically from ages 2.5-5 years. Preschools may be publicly or privately operated and may receive public funds.
Preschool Promise	A high-quality state preschool program serving 3- and 4- year old children living in families at or below 200% of the Federal Poverty Line. It was created by the 2015 Oregon Legislature with a commitment to supporting all of Oregon's young children and families with a focus on equity and expanding opportunities to underserved populations. The program is administered by Early Learning Hubs throughout the state, bringing together early learning programs operated by Head Start, K-12, licensed child care and community-based organizations in a Mixed-Delivery model.
Professional Development (PD)	Refers to a continuum of learning and support activities designed to prepare individuals for work with, and on behalf of, young children and their families, as well as ongoing experiences to enhance this work. Professional development encompasses education, training, and Technical Assistance (TA) , which leads to improvements in the knowledge, skills, practices, and dispositions of early education professionals.
Regulated Subsidy	Regulated subsidy refers to federal child care funds offered through the state to qualifying families to support care that is provided to their children. See related: Subsidized Child Care.
Retention (Staff)	Refers to the ability of programs to retain their employees over time. Staff retention is a well-documented problem in early childhood programs that affects program quality
Risk Factors	Refers to circumstances that increase a child's susceptibility to a wide range of negative outcomes and experiences. Risk factors for low school readiness may include parental/family characteristics such as low socioeconomic status and education, children's characteristics, such as whether the child has Special Needs , or community conditions and experiences, such as whether the child has access to high Quality early care and education.
Social-Emotional Development	Refers to the development process whereby children learn to identify and understand their own feelings, accurately read and comprehend emotional states in others, manage and express strong emotions in constructive manners, regulate their behavior, develop empathy for others, and establish and maintain relationships.
Spark	Spark, formerly known as Oregon's Quality Rating and Improvement System or QRIS, is a statewide program that raises the quality of child care across the state. Spark recognizes, rewards and builds on what

	early childhood care and education professionals are already doing well.
Special Needs	A term used to describe a child with an identified learning disability or physical or mental health condition requiring Special Education services, or other specialized services and supports. See related: Early Intervention (EI), IEP; IFSP; Special Needs.
Subsidized Child Care	Child care that is at least partially funded by public or charitable resources to decrease the cost to families. See related: Regulated Subsidy.
Subsidy	Private or public assistance that reduces the cost of child care for families.
Supply Building	Efforts to increase the quantity of child care programs in a particular local area.
Technical Assistance (TA)	The provision of targeted and customized supports by a professional(s) with subject matter expertise and adult learning knowledge and competencies. In an early education setting, TA is typically provided to teaching and administrative staff to improve the quality of services and supports they provide to children and families. See related: Coaching; Mentoring; Consultation; Professional Development.
Trauma Informed Care	Refers to an approach used in working with children exposed to traumatic events or conditions. Children exposed to trauma may display heightened aggression, poor social skills and impulsivity; and may struggle academically or engage in risk-taking or other challenging behaviors. Service providers and family members that are trained in TIC learn effective ways to interact with these children, such as by helping them cope with traumatic “triggers,” supporting their emotion regulation skills, maintaining predictable routines, and using effective behavior management strategies. See related: Adverse Childhood Experiences (ACE); Toxic Stress.
Workforce	The broad range of individuals engaged in the care and education of young children. Members of the early childhood workforce may include teaching, caregiving and administrative staff, as well as consultants, learning specialists, and others that provide training and Technical Assistance to programs.
Wrap-Around Services	A team of providers collaborate to improve the lives of the children and families they serve by creating, enhancing, and accessing a coordinated and comprehensive system of supports. Supports might include formal services and interventions, such as enrichment and academic supports outside of regular child care programming, community and health services like doctor visits, and interpersonal assistance such as family counseling.