

**2020**

**2019-2020 NEEDS  
ASSESSMENT OF THE USVI'S  
ECE MIXED-DELIVERY SYSTEM**



**Appendices**

CARIBBEAN EXPLORATORY RESEARCH CENTER  
UNIVERSITY OF THE VIRGIN ISLANDS

August 2020

# **USVI PDG B-5 NEEDS ASSESSMENT**

## **APPENDICES**

# APPENDICES

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# **APPENDIX I: STATE ADVISORY COUNCIL**

**APPENDIX I.A**  
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**APPENDIX I.A:  
STATE ADVISORY  
COUNCIL [SAC]  
MEMBERS**

## USVI PDG B-5 SAC MEMBERS CURRENT, FORMER & PROSPECTIVE

ACTIVE	AGENCY AFFILIATION	POSITION	DISTRICT
Baecher-Brown, Dee/ Scarbriel, Anna	Community Foundation of the Virgin Islands (CFVI)	President/ Director of Grants & Programs	St. Thomas-St. John
Charleswell, Renee	VIDE	State Director, SPED	
Concepcion, Lorna	VIDOH	Director, WIC	St. Croix
Creque-Quain, Cherise	VIDHS	Grants Administrator	St. Thomas-St. John
D'Paula, Jessica	Early Head Start Parent Council	Parent member	St. Croix
Lewis, Masikia	VIDHS	Administrator, Head Start	St. Thomas-St. John
Moorehead, Maureen	Head Start Governing Board & Retired Educator	Children's Advocate & Board Member	St. Croix
Perez, Jose	VIDE	Supervisor, ELL Program	
Phillips, April	Retired ECE Coordinator- VIDE	Children's Advocate	St. Thomas-St. John
Serano-Griffith, Sheryl	VIDE	District Director, SPED	St. Croix
Smith, Jr., Moletto	STEEMCC - FQHC	Executive Director	St. Thomas-St. John
Stridiron, Priscilla	Retired ECE-SPED Teacher	Children's Advocate	
Brown, Deborah E.	UVI-CERC – State Entity	Research Associate	
Callwood, Gloria B.		Research Associate – In Kind	
Ragster, LaVerne E.		Senior Research Associate	
Michael, Noreen		Project Director/PI	
INACTIVE	AGENCY AFFILIATION	POSITION	DISTRICT
Barnes, Stephanie	Virgin Islands Autism Network	President	St. Croix
Callwood, Kay	Kidz First Center – St. John	Director/Owner	St. Thomas-St. John
Clendinen, Germaine	Sunshine Bear Care , Inc	Day Care Center Owner	
Cruse-Peter, Jeselle	VIDE	Supervisor, Elementary Ed.	St. Croix
Evans, Patricia	Tenacious Toddlers	Day Care Center Owner	
Henry, Jason	Head Start Policy Council	Parent Member	St. Thomas-St. John
Hewitt-Sewer, Laurel	Retired teacher	Children's Advocate	
Joseph, Kathy	Head Start Policy Council	Parent Member	
Maduro, Kalamis	VIDE	Supervisor, Elementary Ed.	St. Croix
Rallings, Eukries	VI Partners for Healthy Communities	President	
Sprauve-Webster, Masserae	FHC Inc. - FQHC	Chief Executive Officer	
FORMER	AGENCY AFFILIATION	POSITION	DISTRICT
Encarnacion, Maria	VIDE	Assistant Commissioner	St. Croix
Humphreys, Brandy	LSSVI	Director, EHS	
McCray, Nona	VIDOH	Director, Birth-3 Program	St. Thomas-St. John
Petersen, Derval		Director, MCH & CSHCN	St. Croix
Powell, Evril	VIDHS	Assistant Commissioner	
Price-Jones, Valerie		Acting Admin., CCDF	St. Thomas-St. John
Valmond, Janis	UVI-CERC	Co-Investigator	St. Croix
PROSPECTIVE	AGENCY AFFILIATION	POSITION	DISTRICT
Hewitt, Vaughn	LSSVI	Director, EHS	St. Croix
Mayers, Charmaine	VIDOH	Director, MCH & CSHCN	St. Thomas-St. John
McMahon-Arnold, Yvette	VIDE	Director of Instructional Development	St. Croix
Sprauve , Patricia	VIDOH	Interim Director, Birth-3 Program	St. Thomas-St. John
Tonge-George, Sherryl	UVI, Inclusive Early Childhood Ctr	Director, IECC	
Tucker-Lans, Tishma	VIDHS	Administrator, CCDF	

# **APPENDIX I.B: WORKGROUPS, CHARGES, AND OBJECTIVES**

# USVI PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE – PDG B-5 WORKGROUPS: CHARGE, OBJECTIVES AND MEMBERSHIP

## B-5 DEFINITIONS WORKGROUP – CHAIR, C. CREQUE-QUAIN

CHARGE	OBJECTIVES	MEMBERS
The <b>Definitions Workgroup</b> is charged with describing how the territory defines key terms, including quality early childhood care and education, availability, vulnerable or underserved, and children in rural areas.	1. Identify key terms for the project.	Cherise Creque-Quain Nikki Bannister Maria Encarnacion
	2. Analyze secondary data sources for definitions.	
	3. Compile definitions (cultural sensitivity)	
	4. Develop consensus on and compile final definitions.	

## B-5 SOCIO-DEMOGRAPHICS WORKGROUP – CHAIR, L. RAGSTER

CHARGE	OBJECTIVES	MEMBERS
The <b>Socio-demographic Workgroup</b> is charged with describing the populations of children who are vulnerable or underserved, and children in rural areas.	1. Describe USVI B-5 parents group by age, gender, ethnicity, income, health challenges, immigration status, educational attainment, insurance, housing ownership, language spoken at home, and social services received.	LaVerne Ragster Renee Charleswell Jessica D'Paula Brandy Humphreys Kathy Joseph (P) Nona McCray
	2. Describe the USVI B-5 population by gender, ethnicity, health status, social services received and types of immunization.	

## B-5 SERVICES AND DATA WORKGROUP – CHAIR, D. BROWN; CO-CHAIR, L. CONCEPCION

CHARGE	OBJECTIVES	MEMBERS
The <b>B-5 Services and Data Workgroup</b> is charged with identifying, to the extent practicable, the unduplicated number of children being served in existing programs and the unduplicated number of children awaiting service in such programs.	1. Document the number of B-5 children being served by various programs in the Territory.	Deborah Brown Lorna Concepcion Nona McCray
	2. Identify programs with a waitlist for services to children.	
	3. Determine the level/extent of overlap in their clientele data/ target population / ... what data will be used to determine the unduplicated PDG B-5 service count.	
	4. Identify the methodologies/systems used to collect and report program services data.	



**B-5 SYSTEMS AND PARTNERS COLLABORATIONS AND SUPPORTS (SPARCS) WORKGROUP –**  
**CHAIR, N. MICHAEL; CO-CHAIR, L. RAGSTER**

CHARGE	OBJECTIVES	MEMBERS
The <b><i>B-5 SPARCS Workgroup</i></b> is charged with describing the gaps in data or research that are most important for the state/territory to fill in order to meet the goals of <b>supporting collaboration</b> between programs and services and maximizing parental choice.	1. Describe existing collaborations among ECE service providers.	Noreen Michael Stephanie Barnes Kalamis Maduro Derval Petersen Tannesia Petersen LaVerne Ragster
	2. Describe existing collaborations among ECE programs and services.	
	3. Document data available to assess the success of existing collaborations among ECE service providers.	
	4. Document data available to assess the success of existing collaborations among ECE programs and services.	
	5. Describe specific efforts of collaborations targeted to providing information to B-5 parents relative to programs and services available within the USVI B-5 mixed delivery system.	
	6. Use information gathered in addressing Objectives 1-5 to document existing gaps and propose how the gaps can be strategically addressed.	

**B-5 QUALITY AND AVAILABILITY OF PROGRAMS AND SUPPORTS WORKGROUP – CHAIR, G. CALLWOOD**

CHARGE	OBJECTIVES	MEMBERS
The <b><i>B-5 Quality and Availability of Programs and Supports Workgroup</i></b> is charged with identifying gaps in data or research about the quality and availability of programming and supports for children B-5, considering the needs of working families, as well as those who are seeking employment or in job training.	1. Identify source of data/research on B-5 programs and support.	Gloria Callwood Laurel Hewitt-Sewer Brandy Humphreys
	2. Determine available programs and supports for children B-5.	
	3. Identify support for working families, those seeking employment and those in Job training.	
	4. Identify gaps in programs and supports.	
	5. Evaluate the quality of identified programs and supports.	

**B-5 INDICATORS OF PROGRESS WORKGROUP – CHAIR, J. VALMOND; CO-CHAIR, D. BROWN**

CHARGE	OBJECTIVES	MEMBERS
<p>The <b>B-5 indicators of Progress Workgroup</b> is charged with describing the territory's current measurable indicators of progress that align with the state/territory's vision and desired outcomes.</p> <p>[Key sources of data: Obj. 1: LAP-3 (VIDE); COR (HS); Obj. 2: CAP 360 (EHS) Obj. 3: VI DHS]</p>	1. Identify key outcome indicators for child readiness for kindergarten	Deborah Brown Maria Encarnacion Janis Valmond Noreen Michael
	2. Identify key indicators for child readiness to start HS	
	3. Determine indicators of system performance to include numbers of children and families receiving coordinated services and numbers of families and children identified with needs who receive services	

**B-5 FUNDING AND RESOURCE USE WORKGROUP – CHAIR, N. MICHAEL; CO-CHAIR, C. CREQUE-QUAIN**

CHARGE	OBJECTIVES	MEMBERS
<p>The <b>B-5 Funding and Resource Use Workgroup</b> is charged with completing an analysis of barriers to the funding and provision of high-quality early childhood care and education services and supports, and identify opportunities for more efficient use of resources.</p>	1. Identify all sources of funding for current early childhood care and services and supports provided in the USVI.	Noreen Michael Cherise Creque-Quain Tannesia Petersen Anna Scarbriel
	2. Document instances of duplication of services and supports currently provided to the B-5 population in the USVI.	
	3. Identify and describe existing barriers to funding for the B-5 mixed delivery system in the USVI.	
	4. Document inputs to current early childhood care and education services within the B-5 mixed delivery system in the USVI, particularly as they relate to quality (curriculum, staffing, etc.).	
	5. Document barriers to key quality inputs.	
	6. Generate strategies to optimize efficiency of the use of resources in the USVI B-5 mixed delivery system.	

**B-5 ECCE FACILITIES WORKGROUP – CHAIR, E. POWELL; CO-CHAIR, N. MICHAEL**

CHARGE	OBJECTIVES	MEMBERS
The <b>B-5 ECCE Facilities Workgroup</b> is charged with describing key concerns or issues related to ECCE facilities.	<ul style="list-style-type: none"> <li>✓ Identify and review national and local regulations and standards on early childhood facilities</li> </ul> <p><u>Possible Resources:</u></p> <ul style="list-style-type: none"> <li>b. NAEYC Program Standard 9 - Physical Environment</li> <li>c. VI Office of Child Care and Regulatory Services: Rules and Regulations for Child Care Facilities, After School Programs, and Summer Camps,</li> <li>d. Accessibility Standards for Facilities</li> <li>e. Head Start Design Guide: A Guide for Building a Head Start Facility</li> <li>f. OSHA Regulations for a Preschool Facility</li> </ul>	Evril Powell Laurel Hewitt-Sewer Kathy Joseph Maureen Moorehead Noreen Michael
	<ul style="list-style-type: none"> <li>✓ Confer with local and national experts to identify commonly encountered challenges and barriers that hinder an applicant's ability to meet relevant EC facilities legislation and standards requirements.</li> </ul>	
	<ul style="list-style-type: none"> <li>✓ Identify current and past innovative initiatives implemented both locally and nationally to support the availability of high quality early childhood facilities.</li> </ul>	
	<ul style="list-style-type: none"> <li>✓ Identify any current plans/resources available to address/support early childhood facilities in the territory.</li> </ul>	
	<ul style="list-style-type: none"> <li>✓ Identify opportunities for collaboration with all early childhood stakeholders to increase the availability of high quality child care facilities in the territory.</li> </ul> <p><u>Possible Reference:</u></p> <ul style="list-style-type: none"> <li>a. Review the ECAC Report</li> <li>b. Review the Kids Count Report</li> </ul>	

**B-5 TRANSITION SUPPORTS AND GAPS WORKGROUP – CHAIR, M. LEWIS**

CHARGE	OBJECTIVES	MEMBERS
The <i>B-5 Transition Supports and Gaps Workgroup</i> is charged with describing <b>transition supports and gaps</b> that affect how children move between early childhood care and education programs and school entry.	1. How is information communicated to all families/parents of all stakeholders (language/culture)?	Masikia Lewis Stephanie Barnes Felecia Blyden Renee Charleswell Jeselle Cruse Peter Jessica D'Paula Kalamis Maduro Nona McCray Jose Perez Sheryl Serano-Griffith
	2. Identify SWOT (Strength, Weaknesses, Opportunities, and Threats) for all stakeholders transitioning from early care and education system to school entry.	
	3. Identify SWOT (Strength, Weaknesses, Opportunities, and Threats) specifically for students with special needs transitioning from early care and education system to school entry.	
	4. Identification of the number of children that are transitioning.	
	5. Identification of useful support systems from all stakeholders.	

# **APPENDIX II: THE CORE TEAM, PROCOM, PAOS, AND STUDENT RAs**

**APPENDIX II.A**

**APPENDIX II.B**

**APPENDIX II.C**

**APPENDIX II.D**

# **APPENDIX II.A**

## **THE CORE TEAM**

**USVI PRESCHOOL DEVELOPMENT GRANT  
BIRTH THROUGH FIVE (PDG B-5)  
CORE TEAM**

<b>NAME</b>	<b>ROLE</b>
Noreen Michael, PhD	Project Director/Principal Investigator
Deborah Brown, PhD	Research Associate
Marlene Gokool, MPA	Project Coordinator <i>[May – July 2020]</i> Administrative Specialist II <i>[August – December 2020]</i>
LaVerne Ragster, PhD	Senior Research Associate
Gloria Callwood, PhD	Research Associate <i>[In-Kind]</i>
Tannesia E. Petersen, BA	Project Coordinator <i>[June – December 2019]</i> Administrative Specialist II <i>[January – May 2020]</i>
Nikki Bannister, MA	Communications Specialist/Liaison <i>[July – November 2019]</i>
Emily Danet Petty	Administrative Specialist I <i>[August – November 2019]</i>
Janis M. Valmond, DrPH, CHES	Co-Investigator <i>[January – April 2019]</i>

**APPENDIX II.B**  
**PROJECT COMMITTEE**  
**[PROCOM]**



**USVI PRESCHOOL DEVELOPMENT GRANT  
BIRTH THROUGH FIVE (PDG B-5)  
PROJECT COMMITTEE [PROCOM]**

<b>Name</b>	<b>Role</b>	<b>Agency</b>
Nikki G. Bannister	Communications Specialist <i>[July – November 2019]</i>	State Entity  Caribbean Exploratory Research Center, University of the Virgin Islands
Deborah E. Brown	Research Associate	
Gloria B. Callwood	Research Associate <i>[(In-Kind)]</i>	
Marlene Gokool	Project Coordinator <i>[May – July 2020]</i>	
Noreen Michael	Project Director/ PI	
Tannesia E. Petersen	Project Coordinator <i>[June - December 2019]</i> Administrative Specialist II <i>[January – May 2020]</i>	
Emily D. Petty	Administrative Specialist I <i>[August – November 2019]</i>	
LaVerne E. Ragster	Senior Research Associate	
Janis M. Valmond	Research Coordinator/Co-Investigator <i>[January – April 2019]</i>	
Cherise Creque-Quain	Grants Administrator	
Masikia Lewis	Administrator, Head Start	Virgin Islands Department of Human Services
Valerie Price-Jones	Acting Administrator, Office of Child Care and Regulatory Services <i>[January – March 2019]</i>	
Tishma Tucker-Lans	Administrator, Office of Child Care and Regulatory Services <i>[October 2019 – present]</i>	

# **APPENDIX II.C: PARTNER AGENCIES AND ORGANIZATIONS [PAOS]**

**USVI PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE  
[PDG B-5]  
PARTNER AGENCIES AND ORGANIZATIONS [PAOS]  
MEMBERSHIP ROSTER**

<b>Name</b>	<b>Position</b>	<b>Agency</b>
Felecia Blyden*	Chief of Staff	Virgin Islands Department of Education
Karen Brown <i>[August 2019 to present]</i>	Interim Dean	School of Education
Kimberley Causey Gomez <i>[May 2019 to present]</i>	Commissioner	Virgin Islands Department of Human Services
Robert Graham <i>[January 2020 to present]</i>	Executive Director	Virgin Islands Housing Authority
Junia John-Straker	Chief Executive Officer	Lutheran Social Services of the Virgin Islands
Mary B. A. Lansiquot	Dean	School of Nursing
Anna Scarbriel*	Director of Grants	Community Foundation of the Virgin Islands
Moleto Smith	Executive Director	St. Thomas East End Medical Center Corporation [FQHC]
Linda Thomas <i>[through July 2019]</i>	Dean	School of Education
Janis M. Valmond* <i>[June 2019 to present]</i>	Deputy Commissioner	Virgin Islands Department of Health
Masserae Webster	Chief Executive Officer	Frederiksted Health Care [FQHC]

*\*Proxy for agency head*

# **APPENDIX II.D: STUDENT RESEARCH ASSISTANTS [RAs]**

**USVI PRESCHOOL DEVELOPMENT GRANT BIRTH THROUGH FIVE  
[PDG B-5]  
STUDENT RESEARCH ASSISTANTS**

<b>Name</b>		<b>Campus</b>
Lynessa Armstrong		St. Croix Campus
Ariana Athanase		St. Thomas Campus
Ramiz Hurtault		St. Thomas Campus
Jerome Philbert		St. Croix Campus
Shaunte Rawlins		St. Thomas Campus

# **APPENDIX III: DATA COLLECTION MATERIALS**

**APPENDIX III.A**

**APPENDIX III.B**

**APPENDIX III.C**

**APPENDIX III.A:  
INSTITUTIONAL REVIEW  
BOARD [IRB]  
APPROVAL LETTER**

# UVI INSTITUTIONAL REVIEW BOARD (IRB) ACTION ON APPLICATION IN SUPPORT OF COMPLETION OF A NEEDS ASSESSMENT OF THE TERRITORY'S EARLY CHILDHOOD CARE AND EDUCATION MIXED DELIVERY SYSTEM

*Funding Support: USVI Preschool Development Grant Birth through Five  
[PDG B-5] Grant*

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**From:** [Diahann Ryan](#)

**To:** [Noreen Michael](#)

**Subject:** IRBNet Board Action

**Date:** Thursday, June 27, 2019

11:20:32 AM

Please note that University of the Virgin Islands IRB has taken the following action on IRBNet:

Project Title: [1428205-2] *A Needs Assessment of the Availability and Quality of Programs in the USVI Early Childhood Care and Education (ECE) Mixed Delivery System (MDS) for Children Birth through Five (B-5) from Vulnerable Families*

Principal Investigator: Noreen Michael, PhD

Submission Type: Amendment/Modification

Date Submitted: June 2, 2019

Action: APPROVED Effective Date: June 27, 2019

Review Type: Expedited Review

Should you have any questions you may contact Diahann Ryan at [dryan@live.uvi.edu](mailto:dryan@live.uvi.edu).

Thank you,

The IRBNet Support Team

[www.irbnet.org](http://www.irbnet.org)

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# **APPENDIX III.B: QUANTITATIVE INSTRUMENTS**

# DEMOGRAPHIC SURVEY

Directions: Please fill in the circles as such:

Correct: ● Incorrect: ✓ ✗ ✎

**1. Island of residence**

- ☐ St. Croix
- ☐ St. John
- ☐ St. Thomas

**2. Age**

- ☐ 18 – 24
- ☐ 25 - 29
- ☐ 30 – 39
- ☐ 40 – 49
- ☐ 50 – 64
- ☐ Over 65

**3. Are you ...**

- ☐ Male
- ☐ Female

**4. Ethnicity**

- ☐ Hispanic
- ☐ Not Hispanic

**5. Race**

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ White
- ☐ Other (please specify) \_\_\_\_\_

**6. Marital Status**

- ☐ Single, Never Married
- ☐ Married
- ☐ In a domestic relationship
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

**7. Education**

- ☐ Less than 9<sup>th</sup> Grade
- ☐ 9 – 12, No diploma
- ☐ High school graduate/GED
- ☐ CDA
- ☐ Some college or AA degree
- ☐ BA/BS degree
- ☐ Graduate/Professional degree

**8. Employment Status**

- ☐ Employed, Full Time
- ☐ Employed, Part-time
- ☐ Unemployed, Seeking employment
- ☐ Unemployed, Not seeking employment
- ☐ Self Employed
- ☐ Retired
- ☐ Unable to Work
- ☐ Other

**9. Annual Household income:**

- ☐ Less than \$10,000
- ☐ Less than \$20,000
- ☐ Less than \$35,000
- ☐ Less than \$50,000
- ☐ Less than \$75,000
- ☐ \$75,000 or greater
- ☐ Not sure

**10. Insurance Status**

- ☐ Private Insurance through job
- ☐ Insurance through Medicaid
- ☐ Insurance through Medicare
- ☐ Self-Insured
- ☐ Uninsured
- ☐ Other

**11. Family Size (number of persons in household)**

- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

**12. Number of children 5 years old and under**

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more

# **ANNOTATED STAKEHOLDER SURVEY**

# ANNOTATED STAKEHOLDER SURVEY

SURVEY (QUESTION NO)	QUESTION TYPE	PURPOSE
<b>COLLABORATION AND SYSTEM BUILDING</b>		
1-2	Promote Collaboration	To determine the mechanisms available for continuity of services and collaborations among ECE programs.
1-4	Recruit and Engage Stakeholders	To determine diverse stakeholders are recruited and engaged, from both public and private sectors, in early childhood system-building efforts.
1-4	Define and Coordinate Leadership	To determine the definition and coordination of leadership between state and local governance in ECE system.
1-5	Ensure accountability	To determine that data-driven decision making, desired outcomes and accountability are ensured
1-2	Enhance and Align Standards	To determine that quality standards for ECE programs are enhanced, aligned and supported by research.
1-5	Create and Support Improvement	To determine the creation and support for quality improvement initiatives for the ECE workforce, infants, toddlers, and their families
1-3	Finance Strategically	To determine that finances are utilized strategically to provide adequate and stable funding for services for infants, toddlers, and their families.
<b>POSITIVE EARLY LEARNING EXPERIENCES</b>		
1-4	Early intervention	To determine early intervention services, transition from Part C IEP and IFSP services to support development are available where necessary.
1-10	Child Care	To determine that families in need of care can access quality, culturally-appropriate, affordable child care and care providers are trained and earn a comparable salary.
<b>STRONG FAMILIES</b>		
1-4	Policy	To determine the policies support vulnerable families who have knowledge about programs and services that support their needs to become strong families.
1-3	Basic Needs	To determine that low income families have support for basic needs, skill training and work support to earn a livable wage.
1-5	Home Visiting/Parent Education	To determine that home visiting programs, expectant parents and parents of young children seeking information on how to support healthy child development are informed.
1-5	Child Welfare	To determine child welfare workers receive ongoing training; families investigated for maltreatment are connected to services and child welfare system receive screening and services to promote development.
1-3	Family Leave	To determine working families can access different form of leave as needed to support of strong families
<b>HEALTH</b>		
1-9	Physical Health	To determine the policy in terms of children's wellness, food security and that children live in healthy environments, free from environmental hazards.
1-4	Developmental Screening	To determine access to developmental screening and where necessary referrals to appropriate follow up care made and monitored to satisfy the child's needs.
1-7	Social- emotional Health	To determine that families have access to trained professionals to support social-emotional health of postpartum women, caregivers, infants and toddlers.

# **ANNOTATED EARLY CHILDHOOD TRANSITION SURVEY**

## ANNOTATED EARLY CHILDHOOD TRANSITION SURVEY

SURVEY (QUESTION	QUESTION TYPE	PURPOSE
<b>EARLY CHILDHOOD TRANSITION SURVEY</b>		
<b>3 Items (A-C)</b>	Content and Scope of Services	To determine the content and scope of child Developmental, educational, health and support services available to families.
<b>3 Items (A-C)</b>	Interagency Structure	To determine interagency structure, policies and personnel involved in transitions
<b>3 Items (A-C)</b>	Interagency Communication & Relationships	To determine the network available for interagency communication and relationships.
<b>5 Items (A-E)</b>	Interagency Agreement (IA/MOU/MOA)	To determine the use and specifics of interagency agreements for compliance with federal and state regulations and rate of revision and update based on stakeholder input.
<b>4 Items (A-D)</b>	Policy Alignment	To determine policy alignment of transition requirements and timelines are aligned across agencies and minimize disruption in transition-related services.
<b>6 Items (A-F)</b>	Personnel Development, Staff Training and Resources	To determine personnel development, staff training and resources are occurring using a variety of personnel development strategies to promote development of knowledge and skills.
<b>5 Items (A-E)</b>	Data System and Processes	To determine the state data system have protocols and procedures for data sharing across agencies and utilize data transition data to improve performance.
<b>3 Items (A-C)</b>	Monitoring & Evaluation	To determine state monitoring transition requirements are aligned across agencies and evaluation is part of the transition system.

**ANNOTATED  
CAREGIVER/TEACHER  
SURVEY**



## ANNOTATED CAREGIVER/TEACHER SURVEY

SURVEY (QUESTION)	QUESTION TYPE	PURPOSE
<b>PART I: LANGUAGE AND LITERACY KNOWLEDGE</b>		
<b>1-50</b>	Multiple Choice	To determine caregiver's knowledge of ways to support language and literacy in the classroom
<b>1-20</b>	True or False	To determine caregiver's knowledge of ways to support language and literacy in the classroom
<b>PART II: TEACHING BELIEFS &amp; LEARNING STYLES</b>		
<b>1-20</b>	Strongly Disagree - Strongly Agree	To determine the personal beliefs, preferences, and learning styles of teachers/ caregivers
<b>PART III: PERSONAL INFORMATION</b>		
<b>1-5</b>	Multiple Choice	To determine the personal characteristics and experiences of teachers/ caregivers

# **ANNOTATED PARENT SURVEY**

## ANNOTATED PARENT SURVEY

SURVEY (QUESTION NO)	QUESTION TYPE	PURPOSE
<b>QUALITY OF CARE FROM A PARENT'S POINT OF VIEW: A QUESTIONNAIRE ABOUT CHILD CARE</b>		
<b>7 Items (A- G)</b>	Child/Children Demographics	To determine demographics (number of children under five, current childcare arrangements, financial support) of participant's child/ren.
<b>Q 1-6</b>	Caregiver's Warmth and Interest in your child	To determine the caregiver's warmth, interest and level of attention paid to participant's child.
<b>Q 7-11</b>	Rich Environment and Activities for your child	To determine whether child is set in a rich environment with activities that cater to learning and development.
<b>Q 12- 14</b>	Caregiver's Skill	To determine the skills and responsiveness of the caregiver to the participant's child needs.
<b>Q 15- 20</b>	Your Relationship with the Caregiver	To determine the parent's relationship with the caregiver.
<b>Q 21-26</b>	How Your Child Feels	To determine the parent's perception of how the child feels about the Caregiver.
<b>Q 27-36</b>	Risks to health, safety, and well-being	To assess risks to the child's health, safety, and well-being in the child care environment.
<b>Q 37- 39</b>	All things considered	To determine the parent's feeling and decision making about on the overall quality of care their child receives.
<b>C1- C4</b>	Continuity of Care	To determine the rate of staff turnover, stability and quality of continuous care at child's care facility.
<b>F1- F20</b>	The flexibility you have in your situation from work, family, and caregiver	To determine the flexibility and support parents have in making changes and adjusting to varying situations regarding work and caregiving.
<b>N1- N9</b>	About Your Child's Special Needs	To determine the extent of participant's child special needs and caregiver's responsiveness to the child's
<b>O1- O14</b>	The Choices You've Had	To determine the parents' choices, access and proximity to child care facilities.
<b>A1- A15</b>	Affordability	To determine the affordability – cost, availability of subsidies and financial security parents have to secure child care.

**ANNOTATED  
STATE EARLY CHILDHOOD  
INCLUSION  
SELF-ASSESSMENT SURVEY**

## ANNOTATED STATE EARLY CHILDHOOD INCLUSION SELF-ASSESSMENT SURVEY

SURVEY (QUESTION NO)	QUESTION TYPE	PURPOSE
<b>1a- 1i</b>	Create a State- Level Interagency Task Force and Plan for Inclusion	To determine the presence or absence of a state-level Interagency Task Force with plans for early childhood efforts/initiatives and to ensure early childhood inclusion and the necessary services and supports for children with disabilities.
<b>2a- 2k</b>	Ensure State Policies Support High- Quality Inclusion	To determine that state policies are aligned with federal requirements to promote and support a mixed delivery system of high-quality inclusive early learning opportunities by establishing partnerships by high- quality inclusion programs.
<b>3a- 3h</b>	Set Goals and Track Data	To determine whether state agencies have concrete goals aligned with the State Interagency Task Force; use data and have benchmarks to track the progress of children with disabilities and use data that provide information about program quality and inclusive program practices.
<b>4a- 4d</b>	Review and Modify Resource Allocations	To determine the existence of guidance or procedures that will allow for braiding and coordinating resources across programs to support inclusion.
<b>5a- 5d</b>	Ensure Quality Rating Frameworks are Inclusive	To determine whether the QRIS framework indicators address the learning and developmental needs of children with disabilities within each level of the framework and offer incentives and supports to effectively provide inclusive program.
<b>6a- 6e</b>	Strengthen Accountability and Build Incentive Structures	To determine whether local programs are accountable for providing access to inclusive learning environments for children with disabilities and whether State agencies address barriers to early childhood inclusion.
<b>7a- 7i</b>	Build a Coordinated Early Childhood Professional Development (PD) System	To determine the building of a coordinated early childhood professional development (PD) system and ensure that personnel standards, certifications, credentials, licensure requirements, and workforce preparation programs for early childhood program personnel.
<b>8a- 8e</b>	Implement Statewide Supports for Children's Social- Emotional and Behavioral Health	To determine the implementation of statewide supports for social-emotional and behavioral health through funding and hiring specialists to work with public and private early childhood programs for children and care givers.
<b>9a- 9d</b>	Raise Public Awareness	To determine whether there are established partnerships with state and community leaders to communicate the benefits of early childhood inclusion by raising public awareness and communicating laws and research that provide the foundation for inclusion to key partners.

## **APPENDIX III.C: QUALITATIVE PROTOCOLS**

# PROTOCOLS FOR KEY INFORMANT INTERVIEWS

## KEY INFORMANT INTERVIEW PROTOCOL

NEEDS ASSESSMENT: USVI Preschool Development Grant - Birth to Five

FOR DATA SUPPORT STAFF OF AGENCIES AND PROGRAMS THAT PROVIDE EARLY CHILDHOOD CARE AND EDUCATIONAL SERVICES TO THE B-5 POPULATION IN THE U.S. VIRGIN ISLANDS

Step 1: Obtain informed consent [Informed Consent Form] prior to commencing Key Informant Interview

### Introduction

Thank you for agreeing to participate in this Key Informant Interview. As we mentioned in the consenting process, we are researchers from the Caribbean Exploratory Research Center (CERC) at the University of the Virgin Islands (UVI) interested in gathering information on the programs and services you and/or your organization/ or agency provide to children, ages B-5, with respect to child care and education. To ensure accuracy in our representation of the information shared, we are asking to audiotape the session for easy transcription. Do we have your consent to record the interview? *[If "Yes": "Thank you for agreeing to have us audiotape the interview"; If "No": Thank you for agreeing to speak with us. We will honor your request not to audiotape and will ensure that our notes accurately reflect what you share with us.]*

### Core Questions [Opening]:

1. Please provide us with an example of two/three kinds of data you collect pertaining to early childhood care and/or education.
2. How do you/does your agency use these data?
3. How do you ensure that the data you collect is reliable?

### **Data Coordinator/Data Support Staff - VIDE**

1. What programs are in place to serve or support preschool children transitioning to Kindergarten in the St. Croix [St. Thomas-St. John] School District?
2. What data are collected on these programs?
  - a. Are there federal mandates linked to the data collected?
  - b. How are the data utilized and by whom?
  - c. What data gaps or challenges, if any, have you experienced in capturing data in this/these area(s)?
3. Does VIDE link child-level data between early childhood education databases and any of the Territory's health program databases for children B-5?
4. Are you aware of whether health screening information for children transitioning to kindergarten is shared with VIDE [state or district level]?
  - a. If Yes, how is health screening information shared between departments and agencies?
  - b. What are the biggest data gaps in this area pertaining to collaboration across programs and services?
5. Does the VIDE [state level or district level] have an up to date literacy plan that is informed by a comprehensive needs assessment and aligned with the Territory's comprehensive literacy plan, for B-5 children, as required by Federal Striving Readers Comprehensive Literacy (SRCL) programs? If Yes, please share this document with us.



6. What are the strengths and weaknesses of the data you have on quality care available to B-5 parents and children?

#### **Data Coordinator/ Support Staff - VIDHS/MEDICAID**

1. Does your office/agency link child-level data between early childhood education databases and any of the Territory's health program databases for children B-5?
2. What are the biggest data gaps in the area regarding collaboration across programs and services?
3. Does the USVI calculate the percentage of children who participate in subsidized child care and the Medicaid/CHIP program? What challenges do these data present?
4. From your Annual Enrollment Reports, can you provide us with the unduplicated number of Children Enrolled in CHIP and Medicaid?
5. What data do you have describing the unduplicated number of children being served by Medicaid/CHIP?
6. What data do you have describing the unduplicated number of children being served by Social Services Block Grant?
7. What, if any, performance measures are used to collect data for compliance with the regulations of the Maternal, Infant Early Childhood Home Visiting (MIECHV) Program and the State Early Childhood Comprehensive Services?
8. Does your office collect data on parents' knowledge/information seeking behavior regarding early childhood care and education?
9. What are the strengths and weaknesses of the data you have on quality care available to B-5 parents and children?

#### **Data Coordinator/Support Staff VIDOH**

1. Is there a link between the Territory's health data about individual children, B-5 birth records, with the Early Childhood Care and Education (ECE) programs?
2. Is there a link between the Territory's health data about individual children, B-5 immunization records, with the Early Childhood Care and Education (ECE) programs?
3. What data do you have describing the unduplicated number of B-5 children being served by MCH and Infant and Toddlers programs in the Territory?
4. What are the strengths and weaknesses of the data you have on quality care available to B-5 parents and children?

#### **CORE QUESTIONS [CLOSING]:**

1. We have shared with you the purpose for this interview and the PDG B-5 needs assessment. Is there anything else you would like to share that you think will help us develop the most relevant program/responses and research for the Territory's data systems that would support successful preschool experiences for children and families?
2. In closing, can you identify for us key personnel/individuals within the community you think would be able to provide information on early childcare education issues and programs that are important to data use and support for USVI birth-to five-year old children?

## KEY INFORMANT INTERVIEW PROTOCOL

NEEDS ASSESSMENT: USVI Preschool Development Grant - Birth to Five

FOR HEADS OF AGENCIES AND PROGRAMS THAT PROVIDE EARLY CHILDHOOD CARE AND  
EDUCATIONAL SERVICES TO THE B-5 POPULATION IN THE U.S. VIRGIN ISLANDS

Step 1: Obtain informed consent [Informed Consent Form] prior to  
commencing Key Informant Interview

### Introduction

Complete consenting process, using the KI Informed Consent Form.

Thank you for agreeing to participate in this Key Informant Interview. As we mentioned in the consenting process, we are researchers from the Caribbean Exploratory Research Center (CERC) at the University of the Virgin Islands (UVI) interested in gathering information on the type of services you and/or your organization/agency provide to children, ages B-5, with respect to child care and education programs and services.

To ensure accuracy in our representation of the information shared, we are asking to audiotape the session for easy transcription. Do we have your consent to record the interview? [If “Yes”: *“Thank you for agreeing to have us audiotape the interview”*; If “No”: *Thank you for agreeing to speak with us. We will honor your request not to audiotape and will ensure that our notes accurately reflect what you share with us.”* ]

As we begin the interview, which we anticipate will last 45-60 minutes, we want to remind you that your participation is voluntary and you may choose to stop participating at any time or to not answer particular questions posed. Your decision will not negatively impact your affiliation with your employer/the Government of the Virgin Islands or the University of the Virgin Islands (UVI).

# KEY INFORMANT INTERVIEW PROTOCOL

## CORE OPENING QUESTIONS:

1. Can you describe the services that you provide to preschool children (ages birth through 5) and their families?
2. How would you describe the population you serve? *{Probe: demographics -- age distribution; SES; income levels; catchment area; employment?}*
3. Have there been any changes in the demand for the service you provide to the B-5 population over the last 3-5 years? *{Probe: Please describe/elaborate. Number served? Presenting problems/issues? Others?}*
4. Has your agency/program been altered or changed in the last five years? *{Probe: physical structure/ organizational structure/funding sources}* If “yes”, how has this affected your ability to provide services to the B-5 population and their families?
5. Over the last three to five years has your agency entered into any interagency agreements specifically to support services for B-5 clients? If “yes”, could you name the partner agencies and describe the current status of those agreements? How have services to B-5 clients been affected since the agreements have been in place? *{Probe: Could you provide us with a copy/copies of your MOAs/MOUs}*

## Questions for Hospital CEOs/FQHC EDs/Commissioner of Health:

- H-1. What initiatives or programs for birth to five children and their families have been most effective in supporting good health and development?
- H-2. Has your agency/organization added any programs for B-5 children in the last 3-5 years? Has your agency/organization discontinued or significantly changed the focus of any programs or services that used to be available to preschool children and their families in the last five years? *{If “Yes”, please explain.}*
- H-3. What new arrangements and partnerships do you think are needed to address the most immediate a) health and b) developmental needs of B-5 children and families in the Territory? *{Please explain/provide example what would work in our community.}*
- H-4. How does the DOH provide services to preschool children and families that speak languages other than English?

## Questions for Commissioner, Department of Education:

- E-1. Over the past 5 years, what do you consider as the major issues facing students transitioning from preschool to the Department of Education?
- E-2. What interventions, strategies or initiatives have been put in place to support the reduction of challenges for kindergarten students?
- E-3. How does the Department support and serve B-5 children with special needs in kindergarten? Are there currently kindergarten students who have P5 or IEP programs in place?
- E-4. How does the DOE provide services to preschool/kindergarten children and families that speak languages other than English?
- E-5. How does the Department of Education identify the needs and issues being faced by kindergarten students, their families and teachers? *{For example academic, social, nutritional, or emotional needs}*. In responding to identified needs, have you needed to seek support or partnerships? Do you currently have an example of such a partnership?

### Questions for Commissioner, Department of Human Services/CEO LSS:

- DHS-1. What has gone right for programs serving B-5 children in your Department? What do you consider as the major issues regarding services to B-5 from the Department of Human Services/LSS over the past 5 years?
- DHS-2. Over the past 5 years what services provided by the DHS/LSS have been most used by the birth to five population and their families served by the Department?
- DHS-3. How does the DHS/LSS provide services to preschool children and families that speak languages other than English? How does the Department/LSS support and serve families with preschool children with special needs?
- DHS-4. What new arrangements and partnerships do you think are needed to address the most immediate needs of B-5 children and their families for functional families and continued learning? Please explain/provide example what would work in our community.
- DHS-5. Can you describe the current transition process from preschool to Kindergarten?/EHS to HS? Are there any aspects of the process that have worked especially well?
- DHS-6. Does your organization utilize the **Quality Rating and Improvement System (QRIS)** to assess quality of care for B-5 children and families in the Territory? Could you help us understand how this works?

### CORE CLOSING QUESTIONS:

- 1. What types of data does your agency/unit/area routinely collect for children B-5? {Probe: Do you have recent compliance reports you can share with us?} What are your challenges with collecting, storing and using the data?
- 2. Would you like to share anything else with us regarding your work with preschool children and families in the Territory?

# **PROTOCOLS FOR FOCUS GROUP DISCUSSIONS**

# **PROTOCOL FOR FOCUS GROUP DISCUSSION**

[Childcare Facility Owners, Childcare and Education Staff]

## **NEEDS ASSESSMENT for UVI Preschool Birth to Five Project**

Step 1: Obtain informed consent [Informed Consent Form] prior to commencing Focus Group Discussions

### **Introduction**

Thank you for agreeing to participate in this study assessing the availability and quality of early childhood care and education (ECE) programs in the Territory. As a care provider serving children ages birth through five, this study pays particular attention to the availability and quality of ECE programs for the most vulnerable children and families. As noted in the Consenting process, your participation is *voluntary* and you may choose not to answer any of the questions posed. Your decision will in no way negatively impact your affiliation with the Government of the Virgin Islands or the University of the Virgin Islands (UVI).

We anticipate that the Focus Group discussion will take approximately 60-75 minutes, depending on how much you have to share. We are asking to audiotape the session for easy transcription and to ensure accuracy in our representation of the information shared. Do we have your consent to record the discussion? [If “Yes”: “Thank you for agreeing to have us audiotape the interview”; If “No”: Thank you for agreeing to speak with us. We will honor your request not to audiotape and will ensure that our notes accurately reflect what you share with us.”]

## FOCUS GROUP DISCUSSION QUESTIONS

*[For Child Care and Education Facility Owners and Managers (Day Care Centers, Preschools, HS & EHS), Infant and Toddlers Program Manager; Key pediatric health care providers]*

### **CORE QUESTIONS [OPENING]**

1. How long have you been serving the community as an owner of a childcare facility/member of the staff of the childcare system? [Probing questions, as needed]
2. How would you describe the children served in your child care facility? {Probes: demographic characteristics; payment, etc}
3. What do you feel are some of this community's strengths with respect to responding to the childcare education needs of preschool children and families in the Territory? [Probing questions, as needed]
4. What are some ways in which improvements could be made to positively impact early childcare in the USVI?
5. How familiar are you with the national guidelines for ensuring effective early childcare and education?
  - a. Please share how useful you believe the national guidelines are for ensuring effective early childcare and education in the Territory.
  - b. Have you identified any modifications that make the guidelines more effective in the USVI?

### **Owners of childcare centers and staff that work in childcare centers:**

1. How does your program serve birth to five-year old children and their families that do not speak English? Do you make any accommodations for children with disabilities?
2. What health screening requirements, if any, are required for a child enrolling in your program?
3. Describe how you handle the situation if a child becomes ill while at your program/facility.
4. What strategies have you used to engage parents/guardians in the learning and development of their children?
5. Are you aware of any unmet needs of the children and families that interact with your program? *Are there any services that parents require that you are unable to provide? If yes explain.*

### **Pediatric Health Care Providers:**

1. What are the top 3-5 illnesses or health challenges that children B-5 have been treated for at your facility in the past 3-5 years?
2. Are there any health condition(s) that your B-5 clients have presented with that you have not been able to address through your programs/services? If "Yes", have you been able to refer the B-5 clients (through their parents) to other health care providers?

3. What agreements are in place at your facility to address health care needs that require referrals to specialists?
4. What agreements are needed to better address health care needs that cannot be readily addressed by staff on hand at your facility?

#### **CORE QUESTIONS [CLOSING]:**

3. We have shared with you the purpose for this interview and the PDG B-5 needs assessment. Is there anything else you would like to share that you think will help us develop the most relevant program/responses and research for the Territory that would support successful preschool experiences for children and families?
4. In closing, can you identify for us key personnel/individuals within the community you think would be able to provide information on early childcare education issues and programs that are important to the educational careers and success of USVI birth-to five-year old children?



# **PROTOCOL FOR TOWN HALL MEETINGS**

# PROTOCOL FOR PRESCHOOL DEVELOPMENT GRANT BIRTH TO FIVE NEEDS ASSESSMENT

## TOWN HALL MEETINGS/ COMMUNITY FORUMS

Introductory statement by Research Team as to the purpose of the PDG B-5 Needs Assessment. Thank members of the audience for attending. There are 10 questions that we will be asking you on this evening's Town Hall meeting. For all of the questions, we are asking that you answer thinking about your child or children in their first five years (birth through five).

Begin meeting/forum ...

1. We would like to begin by asking you to share some of your experiences with the health care system and the care you received for your child/children during their early years (B – 5).
2. Where do you or did you take your child for health care services? How easy is it or was it to schedule appointments when your child/children need(ed) to get services from a health care provider?
3. Have you experienced any challenges (recently or in the past) accessing health care for your young child/children (B-5)?
4. On a scale of 1 – 10, with one being the best and 10 being the worst, how would you rate the health care available to your child/children (B-5)?
5. What else would you like to share with us about your experiences with health care services for your young children?
6. What kind of child care service(s) do you have for your child/ren B-5? {Self/ Day Care/ Friends and Family member}
7. Have you experienced any challenges enrolling your child in preschool, day care, Early Head Start (STX only), or Head Start?
8. What have been the best experiences for your children during their time preschool/Day Care, EHS, HS? What have been some of the most difficult challenges that your child(ren) have had in preschool/Day Care, EHS, or HS?
9. How important is early childcare to your child's future in school?
10. What are the best ways for early child care facilities to keep parents engaged with their child's/children's learning and education?
11. What changes would make USVI early childcare facilities more effective?
12. What else would you like to share with us about your experiences with educational services for your young children?
13. Are there any programs and/or services you need or your children (B-5) need now that you are not receiving?
14. How do usually/ did you get information/learn about the programs and services available for families with children B-5?

*Stenographers will be present to record the proceedings to assist with analysis of data (themes).*

# **APPENDIX IV: ADDITIONAL KEY TERMS AND DEFINITIONS**

## ADDITIONAL KEY TERMS AND DEFINITIONS

**Early Intervention** - The term used to describe the services and supports available to infants and toddlers, birth through five with developmental delays and/or disabilities and their families. Based on identified needs of the child and family, these services may include speech, physical, occupational or developmental therapy, audiology, behavioral counseling and other types of services required to enhance a child's ability to learn new skills, overcome challenges and maximize successful outcomes in school and life.

**Maternal Infant and Early Childhood Home Visiting (MIECHV) Program -**

Initiated in 2010 under the federal Affordable Care Act (Obamacare) with allocations of \$1.5 billion over five-year periods to states/territories which provide evidence-based home visiting programs to at-risk pregnant women and parents of young children (birth to five). Through collaborative agreements with government agencies (Departments of Health, Education and Human Services), the programs provide social workers, parent educators, registered nurses, mental health clinicians, paraprofessionals and therapists to ensure positive and improved outcomes in health, educational readiness and reduced child abuse in families. The home visitors provide health check-ups and referrals, parenting advice, developmental programming instruction and guidance with navigating other government or community resources.

The MIECHV Program, most recently reauthorized under the US Bipartisan Budget Act of 2018 (BBA2018, P.L. 115-123) provided \$400 million annually through FY 2022.

**Executive Function Skills** - The set of mental processes that enable us to plan, focus attention, filter distractions, resist temptation, delay gratification remember and use instructions, complete multiple tasks successfully, and persevere to achieve long-term goals. It is an umbrella term for the neurologically-based skills involving mental control and self-regulation.

The eight key Executive Functions are (1) Impulse Control or Inhibition, (2) Emotional Control or Emotional Self-Regulation, (3) Flexible Thinking, (4) Working Memory, (5) Self-Monitoring/ Self-Awareness, (6) Planning, Prioritizing and Problem Solving (7) Task Initiation and (8) Organization.

[Research on Brain Development at the Harvard University Center on the Developing Child has produced new evidence that these skills are "essential for school achievement, for preparation and adaptability of the Nation's future workforce, and for avoiding a wide range of health problems. According to Leong (2019), the development of these EF skills are deemed to be a greater predictor for school achievement than "a child's IQ score or social class". Developing research (Lipkowitz and Poppe, 2014) indicates that the more developed EF skills are, the more likely a child is able to process what he or she reads, writes or computes, and thus succeed in school.]

## ADDITIONAL KEY TERMS AND DEFINITIONS

### **Granny Preschool - St. Croix District Granny Preschool Program**

The Virgin Islands Department of Education (VIDE) implemented a federally funded, voluntary, full day prekindergarten program targeting 3 and 4 year olds at 2 elementary school sites within the St. Croix District. According to ACT 7343, the purpose of the preschool program is to provide greater opportunity for young children in the Virgin Islands to enter school ready to learn by expanding access to quality preschool curricula for all students who are 4 years old.

Goal 1 of the Virgin Islands Department of Education also aligns to ACT 7343 as it states:  
Each student, by the end of Kindergarten, will be socially, emotionally, and academically prepared for learning success.

Data indicated that more than half of incoming kindergartners tested below grade level on the Kindergarten diagnostic assessment. This prompted the need for support that would prepare incoming Kindergarteners with the kindergarten readiness skills needed. As a result, the Granny Preschool Program was implemented to equip pre-schoolers with the prerequisite skills required to be successful as they transition to Kindergarten. Similar programs are proposed for the St. Thomas/St. John district for the SY 2020-2021 that will be called "SUGAR APPLE Preschool."

**Virgin Islands Virtual Information System (VIVIS)** - Virgin Islands Virtual Information System (VIVIS) through collaboration across agencies and programs, is expected to generate usable, timely, accurate data that are accessible on-line by all relevant stakeholders. VIVIS will adhere to data governance policies and actions that comply with privacy laws and data system best practices. It will provide information on Early Childhood, local industries, wages, post-secondary preparation as well as critical access to K12 Data: Student Demographics, Enrollment, Discipline, Grades, Multiple Assessments, Attendance, Courses, SPED, Faculty and Schedules.

**Early Childhood Integrated Data System (ECIDS)** - The early childhood data represented a critical component of VIVIS in order to have a true B-20W integrated data system. Funding for an Early Childhood Integrated Data System became available from the United States Department of Education, Institute of Education Sciences (US ED IES) early childhood grant and the Virgin Islands Department of Education (VIDE) applied for grant.

The USVI (through VIDE) was the only State or Territory awarded the early childhood grant in 2012, but because of human capacity began work on ECIDS in 2013. The overarching questions to be addressed by ECIDS in regards to availability and quality and how the quality level of a child's early childhood program impact their outcomes entering kindergarten to the third grade and other related issues with school readiness, health care, programs and support for early childhood development. Similar programs proposed for the St. Thomas-St. John district, in SY 2020-2021, will be called "**Sugar Apple**" Preschool.

**APPENDIX V:  
SUMMARY FINDINGS  
CAREGIVER/TEACHER  
SURVEY**

## TEACHING BELIEFS & LEARNING STYLES SURVEY 1 of 2

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. I am confident in my ability to support the early reading and writing skills of all of the children in my care.	7 (3.3)	3 (1.4)	20 (9.6)	83 (39.7)	96 (45.9)
2. I am confident that I can help all of the children in my care develop early writing skills.	3 (1.4)	5 (2.4)	36 (17.2)	102 (48.8)	63 (30.1)
3. I enjoy learning about new ways to teach early reading and writing skills.	5 (2.4)	1 (.5)	7 (3.3)	78 (37.3)	118 (56.5)
4. Changing my practice to better support early language development would take a lot of time and energy.	29 (14.4)	52 (25.9)	67 (33.3)	34 (16.9)	19 (9.5)
5. I am confident that I can help children whose first language is not English make significant progress in their language skills.	4 (2.0)	11 (5.4)	62 (30.7)	90 (44.6)	35 (17.3)
6. I am confident that I can teach all of my children in my care to recognize rhymes.	1 (.5)	11 (5.3)	45 (21.8)	85 (41.3)	64 (31.1)
7. I am interested in learning more about how to support children's language development.	2 (1.0)	3 (1.4)	14 (6.8)	68 (32.9)	120 (58.0)
8. I am not very effective in keeping track of children's early reading and writing skill development	41 (19.8)	84 (40.6)	41 (19.8)	33 (15.9)	8 (3.9)
9. Being able to support children's language development is more important to me than other teaching skills.	7 (3.5)	55 (27.5)	64 (32.0)	42 (21.0)	32 (16.0)
10. I have the knowledge and skills to work effectively with a child who has language difficulties.	5 (2.4)	19 (9.2)	72 (35.0)	79 (38.3)	31 (15.0)
11. I am confident that I can motivate all of my children in my care to read or look at books regularly.		5 (2.4)	23 (11.1)	94 (45.2)	86 (41.3)
12. Being a caregiver who can foster children's early reading and writing skills is important to me.	2 (1.0)	1 (.5)	17 (8.2)	87 (41.8)	101 (48.6)
13. Learning new ways to support children's early reading and writing skills would be useful to me.	2 (1.0)	1 (.5)	11 (5.3)	76 (36.5)	118 (56.7)

## TEACHING BELIEFS & LEARNING STYLES SURVEY 2 of 2

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
14. I don't teach early reading and writing skills as well as I teach other skills.	44 (21.1)	80 (38.3)	54 (25.8)	22 (10.5)	9 (4.3)
15. I understand language concepts well enough to be effective in supporting children's development of early reading and writing skills.	1 (.5)	8 (3.9)	44 (21.3)	95 (45.9)	59 (28.5)
16. I am confident that I can teach all of my children in my care to recognize letter sounds.		6 (2.9)	27 (13.0)	83 (39.9)	92 (44.2)
17. I would value having a better understanding of children's early language development.	2 (1.0)	1 (.5)	34 (16.6)	93 (45.4)	75 (36.6)
18. I would have to give up things I enjoy doing in order to invest time in learning about children's development of early reading and writing skills.	32 (15.7)	66 (32.4)	47 (23.0)	37 (18.1)	22 (10.8)
19. I am confident that I can teach all of the children in my care all their alphabet letters.	2 (1.0)	9 (4.4)	27 (13.1)	70 (34.0)	98 (47.6)
20. I am confident that I can help all of the children in my care make significant progress in their language skills this year.		4 (1.9)	31 (15.0)	88 (42.5)	84 (40.6)



# **APPENDIX VI: SUMMARY FINDINGS PARENT SURVEY**

## SUMMARY OF PARENT RESPONSES

### QUALITY OF CARE FROM A PARENT'S POINT OF VIEW: A QUESTIONNAIRE ABOUT CHILD CARE

<i>Caregiver's warmth and interest in your child</i>	Never	Rarely	Sometimes	Often	Always	?	NA
1. My caregiver is happy to see my child.		3 (1.9)	2 (1.3)	11 (7.1)	133 (85.3)		7 (4.5)
2. The caregiver is warm and affectionate toward my child.		3 (1.9)	2 (1.3)	13 (8.4)	129 (83.2)	1 (.6)	7 (4.5)
3. My child is treated with respect.		1 (.6)	2 (1.3)	13 (8.4)	133 (85.8)		6 (3.9)
4. The caregiver takes an interest in my child.		1 (.7)	6 (3.9)	15 (9.8)	124 (81.0)	1 (.7)	6 (3.9)
5. My child gets a lot of individual attention.	2 (1.3)	3 (2.0)	12 (7.9)	27 (17.8)	89 (58.6)	11 (7.2)	8 (5.3)
6. The caregiver seems happy and content.		4 (2.6)	6 (3.9)	18 (11.6)	116 (74.8)	5 (3.2)	6 (3.9)
<i>Rich environment and activities for your child</i>	Never	Rarely	Sometimes	Often	Always	?	NA
7. There are lots of creative activities going on		2 (1.3)	28 (18.3)	31 (20.3)	84 (54.9)	4 (2.6)	4 (2.6)
8. It's an interesting place for my child.		3 (2.0)	13 (8.5)	25 (16.3)	107 (69.9)	1 (.7)	4 (2.6)
9. There are plenty of toys, books, pictures, and music for my child.		1 (.6)	6 (3.9)	19 (12.3)	122 (79.2)	2 (1.3)	4 (2.6)
10. In care, my child has many natural learning experiences.	1 (.7)	1 (.7)	16 (10.5)	24 (15.7)	105 (68.6)	3 (2.0)	3 (2.0)
11. The caregiver provides activities that are just right for my child.	1 (.6)	1 (.6)	15 (9.7)	21 (13.6)	105 (68.2)	6 (3.9)	5 (3.2)
<i>Caregiver's skill</i>	Never	Rarely	Sometimes	Often	Always	?	NA
12. The caregiver changes activities in response to my child's needs.		3 (2.0)	18 (11.8)	23 (15.0)	82 (53.6)	20 (13.1)	7 (4.6)
13. My caregiver knows a lot about children and their needs.		3 (1.9)	6 (3.9)	21 (13.6)	114 (74.0)	3 (1.9)	7 (4.5)
14. My caregiver is open to new information and learning.		1 (.6)	13 (8.4)	12 (7.7)	113 (72.9)	9 (5.8)	7 (4.5)

Note: The word "caregiver" in this study applies to the provider, teacher, nanny, sitter, or other person who was most directly involved in your child's care.

## QUALITY OF CARE FROM A PARENT'S POINT OF VIEW: A QUESTIONNAIRE ABOUT CHILD CARE

<i><b>Your relationship with the caregiver</b></i>	<b>Never</b>	<b>Rarely</b>	<b>Sometime</b>	<b>Often</b>	<b>Always</b>	<b>?</b>	<b>NA</b>
15. My caregiver and I share information.	1 (.7)	5 (3.3)	25 (16.6)	23 (15.2)	91 (60.3)	1 (.7)	5 (3.3)
16. We've talked about how to deal with problems that might arise.	3 (2.0)	5 (3.3)	20 (13.2)	21 (13.8)	89 (58.6)	4 (2.6)	10 (6.6)
17. My caregiver is supportive of me as a parent.		4 (2.6)	11 (7.2)	8 (5.3)	118 (77.6)	3 (2.0)	8 (5.3)
18. My caregiver accepts the way I want to raise my child.		3 (2.0)	6 (4.0)	19 (12.6)	104 (68.9)	10 (6.6)	9 (6.0)
19. I'm free to drop in whenever I wish.	4 (2.6)	4 (2.6)	11 (7.2)	12 (7.9)	109 (71.7)	5 (3.3)	7 (4.6)
20. I feel welcomed by the caregiver.		2 (1.3)	9 (5.9)	14 (9.2)	121 (79.6)		6 (3.9)
<i><b>How your child feels</b></i>	<b>Never</b>	<b>Rarely</b>	<b>Sometime</b>	<b>Often</b>	<b>Always</b>	<b>?</b>	<b>NA</b>
21. My child feels safe and secure.			4 (2.6)	18 (11.7)	129 (83.8)	1 (.6)	2 (1.3)
22. My child has been happy in this arrangement.			8 (5.2)	27 (17.5)	114 (74.0)	3 (1.9)	2 (1.3)
23. My child has been irritable since being in this arrangement.	71 (46.7)	29 (19.1)	11 (7.2)	8 (5.3)	24 (15.8)	3 (2.0)	6 (3.9)
24. My child feels accepted by the caregiver.	1 (.7)	1 (.7)	3 (2.0)	20 (13.1)	121 (79.1)	3 (2.0)	4 (2.6)
25. My child likes the caregiver.			7 (4.6)	17 (11.1)	122 (79.7)	4 (2.6)	3 (2.0)
26. My child feels isolated and alone in care.	94 (61.8)	23 (15.1)	3 (2.0)	5 (3.3)	14 (9.2)	5 (3.3)	8 (5.3)
<i><b>Risks to health, safety, and well-being</b></i>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>?</b>	<b>NA</b>
27. My child is safe with this caregiver.			4 (2.6)	12 (7.8)	130 (85.0)	2 (1.3)	5 (3.3)
28. There are too many children being cared for at the same time.	71 (47.0)	24 (15.9)	12 (7.9)	8 (5.3)	15 (9.9)	9 (6.0)	12 (7.9)
29. The caregiver needs more help with the children.	62 (40.8)	27 (17.8)	26 (17.1)	3 (2.0)	15 (9.9)	10 (6.6)	9 (5.9)
30. The caregiver gets impatient with my child.	94 (61.4)	24 (15.7)	8 (5.2)	5 (3.3)	3 (2.0)	9 (5.9)	10 (6.5)
31. The children seem out of control.	95 (62.5)	26 (17.1)	10 (6.6)	1 (.7)	5 (3.3)	7 (4.6)	8 (5.3)
32. The conditions are unsanitary.	117 (77.0)	13 (8.6)	4 (2.6)	2 (1.3)	6 (3.9)	3 (2.0)	7 (4.6)
33. The children watch too much TV.	89 (58.2)	20 (13.1)	21 (13.7)	2 (1.3)	3 (2.0)	9 (5.9)	9 (5.9)
34. It's a healthy place for my child.	3 (2.0)		6 (3.9)	22 (14.5)	109 (71.7)	8 (5.3)	4 (2.6)
35. I worry about bad things happening to my child in care.	95 (62.1)	25 (16.3)	10 (6.5)	3 (2.0)	9 (5.9)	3 (2.0)	8 (5.2)
36. Dangerous things are kept out of reach.	8 (5.2)	1 (.6)	1 (.6)	13 (8.4)	116 (75.3)	10 (6.5)	5 (3.2)

# **QUALITY OF CARE FROM A PARENT'S POINT OF VIEW: A QUESTIONNAIRE ABOUT CHILD CARE**

<i>The flexibility you have in your situation from work, family, and caregiver</i>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>?</b>	<b>NA</b>
F1. I work a regular day shift.	17 (11.2)	11 (7.2)	21 (13.8)	9 (5.9)	61 (40.1)	3 (2.0)	30 (19.7)
F2. My schedule makes it easy to be on time.	2 (1.3)	12 (7.9)	31 (20.4)	24 (15.8)	59 (38.8)	3 (2.0)	21 (13.8)
F3. Our work schedule keeps changing.	55 (36.4)	23 (15.2)	17 (11.3)	4 (2.6)	18 (11.9)	4 (2.6)	30 (19.9)
F4. My shift and work schedule cause extra stress for me and my child.	54 (35.8)	27 (17.9)	22 (14.6)	5 (3.3)	5 (3.3)	4 (2.6)	34 (22.5)
F5. Where I work it's difficult to deal with child-care problems during working hours.	62 (41.3)	18 (12.0)	25 (16.7)	3 (2.0)	5 (3.3)	2 (1.3)	35 (23.3)
F6. My life is hectic.	50 (32.9)	21 (13.8)	41 (27.0)	12 (7.9)	10 (6.6)	2 (1.3)	16 (10.5)
F7. I find it difficult to balance work and family.	54 (36.0)	24 (16.0)	26 (17.3)	6 (4.0)	9 (6.0)	2 (1.3)	29 (19.3)
F8. In my work schedule I have enough flexibility to handle family needs.	11 (7.3)	10 (6.6)	23 (15.2)	28 (18.5)	50 (33.1)	4 (2.6)	25 (16.6)
F9. I have good backup care arrangements in case of emergency.	7 (4.7)	13 (8.7)	28 (18.7)	16 (10.7)	73 (48.7)	4 (2.7)	9 (6.0)
F10. My caregiver understands my job and what goes on for me at work.	5 (3.3)	5 (3.3)	15 (9.9)	17 (11.2)	67 (44.1)	9 (5.9)	34 (22.4)
F11. My caregiver is willing to work with me about my schedule.	8 (5.3)	6 (3.9)	10 (6.6)	22 (14.5)	68 (44.7)	6 (3.9)	32 (21.1)
F12. I rely on my caregiver to be flexible about my hours.	20 (13.3)	17 (11.3)	16 (10.7)	13 (8.7)	42 (28.0)	7 (4.7)	35 (23.3)
F13. I can count on my caregiver when I can't be there.	8 (5.2)	3 (2.0)	13 (8.5)	26 (17.0)	72 (47.1)	4 (2.6)	27 (17.6)
F14. I have someone I can share home and care responsibilities with.	9 (5.9)	12 (7.8)	18 (11.8)	24 (15.7)	75 (49.0)	1 (.7)	14 (9.2)
F15. I'm on my own in raising my child.	46 (31.1)	14 (9.5)	20 (13.5)	18 (12.2)	34 (23.0)	1 (.7)	15 (10.1)

## QUALITY OF CARE FROM A PARENT'S POINT OF VIEW: A QUESTIONNAIRE ABOUT CHILD CARE

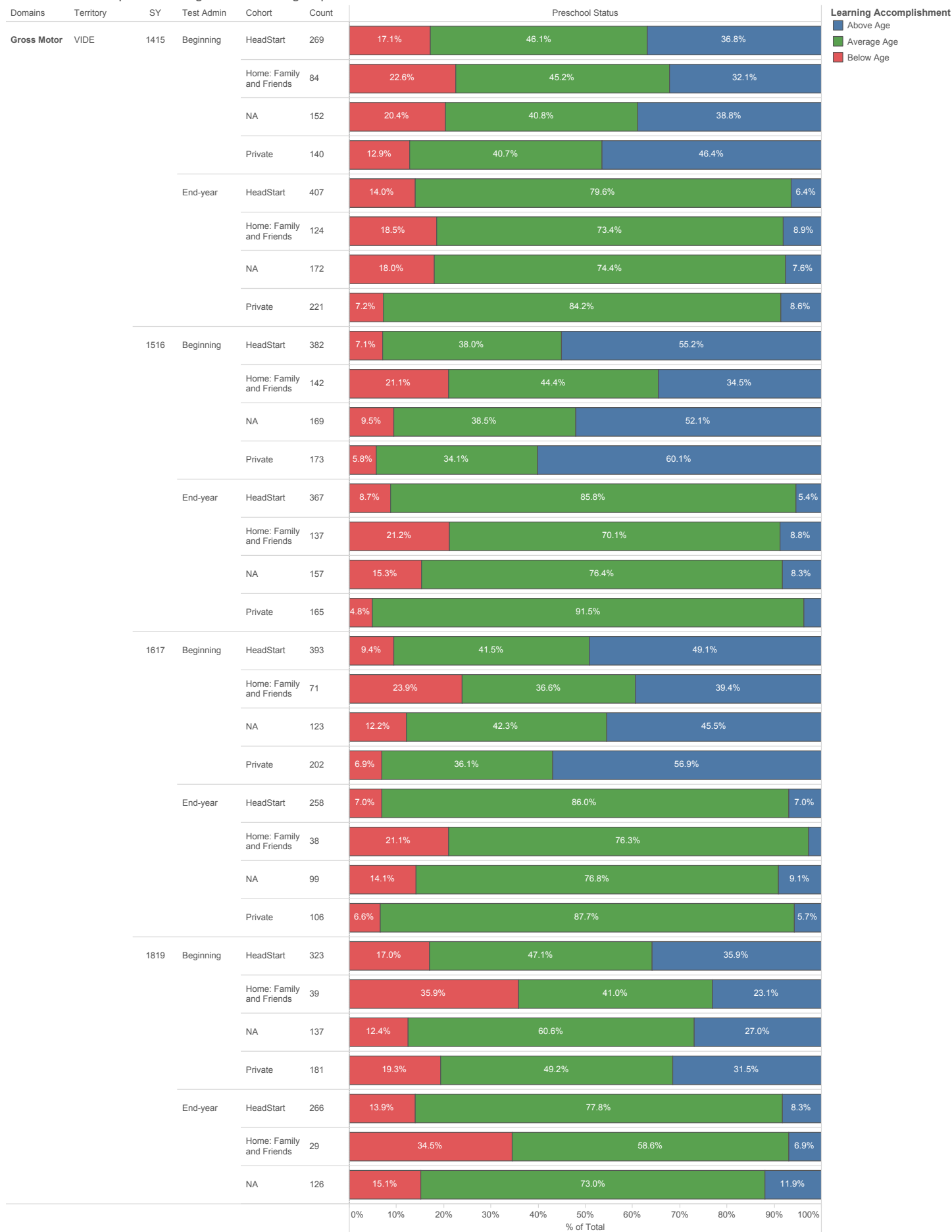
<i>About your child's special needs</i>	No	Yes	
N1. My child needs more attention than most children.	136 (88.3)	18 (11.7)	
N2. My child's special needs require a lot of extra effort.	137 (89.5)	16 (10.5)	
N3. My caregiver feels that my child's special needs are quite demanding.	145 (95.4)	7 (4.6)	
N4. I've had caregivers who quit or let my child go because of behavioral problems.	150 (98.7)	2 (1.3)	
N5. My child can be quite difficult to handle.	133 (86.9)	20 (13.1)	
N6. My child <u>has a physical or developmental disability</u> that requires special attention.	143 (94.1)	9 (5.9)	
N7. My child has a <u>health care need</u> that requires extra attention.	142 (93.4)	10 (6.6)	
N8. My child has <u>an emotional or behavioral problem</u> that requires special attention.	147 (96.7)	5 (3.3)	
N9. My child has <u>a learning disability</u> that requires specialized approaches.	143 (94.7)	8 (5.3)	
<i>The choices you've had</i>	No	Somewhat	Yes
O1. I've had difficulty finding the child care I want.	107 (69.9)	29 (19.0)	17 (11.1)
O2. There are good choices for child care where I live.	36 (23.8)	56 (37.1)	59 (39.1)
O3. In my neighborhood, child care is hard to find.	70 (46.1)	39 (25.7)	43 (28.3)
O4. When I made this arrangement, I had more than one option.	64 (42.4)	39 (25.8)	48 (31.8)
O5. In choosing child care, I've felt I had to take whatever I could get.	79 (52.0)	44 (28.9)	29 (19.1)
O6. I found a caregiver who shares my values.	15 (9.9)	43 (28.5)	93 (61.6)
O7. I like the way my caregiver views the world.	10 (6.6)	44 (29.1)	97 (64.2)
O8. My caregiver and I see eye to eye on most things.	9 (6.0)	39 (25.8)	103 (68.2)

**APPENDIX VII:  
LEARNING  
ACCOMPLISHMENT  
PROFILE THIRD  
EDITION [LAP-3]**

**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
GROSS MOTOR**

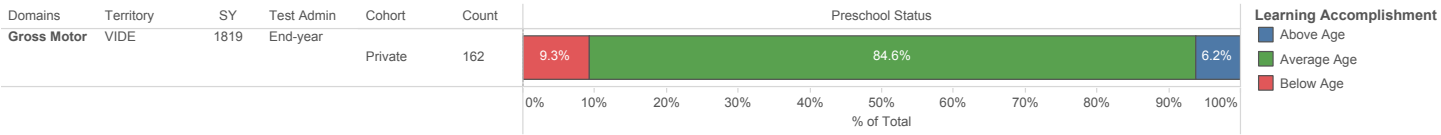
# LAP-3 GROSS MOTOR DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS

VIDE LAP3 Results | % Performing Above/Below Age Equivalent





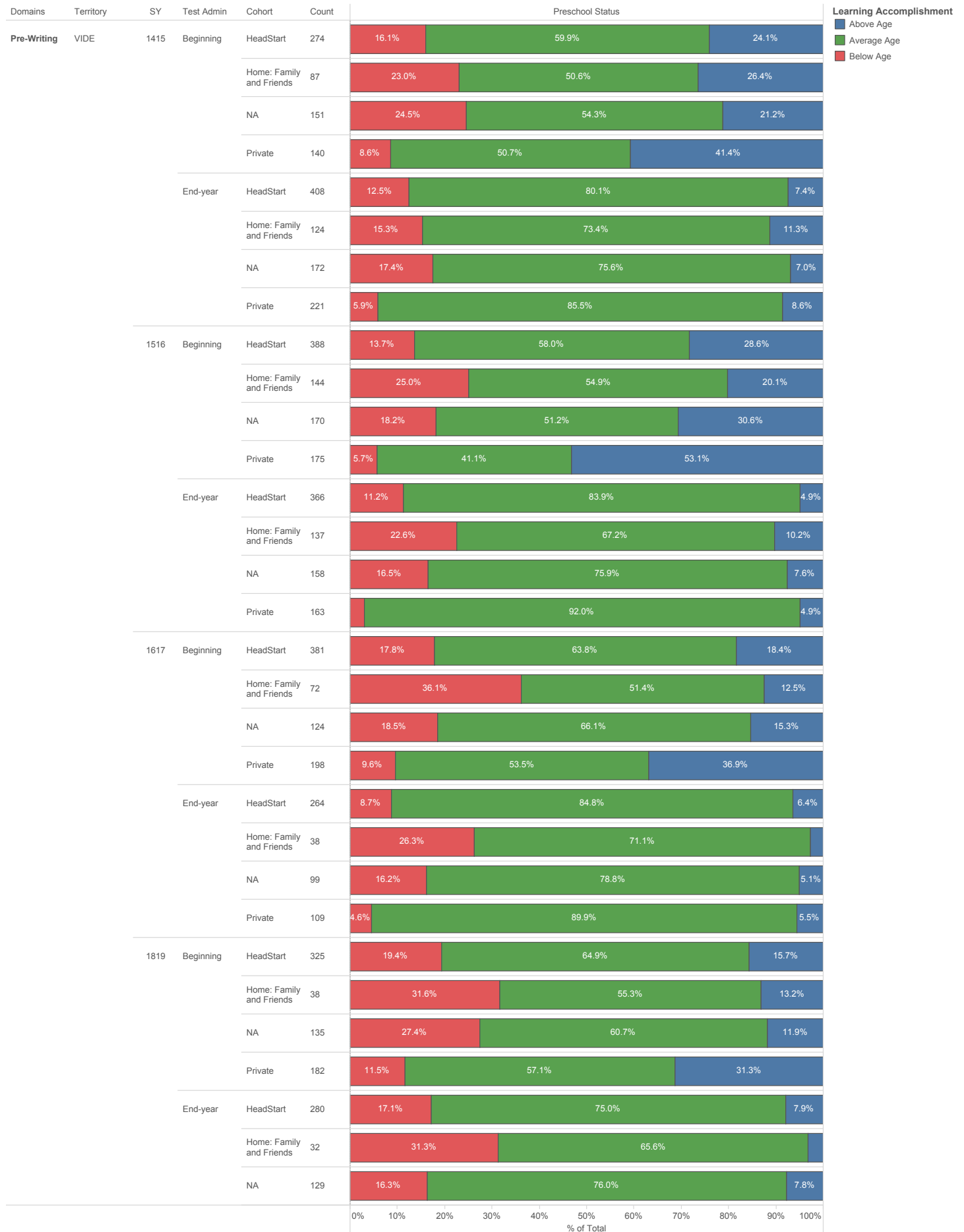
VIDE LAP3 Results | % Performing Above/Below Age Equivalent



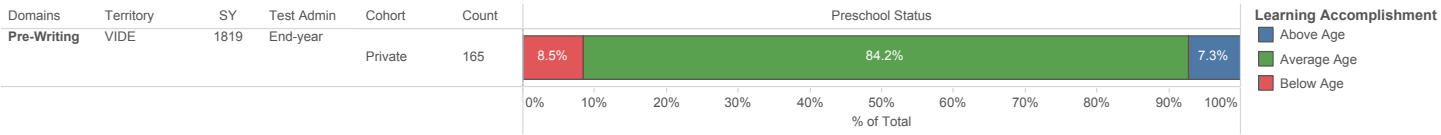
**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
PRE-WRITING**

# LAP-3 PRE-WRITING DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS

VIDE LAP3 Results | % Performing Above/Below Age Equivalent



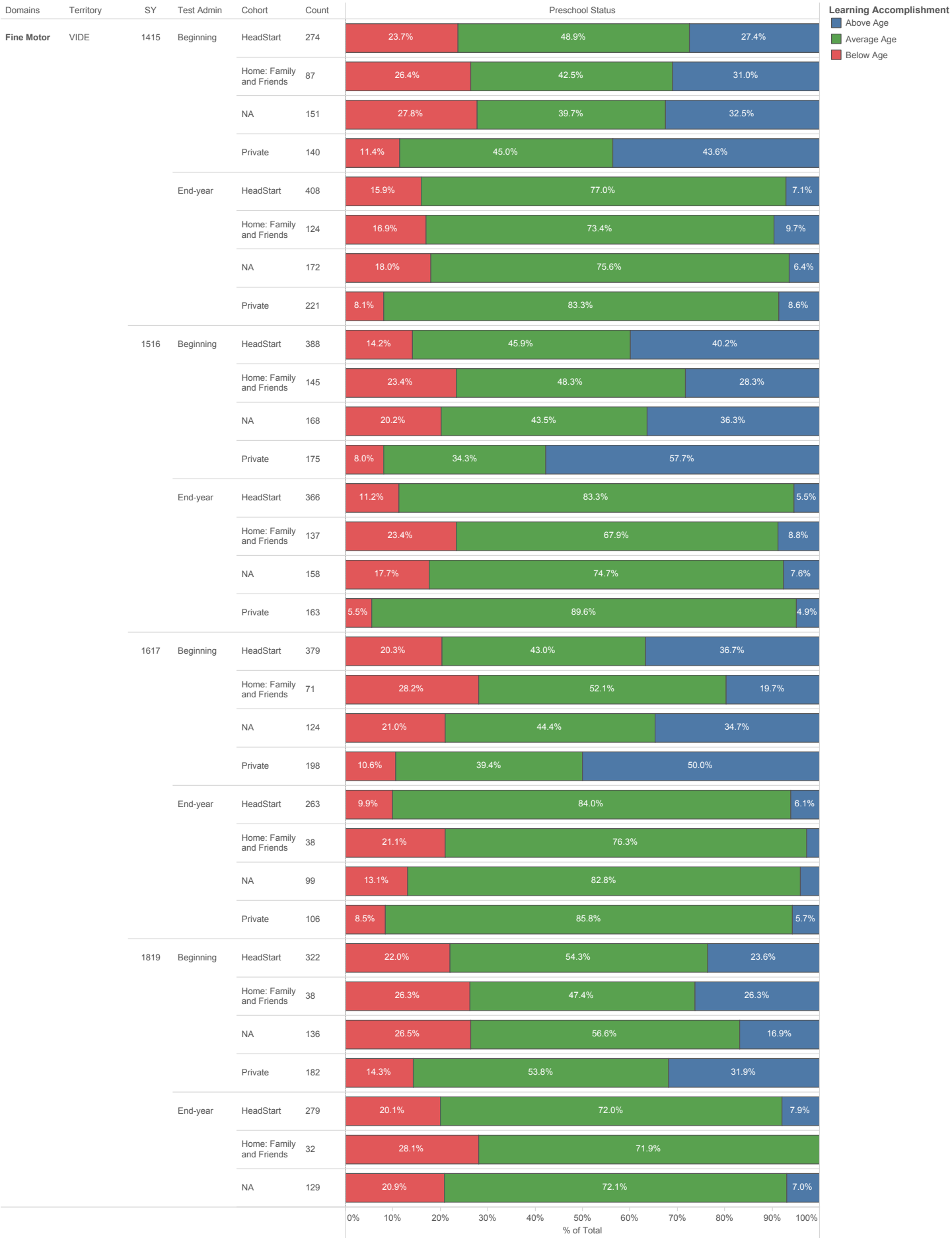
VIDE LAP3 Results | % Performing Above/Below Age Equivalent



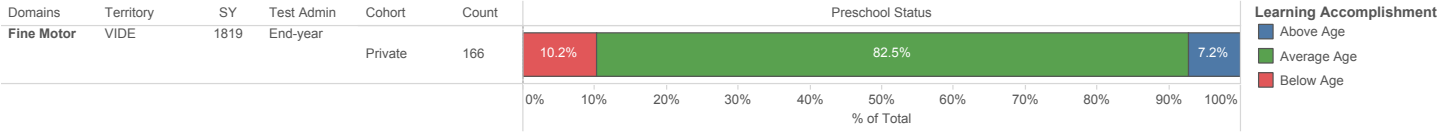
**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
FINE MOTOR**

# LAP-3 FINE MOTOR DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS

VIDE LAP3 Results | % Performing Above/Below Age Equivalent



VIDE LAP3 Results | % Performing Above/Below Age Equivalent

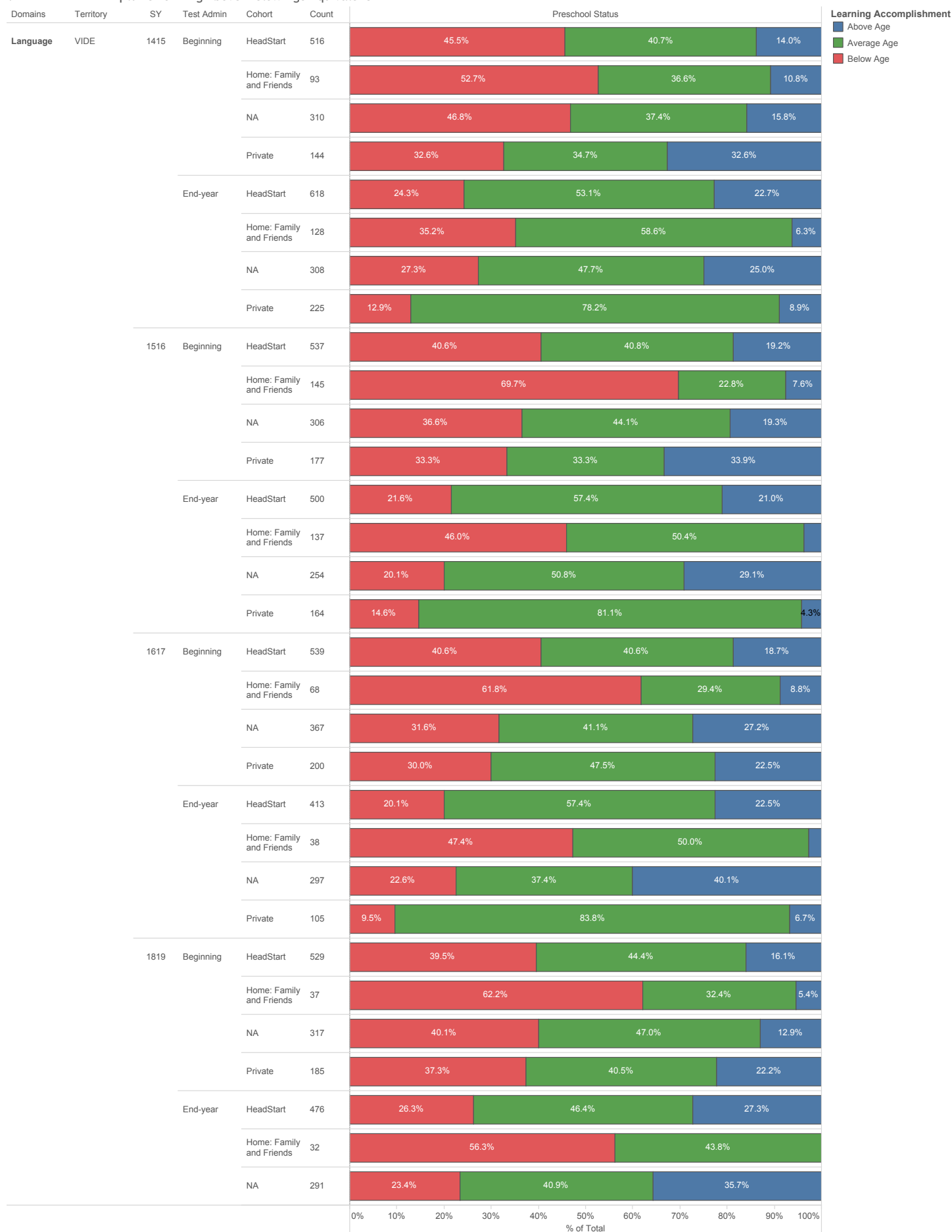


**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
LANGUAGE**

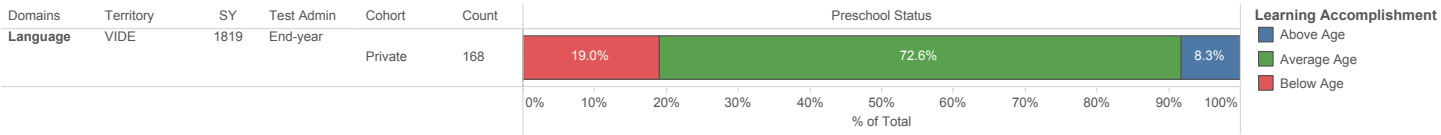


# LAP-3 LANGUAGE DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS

VIDE LAP3 Results | % Performing Above/Below Age Equivalent

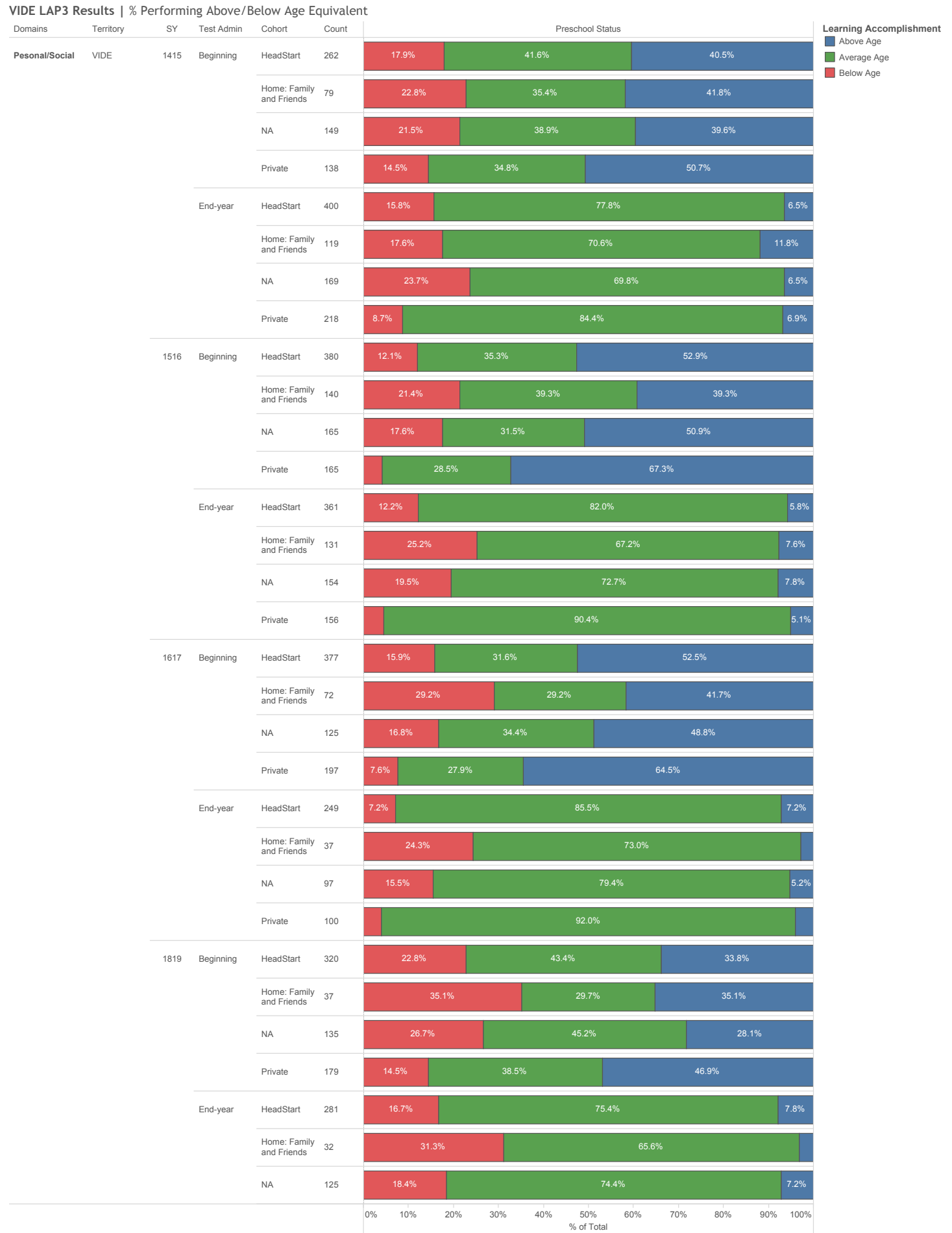


VIDE LAP3 Results | % Performing Above/Below Age Equivalent

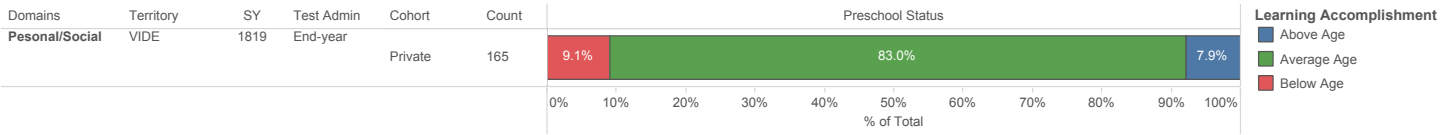


**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
PERSONAL SOCIAL**

# LAP-3 PERSONAL-SOCIAL DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS



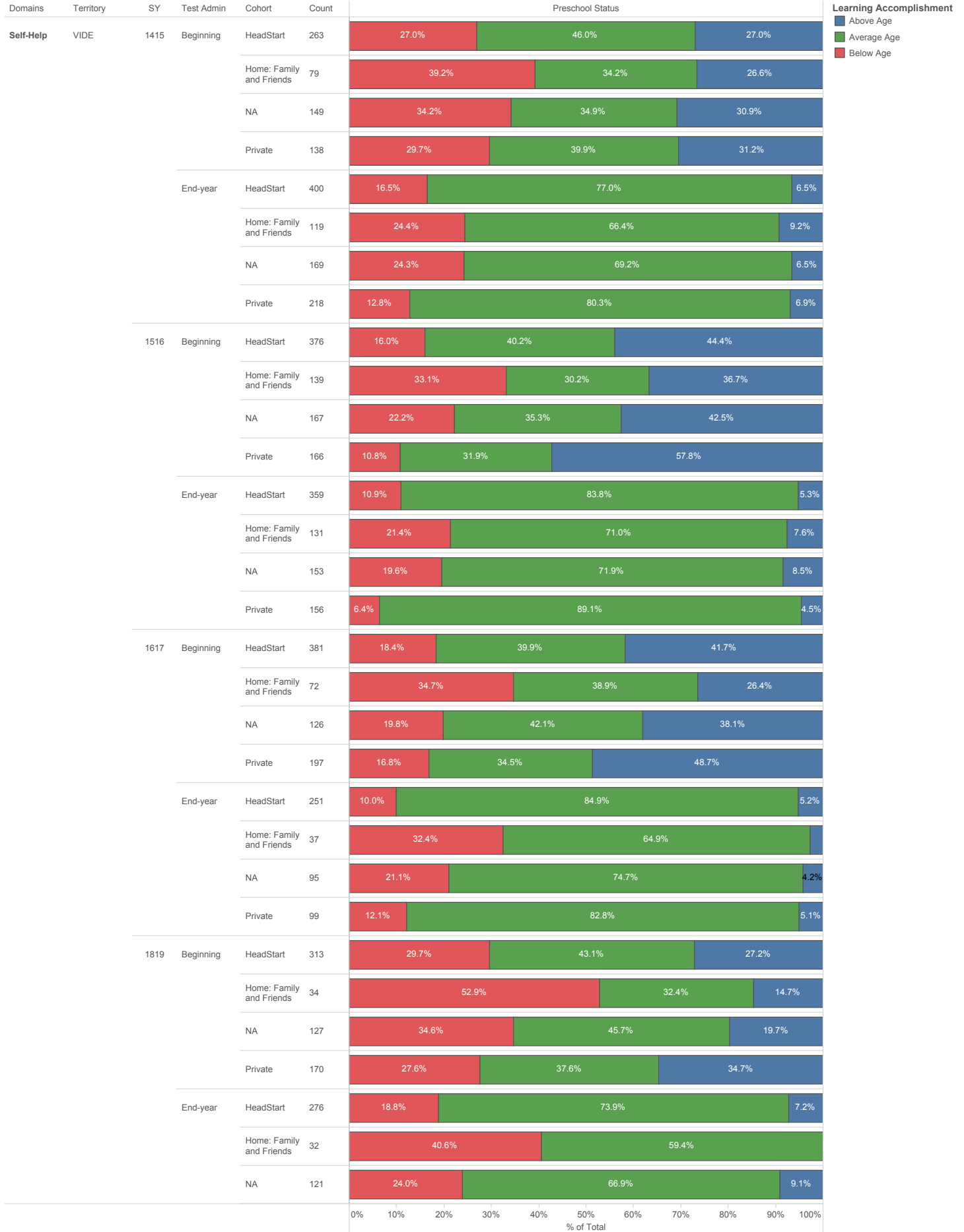
VIDE LAP3 Results | % Performing Above/Below Age Equivalent



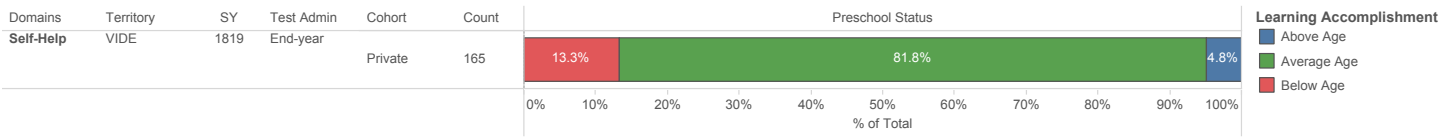
**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
SELF-HELP**

# LAP-3 SELF-HELP DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS

VIDE LAP3 Results | % Performing Above/Below Age Equivalent



VIDE LAP3 Results | % Performing Above/Below Age Equivalent

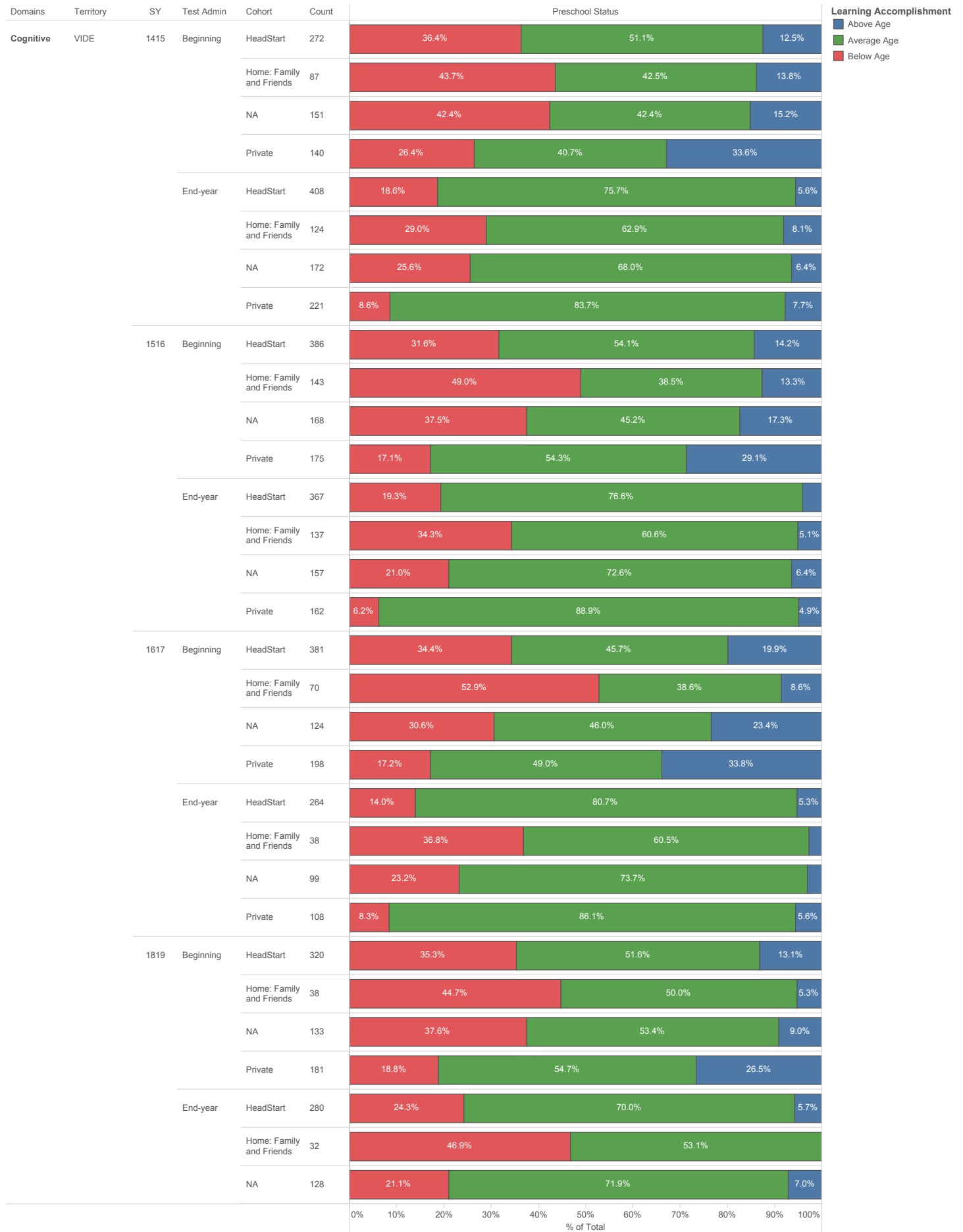




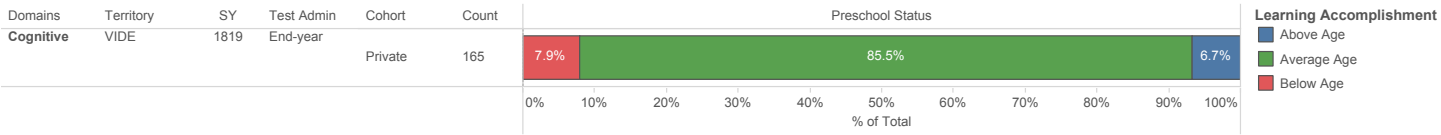
**LEARNING  
ACCOMPLISHMENT PROFILE  
THIRD EDITION (LAP-3)  
COGNITIVE**

# LAP-3 COGNITIVE DOMAIN RESULTS - VIDE KINDERGARTEN STUDENTS

VIDE LAP3 Results | % Performing Above/Below Age Equivalent



VIDE LAP3 Results | % Performing Above/Below Age Equivalent



# **APPENDIX VIII: CHILD OBSERVATION RECORD (COR) DATA**

**SY2016 - 2017 COR  
ASSESSMENT RESULTS:  
TERRITORY AND DISTRICTS**

**SY2016-2017 COR ASSESSMENT RESULTS:  
TERRITORY AND DISTRICTS**

<b>Territory</b>	<b>Assessment 1</b>	<b>Assessment 2</b>	<b>Assessment 3</b>
Creative Representation Initiative	2.47	3.24	3.78
Language and Literacy	2.68	3.46	4.00
Mathematics and Science	2.21	2.98	3.56
Movement and Music	2.22	3.02	3.62
Social Relations	2.70	3.49	4.07
	2.56	3.37	3.92
<b>Territory Average:</b>	<b>2.42</b>	<b>3.20</b>	<b>3.77</b>
<b>St. Croix</b>			
Creative Representation Initiative	2.62	3.42	3.94
Language and Literacy	2.83	3.61	4.14
Mathematics and Science	2.36	3.15	3.74
Movement and Music	2.43	3.26	3.85
Social Relations	2.86	3.67	4.23
	2.78	3.57	4.12
<b>St. Croix Average:</b>	<b>2.59</b>	<b>3.39</b>	<b>3.96</b>
<b>St. Thomas-St. John</b>			
Creative Representation Initiative	2.24	3.00	3.56
Language and Literacy	2.48	3.26	3.81
Mathematics and Science	1.99	2.74	3.34
Movement and Music	1.91	2.69	3.32
Social Relations	2.48	3.24	3.85
	2.26	3.08	3.67
<b>St. Thomas-St. John Average:</b>	<b>2.17</b>	<b>2.94</b>	<b>3.53</b>

**SY2017 - 2018 COR  
ASSESSMENT RESULTS:  
TERRITORY AND DISTRICTS**

**SY2017-2018 COR ASSESSMENT RESULTS:  
TERRITORY AND DISTRICTS**

<b>Territory</b>	<b>Assessment 1</b>	<b>Assessment 2</b>	<b>Assessment 3</b>
Creative Representation Initiative	2.58	3.42	3.75
Language and Literacy	2.77	3.56	3.95
Mathematics and Science	2.28	3.11	3.47
Movement and Music	2.29	3.15	3.49
Social Relations	2.80	3.59	3.98
<b>Territory Average:</b>	<b>2.67</b>	<b>3.48</b>	<b>3.80</b>
<b>St. Croix</b>			
Creative Representation Initiative	2.50	3.33	3.68
Language and Literacy	2.74	3.59	4.05
Mathematics and Science	2.88	3.70	4.15
Movement and Music	2.45	3.33	3.76
Social Relations	2.49	3.44	3.95
<b>St. Croix Average:</b>	<b>2.92</b>	<b>3.76</b>	<b>4.21</b>
<b>St. Thomas-St. John</b>			
Creative Representation Initiative	2.84	3.68	4.10
Language and Literacy	2.27	3.17	3.58
Mathematics and Science	2.58	3.36	3.83
Movement and Music	1.96	2.80	3.31
Social Relations	1.92	2.73	3.23
<b>St. Thomas-St. John Average:</b>	<b>2.59</b>	<b>3.35</b>	<b>3.84</b>
	2.35	3.18	3.63
<b>St. Thomas-St. John Average:</b>	<b>2.20</b>	<b>3.02</b>	<b>3.50</b>



**SY2018 - 2019 COR  
ASSESSMENT RESULTS:  
TERRITORY AND DISTRICTS**

<b>2018-2019 COR ASSESSMENT RESULTS: TERRITORY AND DISTRICTS</b>			
<b>Territory</b>	<b>Assessment 1</b>	<b>Assessment 2</b>	<b>Assessment 3</b>
Creative Representation	2.41	3.23	3.82
Initiative	2.62	3.43	4.07
Language and Literacy	2.11	2.93	3.58
Mathematics and Science	2.11	2.92	3.61
Movement and Music	2.62	3.48	4.12
Social Relations	2.44	3.29	3.93
<b>Territory Average:</b>	<b>2.32</b>	<b>3.15</b>	<b>3.80</b>
<b>St. Croix</b>			
Creative Representation	2.56	3.34	3.93
Initiative	2.73	3.51	4.12
Language and Literacy	2.24	3.04	3.68
Mathematics and Science	2.27	3.03	3.72
Movement and Music	2.73	3.59	4.20
Social Relations	2.62	3.41	4.04
<b>St. Croix Average:</b>	<b>2.46</b>	<b>3.26</b>	<b>3.90</b>
<b>St. Thomas-St. John</b>			
Creative Representation	2.18	3.08	3.66
Initiative	2.46	3.32	4.00
Language and Literacy	1.91	2.77	3.43
Mathematics and Science	1.88	2.75	3.45
Movement and Music	2.45	3.31	3.99
Social Relations	2.16	3.10	3.77
<b>St. Thomas-St. John Average:</b>	<b>2.11</b>	<b>2.99</b>	<b>3.66</b>

**APPENDIX IX:  
AMENDED  
INTERAGENCY  
AGREEMENT [AIA]**

**AMENDED INTERAGENCY AGREEMENT  
BETWEEN  
THE VIRGIN ISLANDS DEPARTMENT OF HEALTH,  
THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION,  
AND  
THE VIRGIN ISLANDS DEPARTMENT OF  
DEPARTMENT OF HUMAN SERVICES**

**THIS AMENDED AGREEMENT** entered into on this 23rd of June 2015 by and between the **Virgin Islands Department of Health** (hereinafter referred to as "**Health**" or "**DOH**"), the **Virgin Islands Department of Education** (hereinafter referred to as "**Department of Education**" or "**DOE**"), and the **Virgin Islands Department of Human Services** (hereinafter referred to as "**Human Services**" or "**DHS**"). All collectively referred to as "**Parties**" or "**Agencies**"

**WITNESSETH:**

WHEREAS, the **Department of Health** is the lead agency for purposes of ensuring the provision of early intervention services to infants and toddlers, ages birth to three (3), under Part C of the Individuals with Disabilities Education Act (hereafter, "**IDEA**" or "**the Act**"); and

WHEREAS, the **Department of Education** is the State Educational Agency (SEA) responsible for ensuring the provision of preschool services to children ages three (3) through five (5), who are determined to be eligible under Part B of the IDEA; and

WHEREAS, the **Department of Human Services** is the lead agency for administering Head Start preschool programs for children ages three (3) through five (5); and

WHEREAS, Health, through its Infants and Toddlers Program; Education, through its State Office of Special Education; and Human Services, through its Office of Preschool Services (Head Start) desire to ensure collaboration in the continuation of a statewide, comprehensive coordinated interagency transition process as it relates to the transition of children exiting Part C and entering Part B of the IDEA;

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Initials: DOH [Signature] DOE [Signature] DHS [Signature]

Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

WHEREAS, the parties October 14, 2014 Agreement for the purposed contained herein is amended by inclusion of provision for each participating agency to permit parents provided for in Part C of the IDEA to inspect and review any early intervention records relating to their child at page 14, paragraph 6, of this agreement;

**NOW THEREFORE**, in consideration of the mutual covenants herein contained, and intending to be legally bound by this written instrument, the Parties hereto do covenant and agree as follows:

**I. SCOPE OF SERVICES – RESPONSIBILITIES**

**Overview**

The agreement relates to infants and toddlers with disabilities and/or developmental delays and their families who are eligible for early intervention programs or services under Part C of the IDEA, 20 USC §§ 1400 et seq., and who are transitioning from early intervention programs or services and who are potentially eligible for special education and/or other appropriate services under Part B of the IDEA.

For purposes of this agreement, transition services are a coordinated set of activities designed within an outcome oriented process that promotes smooth and effective movement of children from an early intervention program or early intervention services into preschool activities, services and/or programs, or into other appropriate services. Transition services include family involvement, and must be based on each individual child's needs.

**A. RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH (LEAD AGENCY FOR INFANTS AND TODDLERS)**

**The following shall be responsibilities of DOH:**

To comply with the federal regulations at 34 CFR Part 303, Subpart B that requires each State to include in its application a description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers under the age of three (3) and their families who receive early intervention services under this part to

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Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

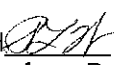


preschool and other appropriate services (for toddlers with disabilities); or who are exiting the program for infants and toddlers with disabilities.

To comply with the federal regulations for Part C of IDEA, "Early Intervention Program for Infants and Toddlers with Disabilities," at 34 CFR §§ 303.209 through 303.210, 34 CFR §§ 303.401 through 303.404, and the regulations under the Family Educational Rights and Privacy Act (FERPA), 20 USC §1232g and 34 CFR Part 99, that require:

- a. A description of how the lead agency under Part C will:
  1. Notify the State Educational Agency (SEA) and the appropriate Local Educational Agency (LEA) for the area in which the child resides that the child who is receiving Part C services and who is potentially eligible for services under the Part B Section 619 preschool program and in accordance with Virgin Islands law will shortly turn three (3) years old and exit the Part C program. This notification will occur no fewer than ninety (90) days prior to the child's third birthday.
  2. In the case of a child eligible for preschool services and potentially eligible under Part B of the Act, with the approval of the family, convenes a transition conference among the lead agency, the family and the LEA at least ninety (90) days before the child's third (3<sup>rd</sup>) birthday, or at the discretion of the parties, up to nine (9) months before the child is eligible for the preschool program or services under Part B of the Act in accordance with State law, to discuss any services the child may receive;
  3. In the case of a toddler who is eligible for early intervention services more than forty-five (45) days but less than ninety (90) days before that toddler's third (3<sup>rd</sup>) birthday, the lead agency must, pursuant to 34 CFR §303.209(b)(ii), as soon as possible after determining the child's eligibility under Part C and if that toddler may be eligible for preschool services under Part B, notify the SEA and the LEA for the area in which the toddler

with a disability resides that the toddler on his or her third (3<sup>rd</sup>) birthday will reach eligibility for services under Part B of the Act; or

4. If a toddler is referred to the lead agency fewer than forty-five (45) days before that toddler's third (3<sup>rd</sup>) birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency with parental consent required under 34 CFR §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment or an initial Individualized Family Service Plan (IFSP) meeting under the circumstances.
  5. In a case of a child who may not be eligible for special education and related services under IDEA-Part B, with the approval of the family, make reasonable efforts to convene a conference with the family and providers of other appropriate programs/services [e.g., Head Start, related service providers, and/or private preschools] to discuss the appropriate services that a child may receive;
  6. Review the child's program options for the period from the child's third (3<sup>rd</sup>) birthday through the remainder of the school year; and
  7. Establish a transition plan not fewer than ninety (90) days and at the discretion of all parties up to nine months before the child's third birthday that includes any appropriate steps for the toddler to exit the program and any transition services needed by that toddler and his or her family;
- b. The Individualized Family Service Plan (IFSP) must include the steps and services to be taken to support the smooth transition of the child in accordance with 34 CFR §303.209 from Part C services to Preschool or other appropriate services to the extent to which those services are appropriate. The steps must include:

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Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

1. Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;
  2. Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting;
  3. Confirmation that child find information about the child has been transmitted to the LEA, in accordance with 34 CFR § 303.209(b) and, with parental consent, if required under 34 CFR § 303.414, transmission of additional information needed by the LEA to ensure continuity of services from the Part C program to the Part B program, including a copy of the most recent evaluation and assessment of the child and the family and most recent IFSP developed in accordance with 34 CFR §§ 303.340 through 303.345; and
  4. Identification of transition services and other activities that the IFSP Team determines are necessary to support the transition of the child.
- c. With parental consent, the transmission of the child's Part C education records to the LEA, to ensure continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented in accordance with State and federal requirements.

To comply with 34 CFR § 303.604 of the regulations for Part C of the Act that require:

- a. The State Interagency Coordinating Council advise and assist the lead agency in the performance of its responsibilities;
- b. Advise and assist the SEA and the lead agency regarding the transition of toddlers with disabilities to preschool and other appropriate services.

To comply with 34 CFR § 303.401 of the regulations for Part C of the Act that require:

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Amended Interagency Agreement for the Transition of Children from Part C to Part B Services



- a. The parents of a child referred under Part C are afforded the right to confidentiality of personally identifiable information, including the right to written notice of, and written consent to, the exchange of information among agencies, consistent with Federal and State laws;
- b. As required under Sections 617(c) and 642 of the Act, the regulations in 34 CFR §§ 303.401 through 303.417 ensure the protection of the confidentiality of any personally identifiable data, information, and records collected or maintained pursuant to this part by the Secretary and by participating agencies, including the State lead agency and Early Intervention Service Providers (EISP), in accordance with the protections under the Family Educational Rights and Privacy Act (FERPA) in 20 USC § 1232g and 34 CFR Part 99.
- c. Participating agencies, including the lead agency and EISP, must have procedures in effect to ensure that the parents of infants or toddlers who are referred to, or receive services under this part, are afforded the opportunity to inspect and review all Part C early intervention records about the child and the child's family that are collected, maintained, or used under this part, including records related to evaluations and assessments, screening, eligibility determinations, development and implementation of IFSPs, provision of early intervention services, individual complaints involving the child, or any part of the child's early intervention record under this part.

To comply with 34 CFR § 303.209 that require the lead agency to ensure that:

- a. If a toddler with a disability may be eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not fewer than ninety (90) days – and, at the discretion of all parties, not more than nine (9) months – before the toddler's third (3<sup>rd</sup>) birthday to discuss any services the toddler may receive under Part B of the Act; and

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DOE

*[Signature]*

DHS

*[Signature]*

Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

- b. If the lead agency determines that a toddler with a disability is not potentially eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of appropriate services for the toddler to discuss appropriate services that the toddler may receive.
- c. The State lead agency must ensure that it reviews the program options for the toddler with a disability for the period from the toddler's third (3<sup>rd</sup>) birthday through the remainder of the school year; and
- d. Each family of a toddler with a disability who is served under this part is included in the development of the transition plan required.

## **B. DEPARTMENT OF EDUCATION**

### **The following shall be responsibilities of DOE:**

To comply with the IDEA Part B regulations at 34 CFR §§ 300.101, 300.124, 300.301 through 300.306, 300.321(f), 300.323(b), and 300.501 which require that:

- a. Children participating in early intervention programs under Part C and who will participate in preschool programs under Part B experience a smooth and effective transition to those preschool programs in a manner consistent with Section 637(a)(9) of the Act and 34 CFR § 303.343 (h)--- and
- b. By the child's third (3<sup>rd</sup>) birthday, an Individualized Education Program (IEP) or, if consistent with 34 CFR § 300.323(b), Section 636(d) of the Act and 34 CFR § 303.344, an IFSP, has been developed, adopted and is being implemented for the child consistent with 34 CFR § 300.101(b) and 34 CFR § 300.114; and
- c. Each affected LEA must participate in transition planning conferences arranged by the designated lead agency under Section 635(a)(10) of the Act and 34 CFR § 300.124(c)

- d. At the request of the parent an invitation to the initial IEP meeting must be sent to the Part C service Coordinator or other Part C representative, if the child previously received Part C services as described at 34 CFR § 300.321(f)
- e. For all children transitioning from Part C services to Part B, the IEP team must consider an IFSP that contains the IFSP content (including the natural environments statement described in section 636 (d) and its implementing regulations when developing the initial IEP as described in 34 CFR § 300.323(b)
- f. The SEA and LEA are responsible for ensuring that:
  - 1. A free appropriate public education (FAPE) is made available to each eligible child residing in the Territory beginning no later than the child's third (3<sup>rd</sup>) birthday;
  - 2. An IEP or an IFSP, as appropriate and as determined by the child's IEP team, is in effect and implemented by the child's third (3<sup>rd</sup>) birthday in accordance with 34 CFR § 300.101(b) and 34 CFR §§ 300.320 through 300.324;
  - 3. Special education and related services are determined by the IEP team (34 CFR § 300.321) consistent with 34 CFR §§ 300.39 and 300.34;
  - 4. Extended school year (ESY) services (special education and related services that are provided to a child with a disability beyond the normal school year of the public agency, in accordance with the child's IEP, at no cost to the parents of the child, and that meet the standards of the SEA) are available as necessary to provide FAPE in accordance with 34 CFR §§ 300.320 through 300.324; and must be provided only if a child's IEP team determines, on an individual basis, in accordance with 34 CFR §§ 300.320–300.324, that the services are necessary for the provision of FAPE to the child. The SEA and LEA may not limit the type, amount, or duration of those services.

To comply with the federal regulations for Part B of the IDEA at 34 CFR § 300.154, which require that:

- a. The Chief State Officer of a State, or designee of that officer, must ensure that an interagency agreement or other mechanism for interagency coordination is in effect between each noneducational public agency providing or paying for services that are also considered special education or related services and the SEA, in order to ensure that all services (e.g. including, but not limited to assistive technology devices and services, related services, supplementary aids and services and transition services) that are needed to ensure FAPE are provided, including the provision of these services during the pendency of any dispute between the educational and noneducational public agencies. The agreement must include:
  1. An identification of, or a method for defining the financial responsibility of each agency for providing services to ensure FAPE to children with disabilities;
  2. The financial responsibility of each noneducational public agency, including the State Medicaid agency and other public insurers of children with disabilities (e.g., MCH), must precede the financial responsibility of the LEA (or the State agency responsible for developing the child's IEP).
  3. The conditions, terms and procedures under which an LEA must be reimbursed by other agencies;
  4. Procedures for resolving interagency disputes (including procedures under which LEAs may initiate proceedings) under the agreement or other mechanism to secure reimbursement from other agencies or otherwise implement the provisions of the agreement or mechanism;
  5. Policies and procedures for agencies to determine and identify the interagency coordination responsibilities of each agency to promote the coordination and timely and appropriate delivery of services.

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- b. If any public agency other than an educational agency is otherwise obligated under Federal or State law, or assigned responsibility under State policy or pursuant to an agreement or other mechanism for interagency coordination, to provide or pay for any services that are also considered special education or related services that are necessary for ensuring FAPE to children with disabilities within the State, the public agency must fulfill that obligation or responsibility, either directly or through contract or other arrangement.
  - 1. For children eligible under Part B of the IDEA, the SEA ensures that if a public agency other than the responsible educational agency fails to provide or pay for the special education and related services that are necessary for the provision of FAPE to a Part B eligible child with disabilities, the responsible educational agency (e.g., the LEA in which the child resides), shall provide or pay for these services to the child in a timely manner.
  - 2. The responsible educational agency may then claim reimbursement for the services from the noneducational public agency that failed to provide or pay for these services according to the dispute resolution terms of this Interagency Agreement or other mechanism for reimbursement permissible under State law and governmental procedures.

To comply with the federal regulations for Part B of the IDEA at 34 CFR §§ 300.114 through 300.120, otherwise known as the least restrictive environment (LRE) provisions, which require that each public agency ensure:

- a. That to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are nondisabled; and
- b. Special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular

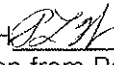


classes with the use of supplementary aids and services cannot be achieved satisfactorily;

- c. That a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services;
- d. The continuum must –
  - 1. Include the alternative placements listed in the definition of special education under 34 CFR § 300.28 (e.g., instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions); and
  - 2. Make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement.
- e. In determining the educational placement of a child with a disability, including a preschool child with a disability, each public agency shall ensure that
  - 1. The placement decision is: (i) made by a group of persons, including the parents, and other persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and (ii) is made in conformity with the LRE provisions of Part B of the Act, including 34 CFR §§ 300.114 through 300.118;
  - 2. The child's placement (i) is determined at least annually; (ii) is based on the child's IEP; and (iii) is as close as possible to the child's home;
- f. Unless the IEP of a child with a disability requires some other arrangement, the child is educated in the school that he or she would attend if nondisabled;

- g. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of the services that he or she needs;
- h. A child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum; and
- i. In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and other services and activities (e.g., counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency and referrals to agencies that provide assistance to individuals with disabilities, as set forth in 34 CFR § 300.107), each public agency must ensure that each child with a disability participates with non-disabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of the child.
- j. The public agency must ensure that each child with a disability has the supplementary aids and services determined by the child's IEP Team to be appropriate and necessary for the child to participate in nonacademic settings.

To comply with the federal regulations for children served under Part B of the IDEA, at 34 CFR §§ 300.560-300.576, which provides in part:

- a. That each participating agency must permit parents to inspect and review any education records relating to their children that are collected, maintained, or used by the agency under this part. The agency shall comply with a request without unnecessary delay and before any meeting regarding an IEP, or any hearing pursuant to 34 CFR §§ 300.507 and 300.521-300.528, and in no case more than forty-five (45) days after the request has been made.

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- b. That the right to inspect and review education records under this section includes:
  - 1. The right to a response from the participating agency to reasonable requests for explanations and interpretations of the records;
  - 2. The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and
  - 3. The right to have a representative of the parent inspect and review the records.
- c. That an agency may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable State law governing such matters as guardianship, separation, and divorce.

### **C. DEPARTMENT OF HUMAN SERVICES**

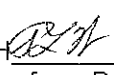
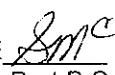
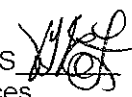
#### **The following shall be responsibilities of DHS:**

To comply with 45 CFR § 1308 in which Head Start is responsible to make available:

- a. At least ten (10%) percent of its enrollment opportunities to children with disabilities (45 CFR § 1305.6(c));
- b. Provide directly or in cooperation with other agencies, services in the least restrictive environment in accordance with an individualized education program (IEP), recruit and enroll income-eligible children and children with disabilities who are most in need of service;
- c. Coordinate with LEA, early intervention program and other groups to benefit children with disabilities and their families;



- d. Commitment to fiscal support to assure that the services which children (3 to 5 years of age) with disabilities need to meet their special needs will be provided in full, whether directly or by a combination of Head Start funds and other resources;
- e. Designate a coordinator of services for children with disabilities and arrange for preparation of the disabilities service plan; and
- f. Arrange or provide special education and related services necessary to foster the maximum development of each child's full potential and to facilitate participation in a regular Head Start program unless services are being provided by the LEA or other agency; and arrange for, provide or procure services which may include, but are not limited to special education and related services (45 CFR § 1308.4(h)). Related services may include, without limitation:
  - 1. Audiology services, including identification of children with hearing loss and referral for medical or other professional attention; provision of needed rehabilitative services such as speech and language therapy and auditory training to make best use of remaining hearing; speech conservation; lip reading; determination of need for hearing aids and fitting of appropriate aids; and programs for prevention of hearing loss;
  - 2. Physical therapy to facilitate gross motor development in activities such as walking [to] prevent or slow orthopedic problems and improve posture and conditioning;
  - 3. Occupational therapy to improve, develop or restore fine motor functions in activities such as using a fork or knife;
  - 4. Speech or language services including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication;

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5. Psychological services such as evaluation of each child's functioning and interpreting the results to staff and parents; and counseling and guidance services for staff and parents regarding disabilities;
6. Transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site. Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices if required; and
7. Assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication to meet the objectives in the IEP.

Head Start will accept referrals from the Part C program of eligible children as a part of its recruitment process up to one hundred eighty (180) days *prior* to the child's third (3<sup>rd</sup>) birthday in order to expedite the transition process into Head Start. (45 CFR § 1305.5) **and that** upon the child's third (3<sup>rd</sup>) birthday and enrollment into Head Start, the health and developmental screenings will be provided within forty-five (45) days.

#### **D. JOINT RESPONSIBILITIES**

##### **1. Parent Education/Involvement**

All signatory parties and their respective agencies shall honor the family's right to access educational records of the child in order to make informed decisions encouraging family-directed planning. This will be initiated from the beginning to the end of the process.

##### **2. Coordination of Services**

All signatory parties and their respective agencies agree to participate fully to assure a smooth and effective transition that facilitates comprehensive team collaboration through open, reciprocal communication that will promote efficient and effective use of public resources in addition to minimizing stress and anxiety to

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families. All signatory agencies will regularly and consistently participate in transition planning meetings/conferences.

### 3. Transition Planning

All signatory parties and their respective agencies shall participate, with the approval of the family, in discussions of their child's options regarding future programs and services appropriate for that child upon exiting Part C services. Meetings, with the approval of the family, will be conducted at the earliest possible time **at least ninety (90) days or up to nine months**, at the discretion of the parties, **prior** to a child's third birthday in order to determine eligibility under Part B and to develop an IEP or, if consistent with 34 CFR § 300.323(b) and Section 636(d) of the IDEA, an IFSP. The LEA will provide a copy of the correspondence sent to the parent to the referring Head Start program upon receipt of the referral packet from Head Start.



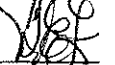
Referrals to the Infants & Toddlers programs that occur less than forty-five (45) days prior to the child's third (3<sup>rd</sup>) birthday shall be referred directly to the appropriate LEA and shall be treated as an initial referral.

### 4. Continuation of Services after Child Turns Age Three

For a child who: was participating in the Virgin Islands Infant and Toddler Program under Part C and turned age three (3) during the end of school (e.g., May - June) and has been determined eligible for special education and related services under Part B, the LEA where the child is enrolled is responsible, financially and otherwise, for providing a free appropriate public education including all special education and related services, in a timely manner, beginning no later than the start of the school year following the child's third (3<sup>rd</sup>) birthday.

### 5. Training of Personnel

The Part C Program will adhere to its policies and procedures that are consistent with 34 CFR § 303.118---- regarding Comprehensive Personnel Development and

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34 CFR § 303.361 regarding Personnel Standards. Early intervention providers must meet professional requirements, certifications, licensing, or registration that are approved or recognized by the State for employment.

## **6. Parent Access to Information**

All signatory parties and their respective agencies agree that compliance with the request for information and records by parents of a child with a disability must occur without unnecessary delay and before any meeting regarding an IEP, IFSP or any hearing relating to identification, evaluation or early intervention services of a child and in no case more than forty-five (45) days after the request is made. Further, parents shall be permitted to inspect and review any education records relating to their children that are collected, maintained, or used by the agency. Education records means the type of records covered under the definition of "education records" in 34 CFR Part 99 (the implementing regulations for the Family Educational Rights and Privacy Act of 1974 (FERPA). The Part C of IDEA requirement is that each participating agency must permit parents to inspect and review any early intervention records relating to their child that are collected, maintained, or used by the agency under this part must comply with a parent's request to inspect and review records without unnecessary delay and before any meeting regarding an IFSP, or any hearing pursuant to §303.430(d) and 303.435 through 303.439, and in no case more than 10 days after the request has been made as required by 34CFR§303.405(a).

## **7. Confidentiality and Interagency Sharing of Information**

All signatory parties and their respective agencies agree to protect the confidentiality of personally identifiable information or private health information (PHI) at collection, storage, disclosure, and destruction stages, in accordance with 34 CFR §§ 300.127, 300.560-576, 303.401 and 303.417; FERPA (34 CFR Part 99); and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 20 USC § 1320d (4) and 45 CFR Parts 160 and 164, as applicable to each of the respective agencies.

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DOE



DHS



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The Part C program, as required by law, will obtain prior written consent of the parent in order to disclose child and/or family information to the responsible LEA or any other third parties for the purpose of conducting a transition meeting prior to the child's third (3<sup>rd</sup>) birthday.

## **8. Reporting of Children with Disabilities**

All signatory parties and their respective agencies agree to report federally required data for all eligible children served throughout the Part B and Part C programs. Child count information shall be shared consistent with federal and State requirements and timelines.

## **9. Child Find Services**

All signatory parties and their respective agencies shall jointly create and implement a public relations program to ensure community awareness about the various programs and services available through the parties for this population. This program shall include, but is not limited to, eligibility and/or application procedures, program offerings, and location and contact information.

# **II. GENERAL TERMS AND CONDITIONS**

## **1. TERM**

This Agreement is effective upon the date last signed and executed by the duly authorized representatives of the Parties to this Agreement and shall be ongoing, and remain in full force and effect until such time as the Parties agree to amend or terminate this Agreement in accordance with the Termination in Section 2.

## **2. TERMINATION**

Either party may terminate this Agreement with forty-five (45) days advance written notice to the other Parties. In the event such notice is given, the Parties will meet expeditiously (within thirty (30) days) to review and if necessary amend or modify this Agreement.

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### 3. EVALUATION AND REVIEW

All signatory parties and their respective agencies will jointly conduct an evaluation and review of this interagency agreement every four (4) years. Amendments to this interagency agreement may be issued as needed and as required to conform to statutory and/or regulatory requirements.

### 4. COMPENSATION

This Agreement does not include compensation to any Party by another Party. No payment shall be made to either party by the other party as a result of this Agreement. However, a Party may have financial responsibilities as specified in Section 6.

### 5. NOTICE

Any Notice required to be given by terms of this Agreement shall be deemed to have been given when the same is sent certified mail, postage prepaid or personally delivered, addressed to the Parties as follows:

**Department of Health:**

**Commissioner**

Department of Health  
Charles Harwood Complex, 3500 Estate Richmond  
St. Croix, U.S. Virgin Islands 00820-4370

**Department of Education:**

**Commissioner**

Department of Education  
1834 Kongens Gade  
St. Thomas, U.S. Virgin Islands 00802-6746

**Department of Human Services:**

**Commissioner**

Department of Human Services  
3011 Golden Rock, Christiansted  
St. Croix, U. S. Virgin Islands 00820

The points of contact responsible for managing the services under this Agreement are:

**DOH/Infants and Toddlers Program:**  
Department of Health  
Elaineeco Complex – Estate Contant 78-1, 2, 3  
St. Thomas, U.S. Virgin Islands 00802  
Telephone: (340) 777-8804, Extension 2623  
Fax: (340) 774-2820




**DOE/State Office of Special Education:**  
1834 Kongens Gade  
St. Thomas, U.S. Virgin Islands 00802-6746  
Telephone: (340) 776-5802  
Fax: (340) 777-1020

**DHS/Office of Preschool Services:**  
Department of Human Services  
6179 Anna's Hope  
St. Croix, U.S. Virgin Islands 00820  
Telephone: (340) 773-1972  
Fax: (340) 773-2338

The points of contact may communicate informally by teleconferences, meetings, e-mails and the like; however, all formal Notices required by the Terms of this Agreement must be delivered as stated above. Where it does not breach any confidentiality protocols, a spirit of open and transparent communication should be adhered to.

## 6. FINANCIAL RESPONSIBILITY FOR SERVICES

- A. For Part B eligible children with disabilities, in order to ensure the continued provision of services during disputes involving which agency is financially responsible, the Department of Education's State Office of Special Education, will assign financial responsibility to the appropriate LEA beginning no later than the child's third (3<sup>rd</sup>) birthday, consistent with the requirements of 34 CFR § 300.103 as soon as possible after being notified of the dispute.

~ 20 ~ Initials: DOH  DOE  DHS   
Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

- B. For Part C eligible infants and toddlers with disabilities, in order to ensure the continued provision of services during disputes involving which agency is financially responsible, the Department of Health, will assign financial responsibility for service provision to an agency, consistent with the requirements of 34 CFR § 303.511--as soon as possible after being notified of the dispute and may agree, consistent with 34 CFR § 303.501(c)(1), to use Part C funds to pay for the provision of a free appropriate public education, in accordance with Part B of the IDEA, from the child's third birthday to the beginning of the following school year.

## 7. DISPUTE RESOLUTION

This Agreement recognizes that each agency has its own administrative mechanisms for the timely resolution of internal disputes. All signatory Parties and their respective agencies are responsible for resolving their own internal disputes, so long as each agency acts in a timely manner and consistent with provisions set forth in that program's regulations. All Parties agree that resolution of interagency disputes and related issues will be based on the policies and procedures that have been agreed upon relative to this Agreement.

When a formal dispute arises between the agencies regarding the terms of this agreement, the party seeking clarification shall utilize the following procedures:

- A. The issue will be referred to the appropriate administrator of the respective signatory agency for resolution. If the issue remains unresolved, it will be referred to the highest level administrator within each agency for resolution. All necessary steps in the resolution process under this subsection shall occur within thirty (30) days from the initial referral.
- B. If the highest level administrator within each agency does not resolve the dispute in a timely manner, as set out above, the issue will be referred immediately to the Attorney General, Department of Justice, to make



recommendations to the Governor's Office for a final determination by the Governor, which will be binding on all parties.

- C. Resolution of disputes must include, if the original assignment was inappropriate, a reassignment of agency responsibility after the dispute is resolved by the signatory agencies or the Governor's Office, and timely reimbursement of the costs of the services or any amounts that were paid for the provision of such services by the assigned agency pending resolution of the dispute.

## **8. LIABILITY**

Nothing in the Agreement shall be construed to impose any liability upon the Government of the Virgin Islands to persons, firms, associations, or corporations engaged by Department as servants, agents, or independent contractors, or in any other capacity whatsoever.

## **9. SOVEREIGN IMMUNITY**

The Parties and their respective governing bodies do not waive their sovereign immunity by entering into this Agreement, and each fully retain all immunities and defenses provided by law with respect to any action or claim based on, arising out of, concerning, or occurring as a result of this Agreement.

## **10. THIRD PARTY BENEFICIARY RIGHTS**

The Parties do not intend to create in any other individual person or entity the status of a third party beneficiary, and this Agreement shall not be construed as creating as such status. The rights, responsibilities, and obligations contained in this Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties to this Agreement. The provisions of this Agreement are intended only to assist the Parties in clearly identifying and performing their responsibilities and obligations under this Agreement. The Parties expressly agree that only the Parties to this Agreement shall have any legal and/or equitable right to seek enforcement of this Agreement, to seek any

remedy arising out of a Party's performance or failure to perform under this Agreement.

#### **11. SEVERABILITY**

If any of the provisions of this Agreement are determined to be invalid, such invalidity shall not affect or impair the validity of the other provisions, which shall be considered severable and shall remain in full force and effect.

#### **12. WAIVER AND AMENDMENTS**

No waiver, modification or amendment of any term, condition or provision of this Agreement shall be valid or of any force or effect unless made in writing, signed by the Parties hereto or their duly authorized representatives, and specifying with particularity the nature and extent of such waiver, modification or amendment.

#### **13. GOVERNING LAW**

This Agreement shall be construed in accordance with the laws of the Territory of the Virgin Islands.

#### **14. ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement between the Parties hereto, and all prior understanding or communications, written or oral, with respect to the matters which are the subject matter of this agreement are merged herein.

– 23 – Initials: DOH BZM DOE SMC DHS VIS

Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

IN WITNESS WHEREOF, the parties have hereunto set their hands on the date and year indicated.

WITNESSES:

DEPARTMENT OF HEALTH

Maureen L. Glyden

Phyllis L. Wallace  
Phyllis L. Wallace  
Commissioner Nominee

6/23/15  
Date

DEPARTMENT OF HUMAN SERVICES

[Signature]

Vivian E. Fludd  
Vivian E. Fludd  
Commissioner Nominee

6/24/2015  
Date

DEPARTMENT OF EDUCATION

[Signature]

Sharon Ann McCollum  
Sharon A. McCollum, PhD.  
Commissioner of Education

6/16/15  
Date

- 24 -

Initials: DOH [Signature]

DOE [Signature]

DHS [Signature]

Amended Interagency Agreement for the Transition of Children from Part C to Part B Services

**APPENDIX X:  
SUMMARY  
FINDINGS SELF-  
ASSESSMENT FOR  
AN EARLY  
CHILDHOOD  
TRANSITION  
INFRASTRUCTURE  
[ECTI]**

## SELF- ASSESSMENT FOR AN EARLY CHILDHOOD TRANSITION INFRASTRUCTURE - 1

<b>I. Content and Scope of Services</b>						
A. Families have access to a broad array of child developmental and educational services, supports, an/or settings to meet individual child and family needs.	3 (10.7)	6 (21.4)	13 (46.4)	5 (17.9)	1 (3.6)	Families lack access to a broad array of child developmental and educational services, supports, an/or settings to meet individual child and family needs.
B. Families have access to a broad array of health and medical services to promote overall well-being in order to meet individual child and family needs.	4 (14.3)	5 (17.9)	11 (39.3)	5 (17.9)	3 (10.7)	Families lack access to a broad array of health and medical services to promote overall well-being in order to meet individual child and family needs.
C. Families have access to a broad array of services to support their needs.	4 (14.3)	5 (17.9)	14 (50.0)	3 (10.7)	2 (7.1)	Families lack access to a broad array of services to support their needs.
<b>II. Interagency Structure</b>						
A. We have an interagency entity(s) that has membership with the authority to influence agencies' transition policies and procedures.	2 (7.4)	5 (18.5)	11 (40.7)	6 (22.2)	3 (11.1))	We do not have an interagency entity(s) with authority to influence agencies' transition policies and procedures.
B. We have a shared philosophy that serves as a foundation for transition policies, procedures and the determination of responsibilities and actions.	2 (7.4)	6 (22.2)	10 (37.0)	5 (18.5)	4 (14.8)	We do not have a shared philosophy that serves as a foundation for transition policies, procedures and the determination of responsibilities and actions.
C. We have identified a primary contact person for transition within each program or agency at the state and local level (e.g., Part C, Section 619, LEA).	4 (15.4)	7 (26.9)	9 (34.6)	3 (11.5)	3 (11.5)	We do not have a primary contact person for transition within each program or agency at the state and local level (e.g., Part C, Section 619, LEA).

## SELF- ASSESSMENT FOR AN EARLY CHILDHOOD TRANSITION INFRASTRUCTURE - 2

<b>III. Interagency Communication &amp; Relationships</b>						
A. We use effective, ongoing mechanisms for communication between and across agencies and programs.	3 (10.7)	6 (21.4)	12 (42.9)	6 (21.4)	1 (3.6)	We do not have effective, ongoing mechanisms for communication between and across agencies and programs.
B. Working relationships among agencies/programs and staff are effective.	3 (10.7)	4 (14.3)	11 (39.3)	7 (25.0)	3 (10.7)	Working relationships among agencies/programs and staff are not effective.
C. Parent organizations and family consumers meaningfully participate as partners in transition planning efforts at all levels.	2 (7.1)	5 (17.9)	11 (39.3)	6 (21.4)	4 (14.3)	Parent organizations and family consumers are not involved in transition planning efforts at all levels.
<b>IV. Interagency Agreements (IA/MOU/MOA)</b>						
A. We have an Interagency Agreement that provides clear statements of transition processes that are compliant with federal and state regulations.	3 (11.5)	5 (19.2)	12 (46.2)	5 (19.2)	1 (3.8)	We do not have an Interagency Agreement that provides clear statements of transition processes that are compliant with federal and state regulations.
B. The Interagency Agreement clearly assigns agency roles and responsibilities related to transition.	4 (14.3)	2 (7.1)	12 (42.9)	6 (21.4)	1 (3.6)	The Interagency Agreement does not clearly assign agency roles and responsibilities related to transition.
C. The Interagency Agreement specifies critical policies.	1 (3.6)	5 (17.9)	15 (53.6)	2 (7.1)	1 (3.6)	The Interagency Agreement is not specific about critical policies.
D. The format, content, and level of specificity of our state-level agreement serves as a model for local agreements.		4 (14.3)	13 (46.4)	3 (10.7)	3 (10.7)	Our state-level agreement has not been used as a model for local agreements.
E. We routinely review and revise our Interagency Agreement based on data and input from stakeholders.	2 (7.7)	3 (11.5)	16 (61.5)	4 (15.4)	1 (3.8)	We do not routinely review and revise our Interagency Agreement based on data and input from stakeholders.

## SELF- ASSESSMENT FOR AN EARLY CHILDHOOD TRANSITION INFRASTRUCTURE - 3

<b>V. Policy Alignment</b>						
A. Transition requirements and timelines are aligned across agencies.		6 (23.1)	15 (57.7)	3 (11.5)	2 (7.7)	Transition requirements and timelines are not aligned across agencies.
B. Curriculum development and expectations for child interventions and performance are delineated and aligned across agencies.	2 (7.7)	2 (7.7)	15 (57.7)	4 (15.4)	3 (11.5)	Curriculum development and expectations for child interventions and performance are not delineated and aligned across agencies.
C. Procedures for coordination of services are being implemented effectively.	2 (7.7)	5 (19.2)	11 (42.3)	6 (23.1)	2 (7.7)	Procedures for coordination of services are not being implemented effectively.
D. Mechanisms to minimize disruption in services before, during, and after transitions are developed.	2 (7.7)	8 (30.8)	11 (42.3)	5 (19.2)		Mechanisms to minimize disruption in services before, during, and after transitions have not been developed.
<b>VI. Personnel Development, Staff Training and Resources</b>						
A. There are designated personnel or entities at state, regional and local levels who share responsibility for interagency training and TA.	2 (7.4)	8 (29.6)	9 (33.3)	4 (14.8)	4 (14.8)	We do not have designated personnel or entities at state, regional and local levels who share responsibility for interagency training and TA.
B. Agencies and programs jointly design, implement, and evaluate personnel development activities.	2 (7.7)	3 (11.5)	12 (46.2)	5 (19.2)	4 (15.4)	Agencies and programs do not jointly design, implement, and evaluate personnel development activities.
C. We involve parents in the design, implementation and evaluation of professional development.		5 (18.5)	9 (33.3)	8 (29.6)	5 (18.5)	We do not involve parents in the design, implementation and evaluation of professional development.
D. We have mechanisms at the local level to inform personnel development activities and promote networking and problem solving.	2 (7.7)	2 (7.7)	12 (46.2)	9 (34.6)	1 (3.8)	We do not have mechanisms at the local level to inform personnel development activities and promote networking and problem solving.
E. We use a variety of personnel development strategies to promote development of knowledge and skills over time.	3 (11.5)	4 (15.4)	10 (38.5)	8 (30.8)	1 (3.8)	We do not use a variety of personnel development strategies to promote development of knowledge and skills over time.
F. Programs require and support participation of cross agency representation at joint training activities.	1 (3.8)	6 (23.1)	12 (46.2)	6 (23.1)	1 (3.8)	Programs do not require and support participation of cross agency representation at joint training activities.

## SELF- ASSESSMENT FOR AN EARLY CHILDHOOD TRANSITION INFRASTRUCTURE - 4

<b>VII. Data System and Processes</b>						
A. The state data system has the capacity to collect necessary data to support effective transition within programs.	3 (12.0)	7 (28.0)	9 (36.0)	2 (8.0)	4 (16.0)	The state data system does not have the capacity to collect necessary data to support effective transition within programs.
B. Programs have protocols for data entry to support accurate and timely collection of data.	4 (15.4)	7 (26.9)	8 (30.8)	4 (15.4)	3 (11.5)	Programs do not have protocols for data entry to support accurate and timely collection of data.
C. We have protocols and procedures for data sharing across agencies that are clearly defined.	3 (11.5)	4 (15.4)	11 (42.3)	3 (11.5)	5 (19.2)	We do not have protocols and procedures for data sharing across agencies that are clearly defined.
D. We analyze and use transition data to improve performance across agencies and address interagency transition issues.	2 (7.7)	5 (19.2)	10 (38.5)	3 (11.5)	6 (23.1)	We do not analyze and use transition data to improve performance across agencies and address interagency transition issues.
E. We analyze and use data collected through monitoring regarding transition for decision-making within and across programs.	2 (7.7)	5 (19.2)	11 (42.3)	4 (15.4)	4 (15.4)	We do not analyze and use data collected through monitoring regarding transition for decision-making within and across programs.
<b>VIII. Monitoring &amp; Evaluation</b>						
A. State monitoring of federal and state transition requirements is aligned across agencies.		9 (34.6)	12 (46.2)	3 (11.5)	2 (7.7)	State monitoring of federal and state transition requirements is not aligned across agencies.
B. Interagency participation is an integral part of state monitoring activities.	2 (7.7)	7 (26.9)	11 (42.3)	3 (11.5)	3 (11.5)	Interagency participation is not an integral part of state monitoring activities.
C. Evaluation is an integral part of all components of the transition system.	1 (3.8)	10 (38.5)	7 (26.9)	6 (23.1)	2 (7.7)	Evaluation is not an integral part of all components of the transition system.



# **APPENDIX XI: LICENSED CHILDCARE FACILITIES**

# **LICENSED CHILDCARE FACILITIES**

## **ST. CROIX DISTRICT**

## LICENSED CHILDCARE FACILITIES – ST. CROIX DISTRICT

NAME OF PRESCHOOL / ECE Center	CAPACITY	AGES
Church of God Holiness Preschool	94	3yrs - 5yrs
Clifton Hill	12	5months- 3yrs
	6	Birth- 3yrs
Do Re Mi Day-Care Group Home Inc.	12	3 weeks- 2yrs
Early Head Start Program – Concordia East	81	Birth- 3yrs
Early Head Start Program – Concordia West	31	
Free Will Baptist Preschool	71	3yrs - 5yrs
Good Hope Country Day Preschool	60	3yrs - 5yrs
Granny Pre-School Bridge Program (Estate Mars)	20	3yrs - 5yrs
Granny Pre-School Bridge Program (Estate St. Peters)	24	
Happy Faces II Academy, LLC.	54	2yrs - 5yrs
	12	6 weeks- 2yrs
Kids Can Do It Adventure Center	8	2 months- 2yrs
	6	
La Petite Learning Center	10	Birth- 2yrs
Little Achiever's Childcare and Learning Center	12	2- 4yrs
	12	3 months- 2yrs
Little Kidz Klub	34	2yrs - 5yrs
	8	6 weeks- 2yrs
	6	
Nana's Learning Center	13	2yrs - 5yrs
	8	2 months- 2yrs
Nurturing Minds Developmental Care Center	4	Birth- 2yrs
St. Croix Seventh Day Adventist Preschool	15	2yrs- 5yrs
St. Croix Christian Academy	93	3yrs - 5yrs
St. Croix Montessori Preschool	30	2.5yrs- 5yrs
Star Apple Montessori Preschool	30	2yrs- 5yrs
Tenacious Toddlers Learning Center	12	6 weeks- 2yrs
	11	
Watch Me Grow Academy, LLC.	14	2yrs- 4yrs
	9	1 month- 2yrs
	6	2yrs-4yrs
Word of Life Preschool Day Care& Learning Center	10	2 months- 3yrs
	10	
Zion Christian Academy	59	2yrs- 4yrs
Annas's Hope Complex I- II	20	2yrs 9 mos-5yrs
	20	

NAME OF PRESCHOOL /ECE Center	CAPACITY	AGES
Christiansted I- VI	20	2yrs 9 mos-5yrs
	20	
	20	
	20	
	20	
	20	
Concordia	20	2yrs 9 mos-5yrs
Frederiksted I- X	20	2yrs 9 mos-5yrs
	20	
	20	
	20	
	20	
	20	
	20	
	20	
	20	
	20	
Kingshill I- II	20	2yrs 9 mos-5yrs
	20	
Richmond I- II	18	2yrs 9 mos-5yrs
	20	

# **LICENSED CHILDCARE FACILITIES**

## **ST. THOMAS-ST. JOHN DISTRICT**

## LICENSED CHILDCARE FACILITIES – ST. THOMAS-ST. JOHN DISTRICT

NAME OF PRESCHOOL /ECE Center	CAPACITY	AGES
Angels of Love II	12	1 month - 2yrs
	6	
Antilles School Inc ELC	54	2.5yrs- 6.5yrs
	12	15 months- 4yrs
	12	15 months- 4yrs
Baby's Inn Nursery I & II	12	2 months- 5yrs
	5	
Beyond Bright Daycare	12	6wks- 2yrs
Bright Beginnings for Early Explorers	12	3yrs- 5yrs
Building Blocks of Love IV & V	12	1 week- 5yrs
	12	
Christian Outreach Ministry Learning Ctr.	12	2yrs- 5yrs
	8	2 months- 3yrs
Christian Unity Church Academy	32	2 months- 3yrs
DHS- Bergs Home Head Start I & II	20	2yrs 9 months- 5yrs
	20	
DHS- Bovoni Head Start	20	2yrs 9 months- 5yrs
	20	
DHS- Wilhelm George I-IV Head Start	16	2yrs 9 months- 5yrs
	20	2yrs 9 months- 5yrs
	20	
	20	
DHS- Sugar Estate I-IV Head Start	20	2yrs 9 months- 5yrs
	20	
	20	
	20	
Faith Alive Christian Academy	9	2 months- 3 yrs
	10	
	10	
Hibiscus Nursery	11	2 months- 2yrs
Kid's Preschool	5	Birth- 2yrs
Learn and Play	8	Birth- 2yrs
Little Blossom Day Care I & II	12	3 month- 2yrs
Little People's Learning Center	40	2yrs- 6yrs
Minds in Motion Academy	6	1 month- 4 yrs
	8	4yrs- 5yrs
Mommy's Precious Hand	10	Birth- 2yrs
Moravian Mary's Daycare	12	Birth- 3yrs
	10	
Newton Kids Academy	5	1 month- 5yrs

<b>NAME OF PRESCHOOL /ECE Center</b>	<b>CAPACITY</b>	<b>AGES</b>
Newton Kids Academy	8	1 month- 5yrs
Precious Moments Preschool & Nursery	12	weeks- 2yrs
Rosie's Angels Day Care, Inc.	24	2yrs- 4yrs
St. Paul Little Stars Group Home I,II, & III	9	1 month- 5 yrs
	12	
	9	
St. Peter and Paul Preschool	20	4yrs- 5yrs
St. Thomas Calvary Christian Academy	52	3yrs- 5yrs
Sunbeam Preschool	12	3 month- 2yrs
Sunshine Bear Daycare & Preschool	3	2 months- 2yrs
Ti Moun Group Daycare	5	Birth- 6yrs
UVI School of Education Child Care Lab/Diagnostic Center	12	2yrs- 6yrs
Ursula's Child Care	13	2yrs- 3yrs
	5	2 months- 2yrs
VI Montessori Preschool, La Casa	12	12 months- 3yrs
	12	
Wesley Methodist Preschool	73	2yrs-4yrs

**APPENDIX XII:  
SUMMARY FINDINGS  
STAKEHOLDER  
SURVEY**



# STAKEHOLDER SURVEY SUMMARY RESPONSES

## HOW ARE CURRENT POLICIES AND PROGRAMS MEETING THE NEEDS OF INFANTS, TODDLERS, AND THEIR FAMILIES?

### COLLABORATION AND SYSTEM BUILDING SECTION

<i>Policy</i>	<i>Have not started to address this goal.</i>	<i>Have started initial conceptual and planning work.</i>	<i>Have begun to implement.</i>	<i>Have made solid progress.</i>
<b>Promote collaboration</b>				
1. Transition policies ensure continuity of services between various infant-toddler program settings, as well as programs for older children.	25 (32.1)	25 (32.1)	11 (14.1)	17 (21.8)
2. Mechanisms exist to coordinate among infant-toddler programs and to link them with other services such as health, mental health, education, child welfare, family support, etc.	25 (32.1)	17 (21.8)	20 (25.6)	16 (20.5)
<b>Recruit and engage stakeholders</b>				
1. Early childhood system development efforts involve diverse representation from stakeholders, from both public and private sectors, who are interested in infants and toddlers.	30 (38.5)	13 (16.7)	24 (30.8)	11 (14.1)
2. Public awareness efforts build public and political will around the needs of infants and toddlers.	25 (33.3)	23 (30.7)	16 (21.3)	11 (14.7)
3. There are champions for investing in high-quality infant-toddler programs who can reach a range of constituent bases.	29 (39.7)	20 (27.4)	14 (19.2)	10 (13.7)
4. Influential state policymakers are supportive of early childhood system-building efforts.	26 (34.7)	25 (33.3)	11 (14.7)	13 (17.3)
<b>Define and coordinate leadership</b>				
1. A state-level governance entity oversees and coordinates early childhood services and programs.	17 (23.0)	19 (25.7)	19 (25.7)	19 (25.7)
2. The State Advisory Council on Early Childhood Education and Care includes a focus on the needs of infants and toddlers.	20 (28.2)	25 (35.2)	18 (25.4)	8 (11.3)
3. The state has established leaders inside and/or outside of government promoting improvement in policies for infants and toddlers.	22 (30.6)	23 (31.9)	18 (25.0)	9 (12.5)
4. The state supports connections between state and local system-building efforts.	19 (26.8)	27 (38.0)	18 (25.4)	7 (9.9)

<b>Ensure accountability</b>				
1. The state has a shared systemic vision for supporting young children and their families.	17 (22.7)	31 (41.3)	17 (22.7)	10 (13.3)
2. Early childhood system-building efforts are informed by research and data on infants, toddlers, and their families.	23 (31.1)	25 (33.8)	18 (24.3)	8 (10.8)
3. The state has an integrated, comprehensive early childhood plan that includes a focus on infants and toddlers, and the plan is reviewed and updated regularly.	27 (38.0)	25 (35.2)	11 (15.5)	8 (11.3)
4. The state has identified desired outcomes for infants and toddlers and monitors key indicators associated with these outcomes.	22 (31.0)	29 (40.8)	15 (21.1)	5 (7.0)
5. The state has a coordinated early childhood data system that houses data on various programs serving infants and toddlers and is used to promote quality improvement.	24 (32.9)	28 (38.4)	14 (19.2)	7 (9.6)
<b>Enhance and align standards</b>				
1. The state has performed a cross-walk to compare various sets of infant–toddler program standards to assure that they are aligned and supported by research.	28 (38.4)	23 (31.5)	12 (16.4)	10 (13.7)
2. Various quality improvement strategies for infant–toddler programs (early learning guidelines, quality rating and improvement system [QRIS], professional development, etc.) are aligned rather than parallel efforts.	24 (33.3)	20 (27.8)	22 (30.6)	6 (8.3)
<b>Create and support improvement</b>				
1. The state has clearly defined career pathways for the infant–toddler workforce that are inclusive of a variety of roles for infant–toddler professionals.	19 (25.7)	33 (44.6)	14 (18.9)	8 (10.8)
2. The state has a professional development system that supports the infant–toddler workforce across all service sectors.	22 (29.7)	25 (33.8)	18 (24.3)	9 (12.2)
3. The state supports the use of reflective practice to support infant–toddler professionals in improving their practice.	22 (29.7)	28 (37.8)	17 (23.0)	7 (9.5)

4. The state supports quality improvement initiatives in various infant–toddler programs and settings.	20 (25.0)	35 (43.8)	17 (21.3)	8 (10.0)
5. The state supports research and evaluation efforts aimed at continuous improvement of services for infants, toddlers, and their families.	18 (23.4)	35 (45.5)	15 (19.5)	9 (11.7)
<b>Finance strategically</b>				
1. Available funding sources are used strategically to promote system-building capacity.	33 (42.9)	24 (31.2)	15 (19.5)	5 (6.5)
2. The state addresses the needs of infants and toddlers when investing in Pre-K initiatives	22 (28.9)	30 (39.5)	17 (22.4)	7 (9.2)
3. Services for infants, toddlers, and their families have adequate and stable funding.	30 (41.7)	24 (33.3)	12 (16.7)	6 (8.3)

<b>POSITIVE EARLY LEARNING EXPERIENCES SECTION</b>					
<b>Policy</b>	<b>No/ None</b>	<b>Some</b>	<b>Most</b>	<b>Yes/All</b>	<b>Don't Know</b>
<b>Early intervention</b>					
1. Infants and toddlers with potential developmental disabilities or delays are referred to and receive Part C Early Intervention services, when eligible.	3 (3.5)	31 (36.5)	17 (20.0)	10 (11.8)	24 (28.2)
2. Infants and toddlers exiting early intervention have either completed the Individualized Family Service Plan or transitioned to appropriate services to support their development.	6 (7.1)	28 (32.9)	12 (14.1)	12 (14.1)	27 (31.8)
3. Infants and toddlers who have a substantiated case of child abuse or neglect are referred to Part C Early Intervention for evaluation.	2 (2.4)	24 (28.6)	13 (15.5)	6 (7.1)	39 (46.4)
4. Infants and toddlers in the child welfare system who have developmental delays, but do not meet Part C eligibility, receive needed services.	7 (8.2)	22 (25.9)	7 (8.2)	6 (7.1)	43 (50.6)
<b>Child care</b>					
1. Families in need of child care for their infants and toddlers can access affordable, high-quality care in their communities.	5 (5.8)	46 (53.5)	6 (7.0)	16 (18.6)	13 (15.1)

2. Families can access a network of child care resource and referral agencies to help identify their needs and refer to appropriate child care programs.	8 (9.3)	27 (31.4)	17 (19.8)	16 (18.6)	18 (20.9)
3. Infant-toddler child care programs are culturally responsive and address the needs of young children learning English as a second language.	8 (9.4)	28 (32.9)	16 (18.8)	7 (8.2)	26 (30.6)
4. Infants and toddlers with disabilities can access supports needed to participate in child care	2 (2.4)	37 (43.5)	12 (14.1)	17 (20.0)	17 (20.0)
5. Infant-toddler child care providers regularly use family engagement strategies to support parents as their child's first teachers.	2 (2.4)	31 (36.5)	15 (17.6)	14 (16.5)	23 (27.1)
6. Infant-toddler specific professional development is available to child care professionals through the following:					
Higher education	4 (4.9)	23 (28.0)	12 (14.6)	15 (18.3)	28 (34.1)
In-service training	3 (3.7)	27 (32.9)	14 (17.1)	12 (14.6)	26 (31.7)
Technical assistance	6 (7.4)	23 (28.4)	11 (13.6)	9 (11.1)	32 (39.5)
7. Infant-toddler child care professionals are paid at wages comparable to those of other early care and education professionals.	21 (25.3)	21 (25.3)	5 (6.0)	4 (4.8)	32 (38.6)
8. State technical assistance providers, coaches, licensing specialists, and other individuals providing support to child care providers are trained in infant-toddler development.	6 (7.0)	27 (31.4)	20 (23.3)	9 (10.5)	24 (27.9)
9. Early care and education programs regularly work with community partners such as libraries, museums, parks and recreation, the faith community, etc.	6 (6.8)	33 (37.5)	18 (20.5)	6 (6.8)	23 (26.1)
10. Family, friend, and neighbor caregivers have access to supports such as training, consultation, lending libraries, etc.	10 (11.5)	28 (32.2)	7 (8.0)	11 (12.6)	31 (35.2)

## How are current policies and programs meeting the needs of infants, toddlers, and their families? (Stakeholder)

### STRONG FAMILIES SECTION

<i>Policy</i>	<i>No/ None</i>	<i>Some</i>	<i>Most</i>	<i>Yes/All</i>	<i>Don't Know</i>
1. Families can find the services they need for their infants and toddlers through cross- program referrals and information and referral agencies.	7 (8.0)	31 (35.6)	13 (14.9)	19 (21.8)	17 (19.5)
2. Families receive information and services responsive to their home culture and language.	8 (9.2)	29 (33.3)	19 (21.8)	11 (12.6)	20 (23.0)
3. State policies support a coordinated multigenerational approach to addressing the needs of at-risk children and their families.	8 (9.5)	26 (31.0)	14 (16.7)	7 (8.3)	29 (34.5)
4. Families with infants and toddlers who face multiple risk factors (e.g., very low income, homelessness, and family violence) can access programs and services that work together to support them.	6 (7.0)	31 (36.0)	18 (20.9)	14 (16.3)	17 (19.8)

### Basic needs

1. Families can access needed education, skill training, job opportunities, and work supports to move into stable work that generates a livable wage.	5 (5.8)	38 (44.2)	17 (19.8)	11 (12.8)	15 (17.4)
2. Adequate housing options are available to low-income families.	13 (15.3)	23 (27.1)	20 (23.5)	12 (14.1)	17 (20.0)
3. Adequate energy assistance options are available to low-income families.	12 (14.1)	24 (28.2)	17 (20.0)	7 (8.2)	25 (29.4)

### Home visiting/parent education

1. Expectant parents and families with infants and toddlers can access evidence- based home visiting programs.	14 (16.3)	18 (20.9)	7 (8.1)	12 (14.0)	35 (40.7)
2. Families with infants and toddlers can access evidence-based parent education programs, as needed.	12 (14.0)	22 (25.6)	10 (11.6)	6 (7.0)	36 (41.9)
3. Home visiting supports extend to families, friends, and neighbors caring for children with working parents.	13 (15.1)	20 (23.3)	7 (8.1)	5 (5.8)	41 (47.7)
4. Families who wish to increase their leadership and advocacy skills can access leadership initiatives.	11 (12.8)	26 (30.2)	7 (8.1)	7 (8.1)	35 (40.7)

5. Parenting resources are readily available to all parents of young children seeking information on how to support healthy child development.	8 (9.4)	23 (27.1)	23 (27.1)	16 (18.8)	15 (17.6)
<b>Child welfare</b>					
1. Infants and toddlers in out-of-home placements have frequent contact with birth parents, when safe and appropriate.	2 (2.4)	23 (27.1)	10 (11.8)	6 (7.1)	44 (51.8)
2. Child welfare workers and judges receive ongoing training about child development and the effect of trauma and use that knowledge to guide their work with infants and toddlers in the child welfare system.	5 (5.9)	23 (27.1)	10 (11.8)	3 (3.5)	44 (51.8)
3. Families (including birth families, permanent guardians, and adoptive families) have access to continued post-permanency supports, such as adoption subsidies and therapeutic services, after permanency has been achieved.	2 (2.3)	20 (23.3)	6 (7.0)	6 (7.0)	52 (60.5)
4. Families who are investigated for maltreatment, but whose cases do not receive substantiation, are connected to support services.	3 (3.6)	19 (22.6)	8 (9.5)	9 (10.7)	45 (53.6)
5. Children in the child welfare system receive screenings and services to promote their learning and development, such as early intervention and high-quality early care and education.	2 (2.4)	26 (30.6)	15 (17.6)	11 (12.9)	31 (36.5)
<b>Family leave</b>					
1. Working families can access paid family leave after birth or adoption.	8 (9.3)	29 (33.7)	7 (8.1)	13 (15.1)	29 (33.7)
2. Working families can access paid sick leave when a young child is sick.	10 (11.5)	28 (32.2)	8 (9.2)	16 (18.4)	25 (28.7)
3. Working parents in the state receive work-life benefits that allow them to balance work with caring for young children.	13 (15.3)	16 (18.8)	7 (8.2)	3 (3.5)	46 (54.1)

## HOW ARE CURRENT POLICIES AND PROGRAMS MEETING THE NEEDS OF INFANTS, TODDLERS, AND THEIR FAMILIES?

### HEALTH SECTION

Policy	No/ None	Some	Most	Yes/All	Don't
<b>Physical health</b>					
1. Pregnant women have access to and regularly receive prenatal care throughout pregnancy, as well as postpartum care.	5 (6.0)	22 (26.5)	18 (21.7)	21 (25.3)	17 (20.5)
2. Infants and toddlers regularly receive recommended well-child visits.	3 (3.6)	25 (30.1)	18 (21.7)	13 (15.7)	24 (28.9)
3. Infants and toddlers have an identified medical home.	2 (2.5)	17 (21.0)	15 (18.5)	4 (4.9)	43 (53.1)
4. Primary care providers are reimbursed adequately for the time to provide child development guidance in well-child visits.	11 (13.1)	12 (14.3)	7 (8.3)	5 (6.0)	49 (58.3)
5. Eligible women and children utilize the Women, Infants, and Children (WIC) Program.	2 (2.4)	19 (22.6)	33 (39.3)	20 (23.8)	10 (11.9)
6. Eligible families with infants and toddlers utilize the Supplemental Nutrition Assistance Program (SNAP).	2 (2.4)	16 (19.0)	29 (34.5)	27 (32.1)	10 (11.9)
7. Infant-toddler caregivers and programs access health care consultation as needed.	2 (2.4)	25 (30.1)	16 (19.3)	11 (13.3)	29 (34.9)
8. Young children live in healthy environments, free from environmental hazards.	3 (3.6)	39 (46.4)	16 (19.0)	3 (3.6)	23 (27.4)
9. Families with young children have opportunities to access nutritious food.	2 (2.4)	30 (35.3)	27 (31.8)	14 (16.5)	12 (14.1)
<b>Developmental screening</b>					
1. Families with infants and toddlers access developmental screening in pediatric and/or early care and education settings.	3 (3.6)	36 (42.9)	17 (20.2)	10 (11.9)	18 (21.4)
2. When developmental screening indicates a need for services, families with infants and toddlers are referred to and have access to appropriate services.	2 (2.4)	35 (41.2)	14 (16.5)	17 (20.0)	17 (20.0)
3. Screening results are regularly shared (with parent consent) with the providers making referrals, so that they can continue to support and monitor children's needs.	2 (2.4)	31 (36.9)	16 (19.0)	16 (19.0)	19 (22.6)
4. Primary care providers are adequately reimbursed for use of standardized developmental screening tools.	7 (9.3)	12 (16.0)	5 (6.7)	7 (9.3)	44 (58.7)

Social–emotional health					
<i>Policy</i>	<i>No/ None</i>	<i>Some</i>	<i>Most</i>	<i>Yes/All</i>	<i>Don't Know</i>
1. Pregnant and postpartum women have access to and receive maternal depression screenings and mental health services, as needed.	5 (5.9)	23 (27.1)	7 (8.2)	12 (14.1)	38 (44.7)
2. Parents access resources on how to support the social–emotional development of their infants and toddlers.	5 (5.9)	37 (43.5)	5 (5.9)	12 (14.1)	26 (30.6)
3. Infant–toddler professionals receive training on how to address the mental health needs of infants and toddlers.	6 (7.2)	27 (32.5)	10 (12.0)	5 (6.0)	35 (42.2)
4. Infant-toddler caregivers and programs access mental health consultation services, as needed.	5 (6.0)	29 (34.5)	9 (10.7)	7 (8.3)	34 (40.5)
5. Infants and toddlers with social-emotional or behavioral issues are assessed, diagnosed, and treated by trained professionals.	3 (3.6)	28 (33.3)	16 (19.0)	13 (15.5)	24 (28.6)
6. Families with infants and toddlers <b>access</b> mental health services in pediatric primary care settings.	5 (6.0)	24 (28.6)	6 (7.1)	8 (9.5)	41 (48.8)
7. Primary care providers are adequately reimbursed for use of standardized early childhood mental health screening tools.	6 (7.1)	12 (14.3)	2 (2.4)	6 (7.1)	58 (69.0)



**APPENDIX XIII:  
SUMMARY FINDINGS  
STATE EARLY  
CHILDHOOD INCLUSION  
SELF-ASSESSMENT  
SURVEY**

## STATE EARLY CHILDHOOD INCLUSION SELF-ASSESSMENT SURVEY SUMMARY RESPONSES

<b>1. CREATE A STATE-LEVEL INTERAGENCY TASK FORCE AND PLAN FOR INCLUSION</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>1a.</b> Does your State have a State Interagency Task Force with the authority to create or strengthen early childhood inclusion? This can be any team working on inclusion such as such as a council, Leadership Team, or workgroup.	0	1	5	3
<b>1b.</b> Does your State Interagency Task Force include representatives from different sectors and groups within the State? At a minimum include representatives from all early childhood sectors and programs as referenced in the joint policy statement.	0	2	3	4
<b>1c.</b> Does your State Interagency Task Force have a cross-sector vision and mission for expanding access to and participation in high-quality inclusive early childhood programs?	2	3	3	1
<b>1d.</b> Do your State Interagency Task Force and their respective agencies have established expectations and resources for programs to implement the vision and mission locally?	2	6	1	0
<b>1e.</b> Does the State Interagency Task Force have a cross-sector interagency strategic plan in place based on existing data?	3	5	1	0
<b>1f.</b> Do your State Interagency Task Force and their respective agencies take an active role in identifying barriers and ensuring policies and investments support a coordinated, comprehensive early childhood system that provides access to inclusive early learning opportunities?	1	5	3	0
<b>1g.</b> Do your State Interagency Task Force planning efforts build on existing State early childhood efforts/initiatives to ensure that early childhood inclusion and the necessary services and supports for children with disabilities are consistently addressed across existing State strategic plans?	1	3	4	1
<b>1h.</b> Does your State Interagency Task Force have a strategic plan for inclusion that utilizes applicable technical assistance (TA) networks within the State?	3	4	2	0
<b>1i.</b> Is the strategic plan being implemented?	4	3	2	0

*Note: n=9*

<b>2. ENSURE STATE POLICIES SUPPORT HIGH-QUALITY INCLUSION</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>2a.</b> Do State policies address implementing evidence-based inclusive practices to provide the necessary supports and services to young children with disabilities in early care and education programs?	1	2	2	3
<b>2b.</b> Do State policies consistently align with federal and/or State legal requirements?	0	0	6	2
<b>2c.</b> Do State policies facilitate high-quality inclusion rather than create barriers?	1	1	3	3
<b>2d.</b> Do State policies promote coordinated and culturally and linguistically responsive, comprehensive services across early childhood programs, including health, mental health, and other social services?	1	2	3	2
<b>2e.</b> Do State policies address children who are dually placed in more than one program and specifically address practices that create unnecessary transitions between service providers and different locations?	3	1	2	2
<b>2f.</b> Do State policies ensure children with a disability stay in their existing early childhood program while still receiving early intervention/special education services?	1	1	3	3
<b>2g.</b> Do State policies promote the principle of natural proportions in inclusive early childhood programs?	2	1	2	3
<b>2h.</b> Do State early learning guidelines and standards address the learning and developmental needs of children with disabilities?	0	2	2	3
<b>2i.</b> Do current or prospective early learning initiatives include policies and procedures to recruit, enroll, and support children with a range of disabilities?	0	1	3	4
<b>2j.</b> Do State policies promote and support a mixed delivery system of high-quality inclusive early learning opportunities by establishing partnerships with public and private early learning programs?	1	2	2	3
<b>2k.</b> Does your state ensure that families, administrators, practitioners and other key stakeholders are meaningfully involved in policy decisions, discussions, planning and evaluating state progress towards the inclusion plan?	0	2	4	2

<b>3. SET GOALS AND TRACK DATA</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>3a.</b> Do individual state agencies have concrete goals aligned with the State Interagency Task Force goals on the agreed upon vision and mission for expanding access to inclusive and high-quality learning opportunities?	<b>1</b>	<b>6</b>	<b>2</b>	<b>0</b>
<b>3b.</b> Do state agencies track the enrollment of children with disabilities in early childhood programs?	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>
<b>3c.</b> Do the State Interagency Task Force and their respective agencies establish a baseline that identifies the number of high-quality early learning childhood slots available and the number of children under five with and without disabilities in those slots?	<b>3</b>	<b>4</b>	<b>0</b>	<b>1</b>
<b>3d.</b> Does the State use data and have benchmarks to track the progress toward increasing the number of high-quality early childhood program slots available and the number of children under five with and without disabilities in those slots?	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>
<b>3e.</b> Do State agencies have and use data that provide information about children and family having equal access to high-quality early childhood programs (such as suspension and expulsion data, IDEA educational environments, mediation and due process data, enrollment information, and child care subsidy program, etc.)?	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>
<b>3f.</b> Do State agencies have and use data that provide information about program quality and inclusive program practices (QRIS standards, tools to measure inclusive practices)?	<b>0</b>	<b>1</b>	<b>6</b>	<b>0</b>
<b>3g.</b> Do State agencies use data to monitor program quality and inclusive program practices?	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>
<b>3h.</b> Do State agencies provide data on access and quality to local programs in user-friendly formats with the expectation that local programs will use it for decision-making and program improvement?	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>

<b>4. REVIEW AND MODIFY RESOURCE ALLOCATIONS</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>4a.</b> Do State agencies review how resources are allocated to better support access to inclusive programs?	3	2	0	0
<b>4b.</b> Do State agencies allow the braiding of funds across early childhood programs, when appropriate to support inclusion?	3	2	1	0
<b>4c.</b> Do State agencies have guidance or procedures for braiding and coordinating resource allocation to their programs with each other to support inclusion?	3	1	2	0
<b>4d.</b> Do the State Interagency Task Force and/or their state agencies develop finance mapping plans to determine how to most efficiently and effectively utilize funds from different funding streams to support the participation of children with disabilities across the full range of early childhood programs?	5	2	0	0
<b>5. ENSURE QUALITY RATING FRAMEWORKS ARE INCLUSIVE</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>5a.</b> Does your State Quality Rating and Improvement System (QRIS) include early childhood programs beyond child care?	3	2	1	0
<b>5b.</b> Do your State QRIS framework indicators address the learning and developmental needs of children with disabilities within each level of the framework?	1	5	0	0
<b>5c.</b> Does your States QRIS offer incentives and supports to effectively provide inclusive program practices?	3	2	1	0
<b>5d.</b> Does your State QRIS supplement traditional environmental assessments with tools that specifically measure the quality of inclusion?	4	3	0	0

<b>6. STRENGTHEN ACCOUNTABILITY AND BUILD INCENTIVE STRUCTURES</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>6a.</b> Do State agencies address barriers to early childhood inclusion as part of their accountability systems?	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>
<b>6b.</b> Do State agencies hold local programs accountable for providing access to inclusive learning environments for children with disabilities (e.g., rules, requirements, policies, monitoring)?	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>6c.</b> Do State agencies incorporate inclusion indicators in their child care licensing standards and/or in agreements made with providers who offer subsidized placement options?	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>6d.</b> Does your State Education Agency (SEA) and Lead Agency (LA) for Early Intervention require documentation from local programs for how Least Restrictive (LRE) and Natural Environments requirements are met?	<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>
<b>6e.</b> Do State agencies offer incentives to support high-quality inclusive early learning models (e.g., publicly recognizing high-quality inclusive programs, using tiered reimbursement in their QRIS, providing child care subsidy payment differentials per child with a disability, ensuring all trainings on children with disabilities and inclusion are credit bearing, providing tuition assistance for credit bearing courses on inclusion and offering TA to programs to implement inclusive practices)?	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>

<b>7. BUILD A COORDINATED EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT (PD) SYSTEM</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>7a.</b> Do State agencies have a common knowledge and competency base across early childhood, early intervention and early childhood special education programs so that all personnel supporting with young children have knowledge of child development and learning and include considerations for children with disabilities?	0	3	2	1
<b>7b.</b> Do State agencies ensure that personnel standards, certifications, credentials, licensure requirements, and workforce preparation programs for early childhood program personnel, including administrators, include competencies for supporting with children with disabilities and their families?	1	1	3	3
<b>7c.</b> Do State agencies partner with institutions of higher education (IHEs) to ensure that early childhood preparation degree programs include specific pedagogy for children with disabilities woven throughout the entire curriculum, including coursework and practicum experiences, rather than contained in a small number of supplemental courses or a separate program?	2	4	1	0
<b>7d.</b> Do State agencies partner with IHEs to ensure that there are programs within the State that prepare early childhood personnel to collaborate to support young children with disabilities, including children with low-incidence disabilities?	2	1	3	0
<b>7e.</b> Do State agencies ensure personnel policies support the delivery of services and supports to children with disabilities through consultation with and under the supervision of professionals with specialized training and certifications (e.g., early childhood special educators, early interventionists, occupational therapists, physical therapists, and speech-language pathologists, teachers of the deaf and hard of hearing)?	0	2	3	2
<b>7f.</b> Do State agencies promote co-teaching models where specialists and teachers or providers work jointly with children in inclusive settings?	3	0	2	2
<b>7g.</b> Do State agencies promote and recommend coaching/mentoring models to support teachers and providers in developing competencies?	3	1	2	1
<b>7h.</b> Do State agencies offer cross-sector professional development, ongoing access to resources and TA tied to specific competencies? Examples of cross-sector PD and TA are referenced in the joint policy statement.	2	2	0	2
<b>7i.</b> Do State agencies offer on-site professional development and TA in evidence-based practices that support inclusion?	0	1	3	3

<b>8. IMPLEMENT STATEWIDE SUPPORTS FOR CHILDREN'S SOCIAL EMOTIONAL AND BEHAVIORAL HEALTH</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>8a.</b> Do early childhood programs have access to guidance to build capacity in working with young children, with an emphasis on fostering social-emotional and behavioral health such as the early childhood mental health (e.g., ECMHC, PBIS or Pyramid Model [PM])?	1	1	5	1
<b>8b.</b> Do early childhood programs have access to guidance to build capacity in working with young children, with an emphasis on fostering social-emotional and behavioral health such as the early childhood mental health (e.g., ECMHC, PBIS or PM)?	1	2	2	2
<b>8c.</b> Do State agencies have specialists or policies around funding and hiring specialists to work with public and private early childhood programs to support children with social-emotional, behavioral, and mental health needs, as well as their teachers?	1	2	2	1
<b>8d.</b> Does your State have a Statewide system that offers program supports so that children with disabilities, including those with emotional and behavior difficulties, can be successful (e.g., ECMHC, PBIS or PM)?	2	3	1	1
<b>8e.</b> Do State agencies have policies and provide guidance and technical assistance to early care and education programs to prevent and address suspension/expulsion?	2	3	1	1
<b>9. RAISE PUBLIC AWARENESS</b>	<b>Not Yet</b>	<b>Planning but not Implemented</b>	<b>In process, and/or partially Implemented</b>	<b>In place/fully Implemented</b>
<b>9a.</b> Do the State Interagency Task Force and its respective agencies have established partnerships with state and community leaders to communicate the benefits of early childhood inclusion?	2	2	2	1
<b>9b.</b> Do the State Interagency Task Force and its respective agencies affirm and communicate laws and research that provide the foundation for inclusion to key partners (e.g., families of children with and without disabilities, pediatric healthcare providers, businesses and private sector partners and other relevant community leaders)?	3	2	1	1
<b>9c.</b> Do the State Interagency Task Force and its respective agencies communicate their expectations to local communities that they are responsible for ensuring all children and their families have access to high-quality early childhood programs and the individualized supports they need to fully participate in these programs?	3	3	0	1
<b>9d.</b> Do your State's public awareness efforts address the attitudes and beliefs about inclusion?	4	2	0	1



