

Community Conversations

Full report: Summer 2017

Community conversations were held between August 7th and September 14, 2017 across 14 North Carolina communities, reaching 298 participants. This report provides an analysis of the key points and trends identified across the 14 meetings.

TABLE OF CONTENTS

List of Participating Communities	2
Section A: Overarching Feedback	3
How Can Pathways Support Communities?	3
Data Overview and Reflections	5
<i>How does the data resonate with participants’ experiences with children and families?</i>	5
<i>What data disparities were identified?</i>	7
<i>What other information is important to add?</i>	10
Notes for the Design Teams	11
Section B: Design Team-Specific Feedback	14
Social-Emotional Health, including Parent-Child Interactions, Family Supports and Early Intervention	14
<i>Data Overview</i>	14
<i>Policy, Practice, Program, Skill, Knowledge and Capacity Building Solutions</i>	15
High Quality Birth to Eight Early Care and Education	20
<i>Data Overview</i>	20
<i>Policy, Practice, Program, Skill, Knowledge and Capacity Building Solutions</i>	21
Regular School Attendance	27
<i>Data Overview</i>	27
<i>Policy, Practice, Program, Skill, Knowledge and Capacity Building Solutions</i>	27

Community	Date of conversation	Number of participants
Beaufort	8/7/2017	34
Bertie	9/14/2017	16
Cabarrus	9/14/2017	17
Chowan/Perquimans	9/5/2017	20
Durham	9/12/2017	34
Forsyth	9/6/2017	13
New Hanover	8/10/2017	15
Onslow	9/14/2017	22
Orange	9/13/2017	21
Union	9/13/2017	19
Wake	9/7/2017	21
Watagua	9/14/2017	24
Yadkin	9/5/2017	22
Yancey	8/24/2017	20
<i>TOTAL</i>	<i>8/7/2017 - 9/14/2017</i>	<i>298</i>

Themes for How Pathways Can Support Communities

The following major themes emerged throughout the conversations about how the work of Pathways could support participants and their communities:

- Raise awareness and communication.
 - Raise awareness for and importance of early education for communities and legislators.
 - Providing the community with information that can be shared to communicate the importance of this work.
 - Build a shared understanding of early education (defined as birth through age eight) focus areas, goals, best practices, etc.
 - Pathways could become a movement for the importance of early learning (literacy) and high-quality childhood education - educating the community.
 - It supports the importance of early childhood education and reiterates the message that the early years are very important.
 - Better able to help legislators understand local needs.
 - Remove stigma of need for supports and services.
 - Help in de-stigmatizing parenting classes.
 - Help remove the stigma of counseling.
 - Make resources available to help the whole family without children having to be labeled as a problem.
- Frame the discussion.
 - Focus the discussion on a continuum of supports for the whole child.
 - Provide guidelines for going forward with initiatives around early education. (Looking at the whole child and understanding that there are many aspects to consider when thinking of school success.)
 - The focus on the whole child and development on a continuum of Birth – 8.
 - Encourage a trauma-informed approach.
 - Cardinal Innovations (MCO) shares information in the community on child trauma, because it affects the physical, mental abilities and also affects learning. Everyone needs to know about child trauma.
 - Efforts that shine the light on ACEs study, trauma informed impact for children 0-8.
 - Base conversation in data.
 - Provide data to help identify gaps and direct new initiatives.
 - Sharing data with each other and with the state to see what needs to be done.
 - Provide us with the research and data to support Program Goals that will align with other agencies to increase overall community impact to reach the goal of self-sufficiency.
 - Influence policy decisions and outputs.
 - Create a framework to present to policymakers with funding requests for early

- Encourage collaboration across sectors.
 - Enhance collaboration between early learning service providers and agencies.
 - Communication with each other to understand the multiple agencies at the table and the opportunities they have to share in this work
 - Pediatric doctors are disconnected in our community, not aware of who to refer to or the resources. Learning of resources and collaboration is important.
 - Help to create an enhanced network of providers from different agencies.
 - Consider how NC Foundations for Early Learning and Development relates to Pathways.
 - Pathways can increase collaboration among service providers and programs that are currently working in competition or in isolation. Continue bringing different agencies together to discuss challenges in the community and what resources are already available.
 - Cross-disciplinary collaboration at local and state level. Break down the silos so we can reach consensus.
 - Align stakeholders around shared goals and common efforts.
 - Common shared goal – by increased awareness and how each agency can contribute to the success.
 - It collectively focuses the community on shared goals.
 - Strengthen the connection between early education and K-5 teachers to unify and strengthen the education continuum. This will help me in my role as a Board of Education member.
 - Encourage statewide coalitions and conversations around these issues.
 - Build community, state-wide conversations on policy initiatives to achieve goals of Pathways.
 - Build working coalition around key issues- help provide action steps for NC Child Advocacy Network members.
- Promote provision of more aligned resources.
 - Promote better allocation of resources by need.
 - Bringing awareness of the educational needs of children in low income areas so that resources are allocated appropriately based on need.
 - Help engage legislatures and business leaders in conversations about the needs of families and children in rural communities and serve as an advocate.
 - Highlight the need to provide supports for families and children.
 - Need supports for parents so they understand the importance of attendance, good emotional health and high quality environments for our children.
 - Connect families to resources.
 - Starts and ends with the family and how well we are supporting the families.
 - Quality resources are available.
 - Pathways will provide local support in communities where families live from the time a child is born through grade three.

- Advocate for resources to support cultural, social-emotional, and language needs of children.
 - Pathways can ensure/advocate that communities continue to respond to the cultural needs of children by recognizing that families in communities use their heritage as an asset in educating children.
 - Help promote social-emotional development through programs in child care facilities and schools.
 - Provide suggestions/resources to aid schools in reaching English as a Second Language families.
 - Help connect community resources, strengths, and weaknesses to fill in gaps in addressing needs.
- Enhance professional development for providers.
 - Access to professional development that is needed to better meet the needs of our community's children.
 - Bridge the gap between: Early education standards/core curriculum public school standards, early educators educational and professional development/public school teachers educational and professional development, and educating teachers/parents.
 - If students are affected by trauma, educators (and others) need to be equipped in dealing with it.

Data Overview and Reflections

How does the data resonate with participants' experiences with children and families?

- There was a desire for further disaggregation of data within counties, more clarification for data definitions and sources and justification for metrics/benchmarks used.
 - Looks pretty good overall but will be drastically different in pockets across New Hanover County.
 - Want data by attendance zone.
 - Would have liked to see some more district/regional data for the county.
 - Would like to see breakdown of centers countywide and who they serve (Monroe vs Indian Trail vs other areas). How do the differences (preparedness, absenteeism) look in the different areas?
 - Wake County data looks good in comparison to state data, however, there are real needs in the county and not all children have the same experiences.
 - Both counties were concerned about the data collected. How is it collected? What is the definition and source of each data point?
 - Both counties would like to see clearer definitions of data with the numbers so that they know that they are speaking the same language as the state. This came up during the Regular Attendance discussion as well – uniform messaging so that we are all speaking the same language.
 - Both counties want to know more about the testing. Are the tests aligned so that real improvement or decline can be read? Are there changes in the tests that might influence the percentages? It was suggested that DIAL4 be used as a better measure.
 - Data often does not include military numbers (DoD schools) and may show the data

- What does low income mean? The state averages are not good benchmarks because they are also very low.
 - Are we using higher benchmark standards than should be used?
 - There was concern about the benchmarks for reading for K, 1st, and 2nd grade. While we see the importance of having a measurement tool, we don't agree that it is a developmentally-appropriate tool to begin with.
- The data underscores issues of inequities, especially for economically disadvantaged kids, ESL learners and children of color.
 - If we keep choosing low hanging fruit, we'll continue to see inequity.
 - Equity vs equality.
 - The numbers are staggering for ESL learners and economically disadvantaged kids. The third grade reading data is alarming when one realizes the close link to graduation rates.
 - Third grade on track, lower for English Language Learners or Hispanic (How can we support them?)
 - We are excited to see children of color are attending 4 and 5 star programs in child care.
 - Literacy development numbers are low, especially among Hispanic and African-American children.
- Participants highlighted a need for a focus on family supports, including home visits.
 - Shows that children are struggling in multiple ways, from not having enough food to having parents who do not have the supports needed to be effective parents.
 - Larger community of volunteers needed to help families.
 - Home visits are so important because the visits allow teachers to understand the strengths of the families.
- We face challenges with resource allocation and access, particularly for children and families in poverty.
 - Are resources allocated proportionally across the district?
 - Barriers to entry – particularly NC PreK in the county.
 - There are disparities in terms of access to resources; this contributes to gaps and impacts child outcomes.
 - Private practice physicians may not provide the screenings provided by the health department.
 - Concerns about working poor that don't qualify for services.
 - Those in poverty/low income often have a lack of social supports.
 - We have great concern about the effects of poverty on our families and children. With so many families struggling to meet their children's basic needs for food and housing, they are not able to give attention to preparing their child for school success.
- There are valuable insights on subsidies: some kids are eligible for but don't receive subsidies, and subsidies have a seemingly positive effect on attendance.
 - It is alarming that large numbers of kids are eligible for subsidy but do not receive it, and therefore, they attend unregulated care.
 - Subsidy is positively affecting attendance in early childhood programs.
- Participants raised concerns with accuracy of absenteeism data and validity of star rating system.

- The group was concerned with report on absenteeism rates and school personnel did not agree with the reported percentage.
- The community looks good on paper as far as children being in 4 and 5 star centers, however there is concern that the star rating system is not an accurate measurement of quality.
- Based on measures of school readiness, the star rating system is not successfully reflecting the indicators of quality needed for children to be prepared. Different quality measurement scales are needed, like EQUIPs or CLASS.
- There is a clear lack of readiness for school. *“It seems normative that children come to kindergarten not ready.”*
 - Proficiency levels for kindergarten are low, but what is going on in NCPK?
 - It seems normative that children come to kindergarten not ready.
 - Most children are not properly prepared for school.
 - There needs to be a push for regular attendance in preschool and beyond.
 - We know that these programs need to start earlier. One comment made was that parents often say, “They will get it when they start school.”
 - There is a correlation between socio-economics, language proficiency, and gender as it related to reading proficiency in third grade.
- Communities had reactions to their specific data:
 - *Bertie*: What happens from Kindergarten to first grade- the literacy development tracked downward drastically for Bertie County- there was a significant discussion around this data point. Low income families in Bertie are worse off on almost every single indicator in the data.
 - *Cabarrus*: Children’s Developmental Services Agency (CDSA) data does back up experience of local staff and feels this is huge need area of importance in Cabarrus County.
 - *Durham*: These numbers may not be accurate because the percentage of low-income families in Durham is even higher - our poverty is very concentrated.
 - *Forsyth*: Forsyth County is lower than the state in the majority of categories.
 - *Union*: Union County is higher than state averages but it’s still too low.
 - *Watauga*: Impressed with the quality of childcare in Watauga County versus the state as a whole for children in subsidized care.
 - *Yadkin*: Transportation remains a major barrier in our community.
 - *Yancey*: Measures included in the state’s report do not accurately reflect this county’s issues and needs. For example, while 100% of Yancey County infants are in 4 and 5 star centers, there are only 5 infant slots in the county. With only 3 child care programs in the county (1 is a GS110, and the other 2 are 4 and 5 star centers), our concern is less about how many of our children in child care are in 4 and 5 star centers, and more about how much capacity exists so that parents can go to work.

What data disparities were identified?

- Racial disparities that highlight challenges (e.g., higher rates of absenteeism) and lack of supports for children of color.
 - Race matters in multiple systems.
 - Race matters and gender matters

- in Kindergarten on time each year.
 - When you look at the numbers, unless we believe that African Americans are inferior to whites, how can that number be OK?
 - Racial differences in third grade reading and absenteeism.
 - Data was interesting on reported social supports for Hispanic/Latino families – especially given the fear of deportation and related political issues right now. Expected there to be a greater connection.
 - There are evident disparities in regards to race (Latino and African American children have higher rates of absenteeism).
 - The four racial subgroups that are doing the worst are concerning.
 - There are disparities for children in all areas with the most disparity for children of color (racial).
 - There are disparities in the subsidy data. It is surprising to see the subsidy data for racial subgroups (e.g. 100% Hispanic kids on subsidy are in 4 or 5 star centers whereas it is 80% and 84% for White or Black).
 - There is racial disparity in social supports with families of color having the least amount of social supports.
 - Lack of infants and 4-5 star centers up to age 2. Latino population lack social support compared to other sub groups. On track at Kindergarten entry is at 36%, but jumps to 64% at first grade and 66% at second grade and then back down to 54.6% at third grade, which is below the state average at 57.7%.
 - There is the disparity among males in third grade as well as Hispanic students, Limited English Proficiency students and students of 2 or more races.
 - There are disparities on chronic absence between White and Asian children and children of color.
- Economic/Income disparities to almost every indicator - a major consideration given the rate of children living in low-income families and on waitlists for subsidies. In addition, infants tend to be in lower quality care and there is a drop in 5 year olds receiving subsidies.
 - Low income families are worse off on almost every indicator.
 - There are evident disparities in regard to socioeconomic status (children less likely to be on track for reading by third grade).
 - The percent of children who are deemed ready for kindergarten is low, and yet 84% of children on subsidy attend 4 and 5 star childcare programs.
 - Families with financial resources are more able to solve problems for themselves and to attend to their own emotional needs.
 - Some of the percentages were blowing her away- it is staggering the percentages- the poverty level and percentage is higher than the state- maybe this number could be lowered if we get more resources on board.
 - The 98% seemed high- under the children receiving subsidy- this was explained that it is only the 4-5 star facilities.
 - The huge number of children under 6 living in low income families was a shock.
 - Number on waitlist for subsidies.
 - Infants tend to be in lower quality care, although they have a better placement if the child is on subsidy. What is the capacity of the working poor that don't qualify for the subsidy program? How can working families get assistance for high quality care especially for infants?

outside of the Pre-K programs in the schools.

- Interactions between racial and economic disparities.
 - Hispanic children are in higher quality care than black children receiving subsidy.
 - Low expectations of low income minority children and families.
 - A Black or Hispanic male from an economically disadvantaged family is most likely not to do well on these measures.
 - People of color, ESL, and low income have less support and are succeeding less than their white counterparts.
 - All kids below 50% on being on track in 3rd grade are children of color and disadvantaged children.
 - Hispanic population and Medicaid population is lower in social supports than other subgroups.
 - Race has less effect on testing scores than socio-economic status.

- Language disparities in scores and EOGs based on English proficiency.
 - Hispanic/Limited English Proficiency much lower in EOG's at the third grade than other races (what is going on with ESL students - language barrier is hurting our children).
 - Lower scores can also reflect that there is limited English proficiency in the home.
 - Bicultural/bilingual children are experiencing less success.

- Gender disparities indicating girls outperform boys in 3rd grade proficiency as well as with attendance.
 - Race matters and gender matters.
 - Males scored significantly lower in 3rd grade reading.
 - There is a lower proficiency for males than females.
 - There is the disparity among males in third grade.
 - There are disparities between girls and boys in chronic absenteeism and being on track in third grade, with girls doing better.
 - Attendance for boys is lower than for girls.

- Access to quality child care disparities by race - with children of color having less access - and subsidy eligibility status - with subsidized children having more access.
 - In Wake 100% of Hispanic kids on subsidy are in 4 or 5 star centers but only 82% of White and Black children are in 4 or 5 star centers.
 - There is disconnect between early childhood start quality and kindergarten readiness in the area of literacy.
 - Data demonstrates children in Wake County preschool classrooms do better on Kindergarten Health Assessment than those in private child care.
 - All Infant/Toddlers are in lower quality child care, but subsidized infants and toddlers are in higher quality centers.

- Geographic disparities within counties and between county and state averages.
 - We need more centers in the eastern side of the county.
 - Children in schools in remote regions of the county are experiencing less success.
 - Another participant noted the high percentage of children living in poverty in Bertie County- rate is 79.3% as compared to the state average is 53.3%.

- Reading comprehension is lower in the state at 33% vs. 36% in Forsyth County.
 - Forsyth County families have very hard time getting out of poverty- Chetty report.
 - We are below state average for % of Hispanic children in 4 and 5 start centers.
 - Union County is above the State level. Although our poverty level is better than others would like to see the race/ethnicity break-out.
 - When looking at the data we noticed that Yadkin County outperforms the state in many areas; however, only 36% of students are on track for Kindergarten entry.
 - Question about 19% of 5 year olds getting subsidy – don't think that is accurate. Yadkin has a higher % of low income families. One and 2 year olds subsidy low because there are no child care slots available at all – huge waiting list and only 3-4 providers in county.
 - Compared to the state, the infant to age 2 percentage attending 4 and 5 star programs is extremely low.
 - Hispanics receiving subsidy in 4-5 star programs is very high. Yadkin Literacy Development is better than the state K-2.
- **Resource distribution/access disparities.**
 - Consider how many kids are not served: if certain kids don't fit program criteria then they are not eligible for many programs.
 - Misalignment of resources
- **Readiness and K-1st grade disparities, including an unacceptable readiness rate for kindergarten entry, and changes in literacy results between kindergarten and first grade and first to second grade.**
 - 39% is not an acceptable percent of children on track at Kindergarten entry.
 - There is a significant difference in the Literacy Development data from Kindergarten to first grade. One is the way the data is being tracked. If you look at the question as it is phrased for “On Track at Kindergarten Entry”- this data is captured at the beginning of the year by Total Reading Comprehension Assessment; however, the data for the “On Track for First Graders” they are looking at benchmarks for the end of the year. The group noted that the data should be captured at the same point each year- and wondered if this made a difference.
 - Something that we look at is the literacy development- 33%-14% in first grade- that was an interesting data point.
 - On track at Kindergarten- at the beginning and first grade is at the end of the grade- there is a greater disparity. This would really be looking at apples and oranges- they are not being consistent with the way they are reviewing the data.
 - Kindergarten Entrance Assessment- does still exist- had used it with fidelity- engages in conversation with the KEA- still using the KEA- pictures and samples as well as behavior- more of a holistic picture of the child.
 - Concerned about the Kindergarten percentage being 33% and then dropping in first grade to 14%.
 - The movement from 39% to 53% (1st grade on track) shows that good things are going on in Kindergarten.
 - Children are not on track in literacy development when entering kindergarten, however, the data shows significant improvement from kindergarten to first grade, then a drop

progress and efforts. Hopefully in the future we will have better ways to measure and show true progress of children.

What other information is important to add?

- It is critical to have a social-emotional focus and educate others on S-E health.
 - Interested in the number for social emotional health- no breakdown for Bertie or NC in particular – even with SE health- everything they do is ignored when the data is brought to Kindergarten.
 - Social emotional health- we look at academics- but we need to look at the whole child- we need to recognize that not every child can get there.
 - Children in Beaufort County are not socially/emotionally ready to attend school. We need to do a better job of educating parents on healthy social/emotional development.

- It will be critical to inform and educate policymakers and the public on these issues, including the need for prenatal care.
 - Policy makers need to be educated and informed.
 - We have a challenge in getting information out to the public.
 - Prenatal care (access to and awareness of its importance) is critical. A system shift is needed.

- We must strengthen family support and programs.
 - We need to strengthen parents through programs in order to strengthen children (bridge gaps, understand different cultures, take services to parents, etc.).
 - Early Intervention services are below average for our region- data does not include Marine Corps base Camp Lejeune numbers. Someone stated that the numbers are missing the children who are with stay at home parents, these families often are unable to afford Pre-K or care because of lower paying jobs.

- There is an incredible burden on our teachers and providers, including pressure due to testing.
 - The problem is testing- teachers are teaching to the test and track numbers and jobs.
 - Need to stop teaching to the test.
 - A great deal of burden is placed on teachers as they are asked to do more, adding more stress. School success for children requires a combined effort and partnership between early educators/teachers, parents, service providers, community partners etc.

- There are systemic issues of access to resources and services.
 - Jobs that are here are minimum wage.
 - Financial power influences decisions, and our community is intentionally excluding many children from being successful.
 - There was a conversation about how difficult to get children enrolled in NC PreK – it included staff demeanor, amount of paperwork, nitpickiness of requirements, and difficulties for stressed or low resourced parents, and for others (e.g. foster care workers). With more time this may have led to a conversation about other programs not just NC PreK.

- We need to raise our expectations for children and respect for families.

- Unified need, interest to improve the systems of care, willingness to collaborate/share resources to achieve our goal, identify cracks in the system, how to best use shared resources.
- Imagine this all comes true: Less people in penal system, more productive citizens, complete workforce, higher literacy, health families/communities, integrative care, generational trauma lower, higher continuity of care for families, effectiveness of services by professionals.
- Some solutions to consider are a focus on nutrition and food supports, leveraging faith-based organizations, and/or increasing tourism.
 - Nutrition and food supports
 - Backpacks for meals came up for the – during the school year- county commissioners- through the school and social workers- there is a need in the summer.
 - Summer feeding program in the summer.
 - All children receive free lunches in Bertie County.
 - Churches are also involved.
 - Tourism- would help.

Notes for the Design Teams

Specifically, participants wanted the Design Teams to do the following:

- Identify multiple measures and gather additional data to capture the real story then disaggregate data for decision-making.
 - Early Intervention only represented through families that dealt with Children’s Developmental Services Agencies (CDSA). What other data needs to be collected to really get a thorough picture (and numbers) of early intervention practices in the region?
 - This was brought up at the Chowan table concerning childhood obesity stats that are used as fact. When in fact, only the children seen at the health departments are included in this collection of data, therefore giving us a false picture and possibility misleading solutions and what gaps actually exist.
 - As the Design Teams move forward, be thoughtful about what and how we present data. A snapshot of data points doesn’t tell our community’s story. The data is focused on individual outcomes and not systems factors that we know drive these outcomes. The Pathways team should consider more analysis and display of trends in the data.
 - There is missing data- quality child care data does not show numbers of children not in quality child care.
 - Wondering where the 1, 2, 3 years olds are?
 - Are we looking at children with disabilities?
 - There is a need to emphasize and identify multiple measures ahead of time. The standardized test score of third grade end of grade tests is the measure we have but it is important to remember there is much more to consider than that score. There is concern of using the end measure of end of grade scores because this is not necessarily where Wake County Schools are going with their strategic plan. There is a need to pay attention to what the reading proficiencies are and to recognize that they are not necessarily defined by EOG scores. Wake County Schools is looking at the 4 Cs (collaboration,

- Know there is an appetite for change, but identifying and acting on solutions is challenging.
 - Important work- this process helps show the critical nature of the work we do.
 - Increased equity- by working on this process.
 - Better climate for the children in this process.
 - Better understanding across the community.
 - Participants were eager to talk about these issues – could have spent more time on this.
 - As a community, we do recognize our limitations, but we are also striving to do the most we can with what we have.
 - Because this was first time talking about these issues in this cross-sector environment there was a high need to talk, share experiences, etc. and maybe less of an ability to go towards solutions – practices/policies, etc. Even with pre-selection some of the issues noted in the survey, the small groups seemed to go broad again and not focus on solutions for specific issues.

- Revisit and define absentee data.
 - There was much confusion on the definition and collection of absentee statistics. Would suggest when using a statistic to include a full definition of what the statistic represents and how collected.

- Be intentional when framing the work to focus on defining quality early childhood and stress quality over compliance, distinguish efforts from the Read to Achieve legislation, and ensure strong communication.
 - Our group had a lot of conversation about needing to transform the system to be supportive of children’s development and less focused on achievement tests.
 - There needs to be a focus on what quality early childhood means and focus on early learning environments that yield positive child outcomes rather than on rules/regulations and compliance monitoring.
 - Please be sure that this process is not a response to, nor a support of, the Read to Achieve legislation. We should be looking at developmentally appropriate practice for Birth – 8, and focus on the schools being ready for children. The focus of children being ready for school seems backwards.
 - Communication is key.
 - We need to do a better job as a county of getting the information out to parents and the community in general as to all the resources available to families.

- Consider recommendations that challenge assumptions and change existing practices to reach all kids and families. Allow room for local decision-making.
 - All school forms should be available in the parent’s native language.
 - Don’t assume that everyone can read in their native language.
 - All standardized testing should not be provided only in English.
 - Meet all children where they are.
 - Break up standardized test times. Three to four hours is too long for most children, especially those with ADHD.
 - Local decision making is important to this work. Consider overarching recommendations that allow for local decisions that meet the needs of the community. The Design Teams need to keep in mind the ramifications of policy/practice recommendations for local

- Note the connections among the three areas and look across them to make policy.
 - The three areas that are being vetted by Pathways are interrelated. It is hard to disconnect them without understanding that they affect each other. Therefore, as the design teams investigate policies and practices, etc., and make recommendations, ultimately the teams need to look across the areas to ensure consistency, make connections among policies and practices, and ensure they build on one another.

SECTION B: DESIGN TEAM-SPECIFIC FEEDBACK

*This section of the report captures themes potential solutions for each Pathways Design Team priority as discussed at the Community Conversations meetings. For each of the three Design Team areas, there are **Data Overview and Policy, Practice, Program, and Skills, Knowledge and Capacity-Building Solutions** sections. Policies, Practices, Programs, and Skills, Knowledge and Capacity-Building are defined as follows:*

Policies	Federal, state and local legislative, administrative, department, program and/or funder policies, rules and regulations.
Practices	Practices that guide behavior, some of which might be driving good outcomes, and some of which might be obstacles to improving outcomes. Practices are the way we do things in families, communities, organizations, and the state.
Skills, Knowledge and Capacity-Building	The skills and knowledge needed to implement policies and practices. (Capacity can refer to families, providers, community leaders, and others working with and/or shaping the environments in which children live.)
Programs	The array of quality programs to move the measures.

Social-Emotional Health, including Parent-Child Interactions, Family Supports and Early Intervention

Data Overview: *Includes highlights or takeaways that are specific to this priority from the data reflections and/or disparities discussed in the Data Overview conversations*

In considering the data, participants noted specific concerns about:

Social-emotional health and behavior of young children.

- Participants were surprised that nationally 70% of third graders exhibit good self-control. They expressed concern about what's going on with the other 30% and expressed the need to assist that group.
- Interested in the number for social emotional health- no breakdown for Bertie or NC in particular for social-emotional health.
- Social emotional health- we look at academics, but we need to look at the whole child. We need to recognize that not every child can get there.
- Children in Beaufort County are not socially/emotionally ready to attend school. We need to do a better job of educating parents on healthy social/emotional development.
- It is critical to have a social-emotional focus and educate others on S-E health.

- Early intervention/SE outcomes, numbers aren't as high as we had hoped on state progress and efforts. Hopefully in the future we will have better ways to measure and show true progress of children.
- We need to look at the early intervention definitions and eligibility requirements, missing a lot of children who are at risk.
- Children's Developmental Services Agency (CDSA) data does back up experience of local staff and feels this is huge need area of importance in Cabarrus County.
- The early intervention data for Beaufort County shows that the region is well below the state.
- Early Intervention services are below average for our region- data does not include Marine Corps base Camp Lejeune numbers. Someone stated that the numbers are missing the children who are with stay at home parents, these families often are unable to afford Pre-K or care because of lower paying jobs.

Family Supports are lacking.

- Shows that children are struggling in multiple ways, from not having enough food to having parents who do not have the supports needed to be effective parents.
- Those in poverty/low income often have a lack of social supports.
- We have great concern about the effects of poverty on our families and children. With so many families struggling to meet their children's basic needs for food and housing, they are not able to give attention to preparing their child for school success.
- Families with financial resources are more able to solve problems for themselves and to attend to their own emotional needs.

Equity, like low expectations for low income minority families and children and lack of family supports for children of color.

- Low expectations of low income minority children and families.
- Misalignment of resources.
- Children of color have fewer social supports.
- Poor social supports for Hispanic mothers.
- Black and Latina women don't have social support during pregnancy.
- There is racial disparity in social supports with families of color having the least amount of social supports.
- Social emotional supports were below state average for children of color in Cabarrus County.
- Hispanic population and Medicaid population is lower in social supports than other subgroups.

Policy, Practice, Program and Capacity-Building Solutions:

COLLABORATION and COORDINATION

- Streamline policy for social emotional health and development.
- Add and expand communication, collaboration, coordination efforts among agencies, both local and state, including through release of information waiver to mainstream process of sharing information across agencies and/or adding state-level Memoranda of Agreement for sharing information.
- Add a "team" system in which various partners are working together to screen children: pediatricians, health department, counselors, mental health providers, school system, MTTs (multi-system supports) etc

instructors, etc.) to link public health/referrals, provide resource program explanations and early-intervention options (ground-level parent education) from birth.

- Better integrate counselors, social workers into the preschool, schools.
- Shift funding to allow blending (of funding sources) to better serve children. Cohesive funding needed.
- Shift the use of Title I funds to the best fit for the needs of local families and schools (tailor-made to local needs).
- Strengthen the relationship between the schools and childcare professionals to align teaching practices to prepare children for kindergarten.

COMMUNICATION and AWARENESS

- Strengthen understanding/awareness of social-emotional health among parents by using existing resources to communicate with parents (i.e.: NC Foundations for Early Literacy and Development).
- Strengthen promotional and messaging campaigns to parents by using simple language so that parents understand.
- Strengthen successful communication between teachers and parents through partnerships with churches and utilize tools such as online media, phone apps, and print materials.
- Strengthen engagement with the community to support teachers/foster relationship building.
- Strengthen relationships between teachers and parents, teachers and children by using a strength-based approach. Prioritize a strength based model that recognizes all families want what is best for their children.
- Strengthen local practitioners/stakeholders/parents by providing a quarterly forum to share ideas and work together, and have consistent messaging.
- Add increased parenting education on healthy social/emotional development. Add a parent engagement/education piece within the area of social/emotional health to strengthen understanding and buy-in among families. Education for healthcare providers and parents regarding importance of social-emotional health, shared understanding of developmental expectations of young children. Strengthen the education of the public on normal social/emotional development in order to decrease the stigma that may be associated with children's identified needs and break negative stereotypes.
- WIC and DSS should support parents' understanding of developmental milestones and appropriate expectations, by disseminating information and activities to parents during the application process or monthly visits.
- Add resources that the Division of Child Development and Early Education can use to promote/inform parents on social/emotional supports.
- Add videos about socio-emotional health to doctor's office wait rooms and in centers where kids and families go.
- Ask legislators to spend time listening to and participating with the school systems in their districts.
- Shift the mindset of state policy makers to value social-emotional learning
- Research available public education campaigns regarding breastfeeding-friendly policies in the workplace. Design and implement a campaign locally, work with Chamber of Commerce and other local industry and employer HR departments.
- Need interpreters/availability of translators (dialects in addition to language).

DATA

- The state (Department of Health and Human Services) should track results to inform the distribution of funds based on need. Counties with a higher number of children screening should get additional funds.
- Stop collecting data that is not useful.
- All medical providers should report results of the ASQ and ASQ-SE to the state (Department of Health and Human Services).

EDUCATION SERVICES and PERSONNEL

- Shift practices so guidance counselors can spend more time in classrooms and have time to spend with identified students with social/emotional issues.
- Add Social-Emotional Foundations for Early Learning (SEFEL), Teaching Pyramid Observation Tool (TPOT) or Classroom Assessment Scoring System (CLASS) to measure interactions and categories of socio-emotional health. Implement Social-Emotional Foundations of Early Learning (SEFEL) in all programs for children age birth through eight. Implement Classroom Assessment Scoring System (CLASS) and/or Social-Emotional Foundations of Early Learning (SEFEL) and tie the results to a center's child care license.
- Add social and emotional professional standards, such as adopting the NC Infant Mental Health Association's standards or including social emotional standards as a component for quality point in child care star rating system. Add social and emotional standards for early childhood providers, including Pre-K within the schools.
- Strengthen ability to get the "right" person for the job (e.g. school leadership)
- Add better strategies to guide kindergarten transitions.
- Add more alternative classrooms/staff to strengthen social/emotional health among young children.
- Add support staff to help with assessment processes in schools.
- Add behavior specialists for child care settings.
- Legislate funding to school systems to provide funding for social-emotional coaches. Employ Social Emotional Coaches within all schools based on results of Adverse Childhood Experiences (ACE) surveys that are conducted with all families. Set an established ratio of social-emotional coaches to number of families with high ACE scores and also require social emotional curriculum. Add funding for staffing social workers/counselors in school settings.
- Allow support person in schools to provide in-home support for more intensive needs.
- Add case managers under DPI who are the hub of integrated care teams (ICTs) that connect everyone associated with the child.
- Stop teacher turnover.
- Stop rote learning approaches.

FAMILY SUPPORT SERVICES and PERSONNEL

- Strengthen education programs for parents. Add family support and training. Strengthen parent education services from birth to 5 through offering a continuum of parent education training services.
- Conduct parent meetings that discuss the importance of screenings and resources available in our community.
- Help parents find resources, including reaching out to parents whose children are not in group care/child facility.
- Add playgroups and community support groups that provide families with information and resources so that they can support their child's emotional health and well-being.

- Integrate with classes being offered at the Senior Center.
- Put together video and resources: Local Interagency Coordinating Council, teachers and principals talk about issues, ABCD in place.
- Strengthen library collections addressing child development, including stages, behavior, etc., for both new and established families and offer free training.
- Add technology to trainings for families.
- Provide transportation, meals, and incentives for both parents and teachers.
- Inform physicians' offices of parent education/support groups, to refer families to these resources. Provide information to pediatricians on parenting resources to refer to.
- Division of Social Services should create in-house positions for parent education specialists to normalize the need for information in raising a successful child.
- Shift parent teacher meetings and out-of-school-time activities out of schools and into community settings.
- Shift parental barriers to access to supports, parent education (transportation, language barrier, etc).
- Offer a monthly Expectant Parent "orientation" into becoming a parent. Provide a small meal, packets of goodies, and some training about what children need in First 2000 Days. Take them by van to visit things like Family Resource Library, public library, etc. All mothers should receive parenting class video – hospital social worker plus packet of resources.
- Coordinate with Toe River Health District's Maternal/Infant Health Initiative and the MY Substance Abuse Task Force to address maternal substance abuse issues.
- Stop blaming parents when children are not on their prescriptions and come up with solutions to provide easier access to the prescription, given parents' schedules.
- There needs to be a mental health component within the school system to assist children and families and offer resources that they may not know about.
- Add resource navigators.
- If gaps in services are found, form a team to design a system for service delivery accessible for families of all income brackets. Include home-visitation, if possible.
- Add increased funding for evidence-based programs like Nurturing Parenting Program and increase age service area.
- Strengthen the home visiting programs like CADA, Nurse Family Partnership, Parents As Teachers.
- Strengthen Triple P and provide training to personnel at an affiliated agency.
- Add Family Independence Initiative.
- Add Help Me Grow.
- Add programs to reach children with special needs and/or home issues.
- Add home visitation models.
- Add resource funding for alternative classrooms, mentoring programs, early intervention programs for parents and early childhood educators.
- Add state services for more children (not just with open DSS cases) – do not wait until a child or family has experienced issues that bring them to DSS (abuse, neglect, etc.) before we offer them help. Add alternatives to removal of child from home.
- Add parental leave.

HEALTH SERVICES and PERSONNEL

- Expand Medicaid.
- Do not require quarterly re-applications for Medicaid.

- Add funding for and policies that support insurance and Medicaid covering both physical and socio-emotional health issues and evidence-based home visiting programs like Healthy Families.
- Shift how home visits and screenings are covered by Medicaid.
- Serve all children in medical homes.
- Improve medical/dental coverage.
- Pediatricians need to focus on “whole child” health rather than just physical health.
- Rural areas do not have access to high-quality medical and education professionals. Provide Loan Forgiveness/Work Programs to get these professionals to rural areas.
- Strengthen number of professionals that provide social-emotional health services for 0-5 year olds.
- Add social-emotional health and in-home support to prenatal care.
- Contact and then convene medical practitioners to gauge their interest in pre- and post-natal groups. Ask Celso Community Medical Center to lead this initiative, to replicate their model with other medical practices.
- Complete an assessment of current, local lactation services.
- Add more nurse educators.
- Add a funded pediatric health coach in each county health department.
- Add a school based health center to address gaps in services left by the Board of Education and public health.
- Add therapists (and other specialized services) in schools – children need access to this kind of care outside of a classroom, in addition to traditional instruction.
- Add funding for a tracking system to follow children and for staff to do screenings and follow up. Add state funded position that provides, reviews 0-5 screening and follow up.
- Provide financial support for drug take-back days.
- Provide funding for needle exchange programs and Narcan dispensing/training.
- Provide funding for county drug treatment programs that offer at least 30 days of services and are accompanied by mental health services.
- Add pediatricians serving all children-Triple P, Positive parenting, Incredible Years
- Add Centering Parenting for pediatricians in our community.

OVERSIGHT and ACCOUNTABILITY

- Shift the focus of the Division of Child Development and Early Education from monitoring compliance to focusing on developmental outcomes for children.
- Stop unfunded mandates.
- Add monitoring/accountability to ensure teams are functioning properly and effectively.
- Add an enforcement mechanism for parents whose children receive financial assistance to take children to well-child visits with pediatricians.

PROFESSIONAL DEVELOPMENT and COMPENSATION

Education Providers:

- Strengthen teacher education programs to include social-emotional development as a primary aspect of the curriculum and expand ongoing training in this area after graduation from college. Add a requirement for all teachers (of birth to eight-year-olds) to take social/emotional professional development trainings. Strengthen training and professional development of professionals who work with children and families on social/emotional health, including physicians, social behavior support staff, childcare staff and parents. Add required in-service training for social-emotional competency for childcare staff. Strengthen teacher coaching,

- Mandate stronger teacher preparation programs to improve teacher skills in social-emotional learning and use as content area for teacher licensure renewal. Strengthen teacher licensure requirement for social-emotional training.
- Strengthen training on resiliency, offer certificates.
- Strengthen ability of teachers to apply developmentally-appropriate practices to their work with children at all ages (0-8).
- Shift state licensure teacher training programs to emphasize healthy growth and development. There should be an educational requirement to ensure there is a basic knowledge of children's development and behaviors. Strengthen understanding and capacity of caregivers for children (teachers in public schools, early childhood settings).
- Add trauma informed practices into state curriculum for teachers – teachers should have a better understanding of the issues children face before entering the classroom. Add trauma informed teachers (and other providers such as pediatricians, social workers) – bring trauma informed training and practices to the community. Add Compassionate Schools training and implementation in our community to respond to Adverse Childhood Experiences (ACEs)/trauma.
- Offer mandatory incentives for training educators in cultural competence.
- Strengthen mental health and parenting education training as part of a mandated curriculum within formal education, such as social workers have.
- Add funding for a social/emotional health manager.
- Add common training tool for teachers including a training component on sharing results, strategies, etc. with parents.
- Add social-emotional coaches highly skilled in teaching and supporting social-emotional supports/challenging behaviors to partner with students, teachers and families.
- Strengthen partnerships to provide training, coaching, and financial incentives for all child care facilities.
- Train teachers to conduct social-emotional screening.
- Increase education/training for doctors and teachers on how to use developmental assessments (need a funding source for someone to do this position).
- Add requirements for Mental Health First Aid training for all birth-8 teaching staff.
- Ensure teachers have a livable wage.

Health Providers:

- To address our opioid epidemic, educate medical providers to limit the number of narcotic pills/prescriptions they write.
- Create a manual for processes/procedures and referrals.
- Train staff using ASQ/ASQ-SE training guide.
- Strengthen knowledge of people who do screenings.
- Add more training in family support and mental health therapy.
- Strengthen home visiting through using professionals cross-trained in medicine, social-emotional health, early intervention, as well as literacy.

SCREENING, ASSESSMENT and REFERRAL

- Add universal screenings for all children at well child visits by a trained professional and allocate more funding and resources to accompany a standardized social/emotional screening tool for young children, i.e., Ages and Stages. Strengthen social/emotional health among young children by using/identifying needs with a standardized evaluation tool. Add more screenings. Add state mandate to screen all children at all well visits. Social-emotional health assessment embedded in the routine pediatric battery and administered as early as age 3- state would develop this with the

- Add assessment and screening offerings for all families. Implement 1-2 home visits within the first 3 months after birth to assess whether more intensive visits are necessary.
- Strengthen/educate/support pediatric providers in screening children and educating parents on social/emotional and developmental issues. The Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire –Social Emotional (ASQ-SE) is conducted by all healthcare providers with parents at all well-child visits and connects families to appropriate resources based on results.
- Use McKinney-Vento Homeless Student Liaison at Durham Public Schools to identify families who may be missing services.
- Parents as Teachers or Smart Start conduct developmental screenings in child care facilities.
- Strengthen community partners and the medical profession to address and align developmental screening issues.
- Add the K-3 assessment as early as Pre-K.
- Add the Adverse Childhood Experiences (ACE) screening into [the K-3] assessment.
- Use multiple research-based assessment tools – inclusive of everyone caring for the child.
- Shift to having someone the family has a relationship with share developmental screening results.
- Shift the practice of ASQ forms being filled out on-site. Send out to family before visit and have educated personnel to review and help fill out ASQ.
- Advocate for policy change so Children’s Development Services Agencies (CDSAs) can serve children “at risk” who may not meet eligibility...yet. Children in domestic violence, poverty, substance abuse, homelessness, etc. should be served because of the high risk of future problems. We need to be more proactive and preventative and support these families before the delays show up.
- Monitor primary care physicians to make sure appropriate referrals occur if needs are identified. Add referral process to appropriate agencies with a way to close the feedback loop- how do we know this family received the services they were referred to and needed? There needs to be collaboration with all agencies across the spectrum. Stop practice of screening and not referring. Follow up with referrals.
- Use clergy, social services, health dept., pediatricians, ob/gyns, etc. for early intervention and referrals in community outreach.

SYSTEM INFRASTRUCTURE

- Add a Department of Early Childhood Education.
- Increase capacity for birth to five.
- Add administrative support to allow these practices to be implemented.
- Add funding for transportation through medical and Division of Social Services (DSS) to serve families in rural counties.

High-Quality Birth to Eight Early Care and Education

Data Overview: *Includes highlights or takeaways that are specific to this priority from the data reflections and/or disparities discussed in the Data Overview conversations*

In considering the data, participants noted specific concerns about:

Infant/Toddler Care

- Infants and Toddlers were in lower star rated centers than other ages. but subsidized infants and

- One and 2 year olds on subsidy is low because there are no child care slots available at all – huge waiting list and only 3-4 providers in county.
- Infants tend to be in lower quality care, although they have a better placement if the child is on subsidy. What is the capacity of the working poor that don't qualify for the subsidy program? How can working families get assistance for high quality care especially for infants?

Star Rating System

- The community looks good on paper as far as children being in 4 and 5 star centers, however there is concern that the star rating system is not an accurate measurement of quality.
- Based on measures of school readiness, the star rating system is not successfully reflecting the indicators of quality needed for children to be prepared. Different quality measurement scales are needed, like EQUIPs or CLASS.
- There is disconnect between early childhood star quality and kindergarten readiness in the area of literacy.

Subsidies

- Disparities between level of care between those receiving subsidy and working poor.
- It is alarming that large numbers of kids are eligible for subsidy but do not receive it, and therefore, they attend unregulated care.
- Impressed with the quality of childcare in Watauga County versus the state as a whole for children in subsidized care.
- The percent of children who are deemed ready for kindergarten is low, and yet 84% of children on subsidy attend 4 and 5 star childcare programs.
- Number on waitlist for subsidies.
- A significant drop in 5 year olds receiving subsidy - Is it because they started Kindergarten? It seems high considering there is a small amount of 4/5 star programs outside of the Pre-K programs in the schools.
- Subsidy is positively affecting attendance in early childhood programs.

Equity

- In Wake, 100% of Hispanic kids on subsidy are in 4 or 5 star centers but only 44% of kids enter school ready for K.
- There are disparities in the subsidy data. It is surprising to see the subsidy data for racial subgroups (e.g. 100% Hispanic kids on subsidy are in 4 or 5 star centers whereas it is 80% and 84% for White or Black). Disparity in quality of care accessed by children on subsidy. More Hispanic students are receiving higher child care quality (subsidized) than black students. Subsidized black children much less likely to be in 4 or 5 star centers.
- Hispanics receiving subsidy in 4-5 star programs is very high.
- Hispanic children are in higher quality care than black children receiving subsidy.
- We are below state average for percent of Hispanic children in 4 and 5 star centers.
- Number of Hispanic families accessing subsidy vs number of Hispanic families enrolled in Kindergarten on time each year.
- We are excited to see children of color are attending 4 and 5 star programs in child care.
- We need more centers in the eastern side of the county.
- Children who start with advantage continue to do well, and children who start with disadvantage continue to lose ground without intervention

COLLABORATION and COORDINATION:

- Better alignment among federal, state, and local agencies, policies and standards.
- Strengthen collaboration between PreK and K teachers.
- The K-12 system and the early childhood system need to communicate for the sake of the child. Early Childhood professionals have so much knowledge of the children in their care.
- Add/engage school principal and school leadership to gain buy-in for the need to share information from the early childhood community. The two systems need to communicate.
- Require a summary document from NC PreK teachers to be passed along to kindergarten teachers. Document must include developmental milestones with highlights from the NC PreK experience (i.e., social emotional, cognitive, etc).
- Add Wake County Schools liaison to all childcare facilities to support transition to K.
- Strengthen the support Wake County Schools gives to support teachers and families on the importance and process of transition into Pre-K or Kindergarten.
- Appropriate state agencies should align Kindergarten Entry Assessment (KEA) and NC Foundations for Early Learning and Development developmental expectations and measurements of children's skill status to support the creation of a birth-to-8 continuum of services.
- Stop being in a silo and align childcare curriculum with curriculum used in schools. This could be accomplished by collaboration between the school system, Smart Start and the child care providers.
- Strengthen collaboration among partners, including public school system, Beaufort-Hyde Partnership for Children, libraries, child care providers, etc. (this could also reduce funding barriers through collaboration).
- Youth services providers (i.e., libraries) are a key collaborator.
- Yancey County Schools host informational sessions with community child care partners regarding school readiness and sharing of information to facilitate smooth transitions into kindergarten. Discuss connections, expectations, and sharing information with parents.
- Need process to provide feedback to early care providers after kindergarten assessment. If children are not ready, providers should revisit curriculum and assess competency of teachers.
- Add a preschool provider/child care provider association for education and networking purposes.
- Ask Local Interagency Coordination Council to host sessions specific to supporting transitions for children with special needs, and notify community partners.
- Make Cabarrus County Partnership for Children the conduit to arrange training with Cardinal Innovations for birth to five professionals.
- Stop siloed dollars.

COMMUNICATION and AWARENESS

- Strengthen transparency/information about quality in early care settings (beyond stars).
- Add transparency to early care and education curriculum/practices.
- Add standards communication pieces for use by families outside of child care.
- Equip all home visitors with information about transitions to pre-K and Kindergarten and have them provide information to families.
- Add a multilingual universal transition document that includes transition processes and procedures for Wake County for transition from child care or home to kindergarten.
- Add more cultural awareness of kids we are serving by having parent present.
- Provide written information through schools and early childhood facilities in languages other than English

- Host an informational event for families.
- There needs to be a holistic site for resources.
- Yancey NC Pre-K administrator (Yancey County Schools) sponsor NC PreK Kick-off Celebration, inviting families to Town Center to apply/register for NC PreK.
- Add at least one position to focus on school readiness and family outreach in each school system.
- Strengthen school readiness by providing standards in the form of tools/information for parents with tips on what they can do as their child's first teacher. Create opportunities for pre-k teachers to meet with families in the community (parents with younger children) to share standards, strategies and models. Strengthen information that is disseminated statewide on all aspects of school readiness. Add a parent engagement piece on improving school readiness.
- Strengthen parent involvement by building positive relationships through home visits, workshops, orientations, family fun nights, parent suggestion boxes, required parent meetings, etc.
- Strengthen parent involvement by using and promoting technology communication tools such as school web pages, apps (i.e., Remind), and group texting.
- Strengthen parents' understanding of their power.
- Strengthen the knowledge of elected officials by bringing them to the table to discuss the need for high quality early care and education.
- Shift local county government viewpoint, through advocacy, so that a percentage of local tax dollars funds early childhood education needs.
- Strengthen at the state level through lobbying.

EDUCATION SERVICES and PERSONNEL

- Add K-Ready Standards piece and train teachers in using the tool and teaching the standards.
- Add standards curriculum piece to early childhood facilities (centers, family child care homes, church child care, etc).
- Add standard curriculum for 3- to 5-year-olds.
- Stop basing curriculum on what each individual needs to know and maintain.
- Add a true reading curriculum.
- Require curriculum be developmentally appropriate through the third grade. Use developmentally appropriate practices in the classroom.
- Add alignment of B-8 curriculum across public and private providers.
- Add research-based curriculum that is valuable to teachers and allows for flexibility.
- Improve child/teacher ratios in child care settings.
- Offer financial incentives to child care providers with infant/toddler care, increasing the number of these needed slots.
- Add more subsidies. Add additional county funding to help eliminate the child care subsidy waiting list.
- Add more quality early care spots. Expand Montessori and Church Street Preschool slots.
- Expand NC PreK classrooms into all elementary schools.
- Add funding for universal Pre-K, with transportation. Research shows that each dollar you invest saves \$7. Add adoption of universal Pre-K (sliding scale, income based).
- Assess if English language learner students are accessing Pre-K services. If not, target this group with NC PreK/Head Start recruitment and enrollment.
- Add more early Head Start spots.
- Identify high need areas where more child care centers are needed to increase access.
- Add funds to reduce class size.
- Add more afterschool programs that have longer hours and transportation.

- The Division of Child Development and Early Education (DCDEE) should initiate policies that ensure subsidy eligibility is commonly construed across all counties, so that families receive the benefits to which they are entitled.
- Fully use all current child care subsidies.
- Adjust income guidelines and/or add sliding scale fees for subsidy in order to support working poor. Secure funding to support families' cost of child care when they are outside of the standard eligibility guidelines for subsidies.
- Provide multiple portals of access for families to apply for child care subsidies outside of the provider's office setting on a regular, ongoing basis.
- To make wrap-around care possible, Division of Child Development and Early Education (DCDEE) should enact policies that enable the disbursement of subsidy funds and use of pro-rated parent fees for part-time care. Create options for wrap-around care for children in part-day programs to match the parents' work schedules.
- Add school free and reduced lunches and breakfast to other childcare settings.
- Add access to books.
- Families need access to Wi-Fi.
- Develop a family friendly app that will walk families through the transition process.
- Strengthen the transition process by assuring all teachers of four-year-olds are trained on the processes/procedures and by providing the logistical information to families as well as developmental information about school readiness.
- Strengthen parent involvement in early education by providing resources such as books with teacher modeling, packets with library information, reading tips, etc.
- Add parenting classes and parenting support groups.
- Add more home visiting, including Nurse-Family Partnership. Require school staff to do home visits.
- Add parent capacity to engage with the education system.
- Provide child care for younger siblings during parent meetings.
- Create community center facilities (east, west, central) that offer child care, meals, parent education, food pantries, and health care. Could be modular building or built with support of AmeriCorps/Pillars.

HEALTH SERVICES and PERSONNEL

- Expand Medicaid.
- Engage Cardinal Innovation (local management entity/managed care organization - LME/MCO) in providing Mental Health First Aid and "Question, Persuade and Refer" (QPR) training for K-12 professionals in collaboration with Cabarrus County Schools and Kannapolis City Schools.
- Strengthen early childhood mental health resources.

OVERSIGHT and ACCOUNTABILITY

- Stop inconsistent star ratings.
- Shift the Division of Child Development and Early Education (DCDEE) monitoring focus to early childhood environments that emphasize child well-being: cognitive, physical and socioemotional health and development.
- Add standards for state professionals who observe childcare programs.
- Add more unscheduled monitoring of childcare centers by the Division of Child Development and Early Education (DCDEE).
- Add increased monitoring of standards/programs, including more unannounced visits, evaluate on

Early Education (DCDEE) should provide counties with technical assistance and expect corrective action plans until rates of expenditure are in-line with counties of similar demographics.

- Add capacity to monitor and build in accountability to make sure policy/practice is being implemented.
- Shift focus for teachers to behaviors/mental health before measuring reading scores.
- Stop evaluating teachers on student's reading scores.
- Review high turnover rates in early care and education settings.
- Add accountability -- scale down to figure out why our children are not ready for kindergarten if attending high quality programs.

PROFESSIONAL DEVELOPMENT and COMPENSATION

- Shift to all early childhood educators having formal education and training. Raise education level. Add mandate for higher education for lead birth-to-five teachers. Require early care and education teachers to have early childhood education bachelor's degrees.
- Add fair compensation for early childhood educators that is comparable to the level of education they are required to have to work in the field. Add teacher compensation as a priority. Consider policies that uplift compensation for early childhood providers. Add adoption of higher pay provisions as suggested by current data and provisions for those receiving state funding to pay at the state level with local supplement and benefits (assuming this is in reference to NC Pre-K providers) and provisions for funding at a level to raise compensation.
- Early childhood professionals should be compensated according to a salary scale similar to public school teachers. Would like to see the state make the investment in Early Childhood with benefits and compensation. Add training requirements and compensation for birth-to-five teachers to be equivalent to those of K-3 teachers. Compensation equality between early care and education teachers and K-3 teachers.
- Add incentives/loan forgiveness to equalize childcare teacher and school system teacher pay. Add incentives and benefits for completion of the education required to work in the field.
- Add local financing options to increase teacher pay.
- Conduct market survey of childcare salaries.
- Stop sending teachers home and shifting children in child care just to save money.
- Add pay for professional development and for compensation of substitute teachers.
- Add release time and compensation for trainings.
- Add professional development opportunities for teachers.
- Increase programming with licensure and enhance certification programs.
- Teachers should take more than minimum required training hours.
- Require individualized professional development plans.
- Strengthen professional development with additional endorsements by the Division of Child Development and Early Education (DCDEE), the Department of Public Instruction (DPI), etc. State should grant endorsements in a more timely manner.
- Strengthen training by developing a comprehensive website with low cost/free classes listed (clearinghouse), defining best practices, defining "low cost," breaking down required topic areas to offer free or low-cost trainings, identifying/training qualified trainers, and obtaining funding to offer training at low or no cost (i.e., include in budget, grants, seek federal funds like Title I for professional development). Obtain funding (through agencies/schools/ facilities, fundraising, include in local budget) to offer training at low or no cost, reaching out to local administrators/community to identify needs/resources.

- Add funding for quality professional development (courses, time release, substitutes) within the work days.
- Shift to include early childhood center staff in training opportunities that have been only for NC Pre-K staff.
- Provide Foundations training to all early childhood teachers instead of only NC PreK.
- Add hours to NC PreK program requirement.
- Add training, for all teachers of four-year-olds, on specific Wake County Schools transition procedures so that they can provide the information to families.
- Add peer to peer job shadowing.
- Add teacher coaches (in schools and birth to five).
- Add ongoing mentoring opportunities for all early childhood educators.
- Add opportunities for all childcare providers/directors/teachers to have scheduled observations of Pre-K/K classrooms.
- Strengthen professional development through designing and sharing opportunities between NC Pre-K and Kindergarten programs.
- Community college system develop universal curriculum for educators.
- Strengthen child care teacher education by encouraging all teachers to complete classes in child development through the community college system.
- Build collaborative relationships with higher education institutions to provide accessible and affordable course work, professional development and financial assistance.
- Require training for early educators/teachers/administration on how to better communicate with parents.
- Increase quality of professional development, including training in working with diverse populations.
- Strengthen college training around quality early education and family issues.
- Strengthen internship program for early education teachers at start of college career (hands on training in classrooms). Add more real world issues to college training. Strengthen opportunities for practical classroom experience with a realistic program.
- Add training/professional development model at each grade on using developmentally appropriate practice.
- Strengthen understanding of what makes a quality teacher.
- Shift funding to provide technical assistance to teachers and early childhood professionals around quality issues.
- Strengthen early childhood mental health trainings. Require Mental Health First Aid and suicide prevention (QPR) training for all birth-12th grade professionals. Apply for a CDC grant to train front line staff on Mental Health First Aid training and have trained professionals locally available.
- Consider enhancement of models, such as Teach for America (B-K license), Teaching Scholars, TEACH, and WAGES.
- Strengthen continuing education opportunities through the state library for paraprofessional staff and strengthen the library's connection with NC Pre-K.
- Strengthen cultural competency/racial equity training for agencies working with child care subsidy to build stronger support for our families.

PROVIDER SUPPORT

- Add conversations between teachers if necessary.
- Build into guidelines additional opportunities for teacher planning. Add to comprehensive goals

- Strengthen support from leadership -- center director, principal, etc. Engage school leadership (superintendent, school board members).
- Strengthen leadership quality.
- Add program quality supports that are continuous and sustained.
- Build local public community resources to build capacity of existing providers.

SCREENING and ASSESSMENT

- Add a mandatory, universal age-based literacy evaluation (K-readiness screening/assessment) tool to be completed with each child between the ages of three and four.
- Add state assessment requirements (CDC Milestones) starting at 2 years old at childcare centers with mandatory reporting to child and youth branch of DPH.
- Strengthen school readiness among children by bridging gap between early care and school – provide access to early education assessment/screenings to pre-k, kindergarten, etc. teachers to guide education of individual children.
- Add process to see what children are facing after school that impacts their school readiness.

SYSTEMIC ISSUES:

- Stop de-facto school segregation – break the barrier of north and south side of Wilmington.

SYSTEM INFRASTRUCTURE:

- Focus on early learning environments that yield positive child outcomes rather than on a system that primarily measures compliance.
- Shift so that preschools that are housed in public schools fall under the Department of Public Instruction (DPI) instead of the Division of Child Development and Early Education (DCDEE).
- The Division of Child Development and Early Education (DCDEE) should raise NC Pre-K and administrative support rates to reflect the true cost of care, so that funds raised locally in order to supplement state rates can be redirected to other critically needed services.
- Shift support/resources that are available to higher-rated licensed centers to lower-rated licensed facilities.
- Shift current market rate levels.
- Consistently revise reimbursement rates for children receiving subsidy.
- Increase reimbursement rates for NC Pre-K slots.
- Add funding/infrastructure such that Head Start, NC PreK and early care programs get equal funds.
- Shift who has access to the system.

TRANSPORTATION

- Add more transportation options. Improve transportation to increase access.
- Secure funding to increase transportation options for child care centers. Coordinate these services across sites of care.
- Transportation for PreK.
- Transportation for after school.
- Stop two-hour bus rides for children.
- Stop using taxi vouchers to address transportation issues.
- Families need transportation.

Data Overview: *Includes highlights or takeaways that are specific to this priority from the data reflections and/or disparities discussed in the Data Overview conversations*

In considering the data, participants noted specific concerns about:

Accuracy of the data

(Note from Pathways: The data provided to communities were the data collected and reported directly from schools and districts to the federal government. However, Attendance Works (national organization focused on regular school attendance) believes that many schools' data across the country are inaccurate due to errors in data collection and/or reporting. Chronic absence data quality is something that should be investigated and addressed in NC.)

- Chowan school staff had questions about the chronic absentee data as they do not think it agrees with their reports.
- The data about absenteeism seems skewed and not an accurate reflection of our community.
- The group was concerned with report on absenteeism rates and school personnel did not agree with the reported percentage.

Equity

- Children of color have higher rates of chronic absenteeism.
- Racial differences in third grade reading and absenteeism.
- There are evident disparities in regards to race (Latino and African American children have higher rates of absenteeism).
- There are disparities on chronic absence between White and Asian children and children of color.
- Programs are not ensuring strong attendance among African American boys.
- There are disparities between girls and boys in chronic absenteeism and being on track in third grade, with girls doing better.
- Attendance for boys is lower than for girls.
- Subsidized children are attending child care more regularly

Policy, Practice, Program and Capacity-Building Solutions:

COLLABORATION and COORDINATION

- Add release of information so information can be shared across agencies in dealing with families in need.
- Add opportunities for parent voice on the state level.
- Strengthen communication channels between early childhood centers and schools.
- Build relationships between schools and parents.
- Add Division of Social Services and school system coordination.
- Strengthen childcare facility and Division of Social Services (DSS) communication. Notify DSS case manager after three consecutive absences, and case manager will either assist with need or refer the parent to services.

COMMUNICATION and AWARENESS

- Add public awareness statewide media campaign on attendance, targeting families to educate them on the connection between attendance and third grade reading proficiency and importance

concerning the importance of being at school, creating a culture where being on time is valued. Strengthen awareness of regular attendance to success through a statewide campaign, such as NYC's Attendance Works.

- Add education piece for parents and community members on the long-term effects of absences and tardiness through social media and community events (make it more of a public issue), and reach out to employers. Use parent meetings, parent/teacher meetings, home visits, etc. to build awareness of existing policies. Also consider incentives (gas cards) at meetings, and feed attendees. Add parent information sessions on impact of attendance and child education and provide parents with detailed information. Hold parent meetings to inform them of the benefits of regular attendance. Strengthen education for parents and caregivers. Strengthen parents' understanding of the importance of regular attendance and what children are missing when they are not at school. Add parent education programs. Explore ways to educate parents on the importance of attendance and its impact in later years.
- Add a template for a document centers and schools can use to provide information to families on how poor attendance affects learning.
- Add communications piece including printed materials, social media, parent meetings, National Night Out.
- Add text messaging to communicate with parents.
- Add promotion of importance of attendance beginning in childcare/before kindergarten, at open houses.
- Strengthen Transition to Kindergarten (TTK) initiative.
- Add statewide community of practice around attendance. Research best practice.
- Shift to the mindset that we need to focus on whole child/family for children to be successful.
- Strengthen healthcare providers' understanding about excused absences and their impact on educational environments.
- Add pediatrician conversations about value of regular school attendance.
- Raise awareness for Universal PreK and the benefit of having this program, and provide outreach.
- Strengthen communication and understanding throughout the school system regarding policies.

DATA

- Add improved and robust data on absenteeism, including Pre-K, to include tracking reasons for absenteeism.
- Gather information about factors that might affect a child's absence/tardiness (i.e., lack of sleep, lack of transportation, moving, parent jobs, early buses, parent had negative school experiences, etc.).
- Strengthen school data collection processes across Durham Public Schools and charters. For example, clarify the difference between chronic absenteeism and average daily attendance.
- Collect data on childcare absences. Add enriched Pre-K data.
- Add map of the county with absence data to focus where needed.

EDUCATION SERVICES and PERSONNEL

- Add childcare continuity for children whose parents are no longer eligible for subsidy to decrease break in services for child.
- Add more Pre-k. Add universal Pre-K and subsidies for all low-income children. Need expansion dollars for more NC PreK.
- Add resource staff that are not the principal.
- Add school funding for social workers and behavioral/health specialists. Add staff so that districts

FAMILY SUPPORT SERVICES and PERSONNEL

- Add increased funding for family support programs for families with low-income.
- Support, through policy and funding, wrap-around and 12-month care, so that parents' need to work isn't affected by the failure of one of the child care arrangements they must piece together each day.
- Stop terminating child care vouchers after five days of absence when we do not understand the barriers the families are experiencing in getting their child to child care.
- Add state funding for before and after school care for preschool and school age children. Add before and after care.
- Shift from the "no late arrival" policy to one that is more family friendly.
- Add a social worker for each elementary school who will review attendance data and reach out to families whose children are absent and assist with connections to resources. Reach out to families when children are tardy to find out what the issue is and how to support the family. Have Onslow County collect data and meet with families with chronic absences to strategize solutions. Increase trained staff to support families and provide resources. Add access to social support staff who can work with parents directly to address chronic absences and needs which may lead to chronic absences. Strengthen by giving parents and school officials access to additional social workers and support staff to address chronic absences and tardiness. Strengthen ability to address family needs/reasons for absenteeism (eg social workers).
- Add universal follow up with families when children are absent (statewide implementation of the Head Start model for attendance follow up).
- Track attendance and create community level champion to work with families/community building.
- Develop of a pool of community attendance ambassadors who will follow up with families whose children are chronically absent.
- Add parent planning in between school years to develop strategies.
- Add parent involvement coordinators and attendance recovery hours with families.
- Add partnership programming between schools and faith based community as a source of support for families whose children have chronic absences.
- Add home visits. Consider teacher home visits prior to start of year to make a stronger school/home connection. Shift how we work with families and build relationships in Pre-K through third grade by doing home visits. Add more connections to families – social workers – make home visits. Add follow up by staff, home visits and technical assistance. Build relationships with families and provide resources. Stop using only written materials to address attendance issues and move to doing home visits and phone calls. Allow for home visits to families with children who are chronically absent.
- Add a home visit in the subsidy protocol so families receiving child care subsidy will receive a home visit upon initiation of voucher to support child care center in educating the family on the importance of regular attendance, brain development, and early education.
- Add incentive reward programs for families with good attendance, potentially at monthly or quarterly intervals rather than at end of school year. Fund family incentives for attendance, perfect attendance, or for improving attendance.
- Develop incentives that benefit parents and/or child to attend regular early care/PreK (i.e., therapy services, financial literacy workshop, resume consultation, etc.).
- Add support programs for parents to ensure they have the mental health, addiction, or other resources to support their needs.

made to increase attendance.

- Add a parent involvement coordinator – all schools need this and they need to focus on engaging parents about the value of school and preparation for a career.
- Add a mentoring program beginning in PreK (similar to Hearts of Monroe).
- Add more case managers, parent liaison, referral specialists at the Division of Social Services (DSS) for family connections.
- Add social workers or case managers in pediatric practices.

HEALTH SERVICES and PERSONNEL

- Involve the medical community.
- Strengthen the use of school-based health clinics.
- Review and strengthen school policies around medical requirements for sending kids home (i.e., fever, pinkeye, loose stool).
- Add dental care for children.
- Add comprehensive health services to ensure children are not out due to sickness.
- Upstream strategy: Ensure that all families have access/support from OB practice/pediatric offices to discuss family needs.
- Add a nurse/nurse practitioner and social worker to schools.

OVERSIGHT and ACCOUNTABILITY

- Add definition of chronic absenteeism.
- Create a state universal attendance policy that would include and not overlap with NC Pre-K's policy. Could be similar to the current process for NC Pre-K. Create policies related to attendance. Adopt a policy regarding attendance, either universal or one that is used. Develop local guidelines for attendance that are uniform. Add consistency throughout system.
- Understand the attendance policies for various agencies across the state and use that to create and implement a universal policy that everyone can use and understand.
- District/schools should formulate absenteeism plans.
- Duplicate the (K-12) school policies in early childcare settings.
- Add a local attendance policy with childcare providers that includes:
 - Clear expectations.
 - Rewards for attendance.
 - Subsidy (32 hours is paid for part time care – children should be in childcare for 32 hours).
 - Tools.
 - Consequences.
- Add legislation that requires regular attendance and attending school on time in early learning programs and school.
- Shift age of compulsory attendance to 5-18 years old (from 7-16 years old). Shift compulsory attendance age to age five. Add truancy laws for children under age seven. Lower compulsory attendance age to five, from seven.
- Add to the compulsory attendance law:
 - Impact starting at 4 years old (preschool).
 - Clarify the language of chronic absenteeism and make consistent state- and agency-wide (Department of Public Instruction and Division of Social Services).
 - Fund school social workers to service four-year-olds (including home visits).

- Add system for ensuring that required medical forms are completed on time.
- Adherence to parent notification process in NC compulsory education law.
- Shift practice so that all schools consistently follow the attendance guidelines provided by the state.
- Add additional funding for truancy officers.
- Strengthen parent accountability. Add accountability for families for tardiness.
- Add court program in which parents must attend court if child misses certain number of days.
- Withdraw subsidy and other resources after a specific number of absences within the program.
- Add local judiciary advisory committee made up of community members that meet with parents to determine roots of absences (after a certain number). After meeting with this committee three times, District Attorney enforces in some way.

PROFESSIONAL DEVELOPMENT and COMPENSATION

- Strengthen education in the importance of birth-to-eight and family engagement in universities, across disciplines.
- Implement professional development to train and inform staff on effects of absenteeism.
- Continuing education program for early educators in regards to regular attendance.
- Add training for early care and education staff about how to intentionally develop a relationship with the family for family-centered goal-setting. Add staff training on building relationships and culturally responsive approaches so that attendance follow-up will be well received.
- Provide systematic training for providers around family barriers to regular attendance.
- Add training on how to set up intentional attendance plans with schools and centers.
- Add skills development about how to talk about attendance.
- Strengthen training of staff who accept paperwork (e.g., NC PreK) to have better customer relations.
- Add joint training between Division of Social Services (DSS) and the school system.
- Add training for Division of Social Services (DSS) and Partnership subsidy intake staff to improve conversation with parents about the importance of education and regular attendance when a child care voucher is administered.
- Strengthen knowledge of healthcare providers and local officials about the impact of absenteeism and education and how policy/enforcement can have an effect.

PROVIDER SUPPORTS

- Add state recognition of child care centers/schools who track and develop policies related to attendance.
- Add licensed provider at each school responsible for monitoring chronic absence.
- Add parent engagement professionals in schools to address absenteeism. Mandate case managers and parent engagement professionals.
- Add funding for state funded early childhood programs to have personnel to follow up with families when children are absent.
- Dictate the number of school social workers and guidance counselors per student population.
- Add a team/mentor who works with teachers and families in supportive, not disciplinary, role.
- Strengthen supports for teachers – a resource center.
- Give incentives to programs that participate in NC Pre-K.

SCREENING and ASSESSMENT

- Add a state-mandated family assessment for all children.

- Have all parents take the Adverse Childhood Experiences (ACEs) survey when child enters the school system. ACE scores would enlighten school of possible barriers families are having regarding attendance.

SYSTEM STRUCTURE

- Make kindergarten a two-year experience for children.
- Shift funding from re-active mandates to pro-active approaches to support birth to five (PreK).

TRANSPORTATION

- Develop indicators around transportation.
- Add transportation services.
- Add a question to childcare and school enrollment forms to ask how the child will get to school.
- Add communication piece to address stigmas associated with riding the bus because many tardiness issues are with children who are driven to school.
- Align policies for local and state transportation systems so that public (non-school) vans can unload children on school properties.
- Change school transportation law to allow school buses to transport Pre-K students to schools.
- Add a policy that transportation is required for all funded NC Pre-K programs. Add state funding for the transportation costs for all publicly funded Pre-K kids.
- Provide funding to enable local school systems to purchase school buses outfitted to safely transport Pre-K children.
- Investigate policies concerning transportation, including Pre-K transportation options and school bus policy.
- Add more transportation to childcare.
- Develop a support network of families and community members that can work together to provide transportation.
- Add churches as option for transportation.
- Add Uber and Lyft as transportation options.
- Add transportation services for rural counties to help children get to afterschool programs.
- Add funding for transportation (more buses) so that buses do not have to leave so early and/or children won't have to travel so far.
- Need not just access to public transportation but also access to reliable and consistent transportation.
- Other factors that impede on transportation for families and attendance is having children attending different schools with varying start times.