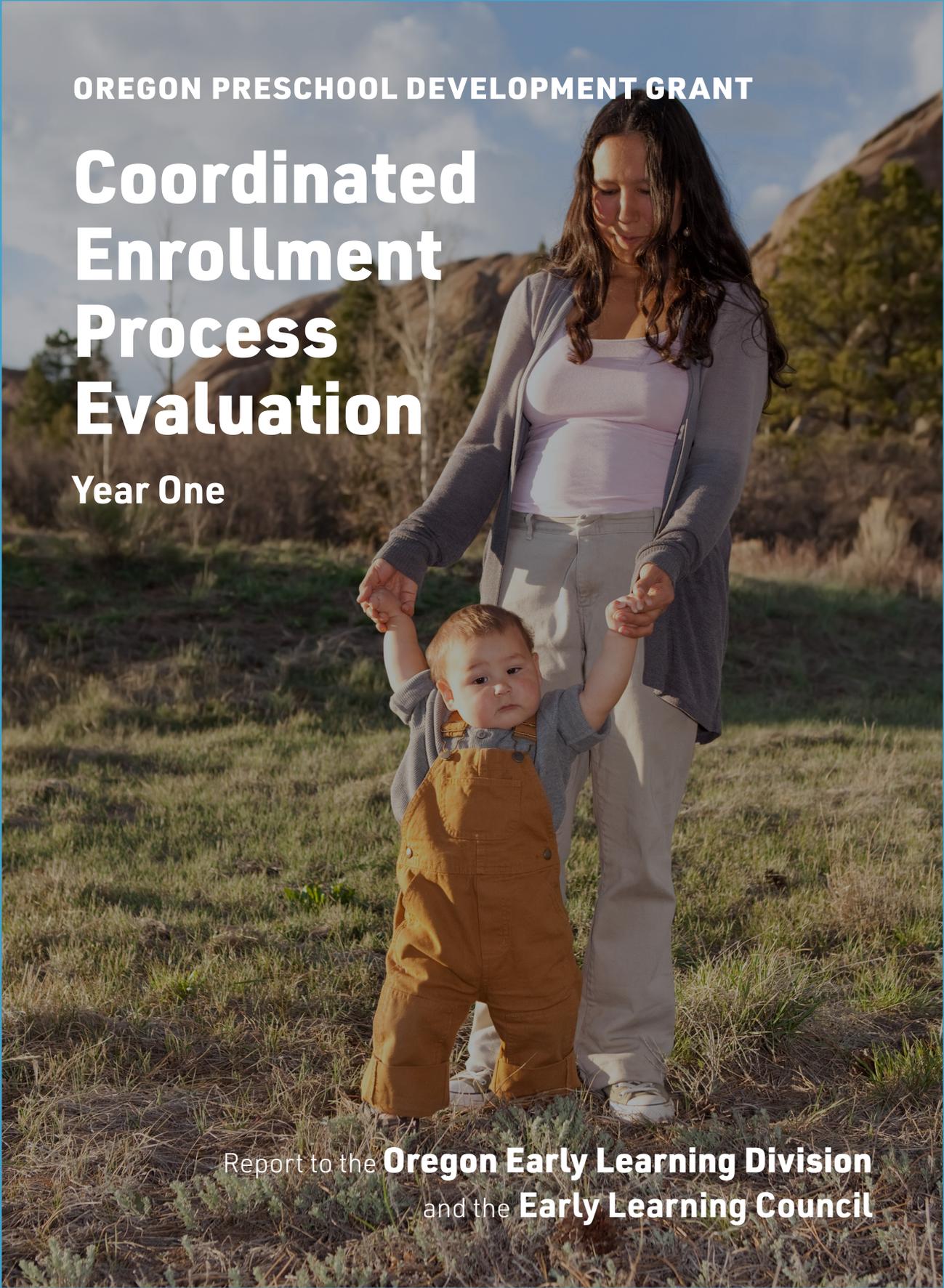


OREGON PRESCHOOL DEVELOPMENT GRANT

Coordinated Enrollment Process Evaluation

Year One

Report to the **Oregon Early Learning Division**
and the **Early Learning Council**



Acknowledgements

We are grateful for the input and advice shared with us by our partners at the Early Learning Division.

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Frequently Used Abbreviations

| | |
|------------------|--|
| CE | Coordinated Enrollment |
| CCR&R | Child Care Resource & Referral |
| EI/ECSE | Early Intervention/Early Childhood Special Education |
| ELD | Early Learning Division |
| HS | Head Start |
| Hubs | Early Learning Hubs |
| OPK | Oregon Pre-kindergarten |
| PSP | Preschool Promise |
| PDG | Preschool Development Grant |

Introduction & Background

To gain information about the implementation of the Coordinated Enrollment (CE) system for publicly-funded early care and education programs across the State of Oregon, research partners from Portland State University (PSU) and OSLC Developments, Inc. (ODI) facilitated several evaluation activities in partnership with the Early Learning Division (ELD) and Early Learning Hubs (Hubs).

First, in Spring 2021, research partners summarized Hub responses to the Coordinated Enrollment Self-Reflection completed by Hubs across the state. Hubs were asked to reflect on progress made and challenges encountered in implementing CE, which included marketing, outreach, and recruitment; family eligibility determination; selection and placement of children in early learning programs; and partnerships.

Second, in Summer–Fall 2021, the Coordinated Enrollment Family Survey was administered by Hubs to families who had participated in at least some portion of the local CE process. The survey asked families about their satisfaction with the steps of the CE process, the placement outcome (if they received a spot), and their perceptions of the strengths and challenges of the CE system. The survey was created by the research partners at ODI and PSU in collaboration with ELD staff and Hub staff who were

directly involved in the CE process. Families were asked to complete the survey online (paper versions were also available). The survey was available in Chinese, English, Russian, Spanish, and Vietnamese and was open from June through October 2021. A total of 584 families participated. The overall response rate for the survey was 24.7%, although this varied widely by Hub.

Third, in Fall 2021, interviews were conducted with Hub staff within 13 of Oregon’s 16 Hubs. Interviews focused on understanding Hubs’ successes and challenges in implementing CE, with a focus on elevating key recommendations for improving the process for Fall 2022. Many of the participants had worked closely with families throughout CE implementation; therefore, interview participants were also asked to reflect on what they had heard from families, both in terms of what worked as well as the challenges that families had in navigating the process. Interviews were conducted between September–October 2021 with 37 Hub staff from 13 Hubs, including Hub directors, coordinated enrollment specialists, eligibility specialists, and data system specialists. Interviews were conducted via Zoom, and often involved multiple Hub representatives providing information in small group discussions with interviewers.



Key Findings

Overview of Successes

Coordinated Enrollment (CE) partnerships are continuing to grow and be strengthened. Hubs have strong existing relationships with providers or are working on strengthening relationships with providers. Having additional staff has been beneficial for Hubs, particularly Spanish-speaking staff. Many Hubs have been able to leverage existing, local partnerships to aid in CE implementation. Progress was made by Hubs who reported challenges with CE data systems in their Spring CE Self-Reflection. Hubs experienced success with building data systems, allowing for more streamlined applications and information shared about providers. Hubs creatively found ways to reach families and help families to easily apply for care.

Hubs appreciated the Preschool Promise monthly meetings, the Hub cohorts, support from Early Learning Division (ELD) staff, and the weekly open office hours. Changing enrollment documentation requirements to allow for Supplemental Nutrition Assistance Program, Oregon Health Plan, and Department of Human Services benefit letters helped families to more easily get documentation needed for Preschool Promise eligibility and allowed Hubs to process applications quicker. In addition, Hubs appreciated that the interest form, the screening form, and the application were streamlined. Hubs were thankful that ELD did not roll out the Preschool Promise request for proposals process in the spring and that they responded to concerns expressed by Hubs about adding new Preschool Promise providers without sufficient time for planning and preparation.

Families noted high levels of general satisfaction with the CE process. Respondents particularly liked the fact that the application forms were available online. They also noted that the Hub staff offered very helpful assistance with the CE process. Most of the families surveyed had been offered a spot with a Preschool Promise provider and reported high satisfaction with the programs in which their children were enrolled.

Overview of Suggested System Changes

Creating More Equitable, Accessible Systems for Families

Potential Changes in the Short Term. Hubs requested that ELD respond to questions they receive from the families faster in order to facilitate quicker access to services. Families also noted the time that it took to receive answers to their questions regarding the applications or the required documentation was challenging and that they would like more communication once the process was started. This was particularly true for families who identified as multiracial or multiethnic and families with children experiencing developmental disabilities or chronic medical needs. When asked about satisfaction with the CE process as a whole, families were most likely to be dissatisfied with the amount of time that it took for them to be informed about whether their child was eligible and the time that it took to get their questions about the CE process answered. Hubs have created one-page information sheets to address the issue of families being confused by the complicated process of applying, being determined eligible, going through the lottery, choosing a program, and then enrolling in a program. Families also echoed the need for faster access to services in the surveys, noting that the application process takes too long. Taken together, *these findings suggest that timelines for the CE process need to be examined and adjusted to better serve families.*

Other suggestions included a weighted lottery system, with families in multiple priority populations given priority over families in just one priority population. When the families' experiences of being offered a placement in a Preschool Promise classroom were examined, it was found that *respondents with children who were Latina/o/x, those whose home language was Spanish or who were multilingual, and those from frontier regions were less likely to say that they had been offered a slot.* Additionally, when families were asked why they had not enrolled their children in the offered program, although concern about COVID-19 was the most frequently cited reason, the desire for programming that was more specific to families' cultural or linguistic backgrounds or could meet their child's health or other needs were frequently mentioned:

- ▶ 62% of respondents who spoke Spanish only at home and 19% of multilingual respondents who accepted a space with a Preschool Promise provider noted that they would like to have a provider who spoke their home language.
- ▶ 25% of families with Hispanic or Latina/o/x children and 7% of families of children of multiracial or multiethnic descent wanted a provider who offered a program that was more specific to their family's cultural background.
- ▶ 29% of respondents with a child experiencing special needs wanted a provider with more training in these needs.

These findings suggest that *Latina/o/x, multiracial and/or multiethnic families, Spanish-speaking and multilingual families, and families with children experiencing disabilities or chronic medical needs may not feel that the available Preschool Promise programming options fit their children's needs.*

In addition, Hubs emphasized the importance of providers being prepared to welcome and accommodate families in their programs. Hubs were concerned that providers are not being equipped to serve priority populations and might not have sufficient support, training, knowledge, and resources to equitably serve regional priority populations. Hubs noted that the ELD's stated diversity, equity, and inclusion goals need to be operationalized so that it will be possible to measure and monitor progress towards the goals across the state in a systematic manner.

In addition, Hubs would like more input on slot distribution; some providers had more slots than could realistically be filled, while other Preschool Promise providers had waitlists. Hubs were also hesitant to place families in programs if they did not have sufficient familiarity with the programs to know if the child's linguistic, cultural, medical, and/or behavior needs could be met appropriately.

Potential Changes in the Longer Term. Hubs noted the need for more staff in order to facilitate more relationship- and trust-building with families. During interviews conducted in the fall, several Hubs shared concerns that the extensive demands placed upon families for information on their applications was disenfranchising families who most need those services. This was echoed by families who reported that the time that it took to find the application forms was a barrier. Notably, none of the responding families indicated that they did not want to provide the required documentation for eligibility. *Overall, documentation requirements and application processes, including the timely pro-*

vision of information to families, should be continually examined to eliminate barriers to accessing services.

Hubs recommended adjusting eligibility requirements to potentially include more families and to fill currently empty slots. For example, families who are slightly above income could be allowed to access services. *Families echoed this need by reporting that the most common reason for not providing documentation during the application process was that they felt that they would not be eligible due to income.* Hubs also advocated for the alignment between Baby Promise and Preschool Promise programming. The misalignment of when a child could age out of Baby Promise and be eligible for Preschool Promise is creating a gap in care for families who have come to depend on that resource.

Funding

Potential Changes in the Short Term. In the fall interviews with Hubs, they reported being expected to do CE work prior to contracts and funding being in place. *ELD needs to execute contracts in a timely manner to Hubs and to providers.* Some providers still do not have contracts in place and there was confusion among Hubs about the point in the contracting process at which children can be placed. Some providers were on the brink of closing due to not having their contracts in place. This is particularly an issue for home-based programs.

Potential Changes in the Longer Term. Some Hubs reported that the allocation of resources for Hub infrastructure across Hubs was not equitable. For example, Hubs with more linguistic diversity need additional resources to be able to effectively reach those families and should have access to translations of common marketing language. Hubs also need additional funding and resources to do the amount of work needed to implement CE successfully. This includes funding for CE staff to effectively engage partners, coordinate with providers, outreach to families, coordinate with families to move through the system, complete reporting requirements, and to provide incentives for partners' time needed to coordinate across systems. Hubs also need access to funds to make changes to their data systems to align with changing reporting requirements.

Reporting

Potential Changes in the Short Term. Hubs expressed “change fatigue” and anxiety about additional modifications to reporting as a result of continuous modifications and changes in processes. Hubs said that all reporting requirements should be set in place at the start of the year and remain unchanged. If ELD takes longer than expected to release report templates, Hubs should be also given more time to complete reports.

Potential Changes in the Longer Term. Hubs noted that it would be helpful if reporting requirements were better aligned and more consistent across programs (CE, Preschool Promise, OPK/HS, etc.).

Timelines and Expectations

Potential Changes in the Short Term. Challenges with CE timelines and expectations were mentioned in the CE Self-Reflections and again in interviews with Hubs. ELD timelines need to be established at the beginning of the year and then remain unchanged. *Families start looking for care in February/March.* When Preschool Promise was not ready for enrollment, families were forced to look for care elsewhere. Hubs also noted that the pressure to complete all CE tasks with unreasonable timelines and ever-changing reporting requirements, as well as pressure to fill slots, has made it difficult to retain CE staff.

State System Coordination

Potential Changes in the Short Term. *Hubs found it hard to create partnerships and alignment without clear state system alignment and coordination* between licensure, Child Care Resource & Referral, OPK/HS, Preschool Promise, Oregon Department of Education, and Hubs. In addition, communication between licensure, Child Care Resource & Referral, ELD, and Hubs needs to be better aligned and timelier.

Potential Changes in the Longer Term. It would be useful if family and provider information could easily be shared between these various programs and departments, and access to other state systems that could be helpful (e.g., the Department of Human Services Oregon One eligibility system).

Data Systems

Potential Changes in the Short Term. As mentioned above, changing reporting requirements requires significant funds and resources to modify data systems. Hubs requested that reporting requirements remain the same, and if they must be changed then additional resources and time is given to allow Hubs to make necessary changes.

Potential Changes in the Longer Term. Hubs said that researching, funding, and customizing their own data systems was timely and costly. Ideally a statewide data system could be created for Preschool Promise, and then Hubs would have the ability to customize Coordinated Enrollment systems to align across programs. In addition, having a statewide data system would allow for families to more easily access services if they are to move between Hub regions. However, now that Hubs have spent significant time and resources creating local Preschool Promise enrollment data systems, some Hubs now feel reluctant to switch to a statewide system. A potential middle ground could be to allow Hubs’ individual data systems to more easily feed into ELD monthly reports so that it did not take staff as much time to generate data reports. There were many reasons why a statewide data system would be beneficial in the long term, however, most likely Hubs would be resistant to this type of change at this point in time due to the amount of resources and time spent to create current data systems.

Technical Assistance Needed from the Early Learning Division

Partnerships and Accountability

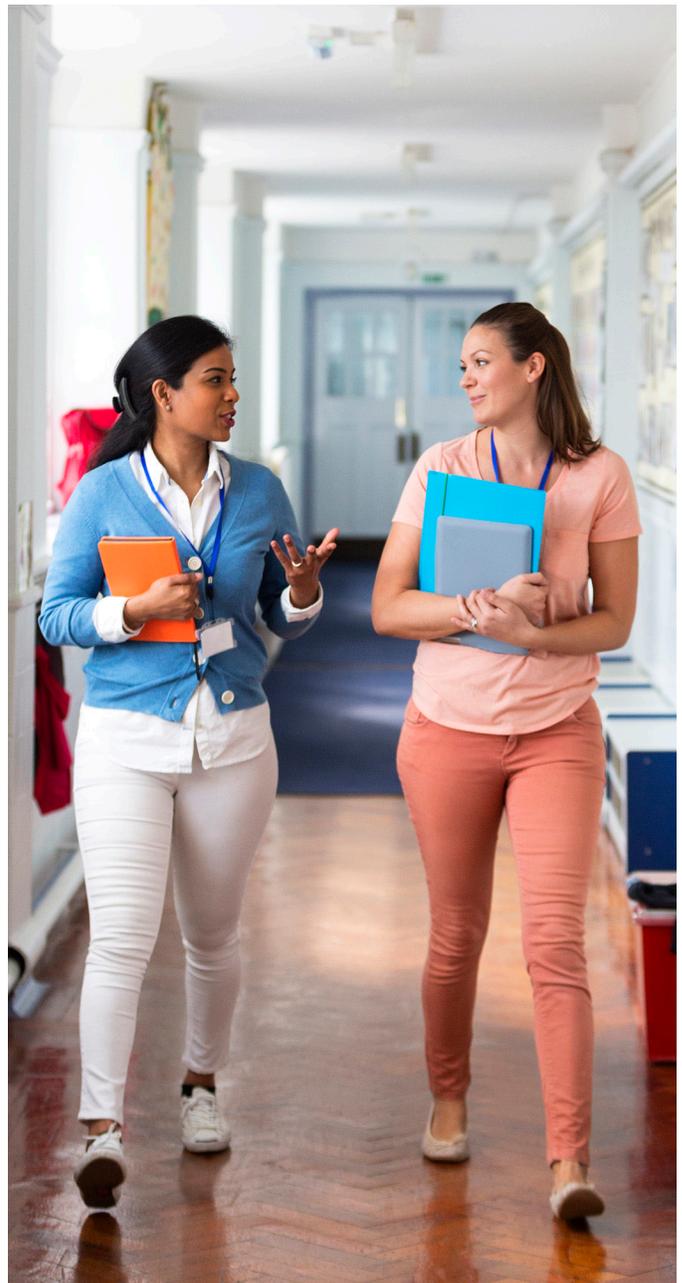
Hubs need the ability to mandate partnerships or to receive more support from ELD to communicate with partners directly about expectations for engaging in CE. Head Start programs in particular are struggling in certain regions to partner with Hubs, since Preschool Promise is seen as taking children away from Head Start and threatening funding. One idea for addressing this challenge is to have a statewide meeting where all relevant partners can hear about the CE plan so that Hubs and partners can have a clear understanding of the plan and their respective roles.

Support for Providers

There needs to be more ELD staff to support providers. Home-based providers, in particular, need more support from ELD to meet Preschool Promise requirements. Hubs reported that providers' needs for contract and programmatic support often interfered with Hub's efforts to support providers in CE and providing Preschool Promise services. ELD support for culturally and linguistically responsive and inclusive programming across more providers is also needed to fully meet the needs of families from diverse backgrounds and children experiencing special needs.

Document Sharing

Hubs found it challenging to track changing CE guidance documents and waivers. It would be helpful for questions, answers, and other sharable information (such as marketing materials and translations) to be documented in a shared location. This includes meeting notes from "Preschool Promise Enrollment Office Hours" and other information sessions with the ELD. Moreover, creating a shared language for communication and marketing that was translated into multiple languages and made available statewide would reduce burden on Hubs and ensure consistency in information given to providers and families.



Overall Summary and Recommendations

The CE system is still in its beginning stages. However, it is already viewed quite positively by its end consumers—the families. Those families who responded to a survey about their CE experiences found it easy to complete the applications and were, in general, very satisfied with the programming that their children were receiving through Preschool Promise. Although the Hubs have encountered challenges in implementing the CE process, the fact that the partnership between the ELD and the Hubs has produced a system—with which most families are extremely satisfied—is a notable success. However, ensuring that Spanish-speaking families, families from multilingual, multiracial/ethnic backgrounds, and families with children with medical or behavioral needs are able to access appropriate services needs to be examined.

In terms of recommendations for future improvements, there are several overarching issues that warrant consideration.

1. Continued examination of equity in CE processes and Preschool Promise programming, including families with the most need being able to easily access appropriately matched early learning programs in a timely manner.
2. Clear and consistent timelines, reporting requirements and guidelines, and language around the CE Process.
3. Data systems that are better aligned and allow for easier sharing of required reporting information.
4. Clarification of the roles and expectations for all CE partners and providers—and technical assistance in communicating the clarification—using data collected from providers and partners in 2022.
5. Technical assistance and funding that covers all aspects of the CE process (i.e., staffing, marketing, data systems, and Preschool Promise provider support) and is delivered in a timely fashion.



The CE system clearly has room to grow and develop as it enters the next year of programming. The data presented above can help the ELD, Hubs, and other CE partners to positively shape that development as all partners continue to work towards the ultimate goal of high-quality, equitable early learning programming for all of Oregon's families.

COORDINATED ENROLLMENT

Early Learning Hub Self-Reflection Summary

In May 2021, Hubs were asked by the Early Learning Division (ELD) to complete a self-assessment to reflect on progress made and challenges encountered in implementing Coordinated Enrollment (CE). The tool focused on four areas of CE work:

- 1. Marketing, outreach, and recruitment**
- 2. Eligibility determination**
- 3. Selection and placement**
- 4. Overall partnerships**

Within each section, CE staff were asked to indicate the developmental progress of their work using four categories: planning, implementing, unifying, and evaluating. Within each category, staff were asked to provide additional information about successes and challenges. The intent of the self-reflection was to provide information to the ELD about areas where additional technical assistance and support should be prioritized for the next year of CE work. Data were meant to provide a baseline measure of progress towards full implementation of CE for the Hubs.



This report summarizes the Coordinated Enrollment Self-Reflection Summary entries submitted by all 16 Hubs in June 2021. The following are some key findings from the open-ended responses:

Family Engagement

- ▶ Some Hubs found it difficult to engage with families meaningfully during COVID and had questions about how much decision-making power families were allowed in the process. Many Hubs plan on engaging with families more meaningfully moving forward.

Timelines

- ▶ The timing of the CE work rollout was a significant barrier for most, if not all, Hubs. In addition to the complicated layer of COVID, this created stress among Hub staff, families, and partners, which impacted each piece of the CE work.
- ▶ In addition, without the ability for Preschool Promise to recruit/enroll at the same time as other public programs, coordinated enrollment cannot happen. Materials for recruitment and enrollment need to be in place in time to coordinate with other public programs in order for it to be truly family centered and allow for maximum family choice.
- ▶ Most Hubs found it difficult to create new marketing and outreach strategies in the face of COVID while also adhering to ELD timelines.

ELD Practices and Policies

- ▶ Community partners continue to express that the biggest challenge was a lack of clarity around expectations for Preschool Promise and the coordinated enrollment rollout.
- ▶ There was confusion around the division of responsibility; specifically, what was ELD CE work and what was meant to be in the hands of the Hubs? There was also confusion around some of the requirements or goals of the CE work that some Hubs were understanding for the first time, only after completing this assessment.

Partnerships

- ▶ Hubs in which there were existing partnerships seemed to fare better than Hubs that were attempting to build new relationships during COVID, including unclear communication or understanding of requirements and late timing of rollout.

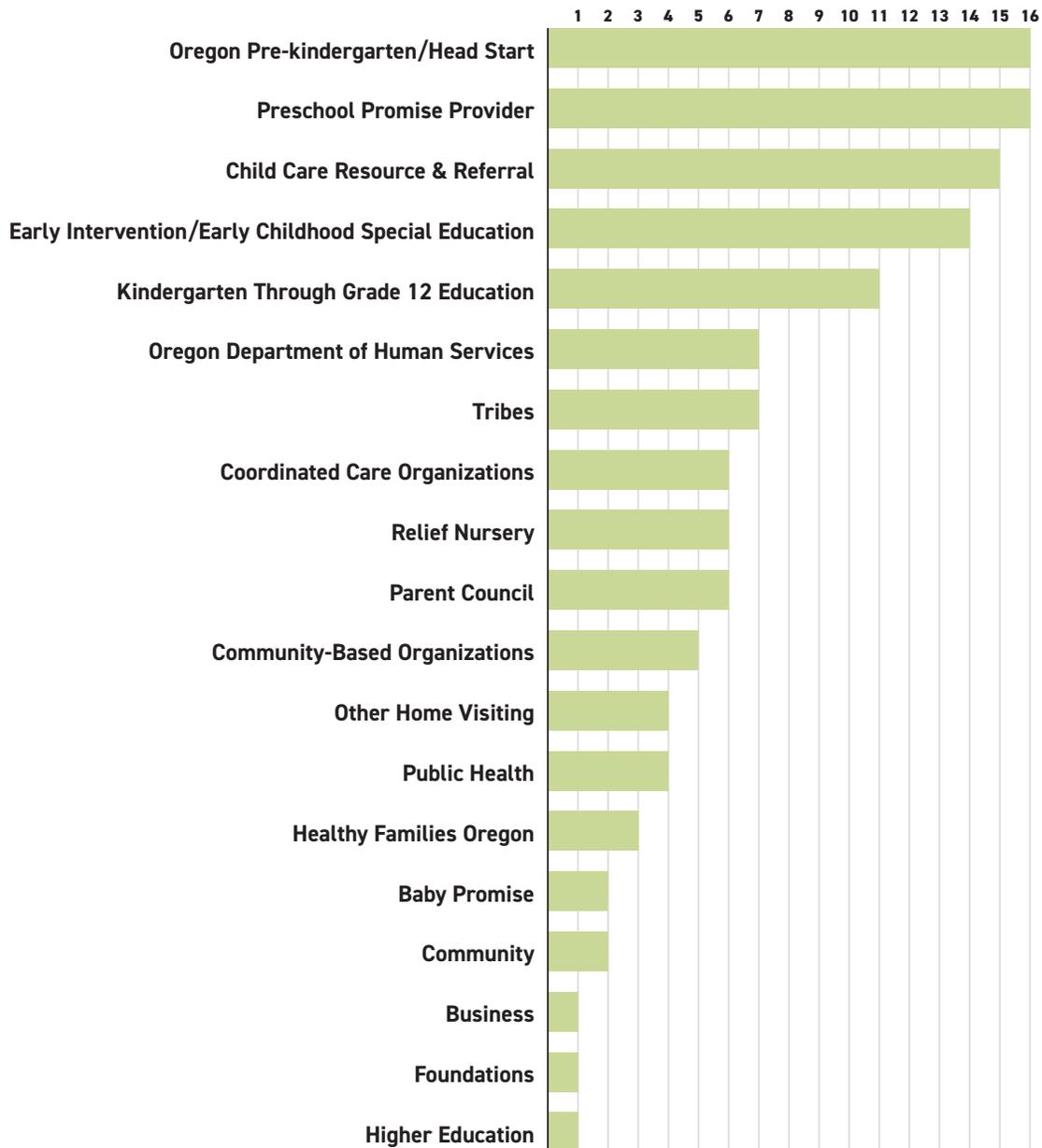
Data Systems

- ▶ Many noted that the lack of a coordinated, efficient (not Google) data system that met the needs of all partners meant that enrollment could be aligned but not truly coordinated. In addition, they indicated that without system alignment around program requirements, it would be difficult to create such a data system.
- ▶ One Hub had a data system in place that was aligned across OPK and Preschool Promise. Given that alignment of data across programs was one of the biggest challenges for Hubs, lessons from this Hub could be shared with others.

Defining Program Partners

Figure 1. Coordinated Enrollment Program Partners

Number of Hubs (n=16) who partnered with the following entities for Coordinated Enrollment.



Accessible Data

1 Marketing, Outreach & Recruitment

Table 1. Indicators of Progress: Marketing, Outreach & Recruitment Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|--|----------------|---------------|---------------|--------------|
| 1. Created informational materials with the goal of increasing public awareness of publicly-funded early care and education options. | 100% (n=16) | 88% (n=14) | 44% (n=7) | 38% (n=6) |
| 2. Disseminated informational materials strategically throughout the community by leveraging strong community partnerships to increase families' exposure to materials. | 81% (n=13) | 75% (n=12) | 63% (n=10) | 38% (n=6) |
| 3. Increased family awareness about unique site characteristics by creating meaningful materials, locating them strategically, and training program partners to ensure consistent communication. | 94% (n=15) | 38% (n=6) | 31% (n=5) | 19% (n=3) |
| 4. Analyzed data to develop a plan for effectively engaging families in priority populations in the marketing and outreach campaign. | 75% (n=12) | 69% (n=11) | 38% (n=6) | 31% (n=5) |

Opportunities and Challenges for Marketing, Outreach, and Recruitment

What challenges or barriers have been identified through these experiences?

Overall, the biggest challenges appear to have been COVID-19 and timelines. One half of the Hubs stated that they struggled with outreach and marketing as a result of the pandemic, and a few stated that they did not have the time or staffing to develop and implement creative solutions. One half of the Hubs felt that short timelines were a barrier to successful outreach and felt that they received information, specifically around funding allocations and which programs would be available, too late.



COVID-19 related barriers (n=8)

- ▶ The pandemic made recruitment difficult and required that Hubs market in ways that they were not used to. Hubs struggled to disseminate materials and could not utilize community-engagement events as they had previously.
- ▶ Hubs tried to be innovative, however, they struggled to find successful strategies. One Hub stated that they held virtual open houses over Zoom, but had very low engagement.
- ▶ Another Hub noted that health concerns from families regarding COVID-19 (e.g., visiting sites, multi-generational households, hesitation around vaccinations) was another challenge.

Timelines (n=8)

- ▶ Hubs felt that the timing of announcements around what would be available in the coming year (and therefore what to promote to families) was a barrier. They struggled to collect information from programs because decisions about what funding would be available were still in process (e.g., if they were to open a new preschool, expand offerings).
- ▶ Hubs wished they would have had more time to be reflective and deliberate as a community and incorporate the voices of parents.
- ▶ Hubs were concerned about having to develop marketing and outreach materials on top of their other expected tasks.

One Hub stated, "Community partners feel that the timeline was too short and Hubs staffing too stretched to pull this off as smoothly as we could have with a more realistic timeframe and additional staffing."

Another Hub noted, "The rush of compressed timeline rollout meant that staff focus was almost entirely on enrollment, and outreach to communities was limited."

Program concerns (n=4)

- ▶ Having to promote multiple programs with different enrollment processes was confusing for families.
- ▶ One Hub said that unequal focus on Preschool Promise led to under-enrollment for Head Start (in addition to COVID-related enrollment issues).
- ▶ Trust between programs was noted as a concern.

One Hub stated, "Hub role and CE procedures were counterproductive in building a system in our region and put more barriers for K-12 site families due to the duplicate information [that] K-12 and Preschool Promise ask."

Another Hub stated, "Unclear expectations and communication on Preschool Promise and coordinated enrollment from the ELD has also made service design and delivery difficult."

Lastly, another Hub stated that "Head Start/Oregon Pre-kindergarten operate within their silos and the relationship is one-directional and lop-sided, not partnership. 2-1-1 was limited with what they can offer for our region and had to repeatedly press ELD CE to facilitate statewide efforts to bring them onboard."

Location (n=2)

- ▶ One Hub stated that not having a point of contact for enrollment in the West Valley created an unnecessary roadblock/disconnect with families.
- ▶ One Hub stated that a lack of Preschool Promise sites in parent-requested areas was a challenge—specifically Roseburg, Malin, and Keno.

Additional (n=9)

- ▶ Three Hubs mentioned limited staffing as a barrier to successful marketing and recruitment.
- ▶ Two Hubs expressed concern around not having a true evaluation process; thus, they do not have the community input they feel is necessary. However, they do not feel they have the capacity to implement one.
- ▶ Two Hubs struggled with translating materials; one specifically could not find an available translator in the moment, but was eventually able to do so.
- ▶ One Hub discussed not having enrolled any families experiencing homelessness, despite having a large homeless population in the region. This discrepancy was attributed to lack of transportation.
- ▶ One Hub discussed what has gone well—which included monthly meetings with the ELD Coordinated Enrollment Manager, using Basecamp for marketing, outreach, and recruitment, as well as their partnerships with other preschool programs.

How will these responses be shared with partners and inform decisions for the next year?

Workgroup and partner meetings (n=11)

- ▶ Most Hubs stated that they plan to share these responses with partners in their regularly scheduled meetings using the “benchmarks” or “performance standards” on the self-assessment to direct the conversations.
- ▶ One Hub stated that they plan to disseminate this information by giving presentations at partnership meetings (Hub Council, Head Start Directors Meetings, Preschool Promise Provider meetings, regional stakeholder meetings), with allowance for discussion and input afterwards. This was echoed by two other Hubs and also in relation to providers.
- ▶ One Hub discussed the success they have had utilizing meetings to disseminate similar information. They stated:

“We just had a meeting with all providers of early childhood services in Grant County. It was a great meeting and increased the communication between the providers. There were some misconceptions that were dispelled by getting everyone in the room together.”

New marketing strategies (n=7)

- ▶ Hubs plan to implement new marketing techniques based on the standards discussed in the self-assessment.
- ▶ Three Hubs plan to redesign current marketing tools, including updating websites and FAQ pages to be more in depth, re-designing the eligibility application platform, and re-working Open House Zoom days.
- ▶ One Hub has hired marketing consultants to better meet marketing, outreach, and recruitment goals. Two more Hubs will be allocating staff time to evaluate their current outreach and communication.
- ▶ Hubs will translate marketing materials and explanations of the enrollment process into additional languages.
- ▶ One Hub plans to distribute videos of each Preschool Promise site to show each site’s unique characteristics. This will be in addition to the Hub-generated one pager that also outlines unique characteristics of each site.

Designating or utilizing committees (n=5)

- ▶ Hubs plan to utilize already established committees (e.g., Stewardship Committees, Steering Committee, Parent Advisory Council, Equity Advisory Council), or designate new ones, to uphold the performance standards outlined in the self-assessment. These committees include partners, governing councils, parents, providers, and other community stakeholders.
- ▶ Hubs stated that committee time will be allocated to discuss where adjustments and improvements need to be made and for developing more effective plans for 2021-2022.

Including more voices (n=4)

- ▶ Hubs stated that they plan to incorporate more voices and outside input. This included Head Start and Preschool Promise parents, collaborating with other publicly-funded early learning services, and partners.
- ▶ Additional input will be used to identify potential system improvements, assist in marketing, outreach, and recruitment, and to further develop goals and plans.

ELD partnership (n=2)

One Hub stated, “We have identified an area where clarification is needed from the ELD regarding requesting information about expectations for step-by-step instructions for unique site characteristics.”

Another Hub stated, “It would be great to collaborate with the ELD and other partners, collectively, in identifying verbiage to communicate the opportunities for young children to enter into Relief Nurseries and EI/ECSE.”

2 Eligibility Determination

Table 2. Indicators of Progress: Eligibility Determination Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|---|---------------|---------------|--------------|--------------|
| 1. Implemented a unified, systematic, and consistent process to determine eligibility by verifying income for families applying for publicly-funded programs. | 75% (n=12) | 69% (n=11) | 25% (n=4) | 38% (n=6) |
| 2. Provided comprehensive training for all program partners and relevant staff on the income verification and eligibility determination process. | 69% (n=11) | 56% (n=9) | 25% (n=4) | 31% (n=5) |
| 3. Implemented a data management system to monitor and revise the eligibility determination process to ensure accurate placement decisions. | 88% (n=14) | 63% (n=10) | 25% (n=4) | 50% (n=8) |

Opportunities and Challenges for Eligibility Determination

What challenges or barriers have been identified through these experiences?

Data collection/tracking system not in place or ineffective (n=7)

- ▶ Four Hubs expressed concerns around having to quickly develop their own data systems because they needed to begin enrollment. These Hubs stated that they are working to improve these systems over the coming year. One Hub explained:

“Our application portal and data-tracking system were expensive and cost valuable time to build. Efficiency could have been improved if the state had provided a platform for all sites to use.”

- ▶ Three Hubs discussed the inefficiency of their data systems, two of which used Google Forms/Drive/Spreadsheets. These two Hubs explain that not having a data system beyond Google was a barrier to themselves and the families they serve. One Hub explains:

“Google is not always the ideal choice for families—in order to upload documents, families needed a Google account—always worked around parent’s needs, met in person as needed often (outside) family home or a local park.”

This Hub is currently implementing a more formal data-tracking system.

- ▶ Another Hub stated that their data-tracking system, although



the application (or use the digital copy). However, despite the fact that the Hub provided training on this new system, some providers are having difficulty using it.

Communication across partners, providers, and ELD (n=6)

- ▶ Hubs expressed concern around the lack of communication across partners and providers, as well as from the ELD.
- ▶ Two Hubs explained that there are no channels for communication between providers, Hubs, and ELD regarding enrollment information. One Hub gave the following example:

"A provider thought they had approval from ELD to lower their slot count due to COVID but we never heard that officially from the ELD. Another provider assumed they had received approval from ELD to serve children who weren't age eligible but, again, we were never looped into those conversations."

- ▶ Two Hubs stated that the "chaotic" rollout of coordinated enrollment disrupted collaboration with local system partners and undermined trust. The timeline for implementation did not align with the forms, guidance, and requirements provided by ELD.

One Hub stated, "The providers were not well informed about our role and the enrollment process on the whole. There was a lot of confusion and non-compliance because this was not well communicated from the ELD to providers."

- ▶ Another Hub explained that the lack of communication led to one of their Preschool Promise sites having seven children that were eligible for Head Start because there was no process in place for notifying Head Start and allowing them to do outreach before finalizing applications. This Hub also stated:

"Largely because of Preschool Promise, Head Start is pulling out of one of our communities with the highest percentage of Latino children—one of our priority populations."

No unified eligibility process (n=12)

- ▶ Most Hubs were concerned about the absence of a unified eligibility process, stating that such a lack creates barriers for families and the Hubs themselves. Not being able to share data across partners was a significant aspect of this.
- ▶ Three Hubs stated that having parents/families go through multiple eligibility determinations was a barrier and characterized the current system as being confusing and intimidating to families. One Hub explained:

"Income eligibility is a confusing thing for many families applying with school districts. Since school districts are opening their own pre-k classrooms with Title I and Title X funds, and they don't require income verification, a lot of over-income families are applying for Preschool Promise and they are declared ineligible. ELWC staff has to address this issue with families."

- ▶ One Hub stated that enrollment processes, eligibility determinations/requirements, and enrollment timelines did not align between publicly-funded programs in 2020-2021.
- ▶ Four Hubs explained that there were barriers in regards to cross-training partners to provide eligibility determinations. One Hub stated that this was because their partners have established eligibility protocols and data management systems and that adjusting those protocols would be a large and intimidating feat. This was in spite of the Hub's attempts to collaborate and meet with partners to establish the long-term goal of coordinated enrollment. Another Hub explained that potential partner programs are not interested in having other agencies complete their eligibility documentation.
- ▶ One Hub stated that they needed to continually update the eligibility instructions outlined in the manual. Special circumstances including different family, custody, and income scenarios required special consideration. They also stated that not having all instructions in one place (e.g., enrollment manual, training notes and slide decks, periodic FAQs, provider grant manual) was a barrier.
- ▶ Three Hubs explained that their processes are currently functioning well. One explained that eligibility is determined by the school districts, one stated that they determine eligibility for all of their regional partners, and one stated that they have worked closely with their partners to develop a coordinated process based on ELD CE guidance for Preschool Promise eligibility.

Income documentation (n=4)

- ▶ Three Hubs stated that it was difficult for families to access or provide income documentation. Families struggled with the technological aspect of collecting documentation, in addition to the barriers created by COVID.
- ▶ One Hub explains that in order to resolve this issue, they have implemented multiple ways for parents/families to submit paperwork. This includes online-portal, mail-in, or drop-off options.

Staffing issues (n=3)

- ▶ One Hub stated that not having enough staff was a huge barrier and that they were unable to hire anyone due to the uncertainty of contracts and funding amounts.
- ▶ Another Hub explained that they lost their entire team in June of 2020 when Preschool Promise monitoring transitioned away from the Hubs to ELD. They were eventually able to hire a new coordinated enrollment specialist, but she had to “learn by doing”, which prevented them from providing the level of service to families that they would have preferred.
- ▶ One Hub stated that families needed support during “outside of work” hours, which led to Hub staff working long shifts and/or weekends.

COVID-19 barriers (n=4)

- ▶ Four Hubs discussed the barriers that COVID created, including preventing face-to-face interactions with families and trainings for partners. The inability to engage with families face-to-face and offer the typical supports made the eligibility process far more difficult.
- ▶ Additionally, one Hub discussed parents’ reluctance to send children to preschool during a pandemic.

How will these responses be shared with partners and inform decisions for the next year?

Include more voices/share information (n=3)

- ▶ Three Hubs discussed their plans to solicit and incorporate the feedback of partners, families, and parent advisory committees.
- ▶ One Hub stated that they will continue to utilize their Equity Lens to evaluate equitable access and the effectiveness of the coordinated enrollment process.
- ▶ One Hub stated that they have a shared document with their CE partners that outlines program eligibility and processes. They will continue to update this.

Meetings/committees (n=8)

- ▶ One half of the Hubs outlined plans to start or continue discussing concerns around eligibility determination in meetings, such as those with partners, and within committees—including enrollment committees, governance councils, advisory committees/boards, CE workgroups, and the Regional Stewardship Committee.
- ▶ Three Hubs stated that they plan to use these meetings to discuss what is working and what needs to be improved.

Develop new resources/tools (n=2)

- ▶ Two Hubs discussed their plans to improve or develop their enrollment tools. One Hub is rolling out a website that includes partner links and a community calendar, while another is tweaking their online portal.
- ▶ Two Hubs stated that they plan to conduct trainings for recruitment and enrollment staff, which will include clear procedures and timelines.
- ▶ One Hub stated that they are working on a referral system to support all publicly-funded programs.

3 Selection and Placement

Table 3. Indicators of Progress: Selection and Placement Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|---|---------------|---------------|--------------|--------------|
| 1. Provided comprehensive training on the application, selection, and enrollment process for staff and program partners. | 94% (n=15) | 63% (n=10) | 31% (n=5) | 19% (n=3) |
| 2. Implemented a data system to manage and monitor applications, placement, and applicant pool decisions for families and program partners. | 81% (n=13) | 69% (n=11) | 19% (n=3) | 38% (n=6) |
| 3. Established a community-wide system for notifying families of program placement. | 50% (n=8) | 38% (n=6) | 19% (n=3) | 19% (n=3) |

Opportunities and Challenges for Selection and Placement

What challenges or barriers have been identified through these experiences?

Overall, the biggest challenges in this section seemed to be related to the lottery system, timelines, the late release of contracts, and the data systems. Although challenges about the lottery system were only mentioned by a few Hubs, this is being elevated as it was described as not aligning with goals of equity and inclusion. Timelines and the late release of contracts was a challenge mentioned by a majority of the Hubs. A little less than one half of Hubs said that aligning data systems across different program requirements has been and will continue to be a challenge unless program requirements and timelines are more aligned.



Lottery system (n=3)

- ▶ Three Hubs said that the lottery system did not align with the goals of equity and inclusion of priority populations for selection and placement.
- ▶ Parents have expressed that they were upset about the lottery system.

Timelines and the late release of contracts (n=6)

- ▶ Preschool Promise enrollment occurred later than Head Start and other programs, and the understanding is that it will be the same next year. Other programs complete their recruitment in February/March. In order to facilitate collaboration and alignment between all programs, Preschool Promise materials would need to be shared before that time.
- ▶ Families felt as if their choices were time limited and random due to the late enrollment. This caused considerable stress for families because waiting to be enrolled in Preschool Promise meant that they could lose the opportunity to enroll in another program. Families requested that the state align and coordinate the timelines for all publicly-funded preschools, which would increase their opportunity for family choice.
- ▶ It was very challenging for Hubs to build out a system in less than 3 months.
- ▶ The state rollout was taxing for Hub staff, Preschool Promise sites, other ECE partners, and parents.

Data systems (n=6)

- ▶ Six Hubs listed challenges related to data systems. One Hub said that unless there is a shared database required across programs, there will not be a unified system. At best, it will be only aligned and informed. Another Hub said that coordinated selection and placement cannot happen without a shared data system, which is in progress.
- ▶ Two Hubs said that the Google tracking form is not ideal. One Hub found that remote providers do not use Google so they were required to come up with workarounds like using hard copies and exchanging information over phone calls.
- ▶ Two Hubs said that the changed state rules and expectations made it challenging to build a data system. In addition, because they had to meet immediate

requirements, they were not able to build the data system collaboratively to meet mutual needs identified through community input.

- ▶ One Hub described their current data system as inefficient and time consuming.
- ▶ Overall, it was challenging to think of processing a data system that can be aligned across different program needs and requirements, in the midst of rolling out the process.

Managing different partner systems (n=8)

- ▶ Three Hubs had difficulty aligning the different systems used across programs for determining selection and placement of students. One Hub said that it would be particularly difficult to have Head Start and OPK partner agencies commit to using a new, shared notification and placement system since they already have one in place. Three Hubs mentioned that part of this challenge was mainly due to the difference between ELD requirements and other program requirements.
- ▶ Two Hubs had challenges working with school district programs, specifically around having access to the catchment zone-map guides and the districts' reluctance to help with enrollment.
- ▶ It was a new challenge for one Hub to work with the community college preschool because the timing of their enrollment does not coincide with Preschool Promise coordinated enrollment procedures.

Staffing (n=2)

- ▶ The late release of contracts and being caught between state requirements, community needs, and parent frustration about a system that was difficult and cumbersome to navigate created burnout for one Hub staff who ended up leaving as a result.
- ▶ One Hub said it was a challenge to hire staff to support coordinated enrollment.

Selection process training (n=3)

- ▶ Hubs who listed challenges related to training providers and partners about the selection process had unique issues, which may mean that being able to provide individualized support based on Hub/provider needs would be beneficial.

- ▶ Another Hub said that having only one training provided was a challenge.
- ▶ One Hub noted that since Preschool Promise providers were expected to process a lot of information last fall, more work could be done to ensure that program partners have a solid understanding of the process.

Low enrollment numbers and interest from families

(n=2)

- ▶ There was a lot of fear and uncertainty for families when it came to child care during COVID. One Hub suggested that a short video or brief handout to share with families about the health and safety guidelines would help with enrollment.
- ▶ One Hub mentioned that there were not enough in-person care options in their Hub and no transportation, which were barriers for families.
- ▶ One Hub had families who did not like the process of matching them to programs by zip code because the provider in their zip code had a bad reputation.

Provider type and quality (n=3)

- ▶ One Hub was not familiar with many of the new providers and could not confidently refer or explain how families were matched with that provider. Some providers had not served the focus population; consequently, there were no eligible families within their region. One provider required that students were potty trained, which prevented a child in crisis during COVID from getting care. ELD did not have a clear policy about this, which created more confusion.
- ▶ One Hub was challenged by the lack of slots that were not Head Start affiliated in their Hub.
- ▶ Another Hub did not have enough Spanish-speaking providers.

Forms (n=1)

- ▶ Having a screening form and an application form was confusing for families. This Hub hopes that the universal application will solve this.

Confusion about deliverables (n=1)

- ▶ One Hub would like to know if this self-reflection is a shared process between ELD coordinated enrollment and Hub coordinated enrollment.

How will these responses be shared with partners and inform decisions for the next year?

Communications and website development (n=4)

- ▶ Four Hubs are launching or improving websites and communication systems that will support work by:
 - Automating routine communications to save staff time
 - Allowing providers to access their rosters
 - Giving parents more information about providers
 - Sending instant emails in English and Spanish to both parents and providers when a placement is completed, with a plan to expand to other languages soon.
- ▶ Two Hubs said that they will continue to develop resources, streamline processes to improve communication, and make changes to the provider enrollment page by utilizing groups like their Stewardship Committee and a group of providers from Hub, Head Start, and Preschool Promise sites that meet regularly.
- ▶ One Hub said that they are looking forward to continuing conversations about the statewide coordinated enrollment with ELD partners.

Data system (n=5)

- ▶ Four Hubs are making improvements to their data system for next year, including:
 - Automating the lottery process with their new data system
 - Using the requirements from various programs to inform the creation of their data management system
 - Putting an alternative data system in place rather than using Google spreadsheets and Google drive.
- ▶ One Hub plans to use their shared vacancy Google spreadsheet, which is meant to be updated monthly, to share info on all program openings with families.
- ▶ Another Hub is hoping to share with Head Start when children are enrolled in Preschool Promise so they are removed from the Head Start waitlist.

- ▶ One Hub began to integrate the eligibility, selection, and placement process with OPK, Baby Promise, and Preschool Promise. This will be in place for the 2021-2022 school year. For this particular Hub, OPK, and Preschool Promise have a shared data system that Baby Promise will use as well. It appears these successful data coordination techniques could be shared with other Hubs who listed this as a challenge.

Workgroups and partnerships (n=9)

- ▶ Eight Hubs are planning to share information about the self-reflection and their year-end report with their workgroups. One Hub said that they will brainstorm solutions using their Equity Lens.
- ▶ One Hub said that if they know that the goal is to ultimately have a community-wide application, placement, and notification system and for partners to go through training on their processes, then they will try to work toward that goal utilizing their workgroup.
- ▶ One Hub said that they are going to continue to build deeper relationships with CCR&R staff.
- ▶ One Hub will be working closely with EI/ECSE to create a collaborative protocol, how to refer families to them, and how to connect a provider with EI/ECSE so that they can receive the same resources.
- ▶ One Hub is hoping that with receding COVID cases and the return of in-person care, many of their issues will be resolved.

4 Partnerships

Table 4. Indicators of Progress: Partnerships Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|--|----------------|---------------|--------------|--------------|
| 1. Developed strong partnerships with families, program partners, and community stakeholders to plan and implement a coordinated enrollment process. | 100% (n=16) | 75% (n=12) | 50% (n=8) | 31% (n=5) |

Opportunities and Challenges for Partnerships

What challenges or barriers have been identified through these experiences?

Family input (n=6)

- ▶ One Hub said that they need to gather family input through a feedback survey.
- ▶ One Hub had a question about how much decision-making power they can give families in planning for coordinated enrollment.
 - Similarly, one Hub said that they will be working to engage families as partners and to adjust the coordinated enrollment process for the future.
- ▶ Connecting with parents has been a challenge, especially during the pandemic. The inability to meet in person due to COVID created barriers to engaging families.
- ▶ For one Hub in a region in which more than 100 languages are spoken, not all parents were included in communications and some communities do not have the support of agencies or grassroots organizations to provide translation and support to those families.



Timelines (n=4)

- ▶ Community partners have expressed that the biggest challenge was the short timeframe. They need at least 6 months to plan and implement a new program effectively.
- ▶ A quick rollout also meant that there was not much time to get to know providers and partnerships. Partners, families, and providers were informed about the process; however, there was no Hub bandwidth to collaborate meaningfully.

ELD expectations, policies, and systems (n=3)

- ▶ The perception of the state's silos of systems (coordinated enrollment, provider support, contracts, licensing) created a view of a fractured system that was frustrating and impacted partnerships. This resulted in exhausted staff, frustrated providers, and broken trust with families.
- ▶ There were a lot of questions about the hows and whys of the coordinated enrollment process that were difficult for partners, specifically regarding the required documentation for those receiving other types of income-based public assistance.

Program requirements and needs (n=5)

- ▶ Due to unique community features between two rural communities, partnership is still undetermined at this time.
- ▶ Due to lack of full enrollment this last year, there were some territory issues among partners, which created a difficult environment for healthy partnerships.
- ▶ Balancing the needs and requirements of Head Start, school districts, and community-based programs proved to be a challenge when it came to building partnerships.
- ▶ It would benefit partnership building if ELD required all publicly-funded partners to share the same state-mandated coordinated enrollment goals.
- ▶ Partners were pulled in multiple directions from competing needs, which was a challenge when building partnerships.

COVID (n=2)

- ▶ The most significant challenge for partnerships in the 2020-2021 school year was COVID. Many partners were struggling to manage day-to-day tasks while rapidly adapting to new regulations and navigating closures due to outbreaks.
- ▶ Lack of in-person engagement impeded partnerships. It was extremely challenging to begin a new program in the midst of a pandemic.

Provider staff turnover was a challenge for building partnerships (n=1)

One Hub did not respond to this question, another Hub said that they did not have any challenges (n=2)

How will these responses be shared with partners and inform decisions for the next year?

Sharing information and holding additional/ongoing meetings (n=10)

- ▶ Five Hubs mentioned continuing meetings with workgroups like their Stewardship Committees, Parent Leadership Councils, partner meetings, Hub board, CE workgroup, and reporting progress to the Early Learning Council.
- ▶ Sharing data and summaries from the PDG Family Experience Survey with stakeholders.
- ▶ Sharing responses from the self-reflection and year-end reports with workgroups.

Soliciting feedback (n=4)

- ▶ Four Hubs said that they will utilize workgroups to solicit feedback.
- ▶ One Hub mentioned creating a new stakeholder communication plan that would integrate sharing opportunities and soliciting feedback.
- ▶ One Hub is conducting multiple Parent Focus Groups in English and Spanish, as well as a parent survey to inform program partners about family needs and to recruit for their Parent Advisory Council. Similarly, another Hub will be utilizing Head Start parent groups to have listening sessions and get feedback.

Family engagement (n=2)

- ▶ One Hub hired a new bilingual staff member to support enrollment and family engagement efforts.
- ▶ Another Hub will continue to look for new ways to collect parent feedback.

Work more collaboratively (n=2)

- ▶ Working more collaboratively with Head Start, CCR&R staff—one Hub plans on building trust through providing referrals to Head Start—by having more community outreach.

Clarifying roles and processes (n=2)

- ▶ One Hub expressed that they need ELD to change their silo-based approach to early learning systems and had a specific ask around getting support with implementing Preschool Promise at a college-based preschool.

Implementation of a data system will free up staff and allow them to focus more time on building relationships and partnerships with providers, program partners, community, and families (n=1)

One Hub reflected that this section appears to be describing a lot of deliverables that ELD provides, and they would like to know if the self-reflection is a shared process between ELD coordinated enrollment and Hub coordinated enrollment (n=1)

COORDINATED ENROLLMENT

Family Survey Results

The purpose of the Coordinated Enrollment Family Survey was to gather feedback from the families who were involved in the Preschool Promise enrollment process. The survey asked them about their satisfaction with the various steps of the process, the placement outcome (if they received a spot), and their perceptions of the strengths and challenges of the system. The survey was created by the research partners at OSLC Developments, Inc. and Portland State University in collaboration with the Early Learning Division staff and Early Learning Hub staff who were directly involved in the coordinated enrollment process. A copy of the survey is presented in Appendix A.

The survey was open from June through October 2021. Early Learning Hubs were asked to distribute a link to the survey to any families who began the application process for the Preschool Promise program during this time period. Overall, 640 people started the survey. Of these, 584 provided enough data for analysis (i.e., beyond simply entering their county of residence). For the 13 Hubs that distributed the surveys, the response rates varied widely (range = 7.2% to 75%) with an average 24.7% response rate (see Appendix B, Table 1).



Description of Respondents

As can be seen in the table of demographic characteristics (Table 5), the majority of the respondents were the parents of the child that they were enrolling and identified as female. Just over one third of respondents (36.3%) identified as White, whereas Latina/o/x or multiracial/multiethnic families made up about 20% each of the sample. (Families could select more than one ethnicity.). Twenty-five percent of families spoke more than one language at home, with the majority reporting that they spoke English (72%), 31% reporting that they spoke Spanish, and 5% reporting that they spoke another language. Almost 12% of respondents reported that their child had an Individualized Family Service Plan or was experiencing a developmental disability or chronic medical needs.

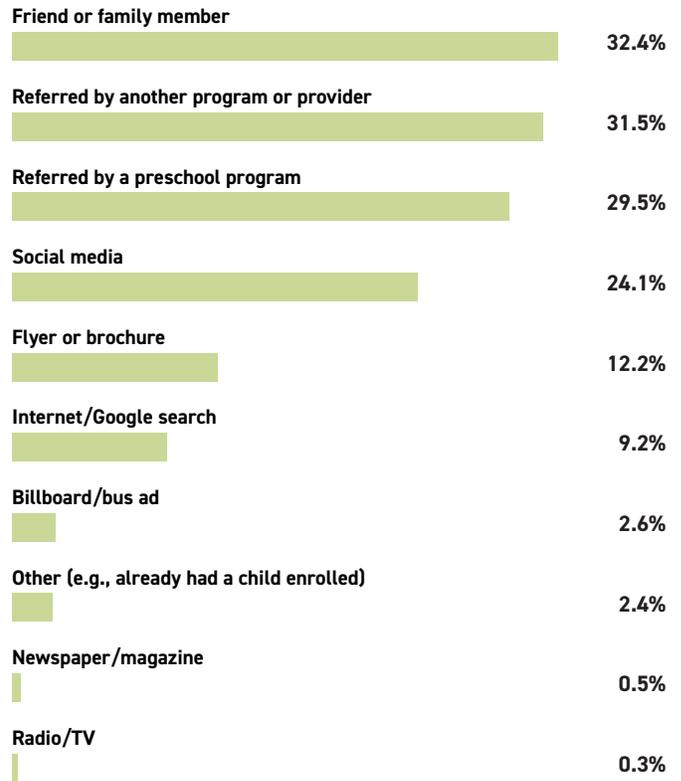
Table 5. Demographic Characteristics of Coordinated Enrollment Family Survey Respondents

| Respondent Relationship to Child | Percent |
|--|---------|
| Adoptive/bio/step parent | 80.8 |
| Grandparent | 0.9 |
| Foster parent | 3.1 |
| Other legal guardian | 0.5 |
| Did not respond | 14.7 |
| Respondent Gender | Percent |
| Female | 75.5 |
| Male | 8.4 |
| Prefer not to say/Did not respond | 16.1 |
| Languages Spoken at Home | Percent |
| Chinese | 0.2 |
| English | 71.7 |
| Russian | 0.2 |
| Spanish | 30.8 |
| Vietnamese | 0.2 |
| Other | 4.6 |
| Child Ethnicity | Percent |
| African American or Black | 0.9 |
| American Indian or Alaskan Native | 0.3 |
| Asian | 0.9 |
| Hispanic or Latina/o/x | 20.9 |
| Middle Eastern or North African | 0.3 |
| Native Hawaiian or Pacific Islander | 0.2 |
| White | 36.3 |
| Multi-racial/multi-ethnic | 19.3 |
| Did not respond | 20.9 |
| Children with Special Needs | Percent |
| Child had an IFSP or is experiencing a developmental disability or chronic medical needs | 11.6 |
| Region | Percent |
| Frontier | 3.3 |
| Rural | 50.5 |
| Urban | 46.2 |

Finding Information About the Preschool Promise Program

Respondents indicated how they had heard about the Preschool Promise program. As can be seen in Figure 2, the largest percentage of families reported learning about Preschool Promise through family or friends, followed by being referred by another program or provider (other than a preschool program/provider), and after that being referred by a preschool program. Social media was the next most mentioned method of finding out about Preschool Promise. The least mentioned methods were newspaper, television, and radio ads. It should be noted that from this data it cannot be determined whether this was because Hubs did not utilize these methods of advertising or because caregivers did not see or hear the ads that were utilized.

Figure 2. How respondents heard about the Preschool Promise program (n=584)



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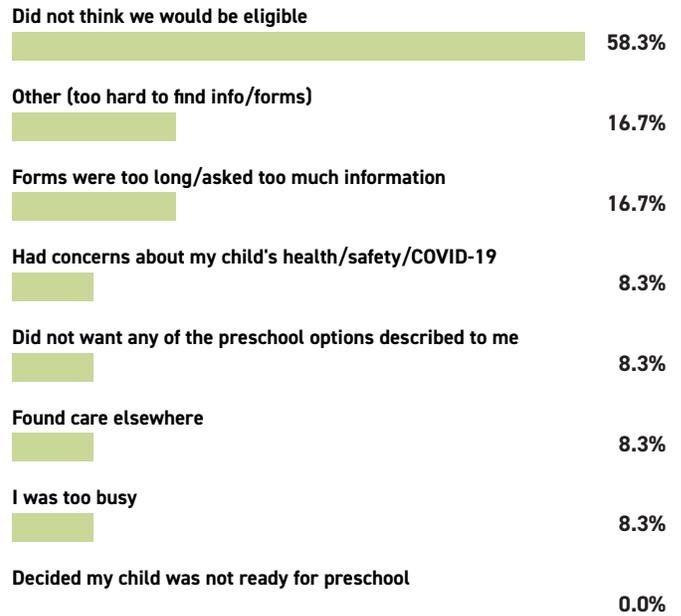
Moving Through the Coordinated Enrollment Process

Filling Out the Preschool Promise Application

Respondents were asked if they had filled out an application for Preschool Promise. Ninety-eight percent of the respondents answered that they had done so. When rates were examined by race/ethnicity, language(s) spoken in the home, region, and whether the child had an Individualized Family Service Plan or was experiencing a disability or chronic medical needs, there was very little variation in completion rates between groups (see Appendix B for tables). The one exception was that only 50% of respondents who indicated that their child was Asian completed an application, although these numbers are very small (Appendix B, Table B2).

Respondents who had not completed an application (n = 12) were asked to indicate the reasons why they had not done so. As can be seen in Figure 3, the most frequently given reason for not completing the application was that the respondent did not believe the family would be eligible. All of those families indicated that they believed that their incomes were too high to be eligible. The next most frequent reasons for not filling out an application had to do with difficulties in finding the forms or feeling that the forms were too long or required too much information. Families less commonly noted being concerned about COVID-19, not wanting to attend the program options that were available to them through Preschool Promise, choosing another care option, and being too busy to complete the application.

Figure 3. Reasons for not filling out an application (n=12)



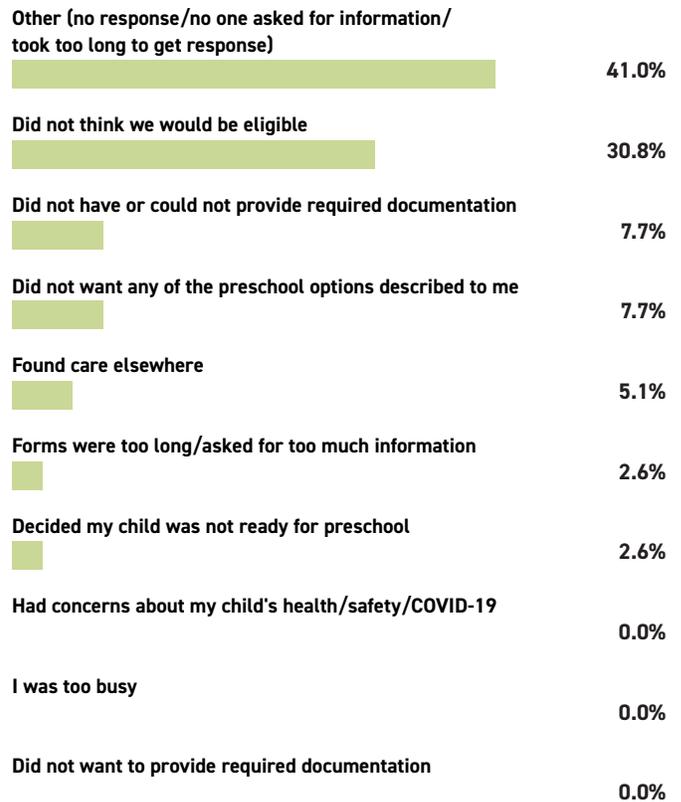
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Determining the Child's Eligibility for the Preschool Promise

When asked if they had turned in the required documents or information to determine if their child was eligible for the Preschool Promise program, 91% of the respondents indicated that they had. When subgroups were examined, there was little variation across groups with the exception that respondents in rural areas were about 12% less likely to turn in the required documentation than respondents from frontier areas (Appendix B, Table B4).

Figure 4 indicates that the most common reason for not turning in the required documents or information was that the respondents had not received a response to their questions about the program or that it took too long for them to get a response. The next most common reasons for not turning in the documentation was not believing that the family would be eligible. When asked why they did not believe that they were eligible, all of these respondents indicated that their income level was too high. Other reasons given for not turning in documentation included (in order of frequency mentioned) not having the required documents, not wanting any of the options for care that were available, finding care elsewhere, feeling that the forms were too long or asked for too much information, and deciding not to send the child to preschool. Notably, no one indicated that they did not want to provide the required documentation.

Figure 4. Reasons for not providing required documentation or information to determine program eligibility (n=39)



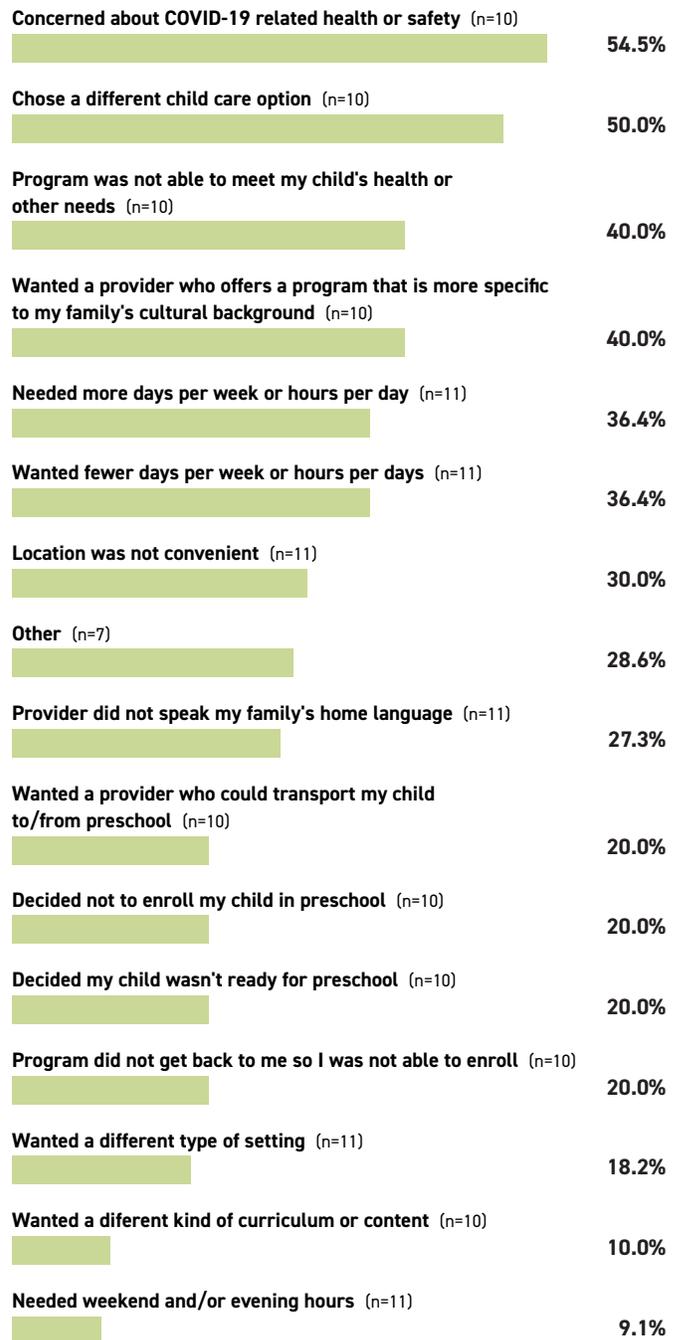
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Placement with a Preschool Promise Provider

Seventy-eight percent of the respondents indicated that they were offered a spot with at least one preschool/childcare provider or program through the coordinated enrollment process. Analyses of subgroups showed that families with children identified as Hispanic or Latina/o/x were the least likely to say they were offered a spot (87.7%; Appendix B, Table B2). Families who indicated that their home language was English were the most likely of the language subgroups to say that they had been offered a spot (91.7%; Appendix B, Table B3). Only 72.2% of respondents in frontier regions indicated that they had been offered spots, versus 91.5% and 87% in rural and urban regions, respectively, although numbers were quite small (Appendix B, Table B4).

Of the 454 respondents who were offered a spot with a Preschool Promise provider or program, 96% enrolled their child. Rates of enrollment did not vary greatly between different subgroups (see Appendix B, Tables B1-5). The respondents who did not accept the offered spot were asked why they had not taken the spot. As can be seen in Figure 5, the most frequently cited reason for not accepting the placement was concern over COVID-19 related health or safety. The next most frequently cited reason was that the respondent chose a different childcare option, followed by respondents indicating that they wanted a program that was more specific to their child's cultural background or that the program could not meet their child's health or other needs. The small numbers of respondents who did not accept a spot precluded analyses of reasons for non-acceptance by subgroups.

Figure 5. Reasons for not enrolling child in offered spot (n=17)



Accessible Data

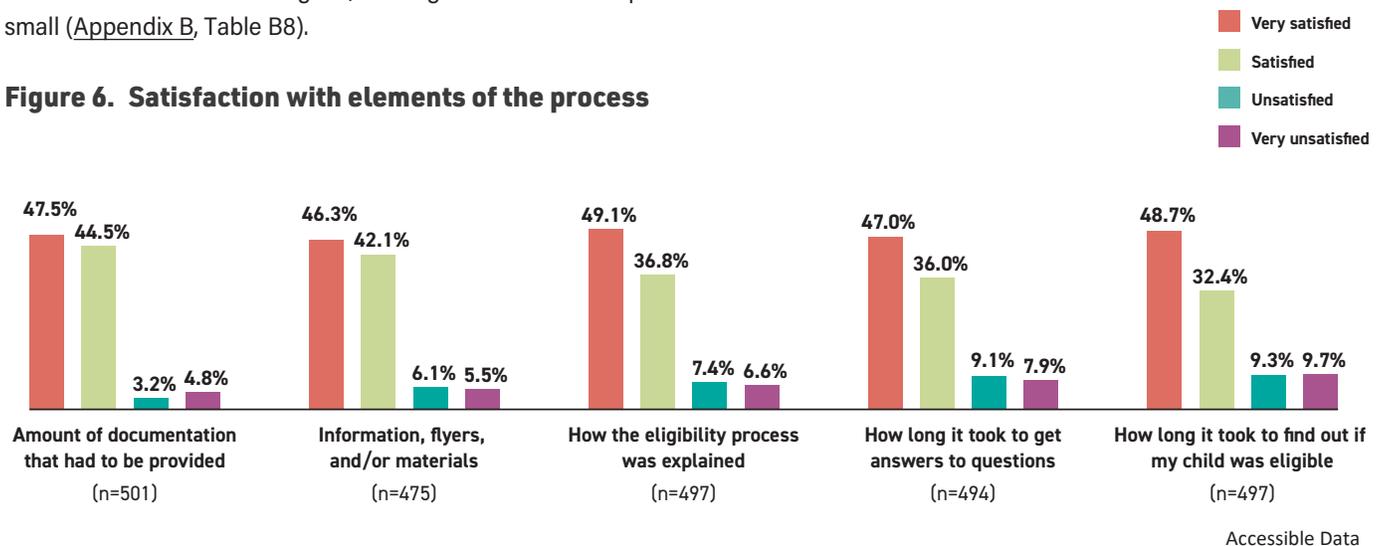
Satisfaction with the Process and Placements

Satisfaction with the Application, Eligibility, and Placement Processes

Respondents were asked to indicate their level of satisfaction with several elements of the Coordinated Enrollment Process. As shown in Figure 6, the majority of respondents were “very satisfied” or “satisfied” with all of the aspects of the process that were listed. The largest proportion of respondents were “dissatisfied” or “very dissatisfied” with how long it took to find out if their child was eligible for the program (19%), followed by 18% who were dissatisfied or very dissatisfied with the amount of time that it took to get answers to their questions, and then by the respondents who were dissatisfied with how the eligibility process was explained (14%).

When analyses of subgroups were conducted, the same pattern of results appeared. Notably, respondents who indicated that Spanish was the primary home language were slightly more likely to say that they were “unsatisfied” or “very unsatisfied” with the time it took to find out if their child was eligible (21.9%) than families who spoke English at home (16.9%) or were multilingual (19.3%). Families who spoke a language other than English, Spanish, or Chinese at home were the most likely to say that they were not satisfied with the time it took to find out if their child was eligible (60%) as well as with the time it took to get answers to their questions about the processes (40%; [Appendix B, Table B7](#)). When region was examined, respondents in frontier regions were most likely to say that they were “unsatisfied” or “very unsatisfied” with the time that it took to get their questions answered and to find out if their child was eligible, although numbers were quite small ([Appendix B, Table B8](#)).

Figure 6. Satisfaction with elements of the process

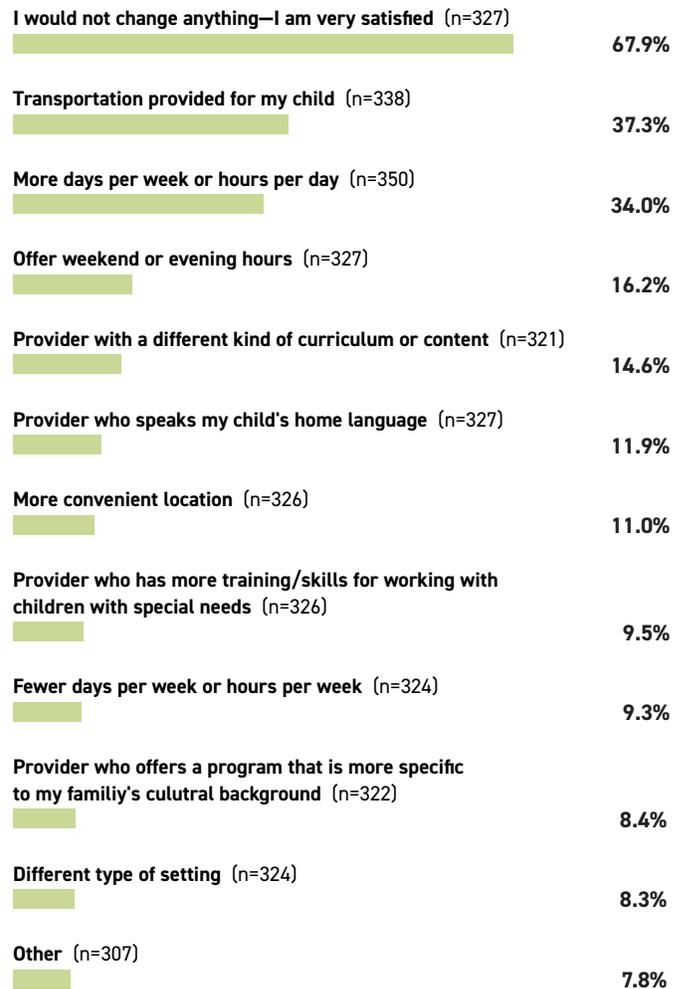


Satisfaction with the Offered Placement

Respondents who had been offered and accepted a spot in at least one program were asked how satisfied they were with that program. Ninety-seven percent of respondents indicated that they were “very satisfied” or “satisfied” with their choice. Sub-group analyses showed that respondents who identified their children as African American or Black were most likely (40%) to be dissatisfied with the program in which they enrolled (Appendix B, Table B10).

Respondents were also asked what, if anything, they would change about their program. As shown in Figure 7, the majority of respondents would not change anything about their program. The most frequently mentioned desired change was to have transportation provided for the child, followed by having more days per week or hours per day. The next most frequently named desired changes were for the program to offer weekend or evening hours, for a different kind of curriculum or content, and for a provider who spoke the child’s home language. When the wish to have a provider that spoke their child’s home language was examined by the respondent’s home language, 61.5% of respondents who spoke Spanish only at home and 18.6% of multilingual respondents noted that they would like this change to their program versus only 2.2% of monolingual English-speaking respondents (Figure 8). It is also notable that although only 8.4% of the total respondents named wanting a provider who offered a program that was more specific to their family’s cultural background, when this was examined by race/ethnicity, 25% of families with Hispanic or Latina/o/x children and 7.3% of families of children of multiracial or multiethnic descent expressed that they would change this about their program (Figure 9). Similarly, although only 9.5% of all respondents noted that they would like a provider who had more training/skills for working with children with special needs, when this was examined by whether the child had an Individualized Family Service Plan or was experiencing a disability or chronic medical needs, 28.6% of respondents with a child experiencing such needs wanted a provider with more training in these needs versus 6.9% of families whose child was not experiencing a disability.

Figure 7. Things respondents would change about the program in which child enrolled



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Figure 8. Would like a provider who speaks child’s home language

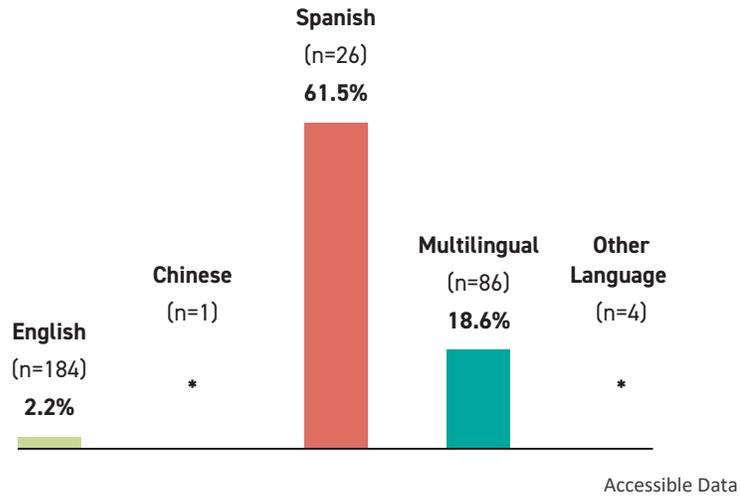
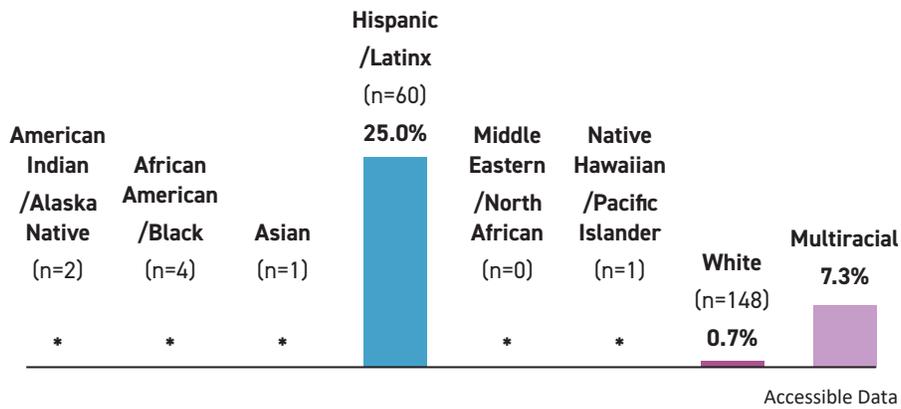


Figure 9. Would like a provider who offers a program that is more specific to family’s cultural background



What Worked Well for Respondents

Respondents were asked an open-ended question about what they liked about the coordinated enrollment system and what worked well. They gave a total of 394 responses that were coded into 7 categories. As shown in Figure 10, the most frequently cited aspect of the program that worked well was the ease of completing the application online. This was followed by good communication from the Hub staff. For example, one respondent stated:

“I liked that I was able to communicate very well with the provider and she was helping and checking on my documents as if we were right next to each other. I was able to submit documents from my work and not have to take time off”.

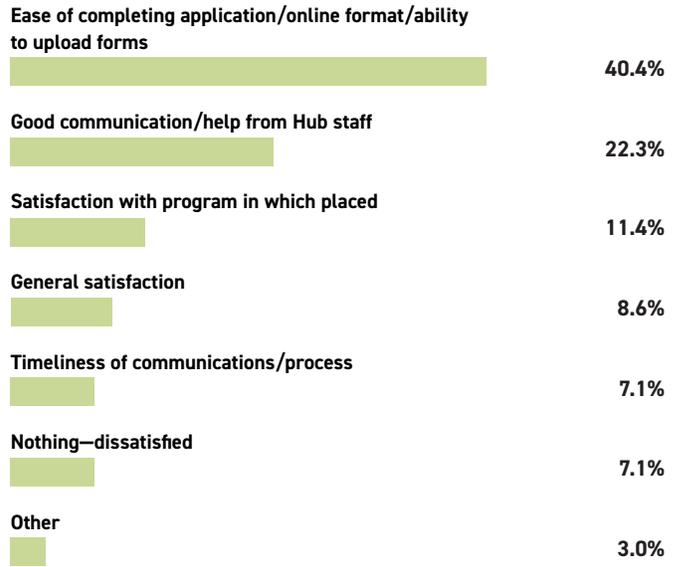
The next most-liked aspect of the process was the programming and providers that were offered. Many respondents expressed how much they liked the programs in which their children had been offered placement. This general pattern was found across subgroups (Appendix B, Table B11).

Suggestions for Improvements

In an open-ended question, respondents were also asked what they would change about the Coordinated Enrollment Process. The 357 responses were coded into 9 categories shown in Figure 11. Respondents most frequently said that they would not change anything and were satisfied with the experience. This was followed by the suggestion that respondents would like better communication from Hub staff once the application process had been started, more clarity around the steps in the process and the programs offered, and a quicker timeline.

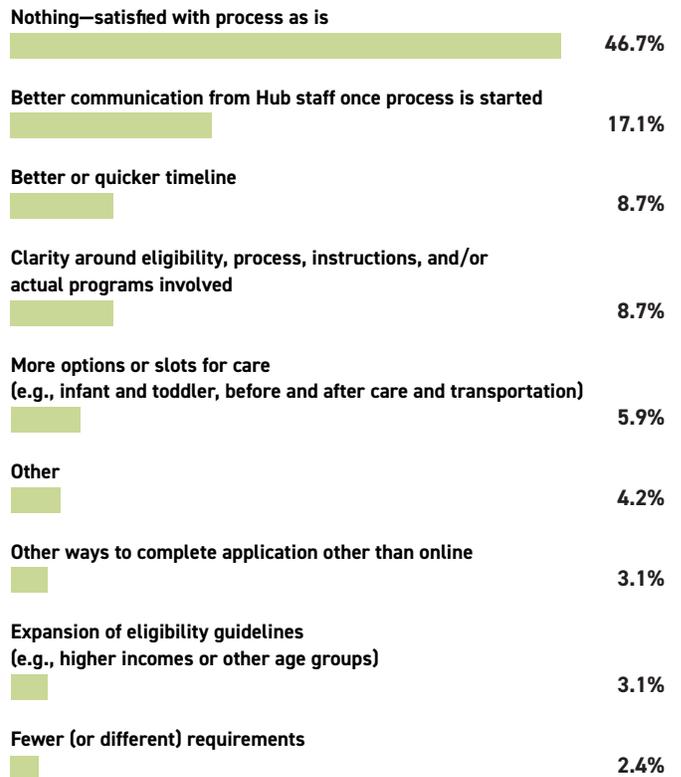
When responses were analyzed by subgroups, some notable patterns emerged. For respondents with children who were multiracial or multiethnic, having a quicker timeline was the most often cited suggested improvement, in contrast to other groups (Appendix B, Table B12). Respondents whose home language was Spanish most often cited the need for more options or more slots for care (e.g., infant or toddler care, after-school care) as a needed improvement. For parents of children experiencing disabilities or chronic medical needs, needing a quicker timeline was the most often suggested improvement. There were no notable differences between different geographic regions.

Figure 10. What worked well in the Coordinated Enrollment process (n=394)



Accessible Data

Figure 11. Suggestions for improvements to the Coordinated Enrollment process (n=357)



Accessible Data

Summary of Family Survey Results

The Coordinated Enrollment Family Survey was designed to measure families' satisfaction with the different steps of the enrollment process as well as to solicit information about the strengths and challenges of the system. Most respondents had at least filled out an application to determine eligibility and started the process of determining eligibility. The largest barriers reported by parents to completing the application and eligibility determinations were believing that the family's income was too high to qualify, the time that it took to find the forms, and not having questions answered in a timely fashion. Most respondents were eventually offered a spot with a Preschool Promise provider or program. Respondents with children who were Latina/o/x, those whose home language was not English, and those from frontier regions were less likely to say that they had been offered spots. This does not necessarily reflect the rates of spots being offered to families in these subgroups; however, it does highlight areas that might benefit from further examination.

Almost everyone who was offered a space enrolled in a program (96%). The most commonly cited reason for not enrolling their child was parents' concern about COVID-19. Additionally, a few respondents noted finding other care options. Notably, the desire for a program that was more specific to their child's cultural background or could meet their child's health or other needs were each fairly frequently mentioned as reasons for not enrolling. This suggests that families of color and those with children experiencing disabilities or chronic medical needs may not feel that the available Preschool Promise programming options fit their children's needs.

This finding was consistent with responses to a question about what the families who had enrolled in a Preschool Promise program would change about their program or provider. Although there was a high level of satisfaction with programs, families in general noted that they wanted a greater range of services such as transportation or extended hours. Further, families who spoke Spanish at home were particularly likely to indicate that they would like a program where their home language was spoken. Twenty-five percent of families with Hispanic or Latina/o/x children and 7.3% of families of multiracial or multiethnic children noted that they would like a program that was more specific to their family's cultural background. Finally, 28.6% of families with a child experiencing a disability or chronic medical needs indicated that they would like their provider to have more training/skills for working with children with special needs. Again, this suggests a

need for greater diversity of cultural responsiveness and skills with children of differing abilities among the Preschool Promise providers and programs.

When satisfaction with the overall coordinated enrollment process was examined, there was generally high satisfaction with most elements of the process. Respondents expressed that the fact that the forms were online was an asset. They also noted that the Hub staff were helpful, and they liked the programs in which their children were enrolled.

The largest amount of dissatisfaction was expressed over the length of time that it took to get answers to questions and to find out whether a child was eligible. When asked for suggestions about how to improve the process, respondents most often cited wanting better communication from Hub staff once the application process had been started, more clarity around the steps in the process and the programs offered, and a quicker timeline. The need for a faster timeline was particularly important for parents of multiracial or multiethnic children and those with children experiencing disabilities or chronic medical needs. Parents of Latina/o/x children were particularly likely to suggest that more options in the available programming, such as infant/toddler care or aftercare, would be helpful.

Overall, respondents expressed high levels of satisfaction with the coordinated enrollment process, a pattern that was consistent across different subgroups. Areas for further consideration include increasing communication with applicants once they have started the process and providing information about eligibility faster, as well as improving the timeline in general. Feedback also highlighted the need for programming that offers more culturally responsive care for families of color and more training about special needs in order for providers to increase opportunities for families with children experiencing disabilities or chronic medical needs.

COORDINATED ENROLLMENT

Early Learning Hub Interviews

Introduction and Background

To gain information about the Coordinated Enrollment for Fall 2021, staff from Portland State University and OSLC Developments, Inc. conducted interviews with key stakeholders within 13 of Oregon's Hubs. Interviews focused on understanding Hubs' successes and challenges in implementing Coordinated Enrollment, with a focus on elevating key recommendations for improving the process for Fall 2022. Although families were not interviewed, many of the participants had worked closely with families through the process; therefore, responses from Hubs reflected the experiences the Hubs had heard from families. Family experiences were collected through an online survey, see Section 3, Family Survey Summary of this report.

Interviews were conducted between September–November 2021 with 37 Hub staff from 13 Hubs, including Hub directors, Coordinated Enrollment specialists, eligibility specialists, and data system specialists. Interviews were conducted via Zoom, and often involved multiple Hub representatives providing information in small group discussions with interviewers. Results are organized into the following sections:

- 1. Coordinated Enrollment System Successes and Challenges**
- 2. Preschool Promise Enrollment Successes and Challenges**
- 3. Preschool Promise Enrollment Data System Successes and Challenges**
- 4. Marketing and Outreach Materials Successes and Challenges**
- 5. Coordinated Enrollment Implementation Plan**

These are followed by a summary of key findings and recommendations for improvement.



1 Coordinated Enrollment System

Coordinated Enrollment Successes

Partnerships and Collaborative System Development

The Hubs that were interviewed named successes in developing new partnerships and strengthening existing partnerships. For example, Hubs reported that Coordinated Enrollment (CE) staff members who previously worked for Head Start were able to leverage their relationships and knowledge of the Head Start programs to build rapport during the CE implementation stages.

"I have a Head Start background so that changes the way that I'm able to speak to Head Start. I will say when I first started that there were a lot of misconceptions between our Head Start partners and Preschool Promise. I think really diving into learning about the differences in programs, so that when we speak to parents we are able to really help guide the conversation in terms of what's needed and what programs have to offer."

Early Learning Division (ELD) Technical Assistance Office Hours

Many Hubs found the office hours to be helpful and expressed the need for them to be expanded and strengthened. Hubs suggested better documentation of information shared during office hours to support more coordinated and consistent communication.

"I guess another suggestion would be for office hours when questions are asked, if you miss it they [ELD] don't document what questions were asked, and what the answers were so if you miss it you miss it and you can maybe talk to someone and what was covered."

Building from Existing Databases

Some of the Hubs interviewed reported successes in creating an electronic system for CE applications; this was largely attributed to having an existing system to build from. At the same time, these stakeholders shared that it was difficult to adapt the existing system within the 1-month timeframe.

"We got lucky, because we were using [database name], the database system that we use. We've used it for 2 years previously for reporting purposes for Preschool Promise, so we were not a stranger to the system, but the system now needs to do something completely different, right? So we have to do all the tweaking within 1 month to make it work."

Coordinated Enrollment Challenges and Areas for Improvement

Power and Need for Accountability

Hubs expressed challenges related to being the "middlemen" between the state, partners, and the providers. Hubs reported that they are given a lot of responsibility, but no way to hold partners or providers accountable.

"If we are doing a coordinated enrollment, I would like to see support for empowerment because we feel like we were tasked to coordinate; yet we have no power to enforce the coordination if somebody doesn't want to play with us, we can't force them. So that's one of the biggest challenges that sometimes the relationship can be one way and then not mutual coordination. But we have no power to change the dynamics."

Hubs reported wanting ELD to provide leadership in coordinating and leading statewide meetings with partners. Many Hubs felt the need for partners to hear directly from the ELD about their expectations and goals for CE.

"It would be really nice to have state-led meetings with our partners to just talk about what the state is expecting because I know on everything Coordinated Enrollment, it lists here's all the partners that we want you to be working with but we at the Hub don't know what's being told to those partners from the state and I'm sure they feel the same way."

Supports Needed for Home-Based versus Center-Based and School District Providers

The Hubs reported that the levels of technical assistance, funding, and other support varied greatly for home-based versus cen-

ter-based and school-based providers, and described concerns about home-based providers not having the level of support they needed to participate fully in the CE system.

"What we've been saying is home-based providers in this system really are at a disadvantage for a variety of reasons: the business acumen, and the need for learning technology as well as the outreach. So the small home-based provider just simply doesn't have the time to help fill those slots, and so we need to be able to hand hold them. You know, provide them more time than we would have with the school district."

Funding and Resources

Delays and Challenges with Establishing Contracts

One of the most frequently mentioned challenges was the contracting process for providers. Because contracts were not executed in a timely fashion, Hubs were asked to do work without an executed contract in place, Hubs had difficulty hiring staff, and providers experienced delays in receiving funding. All of this consequently impacted participating families. "But one of the things that I have noticed, since we started with Coordinated Enrollment, is that the expectation to do the work is there prior to a contracted funding to do the work like the decision will be made that we're going to be doing Coordinated Enrollment. And we don't have a budget for staffing [when] funding comes after the work gets started."

"... we don't have bridge funds and so they [ELD] kind of tell us we're going to have money but they've told us that before, and then it hasn't happened, so it's really hard to be okay, you say we're going to get this money and in the summer is prime time to do marketing and improvement. We're kind of in that place of, do we drop 20 grand on some recruitment efforts when we don't have a contract? It's not that we don't think that your [ELD] team doesn't intend to give us the contract, but things come up. The DOJ might change something in the contract that says—oh, the thing you just dropped all that money on is no longer an allowable expense."

In addition, ELD's inability to execute contracts in a timely manner is a huge issue for providers. Hubs are frustrated about the shift in contracts coming from ELD rather than Hubs because Hubs never had issues getting contracts out in a timely manner, building relationships with providers, and being able to provide timely support for Preschool Promise programming. ELD needs to inform providers that the contract process is slow and to have more realistic timelines. Providers were getting close to closing

because they did not have contracts in place.

"... so providers can prepare you know, like 'oh I'm not getting my contracts here for the next 3 months, and how am I going to pay my bills?... how am I going to operate my business?... and we don't have a contract in place.'"

Lack of Sufficient Hub Time and Resources for Implementation

Hubs reported the lack of sufficient resources as a challenge; this was compounded by the short timelines. The lack of capacity to support staff to attend meetings and support other infrastructure needs for CE was reported in most interviews, both at the Hub level and at the partnership level. Stakeholders felt that ELD funding for CE did not cover all the CE costs for Hubs. Some of the Hubs we interviewed stated they had to rely upon braided and blended funding for their CE work. However, not all Hubs have such opportunities.

"We have a blended and braided approach. We are integrated with Maternal and Child Health. So that means, for instance, resources come from the county to support [staff name] ... so we pay for a little bit of [staff name] fee but also [staff name] is paid a little bit by coordination. So there's additional resources ... time with a salary for infrastructure that it is coming outside of the resources provided by the ELD."

Hubs also reported that limited resources and capacity at the partner level posed challenges. Some Hubs were asking for collaboration from partners who had neither the incentive nor the capacity to do so. This was another area in which inequity for smaller home-based providers was a concern:

"We need ELD to have Preschool Promise and Oregon PreK/ Head Start teams on the same page so it does not create additional barriers. Sitting at the table is no longer free. We want to create partnerships, but what resources do folks have to facilitate partnerships? If you want me to partner with you, that's my time and capacity so what's in it for me?... All organizations are under capacity and understaffed."

"... we've alluded to having Coordinated Enrollment committees and those are county based. And we have Head Start, we have our early childhood special education representative there, Hub staff, as well as school districts and other Preschool Promise providers as they are available to participate. If it's an in-home provider (even some of our center-based providers), it's really challenging for them to participate in those meetings ... given capacity."

Timelines

The majority of Hubs expressed a need for more time to prepare strategically. In addition to needing more time to complete deliverables, Hubs also reported needing more stability and fewer changes in expectations, goals, and roles. Having more time and fewer changes would allow Hubs to work out the “kinks”.

“I understand that was due to the legislature, but that was many, many hours spent on an exercise that means relatively little because we didn’t have the time to do it right and it’s just spinning our wheels to just create something. So, if they want work that’s meaningful, they need to give us time to actually engage the community, and we need months for stuff like sector plans and anything like that.”

Reporting

Hubs would like to see changes in all aspects of reporting. These changes include, keeping reporting requirements consistent for a time in order to work out the kinks and get a system in place, and longer turnaround times for submitting reports. In addition, one Hub suggested creating a specific CE report similar to the Preschool Promise report, which tracks partner meetings and referrals.

“A 1-week turnaround and trying to meet and put together a four- or five-page document is just very hard and I don’t want to say not respectful of people’s time but it just definitely makes for some major challenges that I personally wouldn’t want to put on someone else. I think it would just be appreciated if it was, you know, a little more planned ahead and there was at least a 30-day heads up.”

“Additionally, having the year-end report at the beginning of the year would be really helpful because that way providers are able to accurately collect the information that’s needed instead of trying to piecemeal that together or not having the full purview of what’s going to be required.”

“I really think we should have a specific Coordinated Enrollment monthly report where it asks what partners we’ve met with and what work has been done that way so that we can track progress because right now it’s kind of just like it’s Preschool Promise and what referrals did you make, or who did you talk to you in regards to that and so it’d be really nice to keep it at the forefront of our minds and to track it that way.”

“I would also like to see more delineation between Coordinated Enrollment and Preschool Promise. When [CE] first came out, they [Preschool Promise and CE] were really talked about

like the same thing. We know that they’re very different. We have another staff person doing Preschool Promise but there’s still things like the monthly report is called the Coordinated Enrollment Monthly Report, but all of those reports are Preschool Promise specific, so I think that if we’re really starting to measure progress on these very two different projects, then we need more separation.”

Improved ELD Guidance, Communication and Transparency

Communication and Guidance

The majority of Hubs interviewed expressed a need for the state to take the lead in communicating changes to key partners (i.e., Head Start). A common suggestion was to hold a regular partnership meeting to reinforce collaboration.

“I would love to see the state lead meetings with our partners to discuss these things [expectations and requirements] because... we’re often saying, ‘here’s what the state is telling us and here’s what we’re doing’. But it would be really nice if, even once or twice a year, there was a statewide meeting with partners to discuss this work and expectations and all of those things.”

All the Hubs interviewed reported a need for ELD to provide more leadership in areas of outreach materials and language; accountability among partners; consistent information sharing; responsiveness to providers, partners, and Hubs; and delineation and clarity around roles and responsibilities.

“ELD tends to give blanket statewide instructions but doesn’t realize that [name] county functions differently by the sheer number of people and diversity. Where there are hundreds of providers, ELD needs to take extra steps to create instructions that are different for rural and metro areas.”

“I would like to see the ELD come up with seamless instruction on how to create a system where parents can just enjoy bringing the children to school and not worry about the bureaucratic barriers/hurdles. If the ELD can’t do it, then give us [the Hubs] freedom to do it. They want a coordinated system, but then they give us rules that make it super hard to coordinate, so either, let us figure it out—tell us what you ultimately want to get and we’ll figure out how to get it to you with minimal family impact; but instead it’s like micromanage that some levels that are rigid that just don’t help us.”

“Definitely coordination between Oregon PreK/Head Start, Head Start, and Preschool Promise. Direction has to come consistently from ELD and they need to talk as a group, as a collaborating partnership, rather than competitors, and establish that attitude right away. It would also be helpful for ELD to have a better partnership with Oregon Department of Education.”

Hubs would like to see barriers to sharing family information removed by the state to make the process easier for families. Several Hubs discussed having some type of universal application for enrollment into all early learning programs. Some Hubs are trying to create their own universal application for their specific region.

“Something that would be helpful in terms of enrollment is really moving towards a universal application for Preschool Promise and Head Start, especially as we try to hold the needs of families, you know, sort of front and center. We know that we can’t do true coordination really without that because parents are having to fill out separate applications for separate programs. We’re making some headway in terms of sharing eligibility documents with each other or eligibility status and accepting that as eligibility between programs, which is helpful but really driving towards a more universal application.”

Misalignment in Cross-Program Regulations

Many Hubs felt that a disconnect between federal and state requirements created barriers to partnerships and CE implementation. Some Hubs reported the misalignment of mandates at times created a lack of trust and transparency between Head Start, partners, and the Hubs, noting differences in enrollment timelines for Head Start, K-12, and Preschool Promise programs, for example:

“... one of the other challenges that I personally see ... is like with Head Start ... because I know they have to have certain slots to be filled by a certain time because they are government funded. Sometimes I feel like it feels like to them that’s more important than what the family chooses.”

“Very specific rules about how to Coordinate Enrollment with K-12s. The timing of enrollment doesn’t match with Preschool Promise enrollment because K-12 enrolls before Preschool Promise has a contract. Hubs have to report enrollment but K-12 are not required to report enrollment ... their enrollment is done 6 months ahead and they can’t hold on to documentation, but as Hubs they are required to have that documentation, without asking parents for this documentation a second time.”

Role Clarity

Many of the Hubs would like to see ELD take leadership in providing role clarity among Child Care Resource & Referral (CCR&R), Hubs, and ELD.

“For this program year, we just need to stay the course. I think the system as a whole, having the Hubs in the middle is not an ideal setup. It’s just we’re just set up for tearing our hair out because the roles are not clear between CCR&R and the Hubs and the state. It’s just not a productive system.”

Improved Communication and Information Sharing

The majority of Hubs expressed a need for ELD to centralize information. Hubs reported fragmented communication by ELD; there was a concern that the ELD may provide some information to some groups, but not others, and at different times. This impacts trust and relationship building for the Hubs with their partners. One proposed solution was to have a centralized web-based location for all statewide information and communications.

“I think including additional [ELD] program staff would be helpful in some of the meetings, because there’s a lot of times when questions have to be taken back to another department and we don’t always get the updates or the questions. The person asking the question may have received the answer but it’s not communicated to the entire group and other people may have had the same question. I think just having additional individuals, additional programs, and additional departments involved is helpful but also—echoing that—keeping all of the answers in one place and really providing answers to everybody and being clear in the communication that goes out and making sure everybody [Hubs, partners, providers] receives the same communications would be really helpful.”

Shared Language

There needs to be a shared understanding of how “family choice” is defined and what it means for how CE functions.

“I think there needs to be a clear definition of what family choice means and how that is implemented across the Coordinated Enrollment system. I said it is often used by our partners as a talking point, like we have different definitions of family choice and we can’t seem to come to the same definition. So it’s something that we definitely need some support from the Early Learning Division around a shared definition between Head Start and school districts and Hubs of ... what that looks like not just definition, but what that looks like in practice.”

2 Preschool Promise Enrollment Process

Preschool Promise Enrollment Successes

Interviews included questions specifically about the Preschool Promise enrollment process. Factors that supported successes included the support and technical assistance from the ELD, having Hub staff with knowledge of local programs and relationships with providers and families, and being flexible and accommodating in how they offered support for families during enrollment.

Early Learning Division Support

Hubs appreciated the Preschool Promise monthly meetings, the Hub cohorts, support from ELD staff, and the weekly open-office hours. Changing enrollment documentation requirements to allow for Supplemental Nutritional Assistance Program, Oregon Health Plan, and Department of Human Service Benefit letters helped families to more easily get documentation needed for Preschool Promise eligibility and allowed Hubs to process applications quicker. In addition, Hubs appreciated that the interest form, the screening form, and the application were streamlined. Hubs were thankful that ELD did not roll out the Preschool Promise Request for Proposals process in the spring and that they responded to concerns expressed by Hubs about adding new Preschool Promise providers without sufficient time for planning and preparation.

Hub Staff Experience and Knowledge

Some Hub staff shared that they know their Preschool Promise programs thoroughly and have good relationships with those programs. Hub staff are working to have better connections with providers, for example, by attending Focus Family Child Care Network meetings for Preschool Promise directors. Having additional staff has been beneficial for Hubs, particularly Spanish-speaking staff. However, some Hubs have had difficulties with keeping staff because they can feel very burned out due to the challenging timelines and expectations from ELD. One Hub's solution was to break up their Hub CE staff position into two roles—one for family outreach and the other for data and reporting. They have not been able to fill the latter position, potentially due to the labor shortage that the pandemic has caused.

Family Accommodations

For one Hub, families tended to respond better to people with whom they had an existing relationship. When one Hub had issues collecting necessary documentation needed for enrollment from families, they utilized existing relationships families had with partners and providers. One Hub had families come to their site and fill out a form. Next, the Hub staff scheduled an appointment with the families to talk with them, then gathered documents and made the certification.

“Some programs also volunteer to be drop-off centers in the community in case technology is an issue for families submitting documents. They graciously offered to be a drop off, where they could either use a scanner to send us pictures of the documents or just send them via email as well.”

Preschool Promise Enrollment Challenges and Areas for Improvement

Creating More Equitable, Accessible Systems for Families

Hubs and families have given a lot of feedback on the Preschool Promise application form, yet some frustration was expressed that feedback has not been incorporated. The ELD requires a lot of documentation from families—the qualification form, the pre-screening form, and the parent profile. This places an additional burden on families and the Hubs, creating barriers to timely access to services. One Hub said that there should be more trust with the families, and that the extensive documentation required to access services may disenfranchise those families who most need them.

“Preschool Promise enrollment has created more barriers to families accessing preschool in a bureaucratic system.... The [large amount] of documentation required without the trust and relational system to bring families on board by increasing accessibility rather than creating all of these barriers and hurdles to a system that doesn't even meet all of their needs ... [is] not for communities of color.”

"We have families waiting just in that limbo, while they [ELD] figure out their nonsense and I understand its importance, but we have a mom who is potentially going to have to quit her job and find a different job because we can't get an answer to a rather simple question actually. Just a yes or no question, and so it's really, really frustrating for us and of course you know this parent is in danger of losing her job because she doesn't have the preschool that she was [expecting]."

Hubs also noted that it would be helpful for Hubs to have more clarity about waivers and the circumstances under which they can be used. It would be helpful for Hubs to receive training on waivers to know what is possible.

"I don't think that the ELD is gate keeping information just because they don't want us to know. I think it's there's a lack of capacity to share that information out to enrollment Hubs in a way that's easy or technology driven, so that they don't have to think about like –'oh I've got to talk to every single enrollment specialist about an individual providers' waiver or preference or something'—where we just need to have a centralized repository of information about our providers."

Several Hubs suggested ways to improve the eligibility system. One noted that it would be helpful if Hubs could have access to Oregon One Eligibility system, which is Oregon's system for residents to apply for medical coverage, food, cash, or child-care assistance. Income and employment documents are saved in this system for the various assistance programs. If CE efforts could access this database, it would decrease the burden on families to provide documentation in order to access child care quickly.

Hubs would also like to see better alignment between Baby Promise regulations and Preschool Promise eligibility. Baby Promise eligibility is based on date of birth while Preschool Promise is by school year. If a child turns age 3 years in September then they do not qualify for Preschool Promise and have to wait an entire year before being eligible. In addition, the income eligibility for Baby Promise is 250% Federal Poverty Level, while Preschool Promise is 200% Federal Poverty Level.

"Preschool Promise was created to meet the needs of families; but with these rules in place, it is not meeting the needs of families. Most providers don't function like Head Start, but the Preschool Promise is structured like Head Start. In other early learning programs its year-round rolling enrollment; they're going to the next classroom, next age group, yet Preschool Promise doesn't allow that. And then the family falls in the

cracks and ... even though providers have openings the family can't access that slot, and I think that's a very disservice to the community and defeats the purpose of Preschool Promise."

Ensuring Families Have Access to Qualified Programs

Hubs emphasized the importance of providers being prepared to welcome and accommodate families in their programs. Hubs were concerned that providers are not being equipped to serve priority populations and might not have sufficient support, training, knowledge, and resources to equitably serve regional priority populations. Hubs noted that the ELD's stated diversity, equity, and inclusion goals need to be operationalized so that it will be possible to measure and monitor progress towards the goals across the state in a systematic manner. Having the ELD provide more oversight to ensure providers are meeting their commitments to families in terms of languages spoken was also noted in at least one instance:

"A Spanish-speaking family that [Hub staff] spoke with [told them that] the provider wasn't meeting the family where they're at [and wasn't] communicating with them efficiently in their language of Spanish [about] updates for the child for the day. The parent got the basic idea of what was going on but there's no set communication or follow through from the ELD to ensure that providers are communicating with the families in their language.... So I would like to see more equity around that issue."

Hubs also noted that the ELD needs to provide more support for providers around expectations and capacity for serving children with special needs, noting that some Preschool Promise providers have had a significant increase of children on Individualized Family Service Plans placed in their programs. The partnership with Early Intervention/Early Childhood Special Education could be improved so Hubs can make placements that meet the families' needs, and providers can have the support they require to provide what the child needs in the classroom.

"It will be to have an honest discussion with the Preschool Promise providers. I think that there is a little bit of stress around the children with special needs and the percentage, and why it is an inclusive classroom.... So I think that more technical assistance around that issue is actually needed so that both families and providers are successful, but also so that we don't keep transferring children from one site to another site."

Need for Improved ELD Communication, and Support for Preschool Promise Providers and Families

Hubs shared a need for better ELD communication, support for accountability, and responsiveness to quality concerns and program closures. For example, if families complain about services, Hubs need to know how to handle this and, if providers have challenges with children or families, they need to know how to handle that. Potentially one way to address this would be to have a quarterly quality report where Hubs could submit concerns such as these to ELD.

Similarly, there were several instances of difficulties in communication between providers, the ELD, and the Hubs in regards to program closures. Hubs shared issues in receiving notification from providers that they planned to close their programs. These included such examples as a Hub in which providers closed and the Hub was notified by the families—rather than the provider or the licensure agency—that the families no longer had services; a Hub that was not notified that a provider’s license had been suspended due to non-compliance; and a Hub in which providers closed and—rather than having the slots re-allocated within the Hub—the slots were eliminated, meaning that rural families lost critically needed services.

Hubs also noted that the ELD was sometimes slow to respond to Preschool Promise providers’ questions, creating tension in relationships between the Hubs and providers in their regions. In particular, home-based and Spanish-speaking providers have the biggest challenges and the most need to be supported by ELD due to not having the infrastructure that school districts and center-based providers have. A lot of providers do not understand the contract process and come to the Hubs with questions, which the Hubs are not allowed to answer.

“It just seems like for partnership it’d be nice for it to be looked upon as a collective system, not different pieces.”

Submitting Applications

Another barrier for some families was the need to complete online applications. Stakeholders told us that some families would prefer to complete paper applications (vs. online applications). This has been challenging, particularly during COVID, since Hub offices are not open regularly. This may cause families to have to wait long periods before they can access services. This is also an equity issue because families who are comfortable with applying

online can submit all of their documentation faster than families submitting hard copies.

Hubs also shared that it has been a challenge to get documentation from families and it takes Hub staff multiple follow-ups with families to process eligibility verification. Further, changes in documentation requirements were confusing and challenging. Another Hub stated that getting families to update their contact information (phone numbers, addresses, etc.) was difficult, despite sending multiple emails to them.

Another Hub described challenges in informing families of all their provider options, given the variability in start dates, times of service, etc.:

“It’s really hard to communicate as a Hub to families what their options are when providers are allowed to have [different] start dates and days and hours of operation. It’s really tough for families to navigate that when that amount of information differs between providers.”

One useful tool that Hubs have created or are planning is an infographic providing families with a clear outline of all of the steps in the application and enrollment processes to clear up confusion about what happens after families apply, what documentation is needed and when, and that applying is different from being enrolled in a program.

As with general communication about CE, Hubs expressed a need for more consistent communication and guidance for Preschool Promise enrollment procedures and regulations:

“Information in lots of different places is tough when it comes to enrollment. The timeline means that we, as a team, don’t get as much time to learn the current program year’s rules.”

One Hub said that the form that families fill out should ask for all of the information that ELD wants for the year-end reporting. If changes are going to be made, Hubs need enough time to incorporate updates so “that we don’t feel like we’re always just trying to keep our heads above water.”

Timing Challenges for Preschool Promise Enrollment

Applications were not available from the ELD until July, but families need to plan for child care starting in February and March. This placed families in a position of not knowing for sure if they had a Preschool Promise slot so they sought another child care

instead. Hubs need new provider information before March to match other partners' deadlines, similar to Head Start. If summer programming is going to happen again, there needs to be clearer communication to providers about the different sets of rules for the school year and summer programming, as well as better communication about whether providers were approved for summer funding. In addition, clear and separate messaging is needed for Hubs to know which providers are operating in the summer, which providers are opening in the fall, and when families can be enrolled.

Maintaining Adequate Program Enrollment

Hubs described several challenges in maintaining adequate Preschool Promise enrollment, and felt pressure from the ELD to keep slots filled. For example, some shared that many families decided to drop out of Preschool Promise due to COVID, and Hubs felt like they should be given more leeway when it comes to enrollment because of the ongoing pandemic.

The relatively large number of different providers was challenging for some Hubs, both because Hub staff were sometimes not familiar with providers and because some providers did not seem adequately prepared for or could not meet the needs of Preschool Promise populations.

"Providers don't have training on equity or understanding of the focus of the sector. They assume that Hubs will just give them those children. Some locations are not the parents' choice. There are locations that have never been requested [by families or the Hubs] and those programs sat with zero enrollment for an entire year. If we had a choice, we wouldn't have selected that provider because it wasn't meeting the community's needs."

"We feel like Hubs are being judged on not being able to fill slots even though the population is limited. The ELD does not take the Hub's input on how many slots should be in certain locations.... But if we consistently can't fill them, what is the process to say these slots need to be reallocated?"

Suggestions for Next Year

Stakeholders suggested a number of ways to improve the Preschool Promise enrollment process next year, including: (1) providing more clarity in expectations for providers in the Request for Applications process for Preschool Promise; (2) changing Preschool Promise eligibility requirements; and (3) reconsidering the lottery process. In making changes for next year, several Hubs suggested that it would be helpful to include Hub representatives on the team that revamps the Preschool Promise enrollment manual. Hubs could contribute their expertise to creating a more equitable process and regulations that would not place additional burdens on families. Additionally, including Hub representatives in meetings with the ELD's Preschool Promise program team could further strengthen Hub-ELD relationships, as well as help to bridge the gap between programming and enrollment.

It would be beneficial to have a presentation from a few Hubs that have created successful Preschool Promise enrollment processes with concrete suggestions for Hubs to undertake. Hubs submitted an outreach plan at the beginning of the year and did not receive any feedback with suggestions for improvements from the ELD.

Hubs thought that there should be more clarity around expectations of Preschool Promise programs in the RFA. Suggestions included having policy language in the contract to make sure providers understand expectations around behavioral health and expulsion, clear language around both the age ranges served by Preschool Promise, and the fact that toilet training is not a requirement for Preschool Promise. Further, some Hubs requested improved information about the contracted providers so that Hubs can place families in early learning environments that best fit their needs.

"We get asked [by families] for things like [provider] equity plans or family-engagement plans. The ELD has pretty much told us like you guys don't need to know that and it's like well we actually do need to know that if you want us to help families figure out the best place for their child. We need to have all of that knowledge and understanding, so that we can talk about specific programs in ways that are fully informed."

Some Hubs shared that they felt that Preschool Promise eligibility should be modeled after Head Start, where families who are slightly above the income cutoff can be eligible if there are no other applicants who meet income eligibility. With Oregon

increasing the minimum wage and the cost of living increasing, families' incomes are potentially increasing. This has ramifications for whether families are eligible for Preschool Promise. The federal poverty level may not be an accurate measure of whether a family in Oregon is in poverty.

"When my team ... [has] to declare noneligible to a family that just makes \$600 over the max, there is a conflict there and you know moving that family to the folder of noneligible and sending a message is hard."

Finally, it should be noted that many Hubs believe the lottery system is not equitable. For example, currently, families who are a part of four different priority populations have the same chances of being enrolled in Preschool Promise as those who are in one priority population. Several interview participants shared that those families who reflect multiple priority populations should be given priority for enrollment because they are potentially more in need of services.



3 Preschool Promise Enrollment Data System

Table of Data System Components

The following data table shows the number of Hubs that have different components built into their Preschool Promise enrollment data system. This table captures the current state of Hub's data systems; four Hubs are in the process of transitioning to a new data system—that information is not represented here.

Table 6. Types of data system components used by Hubs

| Data System Components | No. of Hubs that have | No. of Hubs that do not have |
|------------------------------|-----------------------|------------------------------|
| Unique Identifiers or SSIDs* | 3 | 9 |
| FERPA or HIPPA Compliant* | 13 | 0 |

* Service Set Identifier (SSID); Family Education Rights and Privacy Act (FERPA); Health Insurance Portability and Accountability Act (HIPAA)

Table 7. Types of data storage used by Hubs

| Type of Data Storage | No. of Hubs that have | No. of Hubs that do not have |
|----------------------|-----------------------|------------------------------|
| Cloud | 13 | 0 |
| Server | 0 | 13 |

Table 8. Types of data systems used by Hubs

| Type of Data System | No. of Hubs currently using | No. of Hubs planning for future use |
|---------------------------------|-----------------------------|-------------------------------------|
| Access | 1 | 1 |
| School Mint | 1 | 5 |
| Shared Folder/Drive | 5 | 2 |
| Child Plus | 2 | 2 |
| Early Learning Reporting System | 3 | 2 |
| Nine Peak Solution | 1 | 1 |
| Laserfiche | 1 | 1 |

Data System Successes

Hubs shared their experiences in using these various data systems, reflecting on strengths and challenges in using these systems for Preschool Promise enrollment.

ChildPlus

Families who complete applications on ChildPlus can indicate they are also interested in Head Start; consequently, the application collects any necessary information for both Preschool Promise and Head Start. Hubs can send families a secure link to upload documentation through ChildPlus. There are many stages of consent built in for families, and eligibility information can be shared between school districts, Head Start, and Preschool Promise. Hubs were satisfied with the training support for ChildPlus and the reporting functions take under an hour for monthly reports to ELD. One Hub uses a hybrid of ChildPlus and scanned documents because the funded school districts are using their own system for enrollment, which is working due to the limited number of slots funded in this Hub.

Early Learning Reporting System

The Early Learning Reporting System allows the Hub to track applications and family preferences more easily. Intensive training is also available. It also allows for the Hub to bulk email to connect with families. One Hub said that they are happy with the system, another Hub noted that this system is easily customizable, whereas another Hub reported having issues with customizing this system to meet their needs.

School Mint

School Mint was described as another helpful data system with a number of useful capabilities, including, allowing: families to submit their top three provider preferences to the placement lottery, the application to be available in multiple languages through Google Translate, automatic notification of families about their placements, families to log in to accept placements, providers to access information about families for enrollment, providers and Hubs to view shared enrollment list, Hubs to know if an application has been started but not completed, and reminders to be sent to families to complete their application. One Hub was planning to transition their data system to School Mint to reduce barriers for families in accessing services because Head Start and Preschool Promise applications will be able to be shared.

Other Data Systems

One Hub has a separate system for Preschool Promise enrollment that ties into a CE system that transfers data from the Preschool Promise enrollment system to the CE system (information and referral system). Families can call in and be referred to community services and tracked through the information and referral system.

"We know what resources exist in all the communities, and so we have the ability to ask parents...questions to find out what their needs are, not just assume...so that's a companion piece in the same database. Another example of how they blend is if someone calls and wants to enroll their child in Preschool Promise and is sharing that they have a new baby, and you know they wish they had more resources for the baby, then we're able to share about Healthy Families."

Data System Challenges

Costly and Time Intensive

One of the biggest data system challenges was the need to invest significant time and money in individual data systems, and in developing and training staff to use them. Costs of data systems range between \$20,000 and \$50,000 to set up and then up to \$5,000 to maintain annually. This uses Hub money that could go towards other important projects. For smaller Hubs, in particular, this does not make sense. Data systems may also take several months to set up and customize for the particular Hub.

"We were pretty excited about it, starting out, and it has not turned out to be as fabulous as we hoped and very expensive every time we want to make changes. And that we're kind of stuck with it now because we've invested so much money in it. But it works and it meets our needs, at a cost."

Even when Hubs were using the specific databases mentioned above, there were still some challenges. For example, ChildPlus only allows one family to apply online; thus, if a family would like to apply for a second child, they have to call to apply over the phone.

Statewide Data System versus Hub Data Systems

Hubs mentioned being concerned that having individual data systems might create barriers when families move from one Hub region to another. At the same time, Hubs were mixed in their opinions of whether it would make sense to have a statewide

data system, given the resources already invested in the individual systems. As is noted above, each Hub has spent between \$5,000-\$20,000 creating their own data system or purchasing existing systems, in addition to time and effort to customize and learn those data systems. One Hub suggested that a Preschool Promise enrollment data system is consistent across the state but that the CE data system can be individualized by Hub.

A statewide system would allow for easy transfer of families across Hub regions, alignment with ELD reporting, taking off the burden of submitting regular reports, and cross-Hub knowledge and resources toward training and understanding data systems rather than each Hub needing to figure it out for themselves. Having a statewide system could also facilitate the ability for Hubs to track children, similar to ChildPlus and public school systems.

Required Reporting for the ELD

With changing reporting requirements for Preschool Promise and CE, it costs Hubs to make updates to data systems and takes time to match new reporting requirements. It takes a lot of time for some Hubs to format reports that come from their data system to match the Smartsheets format required for submitting reports. One Hub said it is not always easy to align a family's status in the CE application process with ELD's report categories.

"It takes a really long time for School Mint to build out changes ... taking weeks to make anything happen so that's a little scary looking at the timelines that we've been faced with since I've started."

"If we get documents in a timely manner, we're able to make adjustments in a timely manner, so that the data system functions the way it needs to ... all of those steps take time and you know you get your enrollment materials for the upcoming school year and you barely have time to complete enrollment. There's not a lot of time to make adjustments to your database either."

One Hub recommended that it would be helpful if the Hub's data systems were linked with the ELD reporting system. "Smartsheets is not the most user-friendly way to do reporting. It takes time to pull the data from our database and then get it to the format that ELD requires so it'd be nice if it were more streamlined." One Hub requested that ELD provide a budget for technology to cover the costs of making updates to data systems.

Hubs generally shared a desire for not having major changes in Preschool Promise enrollment data systems and reporting this

year and in the foreseeable future, describing fatigue and frustration with what was experienced as a continuing need to re-learn and change systems this year. The general consensus seemed to be that although the current system is not perfect, it is better than having to accommodate many more additional changes in reporting requirements:

"I mean, we had a meeting about end-of-year reporting so that is stuck in my brain right now, but even if what was committed to at the start of the year for that. That we committed to staying to that and not just throwing in an extra 29 questions at the end of the year that nobody's ready for and that happens in all facets of reporting, not just the provider, but also the Hub reporting and different pieces that the Hubs ask for as well."

4 Coordinated Enrollment Materials

Table 9. Types of CE materials created and used by Hubs

| Material Type | No. of Hubs | Sample Comments |
|--|-------------|---|
| Flyers/Mailers | 5 | "We've done mailers where we sent it to all residents within our region PO boxes as well." |
| Website | 5 | "We have a landing page on our website that has a Preschool Promise interest form near the top and then information on how to access all the other early child care programs in the community and links to their websites." "We have a website that we worked hard to build out where it has the income guidelines. It has a list of all the participating and funded Preschool Promise programs, and that list is actually filtered by different attributes. So you can say 'I need a preschool program that accepts the RCT,' 'I need a program with extended hours,' 'I need a program for instruction that is delivered in Spanish,' 'I need a program in this city,' you know the parents can really kind of filter it by what characteristics they are looking for." |
| Social Media (Facebook) | 4 | "We've done boosted Facebook posts." |
| TV/Radio ads | 4 | "I've been on TV, I've been on radio shows talking about Preschool Promise." |
| Brochures/General Information Documents/How-to Guides | 4 | "We've created a lot, starting with kind of the how-to guidelines to navigate the systems we've had to build to manage coordinated enrollment—so like the how-to of what to do when an application comes in, what does that look like." |
| Yard Signs | 3 | "We did yard signs. We've done that for a few years." |
| Videos | 3 | "We did a how-to-apply video in English and Spanish." "We did marketing videos for all of our sites across the region who wanted to participate. So we have videos that highlight the differences and what really makes each site unique, as well as it provides a virtual tour for families so during COVID when they may not be able to visit preschools in the way that they have historically. They're still able to see what their child will be able to experience, see the teachers, the program itself, and kind of get a feel for what to expect." |
| Bulletin Boards | 2 | "We've put up bulletin boards in the communities." |
| Banners | 2 | "We also created a banner so for big buildings where people go by, whether it's ESD or others, there's a banner to advertise when we're enrolling." |
| Forms-of-Proof Checklists | 2 | "[It] is a document that helps communicate with families what eligibility items we need and helps them kind of navigate what it is they need to collect and turn to us upon selection." |
| Email Marketing | 2 | "We have email templates that we've created." |
| Postcards | 1 | "We created postcards with a QR code so people can scan it and do the interest forms from their phone wherever they're at, and we've distributed those all over the community and all sorts of places." |
| Billboards | 1 | "We've done some billboards within a couple cities that we have around here." |

| Material Type | No. of Hubs | Sample Comments |
|---|-------------|--|
| Merchandise & Giveaways (t-shirts, frisbees, etc.) | 1 | "We have promoted t-shirts. We've gone to fairs with frisbees, hand sanitizer, pens—just really, really, promoting coordinated enrollment." |
| Text Message Marketing | 1 | "We had one of our community-care organizations send out text messages to the families who had small children that are part of the Oregon Health Plan, so that was another way that we were able to connect with some of our more geographically isolated families." |
| Parent Newsletter | 1 | "We also have a monthly parent newsletter. I don't work on that, but our communications person does and she's made preschool contacts kind of a feature of that newsletter multiple times." |
| Door Hangers | 1 | "Individuals that may not have cell phones and ... aren't really big on social media, we're having to try to get to them other ways. Door hangers and things like that...." |
| Provider Profiles | 1 | "We created provider profiles, which basically helps families navigate all the intricacies and different details between providers." |
| Documents for Partners | 1 | "We have a couple of pretty documents that we've made that are like here's what your role is here's what our role is." |
| List of Preschools | 1 | "We also have developed a free preschool list that highlights all of the publicly-funded preschools in each of our counties." |
| None | 3 | |

Hubs described the importance of good marketing materials for doing outreach to families, and the need for a variety of approaches to get information to families who are not connected to social media and other communications systems. One stakeholder shared that one of their strategies to build relationships is to offer advertising for partners within these communities. As a result, they stated their marketing budget has been vital, and expressed a desire for more support from the ELD in doing marketing and outreach:

"Often ... they're not easily accessible so really being able to find a way that connects with families who are choosing to live off-grid or choosing to live in a manner where they're not accessible for public advertisements or things like that, and it makes us be a lot more creative. It could be anywhere from half an hour to an hour and a half to get to services."

Coordinated Enrollment Materials Areas for Improvement

Several common themes emerged in terms of areas for improvement: development of more consistent language and shared marketing resources that describe program eligibility, quality standards, and the coordinated enrollment process—in general; having more training and technical assistance to help Hubs develop marketing and outreach skills; and more translation support for languages other than Spanish.

"It would be great moving forward if the ELD would expand their outreach toolkit. We do utilize it, but again there's maybe two templates in there. Outreach is a huge part of what we do and ... it would be very helpful if maybe as a team, we can identify ... different templates that we would need so that they're done for us and we can just tweak them for our Hub or on our website for [name] county because developing those outreach materials is very time consuming for free and it would be great to have it from the ELD."

Consistent Enrollment Language

Hubs reported that they would like to see a state-lead effort in using universal language for CE across the state, especially in terms of describing Head Start and Preschool Promise, as well as in helping families understand how quality is supported and maintained across different provider types:

"I would like to see some consistent language across Coordinated Enrollment across the state around the description of what Head Start is, what Preschool Promise is, and I know that they've provided something like that in the template of the Coordinated Enrollment manual, but it still feels like some of the stuff is like left up to us individually to describe things that exist across the state."

"... a lot of families have the perception that home-based is not as equal quality wise to center based and school district [programming] and that's reflected in enrollment. So it would be really great to be able to educate families in some kind of outreach tool that explains that [quality] ... is the same here, is the same here ... how do we make the community aware of that?"

Training in Marketing

Hubs also noted that marketing and communication was an area in which they had limited expertise, and expressed a desire for more training and support from the state to build this capacity.

"We're doing marketing for this program. Yet the majority of us do not have a staff with a background in marketing; fortunately I do and I have a branding company that I work with that can assist with those things, but it is an area I would say—bigger picture system wide—that some support around marketing would benefit the statewide group as a whole."

More Support for Language and Translation

Several Hubs reported translation of outreach and marketing materials to be a challenge, which impacts marginalized communities. Challenges included issues with translation services the Hubs currently use and a lack of funding to translate materials. In particular, Hubs expressed a need for translation into languages beyond Spanish. Building on the theme of having the state provide more templates and consistent language, some Hubs noted that this could also be reflected in having shared translated language that all Hubs could use:

"If we had general paragraphs that we could use, that I could take rather than me going into Google translate and sending it to our person. Or on the fly needing to ask [Hub staff member] to do that because I hate asking to do that, it's not our job to do translation."

"One of the challenges that we had was making sure that information is available in our region's languages which for us is Spanish. But there are some difficulties translating because there is a very specific jargon that's used that they are learning. It's not easy to translate to another, to expand or any other language really until you have to have somebody very specialized. If a non-English speaker is trying to read it, even with the translation, sometimes it's difficult for them to 100% understand what we're trying to get across because it is so specific. So we've got something that we faced as a challenge, and we now have somebody on staff who speaks Spanish that will be helping with that. Having materials that are available across the state that use the same language in Spanish and in English so that everybody's getting the same messaging would be helpful."

"[County name] has a lot more ethnicities that need to be addressed for coordinated enrollment. If we want those populations to come in and apply and get into our Preschool Promise programs, we have got to be able to communicate with them. We need that service to be able to do that right, we don't have the capacity.... We really as a state, we need to get better about recognizing that we have more than just Spanish-speaking children, we have Russian-speaking children, and we have a large immigrant-speaking population and we need to do better."

Additionally, Hubs noted that translation of materials was just a first step, noting that one-on-one personal communication was critical for reaching marginalized families.

"Outreach is not universal so we actually, for specific providers that work with bilingual communities, we actually have to tweak the outreach into more like a one-on-one discussion.... So these materials are great but we're still doing a lot of outreach that it will never be able to capture in a piece of paper or a PDF."

5 Coordinated Enrollment Implementation Plan

The Coordinated Enrollment Implementation Plan is ELD's vision for CE phases of work over the next four program years. It includes an annual key activities timeline that communities will do when CE is fully implemented and system partner roles in CE planning and implementation for the ELD, CCR&Rs, Hubs, and OPK/HS/Head Start programs.

Hubs' Understanding of the CE Plan

Most Hubs did not feel they had a clear understanding of the CE plan. Three Hubs reported that they have an understanding of the CE plan, seven stated that they have a vague understanding of it, and two stated that they do not have an understanding of the plan. Of the three Hubs that felt they had an understanding of the plan, one gave the following definition, *"My understanding is that the Hubs will be the door for enrollment into all early childcare programs within 4 years. I think it's a great vision."* At the same time, however, two of these three Hubs expressed concern around the aspirational nature of the plan stating, *"... so much of this rollout with the Early Learning Division has felt like building the plane, while we're flying it, and the strategies get developed sort of as we go"* and *"... if they don't fix all of the issues that we're having with their current set of goals, there's no way to meet these new loftier goals...."*

Additionally, one Hub stated confusion around how the CE plan was created and shared that the plan would have felt more feasible if it was based on results of the current information gathering [e.g., these interviews]:

"For me it seems a little backwards, meaning the discussions that we are having right now I would think would inform the 4-year plan right because these are the issues we face, and this is what has to be solved, or you can create a strategic plan so, for me it goes backwards in a way, so one would hope that all of these interviews then informed decisions [that] are made and then what's possible in the future."

Needed Supports for Increasing Understanding of CE Plan

Among the Hubs that stated they had a vague or no understanding of the CE plan, there were calls for further clarification of details, more presentations and discussions of the plan, and ex-

panded communication about the plan with provider partners. Further, some Hubs shared a concern that the communications from the ELD about the CE plan reflected an implicit message that Hubs have not done their jobs well historically and would like clarification regarding this concern. Perhaps related to this, Hubs felt that for the aspirational goals to be achieved, they needed the ELD to ensure that Hubs have the right tools to implement the CE Plan, along with an appropriate timeline so that local Hubs were not being set up to fail. One Hub explicitly named the need for relationship development and repair between Hubs and the ELD:

"It is more about building that relationship and trust ... not really about systems change at this point because we are not there in that relationship across the State of Oregon."

"Early Learning Division doesn't have time to really create all of that in a timely fashion. So it very much is like piece-by-piece building it as we go along. So I don't know that there's a fix for that in the system as it currently stands. I appreciate the thoughtfulness that went into the plan, and I just don't see a ton of ... the kind of nuts and bolts information we need about how to implement those things is lacking."

Hubs asked that the CE plan be presented again at cohort and other meetings, and that these presentations include timely updates and next steps. Additionally, two Hubs requested that the CE plan be located on a shared platform (website, documents folder, etc.) and contain any updates as they are implemented.

"The directors and Head Start directors have dug into it a little bit and some of our feedback is we think it could use some specificity about what the vision really is in that long-term plan, it be spelled out more clearly. We would have one side for coordinated enrollment or is it more coordinated recruitment, and how we make sure all programs seats are full, and assess what's happening for families to inform further expansion. That was the input, some more specificity on where we're ultimately headed."

Additionally, Hubs noted the importance of communication and buy-in from all partners with a role in implementing the CE plan. One Hub stated that they will need all partners that are included in the plan to be given the same information about the plan at the same time, which has not happened historically. Another Hub stated that in order to fulfill their role, they believe that there needs to be a mandate from ELD that all programs cooperate.

"... having some technical assistance from this state about what those programs look like, what they require, and how we can mesh them in a way that meets the requirements for all these different programs, including the federal requirements for Head Start. It would be helpful if they could do some of that thinking with us ahead of time."

One Hub suggested that the state and Hubs need to develop feasible timelines and stay accountable to them:

"... it has to do with how things are coming to us from the Early Learning Division and when they're coming to us. We have to get to a place where we're actually adhering to the timelines and the plan before that plan can be effective."

Hubs also expressed concerns about having the staff resources and capacity to meet the aspirational goals of CE. Related to this, Hubs may benefit from opportunities to work together to develop materials and share strategies; several shared that working with other neighboring Hubs has been helpful in regards to idea sharing and gaining further clarification around roles and expectations.



Summary of Key Findings from Coordinated Enrollment Hub Interviews

Overview of Successes

Coordinated Enrollment (CE) partnerships are continuing to grow and be strengthened. Hubs have strong existing relationships with providers or are working on strengthening relationships with providers. Hubs experienced success with building data systems, allowing for more streamlined applications and information shared about providers. Hubs creatively found ways to reach families and help families to easily apply for care. Hubs appreciated the Preschool Promise monthly meetings, the Hub cohorts, support from Early Learning Division (ELD) staff, and the weekly open-office hours.

Overview of Suggested Changes

Creating More Equitable, Accessible Systems for Families

Hubs noted the need for more relationship- and trust-building with families. Several shared concerns that the extensive demands placed upon families for information on their applications to access services is disenfranchising families who most need those services. Documentation requirements and application processes should be continually examined to eliminate barriers to accessing services. Hubs also recommended adjusting eligibility requirements, for example, by allowing for families who are slightly above income to access services to fill currently empty slots. Some Hubs recommended a weighted lottery system, with families in multiple priority populations given priority over families in just one priority population. Baby Promise eligibility and Preschool Promise eligibility need to be better aligned. A family could age out of Baby Promise and not be eligible for Preschool Promise until the next school year. Preschool Promise should not be based on the school year; it should be based on the age of the child. Finally, several noted that if providers close, those slots need to be redistributed to other providers in the area; this is particularly an issue in rural communities.

Funding

Hubs were expected to do CE work prior to contracts and funding being in place. ELD needs to figure out how to execute contracts in a timely manner to Hubs and to providers. Some providers still do not have contracts in place and there was confusion among Hubs about the point in the contracting process at which children can be placed. Some providers were on the brink of closing due to not having their contracts in place. This is particularly an issue for home-based programs. Some Hubs also felt that the allocation of resources for Hub infrastructure across the Hubs was not equitable.

Hubs need additional funding and resources to do the expected CE work. This includes funding for CE staff and to provide incentives for partners to coordinate across systems. Hubs also need access to funds to make changes to their data systems to be in line with changing requirements. Common language for marketing should be translated and made available for Hubs to use without Hubs having to pay for this. Hubs with more linguistic diversity need additional resources to be able to effectively reach those families.

Reporting

Overall, Hubs were anxious about additional changes and expressed “change fatigue” as a result of a year of continuous modifications and changes in processes. Hubs said that all reporting requirements should be set in place at the start of the year and remain unchanged. It costs money to update data systems and staff time to gather additional information for constantly changing report requirements. At the same time, they noted that it would be helpful if reporting requirements were better aligned and more consistent across programs. If ELD takes longer than expected to release report templates, Hubs should be also given more time to complete reports. Reporting requirements should also remain the same.

Timelines and Expectations

ELD timelines need to be established at the beginning of the year and then remain unchanged. Families start looking for care in February/March. When Preschool Promise was not ready for enrollment, families were forced to look for care elsewhere. The pressure to complete all CE tasks with unreasonable timelines and ever-changing reporting requirements has made it difficult for Hubs to retain CE staff. Slot distribution was done without Hub input, leading to some providers having more slots than could realistically be filled, which places undue pressure on the CE process and the Hubs.

State System Coordination

There needs to be better alignment at the state level between licensure, Child Care Resource & Referral, OPK/HS, Preschool Promise, Oregon Department of Education, and Hubs. Hubs found it hard to create partnerships and alignment without clear state-system alignment and coordination. This includes sharing family and provider information between these various programs and departments, as well as increasing access to other state systems that could be helpful (e.g., the Department of Human Services [DHS] Oregon Eligibility [ONE]). In addition, communication between licensure, Child Care Resource & Referral, ELD, and Hubs needs to be better aligned and timelier.

Technical Assistance Needed from the Early Learning Division

Partnerships and Accountability

Hubs need the ability to mandate partnerships or to receive more support from ELD for them to communicate with partners directly about expectations for engaging in CE. Head Start programs in particular are struggling in certain regions to partner with Hubs, since Preschool Promise is seen as taking children away from Head Start and threatening funding. ELD needs to work with the Federal Head Start office to allow for some leeway as Preschool Promise is getting off the ground. One idea for addressing this challenge is to have a statewide meeting where all relevant partners can hear the same information at the same time. More presentations of the CE plan are needed for Hubs to have a clear understanding of the plan and their role. Partners should also participate in these meetings so that there is clear communication about everyone’s role in the plan.

Support for Providers

There needs to be more ELD staff to support providers. Home-based providers, in particular, need more support from ELD to meet Preschool Promise requirements. Hubs reported that providers’ needs for contract and programmatic support often interfered with Hub’s efforts to support providers in CE and providing Preschool Promise services.

Document Sharing

Hubs found it challenging to track the ever-changing CE guidance documents and waivers. It would be helpful for questions, answers, and shared information to be documented in a shared location in order for all Hubs to have the same information. Similarly, it would be helpful for Hubs to have a shared location in which to store marketing materials and translations. This includes meeting notes from “Hub office hours” and other information sharing sessions with the ELD.

Moreover, creating shared language for communication and marketing, and making this available statewide, would reduce the burden on Hubs and ensure consistency in the information shared with providers and families. Also, shared documents could be translated into more languages and be more cost effective.

Appendices

Appendix A: Coordinated Enrollment Family Survey

Preschool Promise Enrollment Parent Feedback Survey

Thank you for taking a few minutes to give us feedback about your experience going through the application and eligibility process for Preschool Promise programs for the Fall 2021 school year. We are working hard to improve our systems to make it work better for families. We appreciate your input!!

This survey uses the following words to describe the steps that most families went through as part of this process:

- **Application: Filling out a form or providing some information about your family and your preschool/child care preferences.**
- **Eligibility: Providing required documents and additional information to find out if your child is eligible for the preschool/child care program(s).**
- **Placement: Getting information about one or more preschool/child care programs that have a slot available for your child. If your child was deemed eligible they should have received a “placement” at one of the Preschool Promises you selected.**
- **Enrollment: Enrolling or signing your child up to attend a specific preschool/child care program.**

It is important for you to know that this survey is anonymous and confidential. Your name will not be on the survey and cannot be linked to your answers. Data will be grouped together (combined with other people's responses) before being shared. Your local Early Learning Hub will use the information you share to help them improve services for families. You can provide your name for a drawing for several gift cards. That information will be kept separate from your survey answers. You will be given information about how to sign up for the gift card drawing at the end of the survey.

1. **In what county were you looking for preschool and/or child care:** [drop down menu]
2. **What is your zip code?**
3. **How did you hear about the Preschool Promise program? Please check “yes” for all that apply.** [yes/no]
 - a. Radio/TV
 - b. Newspaper/Magazine
 - c. Billboard/bus ad
 - d. Social Media (e.g., Facebook, Instagram)
 - e. Referred by another program or provider (doctor, case worker, etc.)
 - f. Referred by a preschool program
 - g. A flyer or brochure I saw in the community
 - h. Internet/“Google” Search
 - i. Friend or Family Member
 - j. Other

4. Did you fill out the application for Preschool Promise? [Yes, go to 6] [No, go to 5]

5. If not, why not?

- a. Did not think we would be eligible [If yes, go to 5i].
- b. Forms were too long/asked for too much information.
- c. I was too busy.
- d. Found child care elsewhere.
- e. Did not want any of the preschool options described to me.
- f. Decided my child was not ready for preschool.
- g. Had concerns about my child's health/safety/COVID.
- h. Other. Please describe:

[If answered 'yes' to 5a:]

5i. Can you tell us why you did not think you would be eligible for Preschool Promise?

[If Q5 answered, then go to Q14]

6. Did you turn in any required documents or information to see if your child was eligible for Preschool Promise?

[Yes, go to 8] [No, go to 7]

7. If not, why not? Please indicate "yes" or "no" to all that apply.

- a. Did not think we would be eligible.
- b. Did not have or could not provide required documentation.
- c. Did not want to provide required documentation.
- d. Forms were too long/asked for too much information.
- e. I was too busy.
- f. Found child care elsewhere.
- g. Did not want any of the preschool options described to me.
- h. Decided my child was not ready for preschool.
- i. Had concerns about my child's health/safety/COVID.
- j. Other, please describe:

[If answered 'yes' to 7a:]

7k. Can you tell us why you did not think you would be eligible for Preschool Promise?

[If Q7 answered, then go to Q14]

8. Thinking about your experience with the application, eligibility and placement parts of this process, how satisfied were you with each of the following: [Very satisfied, Satisfied, Unsatisfied, Very unsatisfied, Not applicable]

- a. Information, flyers, and/or materials I received.
- b. The amount of documentation I had to provide.
- c. How the eligibility process was explained or described to me (written or by phone).
- d. How long it took to get answers to questions that I had about the process.
- e. How long it took to find out if my child was eligible.

9. Were you offered a spot with at least one preschool/child care provider or program through this process?

[Yes, go to 10] [No, go to Q14]

10. Did you enroll your child in at least one of the preschool/child care programs you were offered through this process? [Yes, go to 11] [No, go to Q13]

11. What is the name of the preschool/child care program where you have enrolled your child for 2021-22? [Open Ended]

11a. How satisfied are you with this preschool/child care program option?

[Very Satisfied, Satisfied, Unsatisfied, Very Unsatisfied, Not Applicable]

12. If you could change anything about the preschool/child care program where your child is enrolled, what would you change? [yes/no]

- a. More days per week or hours per day
- b. Fewer days per week or hours per day
- c. More convenient location
- d. Offer evening or weekend hours
- e. Different type of setting (home, center, school)
- f. Provider who has more training/skills for working with children with special health or other needs
- g. Provider who speaks my child's home language
- h. Provider with a different kind of curriculum or content (e.g., Montessori, immersion, etc.)
- i. Provider who offers a program that is more specific to my family's cultural background
- j. Transportation provided for my child
- k. Other change, please specify:
- l. I would not change anything. I am very satisfied with the preschool/child care program as it was described.

[Go to Q14]

13. Why did you decide not to enroll your child? [yes/no]

- a. Needed more days per week or hours per day
- b. Wanted fewer days per week or hours per day
- c. Location was not convenient
- d. Needed weekend and/or evening hours
- e. Wanted a different type of setting (home, center, school)
- f. Program was not able to meet my child's health or other needs
- g. Provider did not speak my family's home language
- h. Wanted a different kind of curriculum or content (Montessori, immersion, etc.)
- i. Wanted a provider who offers a program that is more specific to my family's cultural background.
- j. Wanted a provider who could transport my child to/from preschool
- k. Chose a different child care option (e.g., Head Start, family child care, private program, etc.)
- l. Program was already full
- m. Decided not to enroll my child in preschool
- n. Decided my child wasn't ready for preschool
- o. Concerned about COVID-19 related health or safety
- p. Program did not get back to me, so was not able to enroll
- q. Other, please specify:

14. What would make the process for applying and/or enrolling in a preschool/child care program work better? What suggestions do you have?

15. What did you like about this system and process? What worked well for you and your family?

The questions below tell us a little bit more about you and will help us to make sure we are meeting the needs of children and families with different racial, ethnic, and other characteristics.

15. Does your child have an IFSP, developmental disability, or chronic medical needs? [yes/no]

16. Which of the following racial or ethnic groups describes your child's background? [yes/no]

- a. African American or Black. If yes, are you: African American, African, Caribbean, Other Black.
- b. American Indian or Alaska Native. If yes, are you: American Indian, Alaska Native, Canadian Inuit, Metis, or First Nation, Indigenous Mexican, Central American, South American.
- c. Asian. If yes, are you: Asian Indian, Chinese, Filipino/a, Hmong, Japanese, Korean, Laotian, South Asian, Vietnamese, Other Asian.
- d. Hispanic or Latino. If yes, are you: Central American, Mexican, South American, Other Hispanic/Latino.
- e. Middle Eastern or North African. If yes, are you: Northern African, Middle Eastern.
- f. Native Hawaiian or Pacific Islander. If yes, are you: Guamanian or Chamorro, Micronesian, Native Hawaiian, Samoan, Tongan, Other Pacific Islander.
- g. White. If yes, are you: Eastern European, Slavic, Western European, White/Caucasian, Other White.
- h. Other. Please describe:
- i. Don't know/prefer not to answer

17. Do you typically speak any of the following languages at home? [yes/no]

- a. Chinese
- b. English
- c. Russian
- d. Spanish
- e. Vietnamese
- f. Other. Please specify:

18. What is your gender?

- a. Female
- b. Male
- c. Non-binary
- d. Prefer not to say

19. What is your relationship to the preschool student in your care?

- a. Parent/Step Parent/Adoptive Parent
- b. Grandparent
- c. Foster Parent
- d. Other Legal Guardian
- e. Other, Please Describe:

As a thank you for completing the survey, we would like to enter you into a raffle for several \$50 Amazon gift cards. Four gift cards will be awarded in each regional learning hub area. We are asking you for contact information to enter you into the raffle. This information will NOT be connected in any way to your survey answers. You can choose not to participate in the raffle.

- 1. I would like to participate in the raffle.** [yes/no] [If no, go to end]
- 2. Which county do you live in:** [drop down menu]
- 3. Your name**
- 4. Your email**
- 5. Your phone number**
- 6. Can we text you?** [yes/no]

Thank you for participating in the survey!

Appendix B: Family Survey Tables and Figures

Table B1. Response rates for the CE Family Survey by Hub

| Hub | No. of Respondents | Response Rate |
|---|--------------------|---------------|
| Blue Mountain Early Learning Hub | 30 | 75.0% |
| Clackamas Early Learning Hub | 12 | 7.2% |
| Early Learning Hub of Central Oregon | 8 | 14.0% |
| Early Learning Hub of Linn, Benton & Lincoln Counties | 39 | 25.7% |
| Early Learning Multnomah | - | - |
| Early Learning Washington County | 74 | 13.5% |
| Eastern Oregon Community Based Services Hub | 15 | 18.3% |
| Four Rivers Early Learning Hub | - | - |
| Frontier Early Learning Hub | - | - |
| Lane Early Learning Alliance | 117 | 20.1% |
| Marion & Polk Early Learning Hub | 72 | 16.9% |
| Northwest Early Learning Hub | 126 | 44.1% |
| South Coast Regional Early Learning Hub | 10 | 13.2% |
| South-Central Oregon Early Learning Hub | 32 | 9.9% |
| Southern Oregon Early Learning Services | 36 | 42.4% |
| Yamhill Early Learning Hub | 13 | 20.6% |

Table B2. Participation in the steps of the Coordinated Enrollment process, by race/ethnicity

| Activity | African American or Black (n=5) | American Indian or Alaska Native (n=2) | Asian (n=5) | Hispanic or Latina/o/x (n=122) | Middle Eastern or North African (n=2) | Native Hawaiian or Pacific Islander (n=1) | White (n=212) | Multi-ethnic/multi-cultural (n=113) |
|--|---------------------------------|--|-------------|--------------------------------|---------------------------------------|---|---------------|-------------------------------------|
| Filled out an application | 100.0% | * | 80.0% | 99.2% | * | * | 97.6% | 100.0% |
| Turned in required documents or information to see if child was eligible | 100.0% | * | * | 97.5% | * | * | 91.3% | 93.8% |
| Were offered a spot | 100.0% | * | * | 84.7% | * | * | 91.0% | 92.5% |
| Enrolled in the offered program | 100.0% | * | * | 97.0% | * | * | 98.3% | 100.0% |

*Data are not presented for groups with sample sizes smaller than 5

Table B3. Participation in the steps of the Coordinated Enrollment process, by language group

| Activity | Chinese (n=1) | English (n=271) | Spanish (n=47) | Other (n=6) | Multilingual (n=149) |
|--|------------------|--------------------|-------------------|----------------|-------------------------|
| Filled out an application | * | 97.8% | 97.9% | 100.0% | 99.3% |
| Turned in required documents or information to see if child was eligible | * | 90.6% | 95.7% | 100.0% | 98.0% |
| Were offered a spot | * | 91.7% | 86.4% | 83.3% | 82.8% |
| Enrolled in the offered program | * | 97.7% | 100.0% | 100.0% | 95.0% |

*Data are not presented for groups with sample sizes smaller than 5

Table B4. Participation in the steps of the Coordinated Enrollment process, by geographic region

| Activity | Frontier (n=19) | Rural (n=295) | Urban (n=270) |
|--|--------------------|------------------|------------------|
| Filled out an application | 100.0% | 97.3% | 98.5% |
| Turned in required documents or information to see if child was eligible | 100.0% | 88.5% | 97.7% |
| Were offered a spot | 72.2% | 91.5% | 87.0% |
| Enrolled in the offered program | 92.3% | 96.4% | 96.3% |

Table B5. Participation in the steps of the Coordinated Enrollment process, by whether child is experiencing a disability or chronic medical needs

| Activity | Child has IFSP or is experiencing disability or medical needs | Child does not have IFSP nor is experiencing disability or medical needs |
|--|---|--|
| Filled out an application | 98.5% | 98.2% |
| Turned in required documents or information to see if child was eligible | 95.5% | 93.3% |
| Were offered a spot | 92.2% | 87.7% |
| Enrolled in the offered program | 93.2% | 97.7% |

Table B6. Satisfaction with the steps in the Coordinated Enrollment process, by race/ethnicity

African American (n=5)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 40.0% | 40.0% | 20.0% | 0.0% |
| Information, flyers, and/or materials received | 60.0% | 40.0% | 0.0% | 0.0% |
| How eligibility process was explained | 60.0% | 40.0% | 0.0% | 0.0% |
| How long it took to get answers to questions | 60.0% | 40.0% | 0.0% | 0.0% |
| How long it took to find out if my child was eligible | 60.0% | 40.0% | 0.0% | 0.0% |

Hispanic or Latino/a/x (n=122)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 58.6% | 33.3% | 0.0% | 8.1% |
| Information, flyers, and/or materials received | 55.2% | 35.2% | 2.9% | 6.7% |
| How eligibility process was explained | 56.4% | 29.1% | 2.7% | 11.8% |
| How long it took to get answers to questions | 48.6% | 36.0% | 3.6% | 11.7% |
| How long it took to find out if my child was eligible | 50.0% | 32.1% | 8.0% | 9.8% |

White (n=212)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 44.4% | 50.8% | 2.1% | 2.6% |
| Information, flyers, and/or materials received | 48.3% | 41.5% | 6.8% | 3.4% |
| How eligibility process was explained | 48.1% | 39.6% | 9.1% | 3.2% |
| How long it took to get answers to questions | 46.8% | 37.1% | 10.8% | 5.4% |
| How long it took to find out if my child was eligible | 47.1% | 35.3% | 9.6% | 8.0% |

Multiethnic/multiracial (n=113)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 51.5% | 42.7% | 1.0% | 4.9% |
| Information, flyers, and/or materials received | 46.0% | 45.0% | 1.0% | 8.0% |
| How eligibility process was explained | 53.4% | 37.9% | 2.9% | 5.8% |
| How long it took to get answers to questions | 52.5% | 33.3% | 6.1% | 8.1% |
| How long it took to find out if my child was eligible | 55.4% | 25.7% | 9.9% | 8.9% |

Note: Other groups are not presented because sample sizes were smaller than 5

Table B7. Satisfaction with the steps in the Coordinated Enrollment process, by language

English Monolingual (n=236)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 41.1% | 51.3% | 3.4% | 4.2% |
| Information, flyers, and/or materials received | 46.4% | 41.8% | 6.8% | 5.0% |
| How eligibility process was explained | 46.4% | 41.3% | 7.2% | 5.1% |
| How long it took to get answers to questions | 45.5% | 39.0% | 8.2% | 7.4% |
| How long it took to find out if my child was eligible | 47.8% | 35.3% | 7.8% | 9.1% |

Spanish Monolingual (n=41)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 56.1% | 31.7% | 2.4% | 9.8% |
| Information, flyers, and/or materials received | 56.1% | 29.3% | 4.9% | 9.8% |
| How eligibility process was explained | 58.5% | 22.0% | 7.3% | 12.2% |
| How long it took to get answers to questions | 50.0% | 35.0% | 7.5% | 7.5% |
| How long it took to find out if my child was eligible | 51.2% | 26.8% | 7.3% | 14.6% |

Other Monolingual (n=113)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 40.0% | 60.0% | 0.0% | 0.0% |
| Information, flyers, and/or materials received | 50.0% | 33.3% | 16.7% | 0.0% |
| How eligibility process was explained | 60.0% | 20.0% | 0.0% | 20.0% |
| How long it took to get answers to questions | 0.0% | 60.0% | 40.0% | 0.0% |
| How long it took to find out if my child was eligible | 0.0% | 40.0% | 40.0% | 20.0% |

Multilingual (n=141)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 55.3% | 39.0% | 2.1% | 3.5% |
| Information, flyers, and/or materials received | 45.9% | 45.9% | 3.0% | 5.2% |
| How eligibility process was explained | 50.4% | 36.2% | 6.4% | 7.1% |
| How long it took to get answers to questions | 47.5% | 35.5% | 9.2% | 7.8% |
| How long it took to find out if my child was eligible | 46.9% | 32.9% | 11.9% | 8.4% |

Note: Other groups are not presented because sample sizes were smaller than 5

Table B8. Satisfaction with the steps in the Coordinated Enrollment process, by geographic region

Frontier (n=19)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 52.6% | 36.8% | 5.3% | 5.3% |
| Information, flyers, and/or materials received | 55.6% | 38.9% | 0.0% | 5.6% |
| How eligibility process was explained | 68.4% | 15.8% | 10.5% | 5.3% |
| How long it took to get answers to questions | 57.9% | 21.1% | 15.8% | 5.3% |
| How long it took to find out if my child was eligible | 52.6% | 21.1% | 10.5% | 15.8% |

Rural (n=239)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 42.3% | 49.4% | 2.5% | 5.9% |
| Information, flyers, and/or materials received | 44.1% | 42.3% | 7.5% | 6.2% |
| How eligibility process was explained | 46.8% | 39.7% | 6.8% | 6.8% |
| How long it took to get answers to questions | 45.4% | 36.1% | 9.2% | 9.2% |
| How long it took to find out if my child was eligible | 44.8% | 35.6% | 8.8% | 10.9% |

Urban (n=243)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 52.3% | 40.3% | 3.7% | 3.7% |
| Information, flyers, and/or materials received | 47.8% | 42.2% | 5.2% | 4.8% |
| How eligibility process was explained | 49.8% | 35.7% | 7.9% | 6.6% |
| How long it took to get answers to questions | 47.7% | 37.1% | 8.4% | 6.8% |
| How long it took to find out if my child was eligible | 52.3% | 30.1% | 9.6% | 7.9% |

Table B9. Satisfaction with the steps in the Coordinated Enrollment process, by whether child is experiencing a disability or chronic medical needs

Child has IFSP or is experiencing disability or medical needs (n=64)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 43.8% | 46.9% | 1.6% | 7.8% |
| Information, flyers, and/or materials received | 46.6% | 43.1% | 1.7% | 8.6% |
| How eligibility process was explained | 40.6% | 46.9% | 3.1% | 9.4% |
| How long it took to get answers to questions | 38.1% | 44.4% | 7.9% | 9.5% |
| How long it took to find out if my child was eligible | 45.2% | 37.1% | 9.7% | 8.1% |

Child does not have IFSP nor is experiencing disability or medical needs (n=394)

| Step | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|---|----------------|-----------|-------------|------------------|
| Amount of documentation had to provide | 48.6% | 43.7% | 3.3% | 4.3% |
| Information, flyers, and/or materials received | 46.7% | 42.1% | 5.9% | 5.3% |
| How eligibility process was explained | 51.0% | 35.1% | 7.7% | 6.2% |
| How long it took to get answers to questions | 47.7% | 35.7% | 9.4% | 7.3% |
| How long it took to find out if my child was eligible | 49.1% | 32.1% | 9.3% | 9.5% |

Table B10. Satisfaction with the program in which child was offered a spot, by subgroup

| Race/ethnicity* | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
|--|----------------|-----------|-------------|------------------|
| African American or Black (n=5) | 40.0% | 40.0% | 20.0% | 0.0% |
| Hispanic or Latina/o/x (n=94) | 70.2% | 25.5% | 3.2% | 1.1% |
| White (n=167) | 79.6% | 16.8% | 3.0% | 0.6% |
| Multiracial/Multiethnic (n=97) | 78.4% | 20.6% | 0.0% | 1.0% |
| Language** | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
| English monolingual (n=212) | 80.2% | 15.6% | 3.3% | 0.6% |
| Spanish monolingual (n=37) | 70.3% | 24.3% | 5.4% | 0.0% |
| Other language monolingual (n=5) | 40.0% | 60.0% | 0.0% | 0.0% |
| Multilingual (n=112) | 69.6% | 28.6% | 0.9% | 0.9% |
| Geographic Region | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
| Frontier (n=9) | 77.8% | 22.2% | 0.0% | 0.0% |
| Rural (n=206) | 75.7% | 20.4% | 3.4% | 0.5% |
| Urban (n=199) | 73.4% | 23.6% | 2.0% | 1.0% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Very Satisfied | Satisfied | Unsatisfied | Very Unsatisfied |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=54) | 66.7% | 27.8% | 3.7% | 1.9% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=341) | 76.2% | 20.5% | 2.6% | 0.6% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B11. What worked well in the Coordinated Enrollment process, by subgroup

Ease of completing application/online format/ability to upload forms

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=101) | 31.7% |
| White (n=159) | 45.9% |
| Multiracial/Multiethnic (n=89) | 44.9% |
| Language** | Percent |
| English monolingual (n=207) | 46.4% |
| Spanish monolingual (n=39) | 25.6% |
| Other language monolingual (n=5) | 40.0% |
| Multilingual (n=119) | 36.1% |
| Geographic Region | Percent |
| Frontier (n=12) | 25.0% |
| Rural (n=194) | 43.8% |
| Urban (n=188) | 37.8% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 39.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 40.5% |

Good communication/help from Hub staff

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=101) | 19.8% |
| White (n=159) | 22.6% |
| Multiracial/Multiethnic (n=89) | 27.0% |
| Language** | Percent |
| English monolingual (n=207) | 22.2% |
| Spanish monolingual (n=39) | 23.1% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 21.0% |
| Geographic Region | Percent |
| Frontier (n=12) | 25.0% |
| Rural (n=194) | 21.6% |
| Urban (n=188) | 22.9% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 17.9% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 23.1% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B11. What worked well in the Coordinated Enrollment process, by subgroup continued

Satisfaction with the program in which child was placed

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=101) | 14.9% |
| White (n=159) | 10.7% |
| Multiracial/Multiethnic (n=89) | 11.2% |
| Language** | Percent |
| English monolingual (n=207) | 9.7% |
| Spanish monolingual (n=39) | 17.9% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 12.6% |
| Geographic Region | Percent |
| Frontier (n=12) | 16.7% |
| Rural (n=194) | 10.8% |
| Urban (n=188) | 11.7% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 12.5% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 11.2% |

General satisfaction

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=101) | 12.9% |
| White (n=159) | 5.7% |
| Multiracial/Multiethnic (n=89) | 5.6% |
| Language** | Percent |
| English monolingual (n=207) | 6.8% |
| Spanish monolingual (n=39) | 10.3% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 10.1% |
| Geographic Region | Percent |
| Frontier (n=12) | 0.0% |
| Rural (n=194) | 9.8% |
| Urban (n=188) | 8.0% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 14.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 7.7% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B11. What worked well in the Coordinated Enrollment process, by subgroup continued

Nothing, dissatisfied

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=101) | 7.9% |
| White (n=159) | 5.7% |
| Multiracial/Multiethnic (n=89) | 3.4% |
| Language** | Percent |
| English monolingual (n=207) | 4.8% |
| Spanish monolingual (n=39) | 7.7% |
| Other language monolingual (n=5) | 60.0% |
| Multilingual (n=119) | 9.2% |
| Geographic Region | Percent |
| Frontier (n=12) | 25.0% |
| Rural (n=194) | 6.7% |
| Urban (n=188) | 6.4% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 7.1% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 7.1% |

Timeliness of communications/process

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=101) | 7.9% |
| White (n=159) | 8.2% |
| Multiracial/Multiethnic (n=89) | 6.7% |
| Language** | Percent |
| English monolingual (n=207) | 8.7% |
| Spanish monolingual (n=39) | 5.1% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 6.7% |
| Geographic Region | Percent |
| Frontier (n=12) | 8.3% |
| Rural (n=194) | 5.7% |
| Urban (n=188) | 8.5% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 7.1% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 7.1% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B11. What worked well in the Coordinated Enrollment process, by subgroup continued

Other

| Race/ethnicity* | Percent |
|--|----------------|
| Hispanic or Latina/o/x (n=101) | 5.0% |
| White (n=159) | 1.3% |
| Multiracial/Multiethnic (n=89) | 1.1% |
| Language** | Percent |
| English monolingual (n=207) | 1.4% |
| Spanish monolingual (n=39) | 10.3% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 4.2% |
| Geographic Region | Percent |
| Frontier (n=12) | 0.0% |
| Rural (n=194) | 1.5% |
| Urban (n=188) | 4.8% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 1.8% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 3.3% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B12. Suggestions to improve the Coordinated Enrollment process, by subgroup

Nothing, satisfied with process as-is

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 52.5% |
| White (n=140) | 40.7% |
| Multiracial/Multiethnic (n=85) | 63.5% |
| Language** | Percent |
| English monolingual (n=207) | 37.6% |
| Spanish monolingual (n=39) | 54.0% |
| Other language monolingual (n=5) | 33.3% |
| Multilingual (n=119) | 46.4% |
| Geographic Region | Percent |
| Frontier (n=10) | 40.0% |
| Rural (n=178) | 45.5% |
| Urban (n=169) | 48.6% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 32.6% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 49.0% |

Better communication from Hub staff once the process is started

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 11.0% |
| White (n=140) | 19.3% |
| Multiracial/Multiethnic (n=85) | 10.6% |
| Language** | Percent |
| English monolingual (n=207) | 22.2% |
| Spanish monolingual (n=39) | 23.1% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 21.0% |
| Geographic Region | Percent |
| Frontier (n=10) | 20.0% |
| Rural (n=178) | 17.4% |
| Urban (n=169) | 16.6% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 9.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 18.1% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B12. Suggestions to improve the Coordinated Enrollment process, by subgroup continued

Clarity around eligibility/process/instructions/actual programs involved

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 6.1% |
| White (n=140) | 14.3% |
| Multiracial/Multiethnic (n=85) | 3.5% |
| Language** | Percent |
| English monolingual (n=207) | 12.3% |
| Spanish monolingual (n=39) | 2.7% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 6.1% |
| Geographic Region | Percent |
| Frontier (n=10) | 0.0% |
| Rural (n=178) | 10.7% |
| Urban (n=169) | 7.1% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 11.6% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 8.1% |

Better/quicker timeline

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 6.1% |
| White (n=140) | 9.3% |
| Multiracial/Multiethnic (n=85) | 11.8% |
| Language** | Percent |
| English monolingual (n=207) | 9.1% |
| Spanish monolingual (n=39) | 2.7% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 9.1% |
| Geographic Region | Percent |
| Frontier (n=10) | 10.0% |
| Rural (n=178) | 9.0% |
| Urban (n=169) | 8.3% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 16.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 7.7% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B12. Suggestions to improve the Coordinated Enrollment process, by subgroup continued

More options/slots for care (e.g., infant/toddler, before/after care/transportation)

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 8.5% |
| White (n=140) | 4.3% |
| Multiracial/Multiethnic (n=85) | 5.9% |
| Language** | Percent |
| English monolingual (n=207) | 3.7% |
| Spanish monolingual (n=39) | 16.2% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 4.0% |
| Geographic Region | Percent |
| Frontier (n=10) | 0.0% |
| Rural (n=178) | 5.1% |
| Urban (n=169) | 7.1% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 9.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 5.5% |

Other

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 3.7% |
| White (n=140) | 3.6% |
| Multiracial/Multiethnic (n=85) | 2.4% |
| Language** | Percent |
| English monolingual (n=207) | 3.7% |
| Spanish monolingual (n=39) | 2.7% |
| Other language monolingual (n=5) | 16.7% |
| Multilingual (n=119) | 5.1% |
| Geographic Region | Percent |
| Frontier (n=10) | 10.0% |
| Rural (n=178) | 2.2% |
| Urban (n=169) | 5.9% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 11.6% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 2.9% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B12. Suggestions to improve the Coordinated Enrollment process, by subgroup continued

Expansion of eligibility guidelines (e.g., higher incomes, other age groups)

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 5.0% |
| White (n=140) | 1.3% |
| Multiracial/Multiethnic (n=85) | 1.1% |
| Language** | Percent |
| English monolingual (n=207) | 1.6% |
| Spanish monolingual (n=39) | 2.7% |
| Other language monolingual (n=5) | 16.7% |
| Multilingual (n=119) | 6.1% |
| Geographic Region | Percent |
| Frontier (n=10) | 20.0% |
| Rural (n=178) | 3.4% |
| Urban (n=169) | 1.8% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 2.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 3.2% |

Other ways to complete application other than online

| Race/ethnicity* | Percent |
|--|---------|
| Hispanic or Latina/o/x (n=82) | 3.7% |
| White (n=140) | 2.9% |
| Multiracial/Multiethnic (n=85) | 0.0% |
| Language** | Percent |
| English monolingual (n=207) | 1.6% |
| Spanish monolingual (n=39) | 8.1% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 5.1% |
| Geographic Region | Percent |
| Frontier (n=10) | 0.0% |
| Rural (n=178) | 3.4% |
| Urban (n=169) | 3.0% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 4.7% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 2.9% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Table B12. Suggestions to improve the Coordinated Enrollment process, by subgroup continued

Fewer or (different) requirements

| Race/ethnicity* | Percent |
|--|----------------|
| Hispanic or Latina/o/x (n=82) | 2.4% |
| White (n=140) | 2.9% |
| Multiracial/Multiethnic (n=85) | 1.2% |
| Language** | Percent |
| English monolingual (n=207) | 1.6% |
| Spanish monolingual (n=39) | 0.0% |
| Other language monolingual (n=5) | 0.0% |
| Multilingual (n=119) | 3.0% |
| Geographic Region | Percent |
| Frontier (n=10) | 0.0% |
| Rural (n=178) | 3.4% |
| Urban (n=169) | 1.8% |
| Whether Child is Experiencing a Disability or Chronic Medical Needs | Percent |
| Child has IFSP or is experiencing a disability or chronic medical needs (n=56) | 2.3% |
| Child does not have IFSP and is not experiencing disability or chronic medical needs (n=338) | 2.6% |

*Other groups are not presented because sample sizes were smaller than 5

**Chinese monolingual is not presented because sample size is smaller than 5

Appendix C: Coordinated Enrollment Hub Interview Questions

1. Since Spring 2021, what has been your experience with Coordinated Enrollment? We will ask questions specifically about Preschool Promise enrollment next, so please focus responses to this set of questions on Coordinated Enrollment.

- What support and/or technical assistance would you like to see moving forward for coordinated enrollment?
- What changes would you like to see with coordinated enrollment for the 2021-22 program year?
- Is your Hub continuing to experience challenges related to coordinated enrollment that you listed on the self-assessment?
- What has been done to try to address these challenges?
- Were efforts to address challenges successful or not successful?
- What technical assistance or support from ELD would be helpful for addressing barriers and challenges for coordinated enrollment?

2. What have partnerships related to coordinated enrollment looked like for your Hub?

- Do you have a set agenda or format for how partnerships happen?
- Do you have regular meetings to move forward plans?
- What supports and/or technical assistance related to partnerships would you like to see moving forward?

3. Since Spring 2021, what has been your experience with Preschool Promise enrollment?

- What support and/or technical assistance would you like to see moving forward for Preschool Promise enrollment?
- What changes would you like to see with Preschool Promise enrollment for the 2021-22 program year?
- Is your Hub continuing to experience challenges related to Preschool Promise enrollment that you listed on the self-assessment?
- What has been done to try to address these challenges?
- Were efforts to address challenges successful or not successful?
- What technical assistance or support from ELD would be helpful for addressing barriers and challenges for Preschool Promise enrollment?

4. What does your current data system look like for Preschool Promise enrollment? (prompts, if information not included: name of the system; use or assignment of unique identifiers such as SSID or ChildPlusID for children, or ODE InstitutionID for organizations; type of data storage or interface, such as cloud-based or Microsoft SQL server)

- Do you have any concerns with your current data system? If so, what are they?
- Do you have any needs for putting a data system in place or improving the current data system? If so, what would your region need?

- Is your data system required to comply with FERPA or HIPAA? (If yes for HIPAA: Is your organization a Covered Entity, a Business Associate with a BAA, a Hybrid Entity, or need to comply with HIPAA for a different reason?)
- Is your current data system FERPA or HIPAA compliant?

5. What materials have you created related to coordinated enrollment (e.g. agendas, planning documents, marketing materials)?

- Would you be willing to share materials you've created by the end of Oct? (If yes, please email materials to EMAIL ADDRESS)
- If yes, could materials be shared with other Hubs as an example?
- What are the barriers or challenges to creating shared coordinated enrollment materials?

6. Are you familiar with the ELD 4 year plan for coordinated enrollment "Coordinated Enrollment Implementation Plan"?

- If yes, what is your understanding of ELD's 4yr plan for coordinated enrollment?
- If no, what would help you to have a better understanding of the plan?
- Are you familiar with the expectations for your role in this plan?
- If yes, what support would you need to fulfill your role in this plan?
- If no, what would help you have a better understanding of your role?
- Do you have the infrastructure needed to move forward with ELD's Coordinated Enrollment Implementation Plan?
- If not, what would your region need to be put in place?
- What additional collaboration and partnerships in your region would need to be in place in order for the ELD Coordinated Enrollment Implementation Plan to be successful?

7. Anything else you'd like us to know about your experience with CE implementation?

Appendix D: Coordinated Enrollment Self-Reflection Template

The Coordinated Enrollment Self-Reflection is designed for coordinated enrollment staff to reflect on successes and challenges of the past program year and continue to plan for next program year.

Specifically, the reflection focuses on four sections of work in coordinated enrollment:

- Marketing, outreach, & recruitment
- Eligibility determination
- Selection and placement
- Overall partnerships

Within each section, the reflection lists performance goals in four categories: planning, implementing, unifying, and evaluating. Each section also includes an item to identify opportunities and challenges identified during the prior program year.

When completing this self-reflection, CE staff should keep the following in mind:

- Coordinated enrollment staff and their program partners are not expected to have completed tasks in all the categories of each performance goal
- The data from this initial self-reflection should be used baseline data, against which to measure progress in future years
- The data collected in this self-reflection will be combined with information from other reflective opportunities (family experience survey, etc.) by the PDG research team to create a final report that will give recommendations on regional EL Hub and ELD work moving forward
- Data will be translated into action through technical assistance on interpreting results and planning changes to EL Hub coordinated enrollment processes and ELD policy and procedures

Key Terms

Data management system: Any tool or method for collecting, storing and analyzing enrollment data, such as software, spreadsheet, shared Google form, hard copies, etc.

Enrollment data: Any data or records collected during the enrollment process, which may include number of interested families, number of eligible families, demographic characteristics of the applicant pool and enrolled children, etc.

Equitable: In the context of the “evaluating” column, recognizing that children, families, program partners, and community stakeholders in different communities each have different needs in order to thrive, taking their needs into account in decision making related to providing supports and resources, and prioritizing those in institutionally underserved communities.

Indicator: Behaviors or actions that serve as evidence of progress of the performance goal.

Performance Goal: A statement about what will be true when fully implementing a highly effective coordinated enrollment process.

Program partners: For 2020-2021, this includes Preschool Promise providers, Child Care Resource and Referral agencies, Head Start/OPK partners and Early Intervention/Early Childhood Special Education (EI/ECSE) at a minimum. Additional program partners may include Baby Promise, additional K-12 programs, local publicly funded ECE opportunities, CBOs, etc.

Unique site characteristics: Characteristics of sites that families use to make an informed choice about where to enroll their child. These may include mental health supports for children, services in languages other than English, language immersion curriculum, transportation services, nutrition services, culturally-specific programming and services, extended hours, wraparound services (health/dental screenings, developmental screenings, educational home visiting, family services, etc.)

Instructions

Read each performance goal and the indicator for each item. Select all of the indicators that reflect the actions taken in communities to accomplish each statement. Coordinated enrollment staff can choose more than one indicator and indicators chosen may be out of the order they are asked in (i.e. you may select “evaluating” even if you do not select “unifying”).

Coordinated enrollment staff must submit the self-reflection responses at this link. The template below may be used to draft and review responses prior to submitting. Coordinated enrollment staff may choose to engage their system partners and/or Regional Stewardship Committee in this initial self-reflection, but are not required to do so. The self-reflection is due electronically by **June 1, 2021**.

Defining Program Partners

At a minimum program partners include:

- Preschool Promise providers
- Child Care Resource and Referral agencies
- Head Start/OPK partners
- Early Intervention/Early Childhood Special Education (EI/ECSE)
- Additional program partners may include Baby Promise providers, additional K-12 programs, local publicly funded ECE opportunities, community based organizations, etc.
- Please indicate the partners represented in your coordinated enrollment planning and implementation:

Section 1: Marketing, Outreach & Recruitment Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|---|---|--|--|---|
| <p>1. Created informational materials with the goal of increasing public awareness of publicly-funded early care and education options.</p> | <p>Collaborated with program partners to create or update informational materials in easy-to-read language(s) and media formats to increase public awareness of ECE options</p> | <p>Created informational materials in a variety of locations, languages, and/or formats to meet the needs of families in priority populations in the community</p> | <p>Included all publicly-funded program types and program partners in all of the informational materials (i.e., all materials include references to all publicly-funded programs)</p> | <p>Evaluated how equitable and effective the informational materials were to identify opportunities to reach more families</p> |
| <p>2. Disseminated informational materials strategically throughout the community by leveraging strong community partnerships to increase families' exposure to materials.</p> | <p>Collaborated with program partners and other community stakeholders to locate campaign materials strategically throughout the community</p> | <p>Distributed informational materials in a variety of locations, languages, and/or formats to meet the needs of families in priority populations in the community</p> | <p>Engaged all program types, program partners and other relevant stakeholders to distribute informational materials strategically throughout the community</p> | <p>Evaluated how equitable and effective the location of informational materials and the process used to distribute materials was to identify opportunities to reach more families</p> |
| <p>3. Increased family awareness about unique site characteristics by creating meaningful materials, locating them strategically, and training program partners to ensure consistent communication.</p> <p><i>Example unique site characteristics: mental health supports for children, services in languages other than English, language immersion curriculum, transportation services, nutrition services, culturally-specific programming and services, extended hours, wraparound services (health/dental screenings, developmental screenings, educational home visiting, family services, etc.)</i></p> | <p>Collaborated with program partners and other stakeholders to create or update informational materials and training(s) about all site characteristics in easy-to-read language(s) and media formats</p> | <p>Distributed informational materials to families that included step-by-step instructions for unique site characteristics, trained program partners, and provided written guidance on policies and procedures for any additional enrollment or registration needs for unique site characteristics</p> | <p>Ensured that all program partners were offered the same trainings and used the same guidance when communicating with families about unique site characteristics, and that families were offered information about services available in a variety of settings</p> | <p>Evaluated how equitable and effective the informational materials and process for training staff on unique site characteristics was to identify opportunities to reach more families</p> |
| <p>4. Analyzed data to develop a plan for effectively engaging families in priority populations in the marketing and outreach campaign.</p> <p><i>Example data: demographic data, birth rate data, kindergarten class data, priority population enrollment data, statewide needs assessment data</i></p> | <p>Identified the relevant data sources needed to effectively plan for improving engagement with families in priority populations</p> | <p>Used focused and specific strategies to engage families in priority populations in the marketing and outreach campaign</p> <p><i>Example strategies: locating round-ups and informational materials in specific areas within community, printing materials in native languages consistent with projected enrollment, etc.</i></p> | <p>Coordinated with all program types and relevant stakeholders to implement the focused and specific strategies to engage families in priority populations</p> | <p>Evaluated how equitable and effective outreach was by measuring any changes in enrollment for families in priority populations</p> |

Opportunities and Challenges for Marketing, Outreach, and Recruitment

This is an opportunity to reflect on your past performance and plan for the future.

- **What challenges or barriers have been identified through these experiences?**
- **How will these responses be shared with partners and inform decisions for the next year?**

Section 2: Eligibility Determination Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|---|---|--|---|---|
| <p>1. Implemented a unified, systematic, and consistent process to determine eligibility by verifying income for families applying for publicly-funding programs.</p> | Collaborated with program partners to develop a process to determine program eligibility | Implemented the eligibility determination process in an accurate and consistent manner, and in a manner that limits undue burden for families | Used a unified income eligibility process with all program partners and funding types | Evaluated how equitable and effective the unified eligibility determination process was in order to address inefficiencies, inaccuracies, or unnecessary burdens for families |
| <p>2. Provided comprehensive training for all program partners and relevant staff on the income verification and eligibility determination process.</p> | Collaborated with program partners to develop or update materials and schedule for training on the eligibility determination process | Provided training for staff and program partners on eligibility determination policies and procedures to ensure consistency in communication and implementation for families | Ensured that <i>all</i> program partners and relevant staff were trained and that all program partners used the same process for determining eligibility and verifying income | Evaluated how equitable and effective the eligibility determination training provided was in order to identify opportunities for continuous improvement |
| <p>3. Implemented a data management system to monitor and revise the eligibility determination process to ensure accurate placement decisions.</p> <p><i>Example data management systems: software, spreadsheet, shared Google form, hard copies, etc.</i></p> | Collaboratively developed or updated systems to track and manage income verification and eligibility data collection that allowed for the ongoing monitoring of these data for consistency and accuracy | Used the data management system to monitor eligibility determination results to make timely selection and placement decisions and communicate those decisions to providers | Used the data management system to track and manage income verification and eligibility data for all program types and funding streams | Evaluated how equitable and effective the data management system was to remove inefficiencies and make improvements |

Opportunities and Challenges for Eligibility Determination

This is an opportunity to reflect on your past performance and plan for the future.

- **What challenges or barriers have been identified through these experiences?**
- **How will these responses be shared with partners and inform decisions for the next year?**

Section 3: Selection and Placement Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|--|---|---|--|--|
| <p>1. Provided comprehensive training on the application, selection, and enrollment process for staff and program partners.</p> | <p>Collaborated with program partners to develop or update materials and schedule for training on the application, selection and enrollment process</p> | <p>Provided training for staff and program partners on the application, selection and enrollment policies and procedures to ensure consistency in communication and implementation</p> | <p>Ensured that <i>all</i> program partners and relevant staff were trained on the application, selection and enrollment process</p> | <p>Evaluated how equitable and effective the training provided was in order to identify opportunities for continuous improvement</p> |
| <p>2. Implemented a data system to manage and monitor applications, placement and applicant pool decisions for families and program partners.</p> <p><i>Example data management systems: software, spreadsheet, shared Google form, hard copies, etc.</i></p> | <p>Collaboratively developed or updated a system to track and manage application, selection and enrollment information that created efficiency and transparency for families</p> <p><i>Example data: real-time vacancy information, family preference, and applicant pool information, etc.</i></p> | <p>Used the data management system to ensure families are matched based on preference in a way that maximized the number of slots filled, and that provided transparent information on applicant pool status for families</p> | <p>Used the data management system to manage and monitor application data, placements, and applicant pool information for <i>all</i> program types and funding sources</p> | <p>Evaluated how equitable and effective the data management system was to remove inefficiencies, improve transparency of information on applicant pool for families, and make improvements for future years</p> |
| <p>3. Established a community-wide system for notifying families of program placement.</p> | <p>Collaborated with program partners to develop a community-wide system for notifying families of program placement and aligning timelines with other programs' selection processes</p> | <p>Implemented a community-wide system for notifying families of program placement options, so that families were informed about program placement in a timely and clear manner</p> | <p>The community-wide system for notifying families was used for communicating placement across <i>all</i> program types</p> | <p>Evaluated how equitable and effective the community-wide system was for notifying families of program placement options to identify opportunities for continuous improvement</p> |

Opportunities and Challenges for Eligibility Determination

This is an opportunity to reflect on your past performance and plan for the future.

- **What challenges or barriers have been identified through these experiences?**
- **How will these responses be shared with partners and inform decisions for the next year?**

Section 4: Partnerships Select all that apply to work done to date

| Performance Goal | Planning | Implementing | Unifying | Evaluating |
|---|--|--|--|--|
| 1. Developed strong partnerships with families, program partners and community stakeholders to plan and implement a coordinated enrollment process | Collaborated with program partners and other stakeholders to plan and implement a coordinated enrollment process | Used focused and specific strategies to engage families as partners and community stakeholders in planning and implementing a coordinated enrollment process | Coordinated with <i>all</i> program types and community stakeholders including families to plan and implement a coordinated enrollment process | Evaluated how equitable and effective partnerships were to ensure representation of families, program types and community stakeholders |

Opportunities and Challenges for Eligibility Determination

This is an opportunity to reflect on your past performance and plan for the future.

- **What challenges or barriers have been identified through these experiences?**
- **How will these responses be shared with partners and inform decisions for the next year?**