

Project Title: Ohio Preschool Development Grant Renewal
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Project Summary

When evaluating contributing factors to academic, social, and economic success, early childhood experiences significantly impact one's chances based on socioeconomic status and adverse childhood experiences (ACEs); nearly 1 in 5 Ohio (OH) children, ages 0-5 have been exposed to two or more adverse childhood experiences.

Children under age five are the largest group of Ohioans living in poverty, with 22.5% of 0–5-year-old children at or below the federal poverty level (FPL) and nearly five out of 10 young children living in low-income families (at or below 200% FPL). OH is immediately ready to: (1) Increase access to quality early childhood care and education (ECCE) programs for OH's vulnerable children through stabilization and wage support, shared service infrastructure, therapeutic child care and inclusion expansion; (2) Further integrate OH's mixed delivery system, with coordinated data and reporting to inform policy and state investments; (3) Expand marketing and outreach to increase family awareness, access, and connection to ECCE options; (4) Prepare and support families and children by providing ECCE professionals with culturally appropriate trauma training, credentialing, and parent support; and (5) Use Human-Centered Design (HCD) and build on existing family networks to identify and bridge gaps in the system.

Although the long-term impacts of the COVID pandemic are still unknown, we know between fall 2019-2020, enrollment in public preschools decreased by 27% (approximately 15,000 fewer students), and enrollment in kindergarten decreased by 8% (approximately 10,000 fewer students).¹ Early child care (CC) saw a decrease in the use of Publicly Funded Child Care (PFCC) per month from 114,694 in 1/2020 to 93,178 in 1/2022 (approximately 21,500 children). Early Childhood Mental Health Consultants (ECMH) saw a decrease in the number of children served by over 1,500 children from 2019 -2022. In fall 2021 results showed that only 37.9% of children demonstrated readiness at kindergarten entry, a number that decreases for children who are economically disadvantaged (23.1%), English Learners (17.2%), or identified with a disability (15.2%). The pandemic widened the disparity gap and coincided with significant increases in childhood anxiety and depression (National Survey of Children's Health).

Building on the success of OH's Race to the Top - Early Learning Challenge Grant (ELCG) and the initial preschool development grant (PDG) grant, OH is requesting \$16 million each year to advance the state's early childhood mixed delivery system. OH will make measurable progress toward advancing the vision, *Growing Ohio's Future is creating physically and emotionally strong kids who are safe and ready for kindergarten*. To advance this vision, OH will: (1) Increase access to quality ECCE programs for OH's children, especially those with economic, academic, or social risks; (2) Ensure OH families have the information to make informed choices about where their child attends ECCE and easier access to services through streamlined applications; and (3) Recruit and retain OH's ECCE workforce with additional wage and infrastructure supports.

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Project Description

Expected Outcomes: Through the activities in this grant OH will realize:

1. Workforce: (a) an increase in the number of Administrators, Lead Teachers, and Assistant Teachers; (b) an increase in the length of time professionals stay in the field; and (c) in increase in both child development associate (CDA) and the new inclusive credentials.

2. Capacity: the following across ECCE programs (a) an increase in the number of children being referred and enrolled in services; (b) an increase in the number of infants and toddlers being served; (c) an increase in the number of children being served with disabilities, experiencing homelessness, involved in the child welfare system, in need of non-traditional care, experiencing trauma, and English language learners; and (d) an increase in the number of ECCE programs in areas with CC demand greater than supply especially rural areas.

3. Families: (a) an increase in Women, Infant and Children (WIC) recipients; (b) an increase in children with special needs utilizing PFCC; (c) less time spent applying for assistance programs such as Medicaid, SNAP, Cash Assistance (TANF), WIC, and CC; (d) an increase in the number of children who are approved and utilizing PFCC; (e) an increase in parents' awareness and understanding of the importance of quality early education; and (f) an increase in the number of children who are accessing mental health supports.

4. Quality: (a) an increase in the number of programs earning 3, 4, or 5 stars in Step Up To Quality (SUTQ), (b) an increase in the number of programs maintaining their star rating or progress to a higher rating, (c) a decrease in the number of programs who lose or reduce in star rating during the grant period, and (d) an increase in providers overall.

Approach: If awarded, OH plans to use the grant to concurrently launch both the updated, comprehensive needs assessment and a cross-program, interdisciplinary strategic plan. This will ensure OH's children and families have streamlined access to services ensuring their nutrition, mental health, and health are supported while accessing quality CC. OH will implement strategies under Activities 3-6 to continue the current, and pilot new enhanced workforce supports, strengthen OH's professional development (PD) and career pathway model, and maintain and expand quality in early childhood education (ECE). Expansion will be intentional for all children, but targeted for those with special needs, English Language Learners and those experiencing homelessness, in both urban and rural settings. Finally, Ohio does not have tribal areas/nations so our grant application will not address that population.

Activity 1. Update Comprehensive Statewide B-5 Needs Assessments:

Below you will find OH's: lessons learned (1.1), steps to update the initial-assessment (1.2), plan to understand and assess the ECCE landscape/workforce, with special focus on the COVID

implications (1.3), and steps planned to meaningfully engage families and stakeholders (1.4) more deeply.

1.1 Lessons Learned Since Initial Grant and Next Steps: In the 2018 needs assessment, OH asserted that ECCE was available for the vulnerable B-5 population because PFCC did not have a waitlist, B-5 state programs for children with disabilities served all eligible children, Head Start (HS)/Early Head Start (EHS) providers had unused spots, and Preschool Special Education (PSE) programs were highly rated in the State's tiered quality rating and improvement system, SUTQ. The larger concern at that time was about how many ECCE spaces were available because the state lacked quality settings in many geographic locations. At that time, only 83% of HS grantees and 39% of PFCC providers were rated, resulting in only 49% of children in PFCC in an ECCE program with a rated provider. The state made a concerted effort to get all PFCC-serving CC programs into SUTQ by targeted outreach, a multi-media campaign, providing technical assistance, and creating specific support for family CC programs to assist with the costs of licensure and becoming rated. These efforts resulted in all programs serving PFCC children participating in SUTQ by 9/2020, a major achievement.

Since the initial grant, OH routinely reviews and assesses its unduplicated child level data. These metrics helped identify obstacles and opportunities to and maintaining quality ratings, leading to revisions in policy, targeted technical assistance, and HCD initiatives. During the COVID pandemic states were faced with the dilemma of closing CC programs. Because OH had readily available data, we could immediately determine the number of vulnerable children and families that would be impacted if, and when, CC programs closed. Although this data has provided great insight, OH recognizes the need to revise the needs assessment.

The initial needs assessment created questions around the barriers providers and families were facing in accessing programs and through program transitions (i.e., from early intervention to PSE), why families were not leveraging available programs, and exposed gaps around eligibility for services (lack of use or knowledge of availability). A question raised was why in 7/2022 only 85% of children approved for PFCC ever utilized a day. The barriers identified and needs outlined in Section 1.2 must be understood to identify solutions and supports.

As a result of the initial PDG needs assessment OH recognized that the statewide student identifier (SSID) should be expanded to better understand what happens prior to and after applying, receiving, or closing benefits. Since 2019, OH expanded the SSID (see Activity 5) into two additional systems, OH Benefits (OB) and SACWIS, to gain insight across Children Services, Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and Ohio Works First (OWF – Ohio's cash assistance/TANF program). Through this grant, OH will analyze the expanded cross-program data to create predictive indicators to identify families with emerging needs. OH will update the needs assessment to: (1) Capture ECCE capacity to serve by age (infant, toddler, preschool), high-poverty, underserved communities, and rural areas (2) Further expand the State Student Identifier, (3) Create a dynamic workforce platform, (4) Leverage HCD to capture family and program feedback, and (5) Utilize existing needs assessments to garner a fuller picture of the needs of children, families, and programs.

1.2 Overcoming Barriers to Funding: Provision of High Quality ECCE: If awarded, OH will move in the five areas identified above and embark on an updated needs assessment. To date, OH has: (1) outlined the five areas of focus and questions to be asked as described earlier and (2) started to identify the data available and where quantitative research may be necessary. We are ready to identify the appropriate experts to analyze and synthesize data, with a focus on the:

COVID-19 Impact: COVID solidified that additional data is necessary to assess the needs of our State and communities. In addition to program capacity questions, OH cannot answer the questions if or why programs are closing at a comparable rate to opening or where there are geographic areas without access to any ECCE programs. OH knows that trends look different after COVID, and new forecasting and analysis are necessary to ensure parents have access to their choice of ECCE settings and are equipped to help their child be kindergarten ready.

Understanding the lifecycle of programs across the mixed delivery system as well as openings/closings across the 88 counties of the state will inform needed investments, and resources necessary for working parents and employers. In the new needs assessment, OH will analyze data and compare high poverty communities, rural areas, county, zip code and provider types. OH needs to understand why children and families have not returned to licensed settings.

As with all industries, OH's ECCE workforce is facing a staffing crisis. This was an issue prior to the COVID pandemic and was only exacerbated as a result. During the pandemic OH recognized the need to establish a baseline landscape for the ECCE workforce. See Section 1.3 for the work completed and the necessary next steps. Additionally, in the 2021-22 school year OH saw marked decreases in Kindergarten Readiness Assessment (KRA) scores with growing disparities for our low-income and other vulnerable children.

Changing Needs of Families and the Industry: In the updated needs assessment, OH is considering the initial PDG lessons learned, the COVID impact, and the emerging needs of families and the industry in the following key areas:

Quality and Availability of ECCE: Although 93% of OH programs reopened after the initial pandemic closure, this did not identify the true operating capacity (i.e., it didn't show classroom closures or when programs shifted service to no longer serve infants and toddlers). In addition,

the state does not know the number of children attending early care and education settings who are 100% private pay and thus, cannot determine the extent to which early childhood experiences are impacting kindergarten readiness for these children. Finally, we do not collect the age of children intended to be served or classroom capacity by age of child. We need to understand what the state's early care and education program capacity is and where gaps exist, ensuring the data can be captured and evaluated at the community level to understand the impact on our highest need areas with our most vulnerable children: those in high poverty, special needs, and residing in rural areas. The state (vendor) will do a statistically rigorous study to determine the quality and availability of programs for both children publicly funded and private pay.

Barriers to Funding and Sustainability: In an industry with a median wage of \$11/hr., barriers to sustainability are not only real, but given the COVID concerns growing more acute; sustainability is clearly endangered for many providers and children. Providers have had to increase wages over the last two years to retain staff. This was possible through ARPA funding but becomes a barrier when those funds run out, so OH is leveraging available resources to fill gaps. Through the needs assessment OH will identify barriers plaguing providers through understanding where there is a lack of capacity and access and why. Once the barriers are identified, OH will be able to effectively leverage existing resources and ask for additional investments based on data and predictive return.

By creating baseline data, the State will identify and assess when investments have paid off. The State will utilize the biennial budget cycle, ARPA, local funding, Federal funding, and this grant opportunity to create a long-term more sustainable early CC mixed delivery system.

Distinct number of Children: As of 7/2021, the United States Census estimated there were 671,461 children 5 in the State of OH. Currently 1 out of 5 of these children are utilizing

Medicaid, meaning they either have a qualifying disability or are low income. Recognizing OH is only serving about 98,000 children through PFCC, then approximately 55,000 children are unaware of eligibility, are facing barriers, or are in families where parents are not working to meet the qualifying activity requirement. Because we cannot account for these kids, we cannot assume they are awaiting services. OH will better understand the number of children awaiting service at the point our data analytics (as outlined below SSID) can track children across more programs. Through this grant OH will work to connect with these children and families to determine why they are not leveraging the resources available. Another question that OH cannot answer is why families authorized for PFCC never use it, as referenced above.

Finally, in the upcoming revision to the needs assessment, OH seeks to understand the number of children with disabilities and social emotional needs who are and are not being served across the ECCE landscape. We know anecdotally that it is extremely difficult to find an early care and education setting that will accept children with a disability, whether physical or emotional. We also know that CC providers worry about “not being equipped” to care for a child with a disability. They have cited obstacles including the fear of medical liability and a lack of resources, knowledge, or confidence in providing a safe environment. To improve early childhood inclusion efforts and to support OH caretakers who would work if they had reliable quality care for their child, we need to understand the difference between needs and access availability for our young children with disabilities.

To better understand our ECCE world and answer the questions articulated above OH plans to utilize a multilayer methodology when updating its needs assessment. OH will be flexible in its approach, understanding one path will not satisfy all questions and that the State needs to be dynamic and nimble in our approach to achieve a robust, quality assessment.

Maximizing Parent Choice: Since the PDG B-5 grant in 2018, OH has made great strides to streamline ECCE systems. A multi-agency team shortened the PFCC application, created a supplemental form for ECCE so parents could report information once, and moved PFCC into the OB system allowing parents to apply for PFCC, Medicaid, SNAP and TANF at one time. In addition, data sharing has been leveraged between SNAP and WIC to ease administrative burden for new mothers. Most recently, OH has made the Ages and Stages Questionnaire (ASQ) available online. Led by the OH Department of Developmental Disabilities (DODD), parents are encouraged to answer the ASQ online for their child up to age three and results are provided by a coordinator who calls the parent on behalf of multiple agencies and helps facilitate next steps if necessary, including referrals to home visiting and early intervention.

To maximize parent choice and building from the existing needs assessment in year 1, OH will engage parents in a HCD initiative to help identify gaps. By data matching across ECCE programs with the expanded SSID, we will determine where services are not being utilized or are underutilized to help establish where further outreach and technical assistance are needed.

Needs of Youth and Young Children as a Result of Trauma: The amount of trauma children and professionals have faced due to the pandemic has risen exponentially. Early CC teachers in OH have reported a 11% increase in depression since the pandemic and in a 2020 survey of 1,000 parents, 71% stated the pandemic had taken a toll on their child's mental health.² Understanding these impacts is essential in combatting the effects of the pandemic. To address this issue, OH will increase investments in social emotional and mental health supports (i.e., ECMH Consultants, Triple P, and Conscious Discipline (as outlined in Activity 4). We will utilize the data to drive our goals, policies, and programs in our strategic plan.

1.3 Existing and Emerging Needs of ECCE Workforce: As stated earlier, OH was able to meet its legislative goal of having all CC programs serving PFCC children active in SUTQ in 9/2020. However, due to the pandemic, providers have faced a growing challenge in maintaining a quality workforce. Since 2020, the number of programs who have lost their ratings or had a rating reduction has increased from 83 in 2019 to 120 in 2022. The exiting after short tenure (see below for data) in the industry is directly impacting the ability of OH's programs to remain open and the level of quality programs can provide.

Nationally, the ECCE workforce has always struggled with low wages, low occupational status, lack of an organizing body to advocate on behalf of the industry, and often thankless, stressful working conditions. The pandemic exacerbated and added new complexities to these issues. In OH, where 94% of the ECCE workforce is female and 34% are non-white, programs experienced a net loss of almost 25% of its administrators, lead teachers and assistant teachers statewide. Without individuals ready and willing to step into vacancies, the state estimates this loss has potentially impacted 60,000 children through reduced capacity.

To better understand what was happening across the mixed delivery system in OH, the Ohio Child Care Resource and Referral Association (OCCRRA) and New Systems Ethic (NSE) created an early childhood platform to analyze information on wages, tenure, churn and turnover by position type, program type and quality rating across OH's providers.¹

Status of Workforce and Gaps: The current state of the ECCE workforce in OH mirrors what is happening nationally. As stated earlier, OH is seeing a 49.7% turnover rate among professionals with over 66,000 professionals leaving the field at 3.2 years. The majority of those who leave do so within the first 6 months of employment. Additionally, we know that programs

¹ <https://d2hfgw7vtnz2tl.cloudfront.net/wp-content/uploads/2022/10/WPAPDashboard-All-2019-2022-07-07-2022.pdf>

are not operating at full capacity because classrooms do not have enough adults to meet required ratios. Around 98,000 children are utilizing PFCC services out of the more than 120,000 who are authorized to receive these services.

Furthermore, the ECCE field is competing with other settings and industries. On average, early CC workers in OH, are making \$11/hr with no benefits, compared to a K-12 teacher with similar experience making \$17/hr with benefits and retirement. In other industries, including Amazon and fast-food chains, workers' pay starts at \$16/hr, with predictable pay increases, less stress, and more flexibility in hours available for employee choice.

1.4 Meaningful Engagement B-5 Childhood State System: As OH prepares an update to the 2017-18 needs assessment, it will be critical to hear from families, early childhood professionals, community members, local nonprofits, private businesses, educators, service professionals B – 5, higher education faculty, and families to ensure adequate feedback and understanding. To ensure parent, professional and stakeholder feedback OH will: (1) Clearly and concisely define the goals of the updated needs assessment; (2) Create a plan to request their feedback, thoughts and concerns through meetings, focus groups and subcommittees, (3) Listen to all ideas; (4) Document what was heard; (5) Provide updates and transparency on how the feedback was utilized; and (6) Use HCD groups to ensure underrepresented populations (i.e., parents and family members who are low-income, English Language Learners, caring for children with disabilities, living in in rural areas) are heard and have a voice.

OH will leverage its established stakeholder groups to begin these feedback forums: The *Cross-Agency Team* has at least one representative from each of the 6 child serving State agencies. The cross-agency team was created during the ELCG and has continued to meet monthly since being established. *The CC Advisory Council (CCAC)* advises and assists the OH

Department of Job and Family Services (ODJFS) in the administration of Chapter 5104 of the Revised Code and the development of statewide CC policies and procedures. CCAC's quarterly meetings are open to the public. This group consists of 6 members who work in CC centers; three parents, guardians or custodians of children using CC; 3 family CC providers; 6 county agency representatives; and 4 others representing teachers, child development, and health professionals. *Early Childhood Advisory Council (ECAC)* meets quarterly and provides input and guidance to the administration of the Governor's office on early childhood programs. ECAC membership includes a diverse array of stakeholders from the 6 child-serving agency programs (early intervention, home visiting, K-12, CC, head start), schools, health, social services, unions, philanthropy, families, and other groups. OH's governance and administrative structures have the authority and responsibility to oversee, implement and coordinate state-funded or administered early childhood programs and services for children and their families. *Groundwork Ohio Family Action Network (FAN)* recruiting families with young children across the state through community-based partners. Currently there are 64 diverse families including residents of rural communities and families with children with disabilities, English as a 2nd language, and those who are homeless. More than 40% of the families participating are minorities. Members include mothers, fathers, biological parents, adopted and foster/kin and grandparents with between 1 and 10 children. *Ohio Head Start Association (OHSA) Parent Ambassador Program* launches a new parent ambassador cohort each summer which provides parents the opportunity to build personal skills. More specifically, skills are focused on articulation and communication, professional approaches, self-awareness, and the importance of consistent advocacy and the political landscape at both the state and federal levels. OHSA launched the 9th cohort of parent ambassadors in 2022 and meets with its members on a quarterly basis.

HCD: In addition to the above groups, OH will use a HCD approach to engage parents who are currently in one or more of OH's ECCE programs to ensure all vulnerable populations are represented and have their voices heard. HCD is a problem-solving technique that puts real people at the center of the development process. OH will ensure that parents include biological, adoptive, foster and kinship parents, as well as individual's representative of OH's demographic population by race, urban/rural, and inclusive of housing insecure or homeless parents; individuals who speak English as a second language (Somali, Arabic, and Spanish speakers); and parents who have children with disabilities or other special needs. OH will provide an open forum to solicit input on how we can make early childhood services and supports easier to navigate, learn about, access, and utilize.

Activity 2: Update Statewide B-5 Strategic Plan: During the initial PDG award, OH was working under the *Ohio's Bold Beginning Strategic Plan 2018-2025*. Due to a leadership change and new focus on children, the strategic plan was updated in 2019 resulting in: Ohio's Early Childhood Strategic Plan: Growing Ohio's Future 2020-2022. Although the plan changed, the values and principles underlying the actions remained the same. Led by the Governor's Office, the 6 child-serving agencies (ODJFS, Department of Health (ODH), Department of Mental Health and Addiction Services (OMHAS), Department of Medicaid (ODM), DODD, and Department of Education (ODE)) are aligned to believe that: (1) Intervening early, especially in the lives of vulnerable children, and particularly in areas of physical and emotional well-being, can change lives and children with a strong, safe start in their early years become more productive adults, (2) Focusing on equity will enable us to better address disparities of access and outcome, particularly in the areas of race and ethnicity, (3) Optimizing and leveraging our collective resources will better equip and support families, communities, and early childhood

professionals, (4) Both innovations and a best-practice focus are foundational to our work to ensure a quality mixed delivery system for children and families, and (5) Collective action, alignment, and persistence are key: no single state agency is tasked with the sole function of improving the well-being of families and children..

OH's strategic plan update will be based on lessons learned, the updated needs assessment, and current accomplishments. With leadership and partnership from the 6 child-serving State agencies, OH gains from the programs serving children and coordination of programs providing nutrition support such as SNAP, WIC, the Child Adult Care Food Program, the National free and reduced lunch program, healthcare, and maternal health supports. OH's strategic plan will focus on serving families and children holistically, comprehensive approach with specific attention to the critical needs of the workforce (2.2.1), expanding access to critical ECCE programs (2.2.2), maintaining and improving ECCE quality (2.2.3), and creating new partnerships to improve program coordination and a sustainable infrastructure (2.2.4) as detailed below.

2.1 Initial Plan Accomplishments and Challenges: The strategic plan from the initial PDG award included goals and strategies that leveraged existing resources for the alignment of policies, program quality and service delivery. This was identified across 5 action areas: (1) engage families and communities, (2) educate early, (3) identify early, (4) intervene early, and (5) prepare professionals. The plan included 13 Goals, more than 70 associated Strategies and Outputs and 41 specified Outcomes. Key accomplishments included but were not limited to: ***Engage Families & Communities:*** OH created 1) a centralized cross-system website to provide parents, caregivers, and providers with one place to go to find program information, applications, and resources, [BOLD Beginning! | Ohio.gov](https://www.ohio.gov/boldbeginning) and 2) a community awareness campaign to help parents understand the importance of a quality CC program to improve child

outcomes. **Challenges:** Creating simplified language across programs to meet families where they were was difficult given the volume of resources, differing eligibility criteria based on family structures, and differing languages/cultures present in the State.

Educate Early: OH moved all programs providing PFCC to SUTQ participation by 9/2020. That work included tenacious SUTQ provider outreach by multiple partners, the purchase of curriculum and accompanying training, an increase in provider rates and the creation of a PD certificate which required all professionals to complete at least 20 hours of Ohio Approved Credit over a 2-year period. **Challenges:** Even before the pandemic, providers were struggling to find staff who met the higher-level education requirements for quality ratings given the low wages. Programs cited staffing, paperwork, and costs as obstacles to participation in SUTQ. As a result, OH recalibrated the career pathways model to ensure combined experience, PD and credentials were included more effectively. In addition, we provided cross-program, multi-language shared resources such as curriculum and PD and conducted program-specific outreach, including SUTQ fairs; where licensing staff assisted programs with implementation support and completing the necessary paperwork to participate in SUTQ.

Identify & Intervene Early: ECMH Consultation was expanded across the state with increased providers and creation of a statewide central intake number. ECMH promotes a strong mental wellness foundation for children to reduce preschool expulsions. Services include on-site interventions and child/family-focused help to parents, teachers, and staff. OH made the service available to all CC providers for assistance with child behavior concerns. **Challenges:** Launching and expanding ECMH was difficult because once funding was identified, staff with appropriate credentials had to be hired and relationships between the ECMH counselors and the

CC professionals had to be created. Relationship building took time, but once achieved, the state quickly realized an uptake in referrals and on-site visits.

Prepare Professionals: OH created standards across B-5-serving agencies to allow for cross-training that leveraged online asynchronous training. Moreover, the State established paid PD days for CC programs, created a wage and retention program called POWER Ohio, and increased its investment in the TEACH scholarship program. **Challenges:** A key challenge was working to meet all professionals where they were. With some professionals having a high school diploma and others having advanced degrees, there was a clear discrepancy in learning levels and need. Similarly, it was key to establish professional training and credentialing to enhance PD at introductory, growth, and advanced levels across the multiple systems. The state did so by establishing credentials, professionalizing the CDA on the career pathway, and offering training that met the varied levels of education present across the mixed-delivery system.

Although OH accomplished significant results and overcame challenges through the initial strategic plan, we learned that more supports, interventions, and preventive measures are necessary for children and families, especially mothers/families experiencing OH's opioid and the COVID pandemics. This led to the expanded 2020-22 Strategic Plan

Through the 2020-22 Strategic Plan, OH has targeted increasing access to quality ECCE and early identification for developmental delays or disabilities. Specifically, the state purchased access to the online ASQ as a child find/referral service for families, while also focusing on increasing capacity. In 2019, OH created the Children Services Transformation Advisory Council (CST) to hear concerns from families, learn about barriers to successful care, and determine supports needed for foster and adoptive families. The most significant work since the initial strategic plan is our ability to use data available to ensure appropriate service identification

and progress toward kindergarten readiness (see image and description of the [Social Determinants of Health dashboard below](#)). To improve any strategic plans moving forward, OH will leverage the data readily available through the InnovateOhio Platform (IOP, a governor-led initiative to get all of OH's data on a single platform) and the OPR to ensure that baseline and progress data are captured as new services and supports are implemented.

Through the CST work and a parallel Infant Mortality Reduction initiative, OH learned more about how to engage with families. While family members have always been included in our advisory councils and taskforces, providing various opportunities for parents to be heard is necessary. There is an inherent bias in only including those with the resources to participate through physical travel to meeting locations without compensation for time off work or travel costs. Through both the needs assessment and the strategic plan, OH will create opportunities for families to tell their stories in the communities where they live.

2.2 Update & Improve the Strategic Plan: The work to establish the next plan has started with the 2024-25 biennial budget preparations. If awarded, OH would follow the timeline outlined in the Timeline and Milestones section below to update and complete the Strategic Plan for the 6 child-serving state agencies. OH will launch the needs assessment and strategic plan concurrently. As in past plans, OH's new strategic plan will be fueled by the data and conclusions from the needs assessment. Our plan will include actions that will further our understanding of the CC industry's current, post-pandemic issues. This will enable our collaborative team to create actionable policies and programs with clear implementation steps designed to move the comprehensive agenda forward for all of OH's early childhood stakeholders, including families, children, workforce, and providers.

The strategic plan will be an evolving document as new information from the updated needs assessment is available, as outlined in Activity 1. OH is fortunate that with the work that has continued since the initial grant, emerging needs and strategies are already identified to move the system forward (outlined in Activities 3-6). More information and new strategies are needed to identify and meet emerging, real-time needs. For example, the COVID pandemic highlighted the need-to-know capacity for private pay children and children by age to ensure capacity and quality were available to parents. This work will be part of the updated needs assessment and outlined in the strategic plan as additional work necessary to move closer to OH's vision. If awarded, OH will review and update the mission, vision, and guiding principles (expected by 1/2023); establish the priority areas and populations that the plan will focus on comprehensive alignment across programs and improved family and stakeholder engagement (i.e., additional workforce supports including exploration in social services, mental health supports, and medical coverage, and focus on specific populations such as: rural and high poverty areas, underserved families, English Language Learners, those experiencing homelessness) (expected 1/2023). OH will then establish new strategic plan framework including goals and expected outcomes including those already outlined in this grant (expected 3/2023). OH will then craft strategies and the high-level implementation tasks to meet those goals, in addition to what is already included in activities 3-6 (6/2023). Again, the needs assessment outlined in Activity 1 will influence the strategic plan as the information becomes available. For the complete list of milestones and accompanying timeline see the Timeline and Milestones Section below.

OH will utilize Deloitte Consulting to facilitate creation of our new Strategic Plan. Deloitte will utilize the HCD analysis to understand the family perspective (with focus on families with: English is a second language, low income, homeless, those with children with disabilities, and

those who are traditionally marginalized), county personnel, non-profit organizations, and State agencies (ODH, ODE, DODD, ODJFS, OMHAS, ODM) to help create the plan. The cross-agency participation and leadership is key to ensure OH's strategic plan encompasses the comprehensive alignment of services including social services, health, mental health, and PSE.

2.2.1 Workforce Needs: As a result of the COVID pandemic, OH, lost many early childhood professionals to other industries. As described earlier in this application, the state now has a real-time tool to evaluate workforce investments that include recruitment and retention initiatives. Despite these efforts and the significant amount of money going to programs and personnel, ECCE professionals in OH only made a median wage of \$11/hr according to OPR data and NSE analytics from 12/2021. As the pandemic illustrated, building partnerships and co-investments with businesses, community partners and local initiatives is critical to stabilizing the field and building OH's early childhood infrastructure. Through this grant and within the Strategic Plan, we will identify strategies to support wage compensation, explore ways to make benefits more affordable through shared services, strengthen PD to ensure providers are trained and supported to meet families where they are, with specific strategies focused on providing support to professionals to care for children with special needs. OH will also work with current professionals through surveys and focus group(s) to determine what supports are lacking and what's needed to stay in the ECCE field, and to better understand concerns professionals face around serving children with higher needs such as those with disabilities, English as a 2nd language or other at-risk factors. Once OH understands the concerns, strategies, and ideas to mitigate these issues can be created in partnership with the ECCE field, as well as vetted through the stakeholder groups outlined in Activity 1.4. We will utilize the standard outcomes of recruitment and retention to measure progress and introduce new outcome measurements based

on newly identified strategies such as retention for children with disabilities, to understand their impact. Measurements will be improved by the availability of our new OPR dashboard and data collection tool, Workforce and Program Analysis Platform (WPAP).

2.2.2 Expanding Access to ECCE: Through the updated needs assessment OH will better understand the barrier's families face when applying for and utilizing ECCE services to inform strategies to better align services and create streamlined transitions for children and families. These barriers will be identified through surveys, focus groups, and ongoing engagement with parents and stakeholder groups, outlined in Activity 1. Additionally, OH will build from the previous grant to create strategies to build awareness and understanding of ECCE resources and supports, along with expanding services, such as the ASQ online as outlined in Activity 4. OH will include strategies to create capacity in areas of need (see Activity 6), meeting the needs of families, specifically families with children with special needs, those working, nontraditional schedules and those in need of basic social services, health care, mental health supports and health coverage. Through establishing strategies and building on existing work from the initial grant and new work outlined by the needs assessment (i.e., ASQ expansion and training, inclusive capacity building, streamline applications, etc.) outlined in Activities 5 and 6, OH will further align comprehensive support services and equitable access to high quality CC, but also Early Intervention, Special Education, and home visiting.

2.2.3 Maintaining & Improving Quality: As noted above, OH is thrilled to have met the requirement to have all programs participating in SUTQ. However, the challenging and critical next step is supporting these programs in maintaining and increasing their quality through their SUTQ ratings. Through the needs assessment, OH will determine the emerging needs of the field and how we can assist in maintaining quality allowing new strategies to be determined or

previous work to be expanded to better support the provider community. OH will also leverage the needs assessments conducted by the CC Resource and Referral (CCR&R) agencies to determine the PD needed. The strategic plan will take these results and create programmatic responses with actionable implementation steps that can be measured and evaluated. The strategic plan will include and build on the work outlined in Activity 4 and the creation of a new credential to support and create inclusive classrooms, further investments in scholarship and new recruitment and retention efforts along with capacity building grants outlined in Activity 6.

2.2.4 ECCE System Collaboration and Meaningful Family Engagement: As mentioned earlier, OH has solidified a multi-agency collaborative structure and meeting cadence. The 6 child-serving agencies meet monthly to share updates, vet ideas and problem solve. This group will, again, drive the creation of the strategic plan, working with stakeholders and families outlined in Activity 1. OH has worked hard to embody the parental mantra “No decision about us, without us.” With the existing councils and stakeholder meetings there is open communication and feedback, but separate meetings will be established for strategic plan drafting and review to achieve the best outcomes. Implementation of the plan will be coordinated with the collaborative approach articulated clearly in the plan.

Through the HCD work, the Groundwork Ohio FAN and the OHSA’s Parent Ambassador programs, OH will create relationships with families through the needs assessment effort and will build on these relationships while gathering ideas and feedback for the strategic plan. OH will compensate families for their expertise and ensure that traditionally marginalized families have an equal voice at the table. We will tailor our impact metrics to reflect the HCD concepts, track family participation in the planning and implementation tasks associated with the Strategic Plan and will identify metrics for each strategy developed in the plan.

Finally, regularly updates will be provided to parents and stakeholders (in multiple formats) to ensure ongoing transparency and accountability and to keep parent and stakeholder input in the forefront while creating the implementation activities. OH will leverage previous lessons learned and needs assessments, the new needs assessment and the many initiatives underway to further improve OH's mixed delivery ECCE system, while also addressing the escalating needs of the field because of the COVID pandemic. Although the issues remain relatively the same (as outlined in Activity 1) with the need to increase capacity, to maintain and increase quality and to expand to better serve our low-income children, children with special needs and English Language Learners we recognize that families' emotions are at an all-time high because the ever-changing environment and uncertainty and will work with focus and intensity to address these concerns with the necessary urgency as outlined above.

Activity 3: Maximize Parent and Family Engagement: During the initial grant, the state made good progress in moving beyond information shared for awareness to information that helped families make decisions about the quality of available early childhood programming, improving program and parent relationships, and further promoting nurturing families at home. In this grant, OH will increase parent and family knowledge to improve choice, program optimization and listening opportunities for the state (3.1), expand upon existing vehicles to ensure parents receive information about available programs (3.2), promote nurturing parent-child interactions and protective factors (3.3); increase meaningful parent/family engagement (3.4); and modify application practices to promote stability and continuity of care (3.5). We further address equitable and appropriate cultural/linguistic engagement for families and caregivers in Section 3.3 and partner collaboration in Section 3.2.

3.1 Maximizing Parent and Family Choice and Knowledge

3.1.1 Ensuring Family Voice is Heard: OH understands the need and benefits of having caretakers at the table when making decisions; especially around our new needs assessment, updated strategic plan, and program performance evaluation plan. OH will engage with the OHSA and Groundwork Ohio, to leverage existing family networks. Utilizing their unique knowledge, the state will identify gaps and barriers for families and use a HCD approach to elicit feedback throughout multiple Activities. These family networks will be used as a key partner in all grant activities, policy decisions and new initiatives to ensure that the family voice is being represented and decisions are being made with a family perspective in mind. HCD be used to ensure our underserved children in high poverty and rural areas have a voice including those facing housing insecurity, families with children with special needs, and those English Language learners. The State will have all child-serving State agency leadership take Diversity, Equity and Inclusion (DEI) training and will create DEI training for professionals in the field. The existing groups vary by race and demographic and will include OH's underserved populations - those facing housing insecurity, children with special needs, high poverty.

3.1.2 Family Voice Included in Key Decisions: As described earlier in this application (1.1.4), Groundwork Ohio's FAN and OHSA's Parent Ambassador group will be key voices and included in key decision making around the needs assessment, strategic plan, and grant activities (including this activity and how better to engage parents). More information on these groups can be found in Activity 1: Section 1.4. The State will leverage this diverse group on all grant initiatives, including the needs assessment/strategic plan, policy decisions and program performance evaluation plans utilizing their feedback to enhance all proposals, so that a broad

family lens is given, and creating a regular reporting cadence to ensure they know if their feedback impacted direction and if not, why it was not used.

3.1.3 Opportunities for Leaders to Learn from Parents: Understanding that families are often left out of policy decisions that affect them, the State will make a concerted effort to ensure their voices are heard. First, we will utilize the FAN with its diverse set of participants (as articulated in Activity 1 Section 1.4) by bringing grant priorities, new initiatives, policy decisions and program evaluations to them quarterly for review. Second, we will utilize their interviews in the HCD analysis to inform the roadmap on how to break down barriers and fill gaps for different types of families, specifically focusing on the most meaningful engagement options. Finally, when appropriate, we will invite families and parents to attend our Cross-Agency Leadership Team Meetings to ensure that their words are heard directly by State leaders. We believe that taking these steps will help our leaders and decision makers make more informed choices around how best to help and support our most vulnerable families

3.2 Sharing with Families Through Collaboration

3.2.1 Improving Availability and Usefulness of Information: In the initial PDG, OH utilized the [Bold Beginning! Ohio](#) website to promote ECCE programs (CC, early intervention, home visiting, and preschool special education) and provide families with resources around health, mental health, and family supports. Additionally, in the initial PDG B-5 grant, OH focused on 4 initiatives to increase parental knowledge, choice, and access programs. These initiatives included: (1) Digital Media campaign – OH created social media messaging and utilized search engine marketing, (2) Online Screening Tool – OH created an online screening tool to assist families with understanding eligibilities across programs for services and referral processes. (3) Website Translations – OH created the [BoldBeginning!](#) website as a one-stop resource for

families to learn about services, supports and milestones. We also leveraged ReachDeck on the site, a tool that provided reading support of written text translation into multiple languages, increasing the likelihood of more families having access to the information, (4) Licensing Inspection Updates - OH created ongoing communications for families so that they could be alerted when a licensed CC program of their choice had a licensing inspection. This was in addition to the BOLD Beginning! website search capabilities that explain the QRIS, offer search capabilities based on ranking, and offer links to inspection reports, and the (5) Online Early Care and Education Tool – OH updated the CC search tool to include information parents requested for decision making: service hours, quality rating, zip code, and whether the program provided meals. These additional search fields made finding available CC easier.

In this grant cycle the State will continue to update and promote the Bold Beginning! website as a one-stop shop for families to find information around all early childhood topics across the State. In addition, the State will take the feedback from families engaged in the HCD approach to determine ways in which the State can increase knowledge around quality. With all family engagement we will meet families during hours that work for them, locations that are easily accessible (online via a community platform if needed), and with a translator, as needed.

3.2.2 Increasing Parent Knowledge, Skills, and Resources: It is important to meet families where they are and provide them with the knowledge, skills, and resources necessary to promote a strong parent-child relationship. By giving parents the necessary resources to create a strong foundation for healthy child development, the State knows through experience that this will promote family wellbeing and long-term success. To achieve this, OH will create a two-generational approach to provide training and resources to families.

First, OH will launch free training on Conscious Discipline, to encourage and support parents and teachers in building trusting and respectful relationships by creating engaging and consistent environments between home and early care and education settings. Currently many partners offer this training (nonprofits, R&R agencies, etc.), however access is inconsistent across the State. Having the state lead the initiative will ensure the base training is provided without cost, freeing up partner entities to use their funds for refresher support, coaching, and technical assistance toward fidelity. Additionally, it will ensure that all early childhood professionals have free access to the training. The rollout will initially be targeted to program administrators to build support and ensure the training will be implemented in the program. The targeted approach will create the basis for teachers to engage with children and their parents in age-appropriate and positive ways that equip them with the tools for meaningful relationships and long-term success.

Next, OH will increase access and promote Positive Parenting Program (Triple P), a 2-generational approach. OH has increased its Triple P program availability to all 88 counties across the state. Triple P helps families create a positive environment for their children by providing them with the resources necessary to deal with everyday challenges. Triple P's two-generation approach builds skills and competencies in parents that have an immediate impact on a child's behavior and social and emotional functioning.

Finally, as stated in section 2.4, the State will increase awareness of ECCE programs by enhancing the existing multi-media campaign which began under the initial PDG B – 5. This updated campaign will provide information to families (with a focus on rural, housing insecure, and marginalized constituencies) about the services and programs the State provides, as well as how to access resources and best practice-informed strategies for parent-child relationship building and engagement. The campaign will be ADA-compliant and accessible, as well as

trauma-informed, translatable into written and spoken formats, low-literacy sensitive, and culturally respectful.

3.2.3 Coordinating Partnerships: In the initial PDG grant, OH focused on and created [best practices for transition](#) planning across the early childhood programs. OH has paralleled this guidance with streamlining eligibility applications and implementing referral connections across our mixed delivery system. To expand on this work, we will pilot cross-sector awareness training for all ECCE providers on the ASQ Online to ensure that professionals have a validated, age-appropriate, comprehensive tool to use for concerns and progress monitoring. As more front-line professionals utilize the tool, we expect that more children will be identified earlier for support and services, such as early intervention, home visiting, housing, nutrition support and even workforce support. Through this proposed activity, awareness and messaging limitations will be identified that bring to light gaps and barriers in service access.

OH will also expand the existing birth –three Online ASQ resource to include the three- to five-year-old population.² Just like in the B - 3 resource, both parents and early care and education professionals can complete the tool for a child, which will prompt a call from a central intake coordinator to discuss the results and be able to refer for services and supports.

Additionally, this expansion will assist in supporting OH's highly rated programs by meeting the screening criteria for SUTQ. If we can successfully increase developmental milestone monitoring in places where young children spend their day (i.e., child care), then we expect to see positive impacts on more children's development and kindergarten readiness.

The State will utilize its already existing pilot program the Benefit Bridge and OH's Prevention, Retention and Contingency program, to help ensure families have access to supports

² <https://www.helpmegrow.org/ASQ>

around employment and training, housing, and workforce supports. The Benefit Bridge pilot program is a coordinated effort with local counties to provide wrap around services for families; to bridge the gap between losing benefits and self-sufficiency. The program requires a care team who meets the family where they are and provides them with the supports, they need for long-term success and self-sufficiency. In this pilot, families are given financial literacy classes, training or employment opportunities, a peer mentor, and any other resources they may need for success (debt repayment, cars, licenses). With this grant, we will work with counties to determine the parenting needs of the families/participants, including the new resources this grant will make available, including CCR&R's, Triple P, ASQ online, and more.

3.3 Promoting Nurturing Parent-Child Interactions: According to the Health Policy Institute of Ohio, OH adverse childhood experiences (ACEs) Impact Project, exposure to ACEs affects nearly two-thirds of Ohioans, with more than one-third exposed to two or more ACEs.⁴ Approximately 1 in 8 Ohio children experienced symptoms of anxiety and/or depression in 2020, a 42% increase from 2016, and above the national average (~11%) as reported by the 2022 Kid Count Data Book. We anticipate these trends will continue to worsen.

The increases in mental health disorders suggest adverse experiences, OH invested in Triple P, making it free to all OH parents with a complimentary investment for early childhood professionals through the Positive Early Childhood Education (PECE) program. Triple P Online training helps parents create the best environment for their child's development, by teaching best practices to address behaviors, improve relationships, and promote a nurturing home environment. Participation has been promising, but the resources could reach more parents with a statewide, multi-lingual, awareness campaign. PECE provides early care and education professionals with critical strategies that promote positive learning environments and child

behaviors while reducing stress for educators and caregivers. The campaign will bring Triple P to more parents and early childhood educators. As part of the campaign, we will promote: (1) targeted resources from Triple P, (2) the free ASQ online tool (see below), (3) information for selecting the early care and education programming that meets their needs, and (4) the importance of preparing children for kindergarten. The cross-agency campaign will be multilingual, family focused and culturally representative of vulnerable children. It will be shared across multiple communication platforms including social media, print, and radio.

3.4 Increase Meaningful Parent and Family Engagement: Families are more diverse than ever, bringing a lifetime of experiences and current circumstances of daily opportunity, obstacles, and relationships into parenting. Meeting families wherever they are in life and circumstance is the only way to create meaningful engagement for education, goal setting and smooth transitions. The state's next steps are described further below.

The first task will be to assist in creating a roadmap on how best to disseminate material around programs, the grant, child development and wellness to all OH families. Utilizing their expertise, we will ensure our outreach honors family experience in ways that are accessible to them (i.e., primary language, reading level, accessibility, format, and community). The roadmap will include key transition milestones for providers and parents to be aware of to ensure seamless program transitions when necessary, including transitions from CC to school but also early intervention to PSE as an example. This roadmap will be based on the transition work completed across program sin the initial grant. Once we establish a roadmap on how best to communicate, we will implement this over the next year starting with all grant activities and finishing with all ECCE programs by year 3 of the grant.

3.4.1 Supporting Families: The state plans to expand the home visiting model to increase access to evidence-based home visiting services to more pregnant women and families with young children. In 7/2021, the age of a child exiting home-visiting services was expanded from 3 to 5 years of age. As of 1/2022, risk factors that were required for eligibility were also removed, which allowed for all families under 200% of the FPL to be eligible for services. Today, all 88 of OH's counties provide access to the service. The expansion aims to enroll more families into one of the four models currently available in the state.

3.4.2 Informing Parents of Services for Disabled Children: The state will continue to implement Ohio Healthy Programs (OHP), a voluntary designation program for ECE programs that participate in training, completing the Ohio Physical Activity and Nutrition Assessment, update menus, add a healthy policy, and conduct a family engagement event. The OHP goal is to support adults who care for children B-5 to prevent obesity in early childhood and reduce the risk of physical and mental problems. More than 5,436 ECE programs have received the OHP designation, serving more than 60,000 infants through preschool children.

The Save Our Sight Vision Screening, Training, Certification, and Equipment grant provides early detection of vision problems and promotes good eye health and safety for children and families. This grant provided training, certification, and equipment to 563 preschool vision screeners to conduct vision screenings, as well as protective eyewear for youth sports activities and vocational education, eye health and safety education programs, emergency eye kits for schools, eye patches, and case management services to children diagnosed with amblyopia.

OH will embark on many activities specifically focused on better informing families with children with disabilities in need of early intervention or PSE (those covered under Individuals with Disabilities Education Act (IDEA) part C and B) and families with limited English

proficiency. As already discussed, caregivers of all types will be invited to provide input and feedback to the state through various parent forums and methods, participate in compensated family information councils, and have an equal voice as co-designers of outreach materials. We know that parents who have young children with special medical, emotional, or physical needs are often forced to leave their paid employment to care for their child because CC is not available.⁵ We also know that parents raising a child with a developmental disability face emotional, financial, employment, and well-being challenges. Furthermore, state's data demonstrates an underutilization of the CC special needs subsidy, low prevalence of delivery of intervention services outside of the home, and a statewide lack of regular early education settings which serve children with disabilities.

To better inform parents about choices they have for CC and early education settings which are qualified to care for their child, the State will implement two programs. The first will establish and launch an individual certification for ECCE professionals who will complete specialized training to earn a micro-credential. This credential program will cover important aspects of working with young children with disabilities including state and federal laws, educational options, evidence-based practices, working with families and communities, assistive technologies, and accommodations, creating inclusive environments, and health and safety considerations. Once the credential is launched and underway, the State will include this in program materials provided to parents through its various public awareness campaign strategies. We will add a search feature to the existing childcaresearch.org webpage that will identify whether a teacher in the listed program has the credential.

OH will also launch program supports that will help families connect with programs that have demonstrated high quality in caring for children with disabilities. By completing

specialized training of a minimum number of staff, implementing inclusive classroom policies, and meeting requirements during a program observation, programs will be able to earn a special designation. This designation will be a public-facing symbol of quality points earned in providing safe and inclusive environments for children B – 5 with developmental delays or disabilities. As with the individual credential, the State will market these earned program designations directly to parents and in all the ways parents search for and access ECCE programming.

The credentials will better inform families and have a direct impact on a families' ability to stay or return to paid employment, increase well-being, reduce financial stressors, and engage with their young children in more positive ways, reducing the prevalence of abuse and neglect which is disproportionately higher with these stressors. For the young children, we anticipate that these professionals and programs will have a direct impact on increased kindergarten readiness and lower reported challenging behaviors resulting in suspensions and expulsions. And, for ECCE programs we expect to see reduced stress from teachers, increased competency and confidence in handling challenging situations, more predictable child attendance or PFCC utilization, and less frequent disruptions to enrollment due to expulsion.

3.5 Connecting Parents to Services

3.5.1 Increasing Access through Streamlining: To increase parent and family knowledge and choice across the States mixed delivery system, OH streamlined the application processes by moving the PFCC application online and into our integrated eligibility system, OB. In anticipation of going into OB, OH made sure that our PFCC application had a 12-month recertification period to align with SNAP and OWF, TANF when possible. This allows families

to apply for all four programs at one time. Moreover, this created a one-stop application for families applying for Medicaid, SNAP, TANF and PFCC.

To increase family knowledge OH created ongoing communications for families so that they could be alerted when a licensed CC program of their choice had a licensing inspection. With the addition of this technology, parents received notifications as soon as new inspections were completed, equipping them with information with which to ask questions and be informed. Moreover, an [online early care and education search tool](#) was updated to include information parents told us was important for decision-making: service hours, quality rating, zip code, and whether the program provided meals. These changes allowed parents access to information about CC programs so they could determine the extent to which the program(s) meet their needs. By streamlining eligibility and increasing parent awareness OH will create the necessary demand to support capacity expansion activities outlined in Activities 5 and 6 which will increase the number of providers serving children with special needs ultimately increasing the number of programs with agreements (contracts) to serve new families.

To further improve OH's coordinated application process and build from the integrated application (i.e., SNAP, OWF, Medicaid, CC) in OB, OH will expand a successful pilot program for singular enrollment of women in both WIC and SNAP. While there has been an increased caseload of about 4,000 in the WIC program for the B-5 age group since 10/2021, this expansion will allow more Ohioans to receive nutrition benefits to improve maternal and child health as well as reduce infant mortality.

Activity 4: Support the B-5 Workforce and Disseminate Best Practices

To support OH's ECCE professionals, further collaborate, coordinate and align OH's career pathways and interdisciplinary PD, and create systemic supports for B-5 workforce and

programs, OH will provide resources and partnership to increase wages and improve recruitment and retention (4.1), continue to expand on interdisciplinary trainings and collaboration by gathering professionals from cross-programs to learn and focus on the holistic support of the family and create a credential to support programs in serving children with special needs (4.2), and provide systemic supports to programs to reduce administrative burden and build a shared service network to share best practices, try new ideas and further support professionals through programs like substitute pools, shared health insurance, etc. (4.3). These initiatives will be evaluated for return on investment and implementation through pre-and-post surveys and OH's dynamic WPAP. We will use our new provider and employee relationships, data from the WPAP and the needs assessment/strategic plan to identify evolving PD needs and impact.

4.1 Workforce Supports: Through the pandemic it became clear that CC was necessary to support a stable workforce and strong economy. OH is ready to immediately start initiatives described in the next sections and enhanced through the needs assessment and strategic plan.

4.1.1 Wage Compensation: OH is working to advance equity and economic opportunity through innovative, community-driven wage compensation solutions. In response to the impacts of the COVID pandemic and the early childhood workforce crisis, OH has experienced more than a 25% net loss of ECCE professionals in the last year with almost a 50% turnover rate. OH is ready to explore new avenues of partnership.

A new provider/business partnership concept will create agreements between private/nonprofit organizations and licensed CC providers to establish an annual investment from the business to support increased wages in exchange for quality CC for the firm's employees. For example, a CC program serving 86 children, with 19 staff would have a gap of approximately \$200,000 to raise today's median wage of \$11/hr to at least \$17/hr. OH is proposing for the grant

to cover 50% of the gap in year 1, with the private company and CC provider covering the other 50%. For the private company's investment, they would be able to offer quality CC to their employees and qualify for the federal tax credit. As a result of the tax credit and the anticipated improvements in recruitment and retention, the CC provider and business would increase investments in year 2, with a reduced grant need of 25% of the gap. This allows CC providers to increase tuition, at a substantially reduced rate and raises their ability to compensate their teachers and build a partnership within their community.

Local non-profit organizations, in coordination with local partners such as R&R agencies and local chambers of commerce, will facilitate the identification of businesses and providers to meet the needs of families; help to draft an agreement outlining the expectations for both the business and the CC provider; and determine the wage support necessary to ensure early childhood professionals (assistant teachers, lead teachers and Administrators) are at a minimum of \$17/hr with the goal of at least \$23/hr for Administrators. Local non-profit organizations will also provide information to the businesses on the federal tax credit available with the idea that the tax credit will be reinvested to support the business's increased investment in year 2 (IRS Code Section 45F). Through this pilot, OH will create a best practice shared learning repository for agreements, outreach, and engagement to assist with replication.

4.1.2 Recruitment & Retention: To create a pipeline of workforce supports to recruit and retain new professionals into the HHS space, OH is proposing a three-tiered approach called the Career Compass Health and Human Service (CCHHS). The CCHHS will further expand investments in, POWER Ohio, which provides retention bonuses to professionals, the TEACH scholarship program which covers tuition, books, and fees to support degrees and credentials, and create new investments by providing loan forgiveness as a retention incentive. CCHHS not only provides

support to advance OH's workforce but also creates on the job training opportunities for practice-based coaching and mentoring while earning advanced credentials and degrees. By providing direct coaching and support the belief is that professionals will feel more supported to handle the stress of the job and the challenging behaviors pushing them through the critical 6-month turnover milestone, referenced in 1.3 The three-tiered approach is outlined below:

Tier 1: Child Development Associate (CDA) Credential Scholarship: High School Students & Graduates: High School students will be recruited in their junior or senior year to commit to completing the CDA coursework and portfolio during the final year(s) of high school and the exam upon graduation. The scholarship covers the coursework, a stipend for portfolio supplies and a \$500 incentive upon passing the CDA exam.

Tier 2: Scholarships: Associate's and Bachelor's degrees – HHS Field: For academic year 2021-2022, the average tuition & fees in OH were approx. \$9,000 for in-state and \$11,500 for out-of-state students. To combat college debt, the state will expand investments in the TEACH scholarship program, in addition to using the CCHHS to support students working toward an Associate's or Bachelor's degree, at least part-time, in a HHS field. Students working toward a degree in HHS and at least 20 hrs/week in a licensed CC program will be eligible to receive scholarship support for up to \$5,000 for each semester they earn a C average or higher.

Tier 3: Loan Forgiveness: According to the Institute for College Access and Success, the average student loan debt for OH residents is approx. \$31,000. Upon graduation from High School, young people will be partnered with a CC program where they will work at least 20 hrs/week. During their time working in the program, the individual will commit to earning their Associate's degree and/or Bachelor's degree in a HHS field. Associate's degree earners will commit to work for a minimum of 3 years and Bachelor's degree earners will commit to five

years in a HHS field in OH. For this commitment individuals will receive loan forgiveness up to \$2,500/quarter of employment for up to \$20,000 in total loan forgiveness. The program creates a new early childhood workforce infrastructure support to recruit new individuals to the field.

4.2 Strengthen Career Pathways & Interdisciplinary Professional Development: During the ELCG grant OH created the OH-Approved training designation which enabled the state's simplified consolidated PD approval process and replaced previous procedures, including the ODE's Early Learning and School Readiness, the ODH's Help Me Grow and the ODJFS's SUTQ approval processes. The cross-agency team of child-serving agencies collaborated to craft this streamlined process to set simplified, cross-system standards for all individuals working with children. This approach provided the opportunity for trainers to work across programs to train those working with children, and for professionals in the mixed delivery system to have access to quality PD. Centralizing training in the OPR with required profiles and cross-agency certifications greatly expanded the courses available and broadened the outreach with multiple agencies sharing trainings and best practices.

Through the initial PDG, the OH-Approved process was updated to include asynchronous training with safeguards to ensure active participation. Through this best-practice model OH's child-serving agencies have found numerous ways to partner to expand PD to further meet the needs of children and families by collaborating on new credentials and endorsements. If awarded, OH will review and build on currently available trainings to ensure key competencies are being included to meet Ohio's Early Learning and Development Standards. We will create best practices for ECCE professionals serving certain age groups (with specific focus on infants and toddlers) to enable mentoring opportunities, professional growth and to meet the PD certificate requirement in a meaningful way. Also, the cross-agency team will focus on the

following strategies to improve recruitment and retention, apply trauma-informed approaches to reduce suspension and expulsion, and improve inclusion for children with disabilities and developmental delays.

4.2.1 Trauma-Informed Approach: In late 2020, OH created a three-tiered Trauma Informed Care certificate to begin meeting the needs of early childhood professionals, SNAP/TANF caseworkers, children service caseworkers, ECMH consultants, children services residential facility staff and others serving young children. The certificate recognition program is housed in the OCCRRA, OPR system and is free. The OPR allows professionals to document and track their training and skill development. The Trauma Informed Care Certificate can be earned at three tiers: Trauma Aware (5 hours); Trauma Informed (10 hours); and Trauma Competent (15 hours). We believe that by moving more ECCE professionals through the certificate, and by making Conscious Discipline available and accessible, as outlined in this section and Activity 3, they will be better able to support children and families to prevent expulsion and to apply trauma informed approaches to prevent adverse experiences. Without advertising or providing incentives, more than 1,600 professionals have already completed the certificate, with most completing Tier two. This activity will result in reviewing the certificate's content to ensure it reflects the latest research and knowledge and determine if there's room to expand.

4.2.2 Career Pathways - Micro-Credential: Additionally, OH will create a micro-credential around special needs children. This credential will be called, Inclusion Credential, outlined in Activity 5, and will be established to mitigate the obstacles providers face when serving children with special needs. The credential will expand OH's career pathway model used to recognize the experience of nontraditional professionals in the field with evaluating a combination of experience and credentials. This inclusion credential will provide another opportunity for PD

specifically providing specialized training to ECCE professionals to build the skills, knowledge, and resources necessary to offer care to all children in an inclusive environment.

4.3 Shared Service Pilot: OH is the 34th largest state by land area, it is home to the 7th largest state population, resulting in 88 counties that vary greatly in size, socioeconomic background, and rural/urban demographics. Because of this variance, a one-size-fits-all approach to social, economic, and health issues does not work; particularly when it comes to supporting CC providers in their quest for quality and sustainable success. In our effort to support licensed CC providers in a new way, OH will create a shared service pilot to expand buying power for providers while creating new supports to meet their needs. Local areas interested in participating in the shared service pilot will create partnerships including but not limited to the following: CCR&R agencies, nonprofit organizations, and at least one county department of job and family services. The partnerships are required to ensure local areas take a diverse look at their community needs to build and sustain an equitable workforce to strengthen the early childhood workforce infrastructure. It is pivotal for partnerships to recognize that long-term sustainability can only be achieved when a variety of local partners are at the table. For this reason, the applying partnerships will have to complete an environmental scan of the needs of the CC provider community and how they propose to meet these needs via the shared service pilot support. The services will be determined by each local area and can include, but are not limited to, CC management software, employer resource networks, creating shared onboarding processes, benefit support (i.e., group health insurance and mental health supports such as on-site counseling), paid leave, and/or substitute pools. Selected shared service partnerships will be required to participate in an evaluation process which will include calculations regarding the return on investment of each shared service by a third party and the feasibility of long-term

sustainability. The shared service pilot will be developed and selected in year 1 and selected shared service pilots will then be conducted for 2 years including evaluation.

Activity 5: Support Program Quality Improvement

5.1 Improving Overall Program Quality: While we believe that activities 1 through 4 will result in improvements to program quality, here we describe additional activities to improve and maintain quality and increase capacity for infants and toddlers. We also offer programmatic ideas to directly impact our hardest-to-serve populations by expanding and building on activities in CCDBG and ARPA inclusive settings and infant toddler capacity through supports including: (1) increasing therapeutic CC programs and the number of qualified educators through a certification program and financial incentives, (2) expanding our data-driven approach to cross-system accountability, (3) expanding the LENA Grow pilot, and (4) providing supports to providers when they achieve high levels of licensing compliance during inspections.

5.2 Increase Access to High Quality Inclusive Care: The OH's Children with Medical Handicaps Program within the ODH provides diagnostic and treatment services to an average of 5,871 children B-5 with special health care needs each year. As stated earlier many providers report not accepting children with special needs because of a concern about medical liability or a lack of resources, knowledge, or confidence in providing a safe environment. To mitigate these obstacles OH will create an Inclusion Credential. The inclusion credential will provide specialized training to ECCE professionals to build the skills, knowledge, and resources necessary to offer care to all children in an inclusive environment. Having staff with advanced training provides another opportunity for programs to market their commitment to advancing quality. Individual professionals will receive professional recognition when they earn the Ohio Inclusion Credential, which can be used when pursuing career advancement opportunities.

Families and children benefit by having access to care and education settings that can meet their diverse needs, with staff who know how to engage all children in all activities. OH will look at how this credential will align with the SUTQ standards. We will explore providing program incentives to support professionals who have earned the credential, to be able to take on new children with higher needs and incur additional costs with less financial impact. The incentives will be created to help ensure that all children have access to quality CC. OH will evaluate leveraging both ARPA Discretionary funds and this grant funding to seed this initiative. OH already provides a tiered stipend for children with special needs. In addition to a new payment incentive OH will work to streamline the eligibility process for the stipend by evaluating a partnership between DODD and ODJFS. When DODD completes eligibility for early intervention, it may trigger the program's increased incentive.

Access Grants – Inclusive-Setting Expansion: OH utilized ARPA funds to develop therapeutic CC which created settings for children with social and emotional development needs. OH has partnered with 6 behavioral health organizations to stand up and expand 13 therapeutic CC centers with the projected capacity to serve 748 more children. If awarded, OH will leverage grant funding to further expand capacity for our highest needs children. The goal will be to further expand capacity for at least 200 more children.

To expand the supply of high-quality providers throughout the State as well as to ensure that comprehensive services and supports are available across OH's mixed delivery system, we will utilize the data match described in Section 5.7 to identify where there are gaps in services. By having this information, the State will be better able to target where services are needed or expansion is necessary across programs including CC, preschool, early intervention, home visiting and PSE (and eventually, also for HS and EHS once they implement the SSID), as

outlined in Section 5.9. Through the needs assessment OH will identify where barriers are for parents to utilize services. If OH determines programming is not meeting the needs of family's, adjustments will be made to support our families and the workforce. This may include creating awareness around wrap around supports, providing grants to increase capacity as outlined in Section 6 and reviewing rates to extend service delivery.

5.3 Expand Supply of High-Quality Providers: To expand the supply of high-quality providers throughout the State as well as to ensure that comprehensive services and supports are available across Ohio's mixed delivery system, we will utilize the data match described in Section 5.7 to help identify where there are gaps in services. With this, the State will be better able to target where services are needed or expansion is necessary across programs including CC, preschool, early intervention, home visiting and preschool special education (and eventually, also for HS and EHS once they implement the SSID), as outlined in Section 5.9. Through the needs assessment Ohio will also identify where barriers are for parents to utilize services. If Ohio determines programming is not meeting the needs of family's, adjustments will be made to support our families and the workforce. This may include creating awareness around wrap around supports, providing grants to providers to increase capacity as outlined in Section 6 and reviewing rates to extend service delivery.

5.4 Implement Outreach, Enrollment, and Evidence-Based Practice: The State will ensure inclusion of all children, especially children at risk of or with disabilities, special health care needs, developmental or behavioral health needs and marginalized populations, such as homeless or rural through the following: (a.) Expand the ASQ Online (described further in Section 3.2.3) from B - 3 to B - 5 to increase monitoring of children, identify the need for and connection to evidence based practices and services through early intervention and home visiting, utilizing the

multi-media campaign to create awareness. (b) Expand and update the Trauma Informed Certificate (Section 4.4.1) by reviewing the certificate program contents to determine if it reflects the latest research and if there is room for expansion. (c.) Increase the number of children who are homeless or living in rural areas of OH accessing CC through targeted outreach and media campaign (Section 2.2). (d.) Expand LUNA (Section 4.4), a linguistic tool that monitors a child's verbal aptitude and then provides coaching and feedback to teachers.

5.5 Implementing Practices that are Culturally Responsive: LENA Grow, an innovative PD program that uses technology to measure and improve the “talk environment” in infant and toddler classrooms is currently being piloted. The program includes “talk pedometers” that measure the amount of interactive talk each child in a classroom is exposed to, data reports, supporting materials, and practice-based coaching. This intervention is particularly important in supporting our most vulnerable children, according to LENA’s analysis that reports approximately 1 in 5 children experiences little to no interaction throughout much of their day, even in centers that have achieved the highest possible quality rating. The pilot, in 20 classrooms, provides objective measurements of a child’s language environments without introducing additional manual assessments and can help improve family engagement by making parents more aware of the power of early interactions. Teachers in the pilot will receive regular feedback about levels of interaction in the classroom and structured coaching sessions that will help to improve overall program quality, as well as the individual classroom experiences for the children. If awarded the grant, OH will expand to five additional classrooms.

Luna created ESCALERAS© which is a pathway that encourages and stimulates informal and unlicensed family CC home providers who are Spanish speakers to become licensed and engaged in the formal early care and education sector. Latinas make up 19% of the

overall ECCE workforce and 25% of the home-based sector in OH. **ESCALERAS**® is being implemented in partnership with OH's CCR&R agencies that are familiar with the local early care and education landscape and state licensing standards/requirements. This partnership leverages the strengths and assets of the providers, the community resource and referral agency partners and LUNA. If awarded, OH will explore expanding and evaluating the return-on-investment that LUNA Escaleras provides to family CC programs and monitor the capacity growth to ensure family choice. OH is constantly looking for new ways to meet family needs and this program provides an expanded pathway for our multilingual Spanish-speaking households.

5.6 Improving Learning Opportunities for Families and Providers: As part of this grant, OH plans to improve developmental, social-emotional well-being, and provide social-emotional supports to families and providers, including: (a) Provide Conscious Discipline to CC providers (3.2.2) to increase teacher understanding and implement a multidisciplinary approach to child interactions, (b) Create Awareness and Expand Triple P (3.2.2) so that more parents have access to the coaching to create a positive environment for children, (c) Expand the ASQ Online (3.2.3) from B - 3 to B - 5 to increase monitoring of children and get early intervention and utilize the multi-media campaign to create awareness, (d) Expand LENA Grow and LUNA Escaleres (5.1.4), a linguistic tool that monitors a child's verbal aptitude as a result of environmental interaction and then providing coaching and feedback, and (e) Expand Therapeutic CC (5.1.) to serve at least 200 more children. Therapeutic CC is a program that partners with mental health. With this grant, OH will create a crosswalk between its SUTQ program and HS/EHS programs to determine where there is alignment between the two programs. Once this is accomplished the State will determine where HS and EHS programs fall on our 5-star rating system and determine if there could be reciprocity (e.g., if a program is HS or EHS could they automatically be

considered a 2-star?). Additionally, the State will utilize the cross-program data match to determine child outcomes based on result of programming and dosage for the first group of children. With this information the State will analyze its first group of cross-program data to understand where we can better align our services to serve children more holistically, including where we can utilize and align coaching, program standards and curriculum.

5.7 Enhancing Program Standards: Ohio will create a crosswalk between its SUTQ program and HS/EHS programs to determine alignment between the two programs. Once accomplished the State will determine where HS and EHS programs fall on our 5-star rating system and determine if there could be reciprocity (e.g., if a program is HS/EHS could they automatically be considered a 2-star?). The State will then analyze its first group of cross-program data to understand where we can better align our services to serve children more holistically, including where we can utilize and align coaching, program standards and curriculum.

5.8 Developing Continuous Quality Improvement: The State will utilize Cross Agency Leadership Team (CALT) to map out how to create a continuous quality improvement approach. This approach will utilize the needs assessment, the strategic plan and feedback from providers and families to create an approach that is both comprehensive and forward-thinking to address workforce, high quality care, and access to programming. The approach will be informed by the workforce data already collected, the capacity data outlined in Activity 1 and the new information received from families regarding what is working, what is not and what barriers they still face. The continuous improvement will come from the ongoing metrics creating transparency and accountability. If OH implements outreach, streamlines services, and does not see referrals and ongoing services increase in our child serving programs we will know that we need to adjust our approach. Continuous improvement and accountability will be driven by

metrics and where the child serving agencies that can enhance/align monitoring systems to better serve families.

5.9 Reducing Administrative Burden: As a result of the 22/23 State budget, OH convened a Legislative Committee to focus on barriers to CC. As part of this committee, ODJFS was tasked with reviewing the paperwork associated with becoming and increasing a SUTQ rating. By examining to what extent the paperwork was necessary (or not) and burdensome, the State was able to substantially reduce required paperwork by moving from 15 documents at a 1-star to 0, from 21 documents at a 2-star to 4, from 32 documents to 8 at a 3-star, and from 38 documents to 10+ an accreditation document for 4 and 5 stars.

Even with the reduction in administrative burden, the State understands that there still may be other barriers to participating or advancing in SUTQ. With this grant ODE and ODJFS will review the SUTQ standards to make sure that they are (1) relevant, (2) necessary and (3) have demonstrated impact for preparing children for kindergarten. We will convene a workgroup comprised of ODE, ODJFS, teachers, administrators, and family CC providers to give feedback and propose revisions. Once the review is complete, the analysis and recommendations will be shared with the ECAC and CCAC for feedback and review.

5.10 Strengthening Data Sharing and Analysis: The ODE is required to issue an SSID number in accordance with Section 3301.0714 of the Ohio Revised Code. The SSID allows information about groups of young people to be analyzed and reported on without sharing personal identifiable information. Currently, 10 OH programs utilize the SSID (PFCC, Early Intervention, Home Visiting, Preschool Special Education, ECE, public education kindergarten through grade 12, Medicaid, SNAP, TANF and Children Services).

If awarded, OH will expand SSID participation into programs such as HS and EHS. By including HS and EHS, we will have a more complete picture of the different services or transitions received or missed for our B–5 children. This activity supports the state’s goal of moving from reactive reporting to proactive prevention services. OH is proposing to use grant funding to establish a reporting analytics dashboard across programs to identify factors that potentially signal increased risk of not being ready for kindergarten. Then, we will plan outreach and proactive developmental supports for children, including linking them with a high-quality preschool programs or other opportunities that a family may be interested in.

5.11 Future Steps to Support ECCE Facilities: Continuing the goal of increasing high quality options for early care and education settings, OH will create a fund to reward providers with inspections that result in high licensing compliance. For high compliance reports (example could be no serious or moderate risks), the providers will select an incentive from a menu ranging from capital investments to retention bonuses. By creating these incentives, OH believes that it will make progress in moving from compliance as a punishment to compliance as a positive, creating supportive monitoring and results-based accountability. Additionally, these grants will provide new funds to be used to support facility updates, improvements, and ongoing maintenance.

Activity 6: Subgrants to Enhance Quality and Expand Access

Administration of Grant: As the proposed recipient of the PDG B-5 grant, ODJFS will maintain responsibility for oversight of all programmatic, financial, and administrative matters, including reporting. Additionally, ODJFS will maintain a substantive role in all activities including project management, development and implementation of initiatives, document creation, and approval of delivery of services.

Subgrant Funding: To accomplish this work OH will subgrant 6% of funding in year 1 and anticipates 20% in year 2 and 23% in year 3. This will occur in the following ways:

Option A: Targeted Subgrants in Targeted Communities: As part of this subgrant the State will focus on targeting local areas who need new programs or expanded capacity. In year 1: OH will utilize the needs assessment, in activity 1, to identify geographical areas in the State that lack programming; with a particular emphasis on rural, low-income children and infant and toddler classrooms. **Year 2 and 3:** Once identified and application criteria are determined, OH will utilize 10% of our grant funding to provide subgrants to expand access to targeted communities. Grantees who meet qualifications will apply for the grant via the OPR. These grants will target rural areas (population less than 2,500) or increasing capacity to serve low-income children or infants/toddlers and will require grantees to commit to being SUTQ rated. OH anticipates supporting the creation of 85 new classrooms and 15 family CC programs across all age groups to increase capacity to serve more than 1,200 children. Programs will be monitored through our early licensing inspections to ensure compliance. **Challenge:** Staffing will remain the largest challenge to opening and expanding classrooms, thus holding these grants until year 2 will allow for the recruitment and retention incentive activities to be implemented.

Option B Develop New ECCE Programs for Underserved Populations: OH will provide subgrants to support new and existing local programs that need to make facility accommodations, complete additional training (i.e., medical or behavioral), and to support lower ratios when necessary to meet the needs of families. **Year 1:** The State will request applications to participate in this opportunity. Programs will be eligible when they have identified a family whose needs will now be met through expanded service. The goal is to provide up to 100 grants in year 1. **Year 2:** The application process will be revised based on first-group

experience/feedback; then the State will offer another 100 grants with a rolling effective date from year 1, meaning that any grants not utilized in year 1 will be added to year 2. **Year 3:** The application and grant process will continue into year 3 and another 100 grants will be awarded along with any grants unspent in year 2. OH anticipates investing 6% of the total grant funding received in year 1, 20% in year 2 and 23% in 3. Over the next 3 years OH anticipates administrating 300 grants to local programs. **Challenge:** The biggest challenge to this initiative is creating awareness of the opportunity for both programs and parents and ensuring programs feel supported in serving families in a new way. The Inclusive Credential will help drive awareness and provide support partnered with the financial incentives.

Option C Improve Quality: Through the PDG grant, OH will not provide specific grants to local programs to maintain and improve quality through this funding stream, as this work is already underway through ARPA and Child Care & Development Fund (CCDF) funding.

Bonus Options:

OH has elected to include strategies in all three bonus areas as follows:

Coordinated Application, Eligibility, Enrollment for Families: As a result of the initial grant, OH created a coordinated application for families that crosses the 4 major programs (Medicaid, CC, SNAP and TANF) and has done work to align the public preschool application so families do not have to fill out the same information for multiple programs. This application can be submitted, online or in a JFS office, once for all 4 programs. Since the initial award OH has continued this effort by streamlining the application and enrollment process for families by aligning recertification and redetermination dates, aligning when programs implement FPL adjustments, and leveraging the documentation provided across programs. If awarded, as

outlined in Activity 3, OH will expand the coordinated application through pilot expansion to further align the WIC program eligibility with the existing integrated application.

Additionally, OH will work to streamline incentives, as outlined in Activity 5, for CC programs serving children with special needs by working with the DODD. This will leverage the DODD Early Intervention eligibility to increase payments to the licensed CC programs rather than families and providers having to provide the information to ODJFS.

Finally, OH is standardizing on the SSID concept, has 6 agencies already participating and plans to add HS/EHS and WIC during the grant period. Data-sharing agreements have already been approved across the original SSID agencies; we will use the same model to bring in both the Head Start and WIC entities.

Improving Workforce Compensation: In addition to new and expanded investments to support early childhood professionals in attaining credentials and degrees in Activity 4, and the creation of the new Inclusion Credential in Activity 5, OH has included a wage compensation pilot focused on raising wages to at least \$17/hr. This amount was identified to ensure that a mother with two children would be earning a wage that would move her toward self-sufficiency. This pilot will create partnerships between private and nonprofit organizations and licensed CC programs to build new employee supports and additional investments into quality CC programs.

Increasing Access to Inclusive Settings: Specific strategies to increase and improve inclusive settings for children with special needs are described in activity 5 and 6. With the new Inclusion Credential at both the individual professional and the program levels, the commitment to expand therapeutic CC programs, and the new subgrants; OH can support families, professionals, and providers by doubling the number of children with special needs currently served.

Project Timeline & Milestones

| Project Timeline & Milestones | | | | |
|---|---|--|---|--|
| Grant Activity | Year 1: Quarter 1 | Year 1: Quarter 2 | Year 1: Quarter 3 | Year 1: Quarter 4 |
| Timeline & Milestone Targets | | | | |
| Activity 1: Update Comprehensive Statewide, B-5 Needs Assessment | | | | |
| Update the Initial Assessment | 25% by target | 50% by target | 100% by Target | |
| Creation of a dynamic land scape snapshot. | 100% by target | | | |
| HCD and Feedback Forums | 25%% met by target engagements begin | 50% met by target: engagements continue | 75% met by target: engagement wraps up | 100% met by target: receive report |
| Activity 2: Update Statewide B-5 Strategic Plan | | | | |
| Identify & invite sub-committee members | By 1/15/2023 Target: Stakeholders identified. Consider comprehensive representation of Ohio by diversity, geography and setting type. | | | |
| Contracts for travel/stipends in place | By 2/15/2023 Target: 100% of the contracts to pay for travel and teacher stipends are in place | | | |
| Meeting 1/12 | By 2/28/2023 Target: Meaningful engagement on Strategic Plan | | | |
| Meeting 2/12 | | Target: Strategic Plan finalized | | |
| Meetings 3 through 12 | | | Target: Meaningful engagement on grant activities; continuous improvement | |
| Activity 3: Maximize Parent and Family Engagement in the B-5 System | | | | |
| Family Voice: Leverage Family Action Network | Target: leverage diverse group of sixty families across the state Establish quarterly meetings | | | |
| Triple P & Awareness Campaign | Target: engage vendor | Target: Share draft campaign with stakeholders | Target: Kick off: campaign | Target: 10,000 parents using |
| Conscious Discipline Training for Administrators | Target: Engage vendor | Target: Gather input from FAN | Target: Kick off training | Target: 2,000 administrators have completed training |
| Expand ASQ Online resource to the 3-5 population | Target: expand the resource to be available to 3–5-year-old | Target: Communicate change | Target: 9,750 professionals completed the online training | |
| WIC/SNAP Enrollment Expansion | Target: decision on Medicaid into OB | Target: 38,226 coordinated WIC/SNAP applications | | |
| Child Care Management Software | Target: RFP goes live and vendor negotiations | Target: vendor is selected by 6/30/23. | Target: Solution goes live July 1 for pilot counties | Target: 80 providers are using the solution |
| Home Visiting Expansion | Target: coordinate efforts to expand ASQ Online | Target: model expanded | Target: 10% more home visits have been completed than in 2022 | |
| Activity 4: Support the B-5 Workforce and Disseminate Best Practices | | | | |

| | | | | |
|---|--|---------------------------------------|--|--|
| Interdisciplinary Cross Sector Professional Development | Target: review & ensure current Trauma Informed Care trainings meet Ohio's Early Learning Standards. Increase number of professionals who obtained certificate to 2,203. | | | |
| Wage Compensation: ECCE Provider/Business Partnership | Target: identify private/nonprofit organizations and licensed CC providers | Target: establish partnerships | Target: increase ECCE compensation from \$1/hr to \$23/hr. Grant to fund 50% of wage gap | |
| Recruitment and retainment – CCHS | Target: recruit high school students for CDA coursework commitment AND expand TEACH scholarship program. Increase the number of professionals participating to 63. | | | Target: provide loan forgiveness. Continue recruiting to hit outcomes. |
| Shared Services Pilot | Target: kick-off pilot with at least 4 hubs and at least 80 providers participating. | | | |
| Activity 5: Support Program Quality Improvement | | | | |
| Ohio Inclusion Credential | Target: create the credential | Target: open comment period | Target: Make available via the OPR. | Target: 25% of professionals have obtained |
| Program Incentives to offset revenue lost | Target: finalize pilot program | Target: Go live with pilot. | | Target: 500 providers |
| Expand Capacity for Therapeutic Child Care | Target: continue to engage new partners | Target: 15% increase | Target: implementation support | Target: access expand to 15% more children |
| LENA Grow Expansion | Target: work with vendor | Target: 50% of additional classrooms | Target: 75% of additional classrooms | Target: 300 classrooms |
| Escalera Pilot Expansion | Target: develop evaluation | Target: expansion plan approved | Target: 50% of new providers engaged | Target: 45 providers |
| Program Improvement Incentives | Target: Develop Improvement Incentives t | Target: comment period | Target: Incorporate incentives | Target: 3% more providers |
| Expand SSID to EHS & HS | Target: Initiative discussions with Head Start | Target: law change, begin use of SSID | Target: Full use of SSID | |
| Activity 6: Subgrants to Enhance Quality and Expand Access | | | | |
| Subgrant | Target: subgrant 6% of funding | | | |
| Option A | Target: Identify areas lacking programs | | | |
| Option B | Target: create application process and provide up to 100 grants | | | |
| Option C | Target: Continuation of ARPA work already underway. | | | |

Organization Capacity, Meaningful Governance, and Stakeholder Engagement

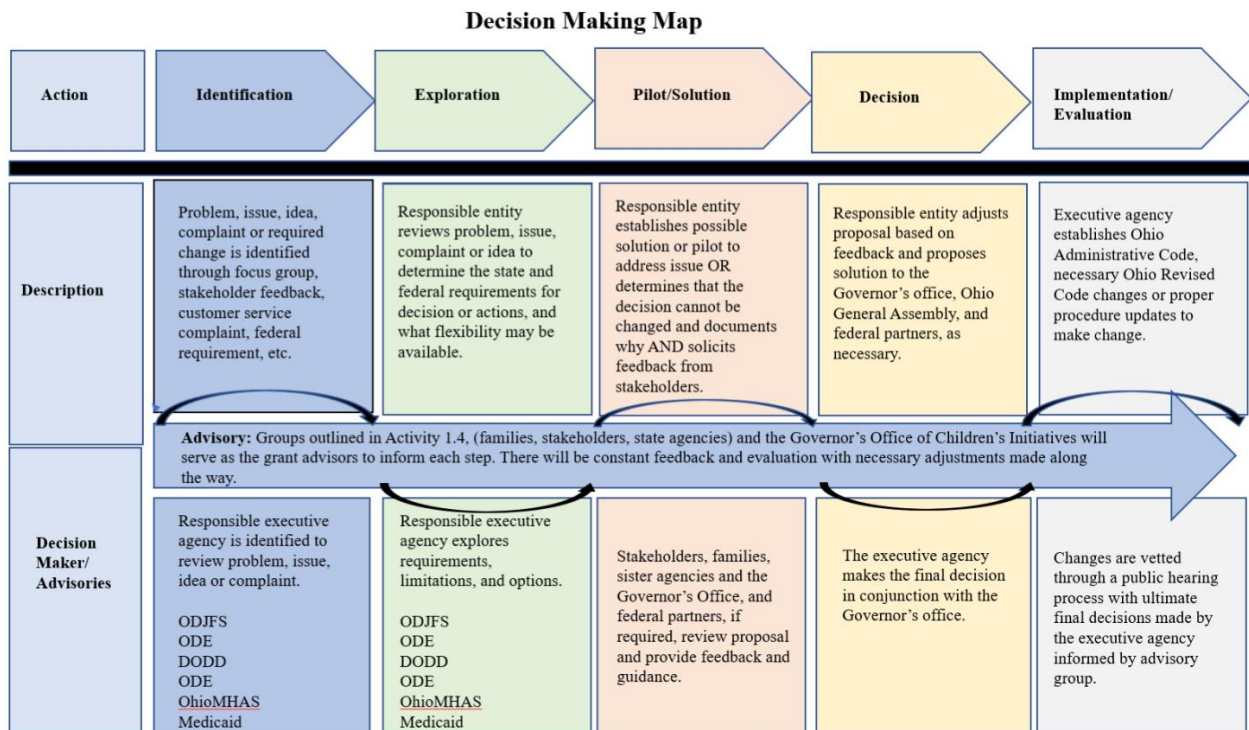
ODJFS and partner agency organizational charts for the grant are available in File 2.

State’s Governance Structure and Decision-Making Path: ODJFS, in coordination with the

ODE, will administer this grant. ODJFS oversees the largest component of early childhood

programming – the PFCC program – and develops and supervises the State’s public assistance, workforce development, unemployment compensation, child and adult protective services, adoption, and child support programs. These programs exist to improve the well-being of OH’s workforce and to ensure the safety of OH’s most vulnerable citizens.

The ODJFS state structure is provided within the Organizational Charts section in the appendix (file 2) of this application. Grant monitoring will be performed with partners. Decisions about changes needed for activities, based on evaluation information, will be shared, and discussed. The partner team will provide its input to the ODJFS leadership named as Project Director or Leadership for decisions, as needed. The Governor’s Office will act as the final decision maker. This governance structure is the same as the initial grant application.



Entity Roles and Responsibilities: Exhibit 1 outlines the key ODJFS staff who will lead and manage the grant-funded activities, their role and relevant experience.

Exhibit 1. ODJFS Staff Member Role & Responsibilities

| Name, Agency, Role | Grant Role | Experience |
|---|---|---|
| Melinda Kowalski (ODJFS) <i>Assistant Director</i> | Leadership / Project Director | <ul style="list-style-type: none"> • 15 years of experience in Early Childhood and Child Protection • Oversees HHS for the state. This includes CC, CC policy, and CC licensing and monitoring • ODJFS BUILD representative • Oversaw the 2018 PDG B-5 Planning Grant as a project manager |
| Laura Harper (ODJFS) <i>Assistant Deputy Director</i> | Leadership & Oversight / Project Manager & Evaluation | <ul style="list-style-type: none"> • 15 years of Early Childhood experience • Oversees CC, Cash and Food Assistance, and a \$2+ billion budget • ODJFS BUILD representative |
| Tracey Chestnut (ODJFS) <i>Bureau Chief</i> | Leadership & Subject Matter Expert | <ul style="list-style-type: none"> • 26 years of Early Childhood experience • Experience working in and managing a CC program • Co-chaired Rural CCAC subcommittee • Provides technical assistance to state-licensed programs, evaluates compliance, ensures policy, training and technical materials are clearly written and culturally and linguistically sensitive |
| Kristen Burgess (ODJFS) <i>Bureau Chief</i> | Leadership & Subject Matter Expert | <ul style="list-style-type: none"> • 26 years of Early Childhood experience • Oversees CC licensing, monitoring, and technical assistance |
| Matthew Cunningham (ODJFS) CFO | Financial Oversight | <ul style="list-style-type: none"> • 16 years of fiscal and grant management experience • Oversees all fiscal/budget management and contract/grant management for Office of Family Assistance, Office of Child Support, Office of Children and Families |
| Krista Kinchen (ODJFS) <i>Bureau Chief</i> | Financial Oversight | <ul style="list-style-type: none"> • 16 years grant management and monitoring experience • Oversees the program agreements and monitoring for Office of Family Assistance |
| Karine Hray (ODJFS) COO | Project Manager & Evaluation | <ul style="list-style-type: none"> • 15 years project management experience • Oversees operations and special projects for HHS. |

Collectively, the ODJFS management team has a proven track record of developing, implementing, managing, and evaluating similar grant-funded programs and exercising appropriate control over the administration of grant funds.

Evidence of Partner Experience and Expertise: Working in collaboration and coordination with the applicant agency, five other State agencies and the Governor’s office have played a key role helped support in OH’s early childhood system during and since ELCG. The ODE, DODD,

ODH, OMHAS, and ODM have been collaborating, communicating, and coordinating early childhood efforts since 2011 and meeting monthly since 2015. Each of the early childhood leaders from these agencies is a member and has contributed substantially to the Early Childhood CALT and OH’s ECAC. This group; helped drive OH’s Bold Beginning Early Childhood Strategic Plan and webpage. With the announcement of this funding opportunity, each has provided input, and committed to partnering with ODJFS to implement this grant. Exhibit #2 outlines our partner agency key team members, their grant role, and relevant experience.

Exhibit #2. Partner Agency Staff Member Role & Responsibilities

| Name, Agency, Role | Grant Role | Experience |
|---|-------------------------------------|---|
| Wendy Grove, Ph.D. (ODE) <i>Director, Office of Early Learning and School Readiness</i> | Oversight & Cross Agency Leadership | <ul style="list-style-type: none"> • 15 years of experience in early childhood • Oversees PSE, CC Licensing and SUTQ, Kindergarten Readiness Assessment, Head Start State Collaboration Office, and ECE |
| Steve Beha (DODD) <i>Chief Policy Officer</i> | Cross-Agency Leadership | <ul style="list-style-type: none"> • 17 of years of experience in DD advocacy, policy, & children’s initiatives • Coordinates policy regarding subjects concerning children, autism, employment, transition, and EI |
| Diane Fox (DODD) <i>Asst Deputy Director of EC Initiatives</i> | Cross-Agency Leadership | <ul style="list-style-type: none"> • 8 years of experience in early intervention and CC • Oversees early intervention, technical assistance teams, and all early childhood initiatives |
| Alicia Leatherman (ODH) <i>Bureau Chief – Bureau of Child and Family Health</i> | Cross-Agency Leadership | <ul style="list-style-type: none"> • 20 years of experience in early childhood and 0-5 • Oversees Early Childhood Home Visiting, Maternal Child Health Assessment, Infant Vitality Initiatives, Planning and Assessment Services, School and Adolescent Health, Maternal Child Health |
| Grace Kolliesuah (OMHAS) <i>Mental Health Administrator</i> | Cross-Agency Leadership | <ul style="list-style-type: none"> • 17 years of years of experience in health, child development and child protection • Leads the Bureau of Children, Youth and Families |
| Bonnie Nicosia (ODM) <i>Health Systems Administrator</i> | Cross-Agency Leadership | <ul style="list-style-type: none"> • 6 years of experience in policy development • Liaison across multi system youth team • Manages contracts for infants and mothers’ services |

Evidence of Organizational Capacity for Participants: The letters of support enclosed in the appendix are provided as evidence of participating organizations, including partners, contractors

and/or subrecipients attestation that they possess the organizational capacity to fulfill their role(s) and function(s) effectively. OH's governance and administrative structures have the authority and responsibility to oversee, implement and coordinate state-funded or state-administered early childhood programs and services for children and their families.

Existing & Future Efforts to Incorporate Family and Provider Voice in Policy Decisions:

ODJFS is committed to including family and provider voices in policy decisions now and in the future. We currently include family and provider voices in ECAC and CCAC. These committees have provided strong feedback on rule changes to make key decisions around early childhood. In the future we will continue to lean heavily on the FAN, and the OHSA's parent ambassadors.

Plan for Oversight of Federal Award Funds and Activities

The fiscal components of this project will be managed by ODJFS, OFA- Program Agreements & Monitoring (PAM) Section. The PAM section will work with the ODJFS Office of Fiscal and Monitoring services, which has an organizational records system that relates financial data to performance data by identifying the source and application of federal funds. This allows for efficient and effective control and accountability of funds.

The PAM section will also compare outlays with budget amounts through monthly reconciliation of budgeted amounts and actual expenses. Accounting records such as invoicing will be required to be supported by source documentation before payment will be distributed. Staff from the Agreements and Monitoring section (Fiscal Managers) will be assigned to oversee invoicing and budget compliance for the grant, creation of subgrants, and contracts with all subcontractors. Moreover, fiscal managers will be responsible for monitoring programmatic and fiscal activities of the subgrantees and/or subcontractors. A fiscal manager will review all expenditures followed with approval from the supervisor to have a two-tiered approval to

mitigate risk and ensure compliance. Financial records will follow all state and federal retention laws, including proper back-up documentation. Additionally, any questionable cost will be reviewed by both program and audit staff prior to final decisions. Krista Kinchen (mentioned in the Organizational Capacity) oversees the Agreements and Monitoring section. Krista will continue to supervise the staff who oversee project activities and handle accountability of funds.

Program Performance Evaluation Plan

The 6 activities described in this application are inputs that will result in 5 overarching outcomes at the state, ECCE provider, and parent and child levels. Building on the outcomes identified in the logic model, the outcome measures and process indicators will be used to monitor OH’s progress toward achieving its vision.

| Table 1: Outcome Measures | | | | | |
|---|--|------------------------------|----------------------|-----------|-----------|
| Outcome | Measure | Baseline 2022 | June 2023 | June 2024 | June 2025 |
| 1. Workforce | | | | | |
| 1.1: Increase number of ECCE professionals | # of individuals in OPR | 39,560 <i>As of 10/22</i> | 43,516 | 49,450 | 69,230 |
| 2. Capacity | | | | | |
| 2.3: Increase number of children with vulnerabilities - developmental, housing insecure, & ESL, served in ECCE | # of publicly funded children w/ special needs | 1,038 <i>As of 06/22</i> | 1,064 | 1,090 | 1,142 |
| 2.4: Increase number of ECCE programs in areas with excess demand | # of programs in areas that have excess demand | Data unknown | Baseline established | +2.5% | +5% |
| 3. Families | | | | | |
| 3.2: Increase in children with developmental disabilities (DD) utilizing PFCC | # of publicly funded children w/ DD served by centers & large family homes participating in SUTQ | 1,038 <i>As of 06/22</i> | 1,064 | 1,090 | 1,142 |
| 3.4: Increase number of children who are utilizing PFCC | #of publicly funded children served by centers & large family homes participating in SUTQ | 81,647 <i>As of 09/22</i> | 83,688 | 85,729 | 89,812 |

| | | | | | |
|--|---|-----------------------------|-------|-------|-------|
| 3.6: Increase number of children who are accessing mental health supports | # of children access mental health supports | children served 269 | 276 | 282 | 296 |
| 4. Quality | | | | | |
| 4.1: Increase number of programs earning 3, 4, or 5 stars in SUTQ | # of programs rated 3, 4, or 5 stars | 1,178 <i>As of 08/22</i> | 1,207 | 1,237 | 1,296 |
| 4.3: Decrease number of programs who lose or reduce in star rating | # of programs who had rating reduced or removed | 120 <i>SFY 22</i> | 117 | 114 | 108 |
| 4.4: Increase children's KRA scores | Overall KRA scores of demonstrating readiness | 37.9% | 38.5% | 39.0% | 39.5% |

| Table 2: Ohio's Process Measures | | | | | |
|---|---|------------------------------------|------------------|------------------|------------------|
| Process Indicator | Measure | Baseline 2022 | June 2023 | June 2024 | June 2025 |
| 1. Workforce | | | | | |
| Programs in ECCE Provider / Business Partnership | Programs participating | 20 | 25 | 30 | 35 |
| Professionals completing Trauma Certificate | Professionals who have obtained the certificate | 1,762 <i>As of 10/22</i> | 2,203 | 2,643 | 3,084 |
| 2. Capacity | | | | | |
| Number of grants awarded to create access for underserved | # of grants awarded | 0 | 100 | 200 | 300 |
| 3. Families | | | | | |
| Parents using Triple P | Parents who have accessed Triple P Online | 3,511 | 10,000 | 15,000 | 20,000 |
| Administrators completing Conscious Discipline training | Administrators who complete the training purchased by the state | 0 | 25% = 2,000 | 50% = 4,000 | 75% = 6,000 |
| Professionals completing ASQ Online training | Professionals who complete training | 0 | 25% = 9,750 | 50% = 19,500 | 75% = 29,250 |
| Home visits | Visits completed | 9,990 | +10% | +15% | +20% |
| 4. Quality | | | | | |
| Professionals with inclusion credential | Professionals who obtain the credential | 0 | 25% = 2,000 | 50% = 4,000 | 75% = 6,000 |
| Number of children impacted in therapeutic CC | Increase number children accessing therapeutic CC | 748 children <i>As of 10/22</i> | +15% | +20% | +25% |
| Number of classrooms in LENA pilot | # of classrooms in LENA pilot | 240 <i>As of 10/22</i> | 300 | 360 | 420 |
| Number of providers using ESCALERAS | #of providers using ESCALERAS | 36 <i>As of 10/22</i> | 45 | 54 | 63 |

| | | | | | |
|--|--|--|-----|-----|-----|
| Programs awarded program improvement incentive | Programs at no serious or moderate risks on their compliance reports | 50% continuous centers 91% continuous FCC | +3% | +6% | +9% |
|--|--|--|-----|-----|-----|

Existing Data Collection: *State level metrics* are collected by the child-serving state agencies across the B-5 system related to eligibility and utilization of programming, allowing for child counts of program participation. Children are assigned a SSID upon entry into PFCC, Early Intervention, Home Visiting, Preschool Special Education, ECE, or public kindergarten. Part of this grant will be to include other programs such as EHS and HS, and Youth Services. The state collects access and registration, attendance, and completion of PD opportunities through a data system that is required of every ECCE professional. The OPR collects information from the more than 90,000 (10/2022) OH ECCE professionals. It also allows professionals to locate and register for training, PD, and conferences across more than 4,000 offerings.

ECCE provider level metrics are collected by the ODJFS and ODE. Specifically, SUTQ ratings for all licensed programs (i.e., PSE, ECE and PFCC) are tracked in OH’s statewide Child Licensing and Quality System. ODJFS tracks program capacity and classrooms of PFCC providers as well as ease, usefulness of technical assistance, and areas of needed improvement in the SUTQ ratings process. We will continue to observe professional retainment and average wage through the NSE dashboard.

Family and Child level metrics are collected by local providers and reported via various systems to the child-serving state agencies. For example, licensed providers report CC utilization data via a Time, Attendance, and Payment system, allowing ODJFS to see monthly use of CC services. Enrollment and attendance are also reported by education settings directly to the ODE, via two systems: the Education Management Information System (EMIS) for public and community school settings or the Enterprise Application System for non-school settings licensed

by the department. ODJFS collects the number of parents who access Triple P through the OH Triple P dashboard. Ohio Children's Alliance tracks the number of children accessing therapeutic CC, while OMHAS tracks the total number of children being referred to and receiving mental health supports. DODD tracks the number of children with development disabilities. OH's KRA scores are reported directly from public and community schools into EMIS, for every child in public kindergarten. Children are assessed at the start of school in a vendor data system. Then, public and community schools export each child's scores and go through a review and approval process (or, appeal, if corrections are needed).

New Data Collection: Several grant activities will require new data collection.

State level metrics analytics around reach, delivery, engagement from media campaign. CC management software system will collect data as part of its function. Data collected from SSID expansion to HS and EHS. A second piece of information that will be newly collected during the grant period is the analysis of cost.

ECCE provider level metrics We will track the number of professionals utilizing Conscious Discipline and providers utilizing LENA, ESCALERAS, and the inclusion credential. Data will be collected on the number of providers participating in the Shared Services Pilot, program improvement incentive, and the lost revenue offset.

Family and child level metrics All information gathered from families will use the HCD strategies already discussed throughout the application, as well as any input from the Groundwork Ohio FAN and Head Start Association Parent Ambassador program participants.

Data Analysis: As data is collected across various systems, the ODJFS will lead the state's grant team in conducting the data analyses needed for the quarterly reports to the ECAC. The project manager and evaluator at ODJFS will take the lead in coordinating data needed from other non-

ODJFS sources. A calendar of needed data will be identified, and monthly team meetings will include data needs, deadlines, and reporting in the agenda. A single reporting template will be populated to share with the ECAC at its quarterly meetings, then posted for public information. To determine successful implementation strategies and areas needing improvement, and to inform the state's continuous improvement processes, data will be presented by the twelve service delivery areas for all metrics where possible.

Obstacles: Any lack of cooperation between vendors, agencies, and partner organizations could cause long-term issues for grant activities if unaddressed and resolved. To overcome this obstacle, we've included an MOU signed by our partner agencies. Partner organizations have been communicated with to establish understanding and interest in activities.

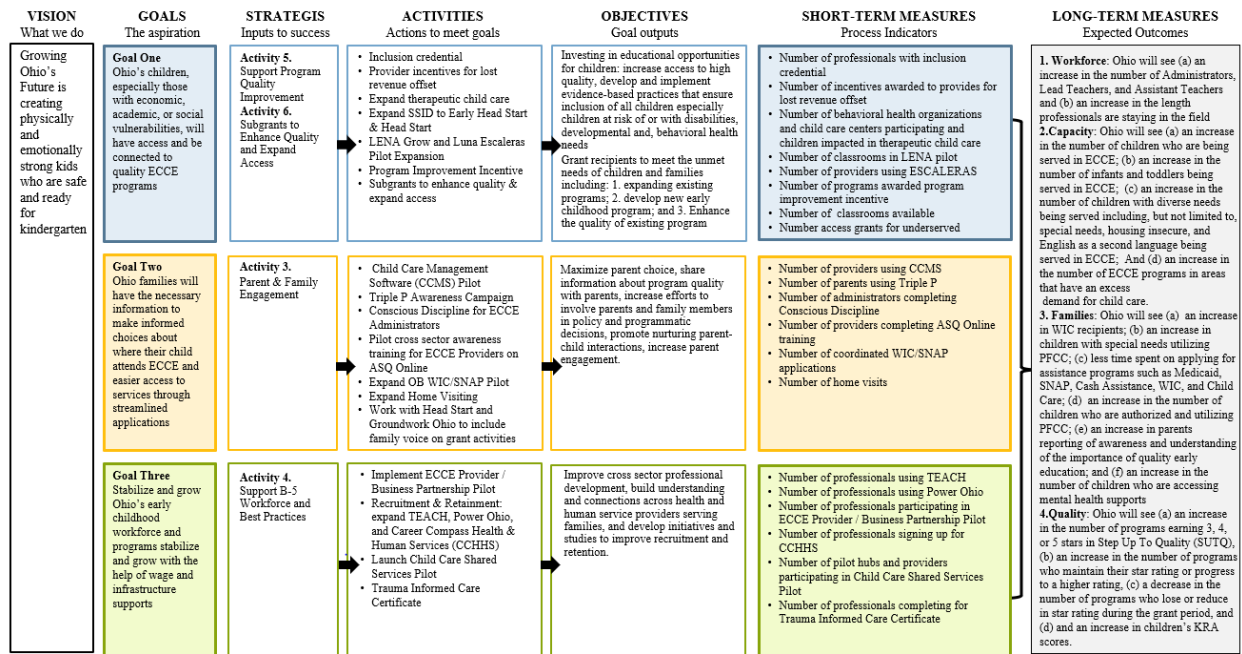
Needs Assessment and Strategic Plan Alignment: In addition to aligning with our logic model, our PREP will be aligned with the needs assessment once finalized during year 1. The strategic plan will guide us through the monitoring and progress assessment of our goals and objectives. This will support continuous quality improvement.

Data Reporting: Process, cost, and program implementation reporting will be examined throughout the grant period to inform continuous learning and improvement, with quarterly reports provided by the cross-agency early childhood leadership team identified in this grant to the ECAC and its sub-committees. Using the timeline, project milestones, estimated and actual costs, and identified outcome and indicator targets as described in this application, OH will use a consistent written format for reporting during quarterly in-person meetings. OH will publish these progress reports for the public on its Bold Beginning! website.

Short and Long-Term Evaluation: To evaluate the extent to which the strategies and activities of this grant have a measurable impact on reaching OH's articulated goals, and ultimately, the

vision; the state will contract with a third-party evaluator. OH will use the identified inputs and expected outcomes at the state, ECCE provider, and family and child levels. We propose using a multi-method study design, which includes data provided by the state, feedback forums, and HCDs. We will use a sampling method that includes representation of ECCE providers at each star rating, including non-rated; geographic type (urban, suburban, rural, Appalachian); classroom type (PFCC, PSE, ECE); license type (Centers and small or large family CC homes) and setting characteristics (preschool only, multi-age, part-day, full-day).

Logic Model



Project Sustainability Plan

With an annual budget of over \$4 billion, the experience of the initial grant award, and the work accomplished through ARPA and CCDF, ODJFS is well positioned to manage the renewal grant activities. Moreover, ODJFS has significant experience managing the development and sustainability of federal grants and a team of experts in finance, data, contracts, legal, and grants management. As proposed elsewhere in this application, ODJFS will secure a third-party

evaluator to assist in creating, monitoring, and evaluating the strategies for return on investment which will be key for ongoing sustainability.

OH has written this response to the PDG funding opportunity with its federal, state, and local early childhood system partners in mind. Those administering this grant are the same key individuals who oversee the CC Development Block Grant (CCDBG), TANF, the SNAP, the Commodity Food Programs, the Refugee Services Programs, the Maternal and Infant Early Childhood Home Visiting program, IDEA, and the Head Start State Collaboration grant. The ECAC, a key partner in the implementation of these activities, includes representatives from many critical stakeholders as outlined in Activity 1.4. Additionally, critical feedback and input from Groundwork Ohio and the OHSa assisted in the formation of our application.

Support from advocates and stakeholders is critical to the success of the grant activities and sustainability. To ensure the wage compensation and workforce supports are successful we will listen to our local partners and provider network but also ask them to engage their communities to build these partnerships and awareness. We have built-in step-down grant support to ensure the investments are moving toward self-sustainment. ODJFS has worked to ensure the grant is not funding stand-alone initiatives when possible. In addition to creating the public and private partnership, the grant is also leveraging investments from the ARPA and discretionary dollars to build in additional resources from the Ohio General Assembly. Although the funding source will change, the request will not be new and because of the grant activities, we will have data on the outcomes, challenges, and results for the strategies when we seek new dollars. This grant will allow OH to pilot, test and invest in new ways. We expect that what we will learn from the implementation of the proposed activities will inform future policy and investments.

Protection of Sensitive and/or Confidential Information

In our subgrant agreements and contracts, when the subgrantee or vendor either collects, uses, or maintains sensitive and/or personal identifying information, the subgrantee/vendor must agree to comply with state and federal confidentiality and information disclosure laws, rules and regulations specifically stated in the agreement applicable to the program activities and deliverables under the agreement. The subgrantee/vendor must also agree to use any information, systems or records made available only for the purposes stated in the subgrant agreement and may retain such records only as required by audit and specified record retention schedules.

ODJFS has formulated and communicated the following policies to all employees: Information Security, Code of Responsibility, Computer and Information Systems Usage, and Standards of Employee Conduct. Violations of these policies may result in disciplinary action, up to and including removal. These policies inform all ODJFS employees of their responsibility for maintaining the security of confidential and personal information accessed while performing job responsibilities. Additionally, all employees and contractors who access ODJFS systems containing confidential and personal information are required to sign the ODJFS Code of Responsibility Form. By signing this form, the user acknowledges that it knows, understands, and agrees to comply with the confidentiality requirements contained in law and further agrees to not engage in prohibited conduct related to the use, access, or disclosure of confidential and personal information. Periodic review of user access to ODJFS systems is also performed to ensure appropriate and current user access.

Monitoring, Data Use, Evaluation, and Continuous Quality Improvement

OH, will spend this funding, if awarded, differently than it has before. In each of the proposed activities, we have identified lessons learned since the initial grant and integrated those lessons into the planning. Moreover, the new funding will be disseminated in ways that respond to

stakeholder input on the obstacles currently facing the mixed delivery system in the state. For example, the focus on workforce, capacity, families, and quality all includes innovative ways of getting the grant funds where they have the potential to do the best. Direct payments to individuals seeking education, certification, or licensure to enter the industry as well as those already in the field so they can benefit from higher wages. Pilot programs that will test payments and programs for returning to capacity lost during the COVID pandemic. For the first time, support directly to programs that will create early care and education programs equipped to care for their child with a disability. And a new innovative way to allow programs who maintain high compliance in health and safety regulations to select from a menu of incentives that they need and want. All these new ways of spending are based on what we have learned through our ARPA and CCDF spending through the pandemic, supports those directly impacted have told us they need, and a focus on moving the system forward in supportive proactive ways.

In year 1 of the B-5 grant the state utilized funding from the grant, CCDBG and State funds to support the initiatives. This caused a cliff effect once the grant ended, leaving some initiatives unfunded. Likewise, to prevent this from occurring again we will use a mixture of funding with a sustainability long term support. First, the state will leverage ARPA, CCDBG, the Grant, State, and local funding. By including local funding sources, the goal is that eventually local entities can continue to fund local initiatives once the grant ends. Leveraging all funding sources will also extend the funding sources that the State has so that funding can extend past the grant.

As described elsewhere in this application, OH will seek additional federal and state funding to continue successful, outcomes-based supports tested through these funds. With the aim of sustaining the programs, services, and supports that the program evaluation demonstrates are

effective and efficient; our evaluation plan details the progress monitoring and public reporting we will do to inform future policy and programming.

With greater utilization of the SSID, the WPAP, the Social Determinants of Health Dashboard, and other state or organization data systems available (e.g., Groundwork Ohio Early Childhood Dashboard, OH Data webpage, and the Secure Data Center used by K – 12 education entities), OH is poised and ready to promote accountability across the early care and education mixed delivery system. As already noted, programs currently missing from the system, like HS and EHS, will be added as part of grant activities so that we maximize the state's ability to collect meaningful, real-time data which can be used to inform progress.

All the proposed activities in this application seek to address existing areas of fragmentation and overlap in the early care and education mixed delivery system. The state has 6 child-serving state agencies and even more offices which oversee pieces and parts of the system. While we work very closely and collaborate effectively, with the completion of both activities and two articulated here, we will see substantial movement toward reducing fragmentation and overlap. More specifically, we expect to see efficiencies for families accessing and determining eligibility for services, program ability to access funds with which to increase capacity and stabilize its' workforce, and coordination in preparing children to start kindergarten ready to learn.

OH, is fortunate when it comes to data systems. As mentioned above, many programs are already using the SSID. The state also has a mandatory KRA that has been used in multiple publications as an outcome of early care and education programming ([JDBP \(2021\)](#) article, [Pediatrics \(2020\)](#), [2020 validation study](#), [2017 Validation study](#)). Another data system which connects ODJFS, and ODE is the OPR. Finally, led by IOP, data available from state agencies has been utilized and made publicly available in places such as the [Social Determinants of](#)

[Health Dashboard](#) on the [Data Ohio](#) webpage. All child-serving state agencies have been in planning discussions with IOP to construct a page which links the early childhood data on a regular and consistent basis, rather than only linking data when a specific project is described in a specific MOU.

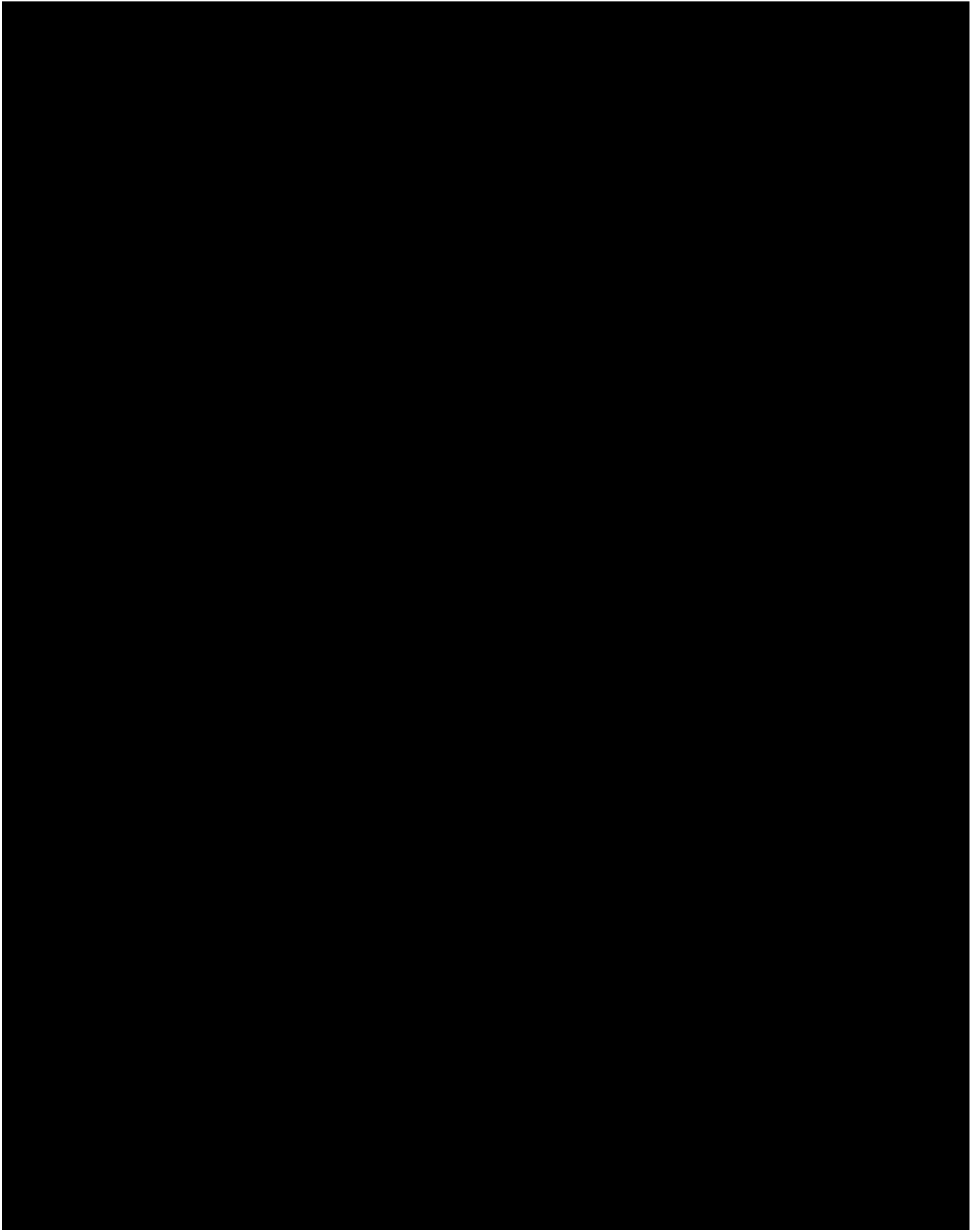
As described elsewhere in this application, several eligibility applications are already housed in OB, easing a families' access to multiple supports that may be needed for their young children. Part of this grants' activities is to increase the number of program eligibilities that are added to this resource. It is one of the expected outcomes of the funding, if awarded, that OH will increase awareness of, and decrease burdens of applying and accessing supports and services for all OH children and families in need. The only current barrier to coordination is funding, which this grant will allow us to overcome.

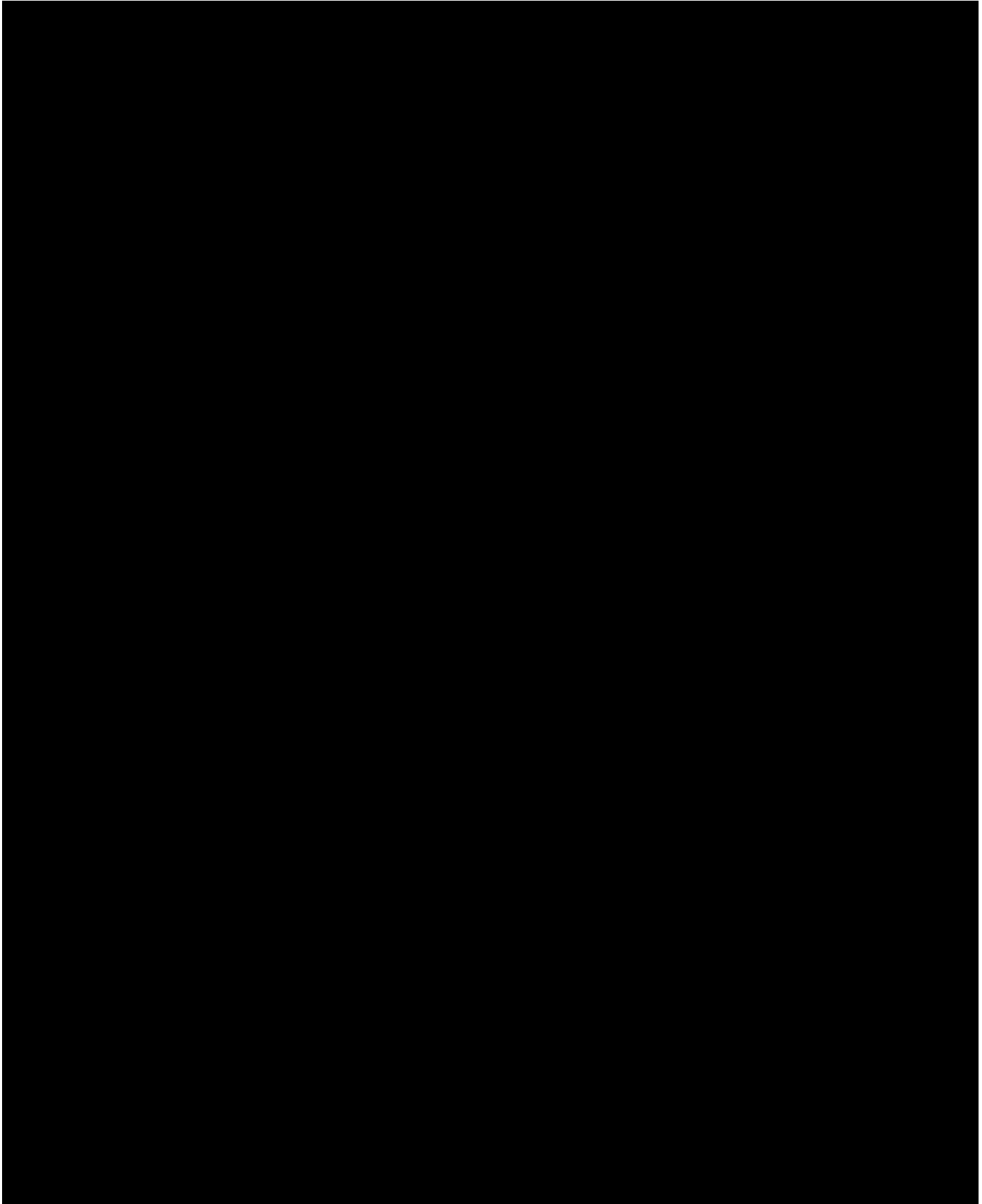
Dissemination Plan

OH will disseminate its plan using the Bold Beginning! website, social media, digital media campaign, and other information-sharing outlets. OH is not asking for any funding specific to the dissemination plan, because many of the dissemination activities are covered in other areas of the grant. Staff time related to dissemination activities is also covered in the areas of the grant specific to each project. The goal of the dissemination plan will be to share information about grant activities with stakeholders and garner parent, family, and community engagement. We also seek to increase parental knowledge and choice on the importance of quality when choosing early care and education for their children. We will place the plan and progress reports on a public facing space and use our mixed communication systems to share information.

The ECAC and the FAN will meet quarterly and provide input and feedback on the activities outlined in this application and the accompanying progress updates. The grant application, with

its planned goals and objectives, budget, engagement strategies, and evaluation plan will be summarized for easy consumption and made publicly available. We will evaluate the effectiveness of the dissemination plan by monitoring the program referrals, enrollment, and metrics below. An increase in these numbers will prove the information on access and the importance of quality is reaching the target audiences.





Memorandum of Understanding

Preschool Development Grant – Birth through Five

Section 1: PURPOSE

This Memorandum of Understanding is made by and between the Ohio Department of Job and Family Services (ODJFS) and the other early childhood and education serving agencies: Ohio Department of Developmental Disabilities, Ohio Department of Education, Ohio Department of Health, Ohio Department of Medicaid and Ohio Department of Mental Health and Addiction Services as they relate to the design, development and implementation of Ohio's Preschool Development Grant – Birth to Five.

Section 2: AGENCY RESPONSIBILITIES

ODJFS shall oversee the subgrant activities of the Preschool Development Grant. Subgrant activities and approaches developed by ODJFS to execute identified strategies shall be done in coordination with the Early Childhood Cross Agency Leadership team when benefits cross the mixed delivery system or statewide programs. Subgrant activities include, but are not limited to, the development and delivery of family engagement strategies, the identification and coordination of basic need supports and services to support the whole family and message development to ensure consistency and widespread delivery.

Section 3: MODIFICATIONS

This MOU may be modified or terminated by the Parties at any time, upon giving a 60-day notice, obtaining mutual consent and executing a written amendment hereto.

All Parties agree to the provisions of this MOU in order to identify responsibilities and protect the interests of all Parties.

IN WITNESS WHEREOF, the parties have cause this MOU to be duly executed as of the date of the last signature below.

Matt Damschroder 11/7/22

Matthew Damschroder, Director
Ohio Department of Job and Family Services

Bruce Vanderhoff, M.D. by LDI

Dr. Bruce Vanderhoff, Director
Ohio Department of Health 11/1/2022

Maureen Corcoran 11/1/2022

Maureen Corcoran, Director
Ohio Department of Medicaid

Stephanie K. Siddens ^{BPP}

Dr. Stephanie K. Siddens, Interim Superintendent of
Public Instruction, Ohio Department of Education

Lori Criss 11/3/2022

Lori Criss, Director
Ohio Department of Mental Health and Addiction Services

Kim Hauck

Kim Hauck (Oct 27, 2022 14:10 EDT)

Kimberly Hauck, Director
Ohio Department of Developmental Disabilities



October 26, 2022

Richard Gonzales
Division Director, Interagency and Special Initiatives
U.S. Department of Health and Human Services
Administration of Children, Office of Child Care
Mary E. Switzer Building, 330 C Street, S.W.
Washington, D.C. 20201

Letter of Commitment: Preschool Development Block Grant Renewal

This letter serves as Governor DeWine's Early Childhood Advisory Council's (ECAC) commitment to participate in the continuation and implementation of Ohio's Bold Beginning, Preschool Development Grant (PDG) Renewal. The activities proposed in Ohio's PSG renewal application will leverage and expand current investments to meet the intent of the Preschool Development Grant.

As the current chair of Governor DeWine's Early Childhood Advisory Council (ECAC), the Council is committed to the work outlined in this grant opportunity as it provides critical support to Ohio's mixed delivery system, children, families, and early child care workforce. The ECAC serves as the advisory council on all early childhood care and education statewide initiatives.

The members of the ECAC believe the Ohio Department of Job & Family Services and their partners' commitment to this grant will significantly improve the availability of high-quality care, access to child care, and a robust early child care workforce in Ohio. We look forward to the renewal and what it will mean for children and families in Ohio.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd E. Barnhouse". The signature is written in a cursive, flowing style.

Todd E. Barnhouse
Chair, Governor DeWine's Early Childhood Advisory Council



October 26, 2022

Melinda Kowalski
Assistant Director, Health and Human Services
Ohio Department of Job and Family Services

Dear Mindy:

This letter serves as the Ohio Head Start Association, Inc.'s (OHSAI) commitment to participate in the continuation and implementation of the Ohio's Bold Beginning, Preschool Development Grant Renewal.

The Ohio Head Start Association is the membership organization for all sixty providers of Head Start and Early Head Start services in the state. Our work is dedicated to Leadership Development, Professional Development, Research and Advocacy.

OHSAI is committed to the work outlined in this grant opportunity as it provides critical supports to Ohio's mixed delivery system, children, families, and early child care workforce. The Association is excited to have the opportunity to work with state agencies in the following ways: partnering to leverage the strength of OHSAI's Parent Ambassador program and participating in coordination of family engagement efforts, encouraging Head Start programs to support and leverage the tools provided to support workforce, partnering to increase access to therapeutic care, and engaging and supporting Head Start and Early Head Start providers who wish to participate in SSID system. Further, we hope to see the expansion of a balanced mixed delivery system, where the needs of families and communities are met, serving the neediest eligible children with comprehensive services through coordinated enrollment, with Head Start included across the early childhood ecosystem.

We believe our support and commitment to this grant will significantly improve the availability of high-quality care, access to child care, and a health early child care workforce in Ohio. We look forward to the opportunity and what it will mean for children and families in Ohio.

Sincerely,

A handwritten signature in black ink that reads "Julie Stone". The signature is written in a cursive, flowing style.

Julie Stone

Executive Director