

Comments on CCDF Plan for States from ED

Overall Comments:

We recommend the following:

- Separate Health and Safety and Quality Improvement Activities so that quality improvement activities is its own section.
- Refer to “early learning guidelines and standards” rather than early learning guidelines
- Use the term “infants, toddlers, and young children with disabilities” or “children with disabilities” instead of “children with special needs” throughout the document and recommend that the definition of “children with disabilities” be consistent with the definition under IDEA. If there are places where the reference is to both children with disabilities as defined under IDEA and children with special health care needs as defined under Title V be explicit and include both.
- Under Part 3 wasn’t always clear if the questions were being asked about participating child care programs, all child care programs, and/or all early care and education programs; consider adding clarifying language
- Use consistent language when referring to child care professionals, ie teachers/caregivers seems to capture it best.
- Use the term “preschool” rather than “pre-kindergarten or “Pre-K” to be more inclusive.
- Wherever possible add “and families” to “parents”—sometimes it is done but not everywhere.
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Page 9 – Lead Agency Consultation efforts

Consider adding the 21st Century Community Learning Centers program to the list of Agency/Entity with which they might consult in developing the plan.

Table 1.5.1 on page 9

Recommend breaking down the first two boxes into subcategories.

Table 1.5.1 on page 9 and Table 1.6.1 on page 11 – “Inclusion Programs for children with special needs”

In these tables recommend deleting “inclusion programs for children with special needs” from the second row and add an additional row with the following language “State/Territory agencies responsible for services for children with disabilities and developmental delays including the IDEA Part B and Part C programs.

Table 1.5.1 on page 9 and Table 1.6.1 on page 11

Consider adding parent groups or organizations to the list of agencies/entities to consult with.

Page 10 Definition of “coordination”

Revise “child care and early childhood development services” to “child care and early learning and development services”

Page 11 table 1.6.1

Recommend breaking down the first two categories into separate categories.

Page 12 question 1.6.2

A state may have several formal early childhood or early learning plans so revise question to “Does the State/Territory have formal early childhood coordination plan(s)?” Also clarify the age range of “early childhood”.

Page 12 question 1.6.3

Not clear what this question is asking. (horizontal alignment across all 0-5 programs and/or vertical alignment between 0-5 programs and school-age programs?)

Page 14 – 2.1.1

The list of responses include both “who informs” and “how information is made available.” Consider putting in a table so you know how information is made available by which entities.

Other Government Offices – could we add Part C to this?
Public Schools – could we add Preschool Special Ed to this?

Page 14 – 2.1.3

This question doesn’t ask whether the lead agency [or another agency/entity] has a system that assesses/determines the quality of programs. Additionally, recommend being very specific about the types of programs that have a quality rating system in place.

Of particular interest would be how quality is determined, if determined at the state-level.

Page 15 – 2.1.6

Add “tribal communities” to the list of “high quality programs in...”

Page 15 – 2.1.6

“Extend periods of eligibility for families who are also enrolled in Head Start or pre-k programs. “ Recommend adding “Part C early intervention and Part B preschool” to this item or add an additional item.

Page 16 – 2.1.7

Consider adding a similar question on how the LA reaches out to eligible families who have children with disabilities.

Page 18 – 2.2

“child is physically or mentally disabled” how is this defined? If possible recommend changing to “children with disabilities” and making the definition consistent with IDEA.

Page 23 – 2.3.5

Do families have to pay more for care that is of high-quality or pay more as the quality of care improves?

Pages 23 and 24 – 2.4 and 2.4.1

“children with special needs” revise to read “infants, toddlers and children with disabilities” or “children with disabilities”

Page 25 2.5.2

Do/should states assess how well families understand their options?

Page 25 – 2.5.2

Recommend incorporating program quality into the different questions – is information about quality or about how to learn more about [how to determine] the quality of the programs provided?

Page 26 – 2.5.3

Recommend changing “Programs to serve children with special needs” to three items: “programs to serve infants and toddlers with disabilities” “programs to serve preschoolers with disabilities” and “programs to serve children with special health care needs”

Page 27 2.5.5

Recommend changing “restricted to care for children with special needs or medical condition” to read “restricted to care for children with disabilities or special health care needs”

Page 29 – 2.6.6

Recommend changing “differential rate for children with special needs” to read “Differential rate for children with disabilities” [and/or children with special health care needs]

Page 30 Part 3 Introduction

Second paragraph – consider adding a sentence on why it is important to improve the quality of child care (ie, improving quality will improve outcomes for children so they develop the skills they need for success in school and life)

Add “and education” to “While one of the key goals for CCDF is helping more low-income children access higher quality care,…” and change “higher” to “high.”

Page 39 -41 – Tables for Health and Safety Training Requirements

These tables all say "Working with Children with Special Needs or Disabilities" - need to be specific about who is included in this group or the data will be of limited use - disabilities under IDEA or any type of special need as defined by whom?

Add “Mental Health and Depression” to chart listing “health and Safety Training Requirements.”

P. 42 – 3.2.2 Early Learning Guidelines

Consider adding an item around whether the ELG are inclusive of all children including those with disabilities, ELL.

Ask if the state has any plans to update their early learning standards.

Recommend using the following domains: Physical well-being and motor development; Social-emotional development; Language and literacy development; Cognition and general knowledge, including early numeracy and early scientific development; Approaches toward learning.

P. 42 – 3.2.3

Recommend adding preschool programs and LEAs as entities to whom the early learning standards could be distributed.

Page 3.3.

Recommend adding a component that addresses/incorporates improved outcomes for children (a #6).

p. 43 3.2.7 (a) Data & Performance Measures on ELG

Clarify how often these data are collected, annually?

p. 44 3.31 Program Standards

In the listing under (a) ---change “family partnerships” to “family engagement” and add an additional item to the list “data-based decision making”

Page 45 – b)

Change “children with special needs” to “children with disabilities”

Page 45 – d)

Not clear what “core competencies” is referring to core competencies for child care professionals?

Is “k-12 standards” referring to program standards or content standards?

Is “prek standards” referring to program or content standards?

Page 45-46 3.3.2 Non-monetary supports

In the table under (a):

consider adding a column that reflects on-going support

add a row on building partnerships with LEAs/schools

change “integrating children with special needs” to “including children with disabilities”

Page 47-48

Under (b) Add IDEA Part C and /or Part B 619

(c)-- Consider organizing this section around pieces of a comprehensive assessment system (see Discussion Document) ---Also reword 4th item under (c) to read, “Child assessment used to identify children eligible for early intervention or special education services, modify.....”

Page 49 – 3.3.6 b)

Should include a box for IDEA Part C and Part B

Page 49 3.3.7 Data & Performance Measures on Program Quality

Are you interested in how often a State collects these data? On an annual basis?

Also under (a) are you interested in both the number and the percentage of programs?

Also interested in the types of programs that are moving up (or down) re: quality.

What about the #/% of children in programs of high quality (not just program level information).

Page 50 3.3.7 (a)

Child assessment data. Add “What instruments do you use?”

Page 51 3.4.1

Add “school-based programs”

Page 53 (d) Career ladder

Consider asking specifically about pre-k, Head Start and IDEA.

Page 54 3.4.4 T/TA Capacity

Consider adding a question about whether or not TA is coordinated with other early care and education TA (e.g. Head Start and IDEA)

Page 54 3.4.5/3.4.6

Add a question re: does the state provide PD/training/education as part of if its quality improvement plan (link them to their quality plan)?

Page 57 Goals for the next Biennium

Add language about the progress made toward building a coordinated early care and education PD system.

Page 60 Quality Performance Report

Middle of the page (2) at “implementing” so the beginning of the sentence reads “Establishing and implementing early learning guidelines . . .”

Page 64 2.2.1 Table

First box – Seems to assume that because staff in a program have been trained on ELGs that they are implementing ELGs.

Page 65 3.2.1

Should read – “Including children with disabilities” rather than “Integrating children with special needs”