

# Early Childhood and Assistance Program (ECEAP) Pathway Pilot Year 1 Report

*Helping Child Care Providers  
Offer Comprehensive Preschool Services*

2016

Prepared by:



Kids' potential, our purpose

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## I. Executive Summary

In June of 2015, the Legislature passed the *Early Start Act* (ESA) and Governor J. Inslee signed it into law. The ESA improves access to high-quality early learning opportunities and is key to improving child outcomes and strengthening school readiness. To assist with this, DEL explores ways to help child care providers prepare to offer integrated child care and ECEAP services. DEL contracted with Child Care Aware of Washington (CCA of WA) to conduct a two-year pilot to learn what child care providers need to be successful in providing joint ECEAP and child care services. And also to develop and test the training and coaching approaches needed in addition to the existing support provided through Early Achievers.

The pilot training, toolkit, and methodology (with individualized coaching between each training session) worked. Some refinements to training, sequencing, and other supports were also identified.

Training and coaching. Allowing time for providers and coaches to build relationships and improve programs was key to success. Training cohorts helped providers explore potential consortium or subcontracting relationships early. All participants made progress in their understanding of Early Childhood Education and Assistance Program (ECEAP) implementation and are eager to continue despite lack of ECEAP slots. Capacities varied among participants and those farther along in Early Achievers were often more prepared. Most participants wanted to reach Early Achievers level four before adding ECEAP. Additional coaching is needed in offering comprehensive services, serving English language learners (ELL), and serving children with developmental delays or challenging behaviors. ELL participants needed more time to clarify the meaning of some materials.

Toolkit. The *Toolkit* helped participants to: see what is involved, understand what implementation looks like, compare to current practices and see where they need to augment (or confirm what they are already doing); see examples, and reflect on their business to create a realistic plan of action.

Coach Experience. Having coaches experienced in licensing, Early Achievers and ECEAP, as well as running a child care business, promoted streamlined conversations, coaching, and participant understanding. Considerable flexibility was needed to schedule coaching with busy providers.

System Issues. Availability of adequate facilities continues to be a challenge in ECEAP expansion. Some providers need increased funding for start-up and/or expansion of their facilities to add ECEAP. Availability of Early Achievers scholarships and flexibility of the Professional Development plan within the *ECEAP Performance Standards* provided enough to meet educational requirements. However, required course offerings are often not available at times or in ways that providers can participate.

Items Requiring Additional Exploration. Because of the lack of available ECEAP slots to implement during the pilot, year two of the pilot will need to explore:

- ✓ New contracting options that allow multi-party relationships and consortium structures.
- ✓ Contractor/subcontractor/consortium training to help all parties navigate legal, financial, liability and other requirements and to distribute them across partners appropriately.
- ✓ Actual costs to secure comprehensive services based on where slots are placed.
- ✓ Guidance from DEL about contracting structures and the formula and/or minimum amount of pass-through funds that ensure high-quality programming and reduce competition.
- ✓ Communities of practice comprised of cohorts of ECEAP Pathway Child Care Aware leads and/or trainer/coaches who regularly discuss curriculum implementation and coaching elements.
- ✓ Cross-walking of training materials and other supports once standards alignment is complete.
- ✓ New models of monitoring to address situations in which small numbers of slots are distributed over a variety of different FCC providers in a consortium.
- ✓ Additional supports for completing the ECEAP application process which can be arduous.
- ✓ Alignment of marketing, prioritization, and enrollment across existing and new contractors.
- ✓ Peer networking so pilot (and future) providers can continue to strengthen relationships.

## II. Pilot Overview

### A. Charge

In the ESA, the Legislature expressed its intent to act on the:

*“empirical evidence that high-quality programs consistently yield more positive outcomes for children, with the strongest positive impacts on the most vulnerable children...The Legislature further understands that the proper dosage, duration of programming, and stability of care are critical to enhancing program quality and improving child outcomes...The Legislature understands that parental choice and provider diversity are guiding principles for early learning programs...The Legislature intends to prioritize the integration of child care and preschool in an effort to promote full day programming.”*

As the Department of Early Learning (DEL) works to integrate child care and Washington’s state-funded preschool, ECEAP, it is also expanding ECEAP as an entitlement and using Early Achievers as the quality framework across formal early education settings. As ECEAP reaches full entitlement, the system will need to flexibly and nimbly respond to the mobility of families across communities as the K-12 system has to do now. For example, one year, a community may have 35 eligible children and the next year that same community may have 10 eligible children.

To prepare for this, DEL explored existing efforts to help child care providers prepare to offer integrated child care and ECEAP services.<sup>1</sup> It then used this learning to initiate a pilot project with the objective of identifying the most useful supports for helping providers to integrate ECEAP services through one of two pathways: 1) affiliating with other licensed child care homes/centers; or, 2) becoming a subcontractor to an existing contractor.

DEL contracted with Child Care Aware of Washington (CCA of WA) to conduct a two-year pilot to learn what child care providers need to be successful in providing joint ECEAP and child care services and to develop and test training, technical assistance and coaching approaches needed in addition to the existing support provided through Early Achievers. The pilot’s specific goals were to:

- Research business models and articulate contractor, subcontractor and consortium roles.
- Understand what child care providers need to successfully implement ECEAP.
- Review current tools to develop an *ECEAP Toolkit*.
- Implement a successful two-region pilot, then refine and prepare to expand to other regions.

CCA of WA subcontracted year one pilot activities to Community-Minded Enterprises (Child Care Aware of Eastern Washington) and Educational Service District 112 (Child Care Aware of Southwest Washington). The Pathway Pilot Advisory Committee (as described in section E4c on page 9) included two CCA of WA Member Council members, regional coordinators, and CCA of WA staff members. These members were included to ensure statewide applicability and consistency from year one to year two of the pilot. Year one pilot leads also provided regular updates to the CCA of WA Member Council.

### B. Theory of Action.

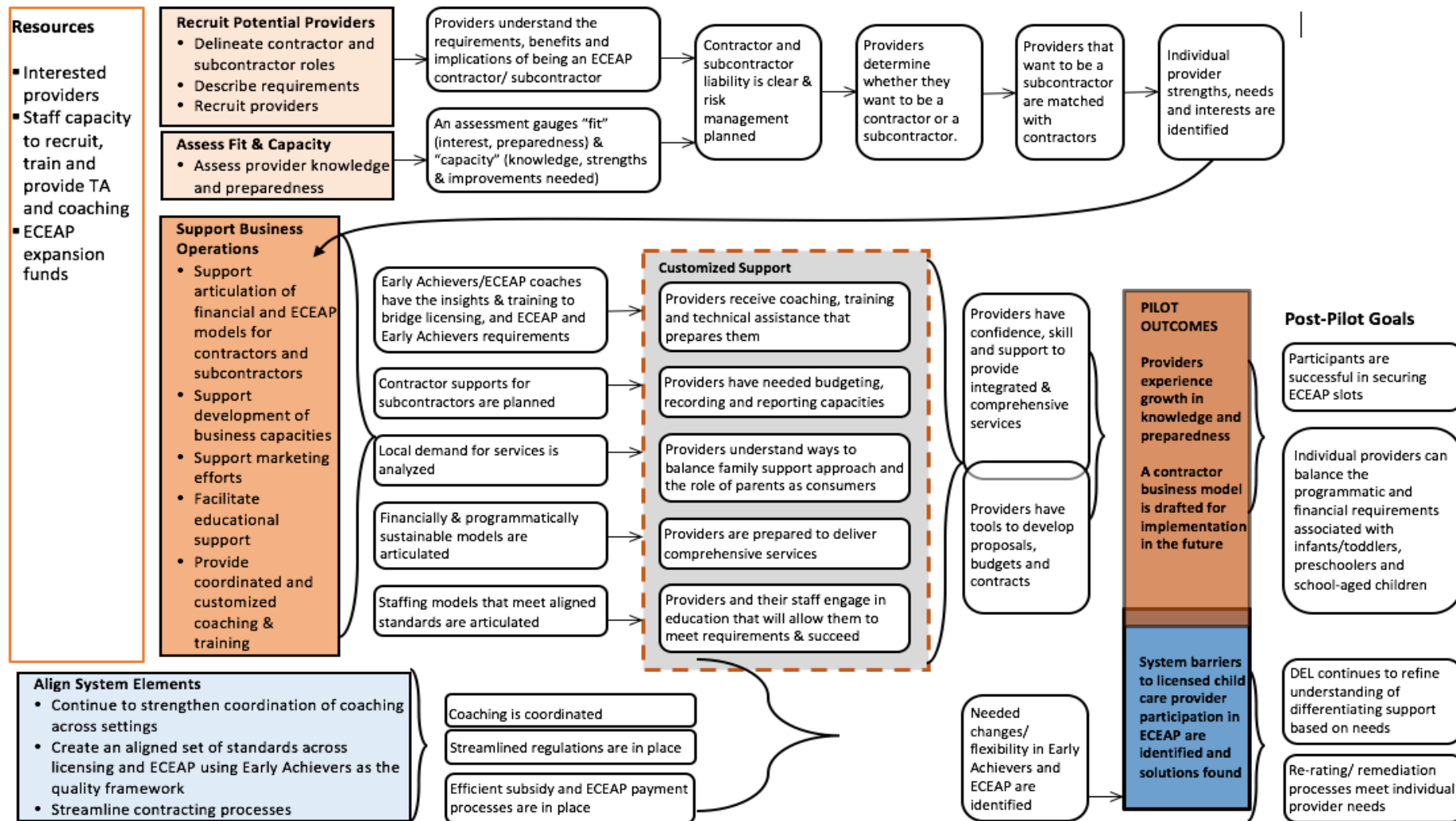
To set a clear theory and plan of action, at its first meeting the Pathway Pilot Advisory Committee articulated the theory of action for the pilot (on the following page), noting the resources that will need to be invested to carry out strategies during the pilot and achieve pilot outcomes. Because some broader system alignment actions determined by the Department of Early Learning would affect the pilot, those strategies and outcomes and their relationship to the pilot were also noted.

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<sup>1</sup> These include an effort in Spokane (in which SEIU 925 is working with four family child care homes [FCCH’s] that had already decided to create a consortium structure) and long-time work in Pierce/King Counties (where PSES is working with three FCCH’s as subcontractors).

**Theory of Action**  
**Pilot ECEAP Pathway for Child Care Providers**  
 (11-24-15)

**Pilot Project**



### C. Challenges to Be Addressed

Like the Legislature, pilot participants see integration of ECEAP with child care as a key way to allow ECEAP services to expand at the desired rate and to respond to changing community demographics. Providers who participated in the pilot appreciated being part of the effort to create a continuum of choices for families of all incomes and cultures. When child care providers are able to secure ECEAP slots and begin implementation across the state, additional lessons will be learned about how the system can respond to variation in geography, community size, population dispersion, racial and ethnic make-up and other factors.

Learning from the pilot participants, trainers and coaches, the Advisory Committee has identified a variety of challenges to providing ECEAP in child care settings that they hope the two pathways (creating a consortium with other child care homes/centers or becoming a subcontractor to an existing contractor) will help to overcome over time. Among them:

1. **Workforce.** The shortage of teaching and other program staff in the state may limit the rate of ECEAP expansion.
2. **Funding Inadequacy.** Providers all indicate that current “per slot” funding is not adequate to provide the high level of service/quality needed.
3. **Unclear Demand Projections.** Other than the *Saturation Study*, we do not have a good way to assess the actual year-to-year demand, supply and gap at the provider catchment area level, which is often a smaller area than those reflected in the current saturation study.
4. **ECEAP Application Uncertainty.** The uncertainty of whether there will be any new ECEAP slots year-to-year makes it difficult to create a clear timeline for success for providers, and reduces motivation to invest scarce energy and resources to build capacity and embrace quality practices and performance standards.
5. **Difficulty Finding Partners.** New consortium contractors may be seen as unwanted competition. In addition, it can be difficult for providers to assess the quality of the comprehensive services they might subcontract through community partners.
6. **Supports for ESL Providers Are Currently Unavailable.** Monolingual non-English-speaking providers need additional supports (such as training and informational materials) as well as additional time if/when materials and training are not all provided in their native language. Literacy and education levels need to be considered and acronyms (which are often different in another language) as materials are translated to other languages.
7. **Religious Value Exclusion.** Some providers are reluctant to offer ECEAP because they would have to remove religious/values-based content from the program day.
8. **Financial and Risk Management.** Providers who invest time, energy and money to offer ECEAP services assume some risk of not having eligible children available/enrolled in the future. This may affect their business revenue and expenses from year-to-year. They will need different strategies to mitigate these tensions. Some providers manage this by re-purposing rooms that are sitting empty (when school-aged kids are in school) to flexibly add and subtract ECEAP slots in response to local demand – filling lost ECEAP slots in any given year with WCCC children. Other providers do not have the capacity to do this.
9. **Limited Capacities to Manage Some ECEAP Requirements.** Small providers offering only a few ECEAP slots may need access to new types of partnerships to be able to effectively meet all ECEAP requirements.



#### D. Pilot Exploration Questions

To ensure that the pilot fully explored the needs of different kinds of providers, the Advisory Committee developed a list of exploratory questions for the pilot team to use in creating the approaches used in the pilot. (See Appendix 1 – Pilot Exploration Questions & Preliminary Answers).

#### E. Pilot Participants

1. Participating Providers. To recruit family child care home and child care center providers interested in exploring how offering ECEAP fits their individual business philosophy, goals and capacities, pilot leads created informational flyers and web content that described the benefits and challenges of offering ECEAP within child care. Potential participants were engaged in a variety of ways as noted below.

E-Mail	In-Session/In-Person	Professional Association	Website & Social Media
<ul style="list-style-type: none"> <li>✓ Focus group participants</li> <li>✓ Providers working with an Early Achiever's Coach, Early Achievers Technical Assistance Specialist or Infant Toddler Child Care Consultant in the region</li> <li>✓ Child care programs in the county or region</li> <li>✓ Current ECEAP contractors that are not attending Advisory Council meetings</li> <li>✓ Local Community Colleges with an Early Childhood Education program</li> </ul>	<ul style="list-style-type: none"> <li>✓ Providers working with an Early Achiever's Coach, ECEAP Technical Assistance Specialist or Infant Toddler Child Care coach in the region</li> <li>✓ Early Achiever orientation participants</li> <li>✓ Current ECEAP contractors that are not attending Advisory Council meetings</li> <li>✓ Local Community Colleges with an Early Childhood Education program</li> <li>✓ Department of Early Learning licensors in the region</li> </ul>	<ul style="list-style-type: none"> <li>✓ SEIU 925 through the Advisory Committee</li> <li>✓ The Family Child Care Association</li> </ul>	<ul style="list-style-type: none"> <li>✓ ESD 112 site</li> <li>✓ ESD 112 Facebook feed</li> </ul>

Pilot leads aimed to recruit a number of providers who were already passionate about serving families with low income and whose business is stable and making progress in Early Achievers. However, the pilot was open to all interested providers. Since there was more interest than spaces available (a maximum of 7 participants in Eastern Washington and 7 participants in Southwest Washington), a lottery was held to determine participants.

Child Care Aware of Southwest Washington reached out to all providers in their region (Pacific, Wahkiakum, Cowlitz, Clark, Skamania and Klickitat Counties) and Child Care Aware of Eastern Washington reached out to all providers in Lincoln, Pend Oreille, Spokane, and Stevens counties.

- In Eastern Washington participants included: 2 family child care home providers (1 has a HS diploma and speaks English as a second language and 1 has a BA in Organizational Management) and 5 child care center providers (2 have a BA in ECE, 1 has a BA in Business Management, 1 has a CDA and is working on her AAS in ECE, and another has a BA in Children and Family Studies).

- In Southwest Washington participants included: 4 family child care home providers (1 has a high school diploma, 2 are working on their AA's in ECE and 1 has a BA in Business Management) and 3 child care center directors (1 has an AA in ECE and 2 have BA's in ECE/Human Development).
2. Pilot Staff Team. The pilot team was led by executives from the two local lead agencies (Child Care Aware of Southwest Washington and Child Care Aware of Eastern Washington). The agencies created work groups composed of staff from each of the two regions who had pertinent expertise and charged them with drawing on research findings and input from the Advisory Committee and other stakeholders to develop elements of the approach. The work groups sought input, feedback and clarification from each other and reported back during monthly pilot team meetings (via K20 web conference). Work groups included:
- Training Curriculum Development (Child Care Aware Professional Development Coordinators)
  - Coaching Framework Development (Early Achievers Coaches and Regional Coordinators)
  - Training and Coaching Implementation (Child Care Aware specialists)
  - ECEAP Expertise and Contractor Outreach (ESD 112 ECEAP specialists)

Communications and marketing for the focus groups and orientation fliers was handled by Child Care Aware of Eastern Washington's Communications Specialist.

3. Trainers and Coaches. Pilot trainers and coaches were selected based on their experience and familiarity with child care licensing, *Early Achievers Quality Standards*, Early Achievers' coaching model, and *ECEAP Performance Standards*. This broad experience made it easier for the trainers and coaches to avoid duplication of training and coaching and build on the strong foundation of quality improvement through Early Achievers participation. Trainers and coaches coordinated work of other coaches (as noted in the figure on page 10) and addressed complementary content noted in *Appendix 2 – Coaching Matrix*.
4. Advisors. The pilot team drew insights and advice from a variety of stakeholders and through varied means.
- a. Provider Focus Groups. In fall of 2015, pilot leads recruited child care providers to participate in two, two-hour focus groups where they shared their perspectives about ECEAP. Recruitment was done via e-mail to all licensed child care providers in Spokane County and Southwest Washington. Most of the 10 participating providers in Vancouver (all centers, no family home providers) had experience providing ECEAP services. Of the 26 focus group participants in Spokane, 2 were current ECEAP providers, 1 was a current Head Start provider, a few were family home providers, and the rest represented centers.

Child Care Aware of Eastern Washington facilitated the two focus groups (November 18, 2015 in Vancouver and December 4, 2015 in Spokane) with an internal CCA expert in ECEAP providing answers to technical questions of providers. At the beginning of the focus group, attendees were given a tool to rate their knowledge about ECEAP on a scale (1 being "I know nothing" and 10 being "I know it really well"). In Vancouver, most rated themselves an 8, a few rated themselves at 2, and one rated as a 6. In Spokane, ratings ranged from 3-9. Open-ended discussion topics surfaced questions they had about ECEAP's "fit" for their business. Each group's conversation centered around issues least understood and questions they had about ECEAP.

The following results from the focus groups helped the design team to develop training curricula:

- i. **Money.** Providers needed to better understand how funding is allocated and payments processed. They felt that training and technical assistance in this area would be very helpful.
  - ii. **Blending ECEAP with current programming.** Providers had many concerns about the potential and perceived inequities of serving ECEAP families differently than others. They also saw a need for additional capacity and training to ensure that teachers can integrate another set of requirements in a timely manner.
  - iii. **Model options.** Providers wanted clear information about their choices of business models.
  - iv. **Adequate support & capacity.** Providers needed information about space, teacher training, technical supports and funding to deliver the services well and reach the Early Achievers Level 4 rating in time.
  - v. **Recruitment/eligibility.** Providers needed a deeper understanding of the process to determine eligibility and prioritize families for enrollment in ECEAP. They asked for help meeting the tight timeline to recruit, determine eligibility, prioritize, and enroll families, while not competing with neighboring sites.
  - vi. **Getting started.** Providers asked for help knowing where to start and how to get ready.
  - vii. **Understanding requirements.** Providers not currently offering ECEAP needed more information about what is involved in adding these services.
  - viii. **Improving the blended model.** Current ECEAP/child care providers had ideas about changes to ECEAP that could make this work better for them.
- b. Current Contractors. In winter, Child Care Aware of Southwest Washington conducted a focus group of ECEAP contractors and a work session at a meeting of the Washington State Association of Head Start and ECEAP Programs to identify concerns and barriers current contractors face to adding subcontractors. Since the *Early Start Act* requires DEL to develop a pathway for child care centers and family child care homes to be able to deliver ECEAP (and prior legislation is driving ECEAP to reach full entitlement by 2020), discussion centered on how to avoid competition and instead, collaboratively leverage strengths and address the needs of “our children and families.”

ECEAP contractors noted the following considerations about the kinds of organizational and community capacities required to support child care providers. These considerations helped guide development of the training approach for the pilot.

- i. Establishing and sustaining regular pro-active communication with child care providers makes the difference between those who succeed and those who do not.
- ii. Having enough time and effort for additional training, monitoring and technical assistance up front helps providers to be successful. This could include a planned start-up period where providers access needed support through DEL or existing contractors before beginning ECEAP services.
- iii. The preparation timeline may be longer for child care providers given the many additional complexities of their business. When possible, work with providers already in Early Achievers and rated Levels 3-5.

- iv. Helping providers to understand what will be required in additional health and family support as well as assessment and teacher conferences is essential to success.
  - v. Helping contractors to understand how to oversee subcontractors well is also necessary.
  - vi. Offering training at convenient times is necessary to allow providers to effectively participate in training.
  - vii. Early Achievers and ECEAP coaching must be aligned to minimize negative impact and maximize growth in quality for providers.
  - viii. Additional and adequate funds for contractor oversight, subcontractor service delivery and appropriate sharing of risk and liability will be necessary.
  - ix. A deep understanding of appropriate cost allocation will need to underpin the contractor and subcontractor work.
  - x. Creation of a readiness checklist and interview questions to help determine “fit” between contractors and providers.
  - xi. Development of a training model for contractors to explore what it means to subcontract effectively.
  - xii. Existing contractors also expressed how critical it is for DEL to ensure that the Pre-K Specialists working with child care programs have deep working knowledge of the WACs. This will help ensure greater programmatic continuity and consistency.
- c. Advisory Committee. An Advisory Committee composed of 37 representatives of different parts of the early learning system across the state met four times in FY 2016 to consider different aspects of the pathway being piloted. The four meetings were structured to allow the Advisory Committee to help frame the pilot and guide development of pilot materials and processes.
- **September 29, 2015 (Spokane)** - Draft pilot theory of action and research questions.
  - **January 22, 2016 (Vancouver)** - Review focus group findings. Review and advise on draft training curricula and approach. Review and advise on community resource enhancement approach.
  - **April 20, 2016 (Renton)** - Review findings from training and coaching and suggest refinements to approach. Explore contractor/subcontractor service delivery and funding models and regional expansion approaches.
  - **June 14, 2016 (Tumwater)** - Revise and confirm year 1 report findings and recommendations. Review and discuss year 2 plans.
- d. DEL/SEIU 925/CCA Conversations. Prior to this pilot, a group of four family child care home providers in Spokane who were passionate about working together to offer ECEAP (and supported by DEL and the Service Employees International Union (SEIU 925) began a small Spokane Family Child Care (FCC) consortium pilot. DEL sees that pilot as an early test of new contracting models that providers might consider. This ECEAP Pathway pilot was designed to augment that work, by articulating pathways that a wide array of providers might follow as they pursue addition of ECEAP slots to their high-quality child care. This includes providers that do not already know other

providers with whom they want to affiliate, or ECEAP contractors with whom they might choose to pursue potential relationships. Early in this pilot, DEL facilitated conversations between the Pathway pilot lead organizations and leads in the Spokane FCC Consortium pilot to share what was being learned. The Advisory Committee for the Pathway pilot included several members who are familiar with this Spokane FCC Consortium pilot in Spokane as well (including the DEL ECEAP Pre-K Specialist and SEIU 925 representatives) to ensure cross-pollination of ideas.

### III. Pilot Approach

- A. Participant Self-Assessment & Feedback.** Participant self-assessments were used throughout the pilot to regularly identify participant understanding level and revise training sessions and target coaching. A pre-participation assessment identified reasons for participant interest in and understanding of ECEAP. Participant responses augmented the findings from the provider focus groups described on page 6 of this report and were used to develop the training. Participants completed individual self-assessments focused on understanding of requirements and implications of the ECEAP Performance Standards covered in that session. Coaches used these results to customize coaching for those who were uncertain about a particular topic at the end of the session. Among the things that were most challenging to grasp were: determining family eligibility and prioritization for enrollment (since the ECEAP eligibility and selection criteria are more complex than WCCC eligibility), providing comprehensive services, serving dual language learners or children with developmental delays or challenging behaviors. (See *Appendix 3 – ECEAP Pathway Participant Response to Training*). DEL Pre-K Specialists and pilot leads are also using this data as they work with community partners to refine the training session and *Toolkit* content to address these important elements of *ECEAP Performance Standards*.

After the entire training series and coaching sessions were completed, participants responded to self-assessment surveys designed to learn their level of understanding and preparedness regarding specific ECEAP requirements (See *Appendix 3 – ECEAP Pathway Participant Response to Training*). Pilot leads are developing a follow-up survey to allow participants to reflect on their participation and share insights about what parts of the pathway training were most useful. The survey will also allow them to express their interest in pursuing ECEAP and solicit information that will help coaches to support them in doing so if slots become available. This final year one pilot assessment will include things like:

- B. Training Sessions.** Training cohorts were used to help participants learn from each other and develop relationships that might facilitate development of future “consortia” to join together to deliver ECEAP services. Much of the content was drawn from existing DEL and ECEAP documents and resources. Other content was based on nationally-recognized resources such as National Association for the Education of Young Children (NAEYC). Training consisted of 8 two-hour training sessions.
- Session 1 provided a broad orientation to ECEAP.
  - Sessions 2-7 each focused on one section of the *ECEAP Performance Standards*.
  - Session 8 focused on the business practices that can support providers in delivering services. Initially, each module followed the order in which the *ECEAP Performance Standards* are written. The Advisory Committee recommended reordering the modules to make it easier for participants to build on existing knowledge and strengths. During the pilot, participants noted that having *Module 8 Business Partnerships* sooner would be helpful in their preparation for expansion (As noted in recommendation C2g on page 14).

In addition to a handbook that included training materials, participants were provided with an *ECEAP Pathway Toolkit* comprised of examples of documents they might use in implementation as well as a journal to track ideas and thoughts about implications for their individual business (See *Appendix 4 – ECEAP Pathway Toolkit Table of Contents*). Each session also included a self-assessment that generated “homework” to explore what it would take to implement that section of the standards at the provider’s site. This helped the provider and coach to target the on-site coaching session held between each weekly session. To promote retention of providers throughout the entire training series, participants earned 16 STARS hours upon completion of all 8 sessions (credited as noted in the description of training sessions below).

*“The training really sparked my thinking of next steps regarding staffing, professional development, program oversight and implementation of the standards.”*

~Pilot participant

#### **Module 1: Introduction to ECEAP**

Provided an introduction and broad overview of Washington State’s Early Childhood Education and Assistance Program (ECEAP).

#### **Module 2: Early Childhood Education**

Focused on *Section E: Early Childhood Education* in the standards, topics included: DEL’s expectations for developmentally-appropriate practices and examples of what that looks like in ECEAP service delivery. The class fulfilled 2 STARS hours under Core Competency II: Learning Environment and Curriculum, Level 4.

#### **Module 3: Recruitment and Eligibility**

Focused on *Section B: Enrollment and Eligibility* in the standards, topics included: ways that programs engage, recruit, select, prioritize and enroll families; strategies to maintain full enrollment; and, ways to promote regular child attendance. This class fulfilled 2 STARS hours under Core Competency VII: Program Planning and Development, Level 4.

#### **Module 4: Family Partnerships**

Focused on *Section F: Family Partnerships* in the standards, topics included: a review the definition of family support principles; processes for assessing family goals; development of appropriate services to refer families; helping families to access health insurance; and, involvement of families in program planning through a policy council. This class fulfilled 2 STARS hours under Core Competency IV: Families and Communities, Level 4.

#### **Module 5: Dynamic Health, Safety, and Nutrition**

Focused on *Section D: Health, Safety and Nutrition* in the standards, topics included: required policies and procedures for providing comprehensive health, safety & nutrition services. This class fulfilled 2 STARS hours under Core Competency V: Health, Safety, and Nutrition, Level 4.

#### **Module 6: Human Resources**

Focused on *Section C: Human Resources* in the standards, topics included: staffing; qualifications; and, education expectations for ECEAP providers. This class fulfilled 2 STARS hours under Core Competency IV: Program Planning and Development, Level 4.

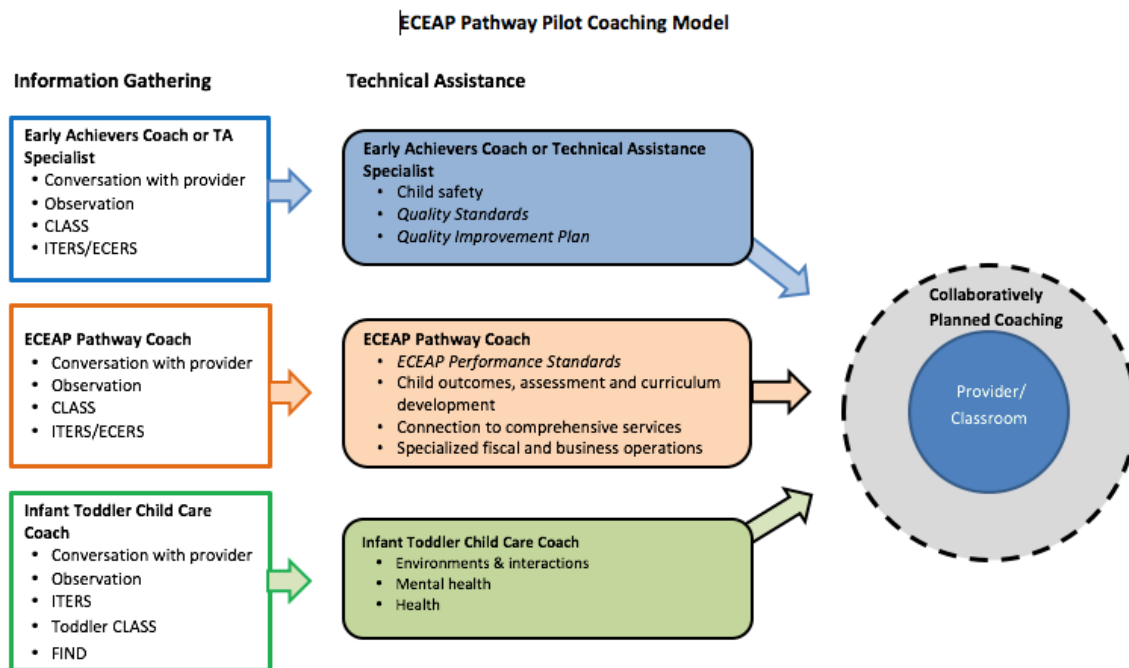
#### **Module 7: Administration**

Focused on *Section A: Administration* in the standards, topics included: Department of Early Learning continuous quality improvement monitoring; the role of community partnerships; administrative processes like recordkeeping; and, alignment with other systems, such as Early Achievers and WaKIDS. This class fulfilled 2 STARS hours under Core Competency VII: Program Planning and Development, Level 4.

## Module 8: Business Partnerships

This module focused on the integration of business practices to deliver ECEAP services. Topics included: fiscal oversight responsibilities; cost allocation; WCCC and ECEAP funding and eligibility; division of subcontractor and contractor roles; creation of a consortium; and, examples of structures that can support an ECEAP model in family child care homes and child care centers. This class fulfilled 2 STARS hours under Core Competency VII Program Planning and Development, Level 4.

- C. **Coaching.** Because implementing ECEAP requires providers to develop additional capacities, the pilot provided 1-2 hours of intensive on-site coaching and technical assistance each week. This ECEAP-focused coaching followed each training session and was in addition to coaching provided through Early Achievers and/or infant toddler child care coaching. As noted in the figure below, coaches for each effort focused on the topics closely associated with their charge.



ECEAP Pathway coaches worked with the provider and other coaches, coordinating schedules and developing a coaching collaboration plan (See *Appendix 2 – Coaching Matrix*). The ECEAP Pathway coach focused on the *ECEAP Performance Standards* and program implementation. One small group (3-4) of providers asked for additional coaching to form a consortium and explore how contracts/sub-contracts might be structured within the consortium.

**D. Community Resource Enhancement.** To support pilot participants in securing contracts for comprehensive services among local community organizations, the pilot staff team scanned local medical, dental, mental health, behavioral, and nutritional listings and mailed individual solicitations of interest to provide contracted services (This was how the Spokane FCC Consortium found their comprehensive service partners).

While several organizations expressed interest in potentially providing these contracted services, none was able to provide a cost estimate or take next steps without knowing the number of slots, providers, or geographic area involved. This will be an important step to take when slots are available to pilot participants in the future (as noted in *Items Requiring Additional Exploration C* on page 17).

While the lack of additional ECEAP slots limited participants' ability to plan for comprehensive services, the pilot team created a guide to help providers explore their current capacities and relationships and augment them by finding health care providers, nutrition consultants, and mental health consultants when the time comes (See *Appendix 5 – Community Resource Enhancement Guidance*). Given the tight timeframes to assemble services once new ECEAP opportunities are available, it will be helpful to discuss these types of potential partnerships with providers ahead of time.

**E. Consortium Support.** An important part of the progress on the pathway to ECEAP services involves assessing the best role and contractual relationships for each provider to pursue. Because substantial additional administrative capacities are needed to successfully implement ECEAP, the pathway pilot created regular opportunities for participants to get to know other providers in their cohort and explore potential to create a consortium with other child care providers, or serve as a subcontractor to a larger organization. As providers pursue additional ECEAP slots in the future, the pathway will need to provide additional supports for legal, insurance and other technical administrative issues will be needed as noted in Recommendation A2f on page 13.



## IV. Findings & Recommendations

**A. FINDING: Provider Preparedness.** While all of the participants made great progress in their understanding of the content of program standards and how to implement them in their business, there were varying levels of preparedness for important capacities like recordkeeping, cost allocation and other hallmarks of successful implementation of ECEAP's administrative requirements. The topics on which participants rated themselves as least prepared at the end of training were: comprehensive services; serving children with developmental delays or challenging behaviors; and, dual language learners.

Participants that have been through an Early Achievers rating had more working knowledge of some of the *Performance Standards* because of their familiarity with the *Quality Standards*. Similarly, providers who were rated a Level 3 were already meeting most of the *ECEAP Performance Standards* and had a general understanding and knowledge base for implementing quality. Most participants were interested in ensuring that they reached Level 4 first, and then adding ECEAP. For ELL participants, training needed to be adapted to allow more time and to clarify some materials.

Many providers were anxious to bring key staff to specific training sessions to accelerate their preparedness. Pilot coaches also noted that providers are hungry to keep working despite the lack of ECEAP slot availability. They also noted that the pathway will likely need to accommodate providers moving along at a variety of paces. Because the ECEAP pathway requires intensive ECEAP standards-focused work, this cannot be done simply through the Early Achievers or ECEAP systems currently in place.

### Recommendations:

1. **Clear Pathways Description.** Provide a clear description of the pathways, areas of business operation covered, and the length of time a provider participates in the pathway before being ready for ECEAP (which may vary greatly depending on provider type and other variables) so that providers have clear expectations.
2. **Flexible Pathways and Supports Needed to Become an ECEAP Provider.** Providers who embark on the path to becoming an ECEAP provider pass through several stages, sometimes punctuated by gaps before taking the next step (due to business, personal, or opportunity reasons) and sometimes requiring more time to build capacities. The ECEAP pathways should accommodate this and provide individualized and targeted support to keep the provider moving in the expansion/quality improvement direction even if not in lockstep with other providers. These supports include:
  - a. Clear understanding of the differentiated supports that will be needed, particularly in the areas of securing high-quality comprehensive services, addressing geographic isolation, and serving specialized populations. Determination of how much of this will be provided by CCA's or DEL and what this means for the cost of quality findings.
  - b. Initial training and coaching as piloted and refined this year, strengthening preparation to provide comprehensive services and serve children with developmental delays or challenging behaviors; and, dual language learners.
  - c. A DEL Pre-K Specialist is available in each region to be a point person for EA coaches as the provider continues to work on their action plans.

- d. Additional resources to allow CCA staff to support interested providers in: exploring consortium models; clarifying their consortium/subcontracting structure; preparing physical and program changes to be ready to offer ECEAP; and, applying for available slots.
  - e. Inclusion of professionals with specialized expertise (i.e., lawyer, insurance, bookkeeper, marketing) in selected training sessions to help providers build business capacities.
  - f. Additional resources to allow each region to vet various options (for example, coalitions, Educational Service Districts (ESDs), and non-profits) for providing comprehensive/shared services.
  - g. Purchasing of classroom curricula and access to additional training to continue progression along the pathway while awaiting availability of new ECEAP slots.
  - h. Start-up funds and intensive coaching and TA (provided by the ECEAP contractor or the Pathway coach) as successful applicants prepare to offer ECEAP through the first year.
3. **Earlier Engagement with Pathways Information and Coaches.** Provider preparedness can be accelerated by inclusion of these additional elements to the Pathways pilot approach:
- a. Orientation and Self-Assessment. Include an orientation before the training sessions at which interested providers could learn about what the *ECEAP Performance Standards* include, what participation in the pathway might require and take a self-assessment that helps them to identify fit of ECEAP with their business philosophy and goals as well as elements of preparedness and capacities they will need (such as sophisticated bookkeeping systems to support effective cost allocation).
  - b. Pre-Training Site Visit. Have a site visit after the orientation and self-assessment to identify needed capacities (such as Internet access and bookkeeping software) and foster a collaborative decision between coach and provider about “readiness to benefit.”
  - c. Support for Additional Provider Staff Participation. Add “suggested staff participants” to the description of the eight training modules to help guide providers. Provide STARS credits for those additional participants at each session, while the lead will still need to complete all eight modules to obtain credits.

**B. FINDING: Training Approach.** The overall pilot approach was effective. During the pilot, participating providers moved from “Little” or “No understanding” of ECEAP, to “Good” or “Expert” in important areas of the *Performance Standards* (Eligibility, family engagement, family support, health screenings, staff qualifications). Some providers found the time commitment (16 hours of training plus coaching) to be difficult, though participation remained high. All participating providers were satisfied with the process and the progress they made. Despite not being able to secure ECEAP slots, all providers have implemented items from the *ECEAP Performance Standards* and reconsidered current philosophies and program practices in ways that provide value.

Five specific findings were identified about the structure of the pathway and what will be needed in the future:

- ✓ **Training Modules & Materials.** The pilot training modules, toolkit, and methodology (with individualized coaching visits between each training session) were well-received. Providers found that the tools and resources in the *Toolkit* helped them to: see what is involved; understand what implementation of a standard actually looks like; compare to their current practices and see where they need to augment (or confirm what they are already doing); see examples; understand complex topics like ECEAP eligibility determination and selection criteria; and, reflect on their business to create a realistic plan of action.

- ✓ **Training Cohorts.** Some providers found it useful for family child care home and child care centers to be together for all training and some found it limited their ability to focus on their specific business practices. Both can be accommodated by offering a variety of cohort options, including mixed and family child care home or child care center provider only or by offering joint training for most modules, but separate modules for topics such as human resources, and finance.
- ✓ **Participation Incentives.** Offering gift cards for participation in the pilot was useful in appreciating their role in helping to create this pathway during the pilot. Moving forward, offering meals during a long series of classes in the evening – or longer Saturdays will be key to continued participation/attendance of these busy professionals. STARS credits also incentivize continued participation.
- ✓ **Training Timeline.** The Pathway Pilot Advisory Committee noted that while the pilot leads managed to fit the coaching session between each week’s training session, going forward it would work better to stretch out the timeline to 16 weeks alternating a training session with a coaching session.
- ✓ **“Fit” of ECEAP with the Child Care Business.** Some providers have concerns about the financial subsidization required of them to offer ECEAP and others express concerns about the fit of some services and philosophy with their program (e.g., serving at-risk families, removing religious instruction and imagery from their program, etc.)

### Recommendations:

1. **Cohorts.** Use a cohort-based approach with providers receiving training as a group (with in-class group processing time) to create a dynamic in which participants share differing perspectives, business management expertise and life experience.
2. **Provider Preparation Training.** Adopt/refine the pilot methodology as follows:
  - a. Establish cohorts of 7-15 providers to foster relationships necessary for peer support and exploration of consortium options.
  - b. Add “fit with business model and goals” to the self-assessment (attitude about families at risk, business model and philosophy about mixed need families, percentage of slots that the business can afford to subsidize if the ECEAP funds do not cover all costs associated with offering them, etc.)
  - c. Adopt the *Toolkit* and journal as important resources for participants.
  - d. Provide training materials (in home language) before training to allow ELL participants to better understand and follow training.
  - e. Incorporate group activities throughout the training modules to help providers connect material to their practice.
  - f. Convert *Module 5: Health, Safety, and Nutrition* into an online module (as most providers felt this was information they already had based on WAC requirements).
  - g. Move *Module 7 – Administration* and *Module 8 – Business Operations* to #2 and #3 to allow providers more time to build capacities.
  - h. Offer the “Business of Child Care” module as a follow-up training to allow providers more time to build capacities (e.g., recordkeeping and bookkeeping) and comfort before ECEAP funds are available.

- i. Use what is learned from participant assessments to target content within the curricula for focus during training and targeted coaching following each session.
- j. Find a way to capture the provider growth and change in Efforts to Outcomes (ETO) and WELS.
- k. Stretch the training and coaching timeline, alternating training and coaching (one or the other) each week.
- l. Encourage providers to take the DEL ECEAP eligibility training prior to adding ECEAP.
- m. Start this model well in advance of providers receiving ECEAP slots to allow enough time for preparation. Recommend 6-9 months prior to the ECEAP year start-up.

**C. FINDING: Trainers and Coaches.** “Next step” coaching, focused on the next module and issues to consider before the next training, allowed a deeper understanding of the *ECEAP Performance Standards* and setting and tracking of customized program goals and steps. Providing adequate time for the provider and coach to build a relationship and to coordinate program improvement with licensing and Early Achievers was key to provider success. Having coaches that were experienced in licensing, Early Achievers and ECEAP, as well as running a child care business, allowed them to promote streamlined conversations, coaching, and participant understanding. The coaches needed to be very flexible in their availability for coaching to meet the needs of providers (especially FCC who have particularly long work weeks).

### **Recommendations:**

1. **Trainers and Coaches.** Due to the specialized focus on *ECEAP Performance Standards* and the intensity of coaching needed to meet standards quickly, the Advisory Committee recommends that trainers and coaches who are experienced with licensing, Early Achievers and ECEAP be selected. It would be beneficial to involve an ECEAP Pre-K Specialist working in coordination with these coaches from the beginning (which would require a revision to the ECEAP Pathway Coaching Model noted on page 12 above). Additionally, it could be efficient to consider a “one coach” model. Regardless, training and coaching require time-dedicated staff to be able to squeeze in the coaching visits between weekly training. Consider minimum and desirable qualifications noted in *Appendix 6 - Position Description – CCA Lead – ECEAP Pathway*.
2. **Coaching Flexibility.** Require ECEAP Pathway coaches to work evenings and weekends as needed to meet family child care provider needs. Consider using the Puget Sound Educational Service District (PSESD model in which a Head Start-level teacher with a portable background check comes with the coach during the program day to run the program while the coach and owner work on preparation issues and have the chance to see application issues in real-time.

**D. FINDING: System Issues.** Availability of adequate facilities continues to be a challenge in ECEAP expansion. Creating viable pathways for existing child care programs to implement ECEAP may help to alleviate the facilities needs and strengthen the overall early learning system. However, some providers need increased funding for start-up and/or expansion of their facilities to move quickly toward becoming an ECEAP provider.

Participants, coaches and the Advisory Committee felt that availability of Early Achievers Opportunity grants, Washington Scholars and flexibility of the Professional Development plan within the *ECEAP Performance Standards* provided sufficient tools to help providers meet educational requirements. However, some providers state that required course offerings are often not available at times or in ways that they can participate.

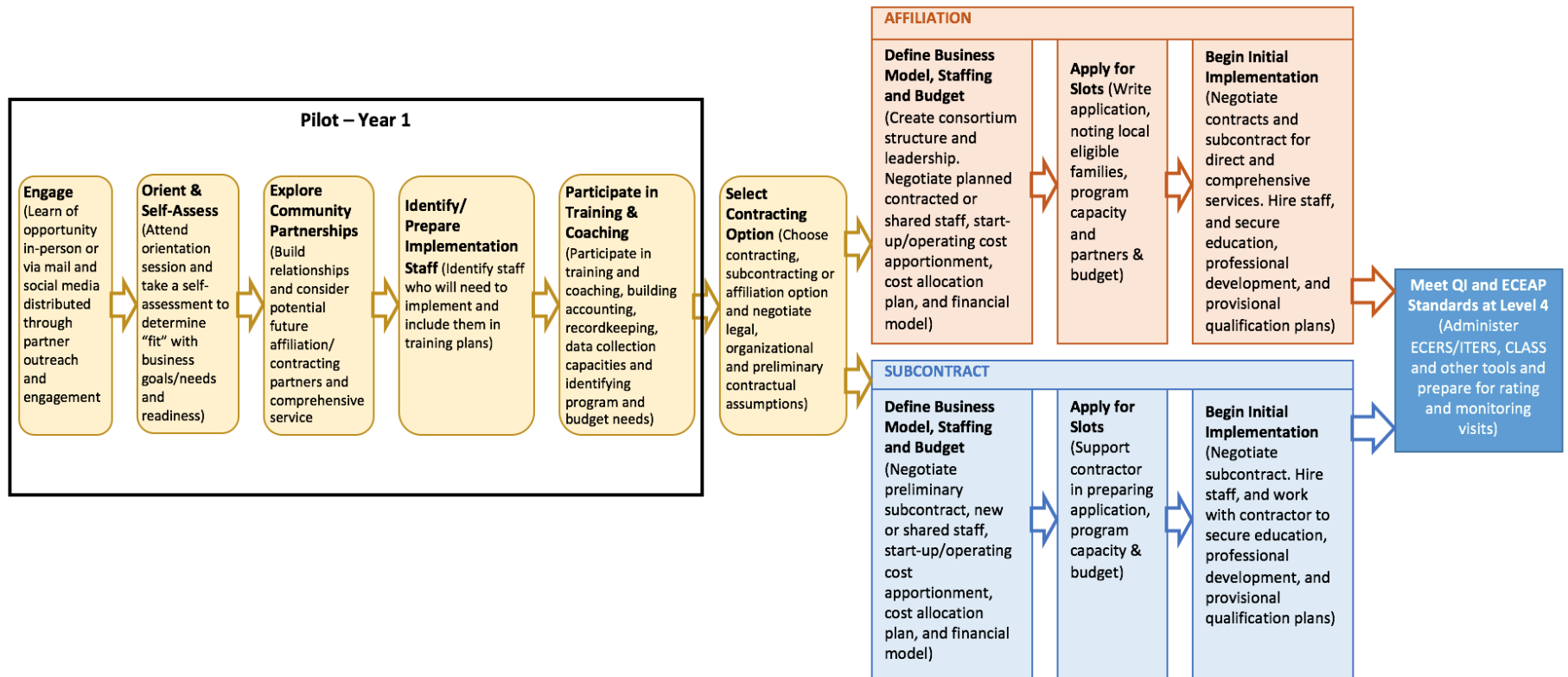
Some family child care home providers run a “one-person shop”. To meet *ECEAP Performance Standards* of 320 hours of direct services and to provide adequate staffing for other functions, the provider will need an assistant teacher, family support provider or other staff to provide flexibility to meet other business needs.

### **Recommendations:**

1. **Facilities.** Increase resources and improve access for providers to obtain capital and other funding through Child Care Facilities Fund loans and grants and other methods.
2. **Education & Degree Attainment.** Work with higher education institutions to ask providers in regions what they need around education and degree attainment and more flexibly respond by increasing the credit-bearing course capacity, and offering courses on evenings and weekends. Explore expansion of online and hybrid courses. Explore ways for providers to access courses at colleges across the borders in Idaho and Oregon. Better market existing educational opportunities.
3. **Shared Staff.** Articulate cost allocation, supervision and other considerations for a shared assistant or family support staff person among multiple child care sites/homes to substitute or otherwise provide release time from the classroom for the lead teacher.

V. ECEAP Pathways Graphic

ECEAP Pathways Graphic



## VI. Items Requiring Additional Exploration

The following items that could not be addressed this year, but require additional exploration, might be part of a regional pilot expansion and pilot participant implementation of ECEAP slots.

**A. New Contracting Options.** Explore new contracting options that allow the multi-party relationships and consortium structures that distribute risk appropriate to these blended models.

**B. Contracting/Subcontracting and Consortium Training.** Many contractors are interested in the subcontracting model but do not have experience doing so (especially with child care). Consortia and other multi-party agreements are not the traditional way of contracting and managing/distributing risk. Providers and contractors would benefit from training that helps them to navigate legal, financial, liability and other requirements and to distribute them across partners appropriately.

Training topics identified by the Advisory Committee include:

1. Supporting diverse types of subcontractors.
2. Supporting contractors with different intensities of services (Part Day, Full School Day, Extended Day as well as providing family support and health services or not) while also ensuring standards are met.
3. Establishing standards and processes to effectively oversee subcontractors.
4. Preparing for standards alignment changes.
5. Effectively assessing and managing risk and liability.
6. Effectively resolving disputes.
7. Preparing subcontractors for effective cost allocation.
8. Flexibly responding to unique subcontractor needs, while providing equitable funding.
9. Effectively navigating (and helping subcontractors to navigate) currently parallel child care licensing monitoring, Early Achievers coaching and ECEAP monitoring and Pathway coaching.
10. Helping subcontractors to plan for and flexibly respond to forces that affect their finances (sudden family income ineligibility, child aging out of ECEAP, change in composition of children [and associated funding] in their program over the year).
11. Building effective working relationships among community partners, and avoiding unnecessary/unhelpful competition.
12. Managing expectations and divergent funding levels for subcontractors.
13. Maintaining constructive relationships with subcontractors you might not deem prepared to integrate ECEAP, while cultivating their future preparedness.
14. Effectively moving ECEAP slots in the region to meet changing family location/eligibility.

*“Human resources, administration, and fiscal are the areas that are going to make it or break it for family child care homes. We’ll need some very creative thinking.”*

*~Pilot participant*

**C. Community Resource/Comprehensive Services Contractors.** Some community organizations were willing to provide comprehensive services for a fee - in concept. However, without knowing the numbers of children, the specific providers, or the geographic area, it has not been possible to assess potential costs for services. When providers are able to secure new slots, this could be further explored and added to the model guidance.

**D. Service Delivery and Funding Models.** Contractors will ultimately benefit from guidance from DEL about the formula and/or minimum amount of funds that should be passed through to subcontractors to ensure high-quality programming and to reduce unhelpful competition in communities. Pilot partners have described and discussed with DEL some potential models for distributing administrative and direct services and sharing funding in concept. When new providers are able to test these assumptions through securing new slots, these models and guidance from DEL will be clearer. Providers will need to develop budget scenarios for times when one member of a consortium ends up with no ECEAP-eligible children enrolled in a particular year. (See *Appendix 7 – Example Service and Funding Models*).

*“It got me thinking how hard this will be to serve this population of kids. I’m nervous that I won’t be able to make it a reality, financially.”*

*~Pilot participant*

**E. ECEAP Pathways Communities of Practice.** To deepen and broaden the ability of the current trainers and coaches and to ensure that new coaches can effectively expand on the year one pilot, the pilot leads recommend developing communities of practice in year two. These will be comprised of cohorts of ECEAP Pathway CCA leads, and trainers/coaches who will regularly discuss curriculum implementation and coaching elements. (It would be beneficial for ECEAP Pre-K Specialists to participate in these communities of practice as well). Staff will have opportunities to reflect on their experiences working with providers, offer support, and problem-solve emergent issues. Year one pilot leads will facilitate the community of practice and meet with CCA leads individually to discuss progress and fidelity, and offer technical assistance when needed.

**F. Aligned Standards.** Results of the standards alignment work will need to be cross-walked with the training materials and other supports to revise these documents as well as the coaching processes.

**G. Monitoring and Coaching.** Because small numbers of slots might be distributed over a variety of different FCC providers in a consortium, DEL and CCA will need to identify the capacities to monitor all sites in conjunction with the consortium director. The process for transitioning from ECEAP pathway coaching to ECEAP Pre-K Specialist coaching will also need to be considered.

**H. Grant Writing Support.** Noting that the ECEAP application process can be arduous for some, the Advisory Committee questioned how to support providers in preparing an application. They suggest exploring the following ideas: creating an easier/fast track application for child care providers who have completed the Pathway training; incorporating likely elements of the assumed grant application in training materials and processes; and, adopting a community-led process for grant proposal development (developed by Thrive Washington) in which ESDs, school districts, CCAs and other regional entities might play a supporting role.

**I. Marketing and Shared Enrollment and Eligibility Processes.** Consider opportunities to align marketing, engagement, recruitment, prioritization, enrollment and attendance across existing and new contractors.

**J. Current Foundational Capacity.** It could be beneficial to set up a peer network so pilot (and future) providers can continue to strengthen relationships and help each other during their first year of ECEAP. ECEAP contractors that also have licensed child care might be good mentors.



**K. Need Assessments.** There is potential to strengthen ECEAP and Head Start community needs assessments within delineated regions to deepen collaboration and prepare for the greater portability of slots that will be necessary when ECEAP reaches full entitlement. Child care providers not yet providing ECEAP could be included in assessment processes to draw in their expertise and capacity, ease their entry to the pathway, and facilitate creation of consortia for future expansion. Makes service area agreement negotiation easier. Contractors might worry that we would be targeting all child care providers, when there are not going to be new slots in every place.

**Appendix 1**  
**ECEAP Pathway**  
**Pilot Exploration Questions & Preliminary Answers**  
 (07/26/16)

These exploratory questions frame what the pilot team sought to learn/know as it designed and refined the pilot to help child care providers successfully integrate ECEAP with their services. Focus group exploration, advisory committee deliberations, current ECEAP contractor director conversations have all been designed to better understand answers/options. Preliminary answers (or the likely sources) are noted in blue text.

**A. Provider Understanding, Motivation & Interest**

1. ***What is the current level of understanding of providers about ECEAP and working with families in poverty and what will help them to best understand that?***
  - a. In the pre-training survey of pilot participants, the percentage of participants saying that they had a “good” or “expert” understanding of *ECEAP Performance Standards*, contracting and other requirements ranged from 17%-31% depending on the area of ECEAP assessed.
  - b. At the end of the pathway participation 100% indicated understanding of ECEAP requirements and how to meet them in their business with the exception of the topics of determining family eligibility and prioritization for enrollment, providing comprehensive services, serving dual language learners or children with developmental delays or challenging behaviors. In those instances, those remaining uncertain ranged from one participant (7%), to three (21%)
2. ***What information do potentially interested providers need to understand the ECEAP opportunity (and the paradigm of family support vs. parent consumer)? What concerns do they have?***
  - a. **Model options.** Providers want clear information about their choices of business models.
  - b. **Understanding requirements.** Helping providers to understand what will be required in additional health and family support as well as assessment and teacher conferences.
  - c. **Money.** Providers need to better understand how funding is allocated and payments processed.
  - d. **Blending ECEAP with current programming.** Providers have many concerns about the potential and perceived inequities of serving ECEAP families differently than others. They also see a need for additional capacity and training to ensure that teachers can integrate another set of requirements in a timely manner.
  - e. **Recruitment/eligibility.** Providers need a deeper understanding of the process and prioritization for determining eligibility of families. They could use help meeting the tight timeline to recruit, determine eligibility, prioritize and enroll and taking care to not compete with neighboring sites.
  - f. **Adequate support & capacity.** Providers need information about support for addressing space, teacher training, technical supports and funding to deliver the services well and reach the Early Achievers Level 4 rating in time.
  - g. **Support developing affiliations.** Coming together with other child care programs and creating a consortium feels risky to providers, especially if they do not have a personal relationship with others that want to develop a consortium. Through this pilot, three Spokane providers have opened up to the idea of coming together to do so. They still have reservations but are having ongoing conversations and planning sessions to see where their skills are and who has the capacity to take responsibility for different parts of an ECEAP contract.
  - h. **Reciprocity.** There is not a reciprocity process for child care programs to go through Early Achievers. Providers must meet all of the Early Achievers standards and rate a Level 4 with ECEAP slots. Providers that are rated seem to have greater ability to implement ECEAP requirements.

**3. *What will help providers to feel interested and confident in pursuing ECEAP services integrated with their business?***

- a. **One-on-One Coaching.** This helps them to connect the Program Performance Standard to their particular business with coaches that understand licensed child care and family home WAC's and business, as well as the knowledge of Early Achievers, ECEAP, and business development.
- b. **Access to Comprehensive Services.** Support for them to provide options for comprehensive services to the low-income families already served and continuity of care.
- c. **Getting started.** Providers would appreciate help knowing where to start and how to get ready. We recommend re-ordering the training modules, putting the business section toward the beginning to set participants up to understand the future models and how the information and requirements fit into the different ECEAP models.
- d. **Pro-Active Communication.** Sustained regular pro-active communication with providers makes the difference between those who succeed and those who do not.
- e. **Starting early.** Offering training in the winter/spring before the program year starts to allow providers to effectively participate in training.
- f. **Aligning external supports.** Early Achievers and ECEAP coaching must be aligned to minimize negative impact and maximize growth in quality for providers. Integrating Early Achievers and ECEAP coaching early on in expansion will enhance the success of the blending of these standards.
- g. **Orientation to ECEAP.** Training around the ECEAP performance standards and ECEAP services before ECEAP implementation.

**4. *What incentives can encourage providers to take the many additional steps to add ECEAP services (e.g., ability to use EA funds to reimburse themselves for upfront costs)?***

- a. **Early start-up funds.** Providers have reported many different times that funds upfront to get their programs ready for ECEAP would help them be more successful.
- b. **Advantage in acquiring ECEAP slots.** For those providers that successfully attend ECEAP training, coaching sessions, and complete their goals through the process of learning about ECEAP, it could help to offer an advantage by awarding more points during the ECEAP RFP process.
- c. **Loan procurement support.** Training in business practices offered through CCA could allow for loan procurement through the Small Business Development Center and the Child Care Facility Fund.

**5. *What financial/cost models can provide enough consistency to be appealing to these small businesses?***

- a. Pilot partners have prescribed several conceptual models for service delivery and funding that providers might try. Because pilot participants have not had an opportunity to apply for slots or begin services, these models are untested. Possible vendors of comprehensive services have indicated they would be interested in providing comprehensive services in partnership with child care businesses, but are unable to project actual costs without knowing how many slots, over what number of business and geographic area. This requires further exploration.

## B. Services

- 1. How can we best support providers in marketing their business to engage and enroll families?**
  - a. Train providers in ECEAP eligibility, recruitment, prioritization, enrollment and attendance as well as general marketing in their community (for example, how to network with other child care providers and organizations, how to build relationships with community organizations that will support referrals, etc.)
- 2. How will the needs and interests of providers (and the families they serve) differ across the state and what does this mean for how we support them?**
  - a. Additional piloting is needed to serve monolingual and ELL providers that want to implement ECEAP.
  - b. Families that want ECEAP services will have better access to Full School Day and Extended Day services if ECEAP is provided in a child care center or home with wrap around care in the program. They will less likely be on a waiting list and require transportation from an ECEAP program to a child care center/FCC.
- 3. What needs to happen for individual providers to efficiently and effectively provide family support, nutrition and other services? (For example, what relationships with external providers? Should child care centers initially focus on the quality early learning environment in the classroom and later introduce comprehensive service areas?)**
  - a. Technical assistance to help the provider develop their ECEAP business model for a consortium.
  - b. (Draw on the *Community Resource Enhancement Approach*).
  - c. Legal help to develop contracts to work with support services and providers to understand the difference between contractor and employee.
  - d. Including representatives from community partners that can provide these services in the training to talk about how they work and field provider questions.
- 4. What needs to be in place for individual providers to efficiently and effectively conduct screens and other development and health-related services?**
  - a. One-on-one coaching and training to support understanding of requirements.
  - b. Identify how to access services like pooling funds together for a consortium, contracting, building an LLC, and accessing comprehensive services.
  - c. Affordable access to screenings.
- 5. What staffing models will allow child care licensing, Early Achievers and ECEAP standards to be met?**
  - a. Use existing services of the Early Achievers coaches for the blended model (ECEAP and licensed childcare and FCC's).

## C. Training, Coaching and Supports

- 1. How do we need to work with the provider and licensor to understand the unique strengths and needs of each provider?**
  - b. As happened in the pilot, work with the provider and licensor at the beginning of the ECEAP process - bringing everyone together to gain greater specific support from licensing as needed.
  - c. Licensors can be offered training and TA on how to support providers that have ECEAP and to learn about ECEAP on the licensed pathway.
  - d. Extend RBPD (relationship-based professional development) work around ECEAP expansion with licensors.
  - e. Standards alignment.
  - f. Licensors provide recommendations of providers that may be interested in and ready for ECEAP.
  - g. Explore how/whether the new roles envisioned for licensors will affect the experience of providers.

2. **How can EA and ECEAP preparation/implementation coaching best be integrated to realize efficiencies for DEL and providers?**
  - a. To have coaches that understand and have implemented licensing, EA, and ECEAP in differing capacities.
  - b. Integrate the two efforts to have one coach for both EA and ECEAP. The processes overlap and the questions, goals and concepts that are developed during coaching happen fluidly, so the coach's skill is key. They can help the provider understand when standards/outcomes are overlapped or separate and when outcomes may cover part of a standard but not fulfill it entirely.
  - c. Incorporate ECEAP preparation into the core contract for CCA of WA. As CCA coaches support preparation and implementation of ECEAP with new providers, they can have an ECEAP support lead in their local CCA office to increase their knowledge and understanding of ECEAP and EA alignment. This support lead could conduct the ECEAP readiness training and provide the TA for regional coaches/offices.
  
3. **How can we best support providers in administering and using assessment tools to individualize support for children, continuously improve the program, and manage reporting responsibilities?**
  - a. Funding ongoing coaching and training from a CCA ECEAP coach who is trained in using GOLD™ and *Creative Curriculum*.
  - b. Providing access to the online Teaching Strategies GOLD™ playground, so that providers can see how to upload documentation and use this as a tool.
  - c. Support from peers in a consortium.
  
4. **In what areas would additional training, information, and support help providers to meet ECEAP standards quickly?**
  - a. Next step coaching much like the post-rating EA coaching where providers can take the self-assessment goals they have identified for themselves and turn them into QIP goals that can be documented and monitored by a coach.
  - b. If providers knew they would be receiving ECEAP slots upon successful completion of training and coaching, they would be more apt to create goals and achieve them and make program changes to implement ECEAP services. This pilot has been a continuum of "what if's", if there were more concrete plans and expectations they would be working towards implementing ECEAP standards and requirements in a more concrete way.
  - c. As providers move through training and coaching, coaches and trainers can be identifying strengths and needs of successful implementation.
  - d. Journaling, homework from training, self-reflection and anything that relates to their current work and their new learning is beneficial.
  - e. It might be beneficial for providers that participate/want to obtain ECEAP slots to be rated at a Early Achievers Level Four before participating in a process to obtain ECEAP slots. This would minimize the new changes needed to meet the ECEAP performance standards strengthen their understanding of the type of high-quality that it takes to manage an ECEAP program.
  - f. Business training for providers and coaches (especially around QuickBooks), setting up business best practices before ECEAP implementation, and ongoing support.
  - g. More training and support in GOLD™ and *Creative Curriculum*.
  - h. Showing alignment between EA, licensing, and ECEAP, helping providers embrace quality practices and *Performance Standards*.

5. **How can we best build on the existing Early Achievers framework (curricula, training sessions and coaching) to seamlessly help providers to also consider/prepare for ECEAP?**
  - a. Coaches that are knowledgeable in ECEAP, licensing, and EA.
  - b. Standards alignment.
  - c. CCA coaches who have taken ECEAP Pathway preparation training planned for year two of the pilot.
  - d. See # 3 in this section.
  - e. Providing CCA coaches access to GOLD™ and *Creative Curriculum* training like ECEAP coaches currently do (Note: DEL has agreed to do this).
  - f. By having closely coordinated partnerships with Early Achievers and ECEAP experts/coaches or creating a “one coach system” for child care providers.
  - g. Refine Early Achievers training to address *ECEAP Performance Standards* in area such as: development of curriculum; assessment and individualization; developmental screening; and family engagement.
  
6. **What supports (financial, coaching, flexible timeframes) are needed to help providers meet educational requirements?**
  - a. There are a few supports currently in place (Washington Scholars, Early Achievers Opportunity Grants, MERIT scholarships, and online ECE degrees). Availability of Early Achievers scholarships and flexibility of the Professional Development plan within the *ECEAP Performance Standards* provided enough to meet educational requirements.
  
7. **What education support and encouragement are needed for them to progress down the pathways?**
  - a. Knowing whether they would be receiving ECEAP slots for their program or not.
  - b. Knowing that *Performance Standards* require a professional development plan if the education requirement is not met seems to be enough.
  - c. Access to Early Achievers scholarships.
  - d. Implementing a pathway to meet education requirements for EA like ECEAP has in the *ECEAP Performance Standards*.
  - e. ECEAP preparation training and coaching.
  - f. An introductory training on orientation to the performance standards to give providers a taste of what is expected in ECEAP.

#### **D. Management & Oversight**

1. **What systems are needed to support required provider recordkeeping?**
  - a. Materials in the ECEAP pilot toolkit, including examples of items referenced in the performance standards.
  - b. Access to Internet, appropriate technology equipment, dedicated to doing the fiscal pieces.
  - c. Knowledge and support in use of QuickBooks.
  - d. Putting/having a recordkeeping system in place before obtaining ECEAP slots.
  
2. **What assumptions about number of ECEAP slots within the child care business and what other structures tied to subsidy/contract will provide an effective and sustainable business model and options for families?**
  - a. The amount of funds distributed to sub-contractors must be adequate to meet the actual cost of providing ECEAP services.
  
3. **What protections (regarding liability, financial loss, etc.) must be addressed?**
  - a. Consultations with attorney’s and bookkeepers about the formation and upkeep of an LLC.
  - b. Developing an LLC, non-profit, or other entity for an LLC for a consortium.

4. **Family Child Care: What business structure will support participation in ECEAP?**
  - a. The program is in post-EA rating.
  - b. Formation of a LLC for a consortium; have a lawyer give a presentation on the formation of an LLC and the ability to build relationships during training so they will be comfortable moving forward with a partnership.
  - c. The owner has a business background.
5. **Centers: What support do providers need to fulfill their obligations to contractors or DEL (Policies, fiscal structures, recruitment strategies)?**
  - a. TBD
6. **What is needed and what is the cost of overall administration of the contract (including writing the grant proposal, meeting all of the deliverables, managing data into ELMS, managing invoicing and payments, etc.)?**
  - a. Explore in year 2.
  - b. When subcontracting, the cost to providers of program operation and administration is currently greater than the amount they receive from the contractor. The contractors typically set the terms for how much pass through is available.
7. **What is the cost of providing family support and health services by the provider under different scenarios (e.g., directly provide, have contractor provide to subcontractor, secure services through third party, etc.)?**
  - a. Year 2 review of budget proposals for ECEAP slots.
  - b. Third party providers to support these services have been identified. The cost and contract details remain to be negotiated.
8. **Is there a minimum amount of funding that needs to be passed onto the child care provider/slot to ensure a sufficient base across the state?**
  - a. There must be enough funds passed through to sustain program operations and administration (Possibly through review of pilot participant ECEAP budget proposals).

#### **E. Pathway Approach**

1. **What adaptations to the approach to address regional needs are beneficial?**
  - a. Pages 19 and 20 in the *Early Childhood and Assistance Program (ECEAP) Pathway Pilot Year 1 Report* describe some of the issues and questions that must be explored in year two of the pilot, including adaptations for addressing varying regional needs.

**Appendix 2**  
**Coaching Matrix**  
**Relationship-based Professional Coordination & Communication**  
(07-01-16)

**Approach:** Coaches worked with each other and the family child care home owner/child care center director to develop a coaching collaboration plan to coordinate support of each provider for areas where coaching and TA overlap.

TASKS	ECEAP PATHWAY COACH	EARLY ACHIEVER COACH	INFANT/TODDLER COACH	COMPREHENSIVE SPECIALIST
Development of ECEAP Policies & Procedures	X			X- If contractor with DEL
Child Safety Planning		X		
Child Transportation If plan to provide	X			
Environmental Rating Scale Coaching		X- Partner with Infant/Toddler coach when both are assigned	X- for infant & toddler classrooms or areas of FCCH	
Classroom Assessment Scoring System - CLASS		X	X- for infant & toddler classrooms or FCCH programs enrolling this age group	
Health & Mental Health	X- Connections to services			X
Child Outcomes & Assessment	X- ECEAP classroom	X- Child care classroom		
Curriculum Development	X- ECEAP classroom	X- Child care classroom		
Administration & Human Resources	X			
<u>Fiscal</u>	X			
<ul style="list-style-type: none"> <li>• Budgeting</li> <li>• Managing Multiple Funding Sources</li> <li>• Cost Allocation</li> </ul>				
Facilitation of Development of Cohort	X			X
Professional Development of Staff/Owner	X- to <i>ECEAP Performance Standards</i>	X- to <i>Quality Standards</i>		
Child Recruitment & Enrollment	X			
Standards	X- <i>ECEAP Performance Standards</i>	X - <i>Quality Standards</i>		



### Appendix 3 - ECEAP Pathway Participant Response to Training

(07-26-16)

Fourteen participating providers completed self-assessment surveys after training modules 2-8 and also after the entire training series completed. Participants made great progress after each training session in building understanding of what ECEAP requires and what it means for their business. Coaches used responses to these self-assessments to target coaching for individual providers after each session.

By the end of the year, after one training and a coaching process, providers rated themselves high in understanding of what is required and how to implement in most areas. Noted below are areas of the *ECEAP Performance Standards* that were more difficult to grasp. Numbers noted represent the number of participants who feel “uncertain” after training, or training and coaching. These findings guided refinements to the training curricula and materials.

Topical Area	Participants Who Were Uncertain at the End of Training Session	Participants Who Were Uncertain at the End of Pathway Process
<b>Module 2: Early Childhood Education</b>		
a. Implementing developmentally appropriate practices and culturally-relevant curricula that honors and supports the unique needs of:		
b. Dual language learners	5	3
c. Children with delays and disabilities	5	3
d. Children with challenging behaviors	5	3
e. Using a screening tool to refer to appropriate services	5	1
f. Conducting regular ongoing child observations	5	1
g. Using assessment tools	4	0
h. Understanding how to use GOLD™ to maintain child observations and assessments	3	0
i. Using ongoing observation documentation to inform curriculum plans	3	0
j. Aligning curricula/lesson plans with <i>Early Learning Guidelines</i>	2	0
k. Implementing the ECEAP no expulsion policy	2	0
l. Meeting direct service requirements	2	0
m. Implementing kindergarten transition policy and procedures	2	0
n. Meeting minimum licensing standards and requirements	1	0
o. Holding parent-teacher conferences	1	0
<b>Module 3: Recruitment and Eligibility</b>		
a. Verifying documentation and determining eligibility	4	3
b. Prioritizing children for enrollment	3	3
c. Maintaining enrollment	3	2
d. Understanding the attendance standard	2	0
e. Conducting outreach and recruitment activities	1	0
<b>Module 4: Family Partnerships</b>		
a. Conducting family support meetings	3	1
b. Providing parenting education opportunities	1	0
<b>Module 5: Dynamic Health Safety &amp; Nutrition</b>		
a. Developing a system to document and maintain health screening information	1	1
<b>Module 6: Human Resources</b>		
a. Understanding staff recruitment and selection policies	1	0
b. Securing a health advocate	1	0
c. Securing a health consultant	1	0
<b>Module 7: Administration</b>		
a. Understanding how to develop, implement and maintain a parent policy council	2	1
b. Developing and maintaining a health advisory committee	0	1
c. Understanding what recordkeeping systems are required	1	0
d. Building community partnerships	1	0
e. Understanding how to conduct a community need assessment	1	0
<b>Module 8: Business Partnerships</b>		
a. Understanding cost allocation	3	0

## Appendix 4

### ECEAP Pathway Toolkit

#### Table of Contents

(07-25-16)

#### Section 1 - Important Resources

- Early Achievers Quality Standards
- ECEAP Outcomes
- ECEAP-WaKIDS Crosswalk
- ECEAP Profile 2014 - example
- ECEAP Models 2014
- ECEAP Expansion Roles and Responsibilities
- ECEAP Expansion Site Level Questionnaire
- Contact List for ECEAP Staff at DEL
- Cost Allocation Plan
- Part Day Calendar - example
- 2015-16 Sample ECEAP Contract
- WaKIDS Introduction

#### Section 2 - Early Childhood Education

- DAP5-NAEYC
- Early Achievers/WaKIDS Alignment Tool
- GOLD Family Conference Form
- GOLD Individual Child Report
- SELF K-Transition Summary 2012 – example
- Creative Curriculum Theory Paper on Assessment
- Washington State Kindergarten Transition Form

#### Section 3 - Recruitment & Eligibility

- Child Application
- Child Prescreen
- Combined prescreen application and verification
- Verification worksheet
- ECEAP Elements
- ECEAP Sample Press Release 1
- ECEAP Sample Press Release 2
- Marketing and Recruitment ideas- Eastern Region
- Poverty Level chart 2015
- Recruitment Tips
- Sample Press Release DEL
- Sample Letter to the editor
- ECEAP Publicizing Events

#### Section 4 - Family Partnerships

- Council for the Homeless- SW Region
- Introducing Me
- Getting School Ready- THRIVE
- Low Cost Brochure English-Clark Co. 2015
- Near at Home

- Parent Handbook - example
- Help Me Grow Washington referrals
- Parent Policy Letter
- Parent Policy delegate count
- Policy Groups
- Sample Parent Policy Council Agenda
- Sample Parent Policy Council meeting minutes

#### **Section 5 – Health Access, Health, Safety, and Nutrition**

- Child Health History 2015
- Dental Exam Results
- Developmental Screening Information-SW region
- Developmental Screening Information- SW region 2
- Developmental Screening Results
- Food Program Eligibility Waiver
- ECEAP Health Safety Plan
- Health Screening Summary
- Monthly Health and Safety Checklist 2015
- Spokane Central Lyons Club hearing and screening exam information

#### **Section 6 - Human Resources**

- Components of Comprehensive Services
- PDP sample- Assistant Teacher
- PDP sample- Family Support Staff
- PDP sample- Health Advocate
- PDP sample- Lead Teacher

#### **Section 7 - Administration**

- Center Parent Advisory Committee - example
- Community Assessment (ESD 112) - example
- Community Needs Assessment 2013 (BERK) -example
- Community Partnership Questionnaire
- ECEAP Self-Assessment
- Health Advisory Committee - example
- Health Advisory Committee - example #2
- Health Services Advisory Committee – example
- 2016 ECEAP Poverty Level chart

#### **Section 8 - Business Partnerships**

- Sample Service Area Agreement
- Service Area Agreement Guidance
- Site Level ECEAP Budget projections
- 2015-16 Sample ECEAP Contract

#### **Section 9 – Data and Reporting**

- ELMS Data Entry
- GOLD™ Class Profile Report
- GOLD™ Developmental Learning Report
- Information Tracking Sheet 2015
- Using GOLD™ in ECEAP 2014-2015

## Appendix 5 Community Resource Enhancement Guide (07-11-16)

### Where do I start?

When thinking about finding individuals and/or organizations to work with to provide comprehensive services (mental health, nutrition, family support and health services) for ECEAP, first think about who is in your program that meets the ECEAP qualifications around these services. Then think about people and organizations with which you are already working that might provide some additional services. *For example, would your public health nurse be able to contract with you to provide ECEAP health services?*

If you still need to find individuals/organizations after thinking about your current partners, the following list could have people that would be willing to contract with your program to provide comprehensive services.

### Who might I partner/contract with?

- Local health district
- Current Head Start/ECEAP contractors
- Public health nurses
- Public school nurses, health consultants, and school counselors
- Pediatricians
- Local dentists
- Health clinics
- Mental/behavioral health clinics
- Community colleges and universities (adjunct instructors may be able to contract with you)
- Dieticians

### How might I connect with them?

Given the tight timeframes to assemble your services once new ECEAP opportunities are available, it can be helpful to discuss potential partnerships with providers ahead of time. If you do not have contact information for potential partner organizations, an Internet search will aid in collecting this information. Call or email the organization to get the name and direct contact information for the person that does this for their organization. Call, email or mail the main contact, explaining what you need (see *Toolkit* example of a letter to providers). Follow up with a phone call if needed. You could also hold a community meeting for potential comprehensive service providers to attend where you can explain your need.

### When I find a partner, what happens next?

You and the comprehensive service provider will need to discuss the cost of their services, how often you will need them (and the partner's ability to provide them at that time), the cost of their administration overhead, and the requirements of the ECEAP comprehensive service components they will be providing per *ECEAP Performance Standards* and your contract. You can use the comprehensive service matrix to organize your partners if it is helpful (see *Toolkit* example).

### Who can help me find partners if I get stuck?

Your local Child Care Aware office provides Early Achievers support for the region. They may have already made some initial contacts with potential providers of these services in the region. Your Early Achievers coach might be able to provide some additional leads and connections (Find your Child Care Aware office by calling Child Care Aware of Washington at 1-866-416-4321). A PreK Specialist at the Department of Early Learning might also help. Contact them at X. Local ECEAP and Head Start providers also have Health Services Advisory Committees that plan health services and many provide their own health and family support services. They may be willing to provide these services to your families or connect you with some of their partners.

## Appendix 6

### Preliminary Position Description - Child Care Aware Lead- ECEAP Pathways

(07-26-16)

#### General Responsibilities:

- Provide culturally relevant and inclusive technical assistance and training to child care centers and family child care providers participating in the ECEAP Pathways program.

#### Essential Functions:

- Maintain records, track data, process correspondence, prepare and submit reports.
- Provide consultation support, feedback and technical assistance to licensed centers and family child care providers.
- Complete and maintain training files with necessary paperwork and reporting forms.
- Manage a caseload of providers, conduct site visits and group meetings to assist the providers to reach specific milestones.
- Participate in state, regional, and national meetings to ensure best practices are integrated into coaching.
- Help participating programs to collect, interpret, and use classroom data to comply with *ECEAP Performance Standards* and enhance classroom environment and teaching practice.
- Participate in ECEAP Pathways communities of practice and mentoring with mentor trainer.

#### Other Functions:

Other duties that relate to the work of Early Achievers and ECEAP as assigned.

#### Minimum Qualifications:

- One year of experience working in a child care program.
- Experience delivering training curriculum.
- Knowledge of the *Washington State Early Learning and Development Guidelines*, *Early Achievers Quality Standards*, *ECEAP Performance Standards*, and licensing WAC's.
- Ability to maintain effective working relationships with people of varied social, cultural, and educational backgrounds.
- Experience working in ECEAP and knowledge of *Performance Standards*.

#### Preferred Qualifications and Skills:

- Three years of experience working in a licensed child care program.
- Management experience in ECEAP.
- Experience in data collection and evaluation processes.
- Familiarity with Teaching Strategies GOLD™ child assessment program.
- Experience and training in the Early Achievers coaching framework.
- Understanding of child care business models, operations, finance, and contracting.
- Knowledge of family support, health, and other comprehensive services and familiarity with potential community partners.

#### Working Conditions/Physical Requirements:

- Required to travel throughout the service region.
- Extended or flexible hours as necessary, some evenings and weekends.
- Approved State Training and Registry System (STARS) Trainer status within 60 days of employment per Department of Early Learning standards.

Appendix 7 - EXAMPLE Service & Funding Models  
Minimum Administrative, Oversight and Technical Assistance  
(07-01-16)

**ECEAP Contractor (Non-Profit/Public Agency)–** Part-day funding \$7,331 per child

A portion of funding retained by contractor to work directly with DEL to ensure **all** aspects of the contract and performance standards are met. This includes, but is not limited to:

**Contractor Responsibilities in any model:**

- Development and implementation of a continuous quality improvement system
- Regular monitoring which includes subcontractors
- Use of data to address gaps and build on strengths
- Conduct on-site reviews and plan follow-up action
- Reflective supervision and on-going professional development and coaching
- Access to health specialists
- Preparation of monthly reports to DEL
- Facilitation of monthly calls with DEL Pre-K staff
- Participate in annual Director’s Meeting
- Conduct annual *Self-Assessment*
- Prepare annual staffing plan (w/ salaries/benefits)
- Develop annual regional? budget
- Conduct *Community Assessment* every three years
- Revise and oversee annual *Service Area Agreement*
- Prepare and submit funding renewal application
- Facilitate Health Services Advisory Committee meetings
- Facilitate Parent Policy Council meetings

**ECEAP Sub-Contractor Example (A)** Part-day per child amount: **\$5,000**

Receive contractor support + a portion of DEL award to deliver services described in *Standards* sections:

- Section B - Eligibility, Enrollment & Attendance
- Section C – Human Resources – internal staff
- Section D – Health Coordination
- Section E – Early Childhood Education
- Section F – Family Support

15% cap of total award for administrative overhead between contractor and subcontractor

**Appendix 7 - EXAMPLE Service & Funding Models**  
**Administrative, Oversight, Technical Assistance & Comprehensive Service Elements**  
(07-01-16)

**ECEAP Contractor (Non-Profit/Public Agency)–** Part-day funding \$7,331 per child

A portion of funding retained by contractor to work directly with DEL to ensure **all** aspects of the contract and performance standards are met. This includes, but is not limited to:

**Contractor Responsibilities in any model:**

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- Prepare annual staffing plan (w/ salaries/benefits)
- Develop annual regional? budget
- Conduct *Community Assessment* every three years
- Revise and oversee annual *Service Area Agreement*
- Prepare and submit funding renewal application
- Facilitate Health Services Advisory Committee meetings
- Facilitate Parent Policy Council meetings

**ECEAP Sub-Contractor Example (B)**

Part-day per child amount: **\$3,000**

Receive more support from contractor + a smaller portion of DEL award to deliver services described in *Standards* sections:

- Section C – Human Resources – internal staff
- Section E – Early Childhood Education

**15% cap of total award for administrative overhead between contractor and subcontractor**

# Appendix 7 - EXAMPLE Service & Funding Models

## Affiliation Model

(07-01-16)

**ECEAP Contractor (Corporation founded by subcontractors)**– Part-day funding \$7,331 per child  
A portion of funding retained by contractor to work directly with DEL to ensure **all** aspects of the contract and performance standards are met. This includes, but is not limited to:

### Contractor Responsibilities in any model:

- Development and implementation of a continuous quality improvement system
- Regular monitoring which includes subcontractors
- Use of data to address gaps and build on strengths
- Conduct on-site reviews and plan follow-up action
- Reflective supervision and on-going professional development and coaching
- Access to health specialists
- Preparation of monthly reports to DEL
- Facilitation of monthly calls with DEL Pre-K staff
- Participate in annual Director’s Meeting
- Conduct annual *Self-Assessment*
- Prepare annual staffing plan (w/ salaries/benefits)
- Develop annual regional? budget
- Conduct *Community Assessment* every three years
- Revise and oversee annual *Service Area Agreement*
- Prepare and submit funding renewal application
- Facilitate Health Services Advisory Committee meetings
- Facilitate Parent Policy Council meetings

### ECEAP Subcontractor/Corporation Co-Owner #1 Example (C)

Part-day per child amount: **\$3,000**

Receive more support from contractor + a smaller portion of DEL award to deliver services described in *Standards* sections:

- Section C – Human Resources – internal staff
- Section E – Early Childhood Education

ECEAP Subcontractor/  
Corporation Co-Owner #2

ECEAP Subcontractor/  
Corporation Co-Owner #3

ECEAP Subcontractor/  
Corporation Co-Owner #4

15% cap of total award for administrative overhead between contractor and subcontractor



# Appendix 7 - Example Contractor-Subcontractor Service & Funding Models

## ECEAP PILOT CONSORTIUM MODEL

