A FAMILY-BASED UNIFIED AND INTEGRATED EARLY CHILDHOOD SYSTEM

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MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

SECAC

State Early Childhood Advisory Council of Mississippi

Contents

I. System Overview

Under the leadership and guidance of the State Early Childhood Advisory Council (SECAC), Mississippi developed a family-based unified and integrated early childhood system that connects and integrates resources and services for both parents/caregivers and their children in three key areas: (1) early care and learning; (2) health, mental health, safety, and nutrition; and (3) family engagement. The system is designed to place parents on a path to self-sufficiency and their children in child care centers that provide high-quality services and learning experiences.

The system is structured to ensure eligible child care providers and early learning programs can provide a healthy, safe, and nurturing environment to children in their early years. Eligible child care providers and early learning programs will be tasked with preparing all young children to be ready for school through various activities, including healthy eating, physical exercise, and improvement of cognitive, early learning, and social-emotional skills. The system is also structured to engage families to promote the welfare, learning, and stability of young children through an integrated network of community-based resources and services. The system operates with common definitions:

- **Health is defined as the physical, mental, emotional, and social well-being of children.**

- **Mental health involves the development of social-emotional and behavioral skills for children to ensure future ability to foster necessary relationships with peers and adults.**

- **Physical health involves helping parents and caregivers to establish the habits needed to encourage children to engage in regular physical activity. Physical activity can promote growth and development while helping children maintain a healthy weight.**

- **Safety involves maintaining environments where children can be free from the exposure of physical, emotional, mental, and social harm or risk.**

- **"Ready to learn" means that when a child takes the kindergarten assessment, the child will score at or above the standard threshold.**

Figure 1 provides an overview of the family-based unified and integrated early childhood system. From an operational standpoint, the system is comprised of five major components: (1) eligibility and redetermination process for receiving vouchers, (2) interagency service and referrals, (3) eligibility and redetermination for child care center status (e.g., standard and comprehensive), (4) continuous center-quality improvement process, and (5) common case management.

In this system, all activities are linked and integrated from the time an applicant applies for a child care voucher to the time the child is enrolled with a child care provider. Families enter into the system via the eligibility determination process and continue through a service gap assessment and the development of a family and individual service plan. Next, local MDHS case managers will develop a referral plan so that the parents and children can receive appropriate wraparound services. The local MDHS office will be responsible for following up with other service providers (e.g., health, mental health, Medicaid). Finally, the parent/caregiver will be informed of child care providers available within the area. Parents will have the option to enroll their children in one of two types of voucher-eligible centers: (1) standard or (2) comprehensive.

Achieving, maintaining, and promoting quality are at the core of the system. The system takes a holistic approach to the life of a child and fully addresses multiple areas of childhood development. It also offers opportunities to develop physical and structural environments that are safe and conducive to delivering age-appropriate services and learning experiences progressively as a child ages from birth to kindergarten. Child care centers will have opportunities to implement quality-related practices that involve the overall assessment of a child care center environment as well as the performance of the children in every aspect of their development to facilitate the whole-child approach: physical, mental, emotional, social, and intellectual. The system effectively reduces gaps and duplication of service delivery for parents and their children. Overall system quality is monitored and supported by a data system designed to facilitate interagency program implementation and evaluation for system-wide and center-specific continuous quality improvement.

The operation of the system is driven by common case management. The common case management framework is designed to coordinate activities within and between state agencies that deliver services and programs to children ages 0 to 5. The system will fall under a unified interagency governance structure that outlines the roles and responsibilities of all parties involved in the delivery of family and children services and programs.

Figure 1: Family-Based Unified and Integrated Early Childhood System
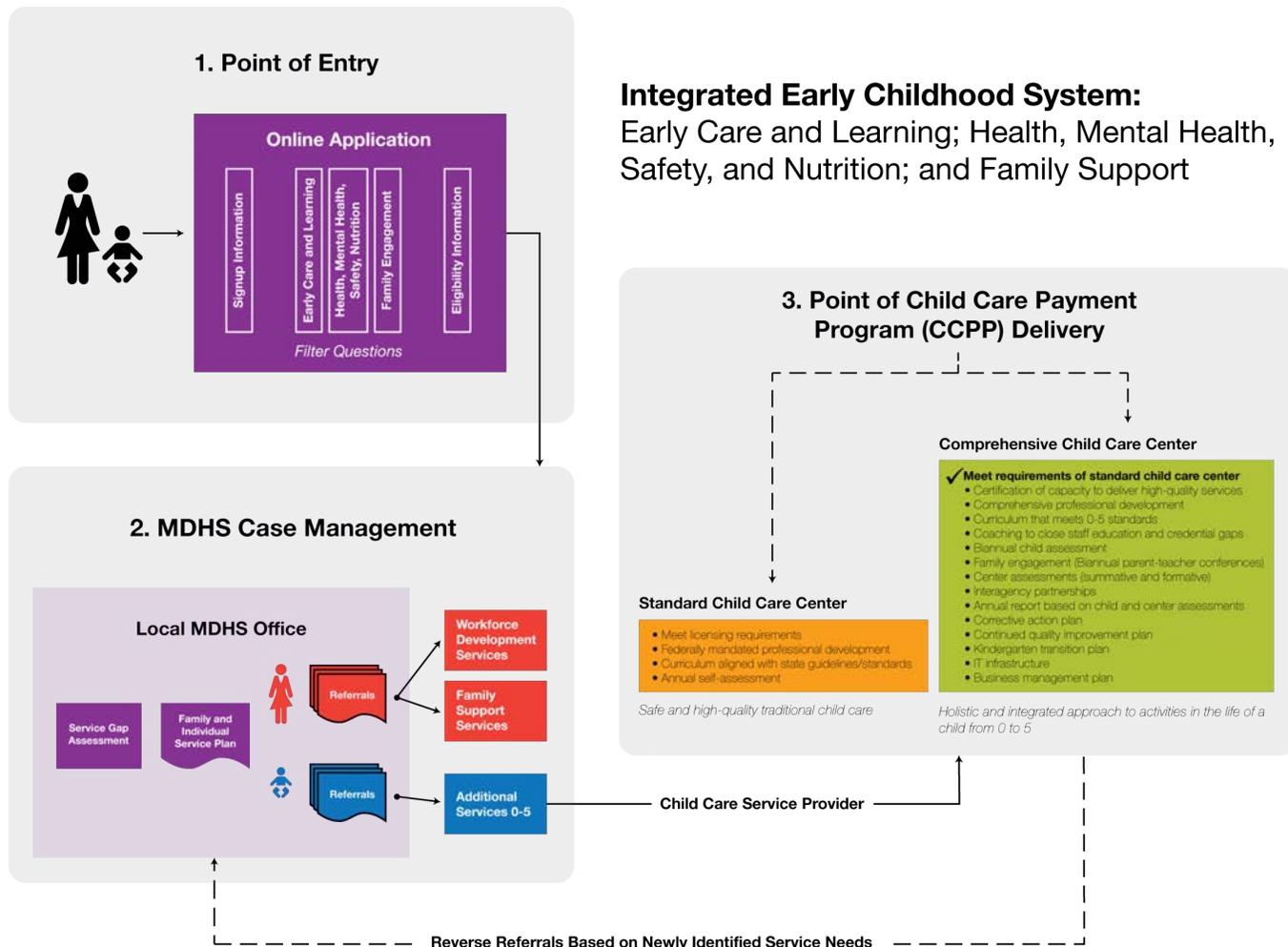
II. System Structure

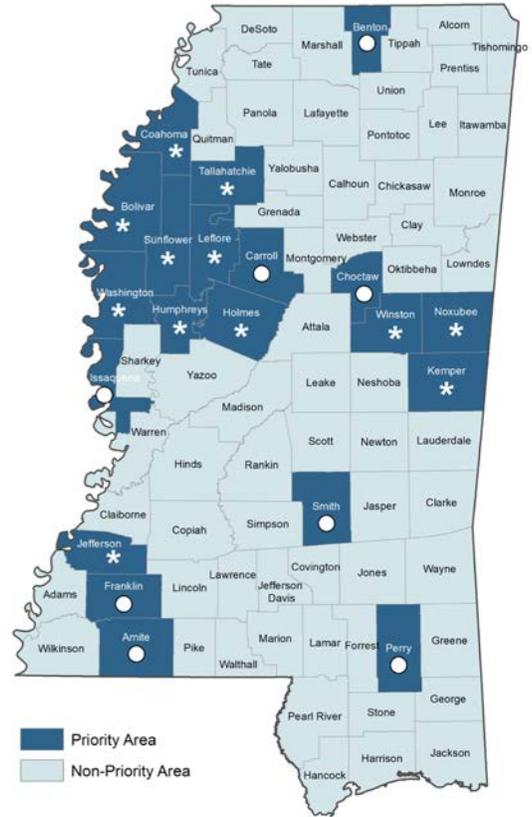## Eligibility and Redetermination Process for Receiving Vouchers

Any parent interested in receiving support under the Child Care Payment Program (CCPP) can do so by submitting an online application. The online application will seek information to determine eligibility as specified by the CCPP Policy Manual.

Vouchers will be prioritized to children who fall into high-priority populations, which include:

- **Temporary Assistance for Needy Families (TANF) recipients.**
- **Transitional Child Care (TCC) recipients.**
- **Homeless children.**
- **Children served by the Mississippi Department of Child Protection Services (MDCPS).**
- **Children served by the Healthy Homes Mississippi (HHM) home-visitation program.**
- **Special-needs populations.**
- **Children of very low-income parents.**

For children who do not fall into high-priority populations, vouchers will be assigned based on priority areas. In accordance with the Child Care and Development Block Grant (CCDBG) Act of 2014, the Mississippi Department of Human Services (MDHS) has conducted a county-level needs assessment to identify areas with the highest child care service needs (see Figure 2). Priority to receive vouchers will be based on whether or not a child falls into a priority population or a priority area. Priority areas are defined as counties with:

1. **High concentrations of poverty. A high concentration of poverty is defined as a county where the percentage of children living in poverty is at least one (1) standard deviation above the state mean value for the percentage of children living in poverty. These counties are noted by asterisks in Figure 2.**

2. **Limited access to child care providers eligible for the Child Care Payment Program (CCPP). Limited access is defined as counties that do not contain any CCPP-eligible child care providers. These counties are noted by circles in Figure 2.**

Figure 2: Child Care Priority Areas

Individualized Family Service and Referral Plan

The process to obtain an individualized family service and referral plan is illustrated in Figure 3.

Figure 3: Individualized Family Service and Referral Plan Process
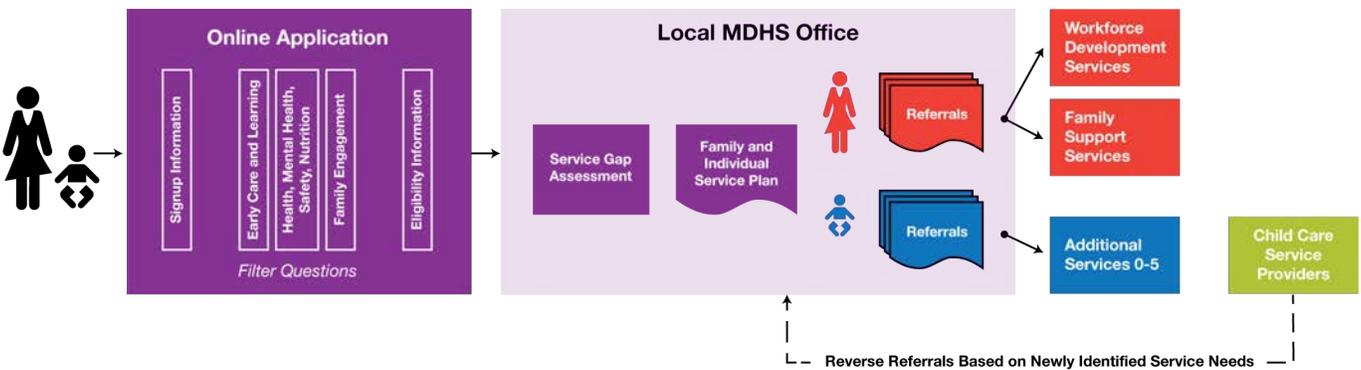
While applying for a voucher through the online process, applicants will be given the opportunity to answer filter questions designed to identify any existing service gaps for them or their children. The filter questions are designed to identify critical areas of need in three key areas: (1) early care and learning;

(2) health, mental health, safety, and nutrition; and (3) family engagement. Applicants can call a toll-free number for technical assistance.

Upon completion of the application, applicants will be directed to a local MDHS office to receive wraparound services based on the information provided in the initial application process. MDHS case managers will develop a family and individual service and referral plan based on a service gap assessment. The service and referral plans for parents might include services to place parent(s) in workforce and educational services geared toward gaining credentials required for middle-skill employment or in family support services such as TANF, SNAP, and transportation vouchers. Plans for children might include services for early screening to ensure health, mental health, and learning needs are met.

Figure 4 provides an example of how the information sought in the initial application process will help develop an individualized service and referral plan by connecting the needs of the applicant to appropriate services. Figure 5 provides a sample individualized family service and referral plan.

An individualized family service and referral plan will be designed to take into account a family's needs and will provide personalized referrals to programs/services on a case-by-case basis. For example, an applicant enters the system, and we learn that she is a 30-year-old woman, heads a one-parent family, is pregnant, and has a four-year-old child. She also suffers from a mild intellectual disability (i.e., ADHD) and has no health insurance. She is presently employed as a custodian in a local supermarket chain. She currently lives in Bolivar County. In this example, she can receive programs and services under three frameworks: (1) Family Support, (2) Early Care & Learning, (3) Health, Mental Health, Safety, & Nutrition.

- **FAMILY SUPPORT:** The applicant is eligible to receive financial assistance, such as TANF, because she has dependent children younger than 18 and because she falls into a low-income threshold.

  ➥ Her low-income status grants her eligibility for additional programs to which she will be referred, such as the Weatherization Assistance Program for energy cost reduction.

- **EARLY CARE & LEARNING:** As a pregnant woman, she is eligible for Early Head Start services.

  ➥ Her pregnancy status and her geographic criteria grant her eligibility for additional programs to which she will be referred, such as the Delta Health Alliance/Save the Children Partnership early childhood education program for expectant mothers.

  ➥ Her four-year-old child is eligible for public prekindergarten.
    - The child will be also referred to Delta's Health Alliance Imagination Library to receive free books before entering kindergarten.

- **HEALTH, MENTAL HEALTH, SAFETY, & NUTRITION:** As a pregnant woman, a mother of a four-year-old, and a low-income earner, she is eligible for nutrition assistance programs, such as SNAP, WIC, and TEFAP.

  ➥ As an expectant mother, she will also be referred to the USDA Healthy Sprouts program to increase her knowledge of child development.

  ➥ She will also be referred to Medicaid and to a managed care program called MississippiCAN.

  ➥ Her child is eligible for insurance coverage through a Medicaid program called CHIP.

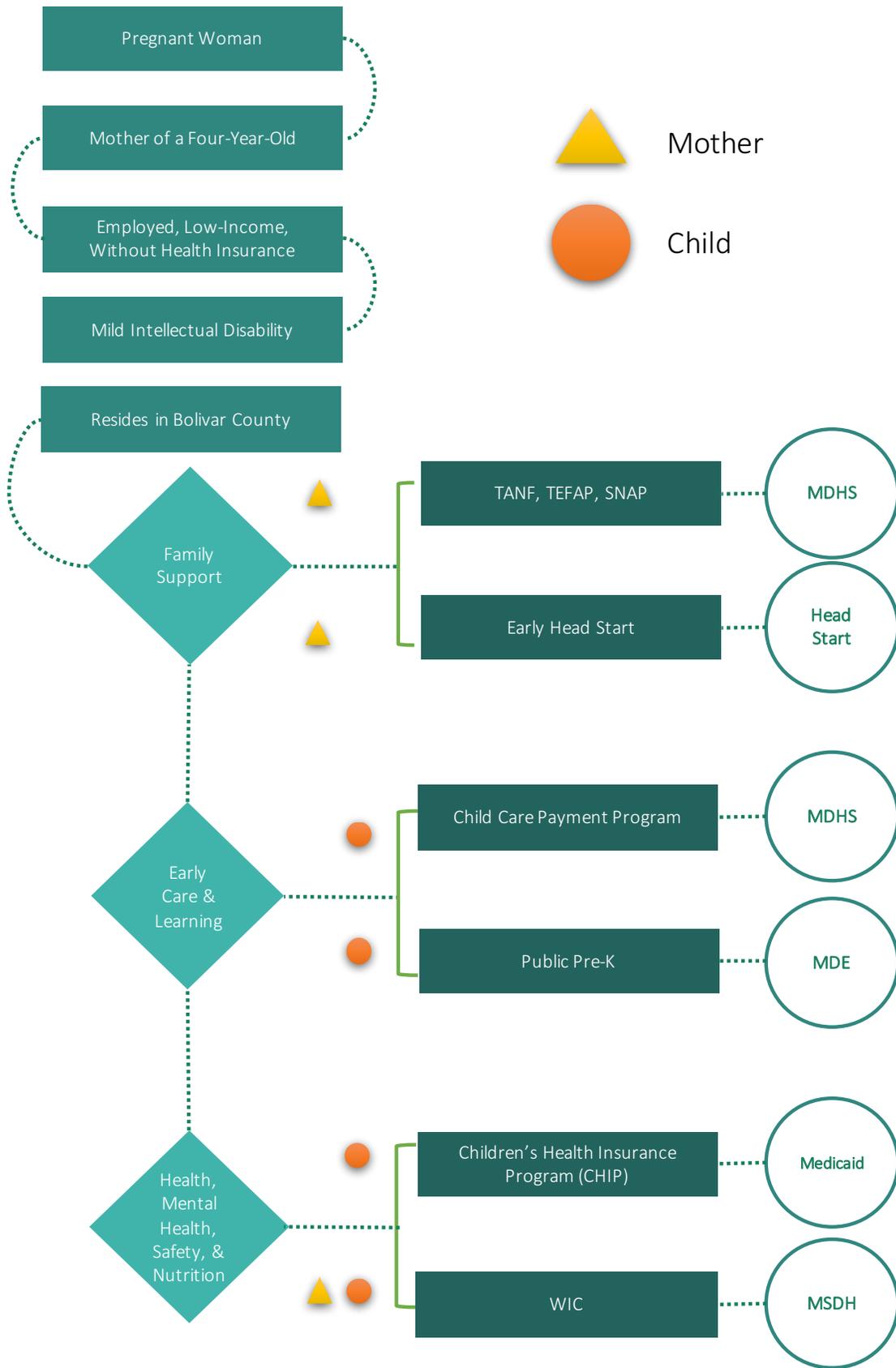**Figure 4: Individualized Family Service and Referral Plan Logic Chart**

Figure 5: Sample Individualized Family Service and Referral Plan

Family Support

TANF, TEFAP, SNAP (mother only) MDHS & Local Organizations		Refer
Early Head Start (mother only) Head Start		Refer
Families First for MS (mother and child) MDHS & Local Organizations Referred on September 17, 2016 Appointment scheduled for October 17, 2016 **Attended Appointment**		
Delta Parents as Teachers Delta Health Alliance		Refer

Early Care & Learning

Child Care Payment Program (child only) MDHS		Refer
Public Pre-K (child only) MDE		Refer
Head Start (mother and child) MBB		Refer

Health, Mental Health, & Nutrition

Perinatal High Risk Management/Infant Support Services (mother only) MDH & Medicaid		Refer
WIC (mother and child) MDH & Medicaid Referred on September 27, 2016 Appointment scheduled for October 21, 2016 **Did Not Attend Appointment**		
Children's Health Insurance Program (child only) MDH & Medicaid		Refer

Eligibility and Redetermination Process for Child Care Centers

Child Care Payment Plan vouchers can only be redeemed at eligible child care facilities. Two types of voucher-eligible centers will be available to parents: standard and comprehensive (Figure 6 provides a comparison). Voucher amounts will be based on the market value of the quality of services offered by the child care center.

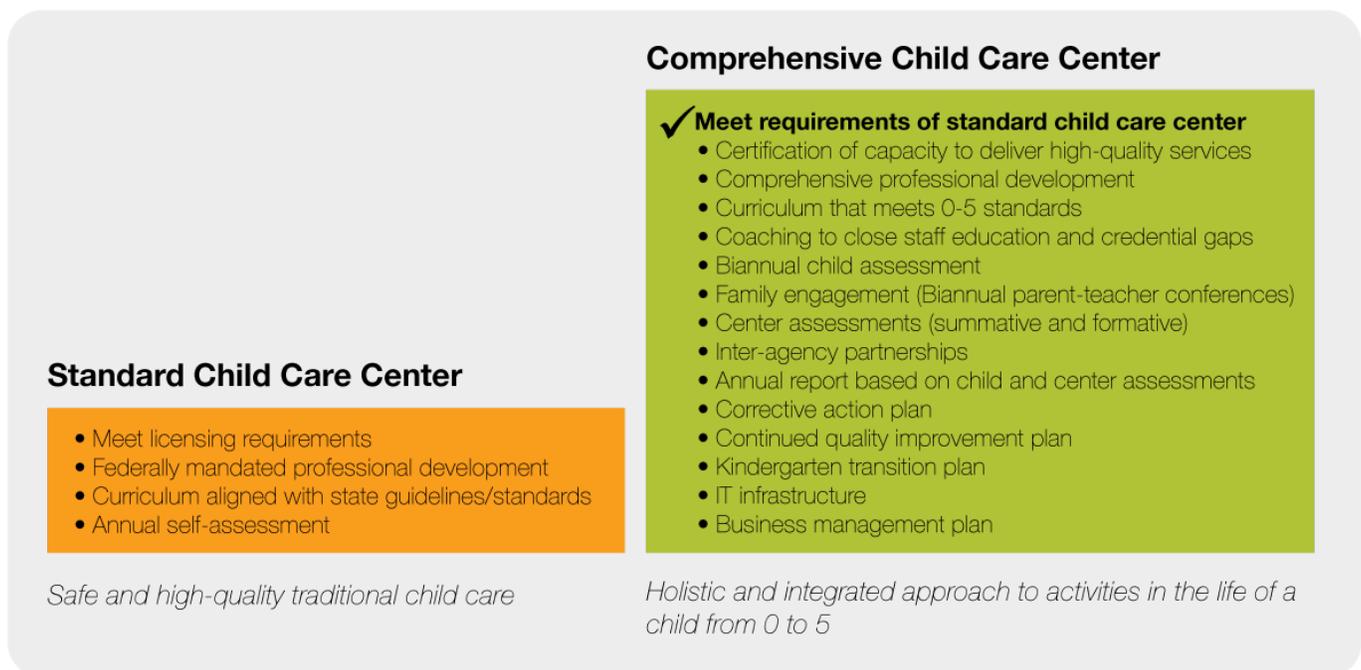### *Standard Child Care Centers*

To be classified as a standard center, a child care center must be licensed and meet minimum federal and state standards. Standard centers will operate above licensure expectations in two ways. First, all staff must go through mandatory training as required by the Child Care and Development Block Grant (CCDBG) Act of 2014. Second, all staff must have 15 hours of continuing professional development each year as prescribed by the act. The professional-development areas include health and safety; educational standards and best practices; recognizing signs, symptoms, or behaviors of child abuse and neglect; professional development that addresses social-emotional and behavioral development, mental health, expulsion, and exclusionary discipline practices in child care settings; and developmental and behavioral screenings. The curriculum implemented in these centers must align with the state early learning guidelines for infants and toddlers and the state early learning standards for three- and four-year-olds. These centers must also engage in an annual self-assessment process.

Comprehensive Child Care Centers

To be classified as a comprehensive center, a child care center must first meet the requirements of a standard center. A comprehensive center must also engage in additional activities specifically designed to improve the quality of the learning experience for three- and four-year-old children. Technical assistance to achieve the comprehensive designation will be available. To be designated as comprehensive, a center will be certified that it has the capacity to engage in:

1. **Additional customized professional development beyond the standard 15 hours.**

2. **Coaching aimed at closing education and credential gaps that staff might have.**

3. **Assessing children at least twice a year.**

4. **Working with an external evaluator to examine how programs and activities are implemented in the center.**

5. **Family engagement activities that will encourage parents to participate in parenting classes and parent-teacher organizations (PTOs).**

6. **Working with technical assistance for the implementation of a continuous quality improvement plan, kindergarten transition plan, business management plan, and, when necessary, corrective action plan.**

Figure 6: Comparison of Standard and Comprehensive Child Care Center Types

Comprehensive Child Care Center

✓ **Meet requirements of standard child care center**
- Certification of capacity to deliver high-quality services
- Comprehensive professional development
- Curriculum that meets 0-5 standards
- Coaching to close staff education and credential gaps
- Biannual child assessment
- Family engagement (Biannual parent-teacher conferences)
- Center assessments (summative and formative)
- Inter-agency partnerships
- Annual report based on child and center assessments
- Corrective action plan
- Continued quality improvement plan
- Kindergarten transition plan
- IT infrastructure
- Business management plan

Standard Child Care Center

- Meet licensing requirements
- Federally mandated professional development
- Curriculum aligned with state guidelines/standards
- Annual self-assessment

Safe and high-quality traditional child care

Holistic and integrated approach to activities in the life of a child from 0 to 5

Child Care Quality Improvement Process

To ensure quality of early learning program and service delivery for children, a center must maintain its eligibility to be designated as either standard or comprehensive following the general recommendations by the SECAC committees (see Appendices A-C). Each year centers will go through an initial eligibility process and subsequent annual redetermination processes. Any center that fails to meet the basic requirements for its designation will be given six months to successfully implement a corrective action plan. The corrective action plan will be developed by an external evaluator in consultation with the child care center director and technical assistance coach. Failing to reach goals outlined in a corrective action plan will result in loss of designation at the end of the current annual eligibility term. Comprehensive centers could be downgraded to standard if the center still meets the minimum requirements for that

designation. Any center no longer designated at the standard level will be ineligible to redeem child care vouchers until the center is deemed eligible in the future.

Once eligible, centers must engage in continuous quality improvement based on a scale that assesses the extent to which a center should engage in additional technical assistance for maintaining and improving quality. Standard and comprehensive centers will be scored on type-specific scales that reflect the expectations for each center designation. Each scale will include environmental-quality factors, process-quality factors, and factors related to the center experience of parents and their children. Quality evaluation will also include a parent satisfaction survey seeking input in several areas that best describe the quality of the experience of parents and their children. The survey will be conducted as part of the redetermination process. Comprehensive centers will additionally be scored on the assessment of the children and the results of an external evaluation. The scale will be designed to help identify areas where centers need technical assistance for maintaining and improving quality so that centers can maintain their eligibility to redeem vouchers. Each continuous quality improvement plan will be unique based on a child care center's strengths, needs, and program-specific goals. Scale scores will not be used to rank or grade centers for comparison across centers, unlike the case with the quality rating system, and will only be used to determine appropriate quality-improvement activities and need for technical assistance that will lead to measurable improvement in services and help centers maintain eligibility to redeem vouchers.

The system as a whole will also be assessed for overall quality and to determine the extent to which the system is operating in accordance with the governance structure and program and service quality expectations. The system-wide assessment will include an examination of each component, including the application process, referral process, and technical-assistance activities.

III. System Operation to Support Common Case Management

Figure 7 illustrates the structure designed to support common case management in the family-based unified and integrated early childhood system. In this structure, interagency partners deliver additional services for parents and children ages 0 to 5. Each agency will enter into a MOU with MDHS to specify roles and responsibilities for service delivery and the referral process with their local offices.

The Division of Early Childhood Care and Development (DECCD) within MDHS will have primary responsibility for the interagency functions and operations of the system. MDHS will also be responsible for determining and redetermining voucher eligibility and for certifying centers (e.g., standard versus comprehensive). MDHS will also manage and operate the online application system, collect and manage administrative data, and develop evaluations, quality improvement plans, and, as necessary, corrective action plans.

The Mississippi Community College Board (MCCB) will be responsible for managing local early childhood academies. These academies will provide technical assistance, coaching, and training and provide management for the resource and referral offices. Mississippi's public universities will play a critical role in providing research to inform service development and delivery through the local early childhood academies. Universities will also provide professional services in specialized areas such as mental health.

The Mississippi State Department of Health (MSDH) will be the agency responsible for licensing childcare centers. MSDH will also be responsible for monitoring licensed centers for compliance with polices and regulations.

Common case management will be governed by an interagency governance policy that will outline roles and responsibilities of all parties in the delivery of services and programs.

Figure 7: Common Case Management

IV. Timeline

The system will be in full operation on July 1, 2017. The transition period will occur from January 1, 2017, to June 30, 2017.

2017

Jan	Feb	March	April	May	June	July

Transition Period: January 1st - June 30th

Fully Operational
July 1st

The transition period will include:

- *Establishment of a Governance Structure*. **A common case management governance structure, including memorandums of understanding (MOU) for the establishment of interagency referral processes and service delivery, will be established by the key partners.**

- *Voucher Eligibility and Redetermination*. **Redetermination for families and children who will finish their current 12 months of eligibility by June 30, 2017, will begin January 2017. This process will be based on the remaining number of months that a parent is eligible to receive vouchers as of October 1, 2016. For example, if a parent has already received three months of vouchers as of October 1, 2016, this parent would have nine months remaining before reaching the end of the 12-month term.**

- *Center Eligibility and Redetermination*. **Child care center eligibility to redeem child care vouchers will be undertaken during the transition period. During this process, centers can opt to achieve the standard or comprehensive designation. This process will begin April 2017.**

- *Training*. **MDHS staff will be trained on implementation of the new plan. Cross-training of partner agency staff will be conducted as related to interagency referrals and associated processes.**

- *Early Childhood Academy*. **Activities to ensure the academy is fully established and operating by July 1, 2017, will be undertaken, including (1) development of a management plan, (2) curriculum development, and (3) professional development of staff.**

- *System Evaluation Plan.* **The evaluation and monitoring framework for overall system assessment will be developed and ready for implementation by July 1, 2017. This activity will include entering into necessary agreements and data collection, analysis, synthesis, and reporting.**

Appendices

Appendix A: Early Care and Learning Committee Recommendations

SECAC ECL Selected Components	Best Practice and/or Research[1]	Standard Guidelines[2]	Comprehensive Guidelines	Vision Committee Action Items
Assessment of Child Progress	• Using ongoing and systematic formal and informal assessment processes helps teachers make informed decisions about instruction and activities. • The information collected also helps programs look at their effectiveness to identify areas of improvement and to make plans for improvement.	• Teachers use observations, checklists, or rating scales to assess children's progress. • Use curriculum-based progress monitoring available with selected tool.	• Assessment methods are selected based on the child's individual characteristics and needs. • Assessments are administered at three points during the year: beginning of the school year, mid-way, and end of the school year. • Information collected is used to make improvements at the classroom and center levels.	**1** - Find out what national organizations have already done to identify what is used in states, and check out a few states to learn more about what they use. **2** - Create a definition and criteria for section and then offer suggestions to guide providers. Make sure that good practice in observation and anecdotal notes are included. **3** – Consider the unique needs of infants and toddlers when making recommendations about assessments, as not all methods/tools are appropriate for all age groups.
Curriculum	• Having a curriculum helps teachers and directors work together to balance different activities and maximize children's learning. • Curricula also ensure that there are direct links between content that children are learning, the activities	• Use a research-based curriculum. • Use the NAEYC definition (to the left) as what we recommend be put in the model. (Standard #2, curriculum)	• Child care staff use the MS Infant and Toddler Standards and Guidelines and/or the MS Early Learning Standards and Guidelines to guide instruction. • Child care staff use a research- or evidence-based	**1** – Follow up with Dr. Wright to get definition used for selecting curriculum for the collaboratives. **2** - Create a definition of research and/or evidenced based, as well as criteria for section and then offer suggestions and examples to guide providers. **3** – Discuss the difference

	materials, and daily schedules and routines. ● The best results are achieved when programs select and implement a curriculum that is consistent with its own goals for children and promotes learning and development in all cognitive, social, emotional physical, and language development.		curriculum (as defined; we are working on definition).	between standard and comprehensive. If a standard center, we will go for what is most cost-effective. If a comprehensive center, we may expect that they choose the curriculum with other criteria. **4** – Discuss infant and toddler vs. preschool. We need to review the infant toddler guidelines and standards and talk again about how we need to focus on infants and toddlers.
Teachers	● Teachers with the appropriate qualifications, knowledge in child development, and early childhood education are more likely to engage in activities and practices that will support positive outcomes for children.	● All teaching staff in a center have a CDA credential within 12-18 months of hire. ● CDA courses taken correspond with the age group that the individual teaches.	● Infant and toddler teachers have a CDA or an AA degree, ***and/or additional experience or professional development in early childhood and brain development***. ● Preschool teachers (three- and four-year-olds) have an AA degree or bachelor's degree ***and/or additional experience or professional development in early childhood and brain development***. ● Teacher assistants in preschool classrooms have a CDA or an AA degree ***and/or***	**1** – Develop a plan/process to understand where our EC professionals are and what education and certification they have. **2** – Discuss the issue of cost and come up with some recommendations for addressing the issue.

			additional experience or professional development in early childhood and brain development. ● At least 15 hours of professional development each year in topics related to their jobs (e.g., specific to infant/toddler development if an infant teacher).	
Instructional Practices and Relationships	● Programs that use teaching approaches that are developmentally, culturally, and linguistically appropriate will enhance the learning of each child. ● Each child has different learning styles, needs, capacities, interests, and backgrounds. By recognizing these differences and using approaches that are appropriate for each child, teachers are helping all children learn. ● Positive relationships among children and adults and children help children feel safe and secure. Security helps children thrive developmentally and physically.	● Child care providers plan each day and organize the time for children in a predictable routine and schedule. This includes both indoor and outdoor time, as well as group and individual play opportunities. ● Teaching staff use warm, friendly conversations with the children and recognize their work and accomplishments. ● Child care providers modify their teaching, strategies, and materials to respond to the needs, capacities, and interests of individual children. ● Child care providers are	● Same as standard guidelines.	None.

		aware of each child's unique strengths and needs and interests and uses them to actively engage children in learning. ● Children are encouraged to work and play together. ● Kindergarten transition plan is put in place. ● Teachers hold at least two parent-teacher conferences a school year. ● Teachers help children resolve conflicts effectively through methods that describe their feelings and identify solutions to problems.		
Physical Environments	● A safe, well-organized, and maintained environment with appropriate materials for each age group provides a setting that maximizes individual child learning.	● All health and safety requirements are met, and the space is clean, well organized, and accessible by the children ● All furnishings are in good repair and child sized. ● A variety of age-appropriate materials are available for individual and group play within the classroom and within children's reach.	● Same as standard guidelines.	None.

		• Use of resources (such as Playscapes) to ensure learning is happening in all parts of the center, including outside.		
Leadership and Management	• Effective policies and procedures, systems that support stable staff and strong personnel, and effective fiscal and program management ensure that all children, families, and staff have high-quality experiences. • Knowledgeable leaders who implement strong policies and procedures and use effective management and operational strategies are key to a program and ensure quality experiences for all children, families, and staff. • Lower teacher child ratios support more effective learning.	• Policies and procedures are in place. • Each center has one full-time, on-site director with a BA degree in early childhood education or child development. • Directors: complete the Director's Credential.	• Policies and procedures are shared with families and staff and include things like the program's curriculum, guidance on discipline, and philosophy on family engagement. • Class sizes follow national recommendations. • Each center has one full-time, on-site director with a master's degree or higher in early childhood education or child development ***and/or additional experience or professional development in early childhood and brain development***. • Participating in professional development each year in topics related to their jobs (i.e., specific to child development, supervision, management,	None

			or business practices)	
			• Staff join a professional organization (MECA, MsECA, SECA, NAEYC).	
			• Technology is effectively used to maintain and track information about children (including health, services, absenteeism, and educational information) and staff (including qualifications and professional development).	
			• Directors agree to participate and be assessed/train on the Program Administrative Scale.	

Appendix B: Family Support Committee Recommendations

SECAC Selected Components	Standard Center	Comprehensive Center

Parent Education	Each program develops and distributes a parent handbook that addresses the program philosophy, goals, and specific information unique to the program (e.g., curriculum, credentials, and assessments)	1. Training or information sessions should be offered on topics that are of interest to families, such as promoting child development, learning, and wellness; addressing challenging behaviors; interpreting child assessment and developmental screening data; and navigating the educational system. Other options are evidence-based parenting programs.
		
		2. Center-based case managers offer parenting education programs that include curriculum, ages and stages, financial workshops, etc.
		
		3. Workshops should be offered in supporting children's learning at home.
		
		4. Make data about children's progress accessible and understandable to parents.
		
		5. Other options could be implementing specific programs such as:
		    (a) *The Companion Curriculum* (TCC) - monthly teacher-led workshops for parents where they observe a teacher demonstration of early learning activities and then practice the activities with their child. Parents are encouraged to bring other family members to workshops and participants receive dinner and transportation assistance.
		    (b) The *Family Mathematics Curriculum* where parents are invited to attend Saturday classes with their child. Teachers demonstrate teaching the child a math activity, and parents lead the child through the activity.
		    (c) *Getting Ready Intervention* involves home visiting by teachers to use

		discussion, child observation, and modeling to promote parent engagement with children. 6. To support Latino parents, there is a program called *Abriendo Puertos/Opening Doors*. It has a curriculum delivered by trained community educators in English and Spanish that covers language, social-emotional and literacy skills as well as parent wellness, parent problem-solving, and advocacy skills.
Individualized and Flexible		1. Centers should establish policies that ensure that all interested families are prepared and able to participate in planning, decision making, and oversight groups, such as boards, councils, committees, or working groups. 2. Child care is offered during all activities (i.e., social functions, parent education workshops, parent conferences) 3. Transportation assistance is offered. 4. A wide array of activities are offered on different days of the week at different times of day.
Access to Information and Resources		1. Provide access to families and invite them to participate in learning activities (family-friendly policies and procedures). 2. Parenting handbook developed and distributed in person as well as available online and through email.

		3. Center-based lending library for parents.
Parent Engagement	1. At least 15 hours of professional development in program instruction is required of all teachers and administrators. Parent engagement is one option for content but not required. 2. Volunteer participation should be encouraged. Volunteers should participate in an orientation, sign a confidentiality agreement, and agree to a background check.	1. Create a family-friendly environment with welcoming staff and easily accessible communications materials. 2. Establish policies, procedures, and practices that support family engagement. 3. Support family connections to each other through family networks and social support by providing facility space and opportunities for parents to get together. 4. Each center has a parent center that includes paper resources and access to computers and that is staffed by a parent coordinator to answer questions about the center and the education experiences of the child. 5. Drop-ins should be encouraged. 6. Inclusion of competencies related to parent engagement in preschool teacher and administrator certification. 7. Use of standards and guidance that promote engaging families, particularly those with barriers. 8. Teacher or center sends home books or learning materials with notes on how to use them with children.

Referrals and Connections	Pre-K programs should collaborate with First Steps (IDEA) to ensure that any child currently receiving services continues to receive services based on the Individualized Family Service Plan (IFSP) (up to age 3) or an IEP (age 3 or older).	1. Health and developmental screenings should include parental input. 2. Provide voluntary teacher home visits at the start of every school year. 3. Center-based case manager(s) visits families, assesses needs, and makes referrals to local services such as job training and child care programs. 4. Robust formal relationships with community partners that support parent and child health, mental health, nutrition, and family financial security. 5. Utilize social workers, family support staff, and mental health consultants as needed.
Communication	1. Teacher/parent conferences should be conducted at least three times a year. The first conference should be an information-gathering session for the parent; the other two are progress updates. 2. Communication should be regular and can consist of notebooks/folders, newsletters, conferences, emails, and phone calls.	1. Program policies and practices should facilitate two-way communication about child development, and communication should be continuous and proactive. 2. Each center maintains and updates bulletin boards, newsletters, emails, phone calls, and home visits to convey information about academic and social readiness, the school and teachers, registration dates, and any other information. 3. The center hosts a wide array of social events prior to the start of school such as teas, picnics, or learning fairs. 4. Families and the center should track children's progress together and share activities that can be done at home and in the classroom. 5. Child progress updates to parents should be provided in-person, by email, or over the phone from the teacher continuously throughout the year. 6. Teacher/parent conference progress updates should include portfolios or concrete

| | | collections of children's experiences to document strengths and weaknesses for parents.

7. Peer networking should be encouraged and facilitated by the center: creating buddy lists and opportunities for parents to meet.

8. Provide interpreters and parent involvement materials in parents' home language. |
|---|---|---|

Appendix C: Health, Mental Health, and Nutrition Committee Recommendations
Health/Mental Health/Nutrition/Safety

SECAC Selected Components	Standard Center	Comprehensive Center
Health	Immunization, hearing, and vision screening. Meets basic health and safety requirements.	Ability to serve children with disabilities. Have someone on site to provide service (hearing testing and screening, vision testing and screening, dental health program, physical activity, etc.).
Mental Health	Meets basic health and safety requirements.	Have partnership to offer/provide social-emotional screening and counseling (social skill building, problem-solving activities, socio-emotional screening, early intervention services, etc.).
Nutrition	Meets basic requirements from MS Dept of Health.	Have partnership with local medical providers to have a dietician (nutrition education, health snacks/meals, etc.).
Physical Health	Meets basic health and safety requirements.	Center would offer a wellness/fitness program for parents and/or the community.
Safety	Meets basic health and safety requirements.	Implement safety workshops with the police and fire departments, stranger-danger, car seat safety tips, etc.

Additional Elements of a Comprehensive System

- Ongoing assessments should be completed in the areas of health, mental health, nutrition, and safety (i.e., cognitive, gross motor skills, etc.).

- Childcare providers should receive ongoing professional development training.

- Establish a network of service providers (i.e., clinicians, caregivers, etc.) to ensure the health, mental health, nutrition, and safety needs of the children are being met.

- Providing a dental health program.

- Ensure children are getting the required physical activity.

- Ensure children have medical, vision, and dental providers.

- Establish program to ensure services can transition into the K-12 system.

- Kindergarten Readiness Assessment can be used to periodically measure quality.

- Ensure the availability of proof that partnerships exist (i.e., MOUs) between various entities.

- Intake process at child care facility collects enough information to refer the child's parent to the proper network if services are required.