SOUTH COAST REGIONAL EARLY LEARNING HUB

EARLY CARE & EDUCATION SECTOR PLAN

COOS, CURRY, COASTAL DOUGLAS
The Student Success Act Early Learning Account creates an exciting urgency to begin planning within regions and puts forth resources for Early Learning Hubs to lead this process.

This plan, an Early Care and Education (ECE Sector Plan), outlines a vision and road map for early care and education services in each region.

When complete, this plan is intended to do more than serve as a road map for public investments. It is intended to engage communities in planning for a robust early care and education sector that results in at scale access to high-quality (culturally responsive, inclusive, developmentally appropriate) affordable early care and education that meets family needs for all, beginning with historically under-served populations.

Phase 1 of this planning process includes analyzing data to determine priority populations, engaging with families and providers, and evaluating current supply of care and emerging opportunities for expansion.
<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANIZATION</th>
<th>GOVERNING BOARD MEMBER</th>
<th>COUNTY(S) REPRESENTING</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
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<tr>
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</tr>
<tr>
<td>Kristine Red Elk</td>
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</tr>
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</table>
## South Coast Regional Early Learning Hub

Coos, Curry, Coastal Douglas

**Deliverable I: Priority Populations Decision Grid**

<table>
<thead>
<tr>
<th>Potential Priority Populations</th>
<th>Quantitative Data Analysis</th>
<th>Geographic Areas</th>
<th>Family Engagement Efforts</th>
<th>Findings from FE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Experiencing Homelessness</strong></td>
<td><strong>Estimate Number of eligible children:</strong> South Coast total: <strong>405 children ages 0-5</strong> Data Source: Estimated population (birth by zip code 2012-2017) x Student homelessness rate (% of school age population experiencing homelessness, 5-17yrs, 2017-18 school year)</td>
<td>Communities with highest number of Homeless children 0-5 not served in Head Start: <strong>Coos Bay:</strong> 137 children <strong>Reedsport:</strong> 50 children <strong>Port Orford:</strong> 20 children</td>
<td>Childcare needs Survey distributed by: FAST home visitors (a home visiting program working with families experiencing homelessness) DHS-TANF recipients</td>
<td>In the CHW Maternal Health Needs Assessment 2019: families experiencing homelessness listed &quot;no access to childcare&quot; as a major barrier in being able to obtain employment, and therefore limiting their ability to maintain stable housing. Some top preferences for care include: Safety, Childcare centers settings, and morning hours.</td>
</tr>
<tr>
<td><strong>Estimated Number of children served:</strong> South Coast Total: <strong>121 ages 0-5 in Early Head Start/Head Start and Coquille Tribe Head Start</strong> Data source: numbers provided by South Coast Head Start, 2018-19 school year. Tribal Head Start numbers provided by Coquille Indian Tribe Head Start 2019-20 school year. We were unable to get number of homeless children in other childcare settings, other than Head Start.</td>
<td>The student Homelessness rates in Port Orford (19.8%) and Reedsport (18.6%) are in the top 10 highest rates in the State of Oregon (Oregon Statewide Report card 2017-18). Student Homelessness is an important issue across the region. Other communities with high numbers of homeless children ages 0-5 not served by Head Start including Gold beach (19 children) and Bandon (17 children).</td>
<td><strong>Discussion of quantitative disparity in service:</strong> There are an estimated <strong>284 children age 0-5 experiencing homelessness</strong> not enrolled in South Coast Head Start or Coquille Indian Tribe Head Start on the South Coast. While Head Start enrollment is proportionally over-serving homeless children compared to the general population (26% of HS enrollment is experiencing homelessness, compared to the estimated 8% of the general population that is homeless/unstably housed), they are not able to serve all homeless children on the south coast. All children that are experiencing homelessness are considered eligible for Head Start services and are prioritized during enrollment, but homelessness is such a huge issue in our communities we currently do not have the resources to serve all homeless/unstably housed families.</td>
<td><strong>Estimated number of eligible children:</strong> <strong>244 children ages 0-5</strong> who experienced at least 1-day in Foster Care. <strong>Coos County:</strong> 158 Children in foster care ages 0-5 that were not enrolled in Head Start</td>
<td>Families indicated interest in</td>
</tr>
</tbody>
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**Data Source:** Estimated population (birth by zip code 2012-2017) x Student homelessness rate (% of school age population experiencing homelessness, 5-17yrs, 2017-18 school year).
## Children in Foster Care


Coos County has the 5th highest foster care rate per capita of all the counties in Oregon, at 21.3 per 1000 children under 18yrs. (2018 child welfare data book)

**Estimated number of children served:**

| 41 children ages 0-5 | Served by South Coast Head Start. Data source: numbers provided by South Coast Head Start, 2018-19 school year. We were unable to get number of children in foster care in other childcare settings other than Head Start. |

**Discussion of quantitative disparity in service:**

There are an estimated 203 children age 0-5 in foster care not enrolled in Head Start on the South Coast.
While Head Start enrollment is proportionally over-serving children in foster care compared to the general population (17% of HS enrollment is a foster child, compared to the estimated 4.8% of the general population 0-5 that was in foster care for one or more days in 2018), they are not able to serve all children in foster care on the south coast. All children in foster care are automatically eligible for Head Start and are prioritized during enrollment, however they are not able to serve all children in foster care.

Data shows that children in foster care have a lower likelihood of graduating on time and performing well in school. - "Oregon teenagers who spent time in foster care were less than half as likely as their classmates in the class of 2017 to graduate on time. Of the states that did release their rates, Oregon had by far the lowest rate. Oregon test results showed 31 percent of children in foster care during the 2017-2018 school year scored proficient in reading and writing and just 18 percent scored as proficient in math. That compared with all-student proficiency rates of 55 percent in reading and writing and 41 percent in math" (US News, March 2019)

## Children with a diagnosed disability or developmental delay

**Estimated number of eligible children:**

| South Coast Total: 232 children ages 0-5 | Data source: Early Intervention/Early Childhood Special Education numbers provided by the ESD. Current as of October 2019 |

**Estimated number of children served:**

| 77 children ages 0-5 served | by South Coast Head Start and Coquille Indian Tribe Head Start |

| Coos Bay: 46 children |
| North Bend: 30 children |
| Reedsport: 15 Children |

| Communities with largest number of children 0-5 not enrolled in HS: |

| Coos Bay: 46 children |
| North Bend: 30 children |
| Reedsport: 15 Children |

| Communities with lowest % of children with disabilities enrolled in HS: |

| Powers: 0% (no HS slots) |
| Myrtle Point: 6% |
| Gold Beach: 10% |

**Childcare needs Survey distributed by:**
Foster Parent Association, CASA of Coos

**Multiple types of care, resulting in ties for preferences and signifying the vast need for care for foster families. 55% of respondents indicated that they also had a child with a diagnosed disability or delay. Some top preferences include: safety, preschools and playgroups, and morning hours.**

**Childcare needs Survey distributed by:**
Families in EI/ECSE
Families in Kairos
Autism society/Coos Kids

**Multiple families indicated a preference for smaller programs for their children. Having trained staff is especially important for these families as their children can have special**

| Coquille Indian Tribe Head Start 2018-19 school year. We were unable to get number of children with disabilities in other childcare settings other than Head Start. |
Discussion of quantitative disparity in service:

There are an estimated 155 children with a diagnosed disability not enrolled in South Coast Head Start or Tribal Head Start on the South Coast. While Head Start enrollment is proportionally over-serving children with disabilities compared to the general population (15% of HS enrollment has a disability, compared to the estimated 5% of the general population that has a disability), they are not able to serve all children with a disability on the South Coast. While children with disabilities are prioritized in enrollment for Head Start, they do not automatically qualify for services. It is likely that some of the estimated 161 children with disabilities not enrolled in Head Start are not actually eligible for Head Start.

Head Start and other childcare providers have anecdotally told us that they are seeing a higher rate of children with disabilities or developmental delays than there were in previous years. This year Head Start has a high percentage of children with disabilities/developmental delays in their Reedsport classroom.

This number does not include children with a disability that have not yet enrolled in EI/ECSE, and so the number of children with disabilities likely larger than 161 children, because they have not yet been identified or diagnosed.

Children with disabilities consistently underperform in the Kindergarten assessment score compared to their peers. (OKA data 2017-18 school year)

**Infants and toddlers in Geographically Isolated Communities:**

While all communities on the South Coast are considered rural, Powers and Port Orford are comparably the most geographically isolated and have very limited access to services including childcare, health care, social services.

**Estimated number of eligible children:**

- **Powers:** 28 children 0-2
- **Port Orford:** 65 children 0-2
- **Myrtle Point:** 143 children 0-2

Data Source: Estimated population (birth by zip code 2015-2017)

**Estimated number of children served:**

- **Port Orford and Powers:** 0 licensed child care slots for children ages 0-2
- **Myrtle Point:** 2 licensed slots for children ages 0-2

Data source: Care Connections, our local Childcare Resource and Referral. Current as of October 2019

**Communities with the lowest percent of children 0-2 with access to licensed slots:**

- **Powers** 0%
- **Port Orford** 0%
- **Myrtle Point** 1%

These communities also have limited access to services for the 3-5 age group. The only program in Port Orford is Head Start, serving 20 children, only 29% of this age group. The only program in Powers is the preschool funded by the SCREL Hub using KPI dollars, and this will be the last year that KPI funds will be able to be used for this program. If they are unable to find alternative funding for their program, there will be no access to Early Care and Education in their community for children 0-5.

Other communities on the South Coast with limited access to licensed infant toddler care include: Coquille (6 slots), Gold Beach (8 slots), and Bandon (10 slots).

**Childcare needs Survey**

Survey distributed to:

- Families in Powers, Port Orford, and Myrtle Point through school district staff, and the local libraries.

A large number of parents also indicated interest in play groups/group socializations. 30% of respondents in this category had been homeless in the last year, indicating a larger need in these communities.

Some top preferences include: safety, preschool needs and considerations, and sometimes have challenging behaviors, untrained staff can result in health and safety issues.
Discussion of quantitative disparity in service:
All communities on the South Coast have extremely limited access to infant and toddler childcare. There are only 169 licensed slots for 0-2 year olds in our entire region, serving an estimated 7% of this age group. That leaves an estimated 2,344 infants and toddlers without access to licensed childcare across our region.

While every community on the South Coast has a severe lack of access to infant and toddler care, Powers and Port Orford have NO licensed childcare slots for this age group, and Myrtle Point has 2. This leaves an estimated 234 children ages 0-2 in these isolated communities without any access to care. These communities also have high rates of poverty (Powers 40%, Port Orford 45%, Myrtle Point 21.3%; children age 5-17 poverty rates 2017, Census SAIPE tool), homelessness (see details in children experiencing homelessness category), limited transportation options, and a general lack of access to resources. Powers and Port Orford have some of the highest unmet health care needs in the State of Oregon (OHSU, Oregon Areas of Unmet Health Care need report, August 2018). Families with young children then have no option but to stay home with their children and out of the workforce or leave their children in unregulated/unlicensed childcare settings.

Estimated number of eligible children:
South Coast estimated total: 263 children ages 0-5
Data Source: Estimated population (birth by zip code 2012-2017) x Percent of Population 5 years and over that speaks a language other than English at home, by county (American Community Survey 2017, US Census Bureau: Coos County 5.1%, Curry County 4.9%, Reedsport: 7.1%). However, all school districts report less than 5% of the school district population are Ever English Learners (EEL) with the exception of Brookings, where 5% of students are Ever English Learners. Because most school districts report <5% EEL students, they do not report the exact number or percent because it may be identifying data. It is likely that the actual number of EEL is fewer than 5% of the population estimated by the ACS, and therefore less than the estimated 263 children.

Estimated number of children served:
Served by Head Start: 18 children ages 0-5 Data source: provided by South Coast Head Start, 2018-19 school year. We did not have access to data of children in other childcare settings other than Head Start

The largest number of children with a primary language other than English live in our more populated communities (using the estimates by county), including Coos Bay, North Bend, and Brookings.

Estimated children with a primary language other than English not served by Head Start:
Coos Bay: 78 Children 0-5
North Bend: 46 Children 0-5
Brookings: 32 Children 0-5
*these numbers are based on county estimates and may not be completely accurate. Brookings and Coos Bay have the highest % of Hispanic/Latino children in our communities, and so it is likely that these communities have a higher rate of Spanish speakers, but we are unable to confirm this hypothesis because of the lack of data. Kalmiopsis, the elementary school in Brookings reports 5% of their students are Ever English Learners, and Coos Bay school district reports less than 5%.
Discussion of quantitative disparity in service:

If 263 children ages 0-5 speak a primary language other than English, and 18 are in Head Start, that leaves an estimated 245 children ages 0-5 with a primary language other than English that are not enrolled in Head Start on the South Coast. While Head Start Enrollment is proportionally over-serving children with a primary language other than English compared to the general population (6.8% of HS enrollment has a primary language other than English, compared to the estimated 5% of the general population that speaks a primary language other than English), they are not able to serve all children in this group. While children that have a primary language other than English are prioritized in enrollment for Head Start, they do not automatically qualify for services. It is likely that some of the estimated 245 children not enrolled in Head Start are not eligible for Head Start.

In our region the families that speak a primary language other than English primarily speak Spanish. In Coos County the 94% of children that speak a language other than English, speak Spanish. In Coos County its 73%, and 16% speak other Indo-European languages. (ACS 2017, PDG workbook 1)

School performance data is limited because many of the school districts in our region do not have enough students to report EEL school performance data. The data that is available from the larger school districts in our region, does show students who are EEL have lower assessment scores than their white peers. (Oregon At-A-Glance District report cards 2017-18) South coast averages for the kindergarten Assessment show students with limited English proficiency performed at a lower rate than their peers (OKA 2017-18)

Estimated number of eligible children:

South Coast Total: estimated 824 children of color age 0-5.
The largest ethnic minority group are Hispanic/Latino children (estimated 623 children) and American Indians/Native American children (estimated 155 children) making up 94% of the 824 children of color.

Data Source: Elementary School Demographics percentages for each community (ODE, 2017-18 school year) x estimated population (birth by zip code 2012-2017)

Estimated number of children served:

South Coast total: estimated 129 served in South Coast Head Start/Coquille Indian Tribe Head Start.

Data source: SCHS numbers from June 2018, reported in South Coast Head Start Needs Assessment update January 2019. Coquille Indian Tribe Head Start numbers from 2019-20 school year (11 children who are Coquille Tribal and 2 from other native homes). We were unable to get numbers served by other childcare programs other than Head Start.

Communities with the largest number of children of color not served in Head Start:

- **Coos Bay**: 237 children 0-5
- **North Bend**: 141 children 0-5
- **Brookings**: 126 children 0-5

These communities have higher concentrations of children of color compared to the other communities in the region. An estimated 73% of the children of color in the region, and only 67% of the total population on the South Coast.

Other smaller communities with percentages of children of color are Coquille (estimated 59 children of color, and 7% of the total 824 population) and Bandon (51 children of color, and an estimated 6% of the total 824 population)

Childcare needs:

Survey distributed to:
- Families in Coquille Tribe Head Start
- Tolowa Dee' Ni Tribe
- Confederated Tribes
- Hispanic Leadership Coalition

A large number of parents also indicated interest for in home childcare, both in a provider’s home and in the family’s home. 20% of respondents had been homeless in the last year and 24% indicated that they had a child with a diagnosed
Discussion of quantitative disparity in service:

With an estimated 824 children ages 0-5 on the South Coast that identify as a minority ethnic group, and 129 estimated being served by South Coast Head Start and Coquille Indian Tribe Head Start, that leaves 695 children of color not enrolled in Head Start. The majority of these children are Hispanic/Latino and Native American. We were unable to get additional data from other child care providers on their enrollment of children of color.

Head Start enrolls children of color at a higher percentage compared to the general population, in every racial/ethnic group including Asian, Black, Hispanic/Latino, Native American, with the exception of Native Hawaiian/Pacific Islanders, which are less than 1% of the population on the South Coast. While children of color are prioritized in enrollment for Head Start, they do not automatically qualify for services, and so some of the 695 children of color not enrolled may not be eligible for Head Start services.

In the 2017-18 School year, Hispanic children consistently underperformed in school assessments (OKA, and Grade 3 Assessments) compared to their peers. School assessment data for the other groups is limited due to the small population sizes.

Childcare Needs Surveys were also distributed to the following groups which reached all priority populations: WIC Coos County, Babies First, Cacoon, South Coast Families First, Bay Area Hospitals MOMS program, Bright Eyes Midwifery, DHS-TANF recipients, Care Connections (CCR&R), Foodbanks, Families Resource Centers, Library Story times events.

Narrative of Family Engagement efforts: The SCREL Hub engaged in multifaceted family engagement efforts to reach out to all potential priority populations. Staff worked with home visitors across the region to deliver the survey directly to their program participants, utilizing established relationships to ensure families were comfortable and communication was culturally competent. Staff went to local story times and food banks with particular efforts in geographically isolated regions to ensure those families voices were heard. These conversations were had one on one with parents, ensuring communication was thorough and culturally competent. The Regional Stewardship Committee tasked members to reach out to their local communities, utilizing members knowledge and understanding of their communities to seek out families. The survey was put out on the SCREL Hub website, SCREL Hub Facebook page, ORCCA Facebook page, and shared to local Facebook breastfeeding support groups, childcare groups, and multiple parenting groups. With one week left to complete surveys, the SCREL Hub staff met and discussed preliminary data, focusing on populations that had not been met through engagement efforts thus far. At this point, staff again reached out to CASA and the local Hispanic Leadership Coalition in continued efforts to reach foster parents and children with a language other than English. Other community assessments and listening session data from previous family engagement efforts were also considered. See Family Needs and Preferences Grid for additional Information about Family Engagement efforts and findings.

Narrative of Provider Engagements: This year Care Connections hosted four listening sessions to identify needs to support childcare providers, and barriers to staying in business or expanding services. Listening sessions took place in Coos Bay, Myrtle Point, and Gold Beach, and included 19 providers. The top 3 themes that were identified included business management and finance, workforce and staffing, professional development and training. See Mixed Delivery Profile for details on ECE provider engagement.

Additional data sources and graphs available upon request.
## Deliverable 1: Refined Priority Populations for ECE Expansion

<table>
<thead>
<tr>
<th>Priority Populations</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Children Experiencing Homelessness:</strong></td>
<td>There are an estimated 284 children age 0-5 experiencing homelessness not enrolled in South Coast Head Start. Homelessness is a huge issue that impacts every community on the South Coast. The communities with the highest number of children that are homeless that are not enrolled in Head Start are Coos Bay, Port Orford, and Reedsport. Port Orford and Reedsport have student homelessness rates that are in the top 10 highest rates across the state of Oregon.</td>
</tr>
<tr>
<td><strong>Children in Foster Care:</strong></td>
<td>There are an estimated 203 children ages 0-5 in foster care not enrolled in Head Start on the South Coast. Coos County has the 5th highest foster care rate per capita of all the counties in Oregon.</td>
</tr>
<tr>
<td><strong>Children with a disability or developmental delay:</strong></td>
<td>There are an estimated 155 children with a diagnosed disability not enrolled in Head Start on the South Coast. The highest number of children not enrolled are located in Coos Bay, North Bend, and Reedsport. Communities with the lowest rate of access (% enrolled in Head Start) are located in the less populated communities of Powers (where there is no Head Start), Myrtle Point, and Gold Beach.</td>
</tr>
<tr>
<td><strong>Infants and Toddlers in Geographically Isolated Communities:</strong></td>
<td>While every community on the South Coast has a severe lack of access to infant and toddler care, Powers and Port Orford have NO licensed childcare slots for this age group, and Myrtle Point has 2. This leaves an estimated 234 children ages 0-2 in these isolated communities without ANY access to licensed care.</td>
</tr>
<tr>
<td><strong>Children with a Primary Language other than English:</strong></td>
<td>Using the limited county level data available, there is an estimated 245 children with a primary language other than English that are not enrolled in Head Start on the South Coast. The majority of these children speak Spanish, and many of them are located in the more populated communities of Coos Bay, North Bend, and Brookings.</td>
</tr>
<tr>
<td><strong>Children of Color:</strong></td>
<td>There is an estimated 695 children of color not enrolled in Head Start on the South Coast. 94% of these children are either Hispanic/Latino, or Native American. The majority of these children are located in the more populated communities of Coos Bay, North Bend and Brookings.</td>
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The Regional Stewardship Committee met October through December to discuss Regional Data and Family Engagement findings from the 6 potential priority populations. We found that there were significant disparities in access to care for every priority population, that data showed inequitable outcomes in education for each group, and through family engagement efforts we found that family's needs were not being met.
South Coast Regional Early Learning Hub  
Coo, Curry, Coastal Douglas  

**Deliverable II: Family Needs and Preferences Grid**

Narrative of Family Engagement efforts: The SCREL Hub engaged in multifaceted family engagement efforts to reach out to all potential priority populations. Staff worked with home visitors across the region to deliver the survey directly to their program participants, utilizing established relationships to ensure families were comfortable and communication was culturally competent. Staff went to local library story times and food banks with particular efforts in geographically isolated regions to ensure those families voices were heard. These conversations were had one on one with parents, ensuring communication was thorough and culturally competent. The Regional Stewardship Committee tasked members to reach out to their local communities, utilizing members knowledge and understanding of their communities to seek out families. The survey was highlighted on the SCREL Hub website, SCREL Hub Facebook page, ORCCA Facebook page, and shared to local Facebook breastfeeding support groups, childcare groups, and multiple parenting groups. With one week left to complete surveys, the SCREL Hub staff met and discussed preliminary data, focusing on populations that had not been met through engagement efforts thus far. At this point, staff again reached out to CASA and the local Hispanic Leadership Coalition in continued efforts to reach foster parents and children with a language other than English. We received a total of 274 survey responses. Other community assessments and listening session data from previous family engagement efforts were also considered.

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<tr>
<th>Priority Population</th>
<th>Preference #1</th>
<th>Preference #2</th>
<th>Preference #3</th>
<th>Other Considerations</th>
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</table>
| **Children Experiencing Homelessness** | Overall preferences for childcare:  
1. Safe  
2. Clean  
3. Flexible | Preference for type of care:  
1. Child Care Center  
2. In home childcare (In a provider’s home)  
3. Preschool | Preference for times of care:  
1. Morning  
2. Afternoon  
3. Flexible Hours | In the CHW Maternal Health Needs Assessment 2019: families experiencing homelessness listed "no access to childcare" as a major barrier in being able to obtain employment, and therefore limiting their ability to maintain stable housing.  
Low or no cost care is extremely important for this priority population.  
Quotes from Families on what is most important/ideal for childcare  
“Stability, CPR certified, warm comfortable atmosphere, private somewhere my kids feel safe, wanted, happy and can learn”  
"Love, knowledge of child development, clean, flexible, reliable, affordable" |
| **Children in Foster Care** | Overall preferences for childcare:  
1. Safe  
2. Flexible  
3. Play | Preference for type of care:  
1. Preschool  
2. Play groups/ group socializations  
2. Child Care Center  
2. Drop In | Preference for times of care:  
1. Morning  
2. Afternoon  
3. Flexible Hours | Families indicated interest in multiple types of care, resulting in ties for preferences and signing the vast need for care for foster families. 55% of respondents indicated that they also had a child with a diagnosed disability or delay.  
Families expressed the need for trusted staff with trauma informed skill set, and small class sizes.  
Quotes from Families: |
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<th>Preference for type of care:</th>
<th>Preference for times of care:</th>
<th>Quotes from Families:</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Children with a diagnosed disability or developmental delay             | 1. Safe  
2. Play  
3. Trained Staff                                                                                     | Play groups/ group socializations  
Child Care Center  
Drop In                                                                   | Flexible Hours  
Drop In  
Weekdays                                                                  | Staff with integrity and compassion.  
Training and an environment for kids with all special needs to thrive, small setting so kids don’t get overwhelmed. | Multiple families indicated a preference for smaller programs for their children. Having trained staff is especially important for these families as their children can have special needs and considerations, and sometimes have challenging behaviors. Untrained staff can result in health and safety issues. |
| Infants and toddlers in Geographically Isolated Communities:            | 1. Safe  
2. Clean                                                                                                            | Preschool  
Child Care Center  
In home childcare (in the parent’s home)                                        | Morning  
Afternoon  
Flexible Hours                                                                 | Trusting child care providers with a safe environment and hands on learning both inside and outside. |
|                                                                         |                                                                                                                      |                                                                                           |                                                                                                |                                                                                                       | A large number of parents also indicated interest in play groups/group socializations. 30% of respondents in this category had been homeless in the last year, indicating a larger need in these communities. |
| Children with a Primary Language other than English                     | 1. Spanish speaking staff  
2. Educated staff  
3. Program focus on health                                                                                       | Play groups/ group socializations  
Preschool  
Child Care Center  
In home childcare (in the parent’s home)                                         | Flexible Hours  
Drop In                                                                                           | Healthy environment for children to learn and play, educated professionals to help teachers and parents raise healthy little minds. |
|                                                                         |                                                                                                                      |                                                                                           |                                                                                                | Have staff that speak Spanish, be certified, affordable charge.                                      | *We were only able to collect a small number of surveys from this priority population, this is an area for growth for future engagement efforts. |

Quotes from Families:
- "Familiarity, caring, Peer interaction, learning, safety”
- "In home, good hours, low numbers, trauma informed skill set”
- "Training and an environment for kids with all special needs to thrive, small setting so kids don’t get overwhelmed”
<table>
<thead>
<tr>
<th>Children of Color:</th>
<th>Overall preferences for childcare:</th>
<th>Preference for type of care:</th>
<th>Preference for times of care:</th>
<th>A large number of parents also indicated interest for in home childcare, both in a provider’s home and in the family's home. 20% of respondents had been homeless in the last year and 24% indicated that they had a child with a diagnosed disability or delay.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Safe</td>
<td>1. Child Care Center</td>
<td>1. Morning</td>
<td>Quotes from Families:</td>
</tr>
<tr>
<td></td>
<td>2. Clean</td>
<td>2. Play groups/ group socializations</td>
<td>2. Afternoon</td>
<td>&quot;Healthy environment for children to learn and play, educated professionals to help teachers and parents raise healthy little minds”</td>
</tr>
<tr>
<td></td>
<td>3. Play</td>
<td>3. Preschool</td>
<td>3. Flexible Hours</td>
<td>&quot;Caring, loving, attentive, interactive, learning environment, positive feedback, progress reports&quot;</td>
</tr>
</tbody>
</table>
Summary of Childcare Needs Survey results: 274 surveys collected

### Times of care
- **Morning**: 18.7%
- **Afternoon**: 18.3%
- **Evening**: 9.7%
- **Weekends**: 7.9%
- **Overnight**: 1.9%
- **Other**: 0.8%

### Kinds of care
- **In home child care (in your home)**: 12.5%
- **In home child care (in a family child care provider's home)**: 14.6%
- **Child care center**: 18.6%
- **Preschool**: 16.9%
- **Home visiting**: 4.6%
- **Play groups/group socializations**: 16.4%
- **Drop in**: 10.1%
- **Respite**: 4.4%
### Mixed Delivery Profile

**How well is your region equipped to meet the demand and respond to the preferences of the families of your refined priority populations?**

**Strengths in our region:**

South Coast Head Start is an essential program serving the priority populations in our region. For every priority population they are proportionally over-serving families compared to the general populations rates (for example 26% of HS enrollment is experiencing homeless, compared to the estimated 8% of the general population that is homeless/unstably housed, full details and data sources listed on Potential Priority Populations grid). Head Start prioritizes families in most of our priority populations and provides supportive family services that meet these family's needs.

Coquille Indian Tribe Head Start, located in Coos Bay, prioritizes Native American families during enrollment and is able to provide services to their families in a culturally responsive way. The Tolowa Dee-Ni’ Nation Head Start Program (Howonquet Early Learning Program) located in Del Norte County, California, also serves native families in Southern Curry County.

We have 3 school districts in our region that provide free preschool to 4-year olds in their districts (Coquille, Myrtle Point, and Powers).

EI/ECSE provides support to all children that quality for services, this is a vital resource for children with developmental delays and disabilities. This program offers both in-home and classroom-based supports, with ECSE classrooms in 4 communities in our region.

Coos County has additional services to support the social emotional development and growth of children through parent-child interactive therapy (PCIT), and Kairos Coastline Community skills training services. These services provide one on one coaching with children and parents in a variety of venues such as schools, home, and other community settings. Additional behavioral health supports are available through the health departments throughout our region.

Care Connections, the CCR&R that serves Coos and Curry Counties, has expanded their staff in the last few months and are able to provide more support to private and in-home ECE programs. Care Connections and Education (the CCR&R serving Douglas, Klamath, and Lake Counties) has also been recruiting new staff in order to expand supports to providers in Douglas County, benefiting the ECE providers in Reedsport.

Care Connections is in the process of implementing Baby Promise which would increase supports to programs providing infant/toddler care and will increase slots for this age group for families that qualify for ERDC, in both Coos and Curry. They are also working with Care Connections and Education to include providers in Reedsport in this opportunity for expansion.

There a variety of home visiting programs that serve the priority populations throughout our region. In these programs families are connected to resources in education, health and social services, and receive information to support their children's healthy development.
Challenges in our region:

ECE providers on the South Coast are finding it challenging to simply keep their businesses open. Over the last year 10 providers have closed in Coos County, and 6 have closed in Curry County. This was a loss of 23.8% of the licensed providers between the two counties. This year Care Connections hosted four listening sessions to identify needs to support childcare providers, and barriers to staying in business or expanding services. Listening sessions took place in Coos Bay, Myrtle Point, and Gold Beach, and included 19 providers. The top 3 themes that were identified included business management and finance, workforce and staffing, and professional development and training. This reinforced what we had been anecdotally hearing; ECE Programs are struggling to find qualified staff, the turn-over rate is high, and small providers struggle with finances/business management and many programs operate at a loss until they finally close.

Every community in our region is considered a childcare desert, there are simply not enough licensed childcare slots to meet the needs of our families. There is even more limited access to high-quality SPARK rated programs. Qualified/well trained staff was identified as one of the top preferences from families in our priority populations, and only 13% of the children in our region have access to a SPARK rated program slot (678 SPARK rated program slots, for an estimated 5,072 children ages 0-5).

Our region does not currently have any programs receiving preschool promise funding. Bringing preschool promise to our region, in a mixed delivery model would greatly benefit the children and families on the South Coast.

The Relief Nursery in our region closed abruptly earlier this year, leaving many families without access to the therapeutic services and respite care needed, especially for the families in our priority populations.

Many families indicated a need for a program with flexible hours and drop-in care. This is challenging for providers to offer these types of care because providers prefer the reliable income of full-time slots.

The need for infant and toddler care is high across the region and is vital to our priority populations. Childcare providers are not able to meet this need because the business model for operating infant/toddler care is cost-prohibitive. Baby Promise has been in planning for the last year and will hopefully come to fruition within the next few months creating new infant/toddler care slots across the region (up to 44 slots). However, this will not impact our most isolated communities, because there aren’t any new programs to add slots to.

Qualified workforce will be a major challenge to overcome for ECE expansion. There will need to be more supports and professional development opportunities for existing providers, but we will also need to recruit new professionals into the ECE workforce in order to staff these expanded programs. To meet the needs of our priority populations there will need to be targeted trainings on trauma informed practices, supporting children with special needs, dual language learners, and cultural responsiveness.

Families from our priority populations indicated preferences for a variety of types of care (in-home care, center-based care, group socialization opportunities, etc.). Family choice is an important consideration in these expansion efforts; multiple types of programs with a variety of times of care will need to be expanded.
In order to meet the needs of the families in our region there will need to be expansion of existing programs, however there will also need to be new programs that open. This will require new facilities that are safe and meet licensing requirements, and funding opportunities to support start up businesses are limited.

<table>
<thead>
<tr>
<th>Where are the biggest gaps in service geographically?</th>
<th>Lowest Rate of Access to Childcare (Children 0-5): Rural/Geographically Isolated communities:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The communities with the lowest rate of access to childcare or preschool are in the more geographically isolated rural communities:</td>
</tr>
<tr>
<td></td>
<td>- <strong>Port Orford</strong> (Head Start is the only licensed program, serving 15% of 0-5 year olds).</td>
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<td></td>
<td>- <strong>Powers</strong> (the only program for 0-5 year olds is funded through the SCREL Hub using KPI dollars, and this is the final year that this funding will be available for preschool programming/staff costs. If they are unable to secure new funding they will close, and there will be 0 slots available for 0-5 year olds)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Reedsport</strong> (only an estimated 17% of children 0-5 have access to a licensed childcare slot)</td>
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**Largest gap in service is for Infants/toddlers in Geographically Isolated Communities:**
In every community on the South Coast, access to Infant/Toddler care is limited. There is an estimated 7% of children with access to licensed slots. Infant/Toddler care in Geographically Isolated Communities have the lowest rate of access, with some communities having 0 slots available for this age group:

- **Port Orford** (0% of children 0-2 have access to licensed slot)
- **Powers** (0% of children 0-2 have access to licensed slot)
- **Myrtle Point** (2 licensed slots available for 0-2 year old, impacting 1% of this age group)

**Largest number of children without access to care (Children 0-5):** The communities with the largest number of children without access to care are the more populated communities:

- **Coos Bay** (an estimated 1300+ children 0-5 without access to licensed childcare)
- **North Bend** (an estimated 600+ children 0-5 without access to licensed childcare)
- **Brookings** (an estimated 500+ children 0-5 without access to licensed childcare) We have been recently notified that a licensed center serving 80 children in Brookings is forced to relocate. If they are unable to find a new location, they will be forced to close.

Additional details and data on gaps in service by community on Potential Priority Populations Grid.

<table>
<thead>
<tr>
<th>Where are the biggest gaps in service for priority populations?</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the largest gaps in service is in our Geographically Isolated communities where there are 0 licensed slots for infants and toddlers.</td>
</tr>
</tbody>
</table>

There are limited programs that provide care in a language other than English. In our region there are only 2 licensed Spanish speaking providers, (with a licensed capacity of 10 per provider, one in Coos Bay, and one in Brookings). There are some centers that have Spanish speaking staff, but we don’t have this data. Additionally, there are limited resources for programs that are serving children with a primary language other than English.

Limited options for respite and drop-in care outside of the Child welfare system, especially after the closure of the Relief Nursery in our Region. This is important program characteristic for families experiencing homelessness, children in foster care, and children with disabilities.
Other than EI/ECSE, there are limited supports for programs with children with disabilities/developmental delays/behavioral challenges. While our CCR&Rs provides trainings every year to providers specific to supporting children with special needs, there is a need for more specialists to support these children and families.

Providing child care for children in foster care can be challenging. There are special requirements for serving this priority population, and there are limited supports for providers to ensure they are meeting these requirements. A new staff person was recently hired at DHS to be a Foster Parent Liaison, and this will hopefully work to close this gap.

 Recruiting well trained staff is a challenge that impacts every ECE program on the South Coast. This is top priority for most of our priority populations as well.

<table>
<thead>
<tr>
<th>What program characteristics are necessary to meet the demand in your target communities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top preferences from the Childcare Needs Survey we collected in November for program characteristics included safety, cleanliness, flexibility, well-trained staff, and opportunities for play. Loving and caring providers that parents trust was also a top response from families.</td>
</tr>
</tbody>
</table>

There are a variety of preferences for types of care, including In-home childcare, center-based care, preschool, and play groups. Many parents also indicated an interest in more opportunities to connect with other parents. Some parents identified that in an ideal setting they would be able to stay home with their children rather than putting them in childcare. Play groups/group socialization opportunities was also a key need identified in listening sessions the SCREL hub conducted in 2017 in Reedsport, Myrtle Point, and Brookings, as a part of the early stages of our P3 coordination project.

Every priority population group indicated a need for care with flexible hours, and many also were interested in drop in care. The majority of responses indicated a need for care on weekdays in the morning and afternoon. There were similar results in the South Coast Head Start Program Options survey (sent to enrolled and waitlisted families); the highest responses for times for care was also Monday through Friday, morning and afternoon, with a closure in the summer. However, there is also a need for part-time care, evenings, weekends, and even overnight care. Parents that work these hours have a very difficult time finding care during these times.

In order to meet the family’s needs in our region, there needs to be variety of options for care and programs with different hours of operation.

See Family Needs and Preferences grid for detailed responses from each priority population.
How would small ECE providers meeting these characteristics be supported through a network model?

Care Connections, the CCR&R for Coos and Curry, leads Focused Childcare Networks (FCCN) where a cohort of ECE providers learn together and access professional development opportunities and focus on quality improvement of their programs as they work towards achieving a SPARK rating. Some of the trainings FCCN participants receive include how to work with children with special needs and disabilities, and how to support dual language learners. These types of trainings help programs improve their practices and meet the needs and preferences of families from our priority populations.

Care Connections is also piloting a Shared Services model, where small ECE providers pool resources to share access to consultants to develop their business practices and financial tracking and planning, in order to help them build more sustainable business models. There could be some great benefits to small ECE providers in this shared service model, including sharing a substitute pool, and other resources together.

Network models can be especially important for supporting our smaller ECE providers, where they have more limited resources and professional development opportunities. As the CCR&Rs continue to grow and expand these opportunities, it could be very beneficial for growing more specialized supports that meet the needs of our priority populations, such as a Spanish speaking ECE provider cohort, or a cohort for Infant/Toddler care programs, etc.

Data sources: Childcare slots data provided by Care Connections (CCR&R for Coos and Curry), and Care Connections and Education for Reedsport numbers (CCR&R for Douglas, Klamath, and Lake Counties). Estimated population data: (birth by zip code 2012-2017). Head Start enrollment data provided by South Coast Head Start, 2018-19 school year. EI/ECSE data provided by South Coast ESD, current as of October 2019.
**Regional Opportunities Expansion**

**Baby Promise:** Public funding going to Care Connections (the CCR&R serving Coos and Curry Counties), to be subcontracted to providers with Infant/Toddler programs in mixed delivery model. Still in development, hoping to have subcontracts in place soon and children in slots in early 2020. Funding available for up to 44 children ages 0-2 eligible for ERDC.

**Bandon Community Child Care Center:** Public, private, k-12, philanthropic, partnership. They opened their center in September 2019 with the financial support of philanthropic organizations and are still working towards financial and program stability. At full capacity they will serve 20 preschool age children, 5 toddlers, and 4 infants. They are still hiring staff and not at full capacity at this time. This program is intended to fill a gap in service after multiple programs closed, it is a fee-based program that does not specifically serve our priority populations. They hope to add baby promise slots, and potentially preschool promise slots in order to provide care to low income families and be a mixed delivery model.

**Bay Area Hospital Child Care:** Private, Large employer funded child care. This project has been in planning for years, is meant to provide childcare to Bay Area Hospital employees. They have hired a program director, purchased furniture and materials, opening date is still TBD.

**South Coast Head Start:**

- **Myrtle Point:** Head Start recently expanded into the rural community of Myrtle Point and is utilizing School District space. Myrtle Point School District is able to serve all 4-year-old in their School District funded PreK, and Head Start provides care to the low income 3-year olds in the community. There are opportunities for Head Start expansion or a mixed delivery classroom and 0-3 center-based care if facility improvements are made at the old school which now houses the district offices. Head Start could apply for funding to support facility upgrades.

- **Brookings:** Head Start has a new facility opening in the Spring of 2020. In the next program year, they will have one duration classroom for 18 children that are four years old and one-part day classroom for 17 children that are three years old. There is an opportunity to open a 0-3 classroom with some baby promise slots or EHS funding. Head Start would also be interested in partnering with another program (school district) to insert early head start slots in a mixed delivery program.

- **Powers:** Head Start does not currently have programs in the community of Powers. A mixed delivery model would allow more enrollment flexibility for this small population that fluctuates year-to-year.

- **Coquille:** Head Start has had a hard time staying fully enrolled in Coquille. There is a consideration to move to a Part Time classroom for three-year olds.

- **Port Orford:** Head Start and the school district along with Ready, Set, Learn are seeking creative programming expansion with shared staff among programs. The school district is considering facilities needed to expand preschool programming. Staff across programs are meeting to plan for Preschool Promise and/or mixed delivery programing for children 0-5.
- **Reedsport**: Oregon Coast Community Action operates the Great Afternoon’s program in Reedsport serving kids age 6 weeks to 12 years old and partners with Head Start who runs a half day program. Great Afternoon’s is posed to apply for Preschool Promise.

SCHS is also reviewing community data to determine if there are communities where EHS home-based expansion is needed.

SCHS has one classroom in Coos Bay available to provide expanded center-based care for 6 children 0-3 and is exploring options with Baby Promise and/or EHS.

**Shared Services Project**: Through an OCF grant, Care Connections is subcontracting with South Coast Business Employment Corporation (SCBEC) to pilot a shared services project, where small ECE providers pool resources to share access to consultants to develop their business practices and financial tracking and planning, in order to help them build more sustainable business models.

**Projects/Programs in Early Stages of Planning and Development**:  
**Preschool Promise**: Multiple school districts and other ECE programs have expressed interest in applying for Preschool Promise dollars to expand access to childcare. They are waiting for more information from the state before they can move forward with any formal plans.

**Powers Preschool**: Powers preschool has been gifted a new building for their preschool. They need to find funding to renovate the building before they are able to move the preschool there, but this will allow them to expand their services to families in their community. However, the only program in Powers is the preschool funded by the SCREL Hub using KPI dollars, and this will be the last year that KPI funds will be used for this program. If they are unable to find additional funding for their program, there will be no access to Early Care and Education in their community for children 0-5.

**Curry General Hospital**: The hospital is interested in opening a private ECE program to meet the childcare needs of their employees. Early discussions happening with philanthropic partners for startup funding.

In many communities across the region there is growing interest in opening new ECE Programs or expanding existing programs to be mixed delivery models that include infant toddler care. We have heard many exciting ideas and grand visions for expansion that include family engagement, equitable pay for staff with supports and training to set them up to be successful, and innovative internship opportunities with high schools/community college students to grow the ECE workforce, etc. However, most of these visions are many years away from coming to fruition.