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## TBD: Oregon's Early Learning System Plan 2018.11.21


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## Explanation of Symbols


The  symbol is next to strategies with a focus on infants and toddlers.

Existing state plans and this plan have shared strategies, as indicated by the following symbols.

 : Aligns with plans from Oregon Health Authority, including the Statewide Health Improvement Plan<sup>1</sup>, the Public Health Division Maternal and Child Health Section 2018 Strategic Plan<sup>2</sup>, and CCO 2.0 Recommendations of the Oregon Health Policy Board.<sup>3</sup>

 : Aligns with Oregon Housing and Community Services 2019 Statewide Housing Plan.

 : Aligns with Oregon Department of Education 2017-2019 Strategic Plan.<sup>4</sup>

 : Aligns with Department of Human Services 2016-2019 Self Sufficiency Programs (SSP) Strategic Plan and SSP Fundamentals Map.

 : Aligns with Governor's Agenda, e.g., Health Care for All: Sustaining the Oregon Model of Health Care Coverage, Quality, and Cost Management; Education Policy Agenda: Every Oregon Student Engaged, Empowered, and Future Ready; Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities; Child Welfare Policy Agenda: Protecting Children, Supporting Families and Ending the Cycle of Poverty; and The Children's Agenda: Pathways Out of Poverty for Children to Achieve Their Full Potential.<sup>5</sup>

## 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 supporting young children and their families can have a lasting, positive impact across their lifetime. The lives of young children and families are influenced by so many different things, including stable housing, consistent health care, and affordable, quality care and education. Therefore, early care and education, education, health, housing, human services—together with families, communities, and the public and private sectors—must work together during this critical period of a child's life. The purpose of this five-year Early Learning System

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<sup>1</sup> Statewide Health Improvement Plan (SHIP). 2015-2019.

<https://www.oregon.gov/oha/PH/About/Pages/HealthImprovement.aspx>

<sup>2</sup> Public Health Division Maternal & Child Health Section 2018 Strategic Plan. 2018.

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Documents/orientation/orientation-mch.PDF>

<sup>3</sup> CCO 2.0 Recommendations of the Oregon Health Policy Board. 2018.

<https://apps.state.or.us/Forms/Served/le9830.pdf>

<sup>4</sup> Oregon Department of Education Strategic Plan Goals. 2017-2019. [https://www.oregon.gov/ode/about-us/Documents/Pages%20from%201170823\\_ODE\\_Strategic%20Plan%208.5x11\\_2016%20V7-5%20Goals.pdf](https://www.oregon.gov/ode/about-us/Documents/Pages%20from%201170823_ODE_Strategic%20Plan%208.5x11_2016%20V7-5%20Goals.pdf)

<sup>5</sup> State of Oregon, Office of Governor Kate Brown. (2018). <https://www.actionplanfororegon.com/>

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 birth outcomes data, access to early care and education opportunities, and again at kindergarten entry. If Oregon is going to change the story for children as a state, we need to start early. Breaking the link between zip code and life outcomes can only happen if we change that trajectory in the early years, which means changing the distribution of opportunities in the early years. Doing better for our youngest children and families 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 must 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— Oregon Department of Education, Oregon Department of Housing and Community Services, Oregon Department of Human Services, Oregon Division of Early Learning, Oregon Health Authority-- 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 provides an opportunity to intervene early and be more successful in the individual missions of each agency. This plan 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

All of Oregon's young children deserve the best start. Over 40,000 children are born in Oregon every year.<sup>6</sup> Zip code, race, and family-income should not predict the health, educational, and life outcomes of these children. However, for too many of Oregon's children, these variables remain predictors of disparities. 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.

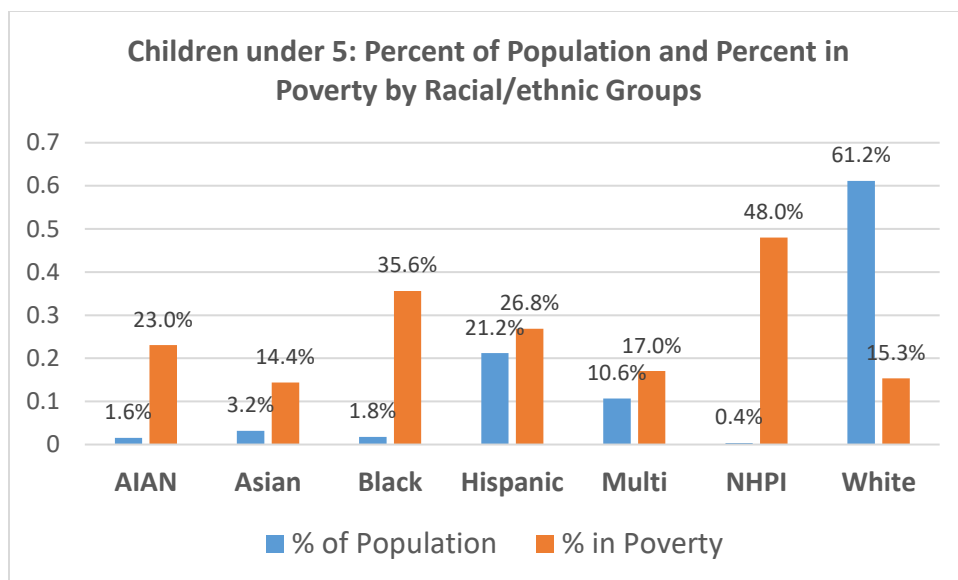
**Figure 1. Children under 5: Percent of Population and Percent in Poverty by Racial/Ethnic Groups <sup>7</sup>**

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<sup>6</sup> Oregon resident births by county of residence. 2010-2017.

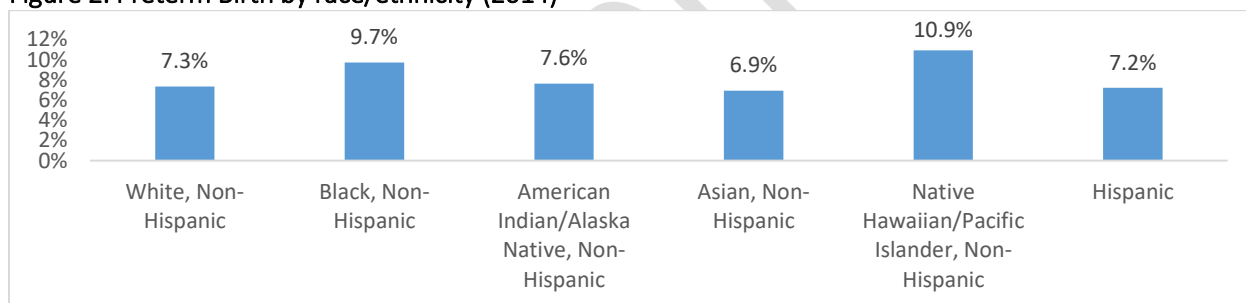
<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/BIRTH/Documents/CountybyZipCode/2010-2019/TOTAL1017.pdf>

<sup>7</sup> Early Learning Division (2018). Data from the American Community Survey, 2017, U.S. Census Bureau.



These rates are even higher for children of color and for our youngest children below the age of three.

**Figure 2. Preterm Birth by race/ethnicity (2014)<sup>8</sup>**



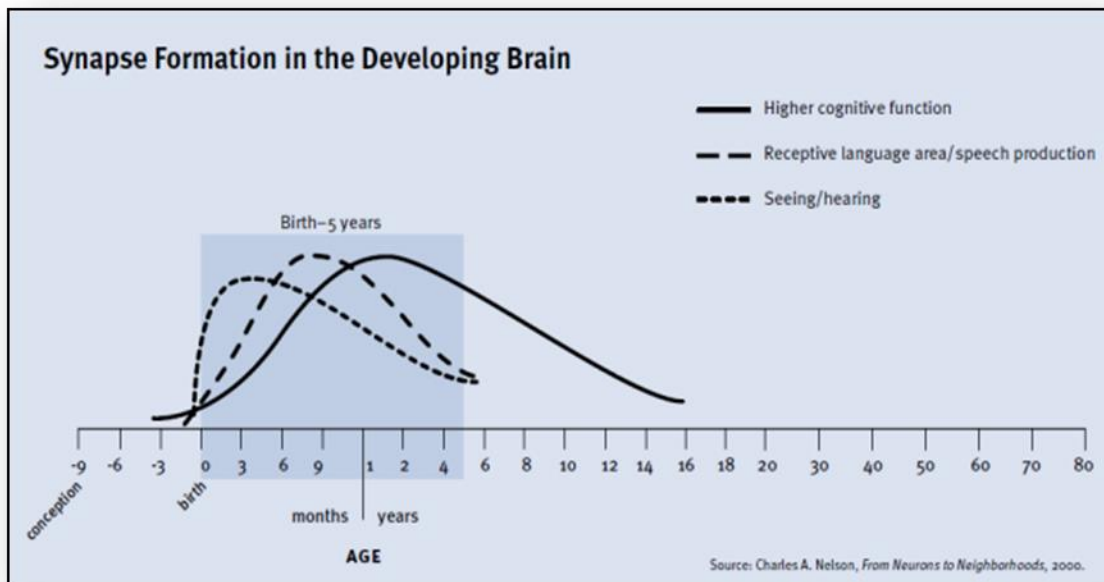
The impact of these inequities begins early, with disparate rates of pre-term and low-weight birth, and follows children as they develop and transition to kindergarten. By changing what happens to children and families during the youngest years, Oregon can break these links and ensure that all children have the chance to flourish and succeed.

Children's early years of life are marked by rapid growth across multiple domains of development – physical, cognitive, emotional, and social. 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.

**Figure 3. Synapse Formation in the Developing Brain<sup>9</sup>**

<sup>8</sup> Kleinschmit, S., Wilcox, C., Ness, M. (2018) Presentation to the Measuring Success Committee.

<sup>9</sup> Nelson, C. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: The National Academies Press



The rapid pace of synapse formation in the brain makes the first five years of life an extremely sensitive period of development. Yet, child development does not occur in isolation. As the brain is developing, children are establishing critical attachment to caregivers, learning to communicate with others, and regulating their emotions. These interactions during the early years present tremendous opportunity for rapid and healthy growth.

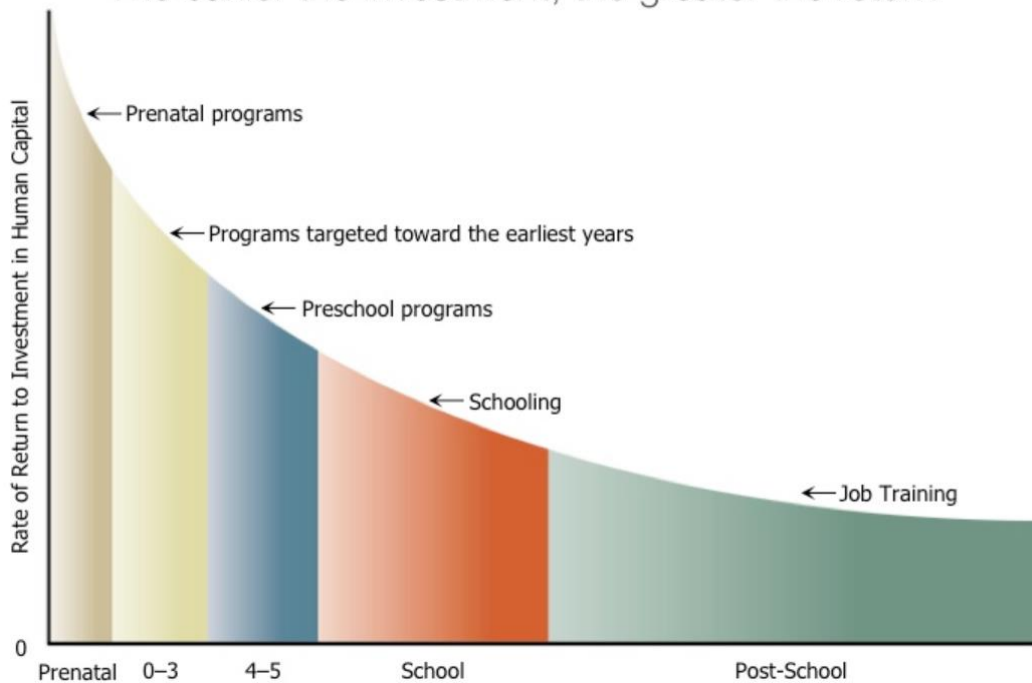
Decades of research demonstrate the efficacy of investing early. A recent comprehensive review of rigorous evaluations of early childhood programs by scientists at the RAND Corporation confirms that many early childhood programs have improved an important range of outcomes for children. Of the 115 programs 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 and adult outcomes. The RAND review showed that among programs with an economic evaluation, the typical return is \$2 to \$4 for every dollar invested.<sup>10</sup> The Perry Preschool program and Abecedarian project have famously demonstrated that the impact of high-quality early learning and intervention programs lasts a life time, including health and economic benefits.

**Figure 4. The Earlier the Investment, the Greater the Return<sup>11</sup>**

<sup>10</sup> 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](https://www.rand.org/pubs/research_briefs/RB9993.html)

<sup>11</sup> 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.

The earlier the investment, the greater the return



Access to high-quality early childhood programs is essential. But it is also not enough. Young children need access to high-quality, culturally responsive health care that supports their physical and emotional growth. Their well-being depends on that of their family. For Oregon's families to thrive, access to good paying jobs, affordable, safe housing and quality, affordable health care are all essential. Yet, too many of Oregon's families are struggling and, thus, may need additional supports.

## 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, general knowledge and learning approaches, physical health and well-being, motor development, and social and emotional development."<sup>12</sup>

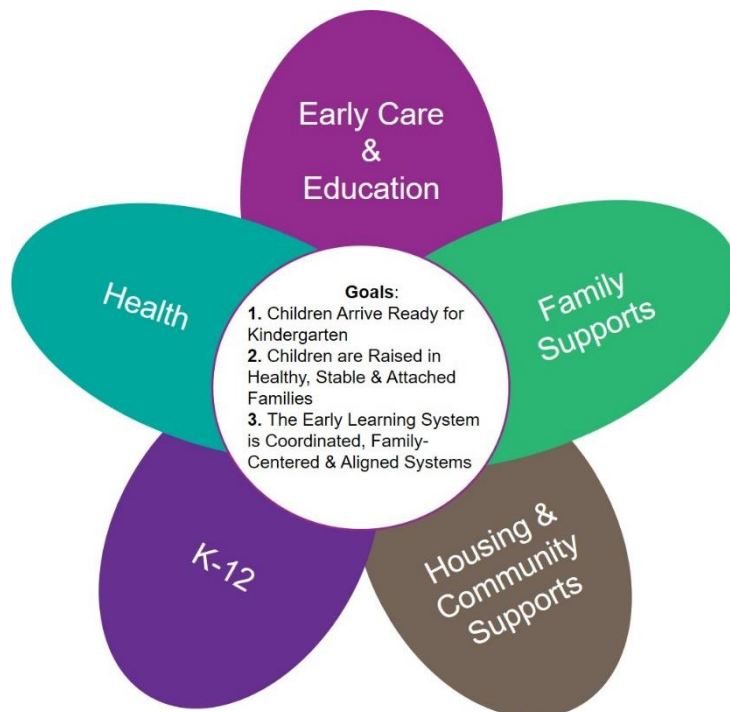
In 2014, the Council created and adopted a five-year strategic plan which focused on the work of the Early Learning Division, established in 2011,<sup>13</sup> as well as on supporting the newly established Early Learning Hubs. In October 2016, a review of the Council's 2015-2020 Strategic Plan found that the majority of the plan had been implemented.

<sup>12</sup> OAR 414-900-0010. (2014). <https://secure.sos.state.or.us/oard/view.action?ruleNumber=414-900-0010>

<sup>13</sup> Oregon House Bill 3234. (2013). <https://olis.leg.state.or.us/liz/2013R1/Downloads/MeasureDocument/HB3234>



Thus, in 2017, the Council elected to begin a new strategic planning process that engaged with all sectors of the early learning system, including health, human Services and family supports, K-12, housing, and early care and education. This cross-sector approach is consistent with the Council's three cross-sector



system goals, first adopted in 2012: (1) Children arrive ready for kindergarten; (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. Ultimately, this systems approach will make certain 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, including 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. Three of note are the Oregon Equity Lens, the Council's guiding principles, and the Council's core values for the strategic plan.

The [Oregon Equity Lens](#) spells out the state's shared goals and its aim to make intentional investments in an equitable educational system and clear accountability structures. The Equity Lens includes a set of questions 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's [guiding principles](#), adopted in March 2017, are embedded in all of the Council's work. The principles are rooted in equity, community and family engagement, and evidence-based practices in all decision-making processes within the early learning system.

The core values identified by the Council for the strategic plan include: (1) Have equity embedded throughout; (2) Represent all sectors that support children prenatal to age five and their families within the early learning system; (3) Provide comprehensive objectives and strategies that meet the needs of young children and families in Oregon; (4) Address the whole child, nested in family and nested in community; (5) Focus on outcomes that support Oregon's young children and families.

## ELC Engagement Approach to Developing the Plan

The Early Learning Council consulted with critical stakeholders to develop the plan, focusing on the most strategic ways to make progress over the next five years (2019-2024) toward the vision embodied by these three system goals: (1) Children are raised in healthy, stable, and attached families; (2) Children arrive ready for kindergarten; (3) The Early Learning System is aligned, coordinated, and family centered.

A series of engagement sessions took place in 2018 with stakeholders with different roles such as government, providers, advocates, and families from each of the following key sectors: Early Care and Education, Health, Housing and Community Services, Human Services, and K-12. In order to engage diverse voices throughout the state, outreach included partners and providers representing children and families who are historically underserved. Individuals who were not able to attend in-person meetings were invited to provide their ideas in other ways. In developing the plan, 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 for and barriers to reaching those goals and priorities, and opportunities for shared interests and work across sectors related to the three systems goals.

### **Infographic to be created by designer:**

Over 150 people, beyond the members of the Early Learning Council, contributed to the plan. These included but were not limited to representatives from state agency and division leadership, program administrators and providers, families, and all four Early Learning Council [committees](#).

Six Early Learning Council meeting with presentations from state agency and division leadership, program administrators, Early Learning Hubs and other regional entities, providers, and families across Early Care and Education, Health, Housing and Community Supports, Human Services, K-12, Public Health

Two parent engagement sessions

Sixteen sessions with each of the Early Learning Hub Governance Boards

Four Early Learning Council Committees—Best Beginnings, Equity Implementation, Child Care and Education, and Measuring Success

50 people gave input to the plan via survey

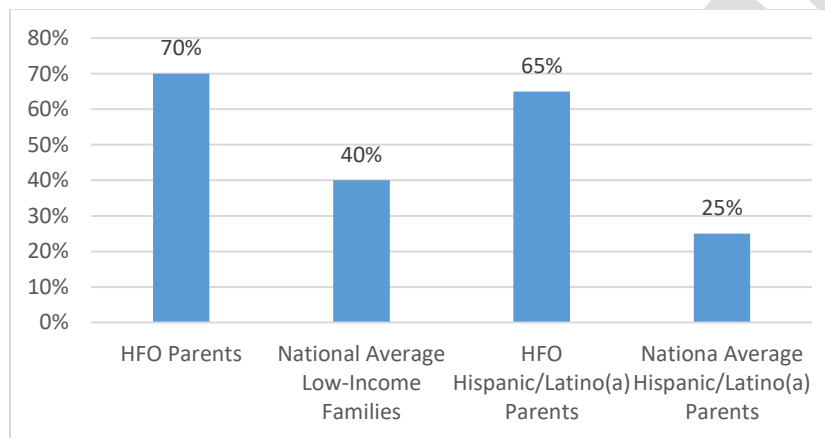
Four meetings were held with top leadership of the Department of Education, Department of Human Services, Oregon Health Authority, and Oregon Housing and Community Services involving the Early Learning Council chair and the Early Learning System Director

Throughout, Early Learning Council members probed how to most strategically, over the next five years, 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.

## SYSTEM GOAL 1: CHILDREN ARRIVE READY FOR KINDERGARTEN

Kindergarten readiness begins with parents who have the greatest impact on their children's learning and development. Early learning programs that actively and intensively partner with families to provide interactions and experiences targeted to the child's developmental period are more likely to generate greater cognitive and social outcomes for young children than those that do not. Seventy percent of parents who participated in Healthy Families Oregon home visiting program for at least six months reported reading to their children on a daily basis, compared to the national average of just 40%.

**Figure 5. Percentage of Parents Reading to Children 0-5 Daily<sup>14</sup>**



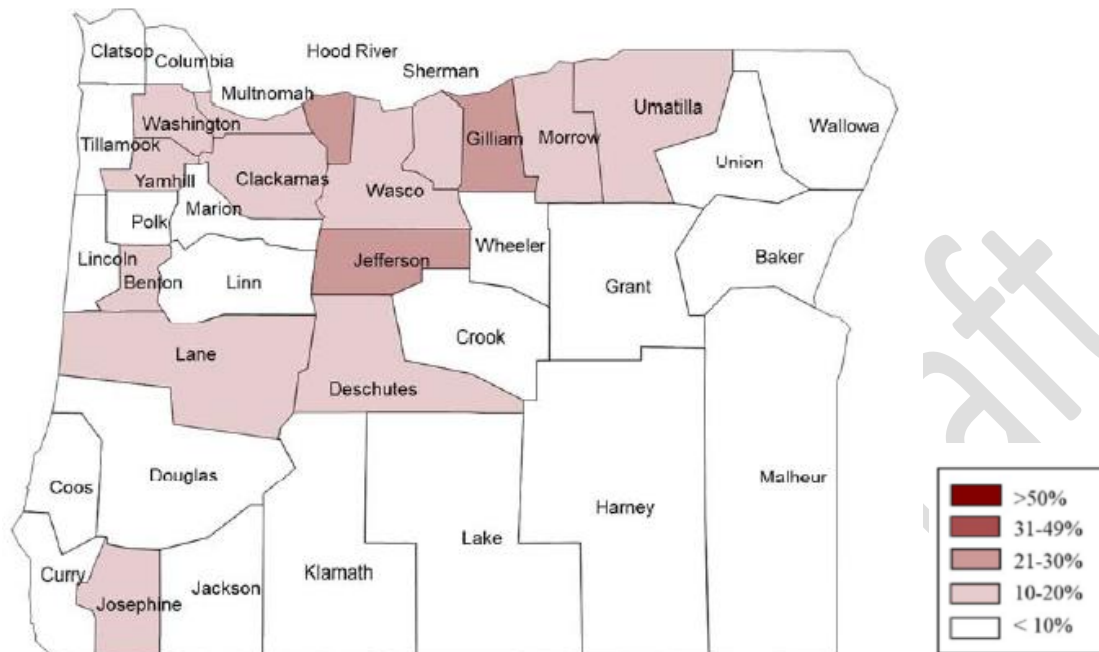
Yet, only 15% of eligible families in Oregon have access to a home visiting program. In Oregon, parenting education programs focused on families with young children only reach 3% of families, and culturally-specific organizations that have some of the strongest and most trusting relationships with families often lack access to available public resources needed to serve their communities.

While the short- and long-term benefits of high-quality early care and education (ECE) are well documented, Oregon families face significant barriers to accessing ECE. These include finding programs that are high-quality, affordable, culturally or linguistically responsive, and that meet their scheduling needs. These barriers are even steeper for working parents seeking high-quality care for their infant and toddler. All but one of Oregon's counties meet the national guidelines for an infant and toddler care "desert."

**Figure 6. Percent of Oregon Young Children with Access to Regulated Child Care Slot for 0-3 Year Olds<sup>15</sup>**

<sup>14</sup> Healthy Families Oregon Key Evaluation Findings FY 2016-2017.

<sup>15</sup> Prepared by the Oregon Child Care Research Partnership.



When parents can find care, the cost is usually prohibitive. For a family making a median income and with just one infant in care, child care, housing, and food costs are nearly 70% of the monthly household budget, with the average monthly cost of center-based care for an infant at \$1,410. Achieving a supply of accessible, high-quality ECE takes sound policy, resources, and the engagement of families.

A supply of high-quality culturally responsive ECE programs requires a well-trained and fairly compensated, diverse workforce. Yet, Oregon's early childhood educators typically make between \$25,000 and \$35,000 annually. As a result of low pay, more than a quarter of the workforce leaves the field each year.

Figure 7. Teacher and Provider Retention in the Workforce <sup>16</sup>

<sup>16</sup> 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.

<https://health.oregonstate.edu/sites/health.oregonstate.edu/files/early-learners/pdf/oregon-early-learning-workforce-four-years-beyond-baseline-2018-05-31.pdf>

2012 Position*	"Leavers"		"In and Out"		"Stayers"		Total	
	N	%	N	%	N	%	N	%
<b>Center</b>								
Director	606	52%	50	4%	520	44%	1,176	100%
Site Director / Supervisor	25	61%			16	39%	41	100%
Head Teacher	1,156	51%	102	4%	1,025	45%	2,283	100%
Teacher	4,519	59%	432	6%	2,721	35%	7,672	100%
Aide II	739	69%	60	6%	272	25%	1,071	100%
Aide I	2,172	77%	158	6%	496	18%	2,826	100%
<b>Large Home-Based</b>								
Provider	244	33%	20	3%	481	65%	745	100%
Assistant II	458	62%	39	5%	238	32%	735	100%
Assistant I	627	77%	58	7%	130	16%	815	100%
<b>Small Home-Based</b>								
Provider	1,754	50%	91	3%	1,664	47%	3,509	100%

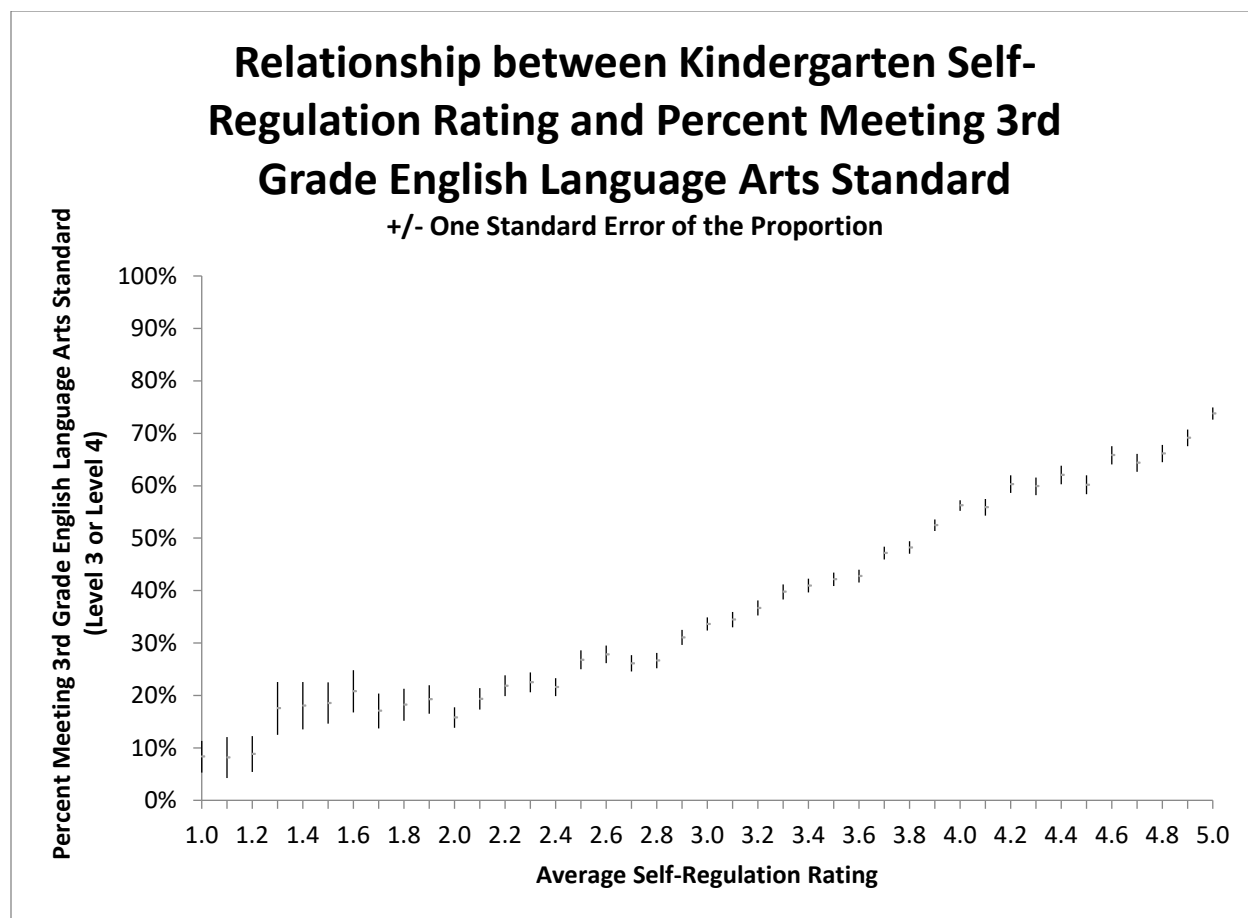
\*Based on the highest position an individual held during the 2012 calendar year.

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 not sufficient condition: educators also need pathways to early childhood degrees, 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.

While Oregon is a leader in providing health care coverage for children, access has not eliminated health disparities that inhibit the ability of young children to learn and flourish. Physical and emotional health provide the foundations for school readiness and more remains to be done for the health of young children. For example, children who arrive at kindergarten with strong social-emotional skills, as measured by Oregon's Kindergarten Assessment, are more likely to be on track in third grade reading and math.

**Figure 8. Relationship between Kindergarten Self-Regulation Rating and Percent Meeting 3rd Grade English Language Arts Standard<sup>17</sup>**

<sup>17</sup> State of Oregon. Department of Education. (2018). *Kindergarten to Third Grade Outcomes*. Salem, OR.



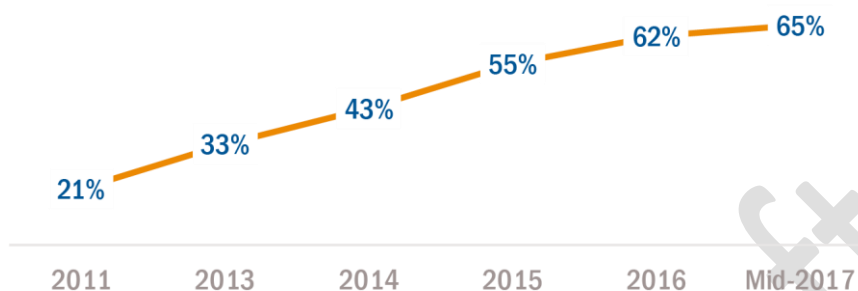
Fifty-two percent of children ages 6-9 in Oregon have tooth decay, one of the most prevalent chronic conditions of childhood, which can lead to problems with eating, speaking, playing, and learning. The infant mortality rate, while slightly lower than the national average and decreasing in recent years, still indicates significant racial disparities, with Native Americans and African Americans nearly twice as likely to die before their first birthday than other children.

Oregon has made significant progress in ensuring that children with social-emotional, developmental, and health care needs are identified early. The rate of developmental screening for children enrolled in the Oregon Health Plan in the first thirty-six months of life has increased from 21% in 2011 to 62% by 2016.

Figure 9. Developmental Screenings in the First Six Months of Life<sup>18</sup>

<sup>18</sup> Allen, P., Hargunani, D., Wilcox, C. (2018). Oregon Health Authority presentation to the Early Learning Council.

## Statewide.



However, too many children who are identified at screening never receive services. 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. For children who are identified and enrolled in Early Intervention and Early Special Education (EI/ECSE), services remain too limited due to funding. Only 30% of infants and toddlers currently enrolled in Early Intervention receive the recommended level of services to maximize their development.

Figure 10. Adequate Special Education Services (2017)<sup>19</sup>

<b>EI: Level of Need (Infants &amp; Toddlers)</b>	<b>Adequate Service Level</b>	<b>% of Children</b>
Services for infants & toddlers (typically home-based)	Specialized consultation services with caregivers: 1 X Week	<b>29.1%</b>

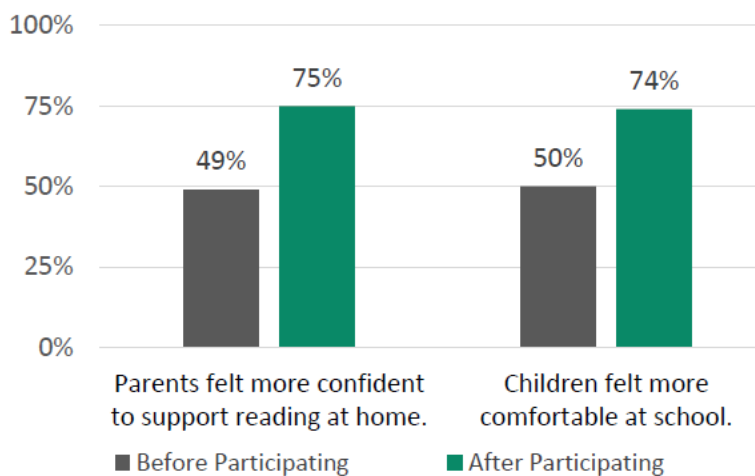
<b>ECSE: Level of Need (Preschool)</b>	<b>Adequate Service Level</b>	<b>% of Children</b>
Low Needs: Delayed in 1-2 areas of development	<ul style="list-style-type: none"> <li>Specialized ECSE services: 1 X week</li> </ul>	<b>64.3%</b>
Moderate Needs: Delayed in 3-4 areas of development	<ul style="list-style-type: none"> <li>Preschool: 12 hours/week</li> <li>Specialized consultation: 1 X week</li> <li>Parent Education: 1 X month</li> </ul>	<b>8.1%</b>
High Needs: Delayed in most or all areas of development	<ul style="list-style-type: none"> <li>Preschool: 15 hours/week</li> <li>Specialized consultation: 1 X week</li> <li>Parent Education: 1 X month</li> </ul>	<b>1.6%</b>

Children and families need to be supported not only in the early years, but also as they transition into the K-12 system. Oregon has made meaningful strides to support kindergarten transitions over the last

<sup>19</sup> Howard, K., Gill, C., Drinkwater, S., Johnson-Dorn, N., Williams, K. (2018). Oregon Department of Education presentation to the Early Learning Council.

several years, particularly in relation to the implementation of summertime transition camps and parenting education programs. After participating in family engagement and kindergarten transition activities supported by the Kindergarten Readiness Partnership and Innovation Fund (KPI), parents felt more confident in supporting their children's learning in reading and math and children and parents felt more comfortable and welcomed in school.

**Figure 11. Benefits of KRPI-Funded Programs**<sup>20</sup>



Significant work remains to be done to strengthen and align local practices related to culturally responsive, developmentally appropriate practices in settings in which child learn and grow.

### Objective 1: Families are supported and engaged as their child's first teachers.

#### Strategy 1.1 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, culturally specific organizations to extend their reach in providing culturally specific parenting and early learning supports in their communities.

#### Strategy 1.2 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. 🧑🏽‍🦺👤🌐

<sup>20</sup> Green, B., Patterson, L., Reid, D. (2018). KPI Evaluation. Center for Improvement of Child and Family Services, Portland State University.



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

Strategy 2.1 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 shared service networks within rural and urban communities to better scale infant and toddler care. 👤
- Increase state investments in Early Head Start by expanding Oregon Prekindergarten as a prenatal-to-five program. 👤

Strategy 2.2 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.
- Align policies across Oregon's three state preschool programs (Early Childhood Special Education, Oregon Prekindergarten, Preschool Promise) to facilitate blended funding models. 🎓
- Expand use of child care assistance contracts for wraparound care for preschool programs so they meet the needs of working families.

Strategy 2.3 Strengthen Child Care Assistance programs. 👤 🌐

- Unify policymaking and policies across all child care assistance programs (i.e. ERDC, TANF child care and contracted child care assistance). 👤
- Increase resources for child care assistance programs so that: 1) reimbursement rates meet the cost of delivering quality care to align to the cost of delivering quality care across all types of care and ages, and 2) participating families pay no more than 7% of their income on care. 👤
- Ensure child care assistance policy results in continuity of care, particularly for infants and toddlers. 👤
- Ensure child care assistance policy reflects the scheduling needs of families. 👤

Strategy 2.4 Build the state's capacity to ensure children are healthy and safe in child care. 🏠 👤



- Improve child care licensing standards. 🏠 👤
- Improve child care licensing 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 2.5 Improve the essential infrastructure for high-quality early care and education. 🏠 👥 🌐

- Conduct a statewide facilities needs assessment to identify communities with a dearth of early care and education (ECE) facilities and invest accordingly.
- Identify how to open high-quality family child care and child care centers within affordable housing units and housing developments. 🏠
- Create a regional plan for expanding access to and supply of high-quality infant, toddler, and preschool early care and education, available at times that meet the needs of families, especially to historically underserved infants, toddlers, and preschoolers, under the leadership of the Early Learning Hubs. 👥
- Use the state's licensing and Spark programs to recruit and support providers, especially in rural communities and communities of color, to become licensed and implement foundational health, safety, and quality practices.
- Expand resources for Spark to reach additional ECE providers, including family, friend, and neighbor caregivers, to implement best practices in ECE. 👥

### Objective 3: A high-quality, well compensated, culturally responsive, and diverse early care and education workforce is in place.

#### Strategy 3.1 Improve professional learning opportunities for the full diversity of the early care and education 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, especially for those participating in Child Care Assistance programs. 👥
- 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 and the inclusion of culturally responsive pedagogy.

#### Strategy 3.2 Build pathways to credentials and degrees that recruit and retain a diverse early care and education workforce. 👥 🌐

- Fully implement all steps in the career pathway. 👥
- 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. 👥
- 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 early care and education preparation in high school that can be leveraged in higher education.

### Strategy 3.3 Compensate and recognize early childhood educators as professionals. 👤

- Create educator compensation requirements that align with kindergarten educator compensation across publicly funded ECE programs (i.e. Oregon Prekindergarten, Preschool Promise, contracted slots) and increase public investment to implement those requirements.
- Create financial incentives for ERDC and TANF child care providers to support compensation that is aligned with kindergarten educators and increase public investment to support implementation. 👤
- 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.

### Strategy 3.4 Improve state policy to ensure early care and education work environments guarantee professional supports.

- Incorporate professional supports (e.g., paid planning time, paid professional development time, compensation, wellness and health benefits) into program standards.
- Collect and use data to improve professional supports (e.g., paid planning time, paid professional development time, compensation, wellness and health benefits).

## Objective 4: Early childhood physical and social-emotional health promotion and prevention is increased.

### Strategy 4.1 Ensure prenatal-to-age-five health care services are comprehensive, accessible, high-quality, and culturally and linguistically responsive. 🏠👤🌐

- Improve access to patient-centered primary care homes for all young children. 🏠🌐
- Strengthen the early childhood focus of CCOs by adding Early Learning Hub representation on CCOs' governing boards 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 4.2 Increase capacity to provide culturally responsive social-emotional supports for young children and their families. 🏠👤🌐

- Increase access to culturally responsive mental health services by ensuring there are diverse providers with expertise in children birth through age 5. 🏠🌐
- Train home visitors, mental health professionals, and early care and education providers in relationship-based infant mental health and equity approaches. 👤🏠
- Focus on children whose families are affected by substance abuse and family separation, including by ensuring access to community health workers. 🏠👤🌐

### Strategy 4.3 Increase and improve equitable access to early childhood oral health. 🏠👤

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

Strategy 4.4 Strengthen coordination among early care and education, health, and housing to promote health and safety for young children. 🤝🏠

- Provide health consultation across early care and education (ECE) settings. 🏠
- Collaborate to support families and ECE providers in implementing safe sleep practices. 👤🏠
- Identify areas of shared accountability across housing, health, and ECE, and expand joint activities that promote environmental health, injury prevention and safety, physical activity, and healthy foods. 🏠🏠

Objective 5: Young children with social-emotional, developmental, and health care needs are identified early and supported to reach their full potential.

Strategy 5.1 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 Early Intervention/Early Childhood Special Education services and make and implement recommendations regarding 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, toddlers, and families that need additional supports. 👤🏠
- Enable integration of Early Intervention and Early Childhood Special Education with other funding streams so that children are served in inclusive early care and education settings.

Strategy 5.2 Continue to prioritize screening through the health system and build pathways from screening to a range of community-based services and supports for children and families. 🏠

- Improve screening. 🏠
- Scale successful approaches to build community-based referral systems from screening to services that meet the diverse needs of young children and families. 🏠

Strategy 5.3 Prevent expulsion and suspension by strengthening state policies and supports to early care and education programs. 🤝

- Align policies across ECE programs and K-12 regarding suspension and expulsion.
- Improve data systems to track suspension and expulsion across the birth-to-five early learning system and early grades, disaggregated by race and other critical indicators.
- Provide culturally responsive mental health consultation to early care and education (ECE) providers. 🏠
- Increase access to anti-bias early childhood education training for ECE providers.

Objective 6: Children and families experience supportive transitions and continuity of services across early care and education and K-12 settings.

### Strategy 6.1 Establish shared professional culture and practice between early care and education and K-3 that supports all domains, including social-emotional learning. 🎓🌐

- Support 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 early care and education (ECE) directors. 🎓
- Support school districts to align attendance, curriculum, instructional, and assessment practices across the prenatal-to-3<sup>rd</sup>-grade continuum with a focus on high-quality (culturally responsive, inclusive, developmentally appropriate). 🎓🌐
- Scale and expand the work of Early Learning Hubs and local communities through the Early Learning Kindergarten Readiness Partnership and Innovation program (KPI) and local funding sources, to support social-emotional learning across the P-3 continuum.

### Strategy 6.2 Improve the Oregon Kindergarten Assessment to better support decision-making between early learning and K-12 stakeholders.

- Enhance the kindergarten assessment (KA) process for children whose home language is not English and who are dual language learners, focusing first on children whose home language is Spanish.
- 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 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

Children's healthy development depends to a large extent on the health and well-being of their parents and caregivers. First, supporting parents' health and mental health means parents are able to provide nurturing relationships and the important parent-child interactions needed for children's health, growth, resiliency, and development, which could lead to improved outcomes, reduced health costs over time, and improved health equity. Second, covering parents' health care helps create financial stability for the families. A 2017 study showed that Medicaid reduces poverty in the U.S. 3.8 percentage points, with a 6.1 percentage point reduction for Latinos and 4.9 for African-Americans.<sup>21</sup> And Oregon has invested deeply in health care coverage, with 94% of Oregonians having health care coverage, with Medicaid as an important contributor: Medicaid reaches 1 in 4 Oregonians. This has helped improve access to

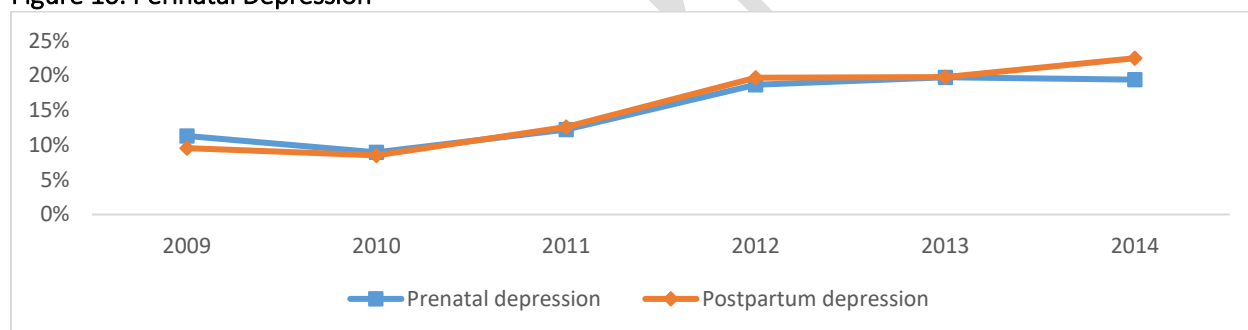
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<sup>21</sup> Remler, DK, Korenman, SD., Hyson RT., "Estimating the effects of Health Insurance and other social programs on poverty under the Affordable Care Act," Health Affairs, 36, No. 10 (2017): 1828-1837. DOI 10.1377/hlthaff.2017.0331. Cited in "Health Care for All: Sustaining the Oregon Model of Health Care, Coverage, Quality and Cost Management." Governor Kate Brown and Tina Edlund (2018).

preconception, reproductive, and timely prenatal care services that support healthier birth outcomes. But disparities in access and outcomes persist. African-American mothers are almost twice as likely to have received inadequate prenatal care as their white counterparts. Oregon clearly has more to do to provide culturally responsive care and eliminate these disparities.

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. One in five women in Oregon suffers from either prenatal or postpartum depression. There is also an increasing concern about the impacts of adverse childhood experiences (ACES). Forty-six percent 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. More needs to be done to address the cross-generational transmission of trauma and ensure access to a continuum of culturally responsive systems that address the physical and emotional needs of both parent and child.

**Figure 10. Perinatal Depression<sup>22</sup>**



Oregon families from all backgrounds have been hard hit by the chronic disease of substance use disorder (SUD). The abuse of tobacco, alcohol, and illicit drugs costs the U.S \$740 billion a year, owing to crime, lost work, and increased health care spending.<sup>23</sup> The impact of substance use disorders hits Oregon’s families particularly hard. According to data from the Department of Human Services, nearly 75% of Oregon foster care placements involved parents with substance use disorders.<sup>24</sup> In response to this challenge, Oregon has also begun developing new innovative models that integrate prenatal and postpartum care with SUD treatment. Oregon has the opportunity to expand such innovative practices as it continues to integrate physical and mental health services.

Housing, food, and employment instability often create 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. According to the 2017 Point-in-Time Count, 3,500 of the 13,953 Oregonians experiencing homelessness were

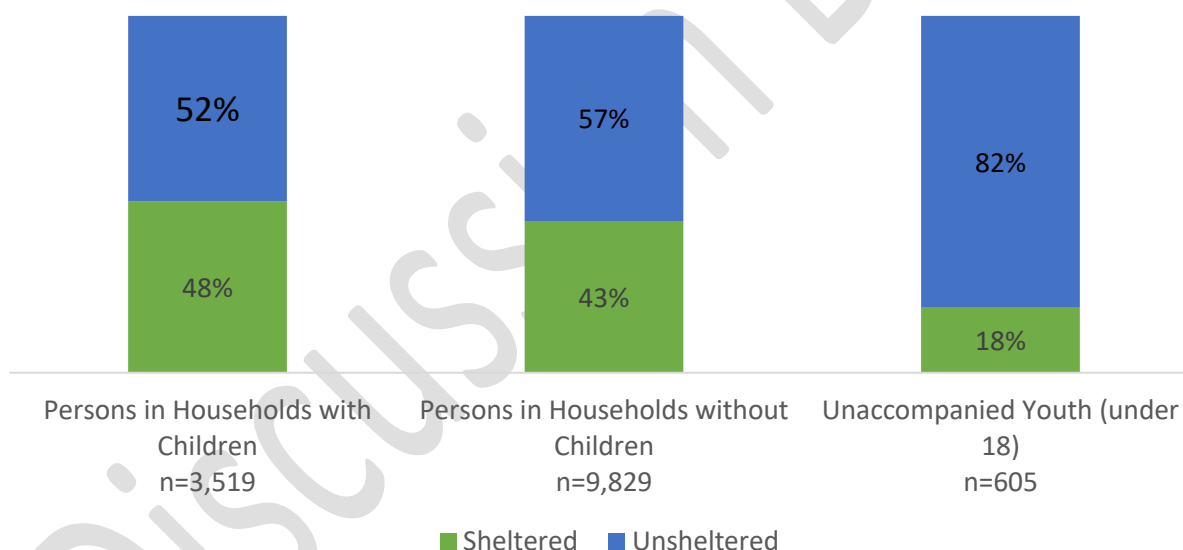
<sup>22</sup> Kleinschmit, S., Wilcx, C., Ness, M. (2018) Presentation to the Measuring Success Committee.

<sup>23</sup> National Institute of Drug Abuse, <https://www.drugabuse.gov/related-topics/trends-statistics#supplemental-references-for-economic-costs>. Cited in “Health Care for All: Sustaining the Oregon Model of Health Care, Coverage, Quality and Cost Management.” Governor Kate Brown and Tina Edlund (2018).

<sup>24</sup> “The Children’s Agenda: Pathways Out of Poverty for Children to Achieve Their Full Potential,” Governor Kate Brown, p. 8.

families with children.<sup>25</sup> Thirty-one percent 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. The stress of finding affordable housing is experienced by both urban and rural Oregonians. The median rents in rural Oregon are 16 % higher than the U.S. average for rural communities.<sup>26</sup> 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. Expanding and focusing access for housing supports for families with young children will help reduce this stress and provide children with the stable environment in which they need to learn and grow.

**Figure 11. Homeless Families in Oregon<sup>27</sup>**



The stresses placed on families with young children contribute to their high rates of involvement with the child welfare system. In 2017, 11,077 children in Oregon were found to be victims of abuse and neglect. Almost half of these children were under the age of six and more than a quarter were under the age of three.<sup>28</sup> Reducing the number of children who enter into the child welfare system must be a priority for

<sup>25</sup> U.S. Department of Housing and Urban Development, The 2017 Annual Homeless Assessment Report (AHAR) to Congress: Part 1: Point-in-Time Estimates of Homelessness, (U.S. Department of Housing and Urban Development, 2017). Cited in “Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities,” Governor Kate Brown and James LaBar, Housing Policy Advisor.

<sup>26</sup> Lehner, Josh, “Update on Rural Housing Affordability,” Oregon Office of Economic Analysis: Oregon Economic News, Analysis and Outlook (blog), March 7, 2018, <https://oregoneconomicanalysis//2018/03/update-on-rural-housing-affordability>. Cited in “Housing Policy Agenda: Housing Stability for Children, Veterans, and the Chronically Homeless and Increased Housing Supply for Urban and Rural Communities,” Governor Kate Brown and James LaBar, Housing Policy Advisor.

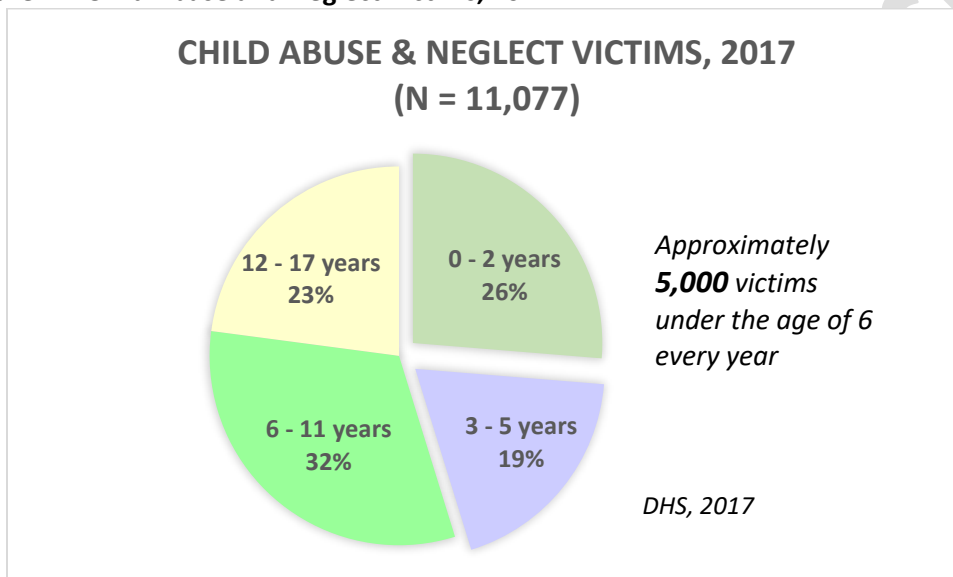
<sup>27</sup> Salazar, M., Seguin, C., LaPoint, K., Bunch, C. (2018). Oregon Housing and Community Services presentation to the Early Learning Council.

<sup>28</sup> “Children’s Welfare Policy Agenda: Protecting Children, Supporting Families and Ending the Cycle of Poverty,” Governor Kate Brown and Rosa Klein, Human Services Policy Advisor, p. 3.



all Oregonians. Doing so will require strong partnerships across sectors and with communities. Investing in evidenced-based early learning and parent support programs proven to reduce abuse and neglect needs to be an important part of this strategy. Oregon’s self-sufficiency programs also provide vital supports for families with the youngest children, serving over 125,000 children under the age of six. Increased collaboration across sectors can also help ensure that these children have increased access to high-quality early learning programs that promote positive child development.




**Figure 12. Child Abuse and Neglect Victims, 2017<sup>29</sup>**










Objective 7: Parents and caregivers have equitable access to support for their physical and social-emotional health.

Strategy 7.1. Increase equitable access to reproductive, maternal, and prenatal health services.



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

Strategy 7.2 Improve access to culturally and linguistically responsive multi-generational approaches to physical and social-emotional health.  

- Reduce the financial burden of health care costs to families.  
- Expand accessible and culturally responsive systems that support family unity while addressing parent co-occurring health, mental health, addiction, and/or parenting strategies.   

<sup>29</sup> 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>.



- Improve access to health care for families who are pregnant or have young children. 🧑🏻👩🏻👦🏻
- Ensure a continuum of services for children and their caregivers when families are affected by mental health conditions and substance use disorders. 🧑🏻👩🏻👦🏻
- Handle 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 8. All families with infants have opportunities for connection.

### Strategy 8.1 Create a universal connection point for families with newborns. 🧑🏻👩🏻👦🏻

- Build, in partnership with local communities, Early Learning Hubs, Coordinated Care Organizations (CCOs), and public health agencies, a system to deliver home visits for all families with newborn children that provides parenting information and helps families with deeper needs connect to additional services. 🧑🏻👩🏻👦🏻

### Strategy 8.2 Provide paid family leave. 🧑🏻👩🏻👦🏻

- Provide paid family leave to all families with a newborn or newly adopted child to support the development of bonding and attachment during this critical window. 🧑🏻👩🏻👦🏻


## Objective 9: Families with young children who are experiencing adversity have access to coordinated and comprehensive services.




### Strategy 9.1 Expand and focus access to housing assistance and supports for families with young children. 🧑🏻👩🏻👦🏻



- Expand and focus housing subsidy for families with young children, starting with families with children prenatal 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. 🏠
- Strengthen relationships between Hubs, Community Action Agencies, and local housing authorities to focus on families with infants and toddlers. 🧑🏻👩🏻👦🏻



### Strategy 9.2 Provide preventive parenting support services to reduce participation in the child welfare system. 🧑🏻👩🏻👦🏻

- Increase access to evidence-based early learning programs (e.g., Relief Nurseries, parenting education, home visiting programs) proven to reduce abuse and neglect for families at imminent risk of entering into the child welfare system. 🧑🏻👩🏻👦🏻
- Expand access to family coaches for local parenting support organizations, including community-based, culturally responsive organizations.
- Collaboratively develop a community-based early childhood child abuse and maltreatment prevention plan. 🧑🏻👩🏻👦🏻

Strategy 9.3 Improve the nutritional security of pregnant women and young children, particularly infants and toddlers. 

- Promote breastfeeding.  
- Improve connections between WIC and primary care medical homes and other community services. 

Strategy 9.4 Link high-quality early care and education, self-sufficiency, and housing assistance programs.  

- Implement strategies such as waitlist prioritizations and incentives. 
- Develop innovative child care networks, connected to affordable housing complexes, to deliver high-quality early care and education. 

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

The Early Learning System plan outlines a bold cross-sector agenda to support Oregon’s young children and their families. If children are to arrive ready for kindergarten and live in healthy, stable, and attached families, it’s going to take hard work from every sector – early care and education, health, human services, K-12, housing, and the business community. In addition to this hard work from each sector, it is also going to require everyone doing business together in a new, more coordinated way that lifts up family voice and puts families first.

This new way of doing business will only succeed if state-community connections are deepened and regional systems are strengthened. Early Learning Hubs have a unique role to play in working with other sectors to build coherent local systems where families with young families can easily connect with needed supports and services. Because Hubs are closer to communities and the lives of families, they also have an important function to play in engaging families and making sure it is their voice that is guiding the development of policy at all levels.


All of the work in this plan must be guided by a deep commitment to equitable outcomes for children from historically underserved families. 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. All sectors need to come together on a regular basis to analyze disparities in access and outcomes to achieve the goals of this plan.

Despite working in different settings, the early learning 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.


The success of all these strategies will also depend on the smart use of data to drive decision-making and ensure that disaggregated data is used 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.

## Objective 10: State-community connections and regional systems are strengthened.

### Strategy 10.1 Ensure family voice in system design and implementation.

- Increase authentic input of family voice in the design and implementation of state policy and programming that welcomes all families. 
- Establish a mechanism in collaboration with Early Learning Hubs for authentic leadership in parent voice to inform Early Learning Council systems-building work.
- 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.

### Strategy 10.2 Ensure family friendly referrals.



- Develop centralized systems locally to coordinate eligibility and enrollment of services across sectors, starting with early care and education. 
- 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.

### Strategy 10.3 Further develop the local Early Learning Hub system.

- Incentivize active participation across sectors on the Early Learning Hub Governance Boards to ensure investment in shared goals, policy, and programming and that implementation is coordinated across a region.
- Strengthen the Early Learning Hub role in informing community needs assessments that meet the requirements of each sector, supporting coordinated and aligned community planning and shared problem solving.
- Create ongoing feedback loops between the state sectors and communities to improve communication, policy implementation, and collaboration, and address barriers in order to make progress toward the three systems goals.

## Objective 11: Investments are prioritized in support of equitable outcomes for children and families.

### Strategy 11.1 Ensure resources are used to reduce disparities in access and outcomes.

- Collect, analyze, and consolidate data across agencies and committees on disparities in access and outcomes for the goals in this plan. 
- Share the results and recommendations for further improvement, including cross-sector funding opportunities. 

#### Strategy 11.2 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 12: The alignment and capacity of the cross-sector early learning workforce is supported.

#### Strategy 12.1 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.
- 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 the Higher Education Coordinating Commission and professional learning partners to incorporate identified areas of shared knowledge into curriculum.

#### Strategy 12.2 Improve cross-sector recruitment, retention, and compensation. 🧩🌐

- 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 13: The business community champions the early learning system.

#### Strategy 13.1 Educate business leaders on the economic value of ECE to the Oregon economy.

- Showcase the value of early educators to leading businesses and business associations.
- Share information on the role of ECE in contributing to Oregon's economy.

#### Strategy 13.2 Introduce business leaders to the science of early childhood development and the impact of public investment.

- Share information on early childhood brain development and adverse child experiences.
- Include business leaders as members of the Early Learning Council.

Objective 14: The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.

Strategy 14.1 Strengthen data-driven community planning. 🔄

- Increase 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 needed for decision-making.
- Incorporate specific data on children of color and children from historically underserved communities. 🔄
- 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 14.2 Integrate early learning data into the Statewide Longitudinal Data System.

- 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.
- Use integrated data from Statewide 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.
- Incorporate specific data on children of color and children from families in historically underserved communities.

Strategy 14.3 Develop and implement a population survey to track the well-being of children and families across Oregon. 🔄

- State agencies collaborate 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 implemented so as to provide accurate and holistic information on the well-being of families from historically underserved populations. 🔄

Strategy 14.4 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. 🔄
- Incorporate specific data on children of color and children from families historically farthest from opportunity. 🔄

## Next Steps

Moving from this plan to action requires many partners working together as we strive to do more and better for young children and their families. The table below outlines how key systems partners are expected to contribute to the next phase of moving the plan forward.

Discussion Draft

## Appendix A: Synthesis of Input Received

The Early Learning Council conducted a series of engagement sessions from January to September 2018, hosting 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 on the potentially most strategic ways to advance the Oregon early learning system. These initial debriefs were then organized into themes. The following list summarizes the themes:

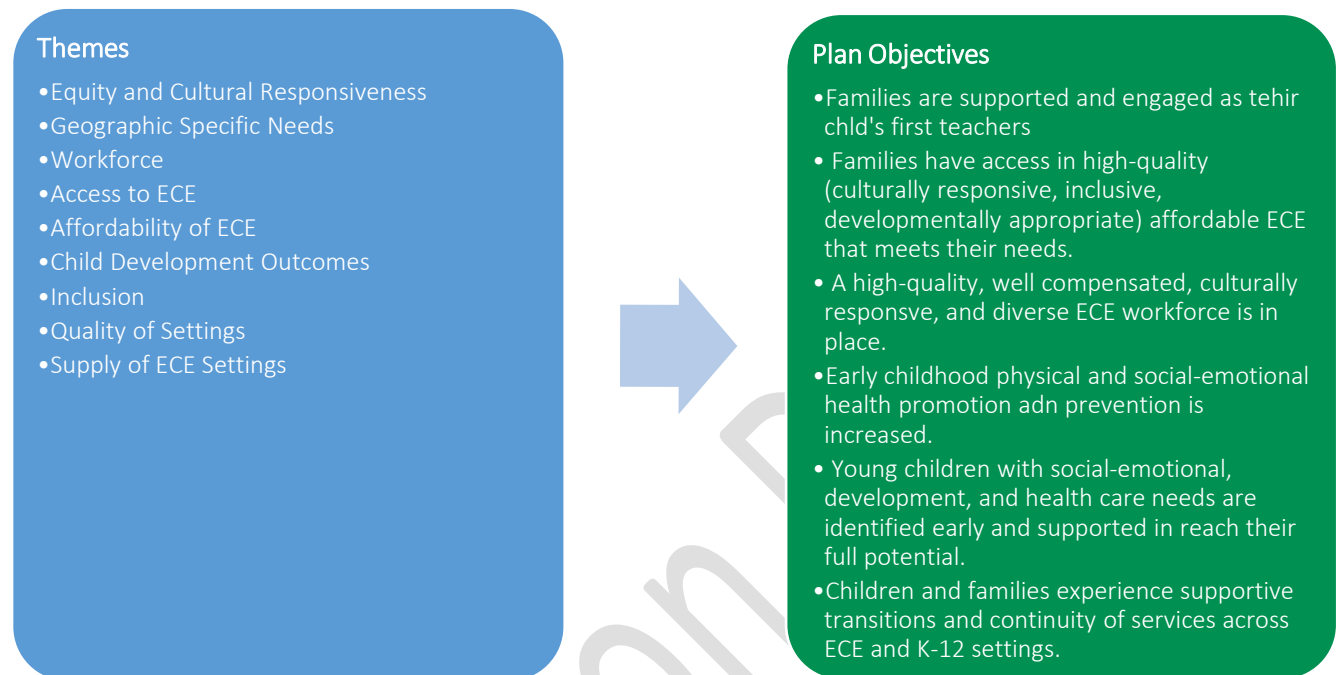
1. Access to Early Care and Education.
2. Affordability of Early Care and Education.
3. Building a Systems Approach.
4. Child Development Outcomes.
5. Community Context.
6. Connecting with Business.
7. Cultural Responsiveness and Equity.
8. Data.
9. Family-Centered Systems.
10. Financing & Leveraging 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.

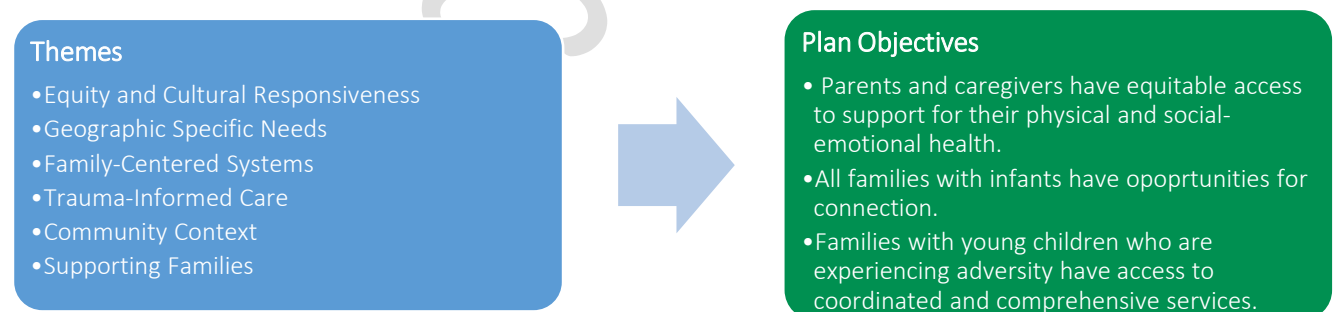
Children arrive ready for kindergarten	Children are raised in healthy, stable, and attached families	The Early Learning System is aligned, coordinated, and family-centered
Equity and Cultural Responsiveness	Equity and Cultural Responsiveness	Equity and Cultural Responsiveness
Geographic Specific Needs	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

- State-community connections and regional systems are strengthened.
- Investments are prioritized in support of equitable outcomes for children and families.
- The alignment and capacity of the cross-sector early learning workforce is supported.
- The business community champions the early learning system.
- The data infrastructure is developed to enhance service delivery, systems building, and outcome reporting.

Discussion Draft

## 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 used both within Oregon and nationally, as can be seen in *Research Connections* [Child Care and Early Education Glossary](#).

Early Learning Terms	Definition
<b>Affordability</b>	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 <b>Subsidy</b> acceptance, among others.
<b>Approaches to Learning</b>	Refers to the ways in which children learn, including children's openness to and curiosity in tasks and challenges, task persistence, imagination, attentiveness, and cognitive learning style.
<b>At Risk</b>	A term used to describe children who are considered to have a higher probability of non-optimal <b>Child Development</b> and learning.
<b>Attachment</b>	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 <b>Child Development</b> and learning.
<b>Child Care Access</b>	Refers to the ability of families to find quality <b>Child Care Arrangements</b> that satisfy their preferences, with reasonable effort and at an affordable price. <b>See related: Child Care Availability.</b>
<b>Child Care Assistance</b>	Any public or private financial assistance intended to lower the cost of child care for families. <b>See related: Child Care Subsidy.</b>
<b>Child Care Availability</b>	Refers to whether Quality child care is accessible and available to families at a reasonable cost and using reasonable effort. <b>See related: Child Care Access.</b>
<b>Child Care Provider</b>	An organization or individual that provides early care and education services.
<b>Child Care Resource &amp; Referral (CCR&amp;R)</b>	Child care Resource and Referral services promote the health, safety and development of young children in child care settings as part of Oregon's Early Learning System. They are responsible for providing a wide variety of program services which include recruiting, training and promoting retention of a <b>high-quality</b> , diverse early learning workforce through professional development and collaborating with community partners to align and coordinate local early learning systems.

<b>Child Care Slots</b>	The number of openings that a child care setting has available as dictated by its <b>Licensed Capacity</b> . The desired capacity of a facility is often lower than its licensed capacity. Child care slots may be filled or unfilled.
<b>Child Care Subsidy</b>	A type of <b>Child Care Assistance</b> primarily funded by the federal CCDF program. <b>See related: Employment Related Day Care (ERDC).</b>
<b>Child Development</b>	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. <b>See related: Developmental Milestones; Approaches to Learning.</b>
<b>Child Welfare</b>	
<b>Children of Incarcerated Parents</b>	Refers to children who have a parent or parental figure(s) involved in the criminal justice system from arrest through parole.
<b>Children’s Cabinet</b>	The Governor’s Children’s Cabinet involves the major sector partners involved with ensuring young children enter kindergarten ready to succeed. It includes the agency leadership from the <b>Department of Human Services, Early Learning Division, Oregon Department of Education, Oregon Health Authority and Oregon Housing and Community Services.</b>
<b>Coaching</b>	A relationship-based process led by an expert with specialized knowledge and adult learning <b>Competencies</b> 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. <b>See related: Consultation; Technical Assistance.</b>
<b>Collective Impact</b>	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.
<b>Communities of Color</b>	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.
<b>Community-Based Child Care/Community-Based Organization (CBO)</b>	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. <b>See related: Center-based Child Care.</b>
<b>Competencies (refers to Workforce Knowledge or Core Competencies)</b>	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 <b>Professional Development</b> at various career stages.
<b>Comprehensive Services</b>	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.
<b>Continuity of Care</b>	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.
<b>Contracted Slots</b>	Contracted slots are an agreement made between a state and a child care provider prior to service delivery that the provider will make available a certain number of child care slots, which will be paid for by the state so long as contracted state program or attendance conditions are met.
<b>Coordinated Care Organization (CCO)</b>	A network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs focus on prevention and helping people manage chronic conditions, like diabetes. This helps reduce unnecessary emergency room visits and gives people support to be healthy.
<b>Core Body of Knowledge</b>	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.
<b>Cost of Care</b>	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.
<b>Cultural Responsiveness</b>	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 well-being and independence through opportunities that protect and 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 <b>Child Development</b> 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. <b>See related: English Language Learners (ELL); Limited English Speaking/Limited English Proficiency (LEP); Bilingual.</b>
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 in 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 <b>Special Education</b> professionals to young children with disabilities in various early childhood settings such as <b>Preschool</b> , child care, <b>Prekindergarten</b> and <b>Head Start</b> , 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) <b>High-Quality</b> 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.
<b>Early Intervention</b>	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 <b>Individualized Family Service Plan (IFSP)</b> . Early intervention is authorized by the federal Individuals with Disabilities Education Act (IDEA), Part C.
<b>Early Learning Council (ELC)</b>	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.
<b>Early Learning Division (ELD)</b>	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.
<b>Early Learning Hubs</b>	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.
<b>Early Literacy</b>	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.
<b>Education Cabinet</b>	The Education Cabinet is convened to include all major sector partners in supporting the P-20 education continuum. The Cabinet includes agency leadership from the <b>Chief Education Office</b> , <b>Early Learning Division</b> , <b>Oregon Department of Education</b> and Higher Education Coordinating Commission.
<b>Employment-Related Day Care (ERDC)</b>	Oregon's major form of financial assistance for child care for low-income families is funded by a combination of federal <b>Child Care and Development Fund</b> and Oregon General Fund dollars. The program is managed by <b>DHS</b> .
<b>Equity</b>	Equity is the notion that each and every person will receive the necessary resources he/she needs individually to thrive, regardless of

	national origin, race, gender, sexual orientation, first language, or differently abled or other distinguishing characteristics.
<b>Equity Lens</b>	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. It is 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."
<b>Evidence-Based Practice</b>	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. <b>See related: Best Practices.</b>
<b>Family Coach</b>	Assists families transitioning into a state of independence through collaboration and partnership within the community.
<b>Family Friend and Neighbor Care (FFN)</b>	Child care provided by relatives, friends, and neighbors in the child's own home or in another home, often in unregulated settings.
<b>Family Engagement</b>	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 relationships that are key to healthy <b>Child Development, School Readiness</b> , and well-being.
<b>Head Start</b>	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," that 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). <b>See related: Oregon PreKindergarten</b>
<b>Healthy Families Oregon</b>	Healthy Families Oregon is an accredited multi-site state system with Healthy Families America (HFA) and Oregon's largest child abuse prevention program. Healthy Families empowers parents to be their child's best teacher from the very start.
<b>High-Quality</b>	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

	<p>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.</p>
<b>Historically Underserved</b>	<p>Refers to communities that the Early Learning Council Equity Implementation Committee identified as African American, Asian and Pacific Islander, English Language Learners, Geographically Isolated, Immigrants and Refugees, Latino, Tribal Communities, and Children with Disabilities, Economic Disparities, or of Incarcerated Parents/Parental Figures.</p>
<b>Home Visiting Programs</b>	<p>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.</p>
<b>Housing/Oregon Housing and Community Services (OHCS)</b>	<p>Oregon Housing and Community Services is Oregon's housing finance agency, providing financial and program support to create and preserve opportunities for quality, affordable housing for Oregonians of lower and moderate income.</p>
<b>Inclusion</b>	<p>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.</p>
<b>Individualized Education Program (IEP)</b>	<p>The Individualized Education Program (IEP), is a written document that is 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. <b>See related: IEP Team.</b></p>
<b>Individualized Education Program (IEP) Team</b>	<p>The members of the multidisciplinary team who write a child's IEP.</p>
<b>Individualized Family Services Plan (IFSP)</b>	<p>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. <b>See related: Early Intervention.</b></p>
<b>Infant/Toddler Mental Health (ITMH)</b>	<p>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.</p>



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 <b>Preschool</b> setting to kindergarten.
Licensed Child Care	The care and supervision of a child, on a regular basis, unaccompanied by their parent or guardian, in a place other than the child's own home, with or without compensation.
License Exempt Child Care	Child care that is not required to be licensed based on a series of exemptions in the state of Oregon. <b>See related: Regulated Subsidy Child Care</b>
Mentoring	A form of <b>Professional Development</b> 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. <b>See related: Coaching, Consultation.</b>
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 Parenting Education Collaborative (OPEC)	Oregon Parenting Education Collaborative (OPEC) was founded to help parents along on their parenting journey. The OPEC initiative provides access to regional Parenting Education Hubs that provide high quality (research-based) resources, and parenting education classes in Oregon.
Oregon PreKindergarten and Early Head Start	Oregon Head Start PreKindergarten (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 <b>Early Learning Division</b> , or both. All OHSPK programs follow the same guidelines for providing services.

Parent Choice	Refers to families' ability to access <b>Child Care Arrangements</b> of their choosing. The term is often used to refer to the <b>CCDF</b> stipulation that parents receiving <b>Subsidies</b> 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 <b>Early Learning Hubs</b> 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 <b>Technical Assistance (TA)</b> , 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. <b>See related: Subsidized Child Care.</b>
Regulated Subsidy Child Care	A Regulated Subsidy Provider is a non-relative who cares for children whose families are eligible for child care assistance through the <b>Department of Human Services (DHS)</b> , but who is not required to be licensed. A Regulated Subsidy Provider (sometimes referred to as a <b>License-Exempt Child Care</b> provider) is required to be listed with DHS and to follow new federal regulations for training and allow a visit by the Office of Child Care.
Relief Nurseries	A public-private partnership program that serves families at high risk for abuse and neglect with the intensive trauma-informed support they need.
Retention (of 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 <b>Special Needs</b> , or community

	conditions and experiences, such as whether the child has access to <b>high-quality</b> early care and education.
<b>Self-Sufficiency Programs (SSP)</b>	Self-Sufficiency Programs serves Oregonians of all ages through a variety of programs and partnerships with the goal to reduce poverty in Oregon, help families create a safe, secure environment through careers and housing, and stop the cycle of poverty for the next generation.
<b>Social-Emotional Development</b>	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.
<b>Spark</b>	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.
<b>Special Needs</b>	A term used to describe a child with an identified learning disability or physical or mental health condition requiring <b>Special Education</b> services, or other specialized services and supports. <b>See related: Early Intervention (EI), IEP; IFSP; Special Needs.</b>
<b>Statewide Longitudinal Data System (SLDS)</b>	The Oregon State Legislature charged the <b>Chief Education Office</b> with providing an integrated, statewide, student-based longitudinal data system that monitors outcomes to determine the return on statewide educational investments. This data system will provide secure, non-identifiable educational data to enhance policy makers, educators and interested parties the ability to improve the educational outcomes for students.
<b>Subsidized Child Care</b>	Child care that is at least partially funded by public or charitable resources to decrease the cost to families. <b>See related: Regulated Subsidy.</b>
<b>Subsidy</b>	Private or public assistance that reduces the cost of child care for families.
<b>Supply Building</b>	Efforts to increase the quantity of child care programs in a particular local area.
<b>Technical Assistance (TA)</b>	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. <b>See related: Coaching; Mentoring; Consultation; Professional Development.</b>
<b>Trauma Informed Care</b>	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; they also 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.
<b>Workforce</b>	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 <b>Technical Assistance</b> to programs.
<b>Wrap-Around Services</b>	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, such as doctor visits, and interpersonal assistance, such as family counseling.